**2025 Application for Endorsement of rTMS training**

RANZCP Continuing Professional Development Education Program

*Please note: while every effort has been made to assure the quality and educational validity of the endorsed activity, the RANZCP cannot be held responsible if the activity does not meet the expectations of the participants.*

**Application fee**, deducted on receipt of the application, non-refundable: **$189.00** (subject to change)

**Approved Endorsement Fees**, deducted on approval of application:

|  |  |
| --- | --- |
| **Length and type of activity** | **Fee** |
| 2-3 day event / activity | **$1780.00 (valid for a maximum of 2 years)** |
| More than 3 day event / activity | **$2465.00 (valid for a maximum of 2 years)** |
| Online course or event | **$1780.00 (valid for a maximum of 2 years)** |

|  |
| --- |
| **Submission Dates for 2025** |
| The Subcommittee for rTMS will meet and review endorsement applications on the following dates in 2025:* Friday 14 March 2025 *(papers must be received by 21/2)*
* Friday 27 June 2025 *(papers must be received by 5/6)*
* Friday 12 September 2025 *(papers must be received by 21/8)*

Friday 12 December 2025 *(papers must be received by 20/11)*To submit your rTMS application to be considered in time for the next meeting, please ensure that the endorsement application form and all the relevant documents are submitted at least 3 weeks prior. |

|  |
| --- |
| **Date:** |
| **Organisation Name:** |
| **Name of Applicant:** |
| **Number of Participants:** |
| **Course Title:** |
| **Duration:** |

**Organisation information**

**Please provide background information describing the organisation seeking endorsement of their training course by the rTMS subcommittee of the CCPD on behalf of the College. Include details regarding management and personnel, educational approach, links to the organisation’s website etc.**

|  |
| --- |
|  |

**Nature of rTMS training course:**

[ ]  Forum

[ ]  Meeting

[ ]  Workshop

[ ]  Conference

[ ]  Seminar

[ ]  Online

[ ]  Other (*Please Specify*)

....................................................................................................................................................................

**Educational Criteria**

**Please outline how the proposed rTMS training course meets the RANZCP criteria for endorsement as listed below. Please attach any relevant documentation showing how each criterion will be met.**

1. **Qualified personnel are involved in the planning and conducting of each learning activity**. If a psychiatrist has not provided advice or other input into the design and delivery of the program, the program must be sponsored or endorsed by a Fellow of the RANZCP.

Please list all personnel involved (including their educational qualifications and affiliations), along with their role in the planning and/or conduct of the training course. Brief biographies and curriculum vitae should be attached as evidence.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Qualification | Affiliations | Role in the training |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Please list in detail the methodology and structure involved in the training course.** Please provide the program for the training course, including all components and indicating how they will be delivered.

|  |
| --- |
|  |

1. **Please outline how the course will meet the content and syllabus requirements of the RANZCP for endorsement of the rTMS training course.**

|  |  |
| --- | --- |
| RANZCP requirement | Description of how it is met |
| Theoretical and didactic knowledge |  |
| Hands-on training |  |
| Observation and supervised practice |  |

1. **Procedures established during planning are used to assess achievement of the learning outcomes**. A complete permanent record of each learner’s attendance and satisfactory completion can be provided.

Please outline how the competencies of each participant will be evaluated and provide examples of any assessment instruments used (e.g., exit written or practical tests, certification).

|  |
| --- |
|  |

1. **Content includes clear and concise learning objectives and intended outcomes for each learning event based on identified needs**. Please list the learning objectives and the intended outcomes.

|  |
| --- |
|  |

1. **Cultural safety and inclusivity are considered in the program.**

Please detail how the organisation will ensure that cultural safety and inclusivity are accommodated within the context of the rTMS training course. Specifically, how does your training course consider cultural safety and inclusivity towards *both* the course participants and the patients receiving rTMS treatment?

|  |
| --- |
|  |

1. **Please outline the plans for the evaluation of the quality and effectiveness of the training course.**

|  |
| --- |
|  |

1. **The activity does not contravene any College policy and/or advocacy statement made**.

|  |
| --- |
|  |

1. Please tick off the checklist below to ensure that all required elements and documents to meet the syllabus have been included along with the application form:

[ ]  Training course program

[ ]  Learning objectives and outcomes

[ ]  Lesson plans

[ ]  Assessment tools

[ ]  Evaluation questionnaires

[ ]  Example of certificate of attendance/attainment

[ ]  Syllabus checklist

**Program Funding**

**Please provide information on how the proposed program is funded. Is there any pharmaceutical or medical device company directly or indirectly involved in this program (e.g., funding)?**

**Please see the policy on the College’s engagement with the pharmaceutical industry** [**here**](https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/ranzcp-and-pharmaceutical-industry)**.**

|  |
| --- |
|  |

**Please note: EFT PAYMENTS ONLY**

*Please complete the form below, paying the application fee only in the first instance*

**Australia**

Bank Westpac Banking Corporation

BSB 033178

Account No 801076

Account Name RANZCP

Reference Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment description [must include Surname and CPD] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Zealand**

Bank Westpac NZ

Account No 03-0207-0285242-000

Account Name RANZCP

Reference Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment description [must include Surname and CPD] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please return form:

By email to **cpdhelp@ranzcp.org**