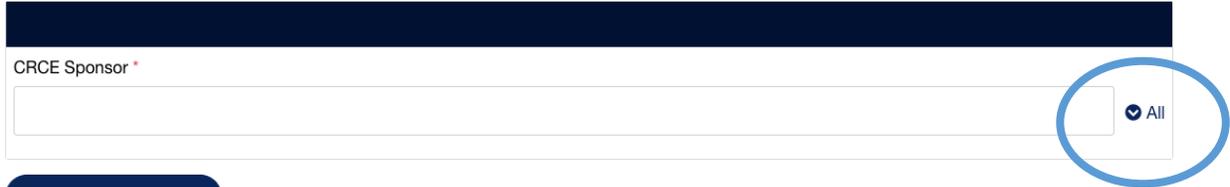


Process for creating non-traditional application

1. Open the pull-down list to select the sponsor for which the application is being submitted.

If you do not see one of your Sponsor organizations listed within the look-up window below, please contact AARC to verify your organizational affiliation.



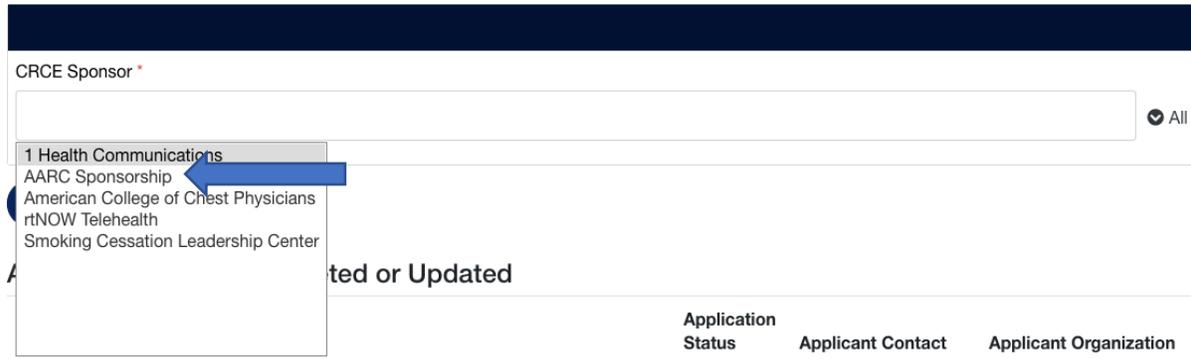
CRCE Sponsor *

 All

Start New CRCE Application

Identify on behalf of which sponsor the application is being submitted (click on blue magnifying glass to the right of the sponsor box)

If you do not see one of your Sponsor organizations listed within the look-up window below, please contact AARC to verify your organizational affiliation.



CRCE Sponsor *

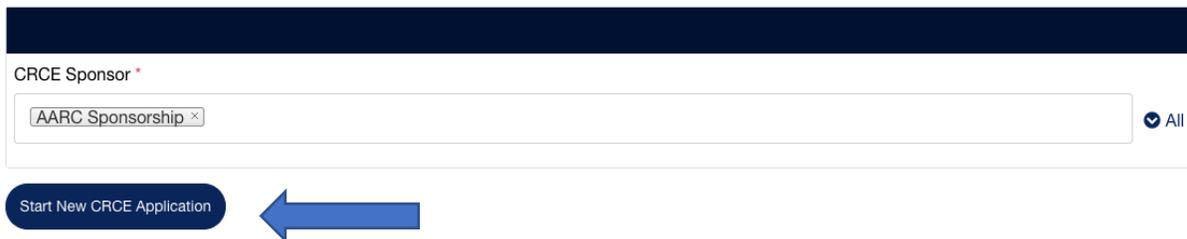
 All

- 1 Health Communications
- AARC Sponsorship
- American College of Chest Physicians
- rtNOW Telehealth
- Smoking Cessation Leadership Center

Application Status Applicant Contact Applicant Organization

Click on the sponsor name and then click on Start New CRCE application button.

If you do not see one of your Sponsor organizations listed within the look-up window below, please contact AARC to verify your organizational affiliation.



CRCE Sponsor *

 All

Start New CRCE Application

2. The left menu of the start page allows you to jump from area to area when you are finished. However, it will not allow you to move to a later position without completing the areas before. On this page, fill out the following information:
 - a. Title of the learning activity
 - b. The fact that it is a non-traditional activity
 - c. What type of activity will take place
 - d. If the learning activity has been previously approved by the AARC
 - e. The date on which learning activity will start
 - f. A tax-exempt number, if the organization is a non-profit

When you are finished with this page, click the blue “save and next step” button.

