



# CoARC NEWSLETTER

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

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April 15, 2012

## President's Report — Stephen P. Mikles, EDS, RRT, FAARC

"It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair." This famous line from *A Tale of Two Cities* by Charles Dickens seems quite fitting as I reflect on both the immediate past and the immediate future regarding respiratory care education and the Commission.

### The Immediate Past (2011)

Our public representative, Bonner Smith, was killed in an automobile accident in June. Bonner served on the CoARC Board for over 13 years and I feel blessed to have had the honor to serve with him for many of those years and become his friend. His humor, sage advice, and amazing diligence in the service of CoARC will be sorely missed by all of us. There is a void that will never be completely filled with the loss of Bonner.

The new Report of Current Status was launched in May after many months of development. I would like to thank all our beta testers and the members of the Annual Reporting Tool Task Force, Becki Evans, Brad Leidich, Tammy Miller and Gary White for their dedication and hard work over the course of many months. It was a pleasure to serve as your chairman. I would also like to thank Tom Smalling and Jana Anderson for the many hours they spent with me in GoToMeetings with the development team from Liaison International. Jana also spent innumerable hours with program directors answering questions and providing assistance in completing reports once the RCS was launched.

### Changes to the Board in 2011 included the following:

Monica Schibig MA, RRT-NPS, CPFT was elected to serve as an At-Large Board member following the resignation of Becki Evans MS, RRT.

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**President’s Report (Continued)**

CoARC held elections at its July Board meeting for new officers as well as two Commissioners.

President-Elect- Kathy Rye  
 Secretary- Allen Gustin  
 Kevin O’Neil – ACCP Representative  
 Bob DeLorme – AARC Representative

Dr. Ralph Kendall was also elected to complete the Public Member term of Bonner Smith.

As an independent accreditation agency, CoARC initiated the process for recognition by the Council on Higher Education Accreditation. CHEA is a private, non-profit, national organization that coordinates accreditation activity in the United States. The CHEA Board of Directors determined that CoARC was eligible to undertake a recognition review In September. Tom Smalling completed a self-evaluation at the end of the year and a CHEA representative will conduct a review of the CoARC accreditation activities at the March 2012 board meeting.

**The Immediate Future (2012)**

The CoARC Accreditation Standards for the Respiratory Care Profession will be reviewed and revised in 2012. This will allow streamlining of the current Standards as well as careful and thoughtful deliberation regarding associate and baccalaureate degree education. This process will include input from all of our constituents.

The Board members and Tom Smalling look to carry out the mission of the Commission with wisdom, belief, and hope in the coming year and in the future. I want to express my sincere gratitude to Jana Anderson, Lisa Collard, Bonnie Marrs and Shelley Christensen for their continued unwavering support and service. It would be impossible to carry out our mission without such a dedicated and talented executive office staff. I look forward to serving as your President for the next two years.

**Programmatic Data as of December 31, 2011 :**

Associate Degree (includes AS, AAS, AOS, and AST) = 385

Bachelor Degree = 52

Bachelor and Master Degree = 2 (Rush and Georgia State)

	100-level (CRT only)	200-level (RRT)	Sleep Specialist Program Option
Accreditation	5	376	7
Letter of Review	N/A	43	N/A
Approval of Intent	N/A	3	1
Letter of Intent	8 – applications in progress		1

There are also a total of 19 domestic satellite campuses and 1 international satellite (Riyadh, SA).

## Out-Going President's Report —David L. Bowton, MD, FCCP, FCCM

As the outgoing President's Report for our newsletter, it is the last newsletter deadline that I'll have to beat. It has been two years and it seems, somehow, both longer and shorter. During this time, much has changed: CoARC has become an independent accreditor, is on the path to CHEA recognition, has developed a free-standing electronic reporting tool, has weathered legal challenges, has revamped its website, and refined and revised its policies, procedures and articles of incorporation. Sadly, dear friends on the Board have departed, but new friendships have formed. It has been my sincere privilege to work with this amazingly dedicated and hard working group. Many in the Respiratory Care community do not realize that the CoARC Board is composed entirely of unpaid volunteers (i.e. we all have day jobs). Their dedication and expertise provide an incredible level of support for the President.



