

BOARD OF RESPIRATORY CARE PRACTITIONERS
301 SOUTH PARK, 4TH FLOOR
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HELENA MT 59620-0511
(406) 841-2204 FAX: (406) 841-2305
EMAIL: audit@mt.gov
WEBSITE: www.respcare.mt.gov

CONTINUING EDUCATION APPROVAL REQUEST FORM

INSTRUCTIONS AND REQUIRED DOCUMENTATION: Complete this application form, in its entirety. Attach a brief program description that:

1. Identifies three major objectives of the course;
2. Identifies the presenter(s) and briefly outlines their qualifications (not more than 1 page);
3. Identifies the targeted group;
4. Identifies the total hours of the course.

Incomplete application will not be processed. Please email the completed application and all supporting documentation to Audit@mt.gov

NAME OF REQUESTOR: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

PROGRAM NAME: _____

SPONSOR: _____

ADDRESS: _____

WEBSITE: _____

LOCATION OF PROGRAM: _____

DATE(S) OF PROGRAM: _____

CONTINUING EDUCATION HOURS REQUESTED: _____

The Board's decision on this course request will be emailed to the above email address the requestor has provided above. Should you have any questions, please contact this office at the above contact information.

Please Note: Continuing Education courses sponsored by the following organization and which are germane to the profession of respiratory care are approved by the Board: Institutions approved by the Respiratory Care Accreditation Board or Commission on Accreditation for Respiratory Care organizations and courses approved by the American Association for Respiratory Care and its affiliates, the American Thoracic Societies, the American College of Cardiology, the American College of Chest Physicians, the American Nurses Association, the National Society for Cardiopulmonary Technologists, the American Lung Association, the American Lung Association of Montana, the Montana Heart Association, the Montana and American Medical Association, the Montana Hospital Association and Respiratory Care Journal (American Association of Respiratory Care sponsored).