

## **COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**

CHANGE IN PROGRAM DIRECTOR Entry into RC Practice (ENTRY)

## CHANGE IN PROGRAM PERSONNEL (ENTRY)

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PROGRAM DIRECTOR STATUS			
Permanent ☐ Temporary ☐ Acting ☐  *Explanation of status is located in Accreditation Policies 6.0- Personnel			
Program 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?			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
State License Number:		Expires:	
RRT Credential Number: Expires:  PLEASE NOTE: As per Standard 2.04 & 2.05, the PD of an Entry into RC Practice program must:			
<ol> <li>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;</li> <li>hold a valid Registered Respiratory Therapy (RRT) credential and current state license;</li> <li>have a minimum of four (4) years' experience as an RRT with at least two (2) years' experience in clinical respiratory care; and</li> <li>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.</li> </ol>			
PREPARER CHECKLIST			
□ Letter of Appointment / Acceptance       Send all 6 completed documents to:         □ Curriculum Vitae (showing required experience)       CoARC         □ Copy of State License with expiration date       Tammy Alsup         □ Copy of RRT Certificate/Credential verification w/ expiration date       tammy@coarc.com         □ Copy of Program Director college transcript       (highest degree completed)         □ This completed form			
FOR COARC EXECUTIVE OFFICE ONLY			
☐ Approved ☐ Not Approved ☐ Temporary until/	/	Updated D	ion of Change Sent to Program Database ome Letter
Signature:		Signature:	
Date://	-	Date:/	/