Steve Mikles is our new President, and many challenges face him and the CoARC. These include:

- 1) Achieving CHEA recognition to cement CoARC's role as the single accreditor of Respiratory Care programs, providing exemplary accreditation services to its communities of interest.
- 2) Assisting the AARC, NN2, and the NBRC in refining and reaffirming the central role of the AS Respiratory Therapist in the provision of respiratory care.
- 3) Developing a coherent plan for accreditation of graduate degree programs that clearly underscores their value to the profession and our patients.
- 4) Enhancing our value to our communities of interest by providing readily available data on key measures of individual programmatic success.

I step down knowing that both the CoARC Board and the Executive Office have never had more talent or capacity to address these tasks. I look forward to participating in developing the CoARC response to these challenges in the less demanding role as Past-president. Our Executive Office staff, Tom Smalling, Jana Anderson, Lisa Collard, Bonnie Marrs, and Shelley Christensen, deserve special recognition for their tireless and expert service to CoARC and to all of our communities of interest; to them, and to the entire Board, my profound thanks.

## Third-Party Comments

CoARC invites third-party comment on those institutions undergoing an evaluation for Approval of Intent, Provisional, Initial, or Continuing accreditation. The purpose of CoARC's review is limited to assessing the institution's ability to meet CoARC's accreditation Policies and Accreditation Standards for the Profession of Respiratory Care. Comments must be written and signed (i.e., not anonymous) and must include contact information. Submission of a comment grants permission for the comment to be shared with the program. Comments should specifically address one or more of CoARC's *Accreditation Policies* or accreditation *Standards* (*Accreditation Policy 1.12, pp. 21-22* and [www.coarc.com/30.html](http://www.coarc.com/30.html)).

**Executive Director’s Report—Thomas R. Smalling, Ph.D., RRT, RPFT, RPSGT, FAARC**

**MISSION STATEMENT**

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to serve the public by ensuring high quality respiratory care education through accreditation services.

**PURPOSE**

The CoARC accredits first professional respiratory care degree programs at the Associate, Baccalaureate, and Masters Degree level in the United States and internationally. The CoARC also accredits professional respiratory care degree programs offering certificates in polysomnography.

**THE VALUE OF PROGRAMMATIC ACCREDITATION**

Provides consumer protection, advances and enhances the profession, and protects against compromise of educational quality.

**CORE VALUES**

- Professionalism
- Service
- Collaboration
- Accountability
- Transparency

**The achievements of an organization are the results of the combined effort of each individual.**

**-Vince Lombardi**



This past year’s accomplishments, some of which I highlight below, could not have been attained without the combined efforts of the CoARC Board, the Executive Office staff, Committee volunteers, and site visitors. These individuals successfully undertook their responsibilities in support of CoARC’s ongoing mission as well as advanced various aspects of CoARC’s strategic plan.

The following are highlights of accreditation activities for 2011:

- This past June, we received notice of the untimely death of our public member, James Bonner Smith, JD. Mr. Smith, affectionately referred to as “Bonner” by his family, friends, and colleagues, served on the Board for over 13 years. More is mentioned about Bonner on page 6.
- In July, the Board elected the following individuals to serve in their respective offices: Kathy Rye, EdD, RRT, FAARC (AARC) – President Elect; Allen Gustin, MD, FCCP (ASA) – Secretary. Their 2-year terms began at the close of our November Board meeting.
- In November, we said farewell to outgoing Board Members, Shelley Mishoe, PhD, RRT, FAARC and Tammy Miller, MEd, RRT. Dr. Mishoe completed her two 4-year terms as the Board member representing the Association of Schools of Allied Health Professions (ASAHP). Dr. Mishoe also completed her 2-year term as CoARC’s Immediate Past-President. Ms. Miller completed her 4-year term as one of the Board members representing the American Association for Respiratory Care (AARC). The outgoing Board members were thanked for their meritorious service to CoARC at our November Board meeting.

