WEST VIRGINIA BOARD OF RESPIRATORY CARE
106 DEE DRIVE, SUITE 1
CHARLESTON, WV 25311

Continuing Education for Respiratory Care Professionals
CEU Provider Application Form
Accrual Period: October 1, 2014 through September 30, 2016

PLEASE TYPE OR PRINT THE INFORMATION

Agency Name/Phone Number: _____
Name/Address of Contact Person _____
Responsible for Activity _____

Provider Type

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

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 <u>clinical practice</u> of respiratory care.

CONTINUING EDUCATION COMPLIANCE CHECK LIST

(For Approved Provider Use Only)

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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.