

AARC CRCE Non-Traditional Application Instructions

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

| | |
|--|-------------------------------------|
| Getting Started | 2 |
| Creating a New Application | 4 |
| Purpose/Goal | 6 |
| Planning Committee | 6 |
| Activity Needs | 19 |
| Target Audience | 20 |
| Commercial Support | 20 |
| Author(s) | 21 |
| Modules and Objectives | 23 |
| Contact Hours | Error! Bookmark not defined. |
| Program Evaluation and Post Test | 27 |
| Participation | 29 |
| Marketing | 30 |
| Sponsor Requirements and Post-Activity Responsibilities..... | 31 |
| Review and Submit | 32 |

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 accessing 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](#)

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

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 on the cloned application and click Edit to make changes

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

| | |
|--------------------|--|
| Course Number | <i>Not yet assigned.</i> |
| 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 | <i>N/A</i> |
| Expiration Date | <i>N/A</i> |

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.

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 “Non-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 “Non-Traditional” the screen reappears as show below:

Activity Information

| | |
|---|--|
| * Title | <input type="text"/> |
| * Activity Type | <input type="radio"/> Traditional  <input checked="" type="radio"/> Non-Traditional  |
| * Program Type Check all that apply. | <input type="checkbox"/> Audio or Videotape/DVD <input type="checkbox"/> Journal <input type="checkbox"/> Monograph <input type="checkbox"/> Internet-Based Program Other: <input type="text"/> |
| * First Date Activity Will Be Offered | <input type="text"/>  |
|  Applicant Tax Exempt Number If applicable | <input type="text"/> |

[Next](#)

Select the program type that best describes your activity. 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 your company is a for-profit company, leave the Tax Exempt Number field blank. If your company is a not-for-profit, enter your 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

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](#)

Purpose/Goal

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

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](#)

Planning Committee

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).

[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 |
|---|----------------------|-------|----------------|------------|
|  | Sponsor Author, RRT, | N/A | | Irving, TX |
|  | 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

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



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 at an additional member of the planning committee. Clicking “Next” brings up the following screen:

Biographical Information Details

| | |
|--|---|
| * Individual to Add | Sponsor Planner, RRT N/A Course Sponsor |
| * Describe this individual's expertise/experience in planning and ensuring the quality of continuing education activities only. | |
| * 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> <ul style="list-style-type: none"><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.<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. |

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. When it 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.

| Designation(s) | Selection | Current | Actions |
|-----------------------|----------------------|---------|---------|
| AE-C | | RRT | ↑ |
| CPFT | | | ↓ |
| CRT | | | |
| CRT-NPS | | | |
| CRT-CPD | | | |
| Other: | <input type="text"/> | | |
| Educational Degrees | Selection | Current | Actions |
| AA | | | ↑ |
| AAS | | | ↓ |
| AS | | | |
| BA | | | |
| BSC | | | |
| Honorary Designations | Selection | Current | Actions |
| 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, educational degrees and honorary designations may be 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 credential 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 | Edit Delete |

[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 Sponsor 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":

Add a New Individual

Name

| | |
|--------------|----------------------|
| Prefix | <input type="text"/> |
| * First Name | <input type="text"/> |
| Middle Name | <input type="text"/> |
| * Last Name | <input type="text"/> |
| Suffix | <input type="text"/> |
| * E-mail | <input type="text"/> |

Planning Committee Member Work Information

| | |
|-----------|---|
| * Company | <p>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.</p> <p>Search</p> <p>Company Not Applicable</p> |
| * Title | <input type="text"/> |

Planning 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 | United States <input type="text"/> |
| | Phone | <input type="text"/> |

Designations/Credentials

| | | |
|-----------------------|---|----------------------|
| Designation(s) | AE-C CPFT CRT CRT-NPS CRT-SPC | <input type="text"/> |
| | Other: <input type="text"/> | |
| Educational Degrees | AA AAS AS BA BSC | <input type="text"/> |
| | | |
| Honorary Designations | FAACVPR FAARC FACHE FCCM FCCP | <input type="text"/> |
| | | |

Submit

Required information (indicated by and*) fields in the Name, Work Information, Work Address and Designations/Credentials 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"> AE-C CCM CCT CHT CPET |
| | 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:

Designations/Credentials

Designation(s)

RRT
RRT-ACCS
RRT-NPS
RRT-SDS

→

CTTS

↑

↓

Other:

Educational Degrees

AA
AAS
BA
BHS

→

AS

↑

↓

Honorary Designations

FAACVPR
FAARC
FACHE
FCCM

→

↑

↓

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

• [User's Manual](#)

• Create Application

- ✓ [Activity Information](#)
- ✓ [Purpose/Goal](#)
- ✓ [Planning Committee](#)
- ✓ [Activity Needs](#)
- ✓ [Target Audience](#)
- ✗ [Commercial Support](#)

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?

