

2011 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



March 24th, 2012

This document is intended as a supplement to the 2011 CoARC Newsletter available at www.coarc.com.

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Commission on Accreditation for Respiratory Care, Inc.
1248 Harwood Road
Bedford, TX 76021-4244
www.coarc.com

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INTRODUCTION

It is my great pleasure to provide to you, on behalf of the Board of Commissioners and Executive Office Staff of the Commission on Accreditation for Respiratory Care (CoARC), the *2011 Report on Accreditation in Respiratory Care Education*. The CoARC has developed this report to provide critical data in the following three areas:

- Descriptive statistics of CoARC Programs as of December 31, 2011;
- Accreditation actions taken in 2011; and
- Aggregated statistics of graduate, enrollment, and outcomes data.

This is the first edition of this report. It presents information on accreditation actions and accredited programs on an annual basis. The decisions presented in this report were all made at CoARC Board meetings that occurred in March, July, and November 2011. There were a total of 93 accreditation visits in 2011 involving 66 volunteers. The level of commitment from these volunteers is remarkable and truly appreciated. The CoARC expresses its gratitude to each of them for sharing their time and talent in the critically important work of ensuring the quality of accredited professional degree programs and applicant programs in respiratory care.

In 2011, the CoARC began collecting annual report data using its new annual reporting tool developed and maintained by Liaison International. The Annual Report of Current Status (RCS) was completed by a total of 440 programs. We would also like to acknowledge the considerable efforts of these programs in completing the important information encompassed by the RCS. The charts included in this report are designed to provide aggregated information on accredited respiratory care educational programs and graduates that can be used by the profession and the public to evaluate local, state, regional, and national needs. Beginning with the 2012 Report, the CoARC will be able to compare data year-to-year and note significant changes.

In conclusion, I hope you agree this report serves as a valuable communications tool that will prove useful to accredited programs, the public, and the profession. Please feel free to share suggestions for improvements or changes by contacting our Executive Director, Tom Smalling, PhD, RRT, FAARC, at tom@coarc.com.

Thank you for your support,

A handwritten signature in black ink that reads "S. P. Mikles". The signature is written in a cursive, flowing style.

Stephen P. Mikles, EdS, RRT, FAARC,
President

MISSION AND SCOPE

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to serve the public by ensuring high quality respiratory care education through accreditation services.

CoARC accredits first professional respiratory care degree programs at the Associate, Baccalaureate, and Master's Degree level in the United States and internationally. The CoARC also accredits professional respiratory care degree programs offering certificates in polysomnography.

THE VALUE OF PROGRAMMATIC ACCREDITATION

Accreditation provides consumer protection, advances and enhances the profession, and protects against compromise of educational quality. Accreditation also assists in the further improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

CoARC is responsible for evaluating respiratory care educational programs and publicly recognizing those which meet agreed-upon standards of quality, i.e., the *Accreditation Standards for the Profession of Respiratory Care* (the "Standards"). CoARC only accredits degree-granting, post-secondary programs throughout the U.S. and internationally that prepare graduates for entry into practice as respiratory therapists. Respiratory therapists are members of a team of health care professionals working in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders.

HISTORICAL BACKGROUND

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the AMA adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (AAIT, ACCP, AMA, and ASA) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education, the successor group to the Board of Schools came into being on January 15, 1970 as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA). The JRCRTE was dissolved in 1996 and the Committee on Accreditation for Respiratory Care became its successor organization, as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: the Commission on Accreditation for Respiratory Care (CoARC). The Commission on Accreditation for Respiratory Care became a freestanding accreditor of respiratory care programs on November 12, 2009.

For the past 25 years, CoARC has used an outcomes-centered approach to its accreditation review process. This approach focuses on a specific set of outcomes which include the following: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention/attrition; c) Graduate satisfaction with program; d) Employer satisfaction with program; and e) Job placement. The CoARC routinely monitors the program's outcomes results in relation to the thresholds via an Annual Report of Current Status (RCS). Any program not meeting all the thresholds must document in the RCS a detailed analysis of each deficiency and provide a specific action plan to address that deficiency.

PROGRAMS BY COARC LEVEL

CoARC accredits first-professional¹ respiratory care degree programs and program options² at the Associate, Baccalaureate, and Master's Degree level in the United States and internationally. The CoARC also accredits professional respiratory care degree programs offering certificates in polysomnography. Programs are categorized into one of four levels and are assigned a unique 6-digit number:

1. **(100-level):** Programs that prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Certified Respiratory Therapists (CRTs). 100-level program graduates have the opportunity to earn the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) examination. Note: CoARC is discontinuing accreditation of 100-level programs. Students enrolled in a 100-level program must graduate by December 31, 2012, to be recognized as graduates of a CoARC-accredited program. All 100-level programs must voluntarily withdraw effective December 31, 2012;
2. **(200-level):** Programs that prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Registered Respiratory Therapists (RRTs). 200-level program graduates have the opportunity to earn both the NBRC CRT credential and RRT credential. The CRT credential is a prerequisite for admission to the Registry Examination;
3. **(300-level):** A U.S. or International satellite campus geographically separate from the main program at which didactic, laboratory, and clinical instruction occurs for all or some of the 200-level students are enrolled;
4. **(400-level):** Programs that prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS). 400-level program graduates have the opportunity to earn both the NBRC SDS credential and Board of Registered Polysomnographic Technologists (BRPT) Registered Polysomnographic Technologist (RPSGT) credential.

As of December 31, 2011, there were a total of 451 programs and program options under an accreditation review by CoARC. These programs are sponsored by public and private higher education institutions as well as two programs sponsored federally by the U.S. Army and Air Force.

Of these 451 programs, a total of 43 programs held a Letter of Review (pre-accreditation status)³ signifying that a program seeking Initial Accreditation has demonstrated sufficient compliance with the accreditation *Standards* through a self-study and other documentation. Further, there were a total of 3 programs that received an Approval of Intent- the approval of an application which is the first step in developing an accredited program. As mentioned previously, the CoARC also accredits sleep disorders specialist programs as add-on program options to accredited respiratory care programs. There were 7 such accredited program options with 1 receiving an Approval of Intent. There were also a total of 19 domestic satellite campuses and one international satellite program (National Institute for Specialized Health located in Riyadh, Saudi Arabia).

¹ A *First-Professional Degree Program* is an educational program designed to provide students who possess no prior competence in respiratory care, with the knowledge and clinical skills required to function competently as a registry-eligible respiratory therapist [see CoARC Policy 12.02.]

² Program options include domestic satellites, international satellites, and sleep disorders specialist add-ons- each of which is assigned a separate CoARC program number.

³ As of March 24, 2012, CoARC replaced the term *Letter of Review* with *Provisional Accreditation*.

Table 1 (below) provides a breakdown of program numbers by CoARC level.

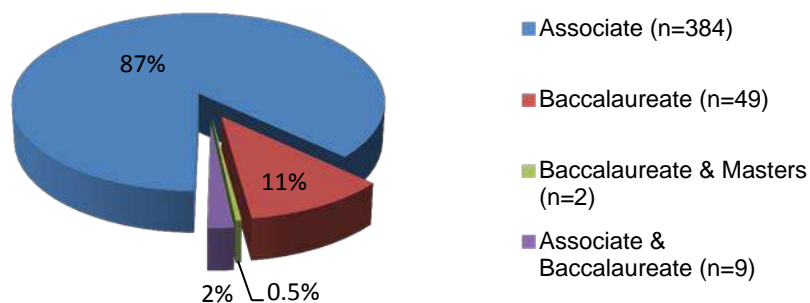
Table 1 – Program Numbers by CoARC Level as of December 31, 2011 (n=451)				
	100-level	200-level	300-level	400-level
Accredited	5	376	20	7
Letter of Review	N/A	43	N/A	N/A
Approval of Intent	N/A	3	N/A	1
Letter of Intent	3– applications in progress		N/A	1

PROGRAMS BY DEGREE OFFERED

CoARC accredits first professional respiratory care degree programs at the Associate, Baccalaureate, and Master’s Degree level in the United States and internationally. Programs accredited by the CoARC are located in institutions which are accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree at the completion of the program (*CoARC Standard 1.01*).

As of December 31, 2011, there were a total of 444 respiratory care programs and satellites. Of these, 384 (87%) offer the Associate degree upon graduation and 49 (11%) programs offer the Baccalaureate degree. Nine programs (2%) offer both the Associate degree and Baccalaureate degree. Two programs (0.5%) offer the Baccalaureate and the Master’s degree (Rush University and Georgia State University). Seven institutions offer a certificate upon completion of the sleep specialist program option.

Figure 1 - RC Programs & Satellites by Degree Offered (n=444)



CoARC further categorizes programs into one of 14 possible degree types/combinations. **Table 2** provides a breakdown of program numbers by degree and accreditation status. The Associate of Science (AS) degree accounted for the largest (58%) of the degree types offered in 2011.

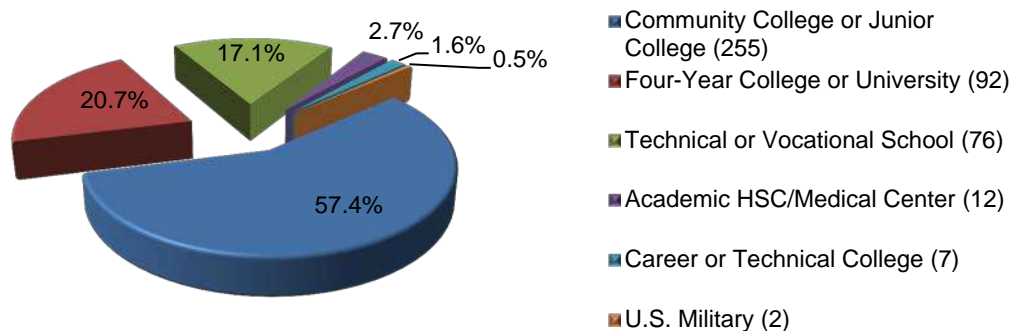
Table 2 – RC Programs and Satellites by Degree as of December 31, 2011 (n=444)

	Letter of Review (n=43)	Accredited (n=376)
Associate of Science (AS)	21	235
Associate in Applied Science (AAS)	17	106
Associate in Specialized Technology (AST)	3	
Associate in Occupational Studies (AOS)	1	1
Bachelor of Science/Masters of Science (BS/MS)	1	1
Bachelor of Science (BS)		49
Associate of Science/ Bachelor of Science (AS/BS)		4
Associate in Applied Science/ Bachelor of Science (AAS/BS)		5

PROGRAMS BY INSTITUTIONAL TYPE

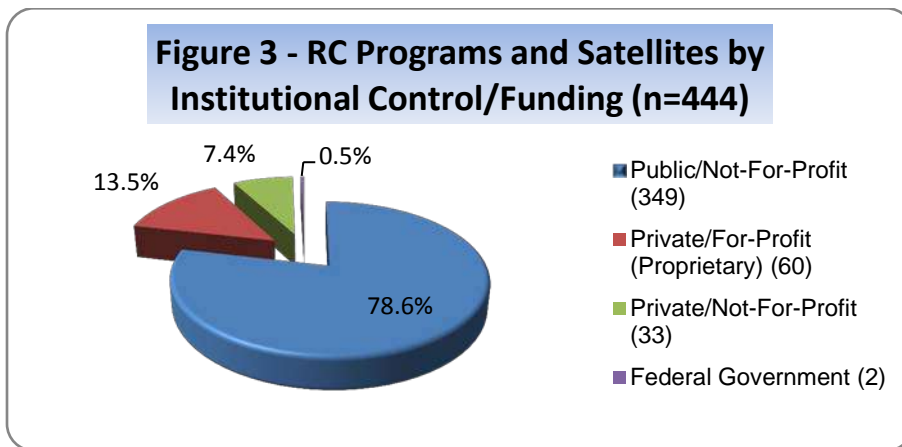
CoARC assigns programs to one of six categories that define the type of institution sponsoring the respiratory care program. These categories are: (1) Academic HSC/Medical Center; (2) Career or Technical College; (3) Community College or Junior College; (4) Four-Year College or University; (5) Technical or Vocational School, and (6) U.S. Military. As of December 31, 2011, there were 255 respiratory care programs and satellites offered at a community or junior college. This category was the largest (57%) of all the categories. Ninety-two (21%) programs were offered at a Four-Year College or University. Seventy-six (17%) programs were offered at a Technical or Vocational School. Twelve (3%) programs were offered at an Academic Health Sciences Center/Medical Center. Seven (2%) programs were offered at a Career/Technical College. Programs offered at a U.S. Military facility accounted for the fewest (0.5%). Figure 2 illustrates these categories.

