

# AARC CRCE Traditional Application Instructions

Author: Bill Dubbs (revised 11-21 -12)

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# Getting Started

## My Applications

Click on the name of an organization in the list below to manage that organization's application(s).

If your organization is not in the list below, please review your [Organizations and Permissions](#).

▼ AARC Sponsorship (Irving, TX)

- ▶ Bill's Trad Test 12-13-11 (Started Dec 13, 2011 3:39 PM)
- ▶ Bill's Non-Trad Test App 12-14-11 (Started Dec 14, 2011 9:40 AM)

Create a New Application

2 Options: (1) Select a previous listed application or (2) Create a new application

Option 1: Choose a previous application if you want to modify and submit one of your previous applications rather than creating a new application or to access the Application Services Center. If you chose Bill's Trad Test 12-13-11 the following screen appears:

## My Applications

Click on the name of an organization in the list below to manage that organization's application(s).

If your organization is not in the list below, please review your [Organizations and Permissions](#).

▼ AARC Sponsorship (Irving, TX)

▼ Bill's Trad Test 12-13-11 (Started Dec 13, 2011 3:39 PM)

Reference Number	7007
Title	Bill's Trad Test 12-13-11
Type	Traditional
Event Date(s)	January 2, 2012 — January 13, 2012
Application Status	Administrative Review
Approval Date	N/A
Expiration Date	N/A

Clone Application Service Center

## Cloning an Existing Application

Selecting “Clone” allows you to copy and modify a previously submitted application.

### Clone Successful

Your activity was successfully cloned! The new application has ID #13.

### My Applications

Click on the name of an organization in the list below to manage that organization's application(s).

If your organization is not in the list below, please review your [Organizations and Permissions](#).

▼ AARC Sponsorship (Irving, TX)

▶ Bill's Trad Test 12-13-11 (Started Dec 13, 2011 3:39 PM)

The cloned application will appear at the bottom of your existing applications

▶ Bill's Trad Test 12-13-11 (Started Dec 13, 2011 3:39 PM)

You may then click the cloned application and click Edit to make changes

▼ Test Traditional Application 11/19/2012 (Started Nov 21, 2012 11:04 AM)

Course Number	Not yet assigned.
Title	Test Traditional Application 11/19/2012
Type	Traditional
Event Date(s)	November 19, 2012 — November 20, 2012
Application Status	In Progress: <input type="text" value="0%"/>
Approval Date	N/A
Expiration Date	N/A

Edit Delete Clone

Create a New Application

# Creating a New Application

Selecting the Create a New Application brings up this screen:

**About the Application Process**

Thank you for submitting your continuing education program to the AARC for review. This online process will allow you to save your work as you go. Before you complete the process you will have to provide the following types of information:

- Information about the applicant, including planning committee identification and biographical information ⓘ
- Information about the activity, including presenter(s) identification and biographical information, purpose/goal of activity, activity objectives and content
- Method of payment

Please Note:

- You may go back and modify any of the information until you submit the application.
- Once you have submitted, you will be unable to edit your application.

If you have your materials in order, this process should be quick and easy. If you have any questions, please contact Reagan Hickey at (972) 243-2272 or e-mail [crce@aacrc.org](mailto:crce@aacrc.org).

**Begin the Application Process**

This screen provides some basic information about how the program works and the information you will need to complete the application. Note the question mark icon. These are inserted throughout the application where additional information may be helpful. Placing your mouse over this icon will reveal the information. If the box containing the information is larger than the window you may have to scroll down to read the entire contents. To close the information box, click the “x”.

After reviewing the information on the screen, click on “Begin the Application Process” to access this screen:

**Activity Information**

* Title	<input type="text"/>
* Activity Type	<input type="radio"/> Traditional ⓘ <input type="radio"/> Non-Traditional ⓘ
* First Date Activity Will Be Offered	<input type="text"/> ⓘ
ⓘ Applicant Tax Exempt Number If applicable	<input type="text"/>

**Next**

You must enter the title of your program then select “Traditional” as the activity type. Should you neglect to complete any of the fields designated by an \* you will be always be prompted to complete it before you can advance to the next screen.

When you select traditional the screen reappears as shown below:

#### Activity Information

 <b>Title</b>	<input type="text"/>
 <b>Activity Type</b>	<input checked="" type="radio"/> Traditional  <input type="radio"/> Non-Traditional 
 <b>Program Type</b> Check all that apply.	<input type="checkbox"/> Lecture  <input type="checkbox"/> Workshop  <input type="checkbox"/> Symposium  <input type="checkbox"/> Panel  <input type="checkbox"/> Seminar 
 <b>Partial Credit</b>	Is attendance at the <u>entire</u> program required to receive CRCE contact hours for this program?  <input type="radio"/> Yes <input type="radio"/> No
 <b>Location Where Program Will First Be Offered</b>	City <input type="text"/> State/Province <input type="text"/> Country <input type="text" value="United States"/>
 <b>First Date Activity Will Be Offered</b>	<input type="text"/> 
 <b>Applicant Tax Exempt Number</b> If applicable	<input type="text"/>

[Next](#)

Select the program type that best describes your activity. Use the question icons to see the definitions of each. To have full or partial credit status assigned, indicate whether attendance at all sessions of the program is required. Identify the location of the first offering of this program in the fields provided. Continue by selecting the first date the program will be offered by clicking on the calendar icon. To assure the proper format, always use the icon selection rather than typing in the date. If you plan on repeating the course, you will be asked for that information later in the application. If your company is a for-profit company, leave the Tax Exempt Number field blank. If your company is a not-for-profit, enter your 9 digit tax exempt number provided by the federal government. This will be verified by our staff after your application reaches the payment page to assure that the proper application payment charge is assigned to your application.

