# Application for EWMA Endorsement – short courses

# Face-to-face courses and eLearning programmes (maximum 12 hours)

### Please complete the application form in English.

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| **General information** | | **Reviewer comments** |
| **Full title of short course/ educational programme/study day** |  |  |
| **Type of course** | * **Face-to-face** * **E-learning** |  |
| **Date and month of the course** |  |  |
| **Does the application concern an endorsement (first time) or re-endorsement?** |  |  |
| **Aim of short course/ educational programme/study day (overall short description of the course)** |  |  |
| **Name, address and contact details of institution/organisation that is requesting EWMA-endorsement** |  |  |
| **Name, title and contact details for administrator/leader of course/programme** |  |  |
| **Is the course endorsed by other organisations or institutions?** | * **Yes** * **No**   **If yes, please state the names of organisations and/or institution:** |  |

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| **About the course/programme: Objectives, structure and content** | | | **Reviewer comments** |
| **What is the aim of the course?** |  | |  |
| **Please provide three objectives of the course / programme:**  NB: Please use Blooms taxonomy[[1]](#footnote-1) in the description of objectives. Listed below are the main domains  - **(K)** Knowledge/cognitive  - **(P)** Pragmatic, psychomotor skills  - **(A)** Awareness/behaviour |  | |  |
| **Teaching methods used**  (e.g., taught sessions, seminars, face-to-face, distance learning, e-learning, blended learning, practical demonstrations etc.) |  | |  |
| **Course language(s): In which language(s) is the course held?** |  | |  |
| **Duration: short course/ educational programme/study day length (number of days/hours and period of time)** |  | |  |
| **Briefly describe the course/programme content** (e.g., list the included modules/topics covered) |  | |  |
| **Target audience of the course/programme.** |  | |  |
| **Briefly describe background of course speakers/presenters** (e.g., specialist profile, affiliation, etc.) |  | |  |
| **Number of participants per course/programme (min. – max. number)** |  | |  |
| Evaluation | | **Reviewer comments** | **Evaluation** |
| Please state whether the course has been accredited with CME[[2]](#footnote-2) , CPD[[3]](#footnote-3) or ECTS[[4]](#footnote-4) points **If so, please state number of credits/points granted for completion of the module.** | |  |  |
| **Participant Satisfaction** | | | **Reviewer comments** |
| Are participants asked to evaluate (i.e. how satisfied they were) the course/programme? \*EWMA can provide a evaluation template you may use. | | * **Yes** * **No**   **If yes, please describe how and when this evaluation is undertaken i.e., after each module or at the end of the course/programme:** |  |
| **User fees and sponsorships** | | | **Reviewer comments** |
| **Will a fee be charged for the short course/ educational programme/study day?** | | * **Yes** * **No**  If yes, please provide information about the course fee here (Including possible discounts available for specific student groups): **If the course/programme is provided by a University/Professional education provider, please state whether the user fees are linked with standard fees applied by this institution:** |  |
| **Please state whether the course/programme is supported by commercial sponsorship(s)?** | | * **Yes** * **No**   **If yes, please state name of sponsor(s), the level of financial support provided by the sponsor and describe the involvement of the sponsor(s) in the development of the course content. There should be a clear statement of any *declaration of interest*s:** |  |

### The following documentation should be supplied to support this application and to facilitate the approval process:

**Obligatory documentation:**

* Curriculum Vitae of course/programme leader
* A copy of the **short course/ educational programme/study day** evaluation form to be used. Participant evaluations are required to achieve reendorsement by EWMA (EWMA will supply a minimum requirement checklist for delegate evaluation).

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| EWMA OFFICE USE ONLY | |
| Approval granted | Yes No **If no, please provide reasons for rejecting the application** |
| Possible conditions for approval |  |
| Recommendations |  |
| General comments/review summary |  |
| Final Approval\* Granted Can be granted following submission of student evaluations (Subject to approval). | Yes No (If no, please state why) |
| Date | Signatures |

EWMA reserves the right to withdraw EWMA certificate in case of serious complaints or in case the course provider has given false information in the application.

1. <https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/> (Accessed June 2018) [↑](#footnote-ref-1)
2. Continuing Medical Education [↑](#footnote-ref-2)
3. Continuing Professional Education [↑](#footnote-ref-3)
4. European Credit Transfer System [↑](#footnote-ref-4)