



EACTS Course Endorsement Application Form

Date of application:

Please send your completed application form to Academy@eacts.co.uk

This application form is in compliance with the EACTS Endorsement Policy. By submitting this application form, you are confirming you have read and understood the EACTS Endorsement Policy document and will adhere to all policies detailed therewith.

Your application will be reviewed by the EACTS Education Committee, and you will receive notification **within 6 weeks** after submission of a complete application form (including attachments). If the endorsement of your live educational event is granted, an endorsement contract will be sent to you. The endorsement will only be considered final upon contract signature and payment of the endorsement fee. Please note that endorsement may be granted or withheld at the sole and absolute discretion of the EACTS Education Committee.

Office only	
Date received:	<input type="text"/>
Date sent to Education Committee:	<input type="text"/>
Final decision:	<input type="text"/>

ENDORSEMENT REQUESTED

Name of the course:

Date(s) of the course:

Relevant EACTS Domain/Taskforce:

COURSE DETAILS

Venue name:

City:

Country:

How many lecture rooms (excluding breakout rooms) do you have for this programme?

How many attendees do you expect for this course?

0-50	<input checked="" type="checkbox"/>	51-100	<input checked="" type="checkbox"/>	101-150	<input checked="" type="checkbox"/>	150+	<input checked="" type="checkbox"/>
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Website of the course:

Please list the registration fees and benefits

Attached scientific programme, including Faculty (in English) Yes No

COURSE PROGRAMME

Does your course compete with educational content already available? No, unique/brand new course

<input checked="" type="checkbox"/> Yes, with other EACTS courses (please provide details)	<input checked="" type="checkbox"/> Yes, with other non-EACTS courses (please provide details)
<input type="text"/>	<input type="text"/>

COURSE PROGRAMME CONTINUED...

Is your programme based on recent EACTS Guidelines and/or EACTS consensus documents?

Yes

No

If yes, please provide details...

Is your national cardiac society informed about your course?

Yes

No

Define the learning objectives of the course:

Define the expected outcomes of the course:

Does your programme include case-based presentations?

Yes

No

Does the programme include interactivity?

Yes

No

If yes, please provide details...

Do you have a post-event evaluation form for attendees?

Yes

No

Please detail all commercial support and Industry sponsors:

Has your course been submitted for accreditation?

Yes

No

Is registration open to all persons interested in attending, without restricted access?

Yes

No

SCIENTIFIC DIRECTOR

Title:

Full name:

Position:

Institution:

Department:

Email:

ADMIN CONTACT

Title:

Full name:

Email:

Phone number:

Institution / Organisation: