**Application Form**

**ADEA Endorsement Program for Continuing Professional Development (CPD) Activities**

# Application Form - ADEA Endorsement Program for Continuous Professional Development (CPD) Activities

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| **Version** | **Date** | **Name(s)**  | **Notes** |
| 1.0 | 03 May 2017 | Rachel Freeman, Julie Mueller | Created |
| 1.1 | 15 May 2017 | Endorsement Committee  | Revised and commented |
| Final | 25 May 2017 | CEO | Approved |

URL: <https://www.adea.com.au/credentialling/lifelong-learning/accreditation-of-education-for-continuing-professional-development-points/>

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# Registration details

**Provider Contact Details:**

Organisation Name

Organisation Type

(eg. Pharmaceutical company, hospital, not for profit etc)

Contact Person

Position

Phone

Email

Postal Address

**Organisation Details**

1. Provide a short description of the organisation and the services it offers:
2. Does the organisation have a code of practice or guidelines for the delivery of educational services? Yes [ ]  No [ ]

If “Yes” please provide a copy.

**Endorsement period**

New endorsement [ ]

Re-endorsement [ ]

1. If re-endorsement, please indicate the year previously endorsed by ADEA

**Preferred endorsement period**

One year [ ]  Two years [ ]

(Please note there is a 5% discount if you have this activity endorsed for 2 years)

The endorsement of an activity for a two year period will only be approved if the assessors deem it appropriate.

# General details of activity

**Title of Activity**

1. Type of Activity (please indicate from list below):

Masterclass [ ]

Workshop [ ]

Symposium [ ]

Conference [ ]

Online Course [ ]

Online Webinar [ ]

Podcast [ ]

Other [ ]

I*f other, please provide details:*

1. If you are a member of ADEA please indicate membership type

Full member [ ]

Associate member [ ]

Sustaining member [ ]

1. Duration of activity: Indicate in hours or days
2. Proposed commencement date of activity
3. Is this activity a one off event? YES [ ]  NO [ ]
4. Will any aspect of the event be recorded for future viewing by participants or other interested parties? YES [ ]  NO [ ]
5. If Yes, please provide the following details:
6. How the recordings will be hosted?
7. How the recordings will be disseminated?
8. Who will the recordings be disseminated to?
9. Has your presenters/speakers agreed to have their presentations/speeches recorded and disseminated after the event? YES [ ]  NO [ ]

If No, agreement should be sought

1. Please indicate the primary intended audience/professional group/s this activity has been targeted at:

Diabetes Educators [ ]

Registered Nurse**s** [ ]

Midwives [ ]

Dietitians [ ]

Pharmacists [ ]

Exercise Physiologists [ ]

Podiatrists [ ]

General Practitioners [ ]

Other [ ]

*If other, please provide details:*

1. Please indicate which secondary intended audience/professional group/s this activity may also be relevant/or of interest to: (please select all that apply)

Diabetes Educators [ ]

Registered Nurses [ ]

Midwives [ ]

Dietitians [ ]

Pharmacists [ ]

Exercise Physiologists [ ]

Podiatrists [ ]

General Practitioners [ ]

Other [ ]

If other, please provide details:

1. Please indicate the focus area of the activity:

Clinical management of diabetes [ ]

Research [ ]

Skills to support education and counselling [ ]

Management of a health related service or staff [ ]

Professional knowledge or information [ ]

Other [ ]

If other, please provide details:

# Content and Learning Objectives of the Activity

(Please refer to the guidelines for the criteria that will be used to assess your application)

1. **Overall aim of the activity**

Briefly describe the overall aim of the activity

1. **Learning objectives of the activity**

Briefly outline the learning objectives of the activity

1. **Relevance to a Diabetes Educator**

Briefly outline how this activity may be relevant to the role of the Diabetes Educator

1. **Has a Credentialled Diabetes Educator been involved in the planning and development of this activity**

 Yes [ ]  No [ ]

Please attach a full copy of the activity plan and any other relevant content materials including a reference list, where applicable with your application.

# Format and Mode of Delivery of the Activity

**Mode of Delivery**

Online [ ]

Face to face [ ]

**Online activities**

1. Will the activity be hosted by ADEA?(Please refer to the guidelines for the costs relating to hosting)

Yes [ ]  No [ ]

1. If No, please provide the link and log in details to the activity so that it can be viewed by theassessors
2. Please briefly describe how the activity will be managed and moderated
3. Will participants have the capacity to comment or ask questions of a moderator?