The screenshot shows a web form for activity registration. On the left is a vertical menu with a 'Go to My Applications' button at the top. The menu items are: Program Title, Applicant: Strickland, Shawna L., Organization: AARC Sponsorship, Activity Information, Purpose/Goal, Planning Committee, Activity Needs, Target Audience, Commercial Support, Presenters, Sessions, Objectives, Contact Hours, Program Evaluation, Participation, Marketing, Uploads, Sponsor, Post-Activity, and Review and Submit. The main form area is divided into several sections:

- Activity Title and Type:** Contains a 'Title' field with the text 'AARC Non-traditional education activity' (labeled A) and an 'Activity Type' section with radio buttons for 'Traditional' and 'Non-Traditional' (labeled B).
- Non-Traditional Program Types:** Contains checkboxes for 'Audio or Videotape/DVD', 'Journal', 'Monograph', and 'Internet-Based Program' (labeled C).
- Previous Course Number:** A field containing the number '123456000' (labeled D).
- Additional Information:** Contains a 'Sponsor Type' dropdown menu set to 'For-Profit Sponsor' and a 'First Date Activity Will Be Offered' field set to '10/1/2020' (labeled E). Below this is a 'Tax Exempt Number (if applicable)' field (labeled F).

At the bottom of the form are two buttons: '< Previous' and 'Save and Next Step >'.

- Type the purpose and goal of the learning activity into the text box and click the blue “save and next step” button.

Go to My Applications

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

✔ Activity Information

Purpose/Goal

Planning Committee

Activity Needs

Target Audience

Commercial Support

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 *

The goal of this course is to provide high-quality respiratory care education.

← Previous

Save and Next Step →

- To add a new planning committee member, click the blue “search our database to add a new committee member” button. If your committee member is not found in the system, click the gray “add new person to our system.”

Go to My Applications

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

✔ Activity Information

✔ Purpose/Goal

Planning Committee

Activity Needs

Target Audience

Commercial Support

Presenters

Sessions, Objectives

Contact Hours

Program Evaluation

Participation

Marketing

Uploads

Sponsor, Post-Activity

Review and Submit

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.

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 a 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.

Search our Database to add a New Committee Member

←

Contact	Organization	Role	Title	Conflict of Interest
No records to display.				

If you cannot find a Planning Committee Member within the search above, the individual may not yet have a record in our system. Please click the "Add New Person to Our System" button to the right, which will temporarily redirect you to a page that will allow you to add them into the AARC system.

After they have been added, you will be redirected back to this page where you can then search for them again in the list above and add them as a Planning Committee Member.

Add New Person to Our System

← Previous

Save and Next Step →

5. To add a committee member, type the name of the person in the “look up committee member” box. Please enter in the “last name, first name” format. If you don’t find the person on the first attempt, please try variations (i.e. William for Bill) before you add a new person to the database. (Please also pause after typing name; search may take a minute.)

Go to My Applications

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.

Program Title: AARC Non-traditional education activity
Applicant: Strickland
Organization: AARC

Activity Information
Purpose/Goal
Planning Committee
Activity Needs
Target Audience
Commercial Sessions
Presenters
Sessions, Objectives
Contact Hours
Program Evaluation
Participation
Marketing
Uploads
Sponsor, Posters
Review and Summary

Key Contact: The Key Contact is the responsible party. The individual is ultimately responsible for the content of the activity or program, and the content of this applications.

Look Up Committee Member: To look up a Committee Member just start typing in the box below. Search Last Name, First Name to find results.

Committee Member Information

Look Up Committee Member *	Title
strickland, shawna	
Strickland, Shawna L. (American Association For Respiratory Care)	

Describe the individual's expertise/experience in planning and ensuring the quality of continuing education activities only.

Add New Person to Our System

< Previous

Save and Next Step >

6. Enter the person’s job title in the next box.

Organization: AARC

content of this applications.

Look Up Committee Member: To look up a Committee Member just start typing in the box below. Search Last Name, First Name to find results.

Committee Member Information

Look Up Committee Member *	Title
Strickland, Shawna L. (American Association For Respiratory Care)	associate executive director

Role: Planning Committee Member
Type: Committee Member

CRCE Program Application: AARC Non-traditional education activity

Conflict of Interest

- 7. Enter the planning committee member's information in the entry form.
 - a. Employment title
 - b. Role: committee member, key contact, or both
 - c. Expertise
 - d. Conflict of interest and, if any questions are affirmative, what type of conflict

Strickland, Shawna L. (American Association For Respiratory Care) ×	associate executive director
--	------------------------------

Role	Type
Both Committee Member and Key Contact ▼	Committee Member ▼

CRCE Program Application

AARC Non-traditional education activity



Describe the individual's expertise/experience in planning and ensuring the quality of continuing education activities only.