Selecting “Next” brings you to this screen takes you to the purpose/goal screen.

# Purpose/Goal

- Create Application

- [Activity Information](#)
- [Purpose/Goal](#)
- [Planning Committee](#)
- [Activity Needs](#)
- [Target Audience](#)
- [Commercial Support](#)
- [Presenter\(s\)](#)
- [Sessions and Objectives](#)
- [Program Evaluation](#)

**Purpose/Goal**

The purpose/goal is a statement of intent that describes how the activity will improve the attendee's contributions to quality healthcare and his/her pursuits of professional goals.

\* Purpose/Goal

[Next](#)

Describe the purpose/goal of this activity as defined in the instructions above the entry field. Note that a menu of essential application components now appears on the left of the screen. This menu allows you to see which components of the application have been completed (indicated by a green check) and which remain to be completed (indicated by a red “x”). You may go to any component of the application by clicking on one of the menu items.

Click “Next” to advance to this screen

# Planning Committee

**Planning Committee**

In order to continue, the following requirements must be met:

-  A minimum of one person with one or more of the following credentials must be involved: RRT®, CRT®, CPFT®, RPFT®, RPSGT®, AE-C®.
-  One committee member must be identified as the key contact.

[Add a New Committee Member](#)

The requirements for a planning committee member are listed on this screen. After reviewing them click on “Add a New Committee Member” to begin identifying the Planning Committee member(s). The following screen will appear:

## Search for a Committee Member

Please enter the name of the individual to add.

If you don't find the person you are looking for, you might try eliminating or slightly changing the first name, as the person may be in our system with a slightly different name (e.g., William, Bill).

 **Name**

[Search](#)

This field allows you to search the CRCE database for the individuals who have been previously entered into the system. This search is conducted for individuals made previously by your company and by other CRCE sponsors. If the individual is already in the data base it will minimize your data entry.

In this example I will enter “sponsor” which is part of the name of a fictitious person that exists in a testing data base. Two names are returned as shown below:

To add a committee member, click on the Add button. If you do not see the individual you are searching for in the following list, you may add that individual by clicking the "Add an Individual" button at the bottom of this page.

	Name	Title	Company	Location
<a href="#">Add</a>	Sponsor Author, RRT,	N/A		Irving, TX
<a href="#">Add</a>	Sponsor Planner, RRT	N/A	Course Sponsor	Irving, TX

I will click on “Add” to left of Sponsor Planner. If the individual you are looking for does not appear see the information on page 11 titled Adding an Individual.

Role

 <b>Individual to Add</b>	Sponsor Planner, RRT N/A Course Sponsor
 <b>Role</b>	<input type="radio"/> Planning Committee Member <input type="radio"/> Key Contact  <input type="radio"/> BOTH Planning Committee Member AND Key Contact 

**Next**

There must be a key contact for the planning committee. I will select Sponsor Planner for this role. Although one person can serve both roles I will designate another person as an additional member of the planning committee. Clicking “Next” brings up the following screen:

## Biographical Information Details

<b>* Individual to Add</b>	Sponsor Planner, RRT N/A Course Sponsor
<b>* Describe this individual's expertise/experience in planning and ensuring the quality of continuing education activities only.</b>	
<b>* Conflict of Interest</b>	<p>An individual involved in the planning of, or presentation of, an education activity may have an interest in or affiliation with an organization, but the audience must be informed of this relationship before the presentation of the activity. For this purpose, a real or apparent conflict of interest is defined as personal gain or benefit derived from involvement with any entity, product or service. Vested Interest includes (but is not limited to) employment, by owning stock, from inclusion in a speakers' bureau or a relationship, personal or otherwise, with a company that could potentially benefit from the relationship.</p> <p>I recognize that I must follow all criteria regarding vested interest and declare that:</p> <p>(Select ONE of the following two options)</p> <ul style="list-style-type: none"><li><input type="radio"/> I declare that I do NOT have any affiliation with or financial relationship/interest in a commercial organization that could pose a conflict of interest with the educational content of this program.</li><li><input type="radio"/> I have an affiliation or financial relationship/interest which could be perceived as posing a potential conflict of interest with the educational program.</li></ul>

**Next**

On this screen two pieces of information are required. First a description of the person's expertise in relation to the program being planned and information about any potential conflict of interest (COI) they may have. These two bits of information are always required of planners- even those in the data base. If a potential COI is perceived the second button must be checked. The following additional information is required:

**\* I have a significant relationship with the commercial supporter (sponsor) of the session (s).**  Yes  No

---

**\* I, or a member of my family, or partner, have a significant financial interest or other significant relationship with one or more companies who manufacture pharmaceuticals or medical devices used to treat respiratory patients.**  Yes  No

---

**\* How was the conflict resolved?**  Discussed with other planning committee member(s) and confirmed this relationship will not impact program.

