

2012 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



March 23, 2013

This document is intended as a supplement to the 2012 CoARC Newsletter available at 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 *2012 Report on Accreditation in Respiratory Care Education*. The CoARC has developed this report to provide critical data in the following four areas:

- Descriptive statistics of CoARC Programs as of December 31, 2012;
- Accreditation actions taken in 2012;
- Aggregated statistics of graduate, enrollment, and outcomes data from the 2012 Annual Report of Current Status submitted on July 1, 2012; and
- Programmatic data related to the AARC 2015 and Beyond Project.

This is the second 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 or presented at CoARC Board meetings that occurred in March, July, and November 2012. There were a total of 39 accreditation visits in 2012 involving 51 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 2012, the CoARC collected 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 453 programs and program options. 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.

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. This report is also intended to promote further, more detailed analyses of the data presented. 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, reading "S. P. Mikles".

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.

The 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 of Respiratory Care, and protects against compromise of educational quality. By mandating recurrent self-assessment, accreditation also assists in continuous improvement of these educational programs as related to resources utilized, processes followed, and outcomes achieved.

The 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"). The 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. The Council for Higher Education Accreditation granted recognition of the CoARC on September 25th, 2012.

For the past 25 years, the 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

The 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 three³ levels and are assigned a unique 6-digit number:

1. **(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.
2. **(300-level):** A U.S. or International satellite campus geographically separate from the base program at which all respiratory care core didactic and laboratory courses of the program are offered (does not pertain to sites used by a completely on-line/distance education program for individual students or base program students attending one or more classes via distance learning technologies). Satellite location(s) function under the direction of the Key Personnel of the program.
3. **(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, 2012, there were a total of 449 programs and program options under an accreditation review by the 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. In addition to this report, the following is a link to an interactive map of program data as of 12/31/12: <http://batchgeo.com/map/0dfb6b86d50fd6c47073479eb121e009>.

Of these 449 programs, a total of 27 programs held Provisional Accreditation. This first status of public recognition by the CoARC signifies that a program has demonstrated sufficient compliance to initiate a program in accordance with the *Standards* through the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR), completion of an initial on-site visit, and other documentation required by the CoARC. 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 2 receiving an Approval of Intent. There were also a total of 18 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 The CoARC discontinued accreditation of 100-level programs as of December 31, 2012.

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

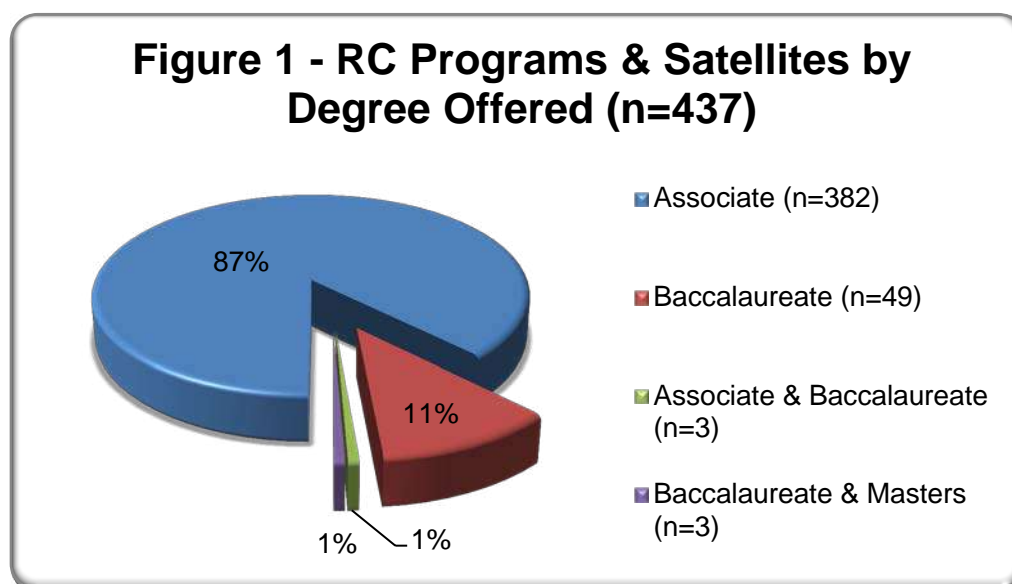
Table 1 – Program Numbers by CoARC Level as of December 31, 2012 (n=449)			
	200-level	300-level	400-level
Continuing Accreditation	327	17	5
Initial Accreditation	62	1	2
Probationary Accreditation	2	0	0
Provisional Accreditation	27	N/A	N/A
Inactive Accreditation	0	1	0
Approval of Intent	3	N/A	2
Letter of Intent	4 – applications in progress	N/A	0

PROGRAMS BY DEGREE OFFERED

The CoARC accredits first professional respiratory care degree programs at the Associate, Baccalaureate, and Master's Degree level. 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*). Note: The CoARC does not accredit or track data regarding *degree advancement programs*. A *degree advancement program* is an educational program designed especially to meet the needs of the practicing respiratory therapist who, having already completed an accredited respiratory care program with an earned first professional degree is returning to school to obtain an advanced degree (e.g., ASRT to BSRT or BSRT to MSRT).