Expertise/Experience

Respiratory therapist, educator|

Conflict of Interest

I have an affiliation or financial relationship/interest which could be perceived as posing a potential conflict of interest with the educational program.

Yes No

I have a significant relationship with the commercial supporter (sponsor) of the session(s).

Yes No

I, or a family member 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

I have discussed with planning committee member(s) and confirmed this relationship will not impact the program.

Agree Disagree

Conflict Companies - list commercial company(ies) below that may be a conflict

Consultant/Speakers' Bureau

Employee

Stockholder

Product Designer

Grant/Research Support

Large Gift(s)

Other Support (Specify)

Save

Cancel

Click the blue "save" button when you are finished. Repeat steps 7 and 8 for additional planning members

8. If you need to add a new person to the system, click the gray “add a new person to our system” button.

[Go to My Applications](#)

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- Activity Information
- Purpose/Gol
- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support
- Presenters
- Sessions, Objectives
- Contact Hours
- Program Evaluation
- Participation
- Marketing
- Uploads
- Sponsor, Post-Activity
- Review and Submit

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.

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 a 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.

[Search our Database to add a New Committee Member](#)

Contact	Organization	Role	Title	Conflict of Interest
No records to display.				

If you cannot find a Planning Committee Member within the search above, the individual may not yet have a record in our system. Please click the "Add New Person to Our System" button to the right, which will temporarily redirect you to a page that will allow you to add them into the AARC system.

After they have been added, you will be redirected back to this page where you can then search for them again in the list above and add them as a Planning Committee Member.

[Add New Person to Our System](#)

[< Previous](#)
[Save and Next Step >](#)

9. Complete the required information for the new person.

[Go to My Applications](#)

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- Activity Information
- Purpose/Gol
- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support
- Presenters
- Sessions, Objectives
- Contact Hours
- Program Evaluation

If you receive an error after trying to add a new person to our system, this means that they are most likely already in our system and do not want to create a duplicate. Please select the "Go Back" button below and try searching for them again on the previous page.

Contact Information

Prefix	First Name *
<input type="text"/>	<input type="text"/>
Middle Name	Last Name *
<input type="text"/>	<input type="text"/>
Suffix	
<input type="text"/>	
Business Phone	Email *
<input type="text"/>	<input type="text"/>

When you are finished, click the blue “save and return to planning committee page” button. Follow steps 4-7 to attach the newly added committee member to the application.

10. When you have added all of the planning committee members, click the blue “save and next step” button.

- Activity Information
- Purpose/Goal
- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support
- Presenters
- Sessions, Objectives
- Contact Hours
- Program Evaluation
- Participation
- Marketing
- Uploads
- Sponsor, Post-Activity
- Review and Submit

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 a 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.

[Search our Database to add a New Committee Member](#)

	Contact	Organization	Role
 	Strickland, Shawna L.	American Association For Respiratory Care	Both Committee Member and

If you cannot find a Planning Committee Member within the search above, the individual may not yet have a record in our system. Please click the "Add New Person to Our System" button to the right, which will temporarily redirect you to a page that will allow you to add them into the AARC system.

After they have been added, you will be redirected back to this page where you can then search for them again in the list above and add them as a Planning Committee Member.

[Add New Person to Our System](#)

[← Previous](#) [Save and Next Step >](#)

11. Identify how the need for the activity was assessed and click the blue “save and next step” button.

- [Go to My Applications](#)
- Program Title:** AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship
- Activity Information
 - Purpose/Goal
 - Planning Committee
 - Activity Needs
 - Target Audience
 - Commercial Support
 - Presenters
 - Sessions, Objectives
 - Contact Hours
 - Program Evaluation
 - Participation

How was the need for this activity assessed? (Check all that apply.)

