



# Asia Pacific Stroke Organisation (APSO)

## Funding Application form for CME Programs

(The applicant is encouraged to apply at least 4-6 months before the suggested CME workshop.)

### A. Organisation Contact Information\*:

Society Name: \_\_\_\_\_

Country: \_\_\_\_\_

Organisation Address: \_\_\_\_\_

Organisation Website (if present): \_\_\_\_\_

*\*Only APSO member societies are eligible to submit the application.*

*For non-member societies, please submit the APSO membership application form simultaneously.*

### B. Applicant Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: Mr/Ms/Dr/Prof (Please circle as appropriate)

Position in Society: \_\_\_\_\_

Phone (Include Country Code): \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant's Academic/Professional**

**Affiliations:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

## C. Details of proposed program

Official Title of Meeting \_\_\_\_\_

(Please tick one)

- Stand alone local program  Part of a larger local conference  
 Part of a regional/international conference

Type of activities (please tick one of the below):

- Course  Lecture  
 Seminar  Symposium  Workshop

Proposed Date: from \_\_/\_\_/\_\_\_\_ (DD/MM/YYYY) to \_\_/\_\_/\_\_\_\_ (DD/MM/YYYY)

How often is the meeting held?

- Once  Monthly  Annually  
 Others (please explain): \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

City \_\_\_\_\_ Country: \_\_\_\_\_

## Program Audience Information

Please identify the target audience of the APSO CME program:

(may tick more than one of the below):

- Neurologists  Rehabilitation Physicians  Primary Care Physicians  
 Physicians in Training  Nurses/Health Professionals  
 Others (please specify) \_\_\_\_\_

Expected number of Attendees: \_\_\_\_\_

## D. Details of proposed speaker(s) to be funded by APSO

(Please tick one of the boxes below)

We want to invite APSO to recommend a speaker(s) for the program.

We would like to propose the following speaker(s) (please fill in the details below)

### Suggested Faculty 1

Name:

Qualifications:

Current Practice Affiliation:

City:

Country:

E-mail Address:

Title of talks:

### Suggested Faculty 2

Name:

Qualifications:

Current Practice Affiliation:

City:

Country:

E-mail Address:

Title of talks:

(Please use supplementary sheets to state the speaker details if the space provided is not enough)

**(APSO reserves the final right on whether to accept the proposed speaker(s) to be the speaker(s) under the program)**

Signature of the applicant

Date

\_\_\_\_\_

\_\_\_\_\_

**Asia Pacific Stroke Organization**  
**Continuing Medical Education Workshops**  
**Lecturers/Visiting Professorship/Experts Outreach Program**

**Objectives**

The Asia Pacific Stroke Organization is committed to improving educational resources and core clinical skills for the care of acute stroke patients. Priority will be given to under-resourced countries, using focused workshops to enhance the care of stroke patients.

In this area, the organisation of acute stroke units, the use of intravenous thrombolysis and the systematic organisation of secondary prevention stroke strategies are priorities. There is a pressing need for improving care due to a small number of stroke units and the low frequency of rt-PA usage in a large proportion of the Asia-Pacific region.

The Asia Pacific Stroke Organization CME support program is prepared to fund 2(TWO) invited/nominated speakers to improve the conference program of a local, national or regional/international conference.

**Workshop/conference locations:** APSO member countries, preferably less-developed countries.

**Suggested duration:** 1 to 1 ½ days; can be stand-alone or part of a conference.

**Frequency:** Limited to one per year in a specific country

**Educational content:**

Determined jointly by APSO CME Committee and local member society. Local national stroke/neurological societies will be co-organizers.

Drawn from interested APSO members and education committee members.  
Selected local speakers

**Budget**

Two recommended or selected faculty members, recognised as experts by APSO. The same lecturers are not encouraged to participate in consecutive CME activities. These individuals will be designated as 'Asia Pacific Stroke Organization Visiting Professors. "

Both visiting Professors will be expected to give a minimum of 2 lectures and can be expected to participate in related academic activities such as poster rounds and evaluation activities.

Local National society will be responsible for organising accommodation for faculty.

Air travel by economy class only.

## **CME workshop Application Guidelines**

1. The applicant is encouraged to apply at least 4-6 months before the suggested CME program.
2. The application is open basically to APSO member societies only, and the application form should be filled in. If not a member yet, we recommend submitting the APSO membership application simultaneously.
3. A one-page conference report is needed from the organisers within 30 days after the end of the conference, detailing attendance number, feedback from attendees.
4. The application can be submitted any time of the year, but the frequency of support will be limited to one per year per country to ensure proper distribution of resources.
5. The funding support by APSO should be reflected in suitable places in the conference materials, e.g., Phrases such as 'supported by an educational grant from the Asia Pacific Stroke Organisation (APSO).' A copy of these conference materials should be submitted to APSO together with the conference report.