



Commission on Accreditation for Respiratory Care

PROVISIONAL ACCREDITATION SELF-STUDY REVIEW REPORT (BASE DEGREE ADVANCEMENT PSSR)

Program Name: _____

Program #: _____

CoARC Executive Office Review Check List:

- Self-Study Report submitted in the correct format with correct number of flash drives.
Comments: _____
- All information and sections filled in correctly.
Comments: _____
- Responses are provided for each question.
Comments: _____
- Appendices include all requested documentation.
Comments: _____
- Administrative Reviews completed by Site Visit Coordinator:
Date(s): ____/____/____ ____/____/____ ____/____/____
- Administrative Reviews completed by Executive Director:
Date(s): ____/____/____ ____/____/____ ____/____/____

Following Initial Review of the Self-Study by the Referee:

- Program Response to this Report submitted to the Executive Office
on ____/____/____ (a copy of the response is attached).
- Program Response to this Report submitted to the Executive Office
on ____/____/____ (a copy of the response is attached).
- Program Response to this Report submitted to the Executive Office
on ____/____/____ (a copy of the response is attached).



Base DA PSSR Self-Study Review Report

FORM A

Form A to be completed by CoARC Executive Office Staff:

Program #: _____ Accreditation Status: _____ Select Status as of _____/_____/_____

Name of Program: _____

Program Address: _____

City, State, Zip: _____

Program Website URL: _____

Program Director's Name: _____

PD's email: _____ PD's phone number: _____

Director of Clinical Education: _____

DCE's email: _____ DCE's phone number: _____

Medical Advisor: _____

MA's email: _____ MA's phone number: _____

Referee: _____

Instructions to the Program Referee

The review of this program is based on the 2015 *Accreditation Standards for Degree Advancement Programs in Respiratory Care ("Standards")*. Please assess the report and accompanying documentation with respect to the degree to which they appear to meet the *Standards*.

Form B: Make sure each Standard is checked with either "Appears Met" or "Appears Not Met." For each Standard "Appears Not Met" be sure to include an appropriate rationale. If compliance cannot be determined at this time, check the appropriate box. Some boxes are pre-checked because some evidence is only available on-site. The Site Visit Team will follow-up.

Form C: Include general comments. Do not include any citations.

Form X: Provide specific instructions to on-site evaluators as appropriate. Include negative findings from Faculty Evaluation SSR Questionnaires.

Form D: Ensure each citation includes a rationale (from Form B) and list the evidence required to achieve compliance with each Standard.



Base DA PSSR Summary Checklist

FORM B

Program Name:

Program #:

Instructions: Check the appropriate box indicating your judgment of the compliance with each of the Standards based on the review of the self-study. After the report is submitted to the Executive Office, the program will be allowed the opportunity to respond in writing. After reviewing the program's response, you may add, delete, or modify that which was contained in your original report.

Standard	Standard Description	Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)	Compliance cannot be determined at this time
1	PROGRAM ADMINISTRATION AND SPONSORSHIP			
	Institutional Accreditation			
DA1.1	Sponsor is accredited and authorized to award a minimum of a Baccalaureate degree.		Evidence of Compliance Previously Evaluated with Submission of LOI Application	
	Consortium			
DA1.2	Responsibilities of consortium formally documented. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Sponsor Responsibilities			
DA 1.3	Required gen ed/transfer credit/didact/lab/clinical.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA 1.4	Curric planning/course selection/faculty growth.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA 1.5	Academic policies apply to all students and faculty regardless of location of instruction.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Substantive Changes			
DA 1.6	Substantive Changes reported according to CoARC Policy 9.0			

2		INSTITUTIONAL AND PERSONNEL RESOURCES	
Institutional Resources			
DA2.1	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
Key Program Personnel			
DA2.2	Sponsor appoints FT PD (DCE and MA if clinicals).	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
Program Director			
DA2.3	Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
DA2.4	Minimum degree qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
DA2.5	Minimum/valid credentials and experience.	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
DA2.6	Regular/consistent contact w/fac & students.		
Director of Clinical Education		(Applicable only to programs that provide clinical ed as part of required coursework)	
DA2.7	Responsibilities. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
DA2.8	Minimum degree qualifications. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
DA2.9	Minimum/valid credentials and experience. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
DA2.10	Regular/consistent contact w/ clinical faculty, sites, students <input type="checkbox"/> check if not applicable		
Medical Advisor		(Applicable only to programs that provide clinical ed as part of required coursework)	
DA2.11	Responsibilities/valid credentials and qualifications. <input type="checkbox"/> check if not applicable		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
Instructional Faculty			
DA2.12	Sufficient faculty; designated supervisor at each site		
Administrative Support Staff			
DA2.13	Sufficient administrative and clerical support.	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
Assessment of Program Resources			
DA2.14	Documented/assessed annually by using RAM.	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>

