



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**CHANGE IN PROGRAM DIRECTOR**  
**Degree Advancement (DA) Program**

**CHANGE IN PROGRAM PERSONNEL (DA)**

**PROGRAM DIRECTOR STATUS**

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

**Sponsor 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 DA 2.4 & 2.5, the PD of a DA program must have:

- a) earned at least a master’s degree;
- b) valid RRT credential OR be a physician (MD or DO) OR academician (PhD or EdD);
- c) current professional license or certificate unless exempted from licensure under state/federal law;
- d) minimum of four (4) years’ experience as an RRT OR physician (MD or DO) OR academician of which at least two (2) years must include experience in clinical respiratory care, pulmonary medicine, cardiothoracic surgery, critical care, anesthesiology, healthcare administration, healthcare research, or subject area directly related to the degree conferred; and a
- e) minimum of two (2) years’ teaching experience in clinical respiratory care, research, management, education, or subject area directly related to the degree conferred and associated with an accredited respiratory care program, graduate school, or medical school.

**PREPARER CHECKLIST...**

<input type="checkbox"/> Letter of Appointment / Acceptance <input type="checkbox"/> Curriculum Vitae <input type="checkbox"/> Copy of State License (if applicable) with expiration date <input type="checkbox"/> Copy RRT, MD, or DO Credential Verification w/ expiration date <input type="checkbox"/> Copy of college transcript (highest degree completed) <input type="checkbox"/> This completed form	<p><b>Send all 6 completed documents to:</b></p> <p><b>CoARC</b>  <b>Michelle Poster</b>  <b>1248 Harwood Road</b>  <b>Bedford, TX 76021</b>  <b>or <a href="mailto:michelle@coarc.com">michelle@coarc.com</a></b></p>
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**FOR COARC EXECUTIVE OFFICE ONLY**

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Temporary until ____/____/_____  Signature: _____  Date: ____/____/_____  	<input type="checkbox"/> Confirmation of Change Sent to Program <input type="checkbox"/> Updated Database <input type="checkbox"/> Sent Welcome Letter  Signature: _____  Date: ____/____/_____  
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