

Section 5 – College Courses meeting criteria of 798-X-8-.02(4)(a) (One academic semester hour = 15 hours; one academic quarter hour = 10 hours):

Date	Program/Class Description	Institution and Location	Hours

Enter Total CE Hours for College Courses: _____

Section 6 – NBRC CRT/RRT Recredentialing and NBRC Advanced Specialty (NPS, RPFT)

Credential	Effective Date	Hours
<input type="radio"/> CRT <input type="radio"/> RRT		
<input type="radio"/> NPS <input type="radio"/> RPFT		

Enter Total Hours (do not enter a number greater than 5): _____

Section 7 – Advanced Life Support Courses (ACLS, PALS, or NRP, Initial or retraining session, provider or instructor level):

Date	Program/Class Description	Institution and Location	Hours

Enter Total of Advanced Life Support Courses here (do not enter a number greater than 12): _____

Section 8 – CE Lecture Preparation and Presentation (Four hours for FIRST presentation for each CE hour):

Date	Program/Class Description	Institution and Location	Hours

Enter Total of Hours of CE Lecture Preparation and Presentation: _____

Section 9 – Report Summary:

Enter Total of AARC CRCE units of Traditional Courses	
Enter Total of AARC CRCE units of Nontraditional Courses (but do not enter a number greater than 12)	
Enter Total of CoARC Clinical Preceptor Units (do not enter a number greater than 4):	
Enter Total Hours provided by other ASBRT approved organizations	
Enter Total Hours from approved College Courses	
Enter Total Hours earned through NBRC Re-credentialing (do not enter a number greater than 5)	
Enter Total Hours of Advanced Life Support Courses (do not enter a number greater than 12)	
TOTAL CONTINUING EDUCATION HOURS	

Important:

1. This report form is based on the requirement set forth in Alabama State Board of Respiratory Therapy Administrative code 798-X-8.01 to 798-X-8.04.
2. Each respiratory therapist licensed by the Board shall complete twenty-four (24) contact hours of continuing education over the two-year licensure period. Initial licensure periods which are less than 2 years will be prorated to equal one (1) contact hour for each month of the initial licensure period.

I affirm that all the information submitted on these forms is an accurate and true representation of my continuing education activities for meeting the requirements for renewal of my Alabama respiratory therapy license.

Signature

Date

Please mail this completed form to: **ASBRT**
 P.O. Box 241386
 Montgomery, AL 36124-1386

Important Note Regarding CE Audits for License Renewal:

The ASBRT office will resume the process of renewing your license upon receipt of this completed CE Reporting Form and supporting documentation. Please make sure you have read the “Instructions for Completing Continuing Education Report” (available at www.asbtt.alabama.gov under the “forms” tab) to ensure your CE submission is complete. The ASBRT office will contact you if any further information is needed to process your CE Audit or when your renewal is complete. Please allow up to ten (10) business days for this audit process. Thank you for your cooperation in this matter.