3		PROGRAM GOALS, OUTCOMES, AND ASSESSMENT	
Statement of Program Goals			
DA3.1	Statements define minimum expectations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
DA3.2	Review/analysis of goals and outcomes.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
DA3.3	Advisory committee composition & responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
Student Evaluation			
DA3.4	Define and distribute ESLOs/competencies	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
DA3.5	Formulate assess process/rubrics/annual review		<input type="checkbox"/> Rationale:
DA3.6	Assessment conducted uniformly and equitably; Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.		<input type="checkbox"/> Rationale:
DA3.7	Inter-rater reliability for clinical evaluations.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:
Assessment of Program Outcomes			
DA3.8	Assessed annually using CoARC surveys.		
Reporting of Program Resources			
DA3.9	Outcomes meet CoARC assessment thresholds.		
DA3.10	CoARC Annual RCS reporting tool submitted.		
DA3.11	Action plan developed for sub-threshold outcomes.		
Clinical Site Evaluation			
DA3.12	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:

4		CURRICULUM	
Course Content			
DA4.1	Integrated to attain expected competencies/goals.		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
DA4.2	Periodically reviewed/revised to ensure consistency with goals and competencies.		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
Competencies			
DA4.3	Practice-Specific Knowledge and Skills		<input checked="" type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
DA4.4	Clinical Knowledge <input type="checkbox"/> check if not applicable		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
DA4.5	Professional Attributes		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
DA4.6	Interpersonal and Inter-professional Communication		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
DA4.7	Professional Leadership		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
DA4.8	Practice-Based Research		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
Length of Study			
DA4.9	Sufficient to acquire expected competencies		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
Equivalency			
DA4.10	Course content, learning experiences, and access to learning materials for all students in a given track.	<input type="checkbox"/>	<input type="checkbox"/> Rationale: <input type="checkbox"/>
Clinical Practice			
DA4.11	Clinical affiliation agreements/MOUs for each site. <input type="checkbox"/> check if not applicable		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>
DA4.12	Students not responsible for site selection/ determining competencies/acquiring preceptors. <input type="checkbox"/> check if not applicable		<input type="checkbox"/> Rationale: <input checked="" type="checkbox"/>

5		FAIR PRACTICES AND RECORDKEEPING	
		Disclosure	
DA5.1	Published info accurately reflects program offered.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
DA5.2	Required info made known to applicants & students.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
		Public Information on Program Outcomes	
DA5.3	CoARC URL on program website/known to public.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
		Non-discriminatory Practice	
DA5.4	Program activities are non-discriminatory and lawful.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
DA5.5	Appeal procedures ensure fairness/due process.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
DA5.6	Faculty grievance procedure made known to faculty.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
DA5.7	Advanced placement policies documented.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:
		Safeguards	
DA5.8	Health and safety of patients, students, and faculty adequately safeguarded.		<input type="checkbox"/> Rationale:
DA5.9	Appropriate supervision; Students are not substituted for staff; No remuneration in exchange for clin coursework.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:
		Academic Guidance	
DA5.10	Timely access to faculty for assistance/counseling.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:
		Student and Program Records	
DA5.11	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.		
DA5.12	Program records maintained in sufficient detail/5 years min.		



Additional Comments

FORM C

Program Name: _____

Program #: _____

Write Additional Comments, if any. (Note: Programs are not required to respond to Additional Comments).	

*Duplicate as Necessary

EXAMPLE



Confidential to Site Visit Team

FORM X

Referee: Please complete this form following review of the program's response to your initial report. Were there negative findings from the respondents (Faculty Evaluation SSR Questionnaires) that the site visit team should address? No Yes *

***If Yes, list below with Standard reference.**

Site visitors: Please respond to each of the special instructions from the Referee and return this page to the CoARC Executive Office with your site visit report. Also, please do not leave a copy of the site visit report with the program. The Referee will finalize the findings of the site visit report after it is returned to CoARC and arrange for a copy to be sent to the program.

Program Name: _____

Program #: _____

Standards (Reference)	Site Visitors should pay particular attention to the following: (Note: Do NOT present this information to the program. For CoARC use ONLY).

Duplicate as Necessary

Note to CoARC – remove Form X when preparing the report to be sent to the program.



CoARC Referee's Analysis of the Base DA PSSR

FORM D

Program Name: _____

Program #: _____

Dear Sponsor and Program Director,

I have reviewed the findings from your self-study report. Please review this entire report, particularly Forms B & D for apparent citations. Stated below are means by which the program must demonstrate compliance with the Standards cited.

CoARC has informed you of the opportunity and deadline to verify/challenge the accuracy of this report as well as the deadline by which you may submit new information indicating the manner in which the Standards listed below have been addressed.

If you have any questions, please feel free to contact me or the Executive Director.

Standard (from Form B)	Rationale for Citation	Documentation to Address Compliance with Standard

Duplicate as Necessary



CoARC Referee's Analysis of the Base DA PSSR

FORM D

Referee Signature Following Initial Review
(Signifying Approval of Document Release to the Program):

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Referee Signature Following Review of Program's Response
(Signifying Approval of Document Release to the Program):

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Referee Signature Following Review of Program's Additional Response (if applicable)
(Signifying Approval of Document Release to the Program):

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Referee Signature authorizing release of the self-study and this document
to the on-site evaluation team.

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Executive Director's Signature authorizing release of the self-study and this document
to the on-site evaluation team.

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____