

INSTRUCTION SHEET

ILLINOIS RESPIRATORY CARE CONTINUING EDUCATION SPONSOR QUESTIONNAIRE

C.E. ACCREDITATION

In order for respiratory care practitioners to obtain credit for attendance at continuing education (C.E.) programs/courses, the program/course must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Respiratory Care Practitioners Continuing Education Sponsor Questionnaire.
2. Forward a fee of \$500 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (State agencies, state colleges and state universities in Illinois are exempt from paying this fee.)
3. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) the name and address of the sponsor;
 - b) the name, address and license number of the participant;
 - c) a detailed statement of the subject matter;
 - d) the number of hours attended in each program;
 - e) the date and place of the program; and
 - f) the signature of the sponsor.
4. Submit a sample 3 hour CE program with course materials, presenter qualifications and course outline for review.

Sponsor means a person, firm or association, corporation, or other group approved by the Department.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Board of Respiratory Care. Subsequent to Board review, you will be advised of their recommendation.

LICENSURE C.E. RENEWAL REQUIREMENTS

1. Beginning with the October 31, 2001, renewal and every renewal thereafter, each person who applies for renewal of a license as a respiratory care practitioner shall complete 24 hours of C.E. relevant to the practice of respiratory care during the prerenewal period.

C.E. COURSE CONTENT

All C.E. courses shall:

- A) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of respiratory care;
- B) Provide experiences which contain scientific integrity, relevant subject matter and course materials; and
- C) Be developed and presented by persons with education and/or experience in the subject matter of the program.

SPONSOR RESPONSIBILITY AND APPROVAL

1. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.
2. Upon request by the Department, a sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with the Rules. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Rules and that the information is necessary to ensure compliance.
3. Each C.E. program shall provide a mechanism for evaluation of the program by the participants.
4. All programs given by approved sponsors shall be open to all licensed respiratory care practitioners and not be limited to the members of a single organization or a group and shall specify the number of C.E. hours that may be applied toward Illinois C.E. requirements for licensure renewal.
5. The sponsor shall be responsible for assuring verified continued attendance at each program. No renewal applicant shall receive credit for time not actually spent attending the program.

C.E. SPONSOR RENEWAL REQUIREMENTS

To maintain approval as a sponsor, each sponsor shall submit to the Department by October 31 of each odd-numbered year a renewal application, \$250 fee and a list of courses and programs offered in the prerenewal period which includes a description, location, date and time the course was offered.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Attn: Division of Professional Regulation
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

FOR OFFICIAL USE ONLY

_____ Approved
 _____ Denied
 _____ Deferred
 _____ Date

Illinois Respiratory Care Practitioner Continuing Education Sponsor Questionnaire

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
--	---

3. ADDRESS (Include Street, City, State, and ZIP Code)	4. FEIN OR SOCIAL SECURITY NUMBER
--	-----------------------------------

5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	5. TITLE
---	----------

7. ADDRESS (Include Street, City, State, and ZIP Code)	8. EMAIL ADDRESS (REQUIRED)
--	-----------------------------

9. SPONSOR IS:

<input type="checkbox"/> Individual	<input type="checkbox"/> A Trade or Professional Association
<input type="checkbox"/> Firm	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Corporation	_____

10. ORGANIZATIONAL PURPOSE AND OBJECTIVES

11. SPONSOR'S BACKGROUND IN RESPIRATORY CARE EDUCATION

12. Specify length of time Sponsor maintains records: _____

13. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)

14. Does your organization agree to periodic monitoring of your programs by members of the Illinois Board of Respiratory Care? Yes No

 Signature of Person Submitting Application

 Title

 Type or Print Name of Person Submitting Application

 Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1456.110 c) and all other criteria in 68 Ill. Adm. Code, Section 1456.110; and
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of completion as set forth in 68 Ill. Adm. Code, Section 1456.110 c) 2) b); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1456.110; and
4. That this sponsor will submit by October 31 of each odd-numbered year to the Department, a list of all courses and programs offered in the prerenewal period, which includes a description, location, date, and time the course was offered.
5. That each C.E. program shall provide a mechanism for evaluation of the program by the participants.
6. That all programs given by this sponsor shall be open to all licensed respiratory care practitioners and not be limited to the members of a single organization or a group and shall specify the number of C.E. hours that may be applied toward Illinois C.E. requirements for licensure renewal.
7. That this sponsor is responsible for assuring verified continued attendance at each program. No renewal applicant shall receive credit for time not actually spent attending the program.
8. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation 68 Ill. Adm. Code, Section 1456.110 may result in disapproval of this sponsor by the Department; and
9. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

Signature of Person Responsible for Continuing Education Program

NOTARY

Subscribed and sworn before me _____ day of _____, _____.

SEAL

Signature of Notary Public

BOARD COMMENTS

Approved

Denied

Deferred

COMMENTS: _____

NAME OF CE SPONSOR:

Profession: