



*Professionalism • Advocacy
Commitment • Excellence*

Application for Approval to provide
Continuing Education 2022 Live Events
Conventions, Skills Days, and Webinars

This application must be submitted to the CSRC executive office at: office@csrc.org at least 90 days prior to the scheduled event per policy. Applications submitted after the timeline requirement **may not be approved by the CSRC. Applications will be forwarded to the appropriate committees for approval.** You will be notified via email by the executive office with your Continuing Education (CE) number once the application has been approved.

CSRC Use Only

Course Number: _____

To Be Completed By CSRC Staff

Action Dates:

- | | |
|------------------------------------|-------|
| 1. Received by Executive Office | _____ |
| 2. Approved Finance Committee | _____ |
| 3. Approved Program Committee | _____ |
| 4. Approved Education Committee | _____ |
| 5. Final approval Executive Office | _____ |

The Respiratory Care Board of California set the requirements for CE approval by the CSRC. Per the Respiratory Care Board (RCB) the following must be included in your application for CE(s) in order for continuing education credits to be issued (excerpted from [1399.352. Criteria for Acceptability of Courses](#)): Below are some of the criteria, but it is the responsibility of the person submitting the program to adhere by the full criteria in the hyperlink above.

The speaker (presenter) shall be knowledgeable in the subject matter as evidenced by:

- ✓ a degree from an accredited college or university and verifiable experience in the subject
- ✓ a teaching and/or clinical experience in the same or similar subject matter
- ✓ Educational objectives shall be listed – (prefer 3/CE hour)

- ✓ The teaching methods shall be described, e.g., lecture, seminar, audio-visual, simulation.
- ✓ Speaker declaration of vested interest – CSRC provides this form in Appendix 1 and each speaker must sign this form and program applicant must return a signed copy of each form to CSRC no latter then 2 weeks prior to the event.
- ✓ Evaluation methods- post test shall document that the objectives have been met.

Certificates for all programs can be found in CSRC's Learning Mangement System and attendees can download a certificate once the program is completed and the roster of attendees has been uploaded.

Approved courses are valid for one year from application approval date. If/When a course is renewed it must be assigned a new course number.

Program and Sponsor Contact Information

A minimum of one practitioner with one or more of the following credentials RRT® CRT® CPFT®, RPFT®, RPSGT®, AE-C®, ACCS® or NPS® must be involved in the planning and development of the program

Host Region:

Name of contact person (person administratively responsible who signs this form):	
Contact address:	
Business phone:	Other phone:
Fax:	Email:
Primary Program Planner/Alternate contact person:	
Business phone:	Email:

Speaker List with subject topic: Please list speakers for the program

Name and Credentials:	Topic
Name and Credentials:	Topic

Name and Credentials:	Topic

Program Information

Title of Program:		
Program Dates(s):		
Program Location Name:		
City:	State:	Zip Code:
Number of Continuing Education Units:		

Program Planning

Target Audience: check all that apply

- Respiratory Care Practitioner
- Nurses
- Physicians
- Students
- Others

Type of Education Program

- Live Lecture/Symposium/Skills
- Live Webinar
- Virtual Presentation (Pre-Recorded)
- Other: _____

Provide 3 measurable objectives for the entire CE hour program (these appear on the event flyer and program)

At the conclusion of this program, the participant will be able to:

- 1.
- 2.
- 3.

Learners will be informed about the commercial support by: (Check all that apply)

- Information provided on marketing materials.
- Announcement at the beginning of the program.
- Signage prominently displayed to participants
- Other (Please describe):
- NA (there is no commercial support)

Evaluation data will be used to improve this learning activity by: (Check all that apply)

- Revising future presentations of this activity
- Creating new innovative programs
- Discontinue this activity
- Deciding to change presenters or content
- Other (Please describe)

Criteria for successful completion are:(check all applicable)

- Submission of completed evaluation form
- Achieving passing score on post-test

Application Fees:

Program Type (Please one)			
CEU Hours	3 contact hrs. or less	4 – 7 contact hrs.	8+ contact hrs.
CSRC Collaborative – CSRC CE provider	\$100	\$130	\$180
Late submission fee (60 days prior to event necessary 90 preferred)	\$40	\$40	\$40

Payments and refunds:

- Payments accepted: check, credit card, money order
- Application review fees are not refundable
- Returned checks subject to \$75 fee

Credit Card Information:

Cardholder Name:

Cardholder Address:

Cardholder City, State, Zip:

Cardholder Phone: _____

Email address _____

Card Type: VISA, MasterCard, American Express, Discover (circle)

Card# _____

Exp. Date _____

Security code (3 numbers on back) _____

Cardholder Signature _____

Appendix 1

Declaration of Vested Interest Form

ALL PRESENTERS MUST COMPLETE THIS FORM

All vested interest forms must be return to executive office by chair or sponsor within 2 weeks of event.

Name of presenter:
Name of employer:

Definition: A presenter may have an interest in or affiliation with an organization, which does not prevent him or her from making a presentation, however, *the audience must be informed of this relationship before the presentation of the activity*. For this purpose, a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

I recognize that I must follow all guidelines and criteria regarding vested interest.

No, I have no real or perceived conflicts of interests that relate to this presentation.

Yes, I have the following real or perceived conflicts of interest that relate to this presentation:

If **“Yes”** please describe real or perceived conflicts of interest that relate to this presentation

If **“Yes”** please describe how you plan to be free from bias in this presentation:

FDA Approved Drug and Devices Assurance Statement Any discussions regarding the utilization of FDA drugs or devices that are not within the approved regulations (off-label use) will be clearly explained to the learners

Signature of Presenter _____

Electronic Signature is permissible