Yes [ ]  No [ ]  N/A [ ]

**Face to face activities**

**Venue details**

1. Please provide details of the proposed venue (If you have an invitation you can attach it to your application)

**Work Health and Safety Compliance and Venue Accessibility**

1. Please provide details of what measures you have put in place to meet the needs of those participants with a disability
2. Is this activity a one-off event?

Yes [ ]  No [ ]

If no, please indicate how often will the event be delivered and where will it be delivered

**Teaching Methodology**

1. Please briefly outline your teaching methodology or ensure that your attached activity plan clearly outlines your teaching methodology, particularly if you are wanting endorsement for an on-line or face to face workshop or course**.**

**Facilitators or Moderators**

1. Please indicate who will be presenting, moderating or facilitating this activity

***Please attach CV or bibliographies of key presenters/ moderator or facilitators***

#  Assessment and Evaluation

**Assessment**

1. Is there an assessment attached to this activity? YES [ ]  NO[ ]
2. If yes, indicate the assessment type from the list below

Quiz on activity content at the end [ ]

Multiple quizzes throughout the activity [ ]

Case study discussion [ ]

Essay [ ]

Course presentation [ ]

Participants’ performance throughout [ ]

Other [ ]

If other, please indicate

Please attach a sample of the assessment requirements

1. If no, please indicate the rationale for not having the activity assessed

**Pre Activity Preparation**

1. Will participants be required to undertake pre- activity reading? Yes [ ]  No[ ]
2. If yes, what is the estimated length of pre- activity reading required?

**Evaluation**

**Newly developed activity**

1. Is this course a newly developed activity? Yes [ ]  No[ ]
2. Will this activity be evaluated or reviewed on a regular basis? Yes [ ]  No[ ]
3. If yes, please outline the evaluation and review process or provide a copy of the evaluation plan
4. If no, please explain why the activity is not been evaluated

**Previously endorsed activity**

1. Has the activity been previously evaluated**?** Yes [ ]  No[ ]
2. If yes, please provide your evaluation report with this application or outline how the course has been reviewed and revised to reflect feedback.
3. If no, please outline what you have none to ensure the currency of the activity or state why an evaluation was not undertaken

**Certificate of attendance/ completion**

1. Will participates receive a certificate of attendance or of completion of this activity?

 Yes [ ]  No[ ]

1. If yes, please provide a copy.
2. If no, please state the evidence that a participant will need to provide to indicate that they have participated in this activity.

# Declaration

I/we       (name of person/organisation) declare the information submitted as part of this application, or forming part of this application, to be correct and I/we wish to apply for endorsement of the educational activity by the Australian Diabetes Educators Association (ADEA).

If the program is endorsed by ADEA, I/we agree to the terms and conditions laid down by the ADEA Endorsement Program.

I/we understand that endorsement becomes invalid if the content or organisational aspects require significant change, or are changed by more than 10 per cent.

I/we understand that the program will require further review and charges if these changes occur and that the endorsement is valid for 1 year following the endorsement date unless approved for endorsement for a two year period.

I/we understand that a score of 63/90 or higher will be required for the activity to be endorsed by ADEA. If this score is not achieved I/we will work with ADEA National Office to address all comments from assessors if this happens.

I/we hereby agree to abide by all ADEA policy surrounding educational programs, use of the ADEA logo, and any other policies.

Full Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Not required when emailed)

Date:       (day/month/year)

# Checklist

1. Code of practice or guidelines for the delivery of educational services [ ]
2. Activity Plan [ ]
3. Invitation to activity, if applicable [ ]
4. Course content material, where applicable [ ]
5. Link to course material provide [ ]
6. CV of principal lecturers, facilitator or moderator [ ]
7. Sample of assessment [ ]
8. Sample of Certificate of attendance [ ]
9. Evaluation report if previously been endorsed by ADEA [ ]

# Completed Applications (email preferred)

Please send completed applications to:

E: education@adea.com.au

ADEA National Office

Education Department

PO Box 163, Woden ACT 2606

Please phone (02) 6287 4822 if you have any queries.