

Appendix: Application Form

WIP ENDORSEMENT PROCESS 2024

I. SPONSOR

- A. Is the activity sponsored by a medical society/institution or educational/scientific organization? [Complete all that apply]
- No Private practice _____
For-profit enterprise _____
Other _____
Go to VI (if for profit).
- Yes The Activity Sponsor is a Not-for-profit entity (specify all that apply).
[It is REQUIRED that any residual funds from the activity will be used for educational, scientific, or charitable purposes and NOT distributed for personal profit by any organizer or faculty].
- WIP or a WIP Section _____
Other Medical Society _____
Educational Foundation _____
Charitable Foundation _____
Other _____
- B. Will the activity support WIP administrative activities?
(Specify) _____
- Yes
 No
- C. Will the activity offer CME credits?
(accrediting body) _____
- Yes.
 No
- D. Has this activity ever had WIP endorsement in the past?
(date and location) _____
IMPORTANT: Attach previous CME and attendee evaluation reports
- Yes
 No
- E. Did you pay honoraria or other payments (unrelated to travel or lodging) to organizers, lecturers, or instructors in the past?
(Specify roles and amounts paid) _____
- Yes
 No

F. Do you plan to pay honoraria or other payments (unrelated to travel or lodging) to organizers, lecturers, or instructors?
(Specify roles and amounts to be paid) _____
 Yes
 No

G. Is the organizer an active WIP member?
(name) _____
 Yes
 No

H. Is the activity organized in collaboration with a WIP section with Section Chair approval with Section Chair letter?
(Section Chair) _____
(Explain) _____
 Yes
 No

II. ENDORSEMENT REQUESTED

A. Are you requesting endorsement as an FIPP/CIPS preparatory activity, course, or workshop?
 Yes **Go to III.**
 No **Go to IV.**

B. Are you requesting WIP endorsement for Symposia - educational activity (not for FIPP/CIPS examination preparation)?
 Yes **Go to IV.**
 No **Go to VI.**

III. WIP endorsed FIPP/CIPS Preparatory Activity

A. Are >75% speakers active WIP members?
 Yes
 No (Explain) _____

B. Are at least 50% of speakers FIPP or CIPS certified?
 Yes
 No (Explain) _____

C. Are all workshop instructors FIPP (fluoro-guided) or CIPS (ultrasound-guided) certified?
 Yes
 No (Explain) _____

D. Have at least 50% of workshop instructors completed a minimum of five (5) workshop teaching experiences?

Yes

No

(Explain) _____

E. Will the program cover at least 75% of FIPP or CIPS required procedures that appear on the examination?

Yes

No

Is this activity an ADVANCED procedures Workshop?

Yes (Explain) _____

No (Explain) _____

F. Will the maximum number of participants per cadaver/phantom be 12 or less?

Yes

No

(Explain) _____

G. Will the instructional material preferentially use and cite those developed and approved by WIP?

Yes

No

(Specify) _____

(Explain) _____

Go to V.

IV. **WIP endorsed Symposia - educational activity** (not for FIPP/CIPS examination preparation)

A. Are the majority of speakers active WIP members?

Yes

No

(Explain) _____

B. Are interventional techniques being taught?

No

Yes

Are all the instructors for the interventional techniques FIPP or CIPS certified?

Yes

No (Explain) _____

Go to V.

V. Proposed DATE(s) of the activity

A. Is the date of this application at least 6 months prior to proposed activity date?

___ Yes

___ No (Explain) _____

B. I understand that use of the WIP logo, FIPP logo or any mention of the FIPP examination, CIPS or CIPS examination or the WIP on any promotional material without prior endorsement by WIP will automatically result in denial of endorsement for this activity and future activities by the organizer for a period to be determined by the Executive Board of WIP.

Signature _____ Date _____

C. I further understand that failure to submit CME and attendee evaluation reports to the WIP Executive office will result in denial of future endorsement for this activity and activities of the organizer for a period to be determined by the Executive Board of WIP.

Signature _____ Date _____

D. I affirm that, if requested by the WIP Executive office, I will promptly provide financial statements related to this activity to include all fees, honoraria, and other payments to individuals as well as the disposition of any profit, as outlined in section I.

Signature _____ Date _____

E. I affirm that this activity is begin organized in an underdeveloped country according to current WHO: World Bank income guidelines and am hereby requesting exemption from oversight fees imposed by WIP for endorsement.

Signature _____ Date _____