As of December 31, 2012, there were a total of 437 respiratory care programs and satellites that hold a CoARC accreditation status (programs and program options with an Approval of Intent are not considered accredited and are not counted in these analyses). Of these, 382 (87%) offer the Associate degree upon graduation and 49 (11%) programs offer the Baccalaureate degree. Three programs (1%) offer both the Associate degree and Baccalaureate degree (Gannon University, York College of PA, and UMDNJ School of Health Related Professions). Three programs (1%) offer the Baccalaureate and the Master's degree (Rush University, Georgia State University, and St Alexius Medical Center/University of Mary). Seven institutions offer a certificate upon completion of the sleep specialist program option (Stony Brook University, Valencia College, Texas State University-San Marcos, Youngstown State University, Gannon University, Ivy Tech Community College-Central Indiana, and Southern Crescent Technical College). Compared to data from the 2011 Report on Accreditation, there were no significant differences.

Figure 1, below, provides a graphic representation of degrees offered.



The CoARC further categorizes programs into one of 8 degree types/combinations.

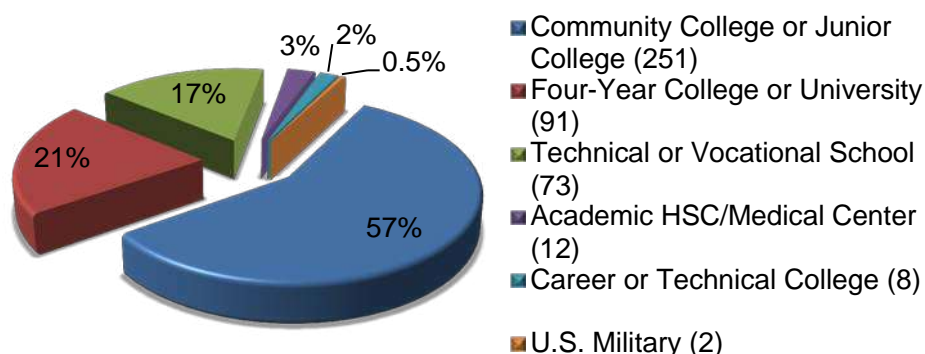
Table 2 provides a breakdown of program numbers by degree and accreditation status. The Associate of Science (AS) degree accounted for the largest (55%) of all degree types offered in 2012. The Associate of Applied Science (AAS) degree accounted for 32% of all degree types offered in 2012. The decrease in AS degrees and the increase in AAS degrees between 2011 and 2012 are related to an extent. Several programs converted from an AS degree to an AAS degree, due primarily as a result of state-mandated limits on the number of credit hours for associate degree programs. Internal audits of dual degree programs (programs that offer more than one first-professional degree program) revealed that the 5 programs phased out their associate degree component and now offer only the BS degree. The remaining program actually offered a degree advancement BS so the CoARC database was corrected.

Table 2 – RC Programs and Satellites by Degree between 2011 and 2012		
	as of December 31, 2011 (n=437)	as of December 31, 2012 (n=444)
Associate of Science (AS)	239	256
Associate in Applied Science (AAS)	138	123
Associate in Specialized Technology (AST)	3	3
Associate in Occupational Studies (AOS)	2	2
Bachelor of Science/Masters of Science (BS/MS)	3	2
Bachelor of Science (BS)	49	49
Associate of Science/ Bachelor of Science (AS/BS)	3	4
Associate in Applied Science/ Bachelor of Science (AAS/BS)	0	5

PROGRAMS BY INSTITUTIONAL TYPE

The 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, 2012, there were 251 respiratory care programs and satellites offered at a community or junior college. This category was the largest (57%) of all the categories. Ninety-one (21%) programs were offered at a Four-Year College or University. Seventy-three (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. Two programs offered at a U.S. Military facility accounted for the fewest (0.5%). Compared to data from the 2011 Report on Accreditation, there were no significant differences. **Figure 2** illustrates these categories and results.