Figure 2 - RC Programs and Satellites by Institutional Type (n=444)



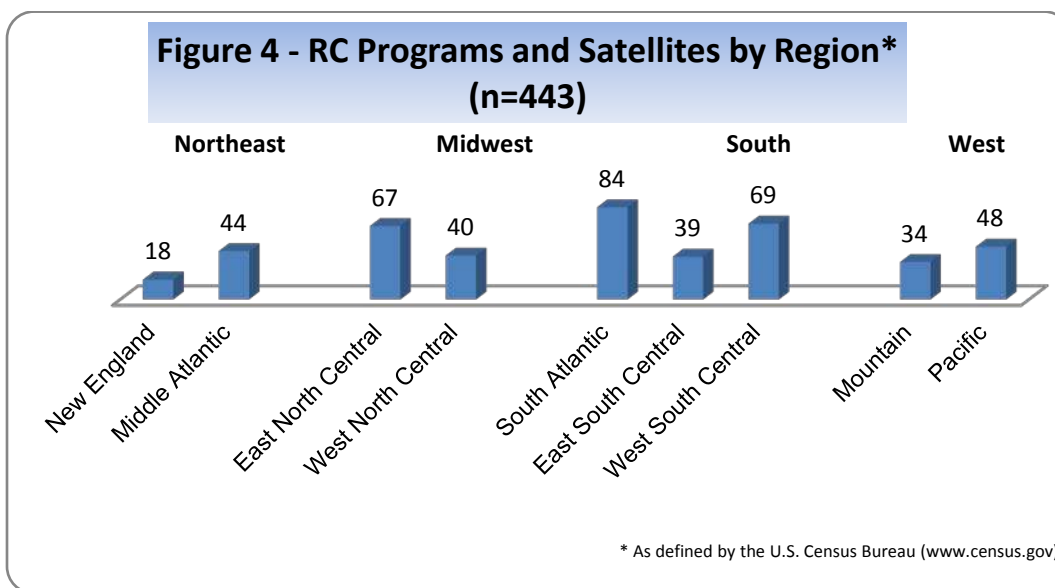
PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

CoARC assigns programs to one of four categories based on whether an institution is operated by publicly elected or appointed officials and derives its major source of funds from public sources (Public/Not-For-Profit), by privately elected or appointed officials and derives its major source of funds from private sources (Private/Not-For-Profit or Private/For Profit), or by a branch of the Armed Forces and derives its major source of funds from federal appropriations (Federal Government). As of December 31, 2011, 349 (79%) institutions sponsoring a respiratory care program were operating under a Public/Not-For-Profit status. Sixty (13.5%) institutions were operating under a Private/For-Profit (Proprietary) status. Thirty-three (7%) institutions were operating under a Private/Not-For-Profit status. Two (0.5%) of institutions were controlled and funded by the Federal Government. Figure 3 illustrates these categories and results.



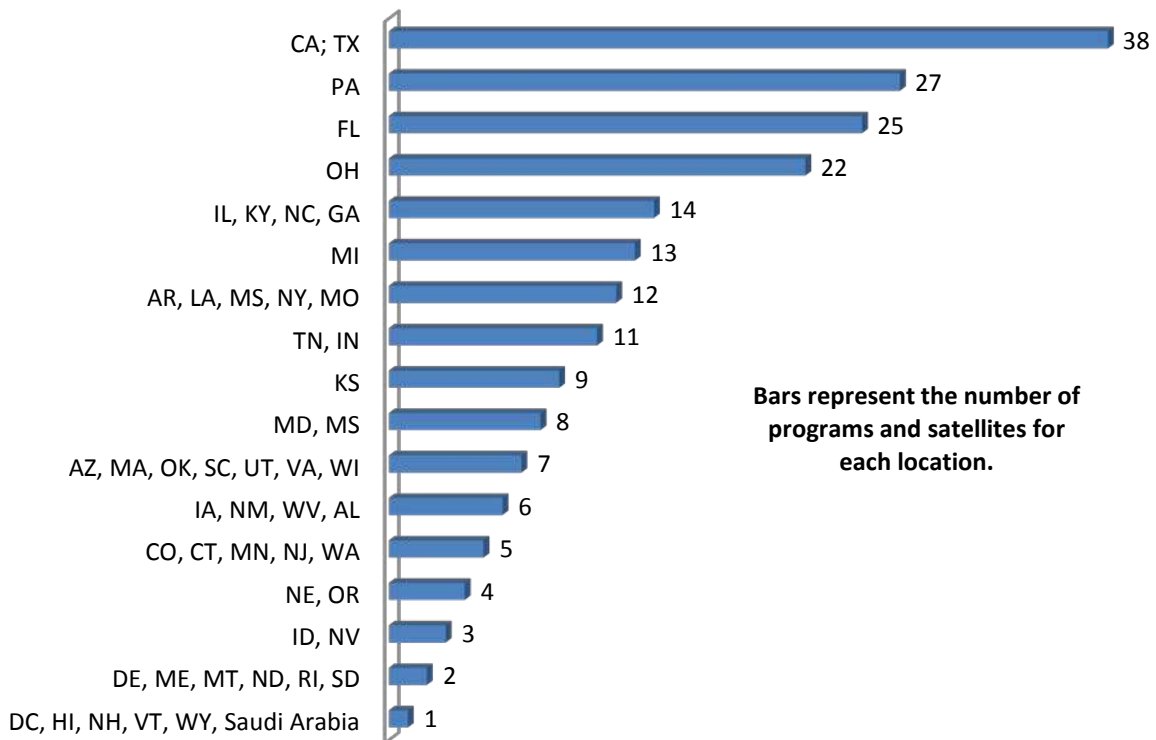
PROGRAMS BY GEOGRAPHIC LOCATION

CoARC tracks the official address (street, city, state, and zip code) of each program and satellite option. Figure 4 illustrates the number of programs and satellites by region*. Sixty-two (14%) are located in the Northeast. One hundred seven (24%) are located in the Midwest. One hundred ninety-two (43%) are located in the South. Eighty-two (19%) are located in the West.



Respiratory care programs are located in every state except Alaska. Figure 5 provides a breakdown from largest to smallest, of the number of respiratory care programs and satellites in each state (and includes the one program satellite located in Riyadh, Saudi Arabia.) The two states with the largest number of programs and satellites are Texas and California- each with 38. States with only one program include Wyoming, Vermont, New Hampshire, Hawaii, and the District of Columbia. Not included in Figure 5 are the 7 sleep disorders specialist program options which are located in New York, Florida, Alabama, Texas, Ohio, Indiana, and Georgia.

Figure 6 - Respiratory Care Programs and Satellites by Geographic Location (n=444)



ACCREDITATION DECISIONS

CoARC makes most accreditation decisions during its Board meetings three times per year (typically in March, July, and November.) The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation and Voluntary Inactive Accreditation do not require a vote by the CoARC Board and are handled by the Executive Office throughout the year.

Table 3 is a summary of accreditation actions taken in 2011. The three columns (March, July, and November) correspond with the number of specific actions taken during each of CoARC’s meeting. Note: This summary only includes substantive change actions if the program was placed on a meeting for full Board consideration.

Table 3 – Summary of CoARC Accreditation Actions for 2011				
Commission Actions	March 2011	July 2011	Nov 2011	Total
Letter of Intent (LOI) Application - In Progress	5	1	4	10
Approval of Intent (application approved)	5	7	0	12
Letter of Review (pre-accreditation status)	2	3	8	13
Initial Accreditation – Base Program	1	7	7	15
– Satellite Option	0	0	0	0
– Sleep Disorders Specialist Option	0	0	0	0
Continuing Accreditation – Base Program	6	30	20	56
– Satellite Option	0	2	1	3
– Sleep Disorders Specialist Option	0	1	2	3
Probationary Accreditation	0	2	1	3
Withdrawal of Accreditation – Involuntary	1	0	0	1
Substantive Change*	0	0	3	3
Voluntary Withdrawal*	2	5	4	11
Total Number of Accreditation Actions taken in 2011				130
*Substantive Changes and Voluntary Withdrawals not included				

CoARC has processes that call for CoARC to inform the public about its accreditation decisions. One of the ways CoARC does this is to provide the public with information about the accreditation decision process. CoARC provides the public with a description of the nature and scope of CoARC accreditation activity as well as the importance and value of accreditation (<http://www.coarc.com/46.html>). CoARC also provides the public with detailed descriptions of its accreditation policies and procedures by publishing its Accreditation Policies and Procedures Manual (<http://www.coarc.com/31.html>). In addition, CoARC provides a list of programs scheduled to be reviewed prior to each Board meeting as well as the final accreditation actions taken following each meeting (<http://www.coarc.com/11.html>).

The following section lists the specific accreditation actions taken by the CoARC Board during 2011.

Approval of Intent Granted

Approval of Intent is an authorization by CoARC indicating that a sponsoring institution's plan to start a Respiratory Care program is acceptable and that the sponsor may submit a Self-Study Report (SSR).

		<u>Effective</u>
200597- Concorde Career College-Dallas (LOI 1-20-2011)	Dallas, TX	03-05-2011
200598- Hutchison Community College (LOI 10-20-2010)	Hutchison, KS	03-05-2011
200599- New England Institute of Tech (LOI 9-24-2010)	Warwick, RI	03-05-2011
200600- Sullivan Resp. Care Consortium (LOI 9-17-2009)	Loch Sheldrake, NY	03-05-2011
200601- Virginia College at Austin (LOI 7-7-2009)	Austin, TX	03-05-2011
200602- American Institute College (LOI 1-19-2011)	Celebration, FL	07-18-2011
200603- Concorde Career Institute-Orlando (LOI 1-20-2011)	Orlando, FL	07-18-2011
200604- Jefferson College (LOI 3-14-2011)	Hillsboro, MO	07-18-2011
200605- Mid-South Community College (LOI 3-30-2011)	W. Memphis, AR	07-18-2011
200606- Pima Medical Inst-Houston (LOI 1-7-2011)	Houston, TX	07-18-2011
200607- San Joaquin Valley Coll-Temecula (LOI 9-17-2009)	Temecula, CA	07-18-2011
200608- YTI Career Institute-Altoona (LOI 12-07-2010)	Altoona, PA	07-18-2011

Letter of Review Granted

This status signifies that a program seeking Initial Accreditation has demonstrated sufficient compliance with the *Standards* through the Letter of Review Self Study Report (LSSR) and other documentation. The conferral of a Letter of Review authorizes the sponsor to admit its first class of students. The conferral of Letter of Review status denotes a developmental program, in which assurances are expected to be provided that the program may become accredited as programmatic experiences are gained, generally, by the time the first class has graduated.

		<u>Effective</u>
200590- Penn Commercial Business/Tech (AOI 4-15-2010)	Washington, PA	03-05-2011
200596- Platt College – Alhambra (AOI 12-1-2010)	Alhambra, CA	03-05-2011
200593- Concorde Career Inst-San Antonio (AOI 12-31-2010)	San Antonio, TX	07-18-2011
200597- Concorde Career College-Dallas (AOI 3-11-2011)	Dallas, TX	07-18-2011
200601- Virginia College – Austin (AOI 3-11-2011)	Austin, TX	07-18-2011
200595- Missouri State University-W Plains (AOI 12-1-2010)	West Plains, MO	11-19-2011
200598- Hutchison Community College (AOI 3-11-2011)	Hutchison, KS	11-19-2011
200599- New England Institute of Tech (AOI 3-11-2011)	Warwick, RI	11-19-2011
200603- Concorde Career Institute-Orlando (AOI 7-18-2011)	Orlando, FL	11-19-2011
200604- Jefferson College (AOI 7-18-2011)	Hillsboro, MO	11-19-2011
200605- Mid-South Community College (AOI 7-18-2011)	W. Memphis, AR	11-19-2011
200606- Pima Medical Inst-Houston (AOI 7-18-2011)	Houston, TX	11-19-2011
200607- San Joaquin Valley College (AOI 7-18-2011)	Temecula, CA	11-19-2011

Initial Accreditation Granted

This status is conferred for a limited defined period of time (five years) to a developing program that, at the time of the initial site visit, has demonstrated compliance with the *Standards*. At the end of the allotted time, the CoARC may confer either Continuing Accreditation or Withhold of Accreditation.

