Continuing Education for Respiratory Care Professionals
CEU Provider Application Form

PLEASE TYPE OR PRINT THE INFORMATION

Agency Name/Phone Number: ____________________________________________
Name/Address of Contact Person: _______________________________________
Responsible for Activity: ______________________________________________

Provider Type

___ Individual  ___ Local Agency
___ Organization     ___ State Agency
___ Hospital        ___ Home Health Agency
___ Health Care

Type of Offering

________ Credit Course    _______ Workshop    _______ Other: Explain

Subject Areas

___ Respiratory Care Practice
___ Health care issues
___ Legal Aspects of Respiratory Care Practice
___ Respiratory Care Management
___ Patient care issues
___ Biological, physical, and behavior sciences
___ Teaching and learning process
___ New Technologies or technology primer

Signature of Therapist Reviewer: _______________________________________

Date: ________________________________________________________________

Provider Number: ____________________________________________
(To Be Assigned By WVBORC)

All offerings must be relevant to the clinical practice of respiratory care.
CONTINUING EDUCATION COMPLIANCE CHECK LIST
(For Approved Provider Use Only)

Attach one copy of the completed checklist to the records to be maintained for each activity for licensed respiratory care professionals. NOTE: All CE activities must be reviewed by a licensed respiratory care professional. The reviewer should not be one of the presenters of the CE activity.

Organization Name

Approved Provider No

Subject Area

Title of Activity

Dates of Activity

Coordinator's Name

Therapist Reviewer by: License #

Reviewer’s Address

Phone

City State Zip Code

Reviewer’s Signature Date

Place a check by each standard that is met:

1. Activity is at least 50 continuous minutes long.
2. Activity complies with prescribed subject area.
3. Content relates to the objectives and respiratory care or health care.
4. Program announcements contains provider registration number. (attach announcement)
5. Participants are provided:
   - Objectives
   - Instructor qualifications
   - Written schedule of the offering
6. A certificate is provided each participant who completes the program to include:
   - Name of attendee.
   - Title of program.
   - Number of contact hours.
   - Date of the activity.
   - Signature of provider representative.
   - Board Assigned Provider Number

Records maintained should include: program reference material, objectives, content outline, instructor qualifications, teaching methods, material provided, completed evaluation, and a list of all attendees.

REPRODUCE COPIES AS NEEDED TO ATTACH TO EACH OFFERING.