## Executive Director's Report (continued)

- In March, the CoARC Board established two Ad-Hoc Committees: (1) the Ad-Hoc Committee on International Accreditation to review current policies and procedures related to providing accreditation services to international programs that meet CoARC Accreditation Standards; and (2) the Ad-Hoc Committee on Master's Degree Accreditation to provide recommendations to the Board on matters related to the accreditation of master degree programs.
- On June 7<sup>th</sup>, CoARC published a statement on the Degree Requirements for Entry into the Profession that clarified its previous memorandum from November 2010.
- All 100-level (CRT-only) programs have ceased admitting students and are on track to voluntarily withdraw by the December 31, 2012 deadline.
- All site visitors completed their site visit retraining program as part of the revised accreditation Standards. These webinars are available as an archive on our website [www.coarc.com/25.html](http://www.coarc.com/25.html).
- On April 6<sup>th</sup>, Kathy Rye presented a webinar through GoToTraining on Inter-rater Reliability. There were 122 participants with another 41 who reviewed the archived webinar on our website. Thank you Kathy!
- CoARC celebrated the 30th anniversary of employee Jana Anderson at the AARC Summer Forum in Vail, Colorado.
- CoARC now provides \$2,000 for up to two (2) scholarships for students who qualify under the scholarship guidelines established by the Lambda Beta Society. CoARC presented the award to the recipient at the Lambda Beta Reception during the AARC International Congress in Tampa. CoARC believes that Lambda Beta's purpose of promoting achievement of high scholarly standards within the schools and chapters is congruent with CoARC's mission of promoting high quality respiratory care education.

In closing, I'd like to thank all of our staff, volunteers and Board members who worked so hard this past year and achieved so much for the organization. As 2011 welcomed the addition of new Board members and witnessed the loss and departure of other Board members, the successes and accomplishments of the past year also serve as a reminder of the continuity, constancy and enduring commitment of our volunteers and staff. You have all done an amazing job and are sincerely appreciated!

## Future CoARC Meeting Dates

March 22-24, 2012	Bedford, TX
July 11-14, 2012	Santa Fe, NM
November 1-3, 2012	Bedford, TX

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## IN MEMORIAM



Last year the profession and CoARC lost a true friend. Bonner Smith, JD, was a public member of the Commission on Accreditation for Respiratory Care for over 13 years and served on almost every committee during his tenure.

Mr. Smith practiced law for over 30 years, beginning as a prosecutor and in private practice in Lubbock, Texas, in the areas of civil litigation, business and commercial law, health law, corporate, real estate, probate, and criminal law. He represented health care entities and practitioners since the early 1980's, and served as a hospital board chairman, vice-chairman and board member. He taught Health Care law at the graduate and undergraduate level, and Business Law and Business Ethics to undergraduates as a part-time instructor at Wayland Baptist University, Lubbock Branch for seventeen years. He also taught paralegal courses in the Texas Tech University Continuing Education division for many years.

Mr. Smith was a Rotary Paul Harris Fellow, a Fellow of the Texas Bar Foundation, and a member of the Texas Healthcare Trustees Association. He led and served on numerous community, civic, charitable, education and athletic committees, boards and organizations. Mr. Smith was a retired Colonel from the Air Force Reserve where he served as an intelligence officer.

His good humor, sage advice, and amazing diligence in the service of CoARC will be sorely missed.

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## CoARC Evaluation of Policies and Procedures

CoARC continually evaluates accreditation practices and maintains appropriate policies and procedures to ensure an effective and efficient process leading to fair and consistent treatment of all respiratory care programs. In concert with the work of its 10 committees, the CoARC Board revised some policies and procedures. The following summarizes some of the more substantive changes made to the policies and procedures that were approved in 2011 and take effect on March 24, 2012 (additional changes are described on our website):