**Next**

Answering Yes or No to first question will not change the screen. If “Yes” is selected as the response to the second question the following additional questions appear on the screen:

**\* Conflict List**

Relationship	Name of Commercial Company(ies)
Consultant/Speakers' Bureau	<input type="text"/>
Employee	<input type="text"/>
Stockholder	<input type="text"/>
Product Designer	<input type="text"/>
Grant/Research Support	<input type="text"/>
Large Gift(s)	<input type="text"/>
Other Support (Specify)	<input type="text"/>

**\* How was the conflict resolved?**  Discussed with other planning committee member(s) and confirmed this relationship will not impact program.

The entry of the name of a company is required to provide full disclosure of the potential COI and necessitates a discussion the situation with the other planning member(s) to confirm that Sponsor Planner’s relationship will not impact the integrity of the program. If the COI cannot be resolved to the satisfaction of the other members of the planning committee, Sponsor Planner cannot serve on planning committee. In this example, “Dexter” is entered in the Employee field. Checking the last box on this screen verifies

that the COI has been discussed and resolved. The program will not allow the application to continue until this box is checked.

The following screen addresses credentials, degrees and honorary designations:

**Credentials and Designations**

Please review this individual's credentials/designations, and make adjustments as necessary.

<b>Designation(s)</b>	AE-C CPFT CRT CRT-NPS CRT-SPC	→	RRT	↑
		←		↓
	Other: <input type="text"/>			
<b>Educational Degrees</b>	AA AAS AS BA BS	→		↑
		←		↓
<b>Honorary Designations</b>	FAACVPR FAARC FACHE FCCM FCCP	→		↑
		←		↓

**Submit**

Sponsor planner had previously been entered into the database as an RRT. This is confirmed on this screen where it can be changed or other credentials added. To remove RRT, highlight it and click on the left arrow. To add another credential, scroll the left window until it appears then click the right arrow to move it into the selection window. If a relevant information is not listed, it may be added in the "Other" field. By leaving the credential as RRT and clicking the submit button, the following screen appears:

## -Planning Committee

In order to continue, the following requirements must be met:

- ✓ A minimum of one person with one or more of the following credentials must be involved: RRT®, CRT®, CPFT®, RPFT®, RPSGT®, AE-C®.
- ✓ One committee member must be identified as the key contact.

Committee Member	Company	Title	Role	
Sponsor Planner, RRT	Course Sponsor	N/A	Key Contact	<a href="#">Edit</a> <a href="#">Delete</a>

[Add a New Committee Member](#) [Next](#)

Notice the requirements at the top are crossed out and have a green check mark preceding them. This means that Planner met the requirements for the planning committee for this program. The information provided about this person thus far may be either edited or deleted at this time. By clicking “Add a New Committee Member” another person can be added to the committee.

## Adding a New Individual

If the name of a person who is not in the data base is added, the following screen appears:

Please enter the name of the individual to add. \_\_\_\_\_

If you don't find the person you are looking for, you might try eliminating or slightly changing the first name, as the person may be in our system with a slightly different name (e.g., William, Bill).

[Search](#)

The name of the person (Dirk Nowitzki) is entered and a search of the database is initiated by clicking on “Search”.

The following message is returned.

## Select a Committee Member to Add

To add a committee member, click on the Add button. If you do not see the individual you are searching for in the following list, you may add that individual by clicking the "Add an Individual" button at the bottom of this page.

**No individuals in our database matched your search.**

**Add an Individual**

This confirms that Dirk is not in the database. Click on "Add an Individual". You will also choose this button if you if another individual with the same name but associated with another city is returned. The following screen appears after clicking "Add an Individual":

**AARC Education Programs Application System**

### Add a New Individual

**Name**

Prefix

\* First Name

Middle Name

\* Last Name

Suffix

\* E-mail

**Planning Committee Member Work Information**

\* Company

In order to minimize duplicate data, we ask that you search our database to determine if the company you are attempting to select is already in our database. If you do not wish to select a company or need to clear an existing selection, please click the "Company Not Applicable" button.

\* Title

Required information (indicated by and\*) fields in the Name, Work Information and Work Address fields must be completed. If the individual does not work for a company click on "Company Not Applicable" Since Dirk is employed by the Dallas Mavericks, his

company (Dallas Mavericks) is entered as is his position as "Hoopster". Clicking "Search" returns the following screen:

**Work Information**

**Company**

If the company you are searching for is in the list below, click the "Select" link next to that company. If it is not listed below, you may either click "Search Again", or click "Add a New Company" to add a new company to our database.

Company	City	State/Province	Country
No records to display.			

**Title** Hoopser

This screen documents that Dirk is not in the data base which requires that "Add a New Company" be clicked. The following screen is returned:

## Add a New Company

* Company Name	<input type="text"/>
* Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
* City	<input type="text"/>
* State/Province	<input type="text"/>
* Zip/Postal Code	<input type="text"/>
* Country	United States <input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
* E-mail	<input type="text"/>
Web Site	<input type="text"/>

After all required fields are completed click the “Save” button. This will enter the company into the data base where the information will remain available to anyone searching for it. Clicking the “Save” button brings up the following screen:

**Name**

Prefix	<input type="text"/>
* First Name	<input type="text" value="Dirk"/>
Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Nowitzki"/>
Suffix	<input type="text"/>
Designation(s)	<input type="text" value="R.EEG.T"/> <input type="button" value="↑"/> <input type="button" value="↓"/> <input type="button" value="←"/> <input type="button" value="→"/> <ul style="list-style-type: none"> <li>AE-C</li> <li>CCM</li> <li>CCT</li> <li>CHT</li> <li>CPET</li> </ul>
	Other: <input type="text"/>
* E-mail	<input type="text"/>

