

Thomas R. Smalling, PhD, RRT, RPFT, RPSGT, FAARC  
Chief Executive Officer  
Commission on Accreditation for Respiratory Care (CoARC)  
264 Precision Blvd  
Telford, TN 37690

RE: CoARC Program Number

Dear Dr. Smalling:

The administration at  
is requesting the voluntary withdrawal of accreditation of the Respiratory Care Program.

**Please note the following:**

Students were most recently enrolled on

The last cohort that enrolled under CoARC accreditation graduates on

The voluntary withdrawal of accreditation will go into effect as of

**(date preferably after the last cohort graduates)**

No new students will be matriculated in the program as of the effective date for which accreditation is being voluntarily withdrawn.

Student records will be maintained, in electronic or hardcopy format, at the address listed for a period of at least five (5) years regardless of whether the student ultimately completes or fails to complete all requirements for graduation. Student records can be requested by contacting:

Contact Name:

Telephone:

Location:

Reason(s) for Withdrawal:

## Voluntary Withdraw Letter

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I understand that students who were enrolled in this CoARC accredited program at any time during which accreditation was held will be considered by CoARC to be graduates of a CoARC accredited program. I further understand that all current and potential students must be informed of the voluntary withdrawal up to the date that it becomes effective.

I also understand that until the effective date of the voluntary withdrawal of accreditation all fees apply and must be paid. Outstanding fees at the time of voluntary withdrawal will not be forgiven and, according to CoARC Policy 1.056D, programs which have submitted a letter of Voluntary Withdrawal of Accreditation have until the effective date of withdrawal to rescind that request. Following submission, the sponsor is eligible to request a one-time extension of the effective date of withdrawal, not to exceed six (6) months. If the sponsor wishes to apply for a new respiratory care program after the effective date of voluntary withdrawal, the sponsor must comply with CoARC Policy 1.068 prior to submitting a new application.

Official notification of this voluntary withdrawal will come from the CoARC office.

Sincerely,

President or Dean

This letter must accompany the Programmatic Teach-Out Plan Approval Form (attached).



## COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE PROGRAMMATIC TEACH-OUT PLAN FORM

In accordance with CoARC Policy 1.13, CoARC requires submission and subsequent CoARC approval of the Programmatic Teach-Out Plan Form (available at [www.coarc.com](http://www.coarc.com)) or formal Teach-Out Agreement and required attachments from any program in jeopardy of losing accreditation or when a sponsoring institution voluntarily withdraws. Such a plan must detail how the sponsor will ensure the fair and equitable treatment of the remaining enrolled students. Failure to submit a teach-out plan form and agreements will result in notification of the institutional administration and accreditor of our intent to withdraw accreditation immediately.

1. CoARC requires a sponsor to complete a teach-out plan when:
  - a. a program or program option is placed on probation, requests inactive status or voluntarily withdraws;
  - b. the sponsor receives notice that its license or legal authorization to operate will be or has been revoked;
  - c. the CoARC takes action to withhold or withdraw the accreditation of a program or program option;
  - d. the sponsor receives notice from its institutional accreditor that an action has been initiated to suspend, revoke, or terminate the sponsor's accreditation status;
  - e. the sponsor receives notice from the U.S. Department of Education that an action has been initiated to limit, suspend, or terminate a sponsor's participation in any Title IV program under the Higher Education Act and that a Teach-Out Plan is required pursuant to federal regulations;
  - f. the sponsor receives notice from the U.S. Department of Education that an emergency action has been initiated; or
  - g. the CoARC otherwise determines that the submission of a Teach-Out Plan is appropriate.

Should the program's accreditation status be withdrawn or withheld, then the sponsor must execute its stated plan into a teach-out agreement and provide CoARC a copy of the agreement. If the sponsor chooses not to execute its own teach-out plan it must enter into an agreement with a CoARC accredited program to permit students to complete their education (Teach-Out Agreement). The plan or the agreement must give careful attention to fair and equitable treatment of students and provide notification of any additional charges the remaining students will incur.

The Programmatic Teach-Out Plan must be submitted in an electronic format and must contain all items, at a minimum, listed below:

1. CoARC Accreditation Action or reason for plan (choose one):
2. CoARC Program Number:
3. Program Name:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
PROGRAMMATIC TEACH-OUT PLAN FORM**

4. Name and address of the sponsoring institution:

Name:

Address:

City:

State:

Zip:

5. Is the Sponsor part of a consortium? Yes No

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

6. Desired effective date of voluntary withdrawal or inactive status (if applicable):

7. Are there any remaining students enrolled in this program? Yes No

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

(Please notify CoARC if this date changes)

8. The location where all records will be kept for students who completed the program:

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**I certify that as of the effective date of Withhold of Accreditation, Withdraw of Accreditation (Voluntary or Involuntary), or Inactive Accreditation, no new students will be matriculated in the program. 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.**



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
PROGRAMMATIC TEACH-OUT PLAN FORM**

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

Name:

Credentials:

Title:

Voice:

FAX:

Email:

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

10. Enrolled students who complete the program under a CoARC-approved teach-out agreement are considered graduates of a CoARC accredited program. Students taught out 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.

**This form is being completed per Request for Inactive Accreditation.** Include a list of the last cohort of students that completed the program prior to the effective date of the inactive accreditation status that contains their name, address, phone number, and unique student identification number. If you need additional space, please submit a separate document containing the information below along with this form.

This form is being completed because of Probation, a US Dept. of Education action, or the authorization to operate is being revoked: include a list of all students enrolled in the program as of the effective date of the notification of such action 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.

This form is being completed because of Withdrawal of Accreditation (Involuntary or Voluntary) or Withhold of Accreditation: include a list of all students enrolled in the program as of the effective date of the notification to Withdrawal/Withhold below which includes their name, address, phone number, and unique student identification number.

If there will be additional students enrolled after the notification of Withdrawal/Withhold, please note an updated list will need to be submitted to CoARC in order for the additional students to be able to be considered a graduate of the program.



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**PROGRAMMATIC TEACH-OUT PLAN FORM**

<b>Student ID Number</b>	<b>Student Name</b>	<b>Address</b>	<b>Phone Number</b>



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**PROGRAMMATIC TEACH-OUT PLAN FORM**

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](mailto:shelley@coarc.com)  
  
[www.coarc.com](http://www.coarc.com)