



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

<b>CHANGE IN PROGRAM PERSONNEL (ENTRY)</b>		
<b>DIRECTOR OF CLINICAL EDUCATION STATUS</b>		
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>		
<b>Program Name:</b>		
<b>Program Number:</b>		<b>Degree Type (e.g. AS, BS, MS, etc.):</b>
<b>FORMER DIRECTOR OF CLINICAL EDUCATION</b>		
<b>Name:</b>		<b>Credentials:</b>
<b>Reason for Change:</b> <input type="checkbox"/> Retiring <input type="checkbox"/> Resigning <input type="checkbox"/> Reassignment <input type="checkbox"/> Other (reason)		
<b>NEW DIRECTOR OF CLINICAL EDUCATION</b>		
<b>Name:</b>		<b>Credentials:</b>
<b>Same DCE as the base program or ADT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>State License Number:</b>		<b>Expires:</b>
<b>RRT Credential Number:</b>		<b>Expires:</b>
<b>PLEASE NOTE:</b> As per Standard 2.08 & 2.09, the DCE of an Entry into 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.		
<b>PREPARER CHECKLIST...</b>		
<input type="checkbox"/> Letter of Appointment / Acceptance <input type="checkbox"/> Curriculum Vitae (showing required experience) <input type="checkbox"/> Copy of State License with expiration date <input type="checkbox"/> Copy of RRT Certificate/credential verification w/ exp. date <input type="checkbox"/> Copy of college transcript (highest degree completed) <input type="checkbox"/> This completed form		<b>Send all 6 completed documents:</b> <b>CoARC</b> <b>Michelle Poster</b> <b>1248 Harwood Road</b> <b>Bedford, TX 76021</b> <b>or</b> <a href="mailto:michelle@coarc.com">michelle@coarc.com</a>
<b>FOR COARC EXECUTIVE OFFICE ONLY</b>		
<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: ____/____/____