

Kentucky Board of Respiratory Care
Traditional Bank Building
163 West Short Street, Suite #350
Lexington, KY 40507
(859) 246-2747 (859) 246-2750
<http://kbrc.gov>

Revised 05/06

APPLICATION FOR CONTINUING EDUCATION APPROVAL PROCESS

This form needs to be completed and returned to the KBRC in order to process any request for continuing education approval. A **Provider** of a program should submit form at least 45 days prior to program and submit documentation as indicated in 2A. An **Attendee** of a program needs to submit form and documentation as indicated in 2B.

Those offerings that **may** be approved by the KBRC are **relevant*** offerings provided by the American Thoracic Society (ATS), American Lung Association (ALA), Kentucky Board of Nursing (KBN), American Heart Association (AHA), American Cancer Society, American Medical Association (AMA) and the Kentucky Medical Association (KMA). ***Relevant offerings are those directly related to the professional growth and development of respiratory care practitioners.**

There is no need to complete this form if the offering has prior approval from the American Association of Respiratory Care (AARC). For complete details of continuing education requirements refer to Administrative Regulation 201 KAR 29:050.

1. General Information

Submitted by _____ Telephone no. _____
Mailing Address _____
Program Format Lecture Video Correspondence Online Other _____
Program Title _____
Sponsoring Organization _____
Program Location(s) _____
Program Date(s) Begin _____ End _____
Will this program be repeated? No Yes (Additional dates) _____
Start time _____ Stop time _____
Total Length _____ Total CEUs requested (60 min/1CEU) _____

2. Supporting Documentation (Attach to application)

<u>A. Presenter</u> ____ Program Objectives and agenda outline OR ____ Program Brochure & ____ Speaker and credentials & ____ Pre/Post Test (if applicable)	<u>B. Attendee**</u> ____ Program brochure with speaker credentials OR ____ Program Objectives and agenda outline & ____ Copy of certificate of attendance
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**Complete course description required for all college level courses submitted

If insufficient information is received, your material may be returned for further documentation.

For Board Use Only

DATE _____ DENIED _____ APPROVED _____ HOURS _____
COMMENTS _____