- 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 and the first statement is clicked, the following additional information questions appear on the screen:

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?

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

* Provide the name and location of the organization(s) providing commercial support and describe their responsibility or role.

* Learners will be informed about commercial support in the following manner:

- Information provided on advertising materials
- Notice provided in the learning materials

Other:

* Prevention of Bias in Content

- I or a planning committee member has discussed with commercial entity the need to prevent bias in the content.
- Not Applicable

* 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.

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. Click Next to advance to the author section of the application.

Author(s)

Author(s)

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

- At least one person must be identified as an author.

Add a New Author

Click "Add a New Author" and the following screen appears:

Search for an Author

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

Here the same process is used to identify authors as was used to identify members of the planning committee. Begin by entering the name of the author 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 authors for your program. You will be able to select and assign them to specific modules 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 Modules and Objectives part of the application.

Modules and Objectives

Create Application

Modules and Objectives

You have not yet defined any modules.

[Add a Module](#)

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

Add a Module

Module Details

| | |
|--|---|
| * Title | <input type="text"/> |
| * Author(s) Select the author name/subject matter expert from those previously entered by highlighting their name. | <input type="checkbox"/> Bill Dubbs, RRT, MEd, FAARC |
| Learning Objective | <p>You are required to provide <u>at least one</u> learning objective for each module. 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 module.</p> <input type="text"/> |

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

Enter the title of your Module. Check box by the person who is the author of this module. You must provide at least one learning objective stated in behavioral terms for each module. Click on the “Save” button.

The following screen appears:

Modules and Objectives

Module 1

| | |
|---------------------|--|
| Module | Module 1 |
| Author(s) | Bill Dubbs, RRT, MEd, FAARC, Director of Education and Management Services |
| Objective(s) | 1) objective (in the   |

[Add a New Objective](#) [Edit Module](#) [Delete Module](#)

[Add a Module](#)

[Next](#)

Note the information entered for the modules can be edited by clicking on “Edit Module”. The session can also be deleted by clicking on “Delete Module”. 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 modules can be added by clicking on “Add a Module”.

, click the “Next” button and the following screen will appear:

Contact Hours

| | |
|--|--|
|  Contact Hours | <p>Non-Traditional study programs 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.</p> <p>The final number of contact hours awarded will be decided by the AARC.</p> <p>Enter the number of contact hours requested: <input type="text"/></p> |
|  Content Area | <p>Select the content area that best describes this activity's content.</p> <ul style="list-style-type: none"><input type="radio"/> Clinical Practice <input type="radio"/> Adult Acute Care <input type="radio"/> Neonatal-Pediatric <input type="radio"/> Pulmonary Function <input type="radio"/> Sleep Medicine <input type="radio"/> Bioterrorism and Emergency Preparedness <input type="radio"/> Management <input type="radio"/> Ethics and Law <input type="radio"/> Patient Safety <input type="radio"/> Education  |
|  What was the method for calculating the contact hours? Select the best description(s) that applies. If several were used, select only the one that was most influential. | <ul style="list-style-type: none"><input type="radio"/> 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.<input type="radio"/> Peer Review<input type="radio"/> Historical Data<input type="radio"/> Complexity of Content and Data<input type="radio"/> Mergener Forumula 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 at http://www.touchcalc.com/calculators/mergener to assist in this calculation.<input type="radio"/> Evaluation of number of words in article and level of complexity<input type="radio"/> Other |

In the Contact Hours section enter the number of CRCE contact hours you are requesting be assigned to this course. Be sure to review on the screen the definition of the activities included in number of hours you are requesting. In the Content Area select the one that most appropriate for the content of the entire course. Separate content categories cannot be assigned to each module. Definitions of each choice are revealed by clicking on the “?” icon by each choice.

