Australian College of Ambulance Professionals

Continuing Paramedic Education (CPE)

Endorsement of Events

Notes for Applicants

Australian College of Ambulance Professionals ABN 33 095 065 580
PO Box 345W, BALLARAT WEST, Victoria. 3350
Email: cpe@acap.org.au    Web: www.acap.org.au
As part of its commitment to support ambulance professionals in developing their knowledge and skills, the Australian College of Ambulance Professionals (ACAP) has an endorsement service for professional development activities.

RATIONALE:

• Endorsement enables ambulance professionals attending events that have been endorsed by ACAP, to be confident that the event has met the standards set by the College. It is an objective evaluation, which may also assist consumers, ambulance professionals and their employers in activity selection.

• Events that have successfully been endorsed will be allocated Continuing Paramedic Education points (CPE points) which go towards the 50 points required annually as part of the ACAP Certified Ambulance Professional program.

• Endorsement provides event organisers with guidelines for the standards demanded by the profession.

• Marketing of endorsed activities may be enhanced.

WHAT SORT OF EVENTS MAY BE ENDORSED?

Any professional development event or activity for ambulance professionals may be submitted for endorsement. This may include forums, dinner/breakfast meetings, workshops, conferences, seminars and short courses.

ASSESSMENT PERIOD:

Assessors of the events are volunteer members of ACAP. Whilst every effort is made to notify applicants of the outcome of the endorsement within 4 weeks, availability of assessors may result in delays. Please allow 6 weeks for notification.
WHAT HAPPENS FOLLOWING SUCCESSFUL ENDORSEMENT?

Following endorsement of an event, ACAP will notify the applicant of the outcome, and if successful, CPE points will be allocated to the event. Specific wording for use in promotional and marketing material will also be detailed. A certificate will be awarded along with provision of an electronic ACAP logo, which may be used in subsequent material related to the activity. Please note that the Australian College of Ambulance Professionals name and logo is protected by copyright, and it is an offence to use this without the express permission of the College.

Endorsement is valid for 2 years for short courses and 1 year for repeated activities such as workshops and seminars. Endorsement for individual events such as conferences is valid only for the duration of the event. However, in the event that the content or venue is changed significantly, please contact ACAP to see if further endorsement is required.

Re-endorsement would normally occur when the previous endorsement period is nearing completion. Re-endorsement requires the activity to be re-evaluated and reviewed accordingly.

If ACAP (at any time) considers that the necessary requirements for endorsement have not been met, endorsement may be denied pending further document submission and a successful outcome. If an applicant is dissatisfied with the decision they may lodge an appeal to ACAP for review.

For further information on
• Endorsement services for workshops, conferences, seminars or short courses
• Certified Ambulance Professional program and CPE points

Please contact:

Continuing Paramedic Education Co-ordinator
Australian College of Ambulance Professionals
PO Box 345W
BALLARAT WEST. Victoria. 3350.
Email: cpe@acap.org.au

This pack contains:
• Application for Endorsement of an Event form
• Standards and indicative criteria for endorsement
• A check list of requirements
• Schedule of fees
Endorsement of Events
Application Form

This form must be used when applying for endorsement of a workshop, conference, seminar or short course. It may be downloaded electronically from the Australian College of Ambulance Professionals website at www.acap.org.au.

1. TITLE OF EVENT

1.1 TYPE OF EVENT:
(workshop, conference, seminar, short course)

1.2 DATE OF EVENT
(or dates of each event if it is to be run more than once)

1.3 DURATION OF EVENT
(hours or days)

1.4 LOCATION OF EVENT / VENUE DETAILS
2. PROVIDER DETAILS

2.1 CONTACT NAME

2.2 NAME OF ORGANISATION

2.3 POSTAL ADDRESS

2.4 PHONE NUMBER

2.5 FAX

2.6 EMAIL

2.7 NATURE OF ORGANISATION
(eg. healthcare facility, company selling equipment, education body)

2.8 Does the organisation have public liability insurance and/or professional indemnity insurance? If yes, please provide details.

2.9 Does the organisation have a code of practice or guidelines for the delivery of educational services? If yes, please provide details.

2.10 CONTACT DETAILS FOR ACAP WEBSITE AND PUBLICATIONS
(if different from above details)

3. CONTENT OF EVENT

3.1 Brief description of the content.
   (Please attach draft or final copy of program)
3.2 Who is the target audience?

3.3 What is the overall aim of the event?

3.4 List the principal presenters and their qualifications.  
(Please attach an overview of the speakers’ background which supports their  
being invited to present at this event)

3.5 Will a certificate of attendance or completion be given to the participants on  
completion of the activity?

4. VENUE

4.1 Does the venue meet recognised occupational health and safety regulations?

4.2 Will there be adequate audio visual aids available?
5. DECLARATION

I declare that the above information is correct, and I wish to apply for endorsement of the above program by the Australian College of Ambulance Professionals.

If this event is endorsed by the Australian College of Ambulance Professionals I agree to the terms and conditions laid down for endorsement of events and products.

I enclose payment of $

Signed Date
Print name Position

TERMS AND CONDITIONS

1. Endorsement by the Australian College of Ambulance Professionals is only valid if the information provided by the organiser is correct.

2. Endorsement becomes invalid if the content or organisational aspects of the event change significantly.

3. Organisations may not advertise that the event is endorsed, or use the ACAP logo without the express permission of the Australian College of Ambulance Professionals.
CRITERIA FOR ENDORSEMENT OF EVENTS

When completing the application form, please ensure sufficient information is provided to meet these criteria.

1. The event is conducted by a reputable provider
   • The provider conducts its business affairs according to current state and Commonwealth legislation, and has public liability insurance and/or professional indemnity insurance
   • The provider has adopted a code of practice or guidelines for the delivery of educational services
   • The provider has an established history of providing events of defined quality and in accordance with the advertised content

2. The event is delivered in a professional manner
   • The title, aim and expected outcomes of the activity are congruent with, and relevant to the specific content area
   • The aims, content and expected outcomes of the activity reflect accepted standards
   • Ownership of the activity is clearly stated. Any contractual details are outlined (for example, funding may have been received from another agency/government, thus copyright may belong to them).
   • Presenters are appropriately qualified to effectively conduct the activity
   • Appropriate audiovisual and learning resources are readily available
   • A record of completion or letter of attendance is provided to attendees.

3. The venue is accessible and safe
   • The venue meets recognised occupational health and safety regulations (where applicable).
## SCHEDULE OF FEES

<table>
<thead>
<tr>
<th>Length of Program</th>
<th>Fee</th>
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<tr>
<td>Up to a Full day</td>
<td>$220</td>
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<td>2-4 days</td>
<td>$330</td>
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<td>5 days (or greater)</td>
<td>$550</td>
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Please note:
Payment must accompany application.

Cheques: Please make payable to Australian College of Ambulance Professionals

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**Credit Card Authorisation**

**Name on card:**

I hereby authorize the Australian College of Ambulance Professionals to charge my credit card automatically upon receipt of this authorisation, for ACAP endorsement of a professional development activity.

**Type of credit card (please tick)**

- American Express
- MasterCard
- Visa
- Diners Club

**Credit Card Number:**

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Expiry date: ___ / ____

**Signature of cardholder:** __________________________ Date: ___ / ___ / ____