



# 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)

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 CE CREDITS

Please complete the following form if you wish to submit an Application Form for WPA CE 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 education (CE) credits”*.

Presenters’ details including name and work affiliation:

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Number of participants anticipated for the activity: 

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Activity title: 

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Nature of activity: conference/workshop/course/meeting/seminar/others (please circle as appropriate)

Duration (please indicate number of hours or the number of days): 

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Location of the activity (city, country): 

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Organization information (please provide information describing the organization seeking endorsement of the CE activity. Please include details regarding management and personnel, educational approach, and links to the organization’s website):

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### Educational criteria

Please outline how the proposed CE 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.

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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.

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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.

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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).

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

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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.

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

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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.

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

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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 CE 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).

		WPA CO-SPONSORED MEETING	WPA CE CREDITS		
		<p><b>No charge for Member Societies and Scientific Sections.</b></p> <p><b>Charge applies to all other organizations, even if there is some Member Society or Scientific Section involvement.</b></p>	<p><b>Charge applies to all Member Societies, Scientific Sections and other organizations.</b></p>		
Country classification	Tick box		Tick box		TOTAL CHARGE(S)
A (High Income)	<input type="checkbox"/>	445 EUR or 500 USD	<input type="checkbox"/>	445 EUR or 500 USD	
B (Upper Middle Income)	<input type="checkbox"/>	270 EUR or 300 USD	<input type="checkbox"/>	270 EUR or 300 USD	
C (Lower Middle Income)	<input type="checkbox"/>	175 EUR or 200 USD	<input type="checkbox"/>	175 EUR or 200 USD	
D (Low Income)	<input type="checkbox"/>	85 EUR or 100 USD	<input type="checkbox"/>	85 EUR or 100 USD	

**Please transfer the total amount in either EUR or USD to the WPA bank account, see details below:**

Account name: World Psychiatric Association, 1226 Thônex  
 Bank: UBS Switzerland AG, 1211 Geneva 2, Switzerland  
 BIC: UBSWCHZH80A

### For EUR currency

Account no.: 0240-5041 8370T  
 IBAN: CH97 0024 0240 5041 8370T

### For USD currency

Account no.: 0240-5041 8360H  
 IBAN: CH67 0024 0240 5041 8360H

**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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Document Type:	Policy
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