

Texas Society for Respiratory Care
Continuing Education for Respiratory Therapy (CERT)- Category I

Form A

Duplicate this form for each program lecture/activity.

Attach your program brochure or schedule

Lecture/Activity Title

Date(s) _____

Time Frame (Example: 8:30 –9:30) _____

Length (in hours and /or minutes _____

If there are other lectures in this program, are any being held at the same time? Yes No

Speaker (include credentials as they relate to expertise on topic to be presented. Do not submit CV.)

Leaner Objectives (What do you expect participant to be able to learn or do after lecture?)

Evaluation Methods (Describe the methods used to measure if the objectives were met.

For example: Pre and/or Post test, questionnaires, skill check off, etc.