		<u>Initial End Date</u>
200553- St. Louis College of Health Careers (LOR 5-23-2008)	Fenton, MO	03-31-2016
200527- South Texas College (LOR 1-24-2007)	McAllen, TX	07-31-2016
200541- Southern W Virginia CC (LOR 8-8-2007)	Williamson, WV	07-31-2016
200542- Carrington College California (LOR 6-19-2007)	Pleasant Hill, CA	07-31-2016

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200548- Elizabethtown Community College (LOR 1-9-2008)	Elizabethtown, KY	07-31-2016
200550- Walters State Community College (LOR 3-13-2008)	Morristown, TN	07-31-2016
200552- Pima Medical Institute-Renton (LOR 3-26-2008)	Renton, WA	07-31-2016
200556- Mercyhurst College-North East (LOR 8-20-2008)	Erie, PA	07-31-2016
200538- Cisco College (LOR 6-20-2007)	Cisco, TX	11-30-2016
200549- Santa Fe Community College (LOR 5-16-2008)	Santa Fe, NM	11-30-2016
200554- American Career College-Anaheim (LOR 6-3-2008)	Anaheim, CA	11-30-2016
200555- N Michigan U/Marquette General (LOR 6-6-2008)	Marquette, MI	11-30-2016
200559- Concorde Career Institute-Miramar (LOR 5-22-2009)	Miramar, FL	11-19-2011
200560- Platt College (LOR 12-19-2008)	Moore, OK	11-30-2016
200561- Fortis College (LOR 2-17-2009)	Erie, PA	11-30-2016
200568- Stevens-Henager College (LOR 7-24-2009)	Boise, ID	11-30-2016

Continuing Accreditation Granted

This status is conferred when 1) an established, currently accredited program demonstrates continued compliance with the *Standards* following submission of a continuing self-study report and completion of an on-site visit, or 2) a program holding Initial Accreditation has demonstrated continued compliance with the *Standards* during the Initial Accreditation period. Continuing Accreditation remains in effect until the program withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*.

		<u>Next Re-evaluation</u>
200132- Crafton Hills College	Yucaipa, CA	2021
200224- Medical College of Georgia	Augusta, GA	2021
200288- Southern Maine Community College	S. Portland, ME	2021
200512- CHI Institute-Franklin Mills Campus (Initial 9-2011)	Philadelphia, PA	2018
200532- Somerset Community College (Initial 9-2011)	Somerset, KY	2018
200543- US Air Force School of Health (Initial 5-2011)	Sheppard AFB, TX	2018
200010- Community College of Allegheny County	Pittsburgh, PA	2021
200044- Manchester Community College	Manchester, CT	2021
200050- St. Louis Community College-Forest Park	St. Louis, MO	2021
200071- Macomb Community College-Detroit Macomb	Clinton Township, MI	2021
200073- Kettering College of Medical Arts	Kettering, OH	2021
200090- Norwalk Community College/Norwalk Hospital	Norwalk, CT	2021
200110- Lane Community College	Eugene, OR	2021
200133- St. Alexius Med Ctr/University of Mary	Bismarck, ND	2021
200187- Bergen Community College	Paramus, NJ	2021
200202- Pima Community College-Tucson	Tucson, AZ	2021
200228- Prince George's Community College	Largo, MD	2021
200233- The University of Akron	Akron, OH	2021
200247- Youngstown State University	Youngstown, OH	2021
200255- Wallace State Community College	Hanceville, AL	2021
200258- Saint Paul College	Saint Paul, MN	2021
200287- Allegany College of Maryland	Cumberland, MD	2021
200298- Madisonville Community College	Madisonville, KY	2021
200305- University of Hartford	West Hartford, CT	2021
200309- Oregon Institute of Technology	Klamath Falls, OR	2021
200326- Eastern Gateway Community College	Steubenville, OH	2021
200357- Metropolitan Community College	Omaha, NE	2021
200359- Seminole State College	Sanford, FL	2021

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200392- Bossier Parish Community College	Bossier City, LA	2021
200396- Northeast Iowa Community College	Peosta, IA	2021
200402- Dona Ana Community College	Las Cruces, NM	2021
200429- West Kentucky Comm & Tech College	Paducah, KY	2021
200460- Naugatuck Valley Community College	Waterbury, CT	2021
200468- The University of Montana-Missoula	Missoula, MT	2021
200505- Goodwin College (Initial 1-31-2012)	E. Hartford, CT	2019
200511- Idaho State University (Initial 1-31-2012)	Pocatello, ID	2019
300025- Monroe City Hall Annex (200392 satellite)	Monroe, LA	2021
300026- Learning Ctr for Rapides Parish (200392 satellite)	Alexandria, LA	2021
400247- Youngstown State University	Youngstown, OH	2021
200005- Chattanooga State Community College	Chattanooga, TN	2021
200084- Nassau Community College	Garden City, NY	2021
200095- HCCS-Coleman College	Houston, TX	2021
200121- Sinclair Community College	Dayton, OH	2021
200129- Mt. Hood Community College	Gresham, OR	2021
200134- Stony Brook University	Stony Brook, NY	2021
200142- Butte College	Oroville, CA	2021
200181- University of Alabama-Birmingham	Birmingham, AL	2021
200251- Louisiana State University	New Orleans, LA	2021
200263- Roane State Community College	Harriman, TN	2021
200294- Mott Community College	Flint, MI	2021
200299- Delaware Technical & Community College	Wilmington, DE	2021
200339- Bowling Green State U-Firelands College	Huron, OH	2021
200349- Berkshire Community College	Pittsfield, MA	2021
200358- Florence-Darlington Tech College	Florence, SC	2021
200378- Robeson Community College	Lumberton, NC	2021
200397- Frederick Community College	Frederick, MD	2021
200407- Catawba Valley Community College	Hickory, NC	2021
200461- Northeast Kentucky Consortium	Morehead, KY	2021
200504- U of Rio Grande/ Rio Grande CC/Buckeye Hills	Rio Grande, OH	2018
300009- Lorain Co Community College (Satellite)	Elyria, OH	2021
400134- Stony Brook University (Sleep Specialist Option)	Stony Brook, NY	2021
400181- University of Alabama-Birmingham (Sleep Specialist Option)	Birmingham, AL	2021

Probationary Accreditation

This is a temporary status conferred when an accredited program is not in compliance with one or more *Standards* and/or *Policies* following submission of one or more progress reports, and has not corrected deficiencies identified earlier by the CoARC Board. The program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time during the year, the program is able to rectify all the deficiencies that resulted in Probationary Accreditation and achieve compliance with the *Standards*, the CoARC Board will consider removing the probationary status when review of the Probation Report so warrants. If compliance with the *Standards* is not demonstrated within one year, accreditation will be withdrawn. A program may remain on probation for no longer than one year without demonstrable and remarkable extenuating circumstances, in which case probation may be extended for an additional year. In no case will probation status exceed 2 years.

Effective*

*This action does not become final until after the program has exhausted its rights to seek reconsideration (see CoARC Policy 1.07 – Reconsideration and Appeal).

200297- Lamar Institute	Beaumont, TX	07-18-2011
200543- United State Air Force	Sheppard AFB, TX	07-18-2011
200321- Florida A&M University	Tallahassee, FL	11-19-2011

Withdrawal of Accreditation - Involuntary

This status is conferred when a program is no longer in compliance with the accreditation Standards. Specific circumstances warranting a withdrawal of accreditation are described in Accreditation Policy 1.058. A program that has had its accreditation status withdrawn shall no longer be allowed to admit students.

Effective*

*This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.07 – Reconsideration and Appeal).

100084- AMEDD Ctr & School - Army (Probation 7-18-2009)	Ft. Sam Houston, TX	03-05-2011
200486- Olive-Harvey College (Inactive 8-23-2010 & Admin Pro 3-1-2011)	Ft. Sam Houston, TX	07-18-2011

Voluntary Withdrawal

This status is conferred when a sponsor notifies CoARC that its program(s) be removed from the accreditation process.

Effective

100049- Our Lady of Holy Cross/Ochsner College	New Orleans, LA	08-31-2011
200159- Triton College	River Grove, IL	09-01-2011
200473- Hannibal Career & Technical Ctr	Hannibal, MO	12-15-2011
200547- Career Technical College (LOR 10-16-2007)	Monroe, LA	01-05-2012
200594- Faulkner State Community College (AOI 12-1-2010)	Bay Minette, AL	10-31-2011
100092- Concorde Career College-N Hollywood	N. Hollywood, CA	05-07-2011
200056- University of Central Florida	Orlando, FL	07-01-2011
100183- Bossier Parish CC	Bossier City, LA	05-25-2011
200056- University of Central Florida	Orlando, FL	07-01-2011
200401- University of Arkansas-Texarkana	Texarkana, AR	06-27-2011
200414- Mississippi Gulf Coast CC	Gautier, MS	07-01-2011
200479- Everest Institute-DeKalb (LOR 1-31-2008)	Decatur, GA	02-22-2011

2011 ANNUAL REPORT OF CURRENT STATUS (RCS)

Overview

CoARC defines program outcomes as “performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Examples include but are not limited to: program completion rates, job placement rates, certification pass rates, and program satisfaction” (*Standards, p.10*). Outcomes measures used by CoARC reflect metrics of program effectiveness and student achievement. CoARC uses an outcomes-centered approach to its accreditation review process. This approach focuses on a specific set of outcomes which include the following: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention/attrition; c) Graduate satisfaction with program; d) Employer satisfaction with program; and e) Job placement.

CoARC believes that assessment, planning, implementation and evaluation of the educational quality of a respiratory care program (inclusive of distance education modalities and program options), that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students in an accountable and cost-effective manner.

CoARC routinely monitors the program’s outcomes results in relation to the thresholds via an Annual Report of Current Status (RCS). CoARC provides definitions of each of the minimum performance criteria in its *Interpretive Guidelines* (p.23), its *Accreditation Policies & Procedures* (p. 38), and on its website (<http://www.coarc.com/15.html>).

In May 2011, CoARC launched its online Annual RCS submission with a deadline of July 1st, 2011. In an effort to minimize potential reporting burdens to programs seeking and maintaining accreditation, CoARC redesigned its reporting tool. The main focus of this redesign was to simplify and increase the accuracy of data entry for programs. To achieve this goal, CoARC adopted a reporting system that is *driven by student data*. Programs can now capture and record cohort information that includes students’ status from start to finish. Once a cohort has been created, and students for that cohort have been entered into the reporting system, the program can update the student status, such as graduation, attrition, credentials earned, and job placement. This student-specific information is then used to automatically generate aggregate programmatic outcomes data.

The outcomes will be updated on an annual basis following the submission and verification of each program’s Annual RCS. CoARC works with programs throughout the data submission and validation phases to ensure that the performance data is accurate. In the future, CoARC will add overall employer and graduate satisfaction, as well as on-time graduation rates to the outcomes metrics reported to the public once a sufficient amount of aggregate data has been gathered and analyzed.

CoARC completed the verification of the outcomes data from the 2011 Annual Report of Current Status (RCS) in January 2012. A total of 440 programs and program options (98%) submitted annual reports in 2011. The remaining 11 new programs were not eligible to submit an annual report at the time of the July 1, 2011 deadline.

