

# 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 [Request Form Submission and Review Process information](#).

## 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](mailto: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: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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:

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### PROPOSED PROGRAM SUMMARY

This meeting is intended to be:  an in-person meeting with an On-Demand component  a virtual meeting with an On-Demand component

Program Title: \_\_\_\_\_

Outline the goals/objectives of the meeting:

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## AAPM SPECIALTY MEETING REQUEST FORM, Cont.

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Target Audience:

Physicists     Technologists     Engineers     Dosimetrist

Other (list): \_\_\_\_\_  
\_\_\_\_\_

Expected attendance number: \_\_\_\_\_ Are you anticipating local attendance? If so, what %? \_\_\_\_\_

Does attendance need to be capped or limited in any way (for example, to allow for interaction)?

If yes, explain \_\_\_\_\_

Justification for your attendance estimate \_\_\_\_\_

### ■ 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 (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 (not to exceed three days)
2. Do you anticipate poster presentations?  Yes  No
3. AAPM will submit to CAMPEP for CECs
4. Attach a draft outline of your program with topics. Include breaks/meal functions. Describe the educational format you envision (for example lecture, breakout session, hands on session.) Are you planning for one session room, or concurrent sessions? This program outline may undergo minor changes, but the basic concept must stay the same once approved.

**■ PREFERRED PROGRAM CITY, STATE (IF IN-PERSON)**

The Meetings team will research sleeping rooms and meeting space.

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

Exhibit space needed:  Yes  No

If yes, please identify vendors who might be interested in table top exhibits.

If you are considering vendor sponsorships for this meeting, please first read [AP Policy 122-B](#) Guidelines for Solicitation of Funds in the Name of AAPM.

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