**Work Information**

* Company	<input type="text" value="Dallas Mavericks"/> <input type="button" value="Add/Change Company"/>
	<input type="button" value="Copy the Company Address to the Work Address"/>
* Title	<input type="text" value="Hoopser"/>

**Committee Member Work Address**

* Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
* City	<input type="text"/>
* State/Province	<input type="text"/>
* Zip/Postal Code	<input type="text"/>
Country	<input type="text" value="United States"/>
Phone	<input type="text"/>

This screen is requesting work contact information about the member of the planning committee whose work information was previously entered. If the person's address is the same as the company's address, then simply click "Copy the Company Address to the Work Address" which will automatically be populate the fields in the Committee Member Work Address section. If Company and the planner's work address are different, the Committee Member Work Address fields must be completed. Clicking on "Submit" brings up the following screen:

**Role**

* Individual to Add	Dirk Nowitzki, R.EEG.T Hoopser Dallas Mavericks
* Role	<input type="radio"/> Planning Committee Member <input checked="" type="radio"/> Key Contact  <input type="radio"/> BOTH Planning Committee Member AND Key Contact 

*Note: The key contact is currently Sponsor Planner, RRT. If this is not correct, you can edit this person from the Planning Committee Members page.*

**Next**

Because another person has been selected as the Key Contact, choose Planning Committee Member and then click “Next” to bring up the following screen:

**Biographical Information Details**

* Individual to Add	Dirk Nowitzki, R.EEG.T Hoopser Dallas Mavericks
* Describe this individual's expertise/experience in planning and ensuring the quality of continuing education activities only.	<div style="border: 1px solid #ccc; height: 60px;"></div>
* Conflict of Interest	<p>An individual involved in the planning of, or presentation of, an education activity may have an interest in or affiliation with an organization, but the audience must be informed of this relationship before the presentation of the activity. For this purpose, a real or apparent conflict of interest is defined as personal gain or benefit derived from involvement with any entity, product or service. Vested Interest includes (but is not limited to) employment, by owning stock, from inclusion in a speakers' bureau or a relationship, personal or otherwise, with a company that could potentially benefit from the relationship.</p> <p>I recognize that I must follow all criteria regarding vested interest and declare that:</p> <p>(Select ONE of the following two options)</p> <p><input checked="" type="radio"/> I declare that I do NOT have any affiliation with or financial relationship/interest in a commercial organization that could pose a conflict of interest with the educational content of this program.</p> <p><input type="radio"/> I have an affiliation or financial relationship/interest which could be perceived as posing a potential conflict of interest with the educational program.</p>

**Next**

Complete this screen to provide the required planner information. This planner has no conflict of interest so the first response is checked. Clicking “Next” brings up the following screen:

## Planning Committee Member Credentials and Designations

**Credentials and Designations**

Please review this individual's credentials/designations, and make adjustments as necessary.

<b>Designation(s)</b>	AE-C CPFT CRT CRT-NPS	<input type="checkbox"/> → RRT <input type="checkbox"/> ←	<input type="button" value="↑"/> <input type="button" value="↓"/>
Other: <input type="text"/>			
<b>Educational Degrees</b>	MSN N/A PhD MPH	<input type="checkbox"/> → <input type="checkbox"/> ←	<input type="button" value="↑"/> <input type="button" value="↓"/>
<b>Honorary Designations</b>	FAACVPR FAARC FACHE FCCM	<input type="checkbox"/> → <input type="checkbox"/> ←	<input type="button" value="↑"/> <input type="button" value="↓"/>

Again, as with the previous planner, Dirk's information requires verification. After verification click "Submit" and this screen will be displayed:

- Create Application
  - [Activity Information](#)
  - [Purpose/Goal](#)
  - [Planning Committee](#)
  - [Activity Needs](#)
  - [Target Audience](#)
  - [Commercial Support](#)
  - [Presenter\(s\)](#)
  - [Sessions and Objectives](#)

### Planning Committee

In order to continue, the following requirements must be met:

- A minimum of one person with one or more of the following credentials must be involved: RRT®, CRT®, CPFT®, RPFT®, RPSGT®, AE-C®.
- One committee member must be identified as the key contact.

Committee Member	Company	Title	Role	
Sponsor Planner, RRT	Course Sponsor	N/A	Key Contact	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Dirk Nowitzki, R.EEG.T	Dallas Mavericks	Hoopser	Planning Committee Member	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Note that the requirements for the planning committee have been met. Additional committee members may be added by clicking on "Add a New Committee Member". Indicate that all adding committee members have been added by clicking "Next" which advances to the next stage of the application-Activity Needs.

## Activity Needs

The following screen appears:

Activity Needs

\* How was the need for this activity assessed?  
Check all that apply.

- Formal Needs Assessment
- Quality Assurance Data
- Advisory Committees
- Learner/Management Requested Event
- Previous Program Evaluations
- Survey
- Trends in Literature, Law, or Health Care Indicated Need

Other:

Next

Indicate all of the methods employed to determine the need for this program. Then click “Next” to move to the Target Audience section of the application.

