

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

**Continuing Education for Respiratory Care Professionals
CEU Provider Application Form**

PLEASE TYPE OR PRINT THE INFORMATION

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

Provider Type Individual Local Agency
 Organization State Agency
 Hospital Home Health Agency
 Health Care

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 clinical practice of respiratory care.

CONTINUING EDUCATION COMPLIANCE CHECK LIST
(For Approved Provider Use Only)

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.