Formal Needs Assessment

Learner/Management Requested Event

Quality Assurance Data

Previous Program Evaluations

Advisory Committees

Trends in Literature, Law, Health Care Indicated Need

Survey

Other

[← Previous](#) [Save and Next Step >](#)

12. Identify the target audience and then click the blue “save and next step” button.

[Go to My Applications](#)

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- Activity Information
- Purpose/Goal
- Planning Committee
- Activity Needs
- Target Audience**
- Commercial Support
- Presenters
- Sessions, Objectives

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

Respiratory Therapists

Lab Technologists

Sleep Technologists

Nurses

Other

[< Previous](#) [Save and Next Step >](#)

13. Identify whether or not the learning activity has commercial support. If no, click the “no” option and then click the “save and next step” button. If yes, click the “yes” option and complete the remaining information.
- Who provided the commercial support
 - How the learners will be notified of the commercial support
 - Agree with the prevention of bias statement
 - Agree with the lack of influence statement

education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- Activity Information
- Purpose/Goal
- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support**
- Presenters
- Sessions, Objectives
- Contact Hours
- Program Evaluation
- Participation
- Marketing
- Uploads
- Sponsor, Post-Activity
- Review and Submit

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

Is there commercial support?*

Yes No

Name and location of the organization(s) providing support and their responsibility or role

Commercial Support Description

← A

Learners will be informed about commercial support by:

Information Provided on Advertising Materials

Announcement at Beginning of Program

Handouts Given at Start of Event

Sign Displayed in the Exhibit Area

Other

← B

Discussed with commercial entity the need to prevent bias in the content

I, or a planning committee member, has discussed with commercial entity the need to prevent bias in the content.

← C

Influence in Objectives/Content

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. *

Yes No

← D

← Previous
Save and Next Step →

When you are finished, click the blue “save and next step” button.

14. To add a new presenter, click the “search for new presenter” button.

Program Title: AARC Non-traditional education activity

Applicant: Strickland, Shawna L.

Organization: AARC Sponsorship

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 a 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.

- ✓ Activity Information
- ✓ Purpose/Goal
- ✓ Planning Committee
- ✓ Activity Needs
- ✓ Target Audience
- ✓ Commercial Support
- Presenters
- Sessions, Objectives
- Contact Hours
- Program Evaluation
- Participation
- Marketing
- Uploads
- Sponsor, Post-Activity
- Review and Submit

Search for a New Presenter

Contact	Organization	Title	Type	Conflict of Interest
No records to display.				

If you cannot find a Presenter within the search above, the individual may not yet have a record in our system. Please click the "Add New Person to Our System" button to the right, which will temporarily redirect you to a page that will allow you to add them into the AARC system.

After they have been added, you will be redirected back to this page where you can then search for them again in the list above and add them as a Presenter.

Add New Person to Our System

< Previous

Save and Next Step >

15. Search for in the same way you searched for committee members (steps 5-7). Type the name of the person in the “look up committee member” box. Please enter in the “last name, first name” format. If you don’t find the person on the first attempt, please try variations (i.e. William for Bill) before you add a new person to the database. Enter the presenter’s work title, expertise, and identify any conflicts of interest. (Please also pause after typing name; search may take a minute.)

Presenter Information

Look Up Presenter *

Myers, Tim

Title

chief business officer

Type

Presenter

CRCE Program Application

AARC Non-traditional education activity

When you are finished, click the blue “save” button.

16. If you need to add a new person to the system, follow steps 8-10.
17. If you need to add more than one presenter, follow step 15.
18. When you are finished adding presenters, click on the blue “save and next step” button.

Go to My Applications

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

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

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

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 a 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.

Search for a New Presenter

	Contact	Organization	Title	Type	<u>Conflict of Interest</u>
	Myers, Tim		chief business officer	Presenter	

If you cannot find a Presenter within the search above, the individual may not yet have a record in our system. Please click the "Add New Person to Our System" button to the right, which will temporarily redirect you to a page that will allow you to add them into the AARC system.

After they have been added, you will be redirected back to this page where you can then search for them again in the list above and add them as a Presenter.

Add New Person to Our System

< Previous
Save and Next Step >

19. To add a new module of the learning activity, click “add new module.”

Go to My Applications

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

Use the first grid below to add sessions/modules to your course. Once you have successfully added a session, it will appear within the grid with an "Attach Presenter" link in its left-hand column. Selecting this link will produce another grid that will allow you to attach a presenter(s) to that particular session. If you have more than one session, make sure that you are attaching presenters to the correct session (the session in the first grid will be highlighted in blue when selected).

The grid at the bottom of the page (located in the gray box) will keep a complete list of all presenters that have been added to your sessions.

Add New Module

	Module Title
	No records to display.

< Previous
Save and Next Step >

✔ Activity Information
✔ Purpose/Goal
✔ Planning Committee
✔ Activity Needs
✔ Target Audience
✔ Commercial Support
✔ Presenters
Sessions, Objectives
Contact Hours
Program Evaluation
Participation

20. On the entry form, enter the title of the module and the learning objectives. Click the blue “save” button when you are finished.

