



NORTH CAROLINA RESPIRATORY CARE BOARD
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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: _____ Email Address _____

Facility Name and Address: _____