- During CoARC's review of its accreditation policies, the term "Letter of Review" was found to be confusing to CoARC's communities of interest, including students and the public. A Letter of Review was not a status of accreditation. Further, the term "Letter of Review" was incongruent with eligibility requirements for the National Board for Respiratory Care (NBRC) credentialing examinations as well as with many state respiratory therapy practice acts that only recognized graduates of "accredited" respiratory therapy programs in their eligibility criteria. In March 2011, the CoARC Board made the decision to replace the Letter of Review status with Provisional Accreditation and will require a site visit prior to referral;
- Sponsoring institutions must complete a teach-out plan when a program is placed on probation, requests inactive status, voluntarily or involuntarily withdraws;
- Programs with Provisional Accreditation status are limited to no more than two (2) cohorts per calendar year;
- Programs are not eligible for more than one (1) approved international satellite;
- The procedures for initiation and continuation of accreditation (Policies, Section 2.0) were clarified and revised to align with the changes to the overall accreditation process;
- Only programs with a status of Initial or Continuing Accreditation without any pending Progress Reports or on Administrative Probation are eligible to request an increase in their annual enrollment;
- The attrition threshold changed from 30% to 40%. The attrition definition was revised as follows: Students who leave the program before the fifteenth calendar day from the beginning of the term with fundamental respiratory care core coursework and those students transferring to satellites are not included in program attrition. CoARC will now take accreditation actions beyond the progress report (i.e., probation, withhold, withdraw) for continued deficiencies in programmatic attrition;
- The definition for job placement was streamlined as follows: A graduate who within twelve (12) months after graduation is: (a) Employed utilizing skills as defined by the scope of practice within the respiratory care profession (i.e. full- or part-time, or per diem), or (b) enrolled full- or part-time in another degree program, or (c) serving in the military;
- CoARC began collecting graduate and employer survey data on the "overall" satisfaction rating on the program. CoARC will not take accreditation actions on graduate and employer satisfaction outcomes until 2013 when programs have produced three years of reporting data. Graduation Survey Participation is defined as the total number of program graduates employed in respiratory care who return their graduate survey. Satisfaction is defined as at least 80% of returned graduate and employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale;

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## CoARC Evaluation of Policies and Procedures (continued)

- Policy Section 6.011 (Key Personnel) was streamlined. Key Personnel absence or vacancies must be filled within sixty (60) days following the effective date of the absence or vacancy. Accredited programs may use either temporary or permanent personnel to fill the absence or vacancy. A full-time appointment is recommended but no longer required for temporary personnel;
- Policy 12.02 states that OJTs and graduates of 1-year programs that enroll in an RT program are considered degree completion candidates. These students will be counted as first-professional degree students and will be counted towards the maximum allowable enrollment for CoARC reporting purposes;
- Policy 12.04 now requires that CRT to RRT students be classified as Advanced Placement (AP) in the CoARC Annual Report of Current Status

### Numbers of Site Visits:

Sixty site visits were completed in 2009.

Thirty site visits were completed in 2010.

Ninety-three site visits were completed in 2011.

### DID YOU KNOW???

CoARC's Standards allow for flexibility in program structure. *Standard 1.02 (p.12)* allows more than one institution (e.g., consortium) to be involved in the provision of academic and clinical education. Affiliate agreements between consortium members typically specify whose policies govern and document student access to educational resources. Although the responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority, CoARC does not limit or direct how those responsibilities are shared. CoARC currently accredits 23 consortiums with the typical structure of the consortium involving the partnership of a higher education institution and a medical center.

### What is Provisional Accreditation?

This accreditation status (formerly known as the Letter of Review) signifies that a program that has been granted an Approval of Intent has demonstrated sufficient compliance to initiate a program in accordance with the *Standards* through the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR), completion of an initial on-site visit, and other documentation required by the CoARC Board. The conferral of Provisional Accreditation denotes a new program that has made significant progress towards meeting the Standards of Accreditation. The program remains on Provisional Accreditation until achieving Initial Accreditation.

## Spotlight on CoARC Standard 5.03 – Outcomes Reporting:

CoARC has an accreditation standard and process that calls for programs to provide reliable information to the public on student achievement and other metrics of student and program performance. One of the ways programs do this is to provide the public with the outcomes information that CoARC validates through submission of their Annual Report of Current Status. Specifically, *Standard 5.03 (p. 27)* requires that programs provide a link to the CoARC website, or published URL ([www.coarc.com/47.html](http://www.coarc.com/47.html)), where student/graduate outcomes for all programs can be found. The intent of this *Standard* is that comparable outcomes information be readily available to the public and to allow potential students to use this information as a measure of programmatic quality when selecting a program. This policy strengthens the ability of programs and CoARC to fulfill mutual obligations to inform, educate, and to enhance the level of public confidence in higher education institutions in the process of accreditation. Its goals are to: 1) Make a meaningful contribution to the body of information available to consumers of higher education services; 2) Provide institutions with a way to communicate with the public regarding accreditation; and 3) Enhance public understanding of accreditation and confidence in higher education.

