**OUT-OF-STATE RESPIRATORY CARE CONTINUING EDUCATION APPROVAL**

**INSTRUCTIONS**

This application MUST be submitted for Board review prior to participation in the program or within 90 days prior to expiration of the license.

If not submitted within the required time frame, late approval may be obtained by submitting a $10 per hour late fee, not to exceed $150.

A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated. **Please print or type in BLACK ink only.**

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION
2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, and ZIP Code)
4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM
5. TITLE
6. TITLE OF PROGRAM
7. NUMBER OF CLOCK HOURS REQUESTED
8. IS THIS PROGRAM OPEN TO ALL LICENSED RESPIRATORY CARDIAC PRACTITIONERS?
9. SITE(S) OF PROGRAM
10. DATE(S) ATTENDED
11. HOW DOES THIS PROGRAM RELATE TO THE PRACTICE OF RESPIRATORY CARE?

**Submit the following with this form:**

1. A $20 fee made payable to the Illinois Financial and Department of Professional Regulation
2. An outline of the content of the program.
3. A schedule of the program.
4. A brief biography or vitae of the instructor(s).
5. A copy of the certificate of attendance (if applicable).
6. A copy of post-course evaluation (if applicable).

**Email Address (Required)**

Signature of Person Submitting Application

Type or Print Name of Person Submitting Application

Illinois License Number

Date

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