Next, select the one method that best describes your methodology for determining the CRCE contact hours requested. Should you wish to provide additional information about the method(s) you used to determine the number of contact hours requested, you may enter that information in the text box provided.

| <p>Provide information about the rationale used to determine the number of contact hours to be awarded.</p> | <input type="text"/> | | | | |
|---|--|------|--|------------------------------|--|
| <p>Program Materials</p> | <p>Upload a copy of your enduring materials for review. Advertising may not be included in the body of the article/study pages, and you must identify any conflict of interest. If you are using copyright-protected materials in your program, you must have documentation granting permission from the publisher. Label each document clearly.</p> <p><input type="text"/> <input type="button" value="Select"/></p> <table border="1"> <thead> <tr> <th data-bbox="550 611 1136 646">File</th> <th data-bbox="1136 611 1234 646"></th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="550 657 1234 709">No files have been uploaded.</td> </tr> </tbody> </table> | File | | No files have been uploaded. | |
| File | | | | | |
| No files have been uploaded. | | | | | |
| <p>Other Material/Web Access Details</p> | <p>If the course material will be shipped to AARC for review (ex., DVDs, audio CDs, etc), please indicate what materials will be sent in the space provided below.</p> <p>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.</p> <input type="text"/> | | | | |

The “Program Materials” section allows you to upload files that may include a monograph, permission from the publisher of any copy written materials included in your course. To upload a file from your computer click 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 to include words in the title of each document that will assist reviewers in identifying its purpose. If you must send materials (DVD’s audio tapes, etc.) that are required for this course to the AARC, describe the materials in the text box provided (See specific mailing instructions on page 33). If the materials are to be reviewed online, provide the required access information in this text box. Note: either program materials must be uploaded or the necessary information for us to review your program via the web must be provided. Click “Next” to go to the Program Evaluation and Post Test section of the application.

Program Evaluation and Post Test

Program Evaluation and Post Test

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

- Evaluation Form (required)
- Pre Test (optional)
- Post Test (required)

What is the passing score? %

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 each module.

- [Assessment of Readiness for Ventilator Liberation 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.

Note: If the program is web-based and the evaluation form(s) are contained within the program, these documents must be uploaded as separate digital documents.

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. |

* Post Test and Other Evaluation Forms

Please provide documentation for all other methods of evaluation that will be used, including Pre- and Post-Tests.

Note: If the program is web-based and the test(s) and other evaluation forms are contained within the program, these documents must be uploaded as separate digital documents.

| 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 and Post Test section of this screen click note that evaluation form and a post test is required for all programs. Additionally, the minimal passing score on the post test must be entered. If using additional optional methods of evaluation indicate them here. In Evaluation Form Option indicate whether (1) the template evaluation provided and containing the required information based on the author and module information provided in the application or (2) if a custom evaluation form will be used. In making this decision realize that a separate evaluation form is provided for each module. Thus the use of the evaluation provided with the application may be impractical for programs that offer many modules. You can preview this sample form(s) by clicking on the hyperlink(s) in the next section. If the Custom Evaluation Form is selected, the Sample Evaluation Form information will disappear

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”.

Post tests, Pre-tests (if used) and other optional evaluation forms are submitted in the “Post Test and Other Evaluation Forms” section of this screen. Note that even if these forms are included in a web-based application, they are to be submitted here as well. After the file upload is completed, the filename will appear in this section. Be sure the title of the document contains the word “Post Test”.

In the last section on this screen 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.

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

Participation

[User's Manual](#)

Create Application

- [Activity Information](#)
- [Purpose/Goal](#)
- [Planning Committee](#)
- [Activity Needs](#)
- [Target Audience](#)
- [Commercial Support](#)
- [Author\(s\)](#)
- [Modules and Objectives](#)
- [Contact Hours](#)
- [Program Evaluation and Post Test](#)
- [Participation](#)
- [Marketing](#)
- [Sponsor Requirements and Post-Activity Responsibilities](#)
- [Review and Submit](#)

Participation

* 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).

- [Bill's Non-Trad CRCE Instruction Course \(12-19-11\) 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

Note: If the program is web-based and the certificate of completion is contained within the program, this document must be uploaded as separate digital document.

