

CONTINUING EDUCATION
Arizona Society for Respiratory Care
2121 N. Craycroft, Building 1
Tucson, Arizona 85712
(520) 881-1483
Fax: (520) 326-1075

2019 APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS

Applying as: (circle one)
Individual
Institution

AARC # _____ ****(AARC Number required for the fee structure.)**
\$20 - AARC Members
\$50 - Non-AARC Members

Please fill out clearly and completely. Incomplete or illegible applications will be returned. Each institutional program requires an application. Any program over three (3) continuing education units requires a complete breakdown of time and topics. An individual person applying for continuing education units must accompany their application with the appropriate fee. One hour of continuing education equals sixty (60) minutes of instructional contact. (Breaks, registration, tests and evaluation periods are not eligible for continuing education credit.) Approval for programs can be done any time prior to a scheduled date, but will not be accepted for the approval process greater than 45 days after the date of the event. Applicants must allow thirty (30) days to complete the approval process.

(All information must be complete and legible or the application will be returned)

1. *Title of Presentation.*

2. *Date(s) for program presentation* (Applications can be approved for multiple dates in a one-year period. Multiple dates will be billed as individual applications. Need dates of each presentation.)

3. *Length of presentation.* (Need beginning and ending time for each presentation. A program containing more than three continuing education units requires an accompanying agenda with time breakdown.)

4. *Number of continuing education units applied for (total):* _____
Requested number of continuing education in Ethics: _____

5. *Date application is being made:* _____

6. *Applicant information:*

A. *INDIVIDUAL*

Name

Address

Phone

B. *INSTITUTION*

A. Name of institution

B. Contact Person

C. Address of Institution

D. Telephone number

7. *Objectives of program.* Upon completion of the program, the participant shall be able to recognize, describe, understand, etc.. . (Programs will be judged for scope of practice on your objectives, so be clear and precise) A minimum of three (3) objectives are required.

8. *Method of Presentation (Circle one)*

Lecture / Discussion Live Presentation (Traditional)
Web-Based / Internet (Non-Traditional)
Other

9. *Presenter Name/Instructional Qualifications/ Present Position Held*

Records of attendance and evaluations must be maintained and secured for a minimum of three years by the provider of the program.

Note: AzSRC Certificates will be issued to each participant by the contact person/provider of the program.

Return applications to:
Pima Medical Institute / T. Redasky
2121 N. Craycroft Road, Building 1
Tucson, Arizona 85712
(520) 881-1483
Fax: (520) 326-1075
E mail: tredasky@gmail.com