



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

CHANGE IN PROGRAM PERSONNEL (DA)		
DIRECTOR OF CLINICAL EDUCATION 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>		
Program 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 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.		
PREPARER CHECKLIST...		
<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		Send all 6 completed documents: CoARC Tammy Alsup tammy@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: ____/____/____