



APPLICATION FOR CONTINUING EDUCATION CREDIT ACCEPTANCE

Radiology Coding Certification Board

1964 Gallows Road, Suite 210

Vienna, VA 22182

703.637.4381

www.rccb.org • info@rccb.org

REVISED

July 1, 2019

GENERAL INFORMATION

Hand written applications are acceptable if legible.
Incomplete or illegible applications will be returned immediately without review.

- I. Submit one(1) copy of the completed application form.
- II. Submit one (1) copy of:
 - Detailed program outline. For day or partial day programs, include an agenda outlining the day including breaks and meal periods.
 - Educational materials (slides and handouts)
 - Current curriculum vitae for all faculty members and/or authors
- III. If accepted program is significantly modified (speaker, content, timeframe) during the accreditation period, the following must be submitted to the RCCB Executive Office:
 - Letter detailing modifications
 - Supporting documents
- IV. Use only the forms provided. Please check our website www.rccb.org, before applying as the forms may have been revised.
- V. The application will be reviewed based upon objective criteria including quality and accuracy of content, appropriateness for RCC education, comprehensiveness, format of presentation and faculty experience and qualifications.
- VI. If an application is initially denied acceptance, an explanation of the grounds for such decision will be provided and the applicant may provide additional information for consideration. If the determination remains denial, there is no further appeal and the review fee is non-refundable. The applicant may submit further applications for approval at the normal fees.
- VII. Contact the RCCB executive office for assistance.



TIME FRAME FOR SUBMISSION AND FEE SCHEDULE

I. Time frame for submission:

Prospective: Application must arrive at the RCCB executive office no later than eight (8) weeks prior to the first date of presentation.

Retrospective: Application must be received at the RCCB executive office no later than three (3) months following the completion of the program. Acceptance will be given for programs presented during the current calendar year.

II. Duration of Approval: One (1) year from date of first presentation.

III. Fee Schedule (review fees are non-refundable):

INDUSTRY / NON-PROFIT ASSOCIATION

Review	\$200 plus \$25 per CEU approved (if applying for RCC and RCCIR approval \$50 per CEU approved)
Presentation	\$25 per CEU per presentation

ENDURING MEDIA, SELF-LEARNING

Review	\$200 plus \$25 per CEU approved (if applying for RCC and RCCIR approval \$50 per CEU approved)
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RBMA CHAPTERS AND RADIOLOGY PRACTICES

Review	\$100 plus \$15 per CEU approved (if applying for RCC and RCCIR approval \$30 per CEU approved)
Presentation	No charge

Note: When applying for credit for both RCC and RCCIR, it is a flat review fee per application. The per CEU fee will be for each certification. The fee may be changed at any time as deemed appropriate by the RCCB Board. A new fee will be published on the RCCB website, www.rccb.org. If applying for RCCIR credit for an existing RCCB approved session a review fee is not required.

IV. Make check payable to RCCB. Return the completed application and check to:

RCCB
 1964 Gallows Road, Ste. 210
 Vienna, VA 22182

The application will not be reviewed if the full fee is not enclosed. If you give a presentation not listed on this application, you must notify RCCB and pay the presentation fee or CEU applicants for RCCB recertification will not be given credit for attendance.

Submitted review fees are non-refundable.



APPLICATION

I. Application for: RCC RCCIR

II. Organization, Sponsor, or Provider _____
Applicant Address: _____
City / State / Zip: _____

III. Contact Person Name: _____ Phone Number: _____
Contact Email Address: _____
Credit Card #: _____ Exp. Date _____
Cardholder Name: _____
Cardholder Signature: _____
Amount to be Charged \$ _____

IV. Co-providers: _____

V. Number of CEUs Requested: _____

VI. Will this Program be Repeated: Yes No

VII. Presentation Date: _____ Location: (city / state) _____

If presenting more than seven (7) times during the accreditation period, please use a separate sheet of paper to list the additional presentation dates and locations.



PROGRAM OVERVIEW

- I. Program Title: _____
- II. Teaching Methodology:
- Face-to-face Classroom Instruction
 - Independent Study
- III. Evaluation Method: _____
- IV. Target Audience:
- Coders/Billers
 - Managers/Supervisors
 - Educators
 - Physicians
 - Nurses



CONTENT

Title (Content)	Time (Speaker Minutes)	Faculty (Name)	Teaching Method

