



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CHANGE IN MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR
Degree Advancement(DA)

CHANGE IN KEY PROGRAM PERSONNEL (DA)

MEDICAL DIRECTOR STATUS

Medical Director Co-Medical Director

Permanent Temporary Acting

**Explanation of status is located in Accreditation Policies 6.0-Personnel*

Program Name:

Program Number:

FORMER MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR

Name:

Credentials:

Reason for Change: Retiring Resigning Reassignment Other (reason)

NEW MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR

Name:

Credentials:

Same person as the base program or ADT? Yes No Not applicable

Address:

City:

State:

ZIP Code:

Work #:

Cell #:

E-mail:

State License Number:

Expires:

PLEASE NOTE: The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care. **{Standard 2.11}**

**Further Explanation is located on Accreditation Policies 6.0-Personnel*

PREPARER CHECKLIST...

- Letter of Appointment/Acceptance
- Curriculum Vitae
- Copy of State License with expiration date
- Copy of Board Certification(s) with exp. date(s)
- This completed form

Send all 5 completed documents to:

CoARC

Shelley Christensen

shelley@coarc.com

FOR COARC EXECUTIVE OFFICE ONLY

- Approved
- Not Approved
- Temporary until ____/____/____

Confirmation of Change Sent to Program

Updated Database

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____