



Professionalism • Advocacy
Commitment • Excellence

Application for Approval to provide Continuing Education Unit(s) 2021

CSRC Use Only

Course Number: _____

Action Dates:

Received: _____

Education Committee: _____

Program Committee: _____

Finance Committee: _____

Approved: _____

LIVE in person or LIVE online events: Be sure to complete pages 3-5 in entirety.

Online CE authors complete application except live event information on page 3.

Incomplete applications will be returned to the program planner/author.

***Application must be submitted at least 90 days prior to the scheduled event per policy. Applications submitted after the timeline requirement will not be approved by the CSRC.**

Per the Respiratory Care Board (RCB) the following must be included in order for continuing education credits to be issued (*excerpt from 1399.352. Criteria for Acceptability of Courses):

(b) The faculty (presenter) shall be knowledgeable in the subject matter as evidenced by:

- (1) A degree from an accredited college or university and verifiable experience in the subject matter, or**
- (2) Teaching and/or clinical experience in the same or similar subject matter.**

(c) Educational objectives shall be listed.

(d) The teaching methods shall be described, e.g., lecture, seminar, audio-visual, simulation.

(e) Evaluation methods shall document that the objectives have been met.

(f) Each course must be provided in accordance with this Article.

Approval Process:

Complete the forms included in the application approval packet and submit them along with all the other required documents. Ensure payment is provided along with application. The information to be submitted includes:

- 1) Application Form
 - a. Complete with payment, if applicable.
- 2) ONLINE CEU COURSES
 - a. Appendices 1, 2, and 3 (in this application)
 - b. Course Material (see appendix 3)
 - c. Post-Test (see appendix 3)
- 3) LIVE IN PERSON OR LIVE ONLINE FORMAT
 - a. Speaker letters to include information contained within appendices 1 and 2
- 4) Sample Certificate of Completion (live in person or online format, online courses use the CSRC certificate)
 - a. If not using the CSRC certificate, make sure certificate includes the following:

- i. Certificate needs to include the following: "This course meets the requirements for CE for RCPs in California"
- ii. Participants name
- iii. RCP number Course title
- iv. Course approval identifying information including CSRC approval number
- v. Number of contact hours, date(s)
- vi. Name and address of course provider.
- vii. Example:

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

Careful preparation of the required documents will facilitate the review process. CSRC Committees to review designated portions of application You will be notified via email with your Continuing Education Unit (CEU) number once the application has been approved.

**Approved courses are valid for one year from application approval date
If/When a course is renewed it must be assigned a new course number.**

I. Program and Sponsor Contact Information

Host Region:	
Name of contact person (person administratively responsible who signs this form):	
Contact address:	
Business phone:	Other phone:
Fax:	Email:
Primary Program Planner/Alternate contact person:	
Business phone:	Email:

A minimum of one practitioner with one or more of the following credentials RRT® CRT® CPFT®, RPFT®, RPSGT®, AE-C®, ACCS® or NPS® must be involved in the planning and development of the program.

LIVE EVENTS (In person or online): Please list any other individuals taking part in the planning of the program.

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

LIVE EVENTS (In person or online): Please list speakers for the program and ensure speaker letters are included with this application. (Failure to provide speaker letter(s) for each speaker will result in that speaker being denied privileges to speak at the event.)

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

II. Program Information

Title of Program:			
Program Dates(s):			

Program Location Name:		
City:	State:	Zip Code:
Number of Continuing Education Units:		

III. Program Planning

Target Audience:

- Respiratory Care Practitioners
- Nurses
- Physicians
- Students
- Others: _____

Type of Education Program

- Live Lecture/Symposium
- Live Webinar
- Virtual Presentation (Pre-Recorded)
- Other: _____

Educational Activity Overview

Provide measurable objectives for the program

At the conclusion of this program the participant will be able to:
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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.
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Return the completed course roster to the CSRC within 15 days following the Submission Completed application, attachments and fees may be submitted to jsherwood@csrc.org

Application Fees:

Program Type (Please one)			
CEU Hours	3 contact hrs. or less	4 – 7 contact hrs.	8+ contact hrs.
CSRC Sponsored	\$0	\$0	\$0
CSRC Collaborative –	\$25	\$35	\$45
CSRC CE provider only	\$40	\$50	\$60
Late submission fee	\$25	\$25	\$25

Payments and refunds:

- Payments accepted: check, credit card, money order.
- Application review fees are not refundable.
- Returned checks subject to \$75 fee.