The program is expected to publish on its web site a link to the CoARC website explaining the availability of the outcomes data. The following data will be reported on the CoARC website as an aggregate for the three most recent calendar years:

- 3-year time period being reported;
- CRT credentialing success;
- RRT credentialing success;
- Attrition;
- Job placement;
- Total number of program enrollees during that period;
- Total number of program graduates during that period.

The program may supplement this information with concise and factually accurate evidence of the soundness of its operations and its overall effectiveness in meeting its mission. The outcomes will be updated on an annual basis following the submission and verification of each program's Annual Report of Current Status. CoARC works with programs throughout the data submission and validation phases to ensure that the performance data is accurate. In the future, CoARC will add overall employer and graduate satisfaction, as well as on-time graduation rates to the outcomes metrics reported to the public once a sufficient amount of aggregate data has been gathered and analyzed.

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## Frequently-Asked Questions...

<http://www.coarc.com/27.html>

Frequently asked questions about Exam based program outcomes, CoARC as an Independent Accreditor, answers for questions from International Students, and questions from programs about Resource Assessment.

## Complaint Process...

<http://www.coarc.com/26.html>

It is the policy of CoARC to review all complaints received from any source, including students, against either an accredited program or CoARC itself that are related to compliance with CoARC's standards, policies, and procedures and to resolve any such complaints in a timely, fair, and equitable manner using established timelines for each step of the complaint procedure.

## News and Announcements...

<http://www.coarc.com/13.html>

Check here for updates from CoARC meetings, deadline dates for submissions, announcements for revisions of CoARC documents and other items of interest.

## Forms and Reports...

<http://www.coarc.com/33.html>

Forms and reports located throughout our web site are available at this link in alphabetical order.

## What are Degree Mills & Accreditation Mills?

### Degree Mills

In order for a respiratory care program to receive accreditation from CoARC, it must withstand a formal, structured and comprehensive review of the details of its operations and be deemed in compliance with standards and expectations by a team of experienced evaluators. The multi-month peer-review process culminates with a substantial discussion and analysis by an elected and appointed accrediting Board of Commissioners, comprised of members of the public and member institutions. Only programs that have withstood that level of scrutiny and review are granted accreditation by CoARC and can be deemed "accredited." Programs and institutions that have not successfully withstood this level of review and scrutiny may fall under the category of "degree mill."

### Accreditation Mills

You may also encounter "accreditation mills" – providers of accreditation and quality assurance or operations that offer a certification of quality of programs or institutions that is considered bogus. Not all accrediting agencies are created equally. Like the process utilized by bona fide accrediting organizations to certify the educational quality of colleges and schools, the Commission on Accreditation for Respiratory Care (CoARC) and other bona fide accreditors are subject to standards, expectations and practices applied by third-party peers who are knowledgeable about the discipline of accreditation.

The U.S. Department of Education ([www.ed.gov](http://www.ed.gov)) and the Council for Higher Education Accreditation ([www.chea.org](http://www.chea.org)) have more detail and definitions about "degree mills" on their websites.

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## Commissioners

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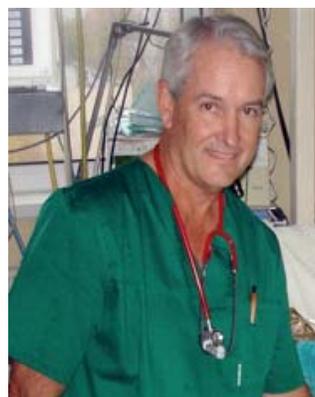
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## Commissioners (continued)

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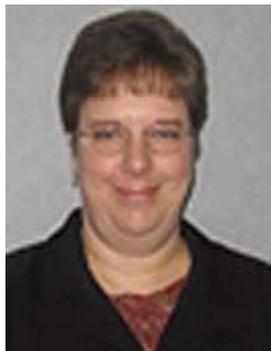
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## Commissioners (continued)

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National Network of Health Career Programs  
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## Commissioners (continued)

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#### **DID YOU KNOW???**

CoARC has been fully operational as an independent, non-governmental accreditor since separation from CAAHEP on November 12, 2009, at which time there were approximately 462 accredited programs at the associate, baccalaureate and masters' degree levels in respiratory care transferred to CoARC. Since that date, 232 program accreditation actions have been taken: 206 associate degree programs; 16 baccalaureate degree programs; 1 masters' degree program at Rush University. In addition, a Continuing Accreditation action for the international satellite in Riyadh, Saudi Arabia was conferred and 6 sleep specialist program options completed accreditation reviews.

