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**Application for Focused Course Accreditation / Re-Accreditation**

**Please complete a separate application form for each focused course**

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| **Full title of focused ultrasound course:** | **Number of credits:** | **Academic Level:** |
|  |  |  |
| **Reason for application:** |  |
| Accreditation of new focused ultrasound course 1 | [ ]  |
| Re-accreditation of existing ultrasound course 1 | [ ]  |
| Minor change to existing ultrasound course 2 | [ ]  |
| Major change to existing ultrasound course 2 | [ ]  |
| 1 For new/re- accreditation requests, full documentation should accompany the application or be received as soon as available thereafter. It is the Course Leader’s responsibility to ensure the documentation is current and contemporary as poor-quality documentation may lead to a delay in accreditation.2 For minor and major changes, please attach module modification(s) and/or any other relevant documents to the application. |
| **Additional Information:** |
| Name of education provider: |  |
| Name of division / department / school: |  |
| Name of awarding body: |  |
| Name & workplace of current external examiner: |  |
| List any education providers your Institution cannot accept an accreditor from: |  |
| Proposed accreditation / re-accreditation date: |  |
| Proposed start date of focused course: \* |  |
| \* CASE Committee meeting dates can be found at: [Meeting Dates (case-uk.org)](http://www.case-uk.org/for-heis/case-meeting-dates/) |
| Does the course have practical training and assessment leading to practical competency? *(Please give details)* |  |
| **Focussed ultrasound course director / lead:** |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| **Representative in the university quality & standards office:** |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| **Please provide additional information that may be useful to CASE:** |
|  |
| **I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT** |
| Name of course director / lead: |  | Date: |  |
| Signature of course director / lead: |  |
| Please check this box to indicate that you agree to all the above personal contact details being shared with the CASE Committee and assigned Accreditors: | [ ]  |
| Please check this box to indicate that you agree to your email address being added to the CASE distribution list: | [ ]  |
| **Please Note the Following:**The information in this form will be used by CASE to appoint appropriate accreditors with the necessary expertise to assist the course team in the planning and scrutiny of the course.**CASE reserves the right to charge a fixed penalty fee in instances where the applicant's actions (or inaction) result in significant delay, cancellation, or failure to accredit courses, re-accredit courses or approve major changes. Further details can be found on the CASE website here:** [CASE - Penalty Fees (case-uk.org)](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.case-uk.org%2Ffor-heis%2Fapply-for-accreditation%2Fpenalty-fees%2F&data=05%7C01%7Csally%40ipem.ac.uk%7C5a8ef415f9f24db3216108da86b7aa8a%7Ccd3a931cc1f14f189476099952b1d081%7C0%7C0%7C637970420669907906%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=T2u7UPBt6IfUQbjpiwu6i22NQytQ%2BPBplvj7aFPgAkI%3D&reserved=0) The completed application form should be sent to the CASE Co-ordinator, Sally Hawking, by email to case@ipem.ac.uk |

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| **Office use only** |
| Date application received: |  |
| Lead accreditor assigned:  |  |
| Co-accreditor assigned:  |  |
| Shadow accreditor assigned: |  |
| Date of next CASE committee meeting: |  |
| APMR Information: |  |