

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