



**WORLD PSYCHIATRIC
ASSOCIATION**

Advance Psychiatry and Mental
Health Across the World

Internal use only

Event code: _____

APPLICATION FORM FOR WPA CO-SPONSORED MEETING

Name of Applicant: _____

Title: _____

Contact Details: _____

WPA Component: _____

(e.g. Member Society, Section, Zonal Representative, Affiliated Association or

Other, please specify): _____

WPA Region and Zone(s): _____

Signature: _____

Date of submission: _____

Mission

To promote the advancement of psychiatry and mental health for all peoples of the world.

The core missions of the WPA include the following:

- To encourage the highest possible standards of clinical practice.
- To increase knowledge and skills about mental disorders and how they can be prevented and treated.
- To promote mental health.
- To promote the highest possible ethical standards in psychiatric work.
- To disseminate knowledge about evidence-based therapy and values based practice.
- To be a voice for the dignity and human rights of the patients and their families, and to uphold the rights of psychiatrists.
- To facilitate communication and assistance especially to societies that are isolated or whose members work in impoverished circumstances.

This meeting aligns with the core missions of the WPA (see-above).

Please provide the following additional information

Meeting Title: _____

Theme: _____

City and Country: _____

Date: _____

(Please ensure that this meeting does not compete with any WPA Congresses)

Organizer:
(If different from applicant) _____

Contact: _____

Email: _____

Website: _____

Please attach the following with this application form

- Programme draft
- Conflict of interest disclosure policy
- List of sponsoring institutions
- List of activity sponsors
- List of any additional co-sponsors

Please attach the following after the event has taken place

- A summary of the Co-sponsored Meeting including evaluation results
- List of participants with email addresses (only those who have agreed to be listed as delegates)

By ticking this box, you agree to your details being shared with the WPA and its Professional Congress Organiser for communication and marketing purposes. Your details will never be shared with any other parties without your prior consent.

The WPA must be provided with the option to review any prior or subsequent publications that may be created relating to the scientific content of the meeting.

APPLICATION FORM FOR WPA CPD CREDITS

Please complete the following form if you wish to submit an Application Form for WPA CPD Credits. If you do not wish to do this, please proceed to the section on Charges, which is on page 6.

The WPA has prepared some background material entitled *“WPA Guideline on endorsement of internal or external educational activities for WPA continuing professional development (CPD) credits”*.

Presenters' details including name and work affiliation: _____
Number of participants anticipated for the activity: _____
Activity title: _____
Nature of activity: conference/workshop/course/meeting/seminar/others (please circle as appropriate)
Duration (please indicate number of hours or the number of days): _____
Location of the activity (city, country): _____
Organization information (please provide information describing the organization seeking endorsement of the CPD activity. Please include details regarding management and personnel, educational approach, and links to the organization's website): _____ _____

Educational criteria

Please outline how the proposed CPD activity meets the educational criteria below. Please attach any relevant documentation showing how each criterion will be met (e.g. the preliminary agenda).

1. A learning delivery environment and support services are provided that reflect the intent of the activity and are effective for achieving all expected learning outcomes.

2. Content including 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.

3. Learning outcomes are relevant to the scope of practice of a qualified mental health professional and are based on sound clinical and educational principles.

4. Qualified personnel are involved in planning and conducting each learning activity. Please list the personnel and their involvement in the planning and/or conduct of the activity (please attach list).

5. Procedure established during planning to assess the achievement of the learning outcomes. Please detail the evaluation process you intend to use.

6. A complete, permanent record of each learner's attendance and satisfactory completion can be provided upon request, including the outcomes of the evaluation of the learning outcomes.

7. The activity does not contravene any WPA policy and/or position statement made: Yes/No (please circle as appropriate; if yes, please elaborate).

8. Programme funding

Please provide information on how the proposed programme is funded. Is there any pharmaceutical company involved in this programme? Are there other business organizations being involved with businesses that directly contravene public health principles of WPA (e.g. tobacco companies)? Please list the sponsors in detail.

9. Any other information that you feel may be relevant to this application.

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

CHARGES for WPA Co-sponsored Meeting and WPA CPD Credits if relevant

Please tick and complete the appropriate boxes below corresponding to the Country Income Classification by World Bank (WB): <http://databank.worldbank.org/data/download/site-content/CLASS.xls> and the total charge(s).

Country classification	WPA CO-SPONSORED MEETING		WPA CPD CREDITS		TOTAL CHARGE(S)
	Tick box		Tick box		
A (High Income)	<input type="checkbox"/>	500 USD	<input type="checkbox"/>	500 USD	
B (Upper Middle Income)	<input type="checkbox"/>	300 USD	<input type="checkbox"/>	300 USD	
C (Lower Middle Income)	<input type="checkbox"/>	200 USD	<input type="checkbox"/>	200 USD	
D (Low Income)	<input type="checkbox"/>	100 USD	<input type="checkbox"/>	100 USD	

Payment can be made by bank transfer or by WISE <https://wise.com>

For bank or Wise payment you will need the following information:

Account name: World Psychiatric Association, 1226 Thônex
 Bank: UBS Switzerland AG, 1211 Geneva 2, Switzerland
 Account no.: 0240-5041 8360H
 IBAN: CH67 0024 0240 5041 8360H
 BIC: UBSWCHZH80A
 Currency: USD

BANK CHARGES TO BE PAID BY THE PAYER (sender of payment)

*Please note that only complete applications will be considered.
 Thank you for your assistance in this matter.*

Nr.	16
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