# Target Audience

• Create Application

- [Activity Information](#)
- [Purpose/Goal](#)
- [Planning Committee](#)
- [Activity Needs](#)
- [Target Audience](#)
- [Commercial Support](#)
- [Presenter\(s\)](#)
- [Sessions and Objectives](#)

**Target Audience**

The target audience is the group of people to whom the activity is directed.

**\* Who is the target audience for this activity?**  
Check all that apply.

Respiratory Therapists

Sleep Technologists

Lab Technologists

Nurses

Other:

[Next](#)

Click all applicable target groups then click “Next” to move to the Commercial Support section of the application.

# Commercial Support

• Create Application

- [Activity Information](#)
- [Purpose/Goal](#)
- [Planning Committee](#)
- [Activity Needs](#)
- [Target Audience](#)
- [Commercial Support](#)
- [Presenter\(s\)](#)

## Commercial Support

Commercial support is the receipt of anything of value by the provider of an educational activity that facilitates the provider's ability to present educational activities. Commercial support includes but is not limited to grants, sponsorships and the donation of products or services such as food and promotional materials.

**\* Will this program be supported commercially?**  
Purchasers of exhibit space who are not sponsoring educational sessions need not be identified.

- Commercial support (financial support) for the educational component of this program has been provided.
- This activity has no commercial support.

Next

After reviewing the definition of commercial support, indicate whether the activity has commercial support. The default choice is no commercial support is provided. If commercial support is provided click the first statement. The following additional information questions appear on the screen:

<b>* Provide the name and location of the organization(s) providing commercial support and describe their responsibility or role.</b>	<input type="text"/>
<b>* Learners will be informed about commercial support in the following manner:</b>	<input type="checkbox"/> Information provided on advertising materials <input type="checkbox"/> Announcement at beginning of program <input type="checkbox"/> Information on handouts given at start of event <input type="checkbox"/> A sign displayed in the exhibit area Other: <input type="text"/>
<b>* Prevention of Bias in Content</b>	<input type="checkbox"/> I or a planning committee member has discussed with commercial entity the need to prevent bias in the content.
<b>* Influence in Objectives/Content</b>	<input type="checkbox"/> I agree that the commercial support or in-kind assistance provided by these organizations does not influence the objectives or the content of this activity.

Next

Provide the information requested in the first comment field and check all appropriate boxes. All issues regarding content bias must be addressed and resolved. The last two boxes must be completed prior to the submission of the application. Click Next to advance to the presenter section of the application.

## Presenter(s)

**Presenter(s)**

In order to continue, the following requirements must be met:

- At least one person must be identified as a presenter.

[Add a New Presenter](#)

Click “Add a New Presenter” and the following screen appears:

### Search for a Presenter

Please enter the name of the individual to add.

If you don't find the person you are looking for, you might try eliminating or slightly changing the first name, as the person may be in our system with a slightly different name (e.g., William, Bill).

[Search](#)

Here the same process is used to identify presenters as was used to identify members of the planning committee. Begin by entering the name of the presenter and click “Search” to determine if they are already in the database. You will follow the same procedures as described in the Planning Committee section of this document. You should enter all of the presenters for your program. You will be able to select and assign them to specific presentations that you will identify later in the application. When all presenters have been entered, click Next. The following screen will appear as you advance to the sessions and objectives part of the application.

# Sessions and Objectives

**Sessions and Objectives**

You have not yet defined any sessions.

[Add a Session](#)

Begin entering your learning sessions by clicking on “Add a Session”. The following screen appears:

### Add a Session

**Session Details**

\* **Title**

\* **Start Date/Time**   

\* **End Date/Time**   

**Break Length**  
In minutes, if applicable

\* **Presenter(s)**  
Select the presenter name/subject matter expert from those previously entered by highlighting their name.  Sponsor Presenter, RRT

\* **Teaching Strategies**  
Describe the teaching strategies to be used.

\* **Content Area** Select the content area that best describes this session's content.

- Clinical Practice 
- Bioterrorism and Emergency Preparedness 
- Adult Acute Care 
- Management 
- Neonatal-Pediatric 
- Ethics and Law 
- Pulmonary Function 
- Patient Safety 
- Sleep Medicine 
- Education 

**Learning Objective** You are required to provide at least one learning objective for each session. You may enter an objective (in the box below) now, or you can add one or more objectives by clicking the 'Add a New Objective' button after you have saved this session.

[Save](#) [Cancel](#)

Enter the title of your learning session. Click on the calendar icon then select day the session is be offered. Click on the clock icon to select a starting time for the first session (you can manually type to adjust the time). If there is a break during the session, report the length of the break in minutes as instructed. Breaks occurring before or after a session need not be entered. The beginning, ending and break times reported will be used to calculate instructional time and automatically determine the number of CRCE contact hours awarded to your session. Select your presenter(s) from those whom you have previously entered in the Presenters section. Check all participating in that session. If you need to add additional presenters you must return to the Presenters section to add them. Describe the teaching strategies you will employ for this session (e.g. lecture, panel discussion, etc). Select the content area that best describes the information being presented from the available choices. Definitions of each choice are revealed by clicking on the “?” icon by each choice. Again the descriptions provided by clicking on the “?” icons will provide guidance in selecting the appropriate content area modifier. Final assignment of content areas will be made by the AARC reviewer during the review process. You must provide at least one learning objective stated in behavioral terms for each objective. Click on the “Save” button after all information has been entered. Based on the information entered for this example program the following screen appears:

