



Professionalism • Advocacy
Commitment • Excellence

CSRC CEU APPLICATION 2019

Type of traditional educational program: (check one)

Lecture Video Audio Other (describe)

CSRC Use Only: Course # _____

Action Dates:

Received: _____

Approved _____

Incomplete _____

Rejected _____

Program and Sponsor Contact Information

Region: _____

Name of contact person (person administratively responsible who signs this form):

Contact address:

Business phone:

Other phone:

Fax:

Email:

Alternate contact person:

Business phone:

Email:

Program Information

Title of Program:

Program Date:

Repeat Dates
Known:

Location:

City:

State:

Number of contact hours requested:

Partial Credit: Is attendance at the entire program is required to receive CRCE contact hours for this program? Yes No

Describe the fees you will charge:

Registration- CSRC Member:

CSRC Non-Member:

Vendor:

Program Planning

Depending on the topic of the program, a minimum of one practitioner with one or more of the following credentials RRT® CRT® CPFT®,RPFT®,RPSGT®, AE-C® must be involved in planning the program.

Primary Program Planner (person who lead the planning for this program)

Name:

Note: Biographical Data form (see Appendix 1) must be submitted only for primary program planner. This form is not required for others involved in the program planning. Only their name and professional credentials must be provided.

Other persons involved in planning the activity.

Name and Credentials:
Name and Credentials:
Name and Credentials:
Name and Credentials:

Target Audience and Needs Assessment

Describe the target audience:

Check the description(s) of and/or describe how the need for this activity was assessed, including how learner input was considered. (Check all that apply):

- Formal Needs
- Assessment Quality
- Assurance Data
- Advisory Committees
- Learner/Management
- Requested Event
- Previous Program Evaluations Survey
- Trends in Literature, Law and Health Care
- Indicated Need, Other, please describe

Purpose

The purpose is a statement of intent that describes how the activity will improve the attendee's contributions to quality healthcare and his/her pursuits of professional goals

Describe the purpose of the program:

Educational Activity Overview Form

Provide measurable objective and briefly describe teaching method, i.e. case studies, workshops, lecture, graphs

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

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.
- Information distributed to the participants.
- Signage prominently displayed to participants.
- Other (Please describe):

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

- Revising future presentations of this activity
- Creating new 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.
- (Please describe):

Certificates should include the following information:

- *Space for name of learner.*
- *Number of contact hours to be awarded.*
- *Name and address of the provider of the activity.*
- *Program title, date, city and state of the activity.*
- *Space for approval number.*
- *The following official approval statement:*

This program has been approved for XXXX CRCE contact hours by the
California Society for Respiratory Care. 3868 Howe Street, Oakland, CA 94611
Course # XXXXXXXX

Return the completed course roster to the CSRC within 15 days following the Submission

Submission by e-mail

Completed application, attachments and fees may be submitted to jsherwood@csrc.org

Application Fees:

Program Type			
Traditional	3 contact hrs or less	4 – 7 contact hrs	8+ contact hrs
CSRC Sponsored	\$0	\$0	\$0
CSRC Collaborative – includes CSRC assistance with event preparation, registration, etc. A 10% fee of the gross income less memberships generated will be applied during event reconciliation	\$25	\$35	\$45
CSRC CE provider only	\$40	\$50	\$60
Late submission fee	\$25	\$25	\$25

Approval Process:

- Traditional:
- A. Complete CSRC Application for Continuing Education and submit with fee
 - B. Provide course material including handouts, post-tests, evaluation
 - C. Provide certificate (if not using CSRC certificate); certificate needs to include the following: "This course meets the requirements for CE for RCPs in California", and, documentation to course participants that includes participants name, RCP number, course title, course approval identifying information, number of contact hours, date(s), and name and address of course provider.
 - D. CSRC to review material
 - E. Course approval by CSRC – Program number issued to presenter.

Payments and refunds:

- Payments accepted: check, credit card, money order.
- Application review fees are not refundable.
- Bank dishonored checks subject to \$35 fee.

Approved courses will be accredited for 1 year. Any changes to approved course will require re-application with fees.

Credit Card Information:

Cardholder Name
 Cardholder Address
 Cardholder City, State, Zip
 Cardholder Phone and email

Card Type: VISA, MasterCard, American Express, Discover

Card# _____ Exp. Date _____ / _____

Security Code _____ (3 numbers from back of Visa, MC, Disc, 4 numbers from front of AMEX)

Cardholder Signature _____

Electronic Signature accepted

Appendix 1 Biographical Data Form

CSRC Biographical Data Form

Instructions: Please complete the entire form and make as many copies of it as necessary. Do not attach any additional material, such as curriculum vitae.

Role: Primary Planner Presenter

Name and credentials:	
Preferred address (include city, state and zip code):	
Preferred phone:	Email:
Present position (title) and employer:	
Planners: Describe your familiarity with the target audience:	

Describe your expertise in relation to the topic(s) being presented:

Provide either highest academic degree or degree most important to your involvement in the program

Degree	Institution (Name, City, State)	Major Area of Study	Year Awarded (Optional)

Appendix 2 Declaration of Vested Interest Form

Instructions: ALL PRESENTERS MUST COMPLETE THIS FORM OR A FORM WITH EQUIVALENT Information and return it to the program sponsor prior to the first date of the program.

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. **(If the response is no, stop here.)**
- Yes, I have the following real or perceived conflicts of interest that relate to this presentation:

Describe real or perceived conflicts of interest that relate to this presentation

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Describe how you plan to be free from bias in this presentation:

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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