



# KANSAS RESPIRATORY CARE SOCIETY

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520 E. Berry, Rose Hill, KS 67133

## GROUP SEMINAR CEU APPLICATION for non-providerships

Thank you for applying for CEU's in Respiratory Therapy. To complete the application, you will need to submit payment online. Fill out and send the application below, along with supporting documentation needed to [krcsceu@cox.net](mailto:krcsceu@cox.net). If you would rather mail the application and payment, the address is at the bottom. You will receive a master certificate to hand out at the end of the day. Email a copy of the Respiratory Sign-In Sheet to me, within 30 days of completion. All RT's must have their Ks, License number on the sign-in sheet or they will not receive their CEU's. You may advertise in your brochure that this program has been approved for CEU's by the Kansas Respiratory CEU Evaluator. Please call me with any question. (316-640-0999)

1. Facility or Group Requesting Approval

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2. Address \_\_\_\_\_

3. Name of primary contact \_\_\_\_\_

4. Email of contact \_\_\_\_\_

5. Title of Program \_\_\_\_\_

6. Date of Program \_\_\_\_\_

7. NUMBER OF HOURS REQUESTED \_\_\_\_\_ (FEE IS \$50.00 PER HOUR, PAYABLE TO KRCS)

8. Speakers (name, credentials, title, place of employment)

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9. Attach Learning Outcomes /Schedule /Agenda

10. Send application, supporting documentation and check (payable to KRCS) To

Monica Baden/ KRCS  
520 E. Berry  
Rose Hill, Ks 67133