



South Carolina of Labor, Licensing & Regulation
RESPIRATORY CARE COMMITTEE

P.O. Box 11289
Columbia, SC 29211-1289
(803) 896-4500

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

All programs sponsored or approved by one of the following organizations or their sponsors may be used to meet the continuing education requirement of the South Carolina Respiratory Care Practice Act:

- American Association for Respiratory Care, or its sponsoring organizations:
 - American Thoracic Society
 - American College of Chest Physicians
 - American Society of Anesthesiologists
- American Heart Association
- The Society for Critical Care Medicine
- The American Lung Association
- The South Carolina Society for Respiratory Care
- Allied Health Education Centers of the South Carolina Consortium of Community Teaching Hospitals

Programs sponsored or approved by one of the above organizations **do not** need further approval.

Accredited institutional continuing education programs will be accepted with certificate of attendance that specifies total number of contact hours. These continuing education programs must have been accredited by groups such as the Accreditation Council for Continuing Medical Education or the American Nurses Credentialing Center's Commission on Accreditation.

If the program is not approved by one of the above organizations, approval must be sought from the Respiratory Care Committee of the South Carolina Department of Labor, Licensing and Regulation. This approval must be sought 30 days prior to the program. Programs not having prior approval will be subject to review and may be denied. Approval must be applied for on forms provided by the Board. Content for these programs must be relevant to the professional growth and development of the Respiratory Care Practitioner.

Academic courses **may not** be used to meet the continuing education requirement of the South Carolina Respiratory Care Practice Act. **Medical directors no longer have signature approval authority.** If your continuing medical education credits are audited, you must show proof of attendance at the programs that are sponsored or approved by one of the above organizations.

Proof of attendance must be provided in the form of a certificate, diploma or printout. Please direct any questions regarding the need for approval of continuing education programs to Board office.

OVER

GENERAL INFORMATION

Name of Program: _____

Date of Program: _____

Sponsor of Program: _____

Location of Program: _____

Program Presenter: _____

Contact Hours: _____

Objective of Program: _____

Submitted By:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

RCP# _____

For Board Use Only

APPROVED _____ **DENIED** _____ **HOURS** _____

COMMITTEE MEMBER _____ **DATE** _____