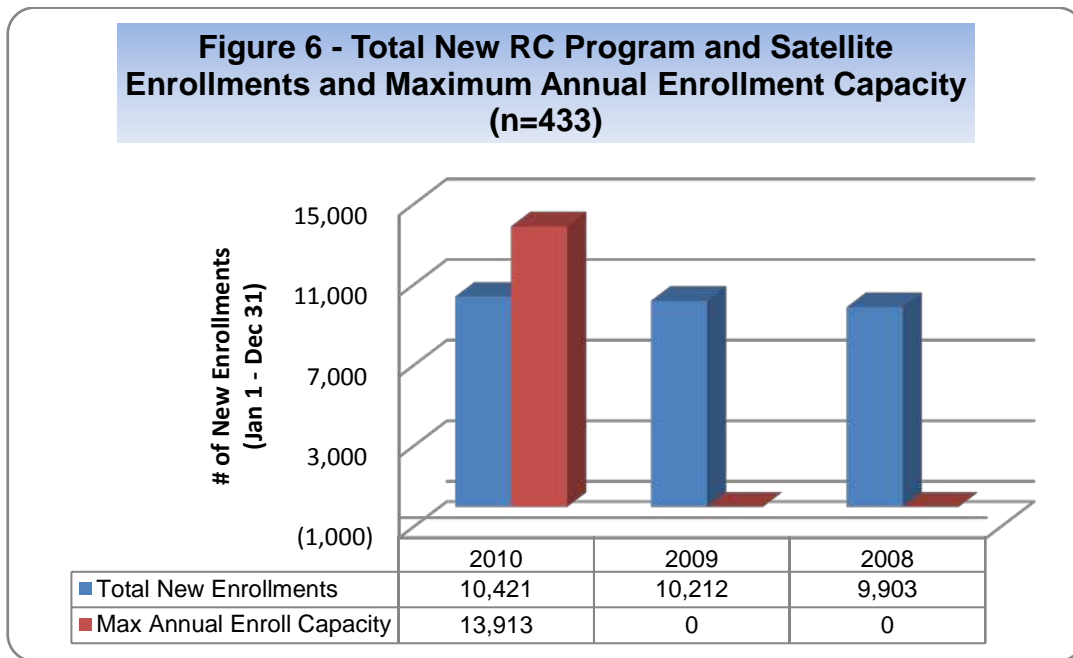
This data is self-reported by respiratory care programs to CoARC and reflects the aggregate data for the three-year time period being reported (January 1, 2008 through December 31, 2010.)

Total New Enrollments

2011 RCS data provides the total number of new program enrollees during the 3-year time period being reported (i.e., January 1, 2008 through December 31, 2010). This does not include students that were already enrolled in prior years. *Programmatic enrollment* begins at the point at which the respiratory student enrolls in the first core respiratory care course (non-survey) that is available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used only for calculating programmatic attrition and on-time graduation rates.

Figure 6 shows total new enrollments for 2008 through 2010. Enrollments for 2010 are compared to the total maximum annual enrollment capacity⁴. CoARC did not track maximum annual enrollment capacity for 2009 and 2008. The data shows 2010 new enrollments reaching 75% of capacity.

The average maximum annual enrollment capacity per program for 2010 was 32. The average number of new enrollments per program was 24 in 2010, 24 in 2009, and 23 in 2008. There was a 3% increase in new enrollments between 2008 and 2009 and a 2% increase between 2009 and 2010.



Not included in Figure 6 are the enrollment data for the 7 sleep specialist program options. There were a total of 33 new enrollments in 2010 with a maximum annual enrollment capacity of 102 (32%). In 2009, there were 59 new enrollments. In 2008, there were 57 new enrollments. The average number of new enrollments per program option in 2010 was 5 with an average maximum annual enrollment capacity per program of 15. In 2009 and 2008, the average number of new enrollments per program option was 8.

⁴ The *maximum annual enrollment capacity* is defined as the maximum number of potential new students that can be enrolled in a calendar year (defined as January 1 through December 31). This number is established by CoARC and can only be increased upon approval of a substantive change in enrollment. Only base programs and program options with a status of Initial or Continuing Accreditation without any pending Progress Reports or on Administrative Probation are eligible to request an increase in their annual enrollment.

New RC Enrollments by Degree Offered

Table 4 – New RC Enrollments by Degree Offered (n=433)

Degree Offered	Max Annual Enroll Capacity		New Enrollments 2010		New Enrollments 2009		New Enrollments 2008	
	Total	Avg	Total	Avg	Total	Avg	Total	Avg
Associate only (n=373)	12,573	34	9,404	25	9,234	25	8,937	24
Associate & Baccalaureate (n=9)	202	22	116	13	95	11	112	12
Baccalaureate only (n=49)	1,064	22	839	17	819	17	810	17
Baccalaureate & Masters (n=2)	74	37	62	31	64	32	44	22

Table 4 shows the new annual respiratory care enrollments in relation to the degree offered. Programs offering only associate degrees accounted for 86.1% of the total number of programs submitting annual reports in 2011. There were 10,421 new students enrolled in 2010; of this total, 9,404 were enrolled in Associate degree programs. This represents the largest category (90.2%) and is a 1.8% increase compared to 2009. There was a 3.3% increase in new enrollments for this category between 2008 and 2009. New enrollments reached 75% of maximum annual enrollment capacity in 2010 for associate degree programs. The average number of new enrollments per program for this category was 25 in 2009 and 2010, and 24 in 2008.

Programs offering both associate and baccalaureate degrees accounted for 2.1% of the total number of respiratory care programs submitting annual reports in 2011. In 2010, there were 116 new students (1.1% of total) enrolled in programs that offered both an associate and baccalaureate degree. This represents a 22% increase from 2009. In contrast, there was a 15% decrease in new enrollments for this category between 2009 and 2008. New enrollments reached 57% of maximum annual enrollment capacity in 2010 for programs that offer both associate and baccalaureate degrees. The average number of new enrollments per program for this category was 13 in 2010, 11 in 2009, and 12 in 2008.

Programs offering only baccalaureate degrees accounted for 11.3% of the total number of respiratory care programs submitting annual reports in 2011. In 2010, there were 839 new students (8.1% of total) enrolled in Baccalaureate degree programs. This represents a 2.4% increase from 2009. There was a 1.1% increase in new enrollments for this category between 2008 and 2009. New enrollments reached 79% of maximum annual enrollment capacity in 2010 for baccalaureate degree programs. The average number of new enrollments per program for this category was 17 in 2008, 2009, and 2010.

Programs offering both baccalaureate and master's degrees accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2011. In 2010, there were 62 new students (0.6% of total) enrolled in programs that offered both a baccalaureate and master's degree. This represents a 3.1% decrease from 2009. In contrast, there was a 31.3% increase in new enrollments for this category between 2009 and 2008. New enrollments reached 84% of maximum annual enrollment capacity in 2010 for programs that offer both baccalaureate and master's degrees. The average number of new enrollments per program for this category was 31 in 2010, 32 in 2009, and 22 in 2008.

New RC Enrollments by Institutional Type

Institutional Type	Max Annual Enroll Capacity		New Enrollments 2010		New Enrollments 2009		New Enrollments 2008	
	Total	Avg	Total	Avg	Total	Avg	Total	Avg
Community College or Junior College (n=250)	6,757	27	5,605	22	5,282	21	5,344	21
Four-Year College or University (n=91)	2,433	27	1,840	20	1,862	20	1,757	19
Technical or Vocational School (n=71)	4,057	57	2,534	36	2,680	38	2,433	34
Academic HSC/Medical Center (n=12)	249	21	193	16	172	14	158	13
Career or Technical College (n=7)	229	33	173	25	152	22	143	20
U.S. Military (n=2)	188	94	76	38	64	32	68	34

Table 5 shows the new annual respiratory care enrollments in relation to the institutional type. Programs offered in community or junior colleges accounted for 57.7% of the total number of respiratory care programs submitting annual reports in 2011. There were 5,605 new enrollments in 2010. This represents the largest category (54%) and is a 6.1% increase compared to 2009. In contrast, there was a 1.2% decrease in new enrollments between 2008 and 2009. New enrollments reached 83% of maximum annual enrollment capacity in 2010 for community colleges or junior colleges. The average number of new enrollments per program for this category was 22 in 2010 and 21 in 2008 and 2009.

Programs offered in four-year colleges or universities accounted for 21.0% of the total number of respiratory care programs submitting annual reports in 2011. There were 1,840 (17.7% of total) new enrollments in 2010. This represents a 1.2% decrease compared to 2009. In contrast, there was a 6.0% increase between 2008 and 2009. New enrollments reached 75.6% of maximum annual enrollment capacity in 2010. The average number of new enrollments per program for this category was 20 in 2009 and 2010 and 19 in 2008.

Programs offered in technical or vocational schools accounted for 16.4% of the total number of respiratory care programs submitting annual reports in 2011. There were 2,534 (24.3% of total) new enrollments in 2010. This represents a 5.4% decrease compared to 2009. In contrast, there was a 10.2% increase between 2008 and 2009. New enrollments reached 62.5% of maximum annual enrollment capacity in 2010. The average number of new enrollments per program for this category was 36 in 2010, 38 in 2009, and 34 in 2008.

Programs offered in academic HSC/medical centers accounted for 2.8% of the total number of respiratory care programs submitting annual reports in 2011. There were 193 (1.9% of total) new enrollments in 2010. This represents a 12.2% increase compared to 2009. There was an 8.9% increase between 2008 and 2009. New enrollments reached 77.5% of maximum annual enrollment capacity in 2010. The average number of new enrollments per program for this category was 16 in 2010, 14 in 2009, and 13 in 2008.

Programs offered in career or technical colleges accounted for 1.6% of the total number of respiratory care programs submitting annual reports in 2011. There were 173 (1.7% of total) new enrollments in 2010. This represents a 13.8% increase compared to 2009. A 6.3% increase occurred between 2008 and 2009. New enrollments reached 75.6% of maximum annual enrollment capacity in 2010. The average number of new enrollments per program for this category was 25 in 2010, 22 in 2009, and 20 in 2008.

Programs offered in the U.S. military accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2011. There were 76 (0.7% of total) new enrollments in 2010. This represents an 18.8% increase compared to 2009. In contrast, there was a 6.3% decrease between 2008 and 2009. New enrollments reached 40.4% of maximum annual enrollment capacity in 2010. The average number of new enrollments per program for this category was 38 in 2010, 32 in 2009, and 34 in 2008.

New RC Enrollments by Institutional Control/Funding

Table 6 – New RC Enrollments by Institutional Control/Funding (n=433)

Institutional Control/Funding	Max Annual Enroll Capacity		New Enrollments 2010		New Enrollments 2009		New Enrollments 2008	
	Total	Avg	Total	Avg	Total	Avg	Total	Avg
Public/Not-For-Profit (n=345)	8,762	25	7,165	21	6,719	19	6,760	20
Private/For-Profit (Proprietary) (n=54)	4,207	78	2,685	50	2,948	55	2,638	49
Private/Not-For-Profit (n=32)	756	24	495	15	481	15	437	14
Federal Government (n=2)	188	94	76	38	64	32	68	34

Table 6 shows the new annual respiratory care enrollments in relation to the institutional control/funding. Programs under control/ funded by public/not-for-profit institutions accounted for 79.7% of the total number of respiratory care programs submitting annual reports in 2011. There were 7,165 new enrollments in 2010. This represents the largest category (68.8%) and is a 6.6% increase compared to 2009. In contrast, there was a 0.6% decrease in new enrollments for this category between 2008 and 2009. New enrollments reached 81.8% of maximum annual enrollment capacity in 2010 for programs under control/funded by public/not-for-profit institutions. The average number of new enrollments per program for this category was 21 in 2010, 19 in 2009, and 20 in 2008.

Programs under control/funded by private/for-profit (proprietary) institutions accounted for 12.5% of the total number of respiratory care programs submitting annual reports in 2011. There were 2,685 (25.8% of total) new enrollments in 2010. This represents an 8.9% decrease compared to 2009. In contrast, there was an 11.8% increase for this category between 2008 and 2009. New enrollments reached 63.8% of maximum annual enrollment capacity in 2010 for programs under control/funded by private/for-profit (proprietary) institutions. The average number of new enrollments per program for this category was 50 in 2010, 55 in 2009, and 49 in 2008.

Programs under control/funded by private/not-for-profit institutions accounted for 7.4% of the total number of respiratory care programs submitting annual reports in 2011. There were 495 (4.8% of total) new enrollments in 2010. This represents a 2.9% increase compared to 2009. There was a 10.1% increase for this category between 2008 and 2009. New enrollments reached 65.5% of maximum annual enrollment capacity in 2010 for programs under control/funded by private/not-for-profit institutions. The average number of new enrollments per program for this category was 15 in 2010 and 2009, and 14 in 2008.