Credit Card Information:

Cardholder Name: _____

Cardholder Address: _____

Cardholder City, State, Zip: _____

Cardholder Phone: _____

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

**ONLINE CEU COURSE
APPENDICES**

**(Not for live in person or live
online courses)**

**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:
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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.

Or

Yes, I have the following real or perceived conflicts of interest that relate to this presentation:

If "Yes" please describe real or perceived conflicts of interest that relate to this presentation

If "Yes" please describe how you plan to be free from bias in this presentation:

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

Appendix 3 Educational Checklist for Online CE

Name: _____ Title of lecture: _____
 CSRC CEU application completed*

Physical presentation	Author	Reviewer	Comments
Completed California CEU application process* 50 minute presentation = 1 CEU Author may provide 1 – 3 CEU (on same content)			
Presentation has not been submitted or under consideration with any other organization. Presentation may have originated as an in-hospital educational presentation designed by the author – such a presentation might not be considered for the author remuneration program. (e.g. author developed presentation while being paid at work) Author must have sole rights or authorization to presentation contents.			
Clearly written description of the presentation (1 paragraph to include target audience)			
Introduction includes presenter’s name, current employment, and a short biography A slide with statement of any conflicts A slide with objectives (3-5)			
Clearly cited references within presentation			
Copyrighted material must have approval for use from the original author (If considering copyrighted material, please make sure approval documentation is submitted with course materials) Copyright permission: Creative Commons and open educational resource materials must be appropriately attributed on applicable materials (slide, page, etc)			
Slide font 25 points or greater			
Appropriate balance of text & graphics (not text heavy)			
Figures and tables are clearly labeled and easy to view			
Photos have no names or patient identifiers – must			

be HIPAA compliant			
Content and Format			
Content is relevant, accurate, and up to date Presentations will be active for 3 years with an option of updating and renewing			
Content is applicable for Respiratory Care CEU clinical credit or non-clinical (ie <i>-supporting the field of healthcare</i>)			
Objectives are met within course content			
Free of any conflict or language that is offensive			
Presented in the format preferred (50 minutes total for each 1 credit hour of continuing education) CEUs will be offered in no less than 1.0 unit increments with additional quarters acceptable (1.25, 1.5) <i>*50 minutes includes administration of quiz(s) and final post test</i>			
Format preferred (Other formats accepted) The learning management system used by CSRC divides content into chapters. Author develops presentation split into separate chapters: Example: Chapter 1: <ul style="list-style-type: none"> ● Video content 10 - 20 minutes (e.g. recorded PowerPoint) in mp4 format ● Followed by a 1-3 question mini assessment (provide assessment questions in writing, accepted file types doc, PDF) ● Author to verbally announce at the end of each chapter: "You will now take a mini assessment" Example: "We will now take a mini break to allow for a quick assessment of material presented" - chapter one video file ends at this point Chapter 2: <ul style="list-style-type: none"> ● Author to state "welcome back to chapter 2" ● Presents content for chapter 2 and submit this file separate from the other chapters Up to 4 chapters with 3 mini assessments accepted At end of the final chapter the presenter announces that the student must now complete the final assessment/posttest and evaluation			

*Assessment questions: If not presenting in the multi-chapter format 3-5 multiple choice questions per CE will be given to the committee in written format (accepted file types: doc, PDF)			
Other 50 minute formats accepted and subject to content reviewers approval examples: <ul style="list-style-type: none"> • Speaker narrated video • Conference sessions (previously recorded live lecture) • Competency based – (must be evidenced based) high acuity low volume procedures • Videos of scenarios such as role playing 			

Presenter (To be reviewed by CSRC content reviewer only)					
5 point Likert scale					
5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree					
	1	2	3	4	5
Promotes listener’s engagement					
Enthusiastic					
Speaking rate is clear (not slow or too fast) easy to follow thoughts					
Audio/visuals are clear					
If presenter appears in presentation (preferred), they appear professional					

Submission instructions:

Author will be sent a link to an electronic folder and will upload their course materials (video, questions) as outlined in the above checklist.

Once your content has been uploaded it will be assigned to a content reviewer and we will provide you with their information.

The committee will review and once approved, will upload the presentation to the learning management system.

Please contact education committee member listed below via email for any questions or concerns about the style, format or content of your presentation. We will respond within 5 working days.

Katie Sabato: ktrcp@aol.com