AAPM SPECIALTY MEETING REQUEST FORM

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 Subcommitteee (SMOSC)
C/O Karen MacFarland
Email: karen@aapm.org
Appropriate information regarding the proposed meeting has been reviewed and the concept approved by the following AAPM entity:

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

Chairperson Name: _____________________________________________________________________________________________________

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**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:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

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**PROPOSED PROGRAM SUMMARY**

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