Programs under control/ funded by the federal government accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2011. There were 76 (0.7% of total) new enrollments in 2010. This represents an 18.8% increase compared to 2009. In contrast, there was a 6.3% decrease for this category between 2008 and 2009. New enrollments reached 40.4% of maximum annual enrollment capacity in 2010 for institutions under control/funded by the federal government. The average number of new enrollments per program for this category was 38 in 2010, 32 in 2009, and 34 in 2008.

New RC Enrollments by State and Degree

Table 7 provides data on new respiratory care enrollments for 2008-2010 by state and degree offered.

Table 7 – New RC Enrollments by State and Degree (n=432)					
State	Degree	Maximum Annual Enroll Capacity	New Enrollments 2010	New Enrollments 2009	New Enrollments 2008
AL (n=6)	Total	203	143	155	144
	Associate	150	81	96	89
	Baccalaureate	53	62	59	55
AR (n=11)	Total	223	118	89	84
	Associate	151	88	57	56
	Baccalaureate	72	30	32	28
AZ (n=7)	Total	663	417	459	446
	Associate	663	417	459	446
	Baccalaureate	0	0	0	0
CA (n=37)	Total	2,092	1,619	1,630	1,508
	Associate	2,070	1,605	1,622	1,497
	Baccalaureate	22	14	8	11
CO (n=5)	Total	235	139	158	110
	Associate	235	139	158	110
	Baccalaureate	0	0	0	0
CT (n=5)	Total	113	101	89	85
	Associate	95	85	79	69
	Baccalaureate	18	16	10	16
DC (n=1)	Total	24	17	17	24
	Associate	24	17	17	24
	Baccalaureate	0	0	0	0
DE (n=2)	Total	35	28	31	25
	Associate	35	28	31	25
	Baccalaureate	0	0	0	0
FL (n=24)	Total	923	626	593	623
	Associate	898	596	582	611
	Baccalaureate	25	30	11	12
GA (n=14)	Total	335	263	257	252
	Associate	245	182	180	165
	Baccalaureate	40	43	34	43
	Bacc & Masters	50	38	43	44
HI (n=1)	Total	16	16	17	17
	Associate	16	16	17	17
	Baccalaureate	0	0	0	0

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IA (n=6)	Total	128	115	99	87
	Associate	128	115	99	87
	Baccalaureate	0	0	0	0
ID (n=3)	Total	80	73	70	27
	Associate	55	47	45	1
	Baccalaureate	25	26	25	26
IL (n=14)	Total	431	316	334	289
	Associate	407	292	313	289
	Bacc & Masters	24	24	21	0
IN (n=11)	Total	237	230	214	203
	Associate	207	200	184	173
	Baccalaureate	30	30	30	30
KS (n=8)	Total	180	140	112	107
	Associate	156	122	103	95
	Baccalaureate	24	18	9	12
KY (n=14)	Total	282	205	171	231
	Associate	267	205	160	218
	Baccalaureate	15	0	11	13
LA (n=12)	Total	207	134	116	101
	Associate	172	112	94	83
	Baccalaureate	35	22	22	18
MA (n=7)	Total	139	123	118	118
	Associate	139	123	118	118
	Baccalaureate	0	0	0	0
MD (n=8)	Total	193	157	163	513
	Associate	133	133	124	390
	Baccalaureate	60	24	39	33
ME (n=2)	Total	34	36	34	35
	Associate	34	36	34	35
	Baccalaureate	0	0	0	0
MI (n=13)	Total	467	375	354	389
	Associate	457	365	344	384
	Assoc & Bacc	10	10	10	5
	Baccalaureate	0	0	0	0
MN (n=5)	Total	123	103	91	88
	Associate	83	79	64	68
	Baccalaureate	40	24	27	20
MO (n=10)	Total	377	216	243	177
	Associate	353	203	230	166
	Baccalaureate	24	13	13	11
MS (n=8)	Total	162	139	123	134
	Associate	162	139	123	134

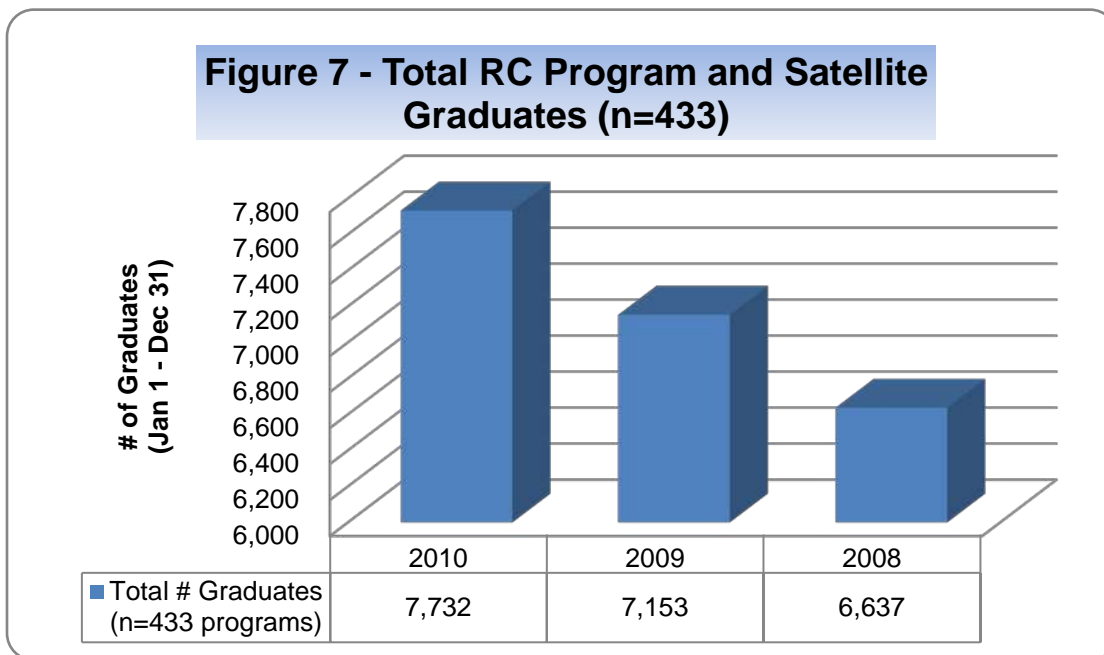
	Baccalaureate	0	0	0	0
MT (n=2)	Total	31	28	28	23
	Associate	31	28	28	23
	Baccalaureate	0	0	0	0
NC (n=14)	Total	296	258	268	258
	Associate	296	258	268	258
	Baccalaureate	0	0	0	0
ND (n=2)	Total	24	16	22	24
	Associate	0	0	0	0
	Baccalaureate	24	16	22	24
NE (n=4)	Total	98	61	83	73
	Associate	59	44	57	50
	Baccalaureate	15	6	11	11
	Assoc & Bacc	24	11	15	12
NH (n=1)	Total	16	11	13	13
	Associate	16	11	13	13
	Baccalaureate	0	0	0	0
NJ (n=5)	Total	162	155	128	152
	Associate	122	128	112	114
	Assoc & Bacc	40	27	16	38
NM (n=6)	Total	173	112	92	111
	Associate	173	112	92	111
	Baccalaureate	0	0	0	0
NV (n=3)	Total	187	167	137	140
	Associate	187	167	137	140
	Baccalaureate	0	0	0	0
NY (n=12)	Total	429	345	325	306
	Associate	355	273	263	243
	Baccalaureate	74	72	62	63
OH (n=22)	Total	585	491	472	437
	Associate	493	408	387	349
	Baccalaureate	92	83	85	88
OK (n=7)	Total	157	121	120	88
	Associate	157	121	120	88
	Baccalaureate	0	0	0	0
OR (n=4)	Total	119	86	99	72
	Associate	94	71	84	56
	Baccalaureate	25	15	15	16
PA (n=27)	Total	706	478	422	440
	Associate	608	398	348	367
	Baccalaureate	70	63	58	51
	Assoc & Bacc	28	17	16	22

RI (n=1)	Total	24	21	26	21
	Associate	24	21	26	21
	Baccalaureate	0	0	0	0
SC (n=7)	Total	167	128	131	127
	Associate	167	128	131	127
	Baccalaureate	0	0	0	0
SD (n=2)	Total	24	20	16	23
	Associate	24	20	16	23
	Baccalaureate	0	0	0	0
TN (n=11)	Total	328	238	207	207
	Associate	274	187	157	164
	Baccalaureate	54	51	50	43
TX (n=34)	Total	1,244	814	790	886
	Associate	1,107	693	682	780
	Baccalaureate	137	121	108	106
UT (n=7)	Total	403	303	481	430
	Associate	303	252	443	395
	Assoc & Bacc	100	51	38	35
VA (n=7)	Total	320	265	180	194
	Associate	290	239	153	173
	Baccalaureate	30	26	27	21
VT (n=1)	Total	27	20	19	21
	Associate	27	20	19	21
	Baccalaureate	0	0	0	0
WA (n=5)	Total	152	132	125	141
	Associate	152	132	125	141
	Baccalaureate	0	0	0	0
WI (n=7)	Total	155	148	136	134
	Associate	155	148	136	134
	Baccalaureate	0	0	0	0
WV (n=6)	Total	139	117	121	94
	Associate	109	107	95	64
	Baccalaureate	30	10	26	30
WY (n=1)	Total	15	13	9	11
	Associate	15	13	9	11
	Baccalaureate	0	0	0	0

Total Graduates

2011 RCS data (Figure 7) provides the total number of graduates during the 3-year time period being reported (i.e., January 1, 2008 through December 31, 2010). Graduation numbers include those students that graduate on-time as well as students graduating after their expected graduation date.

The average number of graduates per program was 18 in 2010, 17 in 2009, and 15 in 2008. There was a 7.8% increase in overall graduates between 2008 and 2009 and an 8.1% increase between 2009 and 2010.



Not included in Figure 7 are the graduate data for the 7 sleep specialist program options. There were a total of 45 graduates in 2010. In 2009, there were 40 graduates. In 2008, there were 50 graduates. The average number of graduates per program option in 2009 and 2010 was 6. In 2008, the average number of graduates per program option was 7.

RC Graduates by Degree Offered

Table 8 – RC Graduates by Degree Offered (n=433)

Degree Offered	2010 Graduates		2009 Graduates		2008 Graduates	
	Total	Avg	Total	Avg	Total	Avg
Associate only (n=373)	6,919	19	6,353	17	5,858	16
Associate & Baccalaureate (n=9)	103	11	61	7	83	9
Baccalaureate only (n=49)	675	14	703	14	663	14
Baccalaureate & Masters (n=2)	35	35	36	36	33	33

Table 8 shows the number of respiratory care graduates in relation to the degree offered. Programs offering only associate degrees accounted for 86.1% of the total number of programs submitting annual reports in 2011. There were 7,732 graduates in 2010; of this total, 6,919 graduated from Associate degree programs. This represents the largest category (89.5%) and is an 8.9% increase compared to 2009. There was an 8.5% increase in graduates for this category between 2008 and 2009. The average number of graduates per program for this category was 19 in 2010, 17 in 2009, and 16 in 2008.

Programs offering both associate and baccalaureate degrees accounted for 2.1% of the total number of respiratory care programs submitting annual reports in 2011. In 2010, there were 103 graduates (1.3% of total) from programs that offered both an associate and baccalaureate degree. This represents a 68.9% increase from 2009. In contrast, there was a 2.7% decrease in graduates for this category between 2009 and 2008. The average number of graduates per program for this category was 11 in 2010, 7 in 2009, and 9 in 2008.

Programs offering only baccalaureate degrees accounted for 11.3% of the total number of respiratory care programs submitting annual reports in 2011. In 2010, there were 675 graduates (8.7% of total) from Baccalaureate degree programs. This represents a 4.0% decrease from 2009. In contrast, there was a 6.0% increase in graduates for this category between 2008 and 2009. The average number of graduates per program for this category was 14 in 2008, 2009, and 2010.

Programs offering both baccalaureate and master's degrees accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2011. In 2010, there were 35 graduates (0.5% of total) from programs that offered both a baccalaureate and master's degree. This represents a 2.8% decrease from 2009. In contrast, there was a 9.1% increase in graduates for this category between 2009 and 2008. The average number of graduates per program for this category was 35 in 2010, 36 in 2009, and 33 in 2008.

