

**MD/DC Society for Respiratory Care**  
**Continuing Respiratory Care Education (CRCE) – Category I**  
Application for Program Approval

Please Type  
(This form may be duplicated)  
Application must be submitted at least 30 days prior to the program date

**I. SPONSOR INFORMATION**

- A. Primary Sponsoring Organization \_\_\_\_\_
- B. Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Department \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**II. PROGRAM INFORMATION**

- A. Program Title \_\_\_\_\_
- B. Program Dates: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Location: City \_\_\_\_\_ State \_\_\_\_\_  
(Attach a sheet with additional dates and locations.)
- C. Total number of CRCE Category I hours requested \_\_\_\_\_

Note: One hour of CRCE Category I credit = 60 minutes of instructional contact.  
Instructional contact does not include registration, break or evaluation periods.  
We will round time to the nearest hour. **No partial credit will be awarded.**

D. Target Audience (check all applicable)

Respiratory Practitioner:  Clinician  Manager/Supervisor  Educator  Other \_\_\_\_\_

Other Healthcare Personnel:  Nurse  Clinical  Lab  Other \_\_\_\_\_

E. Teaching Methods (check all applicable)

Lecture  Media  Workshop  Clinical  Lab  Other \_\_\_\_\_

Note: All Category I education must be instructor-directed to encourage question and discussion.

F. Participant Fees or Tuition: \$ \_\_\_\_\_

**III. PROGRAM FORMS/ENCLOSURES**

- A. **Form A:** Complete this form in its entirety and attach to the Program Application.
- B. Attach you **Program Brochure** or **Schedule of Lectures** to the Program Application.

**IV. FEES (Please enclose)**

**Note: If the same presentation is delivered over a 3-month period (e.g. presentations repeated for shift workers), is considered a single program and requires only the first program fee. The same presentation repeated at various sites in the city, state or region requires additional program fees.**

- A.  **Not-for-profit** (this is defined as having a "certificate of exemption: and a federal identification tax number). Please note ID Number \_\_\_\_\_

First Program Date \$30.00 \_\_\_\_\_

Number of Additional Program Dates \_\_\_\_\_ @ \$5.00 each \_\_\_\_\_

Total \_\_\_\_\_

- B.  **For-Profit**

First Program Date \$50.00 \_\_\_\_\_

Number of Additional Program Dates \_\_\_\_\_ @ \$10.00 \_\_\_\_\_

Total \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Coordinator / Chairperson

\_\_\_\_\_  
Date

This application will be reviewed within ten (10) working days from the day received by the MD/DC Society's office. If approved, a **letter of notification and an attendance log** form will be forwarded.

**NO APPLICATION WILL BE PROCESSED UNLESS COMPLETE**

**Return form to CEU Authorization Program**

Robert L. Joyner, Jr., PhD, RRT  
Attention: CEU Site Authorization  
312D Devilbiss Hall  
Salisbury University  
Salisbury, MD 31801