### **David Shelledy, PhD, RRT, FAARC** Association of Schools of Allied Health Professions



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**DID YOU KNOW???**

CoARC has processes that call for CoARC to inform the public about accreditation decisions. One of the ways CoARC does this is to provide the public with information about the accreditation decision process. CoARC provides the public with a description of the nature and scope of CoARC accreditation activity as well as the importance and value of accreditation (<http://www.coarc.com/46.html>). CoARC also provides the public with detailed descriptions of its accreditation policies and procedures by publishing its Accreditation Policies and Procedures Manual (<http://www.coarc.com/31.html>). In addition, CoARC provides a list of programs scheduled to be reviewed prior to each Board meeting as well as the final accreditation actions taken following each meeting (<http://www.coarc.com/11.html>). This listing is categorized by accreditation action. CoARC is currently considering policy revisions that will clarify the disclosure of accreditation decisions that strikes a balance between CoARC's objectives of becoming more transparent while ensuring a clear and accurate interpretation by the public of the context of such decisions.

**Spotlight on a CoARC Committee:**

CoARC's Quality Assurance Committee reviews and modifies, as needed, all CoARC documents, other than those specified in other committee charges to ensure appropriateness and accuracy. The Committee Chair also reviews, with the Executive Office staff, any new document to be placed on the web site. The periodic updating of items already on the web site is the responsibility of the Executive Office staff. Examples of initiatives that have greatly enhanced the efficiency and effectiveness of CoARC's accreditation services include, but are not limited to the: (1) development of a unique annual reporting tool that automatically populates outcomes data based on information entered for each student and enrollment cohort; (2) development of web-based survey instruments to replace the current hard copy formats; (3) reduction in the number of required copies of self-studies from 4 to 1, and (4) discontinued approval of, and separate reporting requirements for, scheduling options (the time of day and/or days of the week when the curriculum is offered).

**CoARC Board Composition:**

*CoARC Bylaw 2.04* establishes the following collaborating organizations: American Association for Respiratory Care (AARC), the American College of Chest Physicians (ACCP), the American Society of Anesthesiologists (ASA), and the American Thoracic Society (ATS). The AARC provides 6 therapist/educator representatives to the CoARC Board. The ACCP, ATS, and ACCP each provide 2 physician representatives. The responsibilities of the collaborating organization include: (1) participation in the initiation, development, and adoption of the *Standards*; (2) assurance that CoARC can function autonomously in all accreditation actions; (3) timely nominations to the Board of Commissioners, as described in Section 3.02 of the *Bylaws*, and timely appointments for elected members of the Board of Commissioners, as described in Section 3.04 of the *Bylaws*; (4) immediate notification to the CoARC of an adverse change in any Commissioner's membership status in the relevant sponsoring organization; upon confirmation and verification of any such Commissioner's inability to reinstate membership in good standing, provision of an appointee for a replacement Commissioner in accordance with Section 3.06 of the *Bylaws*; and (5) Participation in the adoption of *Bylaws* amendments. In addition, the National Network of Health Career Programs in Two Year Colleges (NN2) provides one NN2 Commissioner (academic dean/administrator from an Associate degree granting institution) and the Association of Schools of Allied Health Professions (ASAHP) provides one ASAHP Commissioner (academic dean/administrator from a Baccalaureate degree granting institution). There are also two additional at-large therapist/educators, one at-large physician, and one public member.

## CoARC Presentations at the 2011 AARC Summer Forum

### H.F. Helmholtz Educational Lecture Series

**Topic:** Career Pathways in Respiratory Care

**Presenters:**

[David L. Vines, MHS, RRT, Chairman, Department of Respiratory Care, Rush University](#)

[Thomas D. Jones, MEd, RRT, CPFT, LRCP, Program Director, Arkansas State University – Mountain Home](#)

### CoARC Symposium: What Every RC Educator Should Know About

Accreditation of respiratory care programs by the Commission on Accreditation for Respiratory Care (CoARC) includes a comprehensive review of the program relative to the accreditation Standards. Accreditation decisions are based on the CoARC's review of information contained in the accreditation application and self-study report, the report of site visit evaluation teams, the annual Report of Current Status, and any additional requested reports or documents submitted to the CoARC by the program. This symposium provided essential information designed to successfully navigate program faculty through the accreditation process. Descriptions of the presentations are listed on our website at <http://www.coarc.com/11.html>.