The screenshot shows a web application interface for entering session information. On the left is a sidebar with navigation links: [marketing](#), [Sponsor Requirements and Post-Activity Responsibilities](#), [Repeat Program](#), and [Review and Submit](#). The main content area is titled "CPAP Indications" and contains a form with the following fields:

<b>Session</b>	CPAP Indications
<b>Date/Time</b>	Nov 30, 2012 9:00 AM — Nov 30, 2012 12:00 PM
<b>Break Length</b>	30 minutes
<b>Contact Hours</b>	2.50
<b>Presenter(s)</b>	Sponsor Presenter, RRT, Sponsor Presenter
<b>Teaching Strategies</b>	Lecture
<b>Content Area</b>	Sleep Medicine
<b>Objective(s)</b>	1) Describe the most common CPAP indications for patients with sleep disorders. <span style="float: right;">✎ ✖</span>

Below the form are three buttons: "Add a New Objective", "Edit Session", and "Delete Session". At the bottom right of the form area is a button labeled "Add a Session". Below the entire form area is a "Next" button.

Note the information entered for the session can be edited by clicking on “Edit Session”. The session can also be deleted by clicking on “Delete Session”. The objective can be edited or deleted by selecting the appropriate icon within that field. Additional objectives

can be added by clicking on “Add a New Objective”. Additional sessions can be added by clicking on “Add a Session”.

Click on “Next to access the following screen:

Contact Hours

\* Contact Hours The final number of contact hours awarded will be decided by the AARC.

Enter the number of contact hours requested:

Next

Enter the total CRCE contact hours requested for the course. Note that the total hours for each session are calculated in the session detail screens. The AARC makes the final determination of total contact hours.

Clicking on “Next” will take you to the Program Evaluation section.

# Program Evaluation

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## Program Evaluation

**\* Check all applicable method(s) of evaluation to be used.**

Evaluation Form (required)

Pre Test (optional)

Post Test (optional)

If a post test will be used, what is the passing score?  %

Competency Demonstration (optional)

Other:

---

**\* Evaluation Form Option**

You may either use the provided Evaluation Forms, or you may use your own. If you choose to use your own custom evaluation form(s), you must provide a sample of those forms below. Do you intend to use the provided forms, or the custom forms?

I will use the provided form(s) (no further action required)

I will use a custom form, which I have provided below

---

**Sample Evaluation Form(s)**

The following evaluation form(s) are provided as an example only. Once your application has been approved, you will be able to generate evaluation forms specific to the session dates and location.

- [CPAP Indications Evaluation \(Sample\)](#)

---

**Custom Evaluation Form(s)**

If you will not be using the provided evaluation form(s), you must submit a copy of the evaluation tool to be used for this program.

The evaluation material must evaluate at least the following elements:

- Learner's achievement of all of the activity's objectives.
- Teaching effectiveness of each presenter.
- Compliance with notification requirements of conflict of interest, off-label use, commercial support, or in-kind support.
- Impact of program on change in practice.
- Whether the content was presented without bias of any commercial product or drug.

**File**

No files have been uploaded.

---

**\* For activities that are intended to be offered on an ongoing basis, please identify how the evaluation data will be used.**

Not Applicable - this program will not be repeated

Refine future presentations of this course

Create new programs

Continue the activity

Decide whether or not to change faculty

Other:

In the Evaluation Methods section of this screen click note that Evaluation Form is required for all programs. If using additional optional methods of evaluation indicate them here. In Evaluation Form Option you must indicate whether you will be using (1)

the template evaluation provided and contains the required information based on the session and speaker information you provided thus in the application or (2) a custom evaluation form you will design and submit with your application. In making this decision realize that should you choose the template, a separate evaluation form is provided for each session. Thus the use of the template evaluation provided with the application may be impractical for programs that offer many sessions. You can preview this sample form(s) by clicking on the hyperlink(s) in the next section. If you select the Sample Evaluation Form the Sample Evaluation Form(s) and Custom Evaluation Form(s) will disappear leaving the last section in which you click on the appropriate descriptions of how the evaluation data will be used in future offerings of this course. If the course will not be repeated indicate that by checking the first box.

If you choose to submit a custom evaluation form, you must upload that form from your computer by clicking the "Select" button. This will enable a search of your computer directory and the selection of the desired file. The selected file will appear on the screen and will be submitted along with your application. Be sure the title of the document contains the word "evaluation".

Click "Next" to access the Participation part of the application.

# Participation

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## Participation

**\* Identify the method(s) for verifying participation.**

Roll Call

Sign-in Sheet

Registration Form

---

**\* Identify method(s) to be used to identify successful completion.**

Achieving a passing score on the post test

Return demonstration

Return of evaluation form

Other:

---

**\* Certificate of Completion Form Option**

You may either use the provided certificate of completion form, or you may use your own. If you choose to use your own custom form(s), you must provide a sample of those forms below. Do you intend to use the provided forms, or the custom forms?

I will use the provided form(s) (no further action required)

I will use a custom form, which I have provided below

---

**Sample Certificate of Completion Form**

The following certificate of completion is provided as an example only. Once your application has been approved, you will be able to generate certificates of completion specific to the program date(s) and location(s).

