

**West Virginia Board of Respiratory Care
106 Dee Drive, Suite 1
Charleston, WV 25311**

**Continuing Education for Respiratory Care Professionals
Provider Registration Form
Accrual Period: October 1, 2008 through September 30, 2010**

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)

Accrual Period: October 1, 2008 through September 30, 2010

Attach one copy of the completed checklist to the records to be maintained for each CE 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.