



**NORTH CAROLINA RESPIRATORY CARE BOARD**  
1100 Navaho Drive, Suite 242  
Raleigh, NC 27609

**CONTINUING EDUCATION PROGRAM APPROVAL APPLICATION**

**SECTION A: Program Information**

Name of Program \_\_\_\_\_

Please attach a separate sheet detailing the objectives of the program as they relate to the practice of Respiratory Care. CE shall not be approved that include facility required competency or skills evaluations and continuing education required by the facility to comply with accreditation standards.

Number of Hours Requested for Approval \_\_\_\_\_ Hours.

Do not include the time for breaks and meals. Please attach a copy of the program agenda.

Location of Program \_\_\_\_\_

Date(s) of Program \_\_\_\_\_

Note: Applications for CE must be received within 30 days of the first day of the CE program. Applications received after the 30 day requirement shall be denied.

Provider of Program \_\_\_\_\_

Method of Presentation \_\_\_\_\_

Is a post-test required?  Yes  No (Required for all non-traditional and distance education CE)

Is this program open to all licensed Respiratory Care Practitioners?  Yes  No (All approved continuing education programs must be open to any licensed RCP that is interested in completing the program.)

**SECTION B: Speaker Information**

Name(s): \_\_\_\_\_

Attach a 1 page biography for each speaker that qualifies the individual to present this continuing education program.

**SECTION C: Method of Program Attendance Verification**

Attach a sample copy of the documentation the provider issues to the licensees as proof of attendance of the program. Provide information on how attendance at the program is monitored and how the program will be evaluated. Provide a copy of the CE Program Roster and a summary of the course evaluation to the Board within 30 days of completion of the program. Failure to provide the roster and evaluation summary will result in denial of the CE activity.

**SECTION D: Signature**

Program Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facility Name and Address: \_\_\_\_\_

