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Program Title: Preventing Ventilator-Associated Pneumonia

Applicant: Varnes, Keith

Organization: Respiratory Associates

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ACTIVITY INFORMATION

Activity Title & Type

Preventing Ventilator-Associated Pneumonia

Non-Traditional

Varnes, Keith

Respiratory Associates

Additional Information

Previous Course Number: 193635000

First Date Activity Will Be Offered: 06/26/2026

Tax Exempt Number:

Sponsor Type: For-Profit Sponsor

Program Type

Audio or Videotape/DVD No

Monograph No

Journal No

Internet-Based Program Yes

Other

PURPOSE/GOAL

To improve patient care by providing current, evidence-based instruction that is readily accessible to respiratory care practitioners, while providing access to research materials that support further inquiry.

ACTIVITY NEEDS

Formal Needs Assessment	No	Learner/Management Requested Event	Yes
Quality Assurance Data	No	Previous Program Evaluations	Yes
Advisory Committees	No	Trends in Literature, Law, Health Care Indicated Need	Yes
Survey	Yes	Other	

TARGET AUDIENCE

Respiratory Therapists	Yes
Lab Technologists	Yes
Sleep Technologists	Yes
Nurses	Yes
Other	

COMMERCIAL SUPPORT

Will this program be supported commercially?

No

Name and location of the organization(s) providing support and their responsibility or role:

I, or a planning committee member, have discussed with commercial entity the need to prevent bias in the content.

No

I agree that the commercial support or in-kind assistance provided by these organizations does not influence the objectives or the content of this activity.

No

Learners to be informed of commercial support by:

Information provided on advertising materials	No
Announcement at beginning of program	No
Handouts given at start of event	No
Sign displayed in the exhibit area	No
Other	

CONTACT HOURS

Number of Contact Hours being requested:

1.00

Content Area:

Patient Safety

What was the method of calculating contact hours?

Historical Data

Rationale used to determine the number of contact hours to be awarded:

This course has been presented as a live Internet course and the content length meets the criteria for 1.0 credit hour.

Other Material/Web Access Details (if applicable):

Course has been assigned to user Susan Hunter (user name SusanHunter, password Parsons2272) Log in to <https://RespiratoryAssociates.com> and go to Account > My Courses. Scroll through the Enrolled Courses section for Preventing Ventilator-Associated Pneumonia Self-Directed. Click the course name to begin.

PROGRAM EVALUATION

Methods of Evaluation

Evaluation Form	Yes
Pre Test	No
Post Test	Yes
Post Test Score (%)	70.0
Competency Demonstration	No
Other	

How Evaluation Data will be used

Not Applicable - Program will not be repeated	False
Refine future presentations of this course	Yes
Create new programs	Yes
Continue the activity	No
Decide whether or not to change faculty	No
Other	

PARTICIPATION

Methods for verifying participation

Roll Call	No
Sign-in Sheet	No
Registration Form	Yes

Methods to identify successful completion

Achieving a passing score on post test	Yes
Return demonstration	No
Return of evaluation form	Yes
Other	

Methods to inform learners of criteria for successful completion

Information on marketing materials	No
Information on materials distributed in session	No
Announcement during the program	Yes
Other	

MARKETING

Marketing Methods

Not Applicable - Program will not be marketed	False
Hard copy meeting notice	No
E-mail	Yes
Web Site	Yes
Other	

Web Access Details (if applicable):

<https://respiratoryassociates.com> Create your own username & password

SPONSOR/POST-ACTIVITY

I agree to abide by the Sponsor Requirement policies: Yes

I agree to all Recordkeeping responsibilities: Yes

I agree to complete the post activity report: Yes

PLANNING COMMITTEE

Planning Committee Member	Organization	Role	Title	Conflict of Interest
Varnes, Keith	Respiratory Associates	Both Committee Member and Key Contact	President	No
Wilks, Richard		Planning Committee Member	Vice President	No





PRESENTERS

<u>Presenter</u>	<u>Organization</u>	<u>Title</u>	<u>Type</u>	<u>Conflict of Interest</u>
Jones, Arthur P.	Respiratory Associates	Respiratory Care Consultant	Presenter	No
Varnes, Keith	Respiratory Associates	President	Presenter	No

SESSIONS

<u>Title</u>	<u>Date</u>	<u>Start Time</u>	<u>AM/PM</u>	<u>End Time</u>	<u>AM/PM</u>	<u>Session Contact Hours</u>
Preventing Ventilator-Associated Pneumonia			AM		AM	0.00

UPLOADS

Title	Text	File
Post Test	Post Test	
Course Content	Course Content	
Certificate of Completion	Certificate of Completion	
Evaluation Form	Evaluation Form	

SUBMIT

I verify that this application is complete and true: *

Yes No

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