





**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 - Limited to four hours):**

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:** \_\_\_\_\_

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**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 4)	
<b>TOTAL CONTINUING EDUCATION HOURS</b>	

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**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