- [Bill's Traditional CRCE Instruction Certificate of Completion \(Sample\)](#)

---

**Custom Certificate of Completion Form**

If you will not be using the provided certificate of completion form, you must submit a completed sample of the certificate of completion form to be awarded to participants who complete the program requirements. It must include the following:

- Space for name of learner.
- Number of contact hours to be awarded.
- Name and address of the provider of the activity.
- Program title, date, city and state of the activity.
- Space for approval number.

The certificate of completion must also contain the following statement:

This program has been approved for XXXXX contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100, Irving TX 75063 Course #XXXXX

**File**

No files have been uploaded.

---

**\* Identify method(s) to be used to inform learners of criteria for successful completion.**

Information on marketing materials

Information on materials distributed in the session

Announcement during the program

Other:

After selecting the method(s) for verifying participation and successful completion of the program, choose a Certificate of Completion option. The first option is to choose the Certificate populated with information provided in the application. You can preview this

by clicking on the hyperlink in the next section. If you choose this option, the choices on the screen will collapse and you need only select the method(s) used to describe how learners will be informed of the criteria for successful completion of the program. Should you choose to submit a custom designed form you must upload that form from your computer by clicking the “Select” button. This will enable a search of your computer directory and the selection of the desired file. The selected file will appear on the screen and will be submitted along with your application. Be sure title of the document contains the word “certificate”.

Click “Next” to access the Marketing part of the application.

# Marketing

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## Marketing

**Method(s)**  
 Not applicable - this program will not be marketed.  
 Hard copy meeting notice (brochures, newsletters, memo, publication advertisement, etc.)  
 E-mail  
 Web Site  
Other (Describe):

**Marketing Materials**  
If applicable, please upload a copy of your marketing or promotional piece(s)/announcement(s) for this activity (this may be a draft of what you intend to publish).  
   

File
No files have been uploaded.

You can also [click here to create a basic promotional flyer](#).

**Web Access Details**  
If marketing materials can be reviewed on the internet, provide the URL (web address) where the material is located, sign-on, password and specific instructions required to access the material. This is for application review purposes only.

If this program will not be marketed, indicate this by clicking the first box in the Method(s) section. If it will be marketed, indicate the method(s) by checking the appropriate box(s). If promotional materials are used to market the program, upload the documents describing them by clicking on the “Select” button. This will enable a search of your computer directory and the selection of the desired file. The selected file will appear on the screen and will be submitted along with your application. Be sure title of the document contains a description of the document and the word “marketing”. If marketing messages will appear on the internet provide the URL and any required access information.

Click “Next” to access the “Sponsor Requirements and Post-Activity Responsibilities” part of the application.

# Sponsor Requirements and Post-Activity Responsibilities

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## Sponsor Requirements and Post-Activity Responsibilities

<div style="border: 1px solid orange; padding: 5px;"><p style="text-align: center;">* Sponsor Requirements</p></div>	<p>The program sponsor must agree to abide by all policies as defined in the AARC <a href="#">CRCE Policy Manual</a>:</p> <ul style="list-style-type: none"><li>Assure that the program is conducted as described in these application materials.</li><li>Maintain attendance rosters.</li><li>Return the completed course roster to the AARC within 30 days following the completion of the program. Course logs must list all who earned CRCE (not just AARC members). AARC member numbers must be provided for all participants who are AARC members.</li><li>Assure that the participants are aware of any real or perceived conflicts of interest by presenters.</li><li>Provide a certificate of completion to all who complete the requirements of the course.</li></ul> <p><input type="checkbox"/> I agree to abide by the policies outlined above.</p>
<div style="border: 1px solid orange; padding: 5px;"><p style="text-align: center;">* Recordkeeping</p></div>	<p>Records for each educational activity must be kept for five (5) years. These records will be maintained by the course sponsor in a secure and confidential manner. These records include the following essential information:</p> <ul style="list-style-type: none"><li>The complete application form and all supporting documentation</li><li>Post Activity Report, including course roster and summary of evaluations</li><li>All correspondence regarding making the necessary changes required for approval</li></ul> <p>Additionally, the course sponsor must be able to determine how confidential records are maintained and handled and which personnel have access to the records. Mechanisms must be in place for systematic, easy retrieval, retention, and disposal of information by authorized individuals.</p> <p><input type="checkbox"/> I agree to these responsibilities.</p>
<div style="border: 1px solid orange; padding: 5px;"><p style="text-align: center;">* Post-Activity Reports</p></div>	<p>A Post-Activity Report will be submitted via the web within 30 days of the activity. This consists of completed course logs. Course logs must list all who earned CRCE (not just AARC members). AARC member numbers must be provided for all participants who are AARC members.</p> <p><input type="checkbox"/> I agree to complete the post activity report.</p>

[Next](#)

On this screen, carefully review each section and indicate the course sponsor's intended compliance by checking each box.

Click "Next" to access the "Repeat Program" part of the application.

## Repeat Program

Repeat Program

Approved programs can be repeated during the year in which it was approved. If you intend to repeat this program and you know when the repeat programs will be presented, you may provide that information here and pay the fee up front.

You will be able to provide this information at a later date, if necessary.

[+ Add a New Repeat Date](#) [Refresh](#)

Begin Date	End Date	City	State/Province	Country	Fee	
No repeat dates have been added for this program. Click 'Add a New Repeat Date' above to add one.						