RC Graduates by Institutional Type

Table 9 – RC Graduates by Institutional Type (n=433)						
Institutional Type	2010 Graduates		2009 Graduates		2008 Graduates	
	Total	Avg	Total	Avg	Total	Avg
Community College or Junior College (n=250)	4,143	17	3,994	16	3,776	15
Four-Year College or University (n=91)	1,361	15	1,275	14	1,278	14
Technical or Vocational School (n=71)	1,965	28	1,620	23	1,344	19
Academic HSC/Medical Center (n=12)	118	10	125	10	106	9
Career or Technical College (n=7)	125	18	124	18	130	19
U.S. Military (n=2)	20	10	15	8	3	2

Table 9 shows the number of respiratory care graduates in relation to the institutional type. Programs offered in community or junior colleges accounted for 57.7% of the total number of respiratory care programs submitting annual reports in 2011. There were 4,143 graduates in 2010. This represents the largest category (53.6%) and is a 3.7% increase compared to 2009. There was a 5.8% increase in graduates between 2008 and 2009. The average number of graduates per program for this category was 17 in 2010, 16 in 2009, and 15 in 2008.

Programs offered in four-year colleges or universities accounted for 21.0% of the total number of respiratory care programs submitting annual reports in 2011. There were 1,361 (17.6% of total) graduates in 2010. This represents a 6.8% increase compared to 2009. In contrast, there was a 0.2% decrease between 2008 and 2009. The average number of graduates per program for this category was 15 in 2010 and 14 in 2009 and 2008.

Programs offered in technical or vocational schools accounted for 16.4% of the total number of respiratory care programs submitting annual reports in 2011. There were 1,965 (25.4% of total) graduates in 2010. This represents a 21.3% increase compared to 2009. There was a 20.5% increase between 2008 and 2009. The average number of graduates per program for this category was 28 in 2010, 23 in 2009, and 19 in 2008.

Programs offered in academic HSC/medical centers accounted for 2.8% of the total number of respiratory care programs submitting annual reports in 2011. There were 118 (15.3% of total) graduates in 2010. This represents a 5.6% decrease compared to 2009. In contrast, there was a 17.9% increase between 2008 and 2009. The average number of graduates per program for this category was 10 in 2010 and 2009, and 9 in 2008.

Programs offered in career or technical colleges accounted for 1.6% of the total number of respiratory care programs submitting annual reports in 2011. There were 125 (1.6% of total) graduates in 2010. This represents a 0.8% increase compared to 2009. In contrast, a 4.6% decrease occurred between 2008 and 2009. The average number of graduates per program for this category was 18 in 2010 and 2009, and 19 in 2008.

Programs offered in the U.S. military accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2011. There were 20 (0.3% of total) graduates in 2010. This represents a 33.3% increase compared to 2009. There was a 400% increase between 2008 and 2009. The average number of graduates per program for this category was 10 in 2010, 8 in 2009, and 2 in 2008. **Note:** The 2011 RCS did not capture data from the 100-level military programs since those programs voluntarily withdrew prior to the July 1, 2011 RCS submission deadline.

RC Graduates by Institutional Control/Funding

Table 10 –RC Graduates by Institutional Control/Funding (n=433)

Institutional Control/Funding	2010 Graduates		2009 Graduates		2008 Graduates	
	Total	Avg	Total	Avg	Total	Avg
Public/Not-For-Profit (n=345)	5,216	15	5,122	15	4,888	14
Private/For-Profit (Proprietary) (n=54)	2,144	40	1,669	31	1,411	26
Private/Not-For-Profit (n=32)	352	11	347	11	335	10
Federal Government (n=2)	20	10	15	8	3	2

Table 10 shows the number respiratory care graduates in relation to the institutional control/funding. Programs under control/ funded by public/not-for-profit institutions accounted for 79.7% of the total number of respiratory care programs submitting annual reports in 2011. There were 5,216 graduates in 2010. This represents the largest category (67.5%) and is a 1.8% increase compared to 2009. There was a 4.8% increase in graduates for this category between 2008 and 2009. The average number of graduates per program for this category was 15 in 2010 and 2009, and 14 in 2008.

Programs under control/funded by private/for-profit (proprietary) institutions accounted for 12.5% of the total number of respiratory care programs submitting annual reports in 2011. There were 2,144 (27.7% of total) graduates in 2010. This represents a 28.5% increase compared to 2009. There was an 18.3% increase for this category between 2008 and 2009. The average number of graduates per program for this category was 40 in 2010, 31 in 2009, and 26 in 2008.

Programs under control/funded by private/not-for-profit institutions accounted for 7.4% of the total number of respiratory care programs submitting annual reports in 2011. There were 352 (4.6% of total) graduates in 2010. This represents a 1.4% increase compared to 2009. There was a 3.6% increase for this category between 2008 and 2009. The average number of graduates per program for this category was 11 in 2010 and 2009, and 10 in 2008.

Programs under control/ funded by the federal government accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2011. There were 20 (0.3% of total) graduates in 2010. This represents a 33.3% increase compared to 2009. The average number of graduates per program for this category was 10 in 2010, 8 in 2009, and 2 in 2008. **Note:** The 2011 RCS did not capture data from the 100-level military programs since those programs voluntarily withdrew prior to the July 1, 2011 RCS submission deadline.

RC Graduates by State and Degree

Table 11 provides data on respiratory care graduates for 2008-2010 by state and degree offered.

Table 11 –RC Graduates by State and Degree (n=432)				
State	Degree	2010 Graduates	2009 Graduates	2008 Graduates
AL (n=6)	Total	124	112	115
	Associate	79	77	61
	Baccalaureate	45	35	54
AR (n=11)	Total	62	61	45
	Associate	48	40	32
	Baccalaureate	14	21	13
AZ (n=7)	Total	341	334	290
	Associate	341	334	290
	Baccalaureate	0	0	0
CA (n=37)	Total	1270	1020	943
	Associate	1262	1009	932
	Baccalaureate	8	11	11
CO (n=5)	Total	116	80	76
	Associate	116	80	76
	Baccalaureate	0	0	0
CT (n=5)	Total	64	63	66
	Associate	50	57	63
	Baccalaureate	14	6	3
DC (n=1)	Total	11	20	15
	Associate	11	20	15
	Baccalaureate	0	0	0
DE (n=2)	Total	25	15	25
	Associate	25	15	25
	Baccalaureate	0	0	0
FL (n=24)	Total	486	442	362
	Associate	475	422	351
	Baccalaureate	11	20	11
GA (n=14)	Total	237	194	197
	Associate	165	121	129
	Baccalaureate	37	37	35
	Bacc & Masters	35	36	33
HI (n=1)	Total	11	14	14
	Associate	11	14	14
	Baccalaureate	0	0	0
IA (n=6)	Total	66	69	78
	Associate	66	69	78

	Baccalaureate	0	0	0
ID (n=3)	Total	32	36	21
	Associate	10	12	6
	Baccalaureate	22	24	15
IL (n=14)	Total	245	250	243
	Associate	245	250	243
	Baccalaureate	0	0	0
	Bacc & Masters	0	0	0
IN (n=11)	Total	174	163	141
	Associate	146	139	119
	Baccalaureate	28	24	22
KS (n=8)	Total	83	110	83
	Associate	73	103	67
	Baccalaureate	10	7	16
KY (n=14)	Total	160	170	139
	Associate	146	158	133
	Baccalaureate	14	12	6
LA (n=12)	Total	83	83	70
	Associate	67	62	51
	Baccalaureate	16	21	19
MA (n=7)	Total	104	72	71
	Associate	104	72	71
	Bacc	0	0	0
MD (n=8)	Total	110	96	106
	Associate	87	69	83
	Baccalaureate	23	27	23
ME (n=2)	Total	24	21	22
	Associate	24	21	22
	Baccalaureate	0	0	0
MI (n=13)	Total	277	235	234
	Associate	274	235	234
	Assoc & Bacc	3	0	0
	Baccalaureate	0	0	0
MN (n=5)	Total	65	70	67
	Associate	46	48	46
	Baccalaureate	19	22	21
MO (n=10)	Total	173	135	116
	Associate	161	122	106
	Baccalaureate	12	13	10
MS (n=8)	Total	96	91	89
	Associate	96	91	89
	Baccalaureate	0	0	0

MT (n=2)	Total	18	14	19
	Associate	18	14	19
	Baccalaureate	0	0	0
NC (n=14)	Total	182	165	182
	Associate	182	165	182
	Baccalaureate	0	0	0
ND (n=2)	Total	22	23	18
	Associate	0	0	0
	Baccalaureate	22	23	18
NE (n=4)	Total	57	47	61
	Associate	40	34	41
	Assoc & Bacc	12	10	12
	Baccalaureate	5	3	8
NH (n=1)	Total	11	11	11
	Associate	11	11	11
	Baccalaureate	0	0	0
NJ (n=5)	Total	92	106	118
	Associate	76	87	101
	Assoc & Bacc	16	19	17
	Baccalaureate	0	0	0
NM (n=6)	Total	72	79	64
	Associate	72	79	64
	Baccalaureate	0	0	0
NV (n=3)	Total	108	100	90
	Associate	108	100	90
	Baccalaureate	0	0	0
NY (n=12)	Total	244	240	226
	Associate	183	181	177
	Baccalaureate	61	59	49
OH (n=22)	Total	343	333	344
	Associate	265	258	271
	Baccalaureate	78	75	73
OK (n=7)	Total	104	90	86
	Associate	104	90	86
	Baccalaureate	0	0	0
OR (n=4)	Total	64	61	62
	Associate	49	45	45
	Baccalaureate	15	16	17
PA (n=27)	Total	289	343	306
	Associate	229	284	255
	Assoc & Bacc	17	15	11
	Baccalaureate	43	44	40

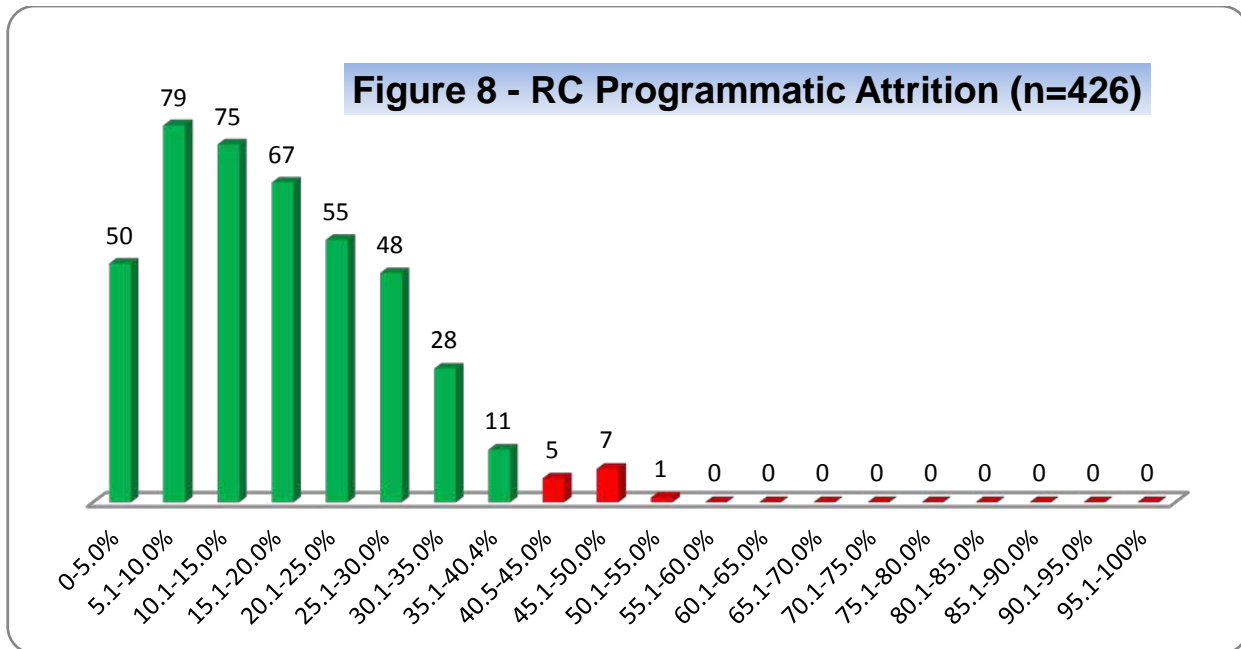
RI (n=1)	Total	14	20	15
	Associate	14	20	15
	Baccalaureate	0	0	0
SC (n=7)	Total	81	91	101
	Associate	81	91	101
	Baccalaureate	0	0	0
SD (n=2)	Total	13	21	18
	Associate	13	21	18
	Baccalaureate	0	0	0
TN (n=11)	Total	134	144	145
	Associate	93	102	109
	Baccalaureate	41	42	36
TX (n=34)	Total	623	693	516
	Associate	533	599	413
	Baccalaureate	90	94	103
UT (n=7)	Total	326	168	181
	Associate	271	151	138
	Assoc & Bacc	55	17	43
	Baccalaureate	0	0	0
VA (n=7)	Total	150	132	137
	Associate	130	111	119
	Baccalaureate	20	21	18
VT (n=1)	Total	14	18	12
	Associate	14	18	12
	Baccalaureate	0	0	0
WA (n=5)	Total	114	84	73
	Associate	114	84	73
	Baccalaureate	0	0	0
WI (n=7)	Total	109	98	113
	Associate	109	98	113
	Baccalaureate	0	0	0
WV (n=6)	Total	85	77	76
	Associate	75	59	57
	Baccalaureate	10	18	19
WY (n=1)	Total	7	11	12
	Associate	7	11	12
	Baccalaureate	0	0	0

Overall Programmatic Attrition

Programmatic attrition is defined by CoARC as, “Students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons.”⁵ Students who leave the program with a full tuition refund, and those students transferring to satellites are not included in program attrition. Programmatic enrollment, as defined by CoARC, begins at the point at which the respiratory student enrolls in the first core respiratory care course (non-survey) that is available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used only for calculating programmatic attrition and on-time graduation rates.

# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Above Threshold
n=426	40%	17.0%	52%	0%	13

2011 RCS data on programmatic attrition (Table 12 and Figure 8) show a total of 426 programs reporting programmatic attrition rates for 2008-2010. Seven new programs did not have any attrition data to report for 2008-10. The average attrition rate was 17% with the highest rate of 52% (n=1) and the lowest rate of 0% (n=16). A total of 13 programs (3.1% of total) reported attrition rates above the [CoARC-established threshold](#) of 40%. As per CoARC Standard 3.14, these programs began a dialogue with CoARC to develop an appropriate plan of action (i.e., a [progress report](#)) for program improvement.



Not included in Table 12 and Figure 8 are the attrition data for the 7 sleep specialist program options. There were a total of 7 program options reporting data in 2011. The average attrition rate was 10% with the highest rate of 30% (n=1) and the lowest rate of 0% (n=1). All 7 program options reported attrition rates below the CoARC-established threshold of 40%.

⁵ This was the definition in use at the time of the submission of the 2011 RCS. The definition of attrition in use for the 2012 RCS (effective March 24, 2012) is “Students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program before the fifteenth calendar day from the beginning of the term with fundamental respiratory care core coursework and those students transferring to satellites are not included in program attrition.”

Attrition by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 13 – RC Programmatic Attrition by Degree Offered (n=426)

Degree	Avg Attrition
Baccalaureate & Master’s (n=2)	21.1%
Associate only (n=366)	17.8%
Baccalaureate only (n=49)	12.3%
Associate & Baccalaureate (n=9)	8.5%

Table 13 shows programmatic attrition data in relation to the degree offered. RC Programs offering both Baccalaureate & Master’s degrees demonstrated the highest attrition rate (21.1%). RC Programs offering only the Baccalaureate degree demonstrated a lower attrition rate (12.3%) on average when compared to programs offering only the Associate degree (17.8%). RC Programs offering both the Associate & Baccalaureate degree demonstrated the lowest attrition rate at 8.5%.

Table 14 – RC Programmatic Attrition by Institutional Type (n=426)

Institutional Type	Avg Attrition
Academic HSC/Medical Center (n=12)	24.3%
Community College or Junior College (n=246)	18.1%
Technical or Vocational School (n=68)	17.7%
Four-Year College or University (n=91)	13.3%
Career or Technical College (n=7)	12.7%
U.S. Military (n=2)	1.6%

Table 14 shows programmatic attrition data in relation to institutional type. RC Programs located in Academic HSC/Medical Centers demonstrated the highest attrition rate (24.3%). Attrition rates decreased to 18.1% on average for RC Programs located in Community Colleges or Junior Colleges. Attrition rates decreased slightly to 17.7% on average for RC Programs located in Technical or Vocational Schools. Four-Year Colleges or Universities demonstrated an attrition rate of 13.3% on average with the rate decreasing slightly further to 12.7% for Career or Technical Colleges. RC Programs located at U.S. Military facilities demonstrated the lowest attrition rate at 1.6%.

Table 15 – RC Programmatic Attrition by Institutional Control/Funding (n=426)

Institutional Type	Avg Attrition
Private/For-Profit (Proprietary) (n=52)	17.7%
Public/Not-For-Profit (n=340)	17.3%
Private/Not-For-Profit (n=32)	13.2%
Federal Government (n=2)	1.6%

Table 15 shows programmatic attrition data in relation to institutional control/funding. Programs under control/funded by private/for-profit (proprietary) institutions demonstrated the highest attrition rate, on average, at 17.7%. Programs under control/funded by public/not-for-profit demonstrated a slightly lower attrition rate (17.3%) compared to the for-profit sector. Attrition rates were even lower, on average (13.2%) for programs under control/funded by private/not-for-profit institutions. RC Programs under control/funded by the federal government demonstrated the lowest attrition rate at 1.6%.

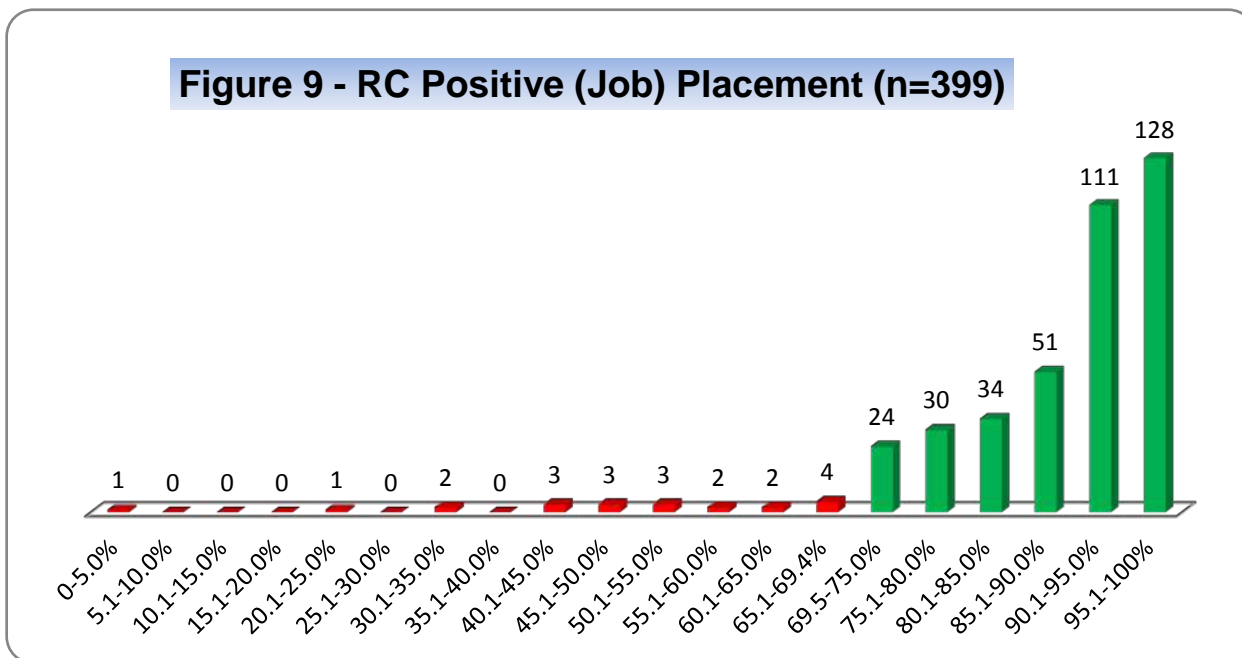
Overall Positive (Job) Placement

Positive (job) placement is defined by CoARC as, “a graduate who within ten (10) months after graduation is: a. employed in respiratory care (i.e. full- or part-time, per diem, etc.), or b. enrolled full- or part-time in another degree program, or c. serving in the military, or d. employed in the polysomnography field (i.e. full- or part-time, per diem, etc. for graduates of the polysomnography option of programs offering the same).⁶”

# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Below Threshold
n=399	70%	88.5%	100%	0%	21

2011 RCS data on positive placement (Table 16 and Figure 9) show a total of 399 programs reporting positive placement rates for 2008-2010. Thirty-four programs did not have any placement data to report for 2008-10. The average placement rate was 88.5% with the highest rate of 100% (n=64) and the lowest rate of 0% (n=1). A total of 21 programs (5.3% of total) reported placement rates below the [CoARC-established threshold](#) of 70%. As per CoARC Standard 3.14, these programs began a dialogue with CoARC to develop an appropriate plan of action (i.e., a [progress report](#)) for program improvement.

Figure 9 - RC Positive (Job) Placement (n=399)



Not included in Table 16 and Figure 9 are the placement data for the 7 sleep specialist program options. There were a total of 7 program options reporting data in 2011. The average placement rate was 92% with the highest rate of 100% (n=3) and the lowest rate of 76.9% (n=1). All 7 program options reported placement rates above the CoARC-established threshold of 70%.

⁶ This was the definition in use at the time of the submission of the 2011 RCS. The definition for (positive) job placement in use for the 2012 RCS (effective March 24, 2012) is “a graduate who within twelve (12) months after graduation is: a. Employed utilizing skills as defined by the scope of practice within the respiratory care profession. (i.e. full- or part-time, or per diem), or b. enrolled full- or part-time in another degree program, or c. serving in the military.”

Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 17 – RC Positive (Job) Placement by Degree Offered (n=399)

Degree	Avg Placement
Associate & Baccalaureate (n=9)	96.9%
Baccalaureate only (n=48)	92.1%
Baccalaureate & Master's (n=1)	90.4%
Associate only (n=341)	87.7%

Table 17 shows positive (job) placement data in relation to the degree offered. RC Programs offering both Associate & Baccalaureate degrees demonstrated the highest placement rate (96.9%). RC Programs offering both the Baccalaureate and Master's degree demonstrated a lower placement rate (90.4%) on average when compared to programs offering only the Baccalaureate degree (92.1%). RC Programs offering only the Associate degree demonstrated the lowest placement rate at 87.7%.

Table 18 – RC Positive (Job) Placement by Institutional Type (n=399)

Institutional Type	Avg Placement
U.S. Military (n=1)	100%
Academic HSC/Medical Center (n=10)	97.7%
Four-Year College or University (n=87)	91.4%
Career or Technical College (n=6)	89.0%
Community College or Junior College (n=238)	88.6%
Technical or Vocational School (n=57)	81.5%

Table 18 shows positive (job) placement data in relation to institutional type. RC Programs located at U.S. Military facilities demonstrated the highest placement rate (100%). Placement rates decreased slightly to 97.7% on average for RC Programs located in Academic HSC/Medical Centers. Placement rates decreased to 91.4% on average for RC Programs located in Four-Year Colleges or Universities. Career or Technical Colleges demonstrated a placement rate of 89.0% on average with the rate decreasing slightly further to 88.6% for Community Colleges or Junior Colleges. RC Programs located in Technical or Vocational Schools demonstrated the lowest placement rate at 81.5%.

Table 19 – RC Positive (Job) Placement by Institutional Control/Funding (n=399)

Institutional Type	Avg Placement
Federal Government (n=1)	100%
Public/Not-For-Profit (n=330)	89.4%
Private/Not-For-Profit (n=27)	89.4%
Private/For-Profit (Proprietary) (n=41)	79.6%

Table 19 shows positive (job) placement data in relation to institutional control/funding. Programs under control/funded by the federal government demonstrated the highest placement rate, on average, at 100%. Programs under control/funded by public/not-for-profit and private/not-for-profit both demonstrated a placement rate of 89.4%, on average. RC Programs under control/funded by private/for-profit (proprietary) institutions demonstrated the lowest placement rate at 79.6%.