**Reviewing and Analyzing Your New Annual Report—**[Stephen Mikles EdS, RRT, FAARC](#)

**How to Evaluate Students in the Laboratory—**[Gary C. White, MEd, RRT, RPFT](#)

**Developing and Evaluating Inter-Rater Reliability Measures—**[Pat Munzer, DHSc, RRT, FAARC](#)

**How to Evaluate Students in Clinical—**[Gary C. White, MEd, RRT, RPFT](#)

## CoARC Presentations at the 2011 AARC International Congress

CoARC Presented the following workshops for Key Personnel at the 2011 AARC International Congress. Go to our website at <http://www.coarc.com/11.html> to see the PowerPoint presentations.

**Don't Sleep on It! Does Your Polysomnography Program Meet Current Standards? -** [Thomas Smalling, PhD, RRT, RPFT, RPSGT, FAARC](#)

**What Every New DCE Needs to Know -** [Kathy Rye, EdD, RRT, FAARC](#)

**What Every New PD Needs to Know -** [Thomas Hill, PhD, RRT, FAARC](#)

**Methods for Improving Survey Return Rates and Result Reporting -** [Stephen Mikles EdS, RRT, FAARC](#)

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## Outstanding Site Visitor Award Presentation at AARC International Congress

The Commission on Accreditation for Respiratory Care (CoARC) recognizes up to two active Site Visitors annually, for dedicated service and outstanding contributions to the CoARC's mission of ensuring the high quality of respiratory care education. Nominations are made by the CoARC Commissioners.

In addition to meeting the minimum qualifications for a Site Visitor as described in the CoARC Site Visitor Policies and Procedures Manual, a nominee must have participated in at least three (3) CoARC site visits within the past two (2) years by the nomination deadline. In addition, nominees must not have any negative evaluations within the same two-year period, and have provided a special contribution to the site visit process.



The award was named for Dr. Ralph Kendall, MD as a permanent expression of CoARC's grateful recognition of his outstanding service as a site visitor and mentor. Dr. Kendall became a site visitor for CoARC in 1989 and has performed approximately 26 site visits over the past 4 years. Dr. Kendall also served as Chair of the CoARC Site Visit Subcommittee from 2003 to 2009. His expertise and assistance to program personnel and in training new site visitors is unparalleled and through the establishment of this award will not be forgotten.

The second annual Dr. Ralph Kendall, MD Outstanding Site Visitor Award was presented to Leann Papp, EdS, RN, RRT, RCP. Ms. Papp became a site visitor for CoARC in 2006 and has participated in 21 on-site reviews over the past 5 years. She has been very helpful and flexible by serving on 7 site visit teams this year and organized 6 of those visits by serving as team captain. Ms. Papp has been described as professional, organized, courteous, helpful, and very explicit with information related to accreditation process. This type of dedication and service to this valuable portion of the accreditation process should not go unnoticed.



**THANK YOU!**

## Recognition of 2011 CoARC Site Visitors

The following individuals have graciously contributed to CoARC's mission by volunteering their time and expertise as site visitors in 2011. Members that served as team captains are designated by asterisks.