[Next](#)

This provides the option to establish repeat dates at the time of initial application if desired. Repeat program dates can be added anytime during the accreditation period. To add a repeat date click on “Add a New Repeat Date” and the following screen will appear:

[+ Add a New Repeat Date](#) [Refresh](#)

Begin Date	End Date	City	State/Province	Country	Fee	
------------	----------	------	----------------	---------	-----	--

Insert New Repeat Date

\* **Begin Date**  

\* **End Date**  

\* **City**

\* **State**  

\* **Country**  

[Cancel](#) [Save](#)

No repeat dates have been added for this program. Click 'Add a New Repeat Date' above to add one.

[Next](#)

Click on the Calendar icons to select the beginning and ending date of the program. Enter the city and state where the program is being presented and click on “Save”. This screen shows the information entered for this example:

[+ Add a New Repeat Date](#) [Refresh](#)

Begin Date	End Date	City	State/Province	Country	Fee	
 3/1/12	3/1/12	Boston	MA	United States	\$22.00	

[Next](#)

This repeat program can be edited prior to submission of the application by clicking on the pencil icon or deleted by clicking on the red x.

Click "Next" to access the "Review and Submit" part of the application.

# Review and Submit

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- [Manage Users](#)
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- Edit Application

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- ✓ [Repeat Program](#)
- ✗ [Review and Submit](#)

## Review and Submit

### Completion Check

Your application is complete. If you would like to review your application before submission, please use the links on the left. Please note that you cannot return to your application and make changes after it has been submitted!

[Submit Application](#)

The application is now ready for submission. You may review any section of the application by clicking on the menu along the left side of screen. The application can be edited any time prior to submission. Click on “Submit Application” to move to the payment process.

### Application Fees

Item	Cost
CRCE Traditional Application Base Cost - For Profit Rate	\$120.00
Repeat Activity: Mar 1, 2012, Boston MA	\$22.00
<b>Total Cost</b>	<b>\$142.00</b>

### Payment Options

#### \* Payment Options

Pay Now with a Credit Card

Pay Later with a Check

Please note: applications paid by check will not be processed until payment is received.



[Submit Application](#)

Application fees are calculated based on For Profit/Not-For-Profit federal tax status, the number of CRCE contact hours approved for the program, any applicable late fees and repeat programs. After reviewing and confirming the accuracy of the charges, choose a payment option then click on Click on “Submit Application”. The following verification will appear and the key contact will receive an email to verify submission.

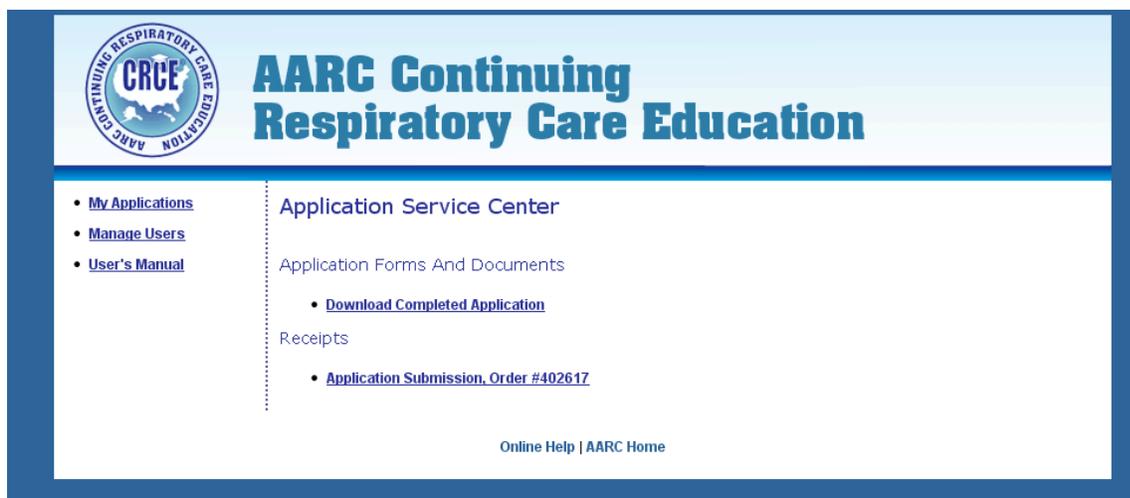
### Application Successfully Submitted

Thank you for submitting your application. Your application will be reviewed as soon as possible.

To check the status of your application, please visit [My Applications](#).

If you have any questions about the application process, please contact the Customer Service team at [info@aarc.org](mailto:info@aarc.org).

Click on “My Applications” to access the Application Service Center where you can download an invoice or receipt.



The screenshot shows the AARC Continuing Respiratory Care Education (CRCE) Application Service Center. The header features the CRCE logo and the text "AARC Continuing Respiratory Care Education". The main content area is divided into two columns. The left column contains a navigation menu with links for "My Applications", "Manage Users", and "User's Manual". The right column is titled "Application Service Center" and contains sections for "Application Forms And Documents" (with a link for "Download Completed Application") and "Receipts" (with a link for "Application Submission, Order #402617"). At the bottom of the page, there is a link for "Online Help | AARC Home".

Clicking on “Application Submission” will download a receipt or invoice.

**If you are paying by check please submit a copy of your invoice with the check.**

You will immediately receive an email message acknowledging the receipt of your application.