Overall CRT Credentialing Success

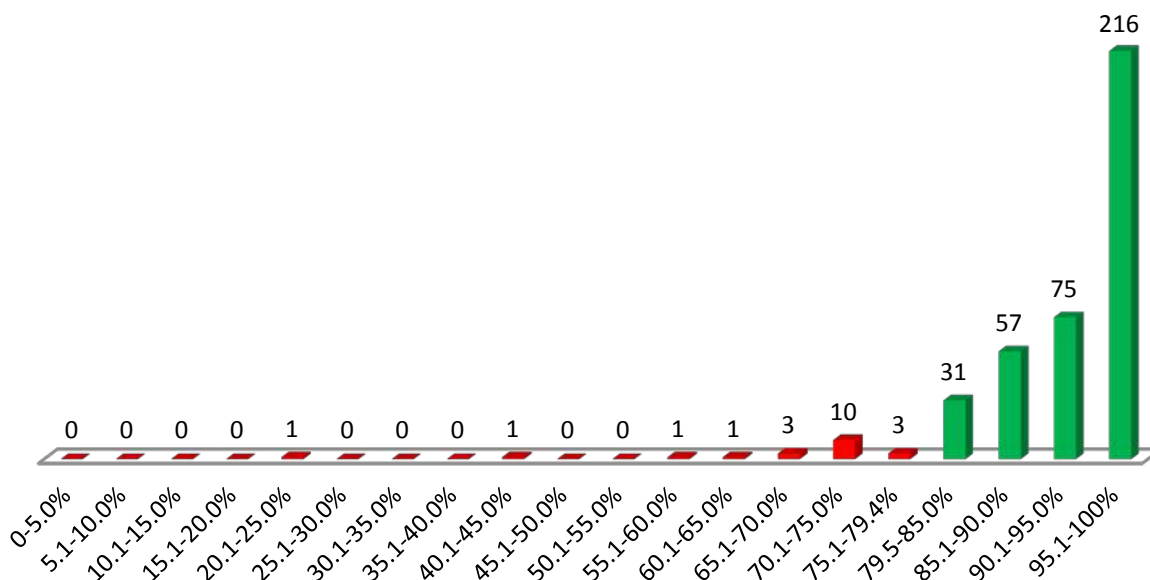
CRT Credentialing Success is defined by CoARC as, “the percentage of graduates who obtain the CRT credential upon successful completion of the NBRC Entry-Level Examination (ELE) independent of the number of ELE exam attempts.” The calculation is derived by dividing the total # of CRTs (numerator) by the # of graduates (denominator) in a three year reporting period. The Entry-Level Certified Respiratory Therapist (CRT) Examination administered by the National Board for Respiratory Care (NBRC) is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists. Individuals holding the CRT credential are eligible to practice respiratory care as defined by their state’s practice act.

Table 20 – Overall CRT Credentialing Success (n=399)

# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Below Threshold
n=399	80%	93.1%	100%	27.3%	20

2011 RCS data on CRT credentialing success (Table 20 and Figure 10) show a total of 399 programs reporting CRT credentialing success for 2008-2010. Thirty-four programs did not have any CRT credentialing success to report for 2008-10. The average CRT credentialing success rate was 93.1% with the highest rate of 100% (n=108) and the lowest rate of 27.3% (n=1). A total of 20 programs (5.0% of total) reported CRT credentialing success rates below the [CoARC-established threshold](#) of 80%. As per CoARC Standard 3.14, these programs began a dialogue with CoARC to develop an appropriate plan of action (i.e., a [progress report](#)) for program improvement.

Figure 10 - Overall CRT Credentialing Success (n=399)



CRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Degree	Avg CRT Credentialing Success
Associate & Baccalaureate (n=9)	97.5%
Baccalaureate & Master's (n=1)	97.1%
Baccalaureate only (n=48)	95.3%
Associate only (n=341)	92.7%

Table 21 shows CRT credentialing success data in relation to the degree offered. RC Programs offering both Associate & Baccalaureate degrees demonstrated the highest CRT credentialing success (97.5%). RC Programs offering both the Baccalaureate and Master's degree demonstrated a slightly lower credentialing success (97.1%) on average. Programs offering only the Baccalaureate degree demonstrated a credentialing success of 95.3%, on average. RC Programs offering only the Associate degree demonstrated the lowest credentialing success at 92.7%.

Institutional Type	Avg CRT Credentialing Success
Academic HSC/Medical Center (n=10)	98.4%
Four-Year College or University (n=87)	95.0%
Community College or Junior College (n=238)	93.3%
Career or Technical College (n=6)	91.8%
Technical or Vocational School (n=57)	88.8%
U.S. Military (n=1)	86.8%

Table 22 shows CRT credentialing success data in relation to institutional type. RC Programs located in Academic HSC/Medical Centers demonstrated the highest CRT credentialing success at 98.4%. CRT credentialing success decreased to 95.0% on average for RC Programs located in Four-Year Colleges or Universities. Community Colleges or Junior Colleges demonstrated a credentialing success of 93.3% on average with the rate decreasing slightly further to 91.8% for Career or Technical Colleges. RC Programs located in Technical or Vocational Schools demonstrated a credentialing success at 88.8%. RC Programs located at U.S. Military facilities demonstrated the lowest credentialing success at 86.8%.

Institutional Type	Avg CRT Credentialing Success
Public/Not-For-Profit (n=330)	93.8%
Private/Not-For-Profit (n=27)	93.1%
Private/For-Profit (Proprietary) (n=41)	88.0%
Federal Government (n=1)	86.8%

Table 23 shows CRT credentialing success data in relation to institutional control/funding. Programs under control/funded by public/not-for-profit institutions demonstrated the highest CRT credentialing success, on average, at 93.8%. This was followed by the private/not-for-profit sector at 93.1%. Programs under control/funded by private/for-profit (proprietary) institutions demonstrated a credentialing success at 88.0%, followed by the lowest credentialing success rate (86.8%) for programs under control/funded by the federal government.

Overall RRT Credentialing Success

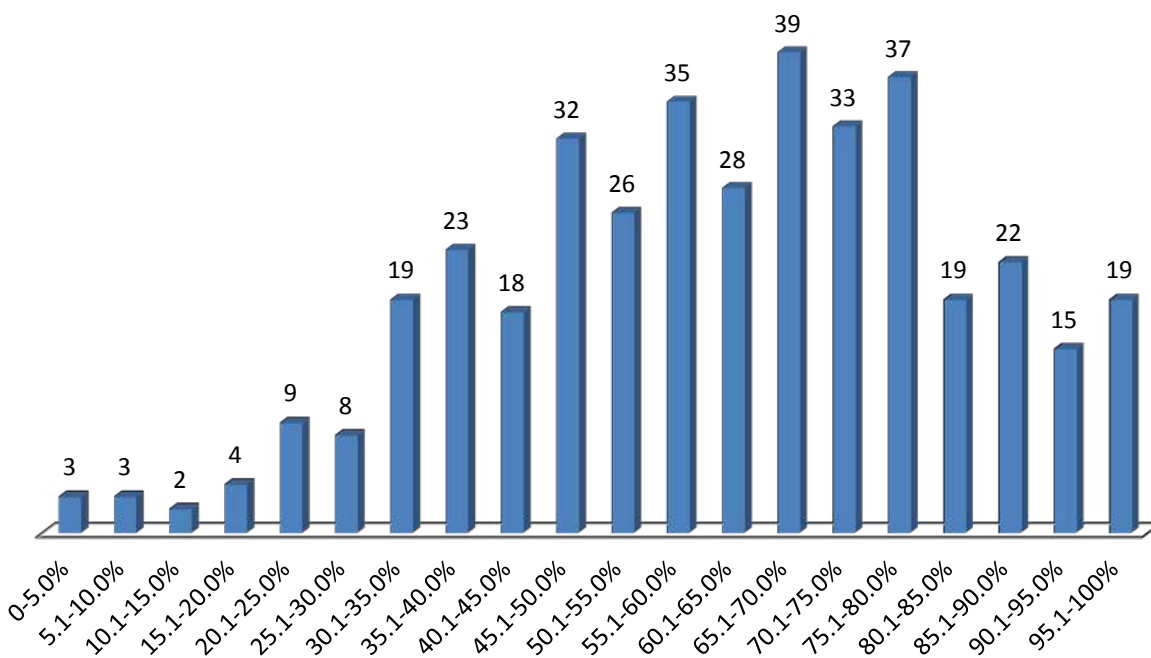
RRT Credentialing Success is defined as the percentage of graduates who obtain the RRT credential upon successful completion of the NBRC Written Registry Examination (WRE) and Clinical Simulation Examination (CSE) independent of the number of WRE or CSE exam attempts. The calculation is derived by dividing the total # of RRTs (numerator) by the # of graduates (denominator) in a three year reporting period. The Registered Respiratory Therapist (RRT) Examination administered by the National Board for Respiratory Care (NBRC) is designed to objectively measure essential knowledge, skills, and abilities required of advanced respiratory therapists. Note: Currently, this credential is not required by any state to enter practice. Graduates of CoARC-accredited programs can choose to forego the RRT examinations after earning the CRT credential. Programs are still required to provide RRT outcomes data on the RCS; however, no accreditation actions are taken based on RRT credentialing success. For more information related to this outcomes measure, download CoARC’s March 13, 2010 position statement regarding exam-based outcomes measures available at www.coarc.com/15.html.

Table 24 – RC Overall RRT Credentialing Success (n=394)

# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Below Threshold
n=394	N/A	61.2%	100%	0%	N/A

2011 RCS data on CRT credentialing success (Table 24 and Figure 11) show a total of 394 programs reporting RRT credentialing success for 2008-2010. Thirty-nine programs did not have any RRT credentialing success to report for 2008-10. The average RRT credentialing success rate was 61.2% with the highest rate of 100% (n=7) and the lowest rate of 0% (n=3).

Figure 11 - RC Overall RRT Credentialing Success (n=394)



RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Degree	Avg RRT Credentialing Success
Baccalaureate & Master's (n=1)	87.5%
Baccalaureate only (n=48)	73.1%
Associate & Baccalaureate (n=9)	69.1%
Associate only (n=336)	59.2%

Table 25 shows RRT credentialing success data in relation to the degree offered. RC Programs offering both Baccalaureate and Master's degrees demonstrated the highest RRT credentialing success (87.5%). RC Programs offering only the Baccalaureate degree demonstrated a lower credentialing success (73.1%) on average. Programs offering both the Associate & Baccalaureate degrees demonstrated a credentialing success of 69.1%, on average. RC Programs offering only the Associate degree demonstrated the lowest credentialing success at 59.2%.

Institutional Type	Avg RRT Credentialing Success
Academic HSC/Medical Center (n=10)	81.7%
Four-Year College or University (n=85)	67.7%
Community College or Junior College (n=236)	60.1%
Career or Technical College (n=6)	58.6%
Technical or Vocational School (n=56)	52.7%
U.S. Military (n=1)	52.6%

Table 26 shows RRT credentialing success data in relation to institutional type. RC Programs located in Academic HSC/Medical Centers demonstrated the highest RRT credentialing success at 81.7%. RRT credentialing success decreased to 67.7% on average for RC Programs located in Four-Year Colleges or Universities. Community Colleges or Junior Colleges demonstrated a credentialing success of 60.1% on average with the rate decreasing slightly further to 58.6% for Career or Technical Colleges. RC Programs located in Technical or Vocational Schools demonstrated a credentialing success at 52.7%. RC Programs located at U.S. Military facilities demonstrated the lowest credentialing success at 52.6%.

Institutional Type	Avg RRT Credentialing Success
Public/Not-For-Profit (n=327)	63.1%
Private/Not-For-Profit (n=25)	58.0%
Federal Government (n=1)	52.6%
Private/For-Profit (Proprietary) (n=41)	47.7%

Table 27 shows RRT credentialing success data in relation to institutional control/funding. Programs under control/funded by public/not-for-profit institutions demonstrated the highest RRT credentialing success, on average, at 63.1%. This was followed by the private/not-for-profit sector at 58.0%. Programs under control/funded by the federal government demonstrated a credentialing success at 52.6%, followed by the lowest credentialing success rate (47.7%) for programs under control/funded by private/for-profit (proprietary) institutions.

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