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 contained in the front material of the program

Other:

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

[User's Manual](#)

Edit Application

- [Activity Information](#)
- [Purpose/Goal](#)
- [Planning Committee](#)
- [Activity Needs](#)
- [Target Audience](#)
- [Commercial Support](#)
- [Presenter\(s\)](#)
- [Sessions and Objectives](#)
- [Program Evaluation](#)
- [Participation](#)
- [Marketing](#)
- [Sponsor Requirements and Post-Activity Responsibilities](#)
- [Repeat Program](#)
- [Review and Submit](#)

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 you check this box the screen will collapse. 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

- [My Applications](#)
- [Manage Users](#)
- [User's Manual](#)
- Edit Application
 - ✓ [Activity Information](#)
 - ✓ [Purpose/Goal](#)
 - ✓ [Planning Committee](#)
 - ✓ [Activity Needs](#)
 - ✓ [Target Audience](#)
 - ✓ [Commercial Support](#)
 - ✓ [Author\(s\)](#)
 - ✓ [Modules and Objectives](#)
 - ✓ [Contact Hours](#)
 - ✓ [Program Evaluation and Post Test](#)
 - ✓ [Participation](#)
 - ✓ [Marketing](#)
 - ✗ [Sponsor Requirements and Post-Activity Responsibilities](#)
 - ✗ [Review and Submit](#)

Create Application

Sponsor Requirements and Post-Activity Responsibilities

| | |
|--------------------------------|--|
| * Sponsor Requirements | <p>The program sponsor must agree to abide by all policies as defined in the AARC CRCE Policy Manual:</p> <ul style="list-style-type: none">• Assure that the program is conducted as described in these application materials.• Return the completed course roster to the AARC every 60 days throughout the accreditation 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. Return only the names of those who have completed the course during this time period.• 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. <p><input type="checkbox"/> I agree to abide by the policies outlined above.</p> |
| * Recordkeeping | <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">• The complete application form and all supporting documentation• Post Activity Report, including course roster and summary of evaluations• All correspondence regarding making the necessary changes required for approval <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> |
| * Post-Activity Reports | <p>A Post-Activity Report will be submitted via the web every 60 days. 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. Return only the names of those who have completed the course during this time period.</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 "Review and Submit" part of the application.

Review and Submit

- [My Applications](#)
- [Manage Users](#)
- [User's Manual](#)
- Edit Application
 - ✓ [Activity Information](#)
 - ✓ [Purpose/Goal](#)
 - ✓ [Planning Committee](#)
 - ✓ [Activity Needs](#)
 - ✓ [Target Audience](#)
 - ✓ [Commercial Support](#)
 - ✓ [Author\(s\)](#)
 - ✓ [Modules and Objectives](#)
 - ✓ [Contact Hours](#)
 - ✓ [Program Evaluation and Post Test](#)
 - ✓ [Participation](#)
 - ✓ [Marketing](#)
 - ✓ [Sponsor Requirements and Post-Activity Responsibilities](#)
 - ✗ [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 access the Previous Program Renewal

Previous Program Renewal

If you have previously presented this activity, and the content of the activity has not changed substantially since it was last approved by the AARC, you may be eligible for discounted renewal pricing. Please provide the previous course number below and click Next, or simply click Next to skip this step.

Previous Course Number

[Next](#)

If this program was accredited for 2012, and there are no substantial changes for 2013, provide the 2012 course number to receive a reduced fee that will not exceed the

application review fee plus a one hour fee. This will be discontinued later in 2013 when policy will change to require a complete review of each application. If this is not the case, click next to select fee payment options

Application Fees

| Item | Cost |
|--|-----------------|
| <input checked="" type="radio"/> CRCE Non-Traditional Application Review Fee - For Profit Rate [One Year Accreditation Period] | \$120.00 |
| <input type="radio"/> CRCE Non-Traditional Application Review Fee - For Profit Rate [Two Year Accreditation Period] | \$240.00 |
| Learning Materials Review Fee - For Profit Rate | \$22.00 |
| Total Cost | \$142.00 |

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 length of accreditation period selected, the number of CRCE contact hours approved for the program, and any applicable late fees. 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@aacrc.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) website. At the top left is the CRCE logo, which features a map of the United States and the text 'AARC CONTINUING RESPIRATORY CARE EDUCATION' and 'CRCE'. To the right of the logo is the title 'AARC Continuing Respiratory Care Education' in a large, bold, blue font. Below the title is a navigation menu with three items: 'My Applications', 'Manage Users', and 'User's Manual'. The main content area is titled 'Application Service Center' and contains the following sections: 'Application Forms And Documents' with a link 'Download Completed Application'; 'Receipts' with a link 'Application Submission, Order #402617'; and 'Online Help | AARC Home' at the bottom.

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.

Mailing Instructions for Enduring Materials

Send course materials and check payments to the following address:

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Attention CRCE

9425 North MacArthur Blvd, Suite 100
Irving, Texas 75063