

Thomas R. Smalling, PhD, RRT, RPFT, RPSGT, FAARC
Commission on Accreditation
for Respiratory Care (CoARC)
Executive Director
1248 Harwood Road
Bedford, TX 76021

RE: CoARC Program Number

Dear Dr. Smalling:

The administration at _____ is requesting a status of inactive accreditation for the Respiratory Care Program for the above program ID number.

I understand that only programs with Continuing Accreditation may request an inactive status for up to two (2) years and that no students may be enrolled or be matriculated in the program during the time period in which the program is inactive. Programs offering additional options may request voluntary inactive status for program options without affecting the accreditation status of the base program. All current and potential students must be informed of the inactive status request up to the date that it becomes effective.

For this program, students were most recently enrolled on _____ and graduate on _____. Therefore, inactive accreditation will go into effect as of _____ (date in which no students are enrolled or matriculated).

Student records will be maintained, in electronic or hardcopy format, at the address listed for a period of at least five (5) years regardless of whether the student ultimately completes or fails to complete all requirements for graduation. Student records can be requested by contacting:

Contact Name: _____ Telephone: _____
Location: _____

I also understand that the program must continue to submit documents (e.g., annual reports, progress reports), is required to pay full CoARC fees during inactive status, and the date of the next scheduled site visit will not be changed due to the inactive status. I further understand that the program can reactive any time during the two (2) year period by notifying the CoARC in writing as long as all requirements to reactive have been met according to Policy 1.059B. If the sponsor has not notified the CoARC of its intent to reactive a program by the end of the two (2) year period, the CoARC will withdraw accreditation or if the sponsor wishes to voluntarily withdraw at any time during the two (2) year period, it must follow the procedures outlined in Policy 1.057.

Official notification of this inactive status request will come from the CoARC office.

Sincerely,

Chief Executive Officer (President) or Dean

Please Note: Please be sure to complete the entire form following this page.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Programmatic Teach-Out Plan Form Inactive Accreditation Status Request

In accordance with CoARC Policy 1.13, CoARC requires submission and subsequent CoARC approval of the Programmatic Teach-Out Plan Form (available at www.coarc.com) or formal Teach-Out Agreement and required attachments from any program in jeopardy of losing accreditation or when a sponsoring institution voluntarily withdraws. Such a plan must detail how the sponsor will ensure the fair and equitable treatment of the remaining enrolled students. Failure to submit a teach-out plan form and agreements will result in notification of the institutional administration and accreditor of our intent to withdraw accreditation immediately.

1. CoARC requires a sponsor to complete a teach-out plan upon the occurrence of any of the following events:
 - a. When a program or program option is placed on probation, requests inactive status, voluntarily or involuntarily withdraws;
 - b. When the sponsor receives notice that its license or legal authorization to operate will be or has been revoked;
 - c. When CoARC takes action to withhold or withdraw a program's or program option's accreditation;
 - d. When the sponsor receives notice from the institutional accreditor that an action has been initiated to suspend, revoke, or terminate a sponsor's accreditation status;
 - e. When the sponsor receives notice from the U.S. Department of Education that an action has been initiated to limit, suspend, or terminate a sponsor's participation in any Title IV program under the Higher Education Act and that a Teach-Out Plan is required pursuant to federal regulations;
 - f. When the sponsor receives notice from the U.S. Department of Education that an emergency action has been initiated; or
 - g. When CoARC otherwise determines that the submission of a Teach-Out Plan is appropriate.

Should the program's accreditation status be withdrawn or withheld, then the sponsor must execute its stated plan into a teach-out agreement and provide CoARC a copy of the agreement. If the sponsor chooses not to execute its own teach-out plan it must enter into an agreement with a CoARC accredited program to permit students to complete their education (Teach-Out Agreement). The plan or the agreement must give careful attention to fair and equitable treatment of students and provide notification of any additional charges the remaining students will incur.

The Programmatic Teach-Out Plan must be submitted in an electronic format and must contain all items, at a minimum, listed below:

1. CoARC Accreditation Action or reason for plan (choose one):
2. CoARC Program Number:
3. Program Name:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

**Programmatic Teach-Out Plan Form
Inactive Accreditation Status Request**

4. Name and address of the sponsoring institution:

Name:

Address:

City:

State

Zip:

5. Is the Sponsor part of a consortium? Yes No

(If "YES" please list the names of each consortium member:)

6. Desired effective date of voluntary withdrawal or inactive status (if applicable):

7. Are there any remaining students enrolled in this program? Yes No

a. If 'No', the date the program ceased enrolling students:

b. If, 'Yes', the most recent date on which students were enrolled:

c. If, 'Yes', the last date on which currently enrolled students will expect to graduate

(Please notify CoARC if this date changes)

8. The location where all records will be kept for students who completed the program:

I certify that as of the effective date of this CoARC action, no new students will be matriculated in the program. I certify that the information herein and attached hereto is correct.

Name:

Title:

(Chief Executive Officer)

Signature:

Date:

Please Note: This form must either contain a handwritten signature or be digitally signed. If the signature is handwritten then the form can be returned via fax, scanning and emailing, or regular mail.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Programmatic Teach-Out Plan Form
Inactive Accreditation Status Request

9. Name and contact data for person responsible for completing this form:

Name:

Credentials:

Title:

Voice:

FAX:

Email:

Upon receipt of this completed form the Commission will update the program’s record in accordance with the dates provided above. The Commission expects that the delivery of education and services to the remaining students, if any, will not be disrupted and that the program will continue to maintain compliance with CoARC Accreditation Standards.

10. Include a list of the last cohort of students that completed the program prior to the effective date of the inactive accreditation status that contains their name, address, phone number, and unique student identification number. If you need additional space, please submit a separate document containing the information below along with this form.

Student ID Number	Student Name	Address	Phone Number

