

Kentucky Board of Respiratory Care

1714 Perryville Rd. Ste 200

Danville, KY 40422

(859) 246-2747 (859) 246-2750

http://kbrc.gov

APPLICATION FOR CONTINUING EDUCATION APPROVAL

There is no need to complete this form if the offering has prior approval from the American Association of Respiratory Care (AARC). **(A non-refundable fee of \$10 per PROVIDER (not licensee), shall be charged for each continual education offering, good for two (2) years.)** Individual non-providers will not be charged. If insufficient information is received, your material may be returned for further documentation. For complete details of continuing education requirements consult 201 KAR 29:050

General Information

Pre-Approval ___ Post-Approval ___

Submitted by _____ **M** ___ **F** ___ **Telephone no.** (____) _____ - _____

Provider or Sponsor Number (If already given) _____

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)** _____

(A continuing education offering shall be approved in increments of no less than 30 minutes.)

Supporting Documentation (Attach to application)

___ Program Objectives and agenda outline

___ Program Brochure

___ Speaker credentials

___ Pre/Post Test (if applicable)

___ Course description required for all college level courses. Course must be 400 level or above.

Signature of Sponsor _____

Date _____

Acknowledging that course # with the CEU certificate or card will be issued to participant (s).

Do not write below this line, for Board use only.

DATE SUBMITTED _____

DATE APPROVED _____

DENIED _____

CEU HOURS GIVEN _____

PROVIDER # _____

COURSE # _____

PAYMENT

Check # _____

Check amt. _____

Money Order _____

Credit Card _____ (Contact KBRC to complete.)

(Do not write credit card info on form.)