



APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS FOR RESPIRATORY CARE PRACTITIONERS

State Form 50323 (R / 2-06)

**RESPIRATORY CARE COMMITTEE
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room 072
Indianapolis, Indiana 46204
Telephone: (317) 234-2054
E-mail: pla8@pla.IN.gov

INSTRUCTIONS: Please type and answer all questions.

FOR OFFICE USE ONLY		
Date received / postmarked (month, day, year)	Date of approval (month, day, year)	Continuing education hours granted

DO NOT WRITE ABOVE THIS LINE

SPONSORING ORGANIZATION			
Name of Sponsoring Organization			
Address (number and street or post office box)			
City		State	ZIP code
Telephone number (daytime) ()		E-mail address	

PROGRAM COORDINATOR			
Name(s) of Course Coordinator(s)			Title
Mailing address (number and street or post office box)			
City		State	ZIP code
Telephone number (daytime) ()		E-mail address	

PROGRAM TO BE OFFERED	
Program title	
Program date(s)	<input type="checkbox"/> One Program <input type="checkbox"/> Multiple Programs
Location of program (city and state)	
Number of Continuing Education hours requested	

TYPE OF PROGRAM		
<input type="checkbox"/> Conference	<input type="checkbox"/> Institute	<input type="checkbox"/> Special Training Program
<input type="checkbox"/> Seminar	<input type="checkbox"/> Workshop	<input type="checkbox"/> Satellite Program
<input type="checkbox"/> Short Course	<input type="checkbox"/> Videotape	

OBJECTIVES
List the objectives for the continuing education course.

ADMINISTRATION

Who planned the overall program?

Who will maintain adequate records of course participants and certify to their accuracy?

What is the anticipated enrollment?

CURRICULUM

List the curriculum by subject areas, the continuing education hours planned, the faculty members, and the proposed method of presentation for each subject area.

SUBJECT	HOURS	FACULTY	METHOD OF PRESENTATION

FACILITIES

At what type of facility will the course be conducted?

List any clinics, hospitals, or other organizations involved in the training program, if applicable.

EDUCATIONAL METHODOLOGY

Check the educational methods being employed in the course.

- Laboratory Experience
- Question-Answer Period
- Lectures
- Group Discussion

What teaching aids will be used? (Check applicable spaces.)

- Videos - Year Produced? _____
- Charts
- Blackboard
- Television
- Slides
- Overhead Projectors
- Other: _____

If the group is to be divided for some of the course, list the approximate size and the type of method to be employed.

EVALUATION

What type of evaluation will be conducted to measure the program's content and effectiveness? (Please submit copy of proposed evaluation.)

Will an evaluation be made by the individual participant? If so, how?

EVALUATION (Continued)

How will the evaluation be used to improve future course offerings?

Does the "Certificate of Attendance" that will be awarded to the respiratory care practitioner state the following:

- 1. Sponsor of the program? Yes No
- 2. Name of the program? Yes No
- 3. Date of the program? Yes No
- 4. Number of continuing education hours awarded? Yes No

NOTE: Each participant must be provided a certificate of attendance.

ADDITIONAL INFORMATION REQUIRED

1. Have you enclosed the following items:

- | | |
|---|--|
| a. One (1) original and one (1) copy of the program brochure or a draft copy of the information to be provided in the brochure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. One (1) original and one (1) copy of the evaluation form? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. One (1) original and one (1) copy of your application for continuing education approval? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Have specific time intervals been specified for each activity in the brochure?

Yes No

3. Has the content of the program been documented and included with the application?

Yes No

4. If the program is a multiple day program have you indicated on which day each topic will be presented?

Yes No

5. Have all faculty member / speakers presenting the program been identified by name and title?

Yes No

6. Is this program a videotape? If yes, please provide specific dates the videotape will be shown and the date the videotape was originally produced.

Yes No