Module Title *

All about respiratory care

Learning Objective *

1. Explain respiratory therapy
2. Apply respiratory therapy principles
3. Assess quality respiratory therapy

Save Cancel

Repeat steps 19 and 20 to add additional modules

21. To attach a presenter or author to a module, click the “attach presenter” link next to the desired module.

✓ Purpose/Goal

✓ Planning Committee

✓ Activity Needs

✓ Target Audience

✓ Commercial Support

✓ Presenters

✓ Sessions, Objectives

Contact Hours

Program Evaluation

Add New Module

Module Title	
Attach Presenter	All about respiratory care
Attach Presenter	All about respiratory care part 2

22. The page will refresh, and a new attach presenter module will appear. Click on the blue “attach a presenter to the session button.”

Attach a Presenter to the Session

CRCE Presenter	CRCE Session
No Presenters have been attached to this session yet	

23. Click on the small arrow next to the word “all” to bring up a list of all people associated with the application and select the presenter to the CRCE session. Click the blue “save” button when finished. Repeat for all modules.

General

CRCE Presenter *	CRCE Session	CRCE Application
<input type="text"/> Myers, Tim Strickland, Shawna L.	<input type="text" value="All"/> All All about respiratory care	AARC Non-traditional education activity



24. Repeat steps 19-23 to add additional modules and/or presenters. Click the blue “save and next step” button when finished.

25. If the information is correct, click the blue “save and next step” button.

- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support
- Presenters
- Sessions, Objectives
- Contact Hours
- Program Evaluation
- Participation
- Marketing
- Uploads
- Sponsor, Post-Activity
- Review and Submit

Add New Module

Module Title	
Attach Presenter	All about respiratory care
Attach Presenter	All about respiratory care part 2

Attach a Presenter to the Session

CRCE Presenter	CRCE Session
Myers, Tim	All about respiratory care part 2

All Session Presenters

Presenter	Session
Myers, Tim	All about respiratory care
Myers, Tim	All about respiratory care part 2

← Previous
Save and Next Step →

26. Identify the requested number of contact hours for the learning activity and click the blue “save and next step” button.

[Go to My Applications](#)

Program Title: AARC Non-traditional education activity

Applicant: Strickland, Shawna L.

Organization: AARC Sponsorship

- Activity Information
- Purpose/Goal
- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support

Non-Traditional study program are typically designed to be completed independently by learners at their own pace and at a time of their choice. The course sponsor designs the educational program, and through a pilot study or other defensible mechanism, requests the number of contact hours to be awarded. Examples: viewing videotapes or listening to audiotapes and completing post test questions; accessing computer on-line activities; reading selected articles and completing post test questions. Record the number of contact hours (nearest 1/10 of an hour) for which you wish to have this program accredited in the box below.

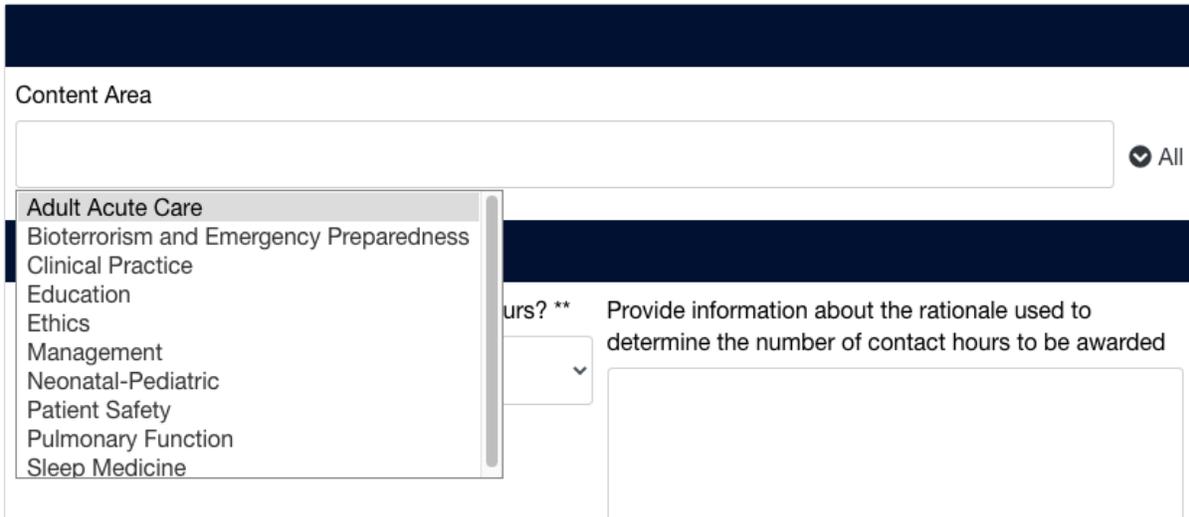
The final number of contact hours awarded will be decided by the AARC.

