COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

CHANGE IN MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR

Entry into RC Practice (ENTRY)

CHANGE IN KEY PROGRAM PERSONNEL (ENTRY)

MEDICAL DIRECTOR STATUS

☐ Medical Director ☐ Co-Medical Director

Permanent ☐ Temporary ☐ Acting ☐

*Explanation of status is located in Accreditation Policies 6.0-Personnel

Program Name:

Program Number:

FORMER MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR

Name: **Credentials:**

Reason for Change: ☐ Retiring ☐ Resigning ☐ Reassignment ☐ Other (reason)

NEW MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR

Name: **Credentials:**

Same person as the base program or ADT? ☐ **Yes** ☐ **No** ☐ **Not applicable**

Address:

City:	**State:**	**ZIP Code:**
Phone: **Fax:**	**E-mail:**	

State License Number: **Expires:**

PLEASE NOTE: The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care. **{Standard 2.11}**

***Further Explanation is located on Accreditation Policies 6.0-Personnel**

PREPARER CHECKLIST…

☐ Letter of Appointment/Acceptance

☐ Curriculum Vitae

☐ Copy of State License with expiration date

☐ Copy of Board Certification(s) with exp. date(s)

☐ This completed form

Send all 5 completed documents to:

CoARC

Michelle Poster

1248 Harwood Road

Bedford, TX 76021

michelle@coarc.com

FOR COARC EXECUTIVE OFFICE ONLY

☐ Approved
☐ Not Approved
☐ Temporary until ____/_____/_____

Signature:_____

Date: ____/_____/_____

☐ Confirmation of Change Sent to Program

☐ Updated Database

Signature: _____

Date: ____/_____/_____