



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**CHANGE IN PROGRAM DIRECTOR**  
**Entry into RC Practice (ENTRY)**

## CHANGE IN PROGRAM PERSONNEL (ENTRY)

### PROGRAM DIRECTOR STATUS

Permanent  Temporary  Acting   
\*Explanation of status is located in Accreditation Policies 6.0- Personnel

**Program Name:**

**Program Number:**

**Degree Type (e.g. AS, BS, MS, etc.):**

### FORMER PROGRAM DIRECTOR

**Name:**

**Credentials:**

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

### NEW PROGRAM DIRECTOR

**Name:**

**Credentials:**

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

**Address:**

**City:**

**State:**

**ZIP Code:**

**Phone:**

**Fax:**

**E-mail:**

**State License Number:**

**Expires:**

**RRT Credential Number:**

**Expires:**

**PLEASE NOTE:** As per Standard 2.04 & 2.05, the PD of an Entry into RC Practice program must:  
 1) have earned at least a baccalaureate degree if an associate's degree program, or at least a master's degree if a bachelor's or master's degree program;  
 2) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;  
 3) have a minimum of four (4) years' experience as an RRT with at least two (2) years' experience in clinical respiratory care; and  
 4) have a minimum of two (2) years' experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

### PREPARER CHECKLIST...

- Letter of Appointment / Acceptance
- Curriculum Vitae (showing required experience)
- Copy of State License with expiration date
- Copy of RRT Certificate/Credential verification w/ expiration date
- Copy of Program Director college transcript  
(highest degree completed)
- This completed form

**Send all 6 completed documents to:**

**CoARC**  
**Michelle Poster**  
**1248 Harwood Road**  
**Bedford, TX 76021**  
 or  
[michelle@coarc.com](mailto:michelle@coarc.com)

### FOR COARC EXECUTIVE OFFICE ONLY

- Approved
- Not Approved
- Temporary until \_\_\_\_/\_\_\_\_/\_\_\_\_

- Confirmation of Change Sent to Program
- Updated Database
- Sent Welcome Letter

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_