



**ashm**

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce



NATIONAL HIV  
STANDARDS, TRAINING  
AND ACCREDITATION PANEL

## **Application to the National HIV Standards, Training and Accreditation Panel (NHSTAP) for Adjudication of Educational Activity by an Organisation (CPD provider)**

Please note the following terms and conditions regarding submission of a HIV CPD adjudication application:

- All applications and supporting documentation must be submitted electronically;
- Providers are required to supply details of the entire program and all available training materials;
- PowerPoint presentations must be submitted with the initial application from a CPD provider that has not previously had an application processed. CPD providers who have previously submitted successful applications do not have to submit PowerPoint presentations if they are not available from the speaker(s) if details on the content of the presentation(s) are provided in the application.
- Direct marketing of an industry drug is not acceptable and is prohibited at an event being considered for HIV CPD accreditation. The inclusion of direct marketing will result in HIV CPD accreditation being withdrawn;
- Attendance lists will only be accepted in the electronic format provided and must be submitted to ASHM within two weeks of the event;
- The ASHM logo is not to be used on any publicity or displayed at an event;
- HIV CPD logos will be sent to CPD providers for inclusion on publicity materials.
- If you require any advice regarding the completion of this form, please contact the Project Officer involved with the HIV s100 Prescriber Program on [Vivien.Haidig@ashm.org.au](mailto:Vivien.Haidig@ashm.org.au) .

Please complete the form below and send it to [education@ashm.org.au](mailto:education@ashm.org.au) or [Vivien.Haidig@ashm.org.au](mailto:Vivien.Haidig@ashm.org.au)

Name of organisation	
Contact name	
Contact details	Address:
	Phone:
	Email:
Name of activity	
Name of venue, address and state:	
Duration of educational component	(Please exclude break times)
Date(s)	



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1. Briefly describe the activity & attach the program with details of the agenda, speakers, topics etc. to your application.
2. In what way will the content of this activity meet the professional development needs of HIV s100 prescribers and improve outcomes for their patients?
3. What are the learning objectives for the activity? (These must relate directly to the content of the CPD activity)
4. Are there interactive components to the activity such as, case presentation and discussion?
5. Please outline the involvement of HIV s100 prescribers in: (i) planning of the activity; and (ii) delivering the activity (e.g. teaching/presenting).
6. How do you propose to evaluate the activity?
7. Have any professional colleges adjudicated the activity for continuing professional development (CPD), Maintenance of Professional Standards Program (MOPS) or continuing medical education (CME), and if so what was the outcome of that adjudication and the point allocation?



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8. Other comments or information to accompany your application

I have read and agree to the terms and conditions of the HIV CME accreditation process.

**Submitted by:**

**Date:**

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Office Use Only

**Points allocated:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_