



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE TRANSFER OF SPONSORSHIP REQUEST FORM

In accordance with CoARC Policy 1.08, CoARC requires submission and subsequent CoARC approval of this *Transfer of Sponsorship Request Form* (available at www.coarc.com) from any base program holding Continuing Accreditation status with no pending progress reports that requests a transfer of sponsorship of the base program and/or program option(s) to a new sponsor. Failure to submit this completed request form as well as a letter (signed by the current sponsor's CEO or President) affirming its intent to transfer sponsorship and the proposed effective date may result in a delay or denial of the request.

The CoARC Executive Office and an assigned Referee will review the request to ensure that compliance with the *Standards* and Policies will not be adversely affected by implementation of the transfer.

Following a review of submitted materials by the Executive Office and an assigned Referee, the CoARC Board will:

1. approve the transfer of sponsorship and maintain continuing accreditation status of the program; or
2. approve the transfer of sponsorship and confer provisional accreditation status of the program; or
3. deny the transfer of sponsorship.

CoARC may request a new Self-Study Report with an on-site review prior to its decision. A request for transfer of sponsorship does not guarantee that the transfer will be granted

This *Transfer of Sponsorship Request Form* must be submitted in an electronic format and must contain all items, at a minimum, listed below:



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1. CoARC Program Number(s) Associated with Transfer of Sponsorship:

2. Program and address of the current sponsoring institution:

Name:

Address:

City:

State:

Zip:

3. Is the current sponsor Yes No
part of a consortium?

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

4. Program and address of the proposed new sponsoring institution:

Name:

Address:

City:

State:

Zip:

5. Is the proposed new sponsor Yes No
part of a consortium?

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

6. Desired effective date of transfer of sponsorship:
(Please notify CoARC if this date changes)

7. Are there any students enrolled in this program on the desired Yes No
effective date of transfer?

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:

8. Describe the rationale for the transfer.



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The new sponsor must submit a completed *Application for Accreditation Services* (available at www.coarc.com)

I certify that as of the effective date of the Transfer of Sponsorship, no new students will be enrolled in the program by the current sponsor. I certify that the information herein and attached hereto is correct.

Name:

Title:

(President) 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 or scanning and emailing.



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Name and contact data for person responsible for completing this application:

Name:

Credentials:

Title:

Voice:

Cell:

Email:

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

Enrolled students who complete the program during a Transfer of Sponsorship are considered graduates of a CoARC accredited program. Students enrolled and graduated by an institution that does not hold CoARC accreditation will not be considered graduates of a CoARC accredited program. (CoARC Policy 1.133)

Please check one of the following boxes:

No students are currently enrolled.

The following page(s) include a list of all students enrolled in the program as of the effective date of the transfer of sponsorship below which includes their name, address, phone number, and unique student identification number. If you need additional space, please submit a separate document containing the same information below along with this form.



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Student ID Number	Student Name	Address	Phone Number



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Student ID Number	Student Name	Address	Phone Number

Return this completed form to:

Shelley Christensen
Commission on Accreditation for Respiratory Care (CoARC)
817-283-2835 ext 106
817-354-8519 Fax
shelley@coarc.com

www.coarc.com