Ron Allison, MD  
 Larry Arnson, PhD, RRT  
 Curtis Aumiller, MS, MBA, RRT-NPS, RPFT\*  
 Albert Ayotte, MBA, RRT, RCP  
 Thomas Baxter, MHRD, RRT  
 Will Beachey, PhD, RRT, FAARC  
 Georgine Bills, MBA, RRT  
 Catherine Bitsche, MA, RRT-NPS, RCP  
 John Boatright, PhD, RRT  
 Janet Boehm, MS, RRT, RCP, RPSGT\*  
 Erna Boone, MEd, RRT\*  
 Ross Bowers, MHS, RRT  
 Phyllis Brunner, BS, RRT\*  
 Leah Carlson, BS, RRT, NPS\*  
 Kelli Chronister, MS, RRT, CPFT, NPS\*  
 Regina Clark, MEd, RRT  
 Joseph Coyle, MD\*  
 Carole (Kelly) Crawford-Jones, MS, RRT\*  
 Robert (Bob) DeLorme, EdS, RRT\*  
 Ashley Dulle, BS, RRT  
 Diane Flatland, MS, RRT-NPS, CPFT, RCP, LP\*  
 Donna (De-De) Gardner, MSHP, RRT  
 Douglas Gardenhire, EdD, RRT  
 Ian Gilmour, MD\*  
 Paul Goldiner, MD  
 Allen Gustin, Jr., MD, FCCP\*  
 Christine Hamilton, DHSc, RRT, AE-C\*  
 Louis Harris, EdD, RRT\*  
 Thomas Harding, MS, RRT, RPFT  
 Thomas Hill, PhD, RRT, FAARC\*  
 Rosemary Hogan, MEd, RRT  
 Joanne Jacobs, MS, RRT  
 Shirley Jenkins, BSED, RRT

Tom Jones, MED, RRT  
 Chris Kallus, MEd, RRT\*  
 Shane Keene, RRT-NPS, RPSGT  
 Ralph Kendall, MD, FCCP\*  
 Paul LaMere, MEd, RRT\*  
 Barbara Larsson, MEd, RRT\*  
 Delia Lechtenberg, MA, RRT  
 Kathleen Lee, EdD, RRT, FAARC  
 Bradley Leidich, MEd, RRT, FAARC\*  
 Debra Lierl, MEd, RRT, FAARC\*  
 Arthur Marshak, EdD, MS, RRT, RPFT  
 Douglas Masini, EdD, RRT-NPS, RPFT  
 Andrew Mazzoli, PhD, RRT  
 Kenny McCowen, BS, RRT\*  
 Marby McKinney, MEd RRT-NPS  
 Jolene Miller, MEd, RRT\*  
 Pat Munzer, DHSc, RRT, FAARC\*  
 Carolyn O'Daniel, EdD, RRT\*  
 Timothy Op't Holt, EdD RRT\*  
 Leann Papp, EdS, RN, RRT, RCP\*  
 Gregory Paulauskis, PhD, RRT, FAARC\*  
 Lorenzo Pelly, MD  
 Bill Pifer, BS, RRT, RCP  
 Michael Prewitt, PhD, RRT\*  
 Gina Ricard, BS, RRT-NPS  
 Russell Rozensky, BS, RRT, CPFT  
 Kathy J Rye, EdD, RRT, FAARC\*  
 Donald Samples, EdD, RRT  
 Jill Sand, BS, RRT\*  
 David Shelledy, PhD, RRT\*  
 Monica Schibig, MA, RRT-NPS, CPFT\*  
 Gary White, MEd, RRT, RPFT\*  
 Beth Zickefoose, BS, RRT-NPS, RPFT

# THANK YOU!

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#### Thomas R. Smalling, PhD, RRT, RPFT, RPSGT, FAARC

Executive Director (Extension 101)

E-mail: tom@coarc.com

- Self-Study Content Questions
- New Program Inquires
- Questions about Annual Reports
- Polysomnography
- Standards & Guidelines Questions
- Consortia Agreements
- Change in Sponsorship



#### Shelley Christensen

Receptionist/Administrative Assistant (Extension 100)

Email: shelley@coarc.com

- Key Personnel Changes
- Program Address & Name Changes
- Requests for Verification of Accreditation Status
- All Meeting Planning



#### Lisa Collard, AS

Director of Accreditation Services/  
Executive Administrative Assistant (Extension 106)

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- Assist with Self-Studies
- Status of Accreditation Actions
- Special Projects
- Progress Report Submissions



#### Jana L. Anderson

Assistant Executive Director/  
Director of Finance and Operations (Extension 103)

E-mail: jana@coarc.com

- Billing/Accounting
- Report of Current Status (annual report) questions
- Submission of Annual Reports
- CoARC Newsletter
- Website & Database Support



#### Bonnie Marrs, BS

Site Visit Coordinator/  
Accreditation Services Assistant (Extension 102)

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- Scheduling Site Visits
- Site Visitor Applications and Assignments
- Site Visit Surveys
- On-Site Review Reports



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