Contact hour credit awarded is based on the time allocated for the exchange of information between the presenter and the learner.

Enter the number of contact hours requested: *

2.0

27. To identify the content area, click on the blue arrow next to the word “all” in the content area box. Click on the appropriate content area.



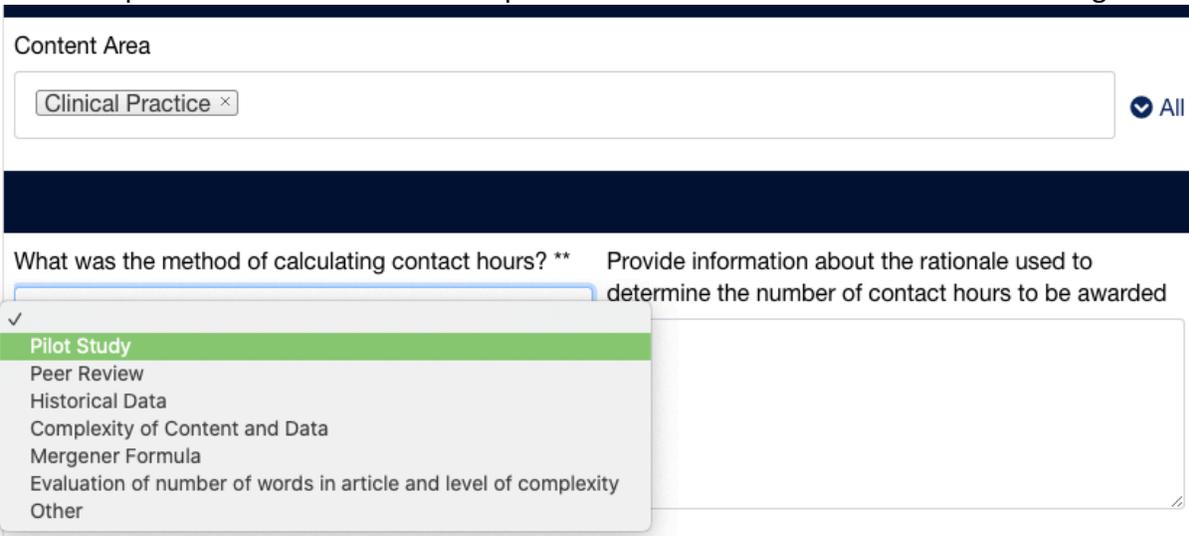
Content Area

▼ All

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

What was the method of calculating contact hours? ** Provide information about the rationale used to determine the number of contact hours to be awarded

28. To identify the hour calculation method, select the appropriate method from the dropdown menu and then enter pertinent information in the text box to the right.



Content Area

Clinical Practice × ▼ All

What was the method of calculating contact hours? ** Provide information about the rationale used to determine the number of contact hours to be awarded

- ✓ Pilot Study
- Peer Review
- Historical Data
- Complexity of Content and Data
- Mergener Formula
- Evaluation of number of words in article and level of complexity
- Other

If this course material will be shipped to AARC for review (e.g., DVDs, audio CDs, etc.), please indicate what materials will be sent in the space provided below.

If this course is internet-based and requires review on the internet, provide the URL (web address) where the course is located, sign-on, password and specific instructions required to access the program. This access is used for application review purposes only.

If you need to upload any attachments, you will be able to add those on the Uploads page later in the application process.

29. At the bottom of the contact hours page, provide information on how the reviewers will access the course for review. When you are finished, click the blue “save and next step” button.

Information about accessing program materials

Content Areas

Adult Acute Care (AAC): Contains content appropriate for the NBRC’s ACCS continuing competency programs.

Bioterrorism and Emergency Preparedness (BEP): Includes issues related to planning for medical emergency situations.

Clinical Practice (CLP): All areas of clinical practice addressed by NBRC and AE-C examination content areas and emerging respiratory therapy technology.

Education (EDU): Program development, instruction, and evaluation. Includes respiratory disease management and health promotion.

