



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

<h2>CHANGE IN PROGRAM PERSONNEL (DA)</h2>		
<b>DIRECTOR OF CLINICAL EDUCATION (DCE) STATUS</b>		
Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Acting <input type="checkbox"/> Transitional <input type="checkbox"/> <small>*Explanation of status is located in Accreditation Policies 6.0-Personnel</small>		
<b>Institution 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>Work #:</b>	<b>Cell #:</b>	<b>E-mail:</b>
<b>Key Personnel Academy Completion Date (if required):</b>		
<b>State License Number:</b>		<b>Expires:</b>
<b>RRT Credential Number:</b>		<b>Expires:</b>
<b>PLEASE NOTE:</b> As per Standards DA 2.8 & 2.9, the DCE of a DA program must have:		
a) earned at least a master's degree; b) hold a 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.		
<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/ expiration date <input type="checkbox"/> Copy of college transcript (highest degree completed) <input type="checkbox"/> Copy of Key Personnel Academy certificate (if previously completed) <input type="checkbox"/> This completed form		<b>Send documentation to:</b> <b>CoARC</b> <b>Shelley Christensen</b> <a href="mailto:shelley@coarc.com">shelley@coarc.com</a>
<b>FOR COARC EXECUTIVE OFFICE ONLY</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Temporary/Acting/Transitional until _____		<input type="checkbox"/> Confirmation of Change Sent to Program <input type="checkbox"/> Updated Database
Signature: _____		Signature: _____
Date: _____		Date: _____