





# RESPIRATORY CARE BOARD OF CALIFORNIA CONTINUING EDUCATION (CE) TRACKING FORM



Name: \_\_\_\_\_

RCP License No.: \_\_\_\_\_

Course Title	Provider	Date(s) Completed	CE Hours Earned	Category (check all that apply)	
				<input type="checkbox"/> Clinical	<input type="checkbox"/> Indirect
				<input type="checkbox"/> Leadership	<input type="checkbox"/> Live
				<input type="checkbox"/> Clinical	<input type="checkbox"/> Indirect
				<input type="checkbox"/> Leadership	<input type="checkbox"/> Live
				<input type="checkbox"/> Clinical	<input type="checkbox"/> Indirect
				<input type="checkbox"/> Leadership	<input type="checkbox"/> Live
				<input type="checkbox"/> Clinical	<input type="checkbox"/> Indirect
				<input type="checkbox"/> Leadership	<input type="checkbox"/> Live

CE HOURS SUMMARY	
Required Category	Hours Completed
<b>Clinical Practice</b> (minimum 15): coursework directly related to the clinical practice of respiratory care	
<b>Leadership</b> (minimum 10): coursework that includes case management, health care financial reimbursement, health care cost containment, or health care management, effective communication in health care, qualified preceptorship and law and ethics course (if required)	
<b>Indirect/Non-Clinical</b> (if applicable): courses that are related to the role of a health care practitioner or indirectly related to respiratory care	
<b>Live CE</b> (minimum 15 total): in-person instruction or real-time interactive online courses (e.g., live webinars)	
<b>Total CE Hours (must equal 30):</b>	

I certify under penalty of perjury under the laws of the State of California that the information provided on this form is true and correct, the CE hours listed were completed during the applicable renewal cycle in compliance with California laws and regulations, and the certificates are true and correct copies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BOARD USE ONLY		
Audit Reviewed By: _____		Date Reviewed: _____
Notes: _____		
_____		
Final Audit Determination:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date Referred to Enforcement: _____