Ethics (ETH): Medical ethics and legal aspects of healthcare.

Management (MGT): Management and supervision of personnel and operations including cost containment.

Neonatal-Pediatric (NPS): Contains content appropriate for the NBRC’s NPS continuing competency programs.

Patient Safety (PTS): Patient safety including medication errors, errors related to the delivery of care, AIDS/HIV and infection control, and cultural competency.

Pulmonary Function (PFT): Contains content appropriate for the NBRC’s pulmonary function technology continuing competency program.

Sleep Medicine (SDS): Contains content appropriate for the NBRC’s SDS continuing competency program and RPGST credential.

**Calculation Methods

Pilot Study: Members of the target audience reviewed and identified the number of minutes it took them to complete the activity and an average was taken to determine contact hours.

Mergener Formula: The Mergener Formula was developed by M.A. Mergener and presented in the American Journal of Pharmaceutical Education (55:263-266) in 1991. The formula is $0.9 * [-22.3 + (0.00209 * w) + (2.78 * q) + (15.5 * d)]$, where (w) is the number of words, (q) is the number of questions, and (d) is the degree of difficulty on a scale of 1 to 5 (5 being the most difficult). You can use the calculator [here](#) to assist in this calculation.

< Previous

Save and Next Step >

30. Identify how the program will be evaluated and what post test score is necessary for successful completion of the course. When finished, click the blue “save and next step” button.

[Go to My Applications](#)

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- ✓ Activity Information
- ✓ Purpose/Goal
- ✓ Planning Committee
- ✓ Activity Needs
- ✓ Target Audience
- ✓ Commercial Support
- ✓ Presenters
- ✓ Sessions, Objectives
- ✓ Contact Hours
- Program Evaluation
- Participation
- Marketing
- Uploads
- Sponsor, Post-Activity
- Review and Submit

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

Evaluation Form * Pre Test

Post Test Competency Demonstration

If a post test will be used, what is the passing score (%)? Only enter numerical characters. Other

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

Not Applicable - Program not repeated Continue the activity

Refine future presentations of this course Decide whether or not to change faculty

Create new programs Other

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31. Complete the program participation areas:

- a. How will you verify participation?
- b. How will you identify successful completion?
- c. How will you inform the learner about criteria for successful completion?
- d. Agree to upload a certificate of completion in the uploads section

[Go to My Applications](#)

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- Activity Information
- Purpose/Goal
- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support
- Presenters
- Sessions, Objectives
- Contact Hours
- Program Evaluation
- Participation**
- Marketing**
- Uploads**
- Sponsor, Post-Activity**
- Review and Submit**

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

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

Information on marketing materials

Information on materials distributed in session

Announcement during the program

Other

I agree to upload a Certificate of Completion during the "Uploads" portion of this application *

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When you are finished, click the blue “save and next step” button.

32. Identify how the learning activity will be marketed. When you are finished, click the blue “save and next step” button.

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Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- ✓ Activity Information
- ✓ Purpose/Gol
- ✓ Planning Committee
- ✓ Activity Needs
- ✓ Target Audience
- ✓ Commercial Support
- ✓ Presenters
- ✓ Sessions, Objectives
- ✓ Contact Hours
- ✓ Program Evaluation
- ✓ Participation
- Marketing**
- Uploads
- Sponsor, Post-Activity
- Review and Submit

Marketing Methods

Not Applicable - Program will not be marketed

Hard copy meeting notice (brochures, newsletters, memo, publication advertisement, etc.)

E-mail

Web Site

Other method of marketing

Web Access Details

If marketing details can be reviewed on the internet, provide the website where the material is located, sign-on, password, and specific instructions required to access the material. This is for application review purposes only.

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33. Upload all necessary documents on this page. To upload a document, click the blue “upload document” button. For a non-traditional course, required elements include:
- Evaluation form
 - Certificate of completion
 - Course content (document or web access information)
 - Post-course test
 - Any supporting documents

Go to My Applications

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- Activity Information
- Purpose/Gol
- Planning Committee
- Activity Needs
- Target Audience
- Commercial Support
- Sessions, Objectives
- Contact Hours
- Program Evaluation
- Participation
- Marketing
- Uploads
- Sponsor, Post-Activity
- Review and Submit

Please use the below grid to upload all required and supporting documents for your CRCE Application. The following list details which documents are required with your application. If you need a template example of an Evaluation Form or Certificate of Completion you can find them here.

