

**CONTINUING EDUCATION APPLICATION**  
**Arizona Society for Respiratory Care**  
**PO BOX 9342**  
**Surprise Arizona, 85374**

**2021 APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS**

Applying as: *(Circle one)*:

**Institution**

**Individual \***

\*AARC # \_\_\_\_\_

*AARC Number is required when applying as an Individual to obtain the discounted rate. Checks made out to "AZSRC".*

**\$20 - AARC Member**

**\$50 - Non-AARC Member**

**Please fill out clearly and completely. Incomplete or illegible applications will be returned. Each program requires an application. Any program requesting three (3) or more Continuing Education Units requires an agenda with a time breakdown. One hour of continuing education equals sixty (60) minutes of instructional contact. Breaks, registration, testing and evaluation periods are not eligible for continuing education credit. Approval for programs can be done any time prior to or no more than forty-five (45) days after program completion. Applicants must allow thirty (30) days to complete the approval process.**

1. *Title of Presentation.*
  
2. *Date(s) of Program Presentation.* (Applications can be approved for multiple dates in a one-year period. Multiple dates will be billed as separate applications. List dates of each presentation.)
  
3. *Length of presentation.* (Beginning and ending time for each presentation is required. A program requesting more than three (3) continuing education units requires an accompanying agenda with a time breakdown.)
  
4. *Number of continuing education units applied for (total).* \_\_\_\_\_  
*Requested number of continuing education units in Ethics.* \_\_\_\_\_
  
5. *Date application is being made.* \_\_\_\_\_

**6. Applicant Information. (\*Email address is required as CEU Certificates will be emailed back.\*)**

**A. INSTITUTION**

- A. Name of Institution:**
- B. Address:**
- C. Telephone Number:**
- D. Email Address\*:**
- E. Contact Person at the Facility:**

**B. INDIVIDUAL**

- A. Name of Individual:**
- B. Address:**
- C. Telephone number:**
- D. Email Address\*:**

**7. Program Objectives. (A minimum of three (3) objectives are required. Programs will be reviewed for relevance to the scope of practice.)**

**8. Method of Presentation. (Circle one)**

- Lecture / Live Presentation (Traditional Program)**
- Web-Based (Non-Traditional Program)**
- Other**

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

**10. Applications can be mailed or emailed to:**

**Arizona Society For Respiratory Care  
PO Box 9342 Surprise, Arizona 85374  
president@azsrc.org**

***The AzSRC is not responsible for maintaining attendance records. These must be maintained by the provider of the program.***