



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CHANGE IN DIRECTOR OF CLINICAL EDUCATION
Degree Advancement (DA) Program

<h2>CHANGE IN PROGRAM PERSONNEL (DA)</h2>		
DIRECTOR OF CLINICAL EDUCATION (DCE) STATUS		
Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Acting <input type="checkbox"/> <small>*Explanation of status is located in Accreditation Policies 6.0-Personnel</small>		
Sponsor Name:		
Program Number:		Degree Type (e.g. AS, BS, MS, etc.):
FORMER DIRECTOR OF CLINICAL EDUCATION		
Name:		Credentials:
Reason for Change: <input type="checkbox"/> Retiring <input type="checkbox"/> Resigning <input type="checkbox"/> Reassignment <input type="checkbox"/> Other (reason)		
NEW DIRECTOR OF CLINICAL EDUCATION		
Name:		Credentials:
Same DCE as the base program or ADT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
State License Number:		Expires:
RRT Credential Number:		Expires:
PLEASE NOTE: As per Standard DA 2.8 & 2.9, the DCE of a DA program must have:		
a) earned at least a master's degree; b) valid RRT credential; c) current professional license or certificate unless exempted from licensure under state/federal law; d) minimum of four (4) years' experience as an RRT of which at least two (2) years must include experience in clinical respiratory care; and a e) minimum of two (2) years' teaching experience in clinical respiratory care, research, management, or education associated with an accredited respiratory care program.		
PREPARER CHECKLIST...		
<input type="checkbox"/> Letter of Appointment / Acceptance <input type="checkbox"/> Curriculum Vitae <input type="checkbox"/> Copy of State License with expiration date <input type="checkbox"/> Copy of RRT Credential Verification w/ expiration date <input type="checkbox"/> Copy of college transcript (highest degree completed) <input type="checkbox"/> This completed form		Send all 6 completed documents: CoARC Michelle Poster 1248 Harwood Road Bedford, TX 76021 or michelle@coarc.com
FOR COARC EXECUTIVE OFFICE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Temporary until ____/____/____		<input type="checkbox"/> Confirmation of Change Sent to Program <input type="checkbox"/> Updated Database
Signature: _____		Signature: _____
Date: ____/____/____		Date: ____/____/____