

AAPM SPECIALTY MEETING REQUEST FORM

Please use the Fill & Sign feature to complete all fields. For instructions/details see: <https://helpx.adobe.com/reader/using/fill-and-sign.html>

The Specialty Meeting Oversight Subcommittee (SMOSC) has been established to review requests for all proposed AAPM meetings, events or conferences that require AAPM staff involvement, other than the Annual Meeting, Summer School, Spring Meeting and AAPM Governance Meetings* of the Association, with the primary purpose of ensuring proposed meetings or conferences meet the AAPM [Administrative Policy 92](#) for a specialty meeting.

- A governance meeting is defined as an AAPM group that meets to discuss AAPM business.

REVIEW ADMINISTRATIVE POLICY 92

Before considering the planning of a specialty meeting, applicants are asked to review AAPM [AP 92 – Policy for a Specialty Meeting](#) and review the [definition of a Specialty Meeting, Webinar, Webinar Series](#).

SUBMISSION PROCESS

PART 1: CONCEPT APPROVAL

Prior to submitting the request to the SMOSC, applicants must first have approval for the concept of the proposed meeting from one of the following AAPM entities:

- Administrative Council
- Education Council
- International Council
- Professional Council
- Science Council
- Board of Directors
- Executive Committee

Forward the completed form to the chairperson of the approving entity for review/approval.

NOTE: Specialty meeting budgets are not part of the approving entity budget.

PART 2: SUBMISSION INSTRUCTIONS

After approval of the concept has been granted, forward completed form as directed.

The request will be reviewed by the SMOSC.

Submit to:

AAPM Specialty Meeting Oversight Subcommittee (SMOSC)
C/O Karen MacFarland
Email: karen@aapm.org

PROGRAM INFORMATION

PRE-APPROVAL INFORMATION

Appropriate information regarding the proposed meeting has been reviewed and the concept approved by the following AAPM entity:

- | | |
|---|--|
| <input type="checkbox"/> Administrative Council | <input type="checkbox"/> Education Council |
| <input type="checkbox"/> International Council | <input type="checkbox"/> Science Council |
| <input type="checkbox"/> Professional Council | <input type="checkbox"/> Executive Committee |
| <input type="checkbox"/> Board of Directors | |

Chairperson Name: _____

AAPM ORGANIZING GROUP INFORMATION

Council/Committee/Subcommittee/Group Name (if applicable): _____

Contact Name: _____

Contact Email: _____

Is staff support needed from AAPM? Yes No

Is the request to co-host/jointly-host this meeting with other groups or organizations? Yes No

If yes, please list potential groups/organizations to serve as co-hosts and explain the purpose and/or need for co-hosting the activity:

PROPOSED PROGRAM SUMMARY

This meeting is intended to be: an in-person meeting a virtual meeting

Program Title: _____

Describe the goals/objectives of the meeting:

Describe the potential topics of the meeting:

Target Audience:

Physicists Technologists Engineers Dosimetrist

Other (list): _____

Expected attendance number: _____ Does attendance need to be capped or limited in any way (for example, to allow for interaction)? If yes, explain _____

■ ORGANIZING COMMITTEE INFORMATION

List names of proposed AAPM members and non-members on the Organizing Committee:

■ PROGRAM DIRECTOR(S) INFORMATION

List names of proposed individual(s) to serve as Program Director(s) and organization affiliation:

■ PREFERRED DATES

Please be advised, dates for programs hosted by AAPM and other organizations (ACMP, RSNA, ASTRO, SPIE, etc) should be considered when selecting preferred dates:

1st _____	4th _____
2nd _____	5th _____
3rd _____	6th _____

■ PROPOSED PROGRAM FORMAT, SCHEDULE, TOPICS

- 1. Duration of meeting: _____ days
- 2. Do you anticipate poster presentations? Yes No
- 3. Do you want to submit the program to CAMPEP for CEC approval? Yes No
- 4. **[In-person only]** Describe the general format and educational methods to be used in the program: (ex. breakout sessions, hands-on sessions, exhibits, etc.)

■ PREFERRED PROGRAM LOCATION AND FACILITY (IF IN-PERSON)

Please consider the time of year, weather conditions, airport/transportation accessibility, and food service venue accessibility when identifying a potential location/facility for the program.

1st _____ 4th _____
2nd _____ 5th _____
3rd _____ 6th _____

Type of Facility:

- Hotel Property Airport Hotel Property Convention Center University Facility

Other (describe): _____

Number of concurrent Session Rooms required: _____ Exhibit space needed: Yes No