- Evaluation Form **(Required)**
- Certificate of Completion **(Required)**
- Course Content (Document or web access information **required for all Non-Traditional Applications**)
- Post Test (Non-Traditional Applications)
- Any other supporting documents (e.g., agendas, flyers, marketing materials, etc.)

All uploads must each be under 5MB in size, and must be one of the following file types: doc, docx, xls, xlsx, ppt, pptx, pdf, rtf, txt, csv, jpg, or png.

Upload Document

Text	File
No records to display.	

All Applications

I verify that I have uploaded an Evaluation Form *

I verify that I have uploaded a Certificate of Completion *

I have uploaded other supporting documents (if needed)

Non-Traditional Applications Only

I verify I have uploaded all Course Content information *

I have uploaded a Post Test

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34. Enter the title of the document and then click on the “browse” button to find the document on your computer. Click “ok” when the document is attached.

g Com Edit Notes

Note Detail

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Upload an Attachment

35. Repeat steps 33-34 for additional documents.

36. When all documents are uploaded, verify that all statements are true and click the blue “save and next step” button.

[Go to My Applications](#)

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

- Activity Information
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All uploads must each be under 5MB in size, and must be one of the following file types: doc, docx, xls,xlsx, ppt, pptx, pdf, rtf, txt, csv, jpg, or png.

[Upload Document](#)

Text	File
course post-test	
presentation power point	
course evaluation	
course certificate	

All Applications

I verify that I have uploaded an Evaluation Form *

I verify that I have uploaded a Certificate of Completion *

I have uploaded other supporting documents (if needed)

Non-Traditional Applications Only

I verify I have uploaded all Course Content information *

I have uploaded a Post Test

[Previous](#) [Save and Next Step](#)

37. Verify that you are willing to conduct the sponsor responsibilities, agree to complete the post activity report, and click the blue “save and next step” button.

Go to My Applications

Program Title: AARC Non-traditional education activity

Applicant: Strickland, Shawna L.

Organization: AARC Sponsorship

- Activity Information
- Purpose/Goal
- Planning Committee
- Activity Needs
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Sponsor Requirements

The program sponsor must agree to abide by all policies as defined in the **AARC CRCE Policy Manual**:

- Assure that the program is conducted as described in these application materials.
- Maintain attendance rosters.
- 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.
- Assure that the participants are aware of any real or perceived conflicts of interest by presenters.
- Provide a certificate of completion to all who complete the requirements of the course.

I agree to abide by the policies outlined above. *

Recordkeeping

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:

- The complete application form and all supporting information
- Post Activity Report, including course roster and summary of evaluations
- All correspondence regarding making the necessary changes required for approval

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.

I agree to these responsibilities *

Post-Activity Reports

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.

I agree to complete the post activity report. *

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Save and Next Step >

38. Review application for accuracy, go back to any area that needs edits, and when you are finished, agree that the application is complete and accurate and click the blue submit application button.

[Go to My Applications](#)

ACTIVITY INFORMATION

Program Title: AARC Non-traditional education activity
Applicant: Strickland, Shawna L.
Organization: AARC Sponsorship

<input checked="" type="checkbox"/> Activity Information	Activity Title & Type AARC Non-traditional education activity Non-Traditional Strickland, Shawna L. AARC Sponsorship	Additional Information Previous Course Number: 123456000 First Date Activity Will Be Offered: 10/01/2020 Tax Exempt Number: Sponsor Type: AARC State Society Affiliate
<input checked="" type="checkbox"/> Purpose/Gol	Program Type Audio or Videotape/DVD No Monograph No Journal No Internet-Based Program Yes Other	

PURPOSE/GOAL

The goal of this course is to provide high-quality respiratory care education.

ACTIVITY NEEDS

<input checked="" type="checkbox"/> Activity Information
<input checked="" type="checkbox"/> Purpose/Gol
<input checked="" type="checkbox"/> Planning Committee
<input checked="" type="checkbox"/> Activity Needs
<input checked="" type="checkbox"/> Target Audience
<input checked="" type="checkbox"/> Commercial Support
<input checked="" type="checkbox"/> Presenters
<input checked="" type="checkbox"/> Sessions, Objectives
<input checked="" type="checkbox"/> Contact Hours
<input checked="" type="checkbox"/> Program Evaluation
<input checked="" type="checkbox"/> Participation
<input checked="" type="checkbox"/> Marketing
<input checked="" type="checkbox"/> Uploads
<input checked="" type="checkbox"/> Sponsor, Post-Activity
Review and Submit

SUBMIT

I verify that this application is complete and true: *

Yes No

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[Submit Application >](#)

39. The system will redirect to the payment screen.