

# Respiratory Care Continuing Education Pre-Approval Form

The Board will accept continuing education credits from the American Medical Association and the American Osteopathic Association for Respiratory Care related courses. Other acceptable continuing education credits include all Respiratory Care related programs approved by, or where applicable the affiliates of, the American Association for Respiratory Care; the American Thoracic Society; the American College of Chest Physicians; the American Society of Anesthesiology; the American Lung Association; the American College of Cardiology; the American Heart Association; the American Nursing Association; the American Red Cross; and the American Council for Continuing Medical Education.

Other agencies and professional organizations may be considered and approved for eligible continuing education credits upon review by the Chairman of the Committee with final approval by the Secretary of the Board. Those wishing to sponsor a program/meeting/class and receive approval for awarding CRCE credit must contact the Board and receive approval **in advance**.

**\_\_\_\_\_The request shall be submitted in writing to the Board office at least thirty (30) days prior to the program.** (The Board shall give written notification of the approval or disapproval of the educational program or seminar.)

**A request to be an eligible continuing education seminar or course shall include:**

(please check each item below to verify inclusion with request)

- Name of the seminar or course;
- Sponsoring party;
- Objective of the seminar
- Format (lecture, lab, teleconference, computer-based course) and subjects of seminar or course:
- Number of hours resulting in CRCEs;
- Method for certification of attendance;
- Name and qualifications** of the faculty; and
- Evaluation mechanism

Credits may be awarded for completion of continuing education processes in accordance with the following guidelines (Indicate below which type of course):

- Direct conference/lecture/classroom attendance - 1.0 CRCE per hour (60 minutes or 1 clock hour)
- Teleconference (audio only) - 0.5 CRCE per hour (60 minutes or 1 clock hour)
- Teleconference (audio with handouts or slides) - 1.0 CRCE per hour (60 minutes or 1 clock hour)
- Video conference (live video) - 1.0 CRCE per hour
- Videotape instruction/programs - 0.2 CRCE per subject
- Correspondence journal/workbooks with test - 0.2 CRCE per subject
- Interactive video instruction (computer) with test - 1.0 CRCE per subject
- Presentation of courses/Lecturing - CRCEs reviewed and awarded on an individual basis
- Home Study courses - CRCEs reviewed and awarded on an individual basis
- Internet/on-line courses - CRCEs reviewed and awarded on an individual basis

**Complete this form and submit with all necessary documentation to:**

**RCP Continuing Education Pre-Approval  
Board of Medical Licensure and Supervision  
P.O. Box 18256  
Oklahoma City OK 73154-0256**

**Phone: 405/962-1400**

**For pre-approval of Respiratory Care Continuing Education** complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, P.O. Box 18256, Oklahoma City, Oklahoma, 73154-0256. Questions? Call (405) 962-1400 ext. 123.

**Name of seminar or course:** \_\_\_\_\_

**Sponsor of seminar or course:** \_\_\_\_\_

**Place of seminar or course (include city, state, and zip):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date of seminar or course:** \_\_\_\_\_ *(Requests must be submitted at least thirty days prior to date of seminar.)*

**Objectives, format and subjects of seminar or course** *(What will attendees learn):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of contact hours for activity:** \_\_\_\_\_ *(Enclose itemized agenda)*

**Method for certifying attendance** *(Enclose copy of certificate):* \_\_\_\_\_

**Name(s) and qualifications of the faculty:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Evaluation mechanism** *(Attach copies of pre- and/or post-tests on program content):*

\_\_\_\_\_

**Name/address/phone number of person submitting request:** \_\_\_\_\_

\_\_\_\_\_  
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