**Figure 2 - RC Programs and Satellites
by Institutional Type (n=437)**



Four of the seven accredited sleep disorders specialist add-on program options were offered at a Four-Year College or University. The remaining three sleep disorders specialist add-on program options were offered at a Community College or Junior College.

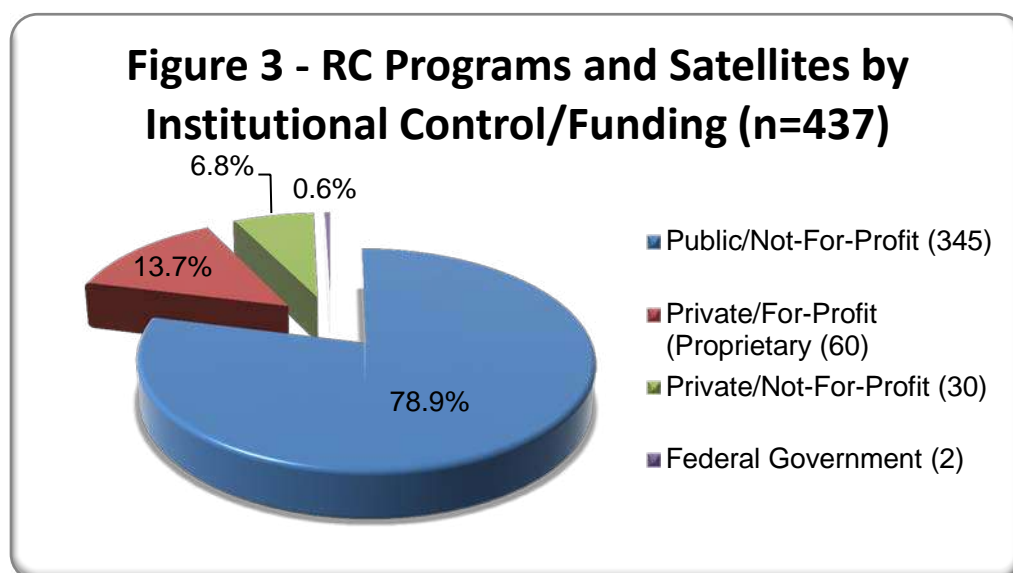
Table 3 provides a comparison of programs by institutional type and degree. The majority (57%) of programs conferring the associate degree are offered at community colleges or junior colleges. Interestingly, 46 programs (11%) conferring the associate degree are offered at four-year colleges or institutions.

Table 3 – RC Programs and Satellites by Institutional Type and Degree (n=437)

	Associate	Associate & Baccalaureate	Baccalaureate	Baccalaureate & Masters
Community College of Junior College	251	0	0	0
Technical or Vocational School	73	0	0	0
Four-Year College or University	46	3	40	2
Career or Technical College	8	0	0	0
Academic HSC/Medical Center	2	0	9	1
U.S. Military	2	0	0	0

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

The 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, 2012, 345 (78.9%) institutions sponsoring a respiratory care program were operating under a Public/Not-For-Profit status. Sixty (13.7%) institutions were operating under a Private/For-Profit (Proprietary) status. Thirty (6.8%) institutions were operating under a Private/Not-For-Profit status. Two (0.6%) of institutions were controlled and funded by the Federal Government. Compared to data from the 2011 Report on Accreditation, there were no significant differences. **Figure 3** illustrates these categories and results.



Four of the seven institutions sponsoring an accredited sleep disorders specialist add-on program options were operating under a Public/Not-For-Profit status. The remaining institution sponsoring a sleep disorders specialist add-on program options was operating under a Private/Not-For-Profit status.

Table 4 provides a comparison of programs by institutional control and degree. The majority (69%) of programs conferring the associate degree are sponsored by Public/Not-For-Profit institutions.

Table 4 – RC Programs and Satellites by Institutional Control and Degree (n=437)				
	Associate	Associate & Baccalaureate	Baccalaureate	Baccalaureate & Masters
Public-Not-For-Profit	303	1	40	1
Private/For-Profit (Proprietary)	60	0	0	0
Private-Not-For-Profit	17	2	9	2
Federal Government	2	0	0	0

PROGRAMS BY GEOGRAPHIC REGION

The 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*. As of December 31, 2012, sixty-one (14%) are located in the Northeast. One hundred six (24%) are located in the Midwest. One hundred eighty-eight (43%) are located in the South. Eighty-one (19%) are located in the West. Compared to data from the 2011 Report on Accreditation, there were no significant differences.

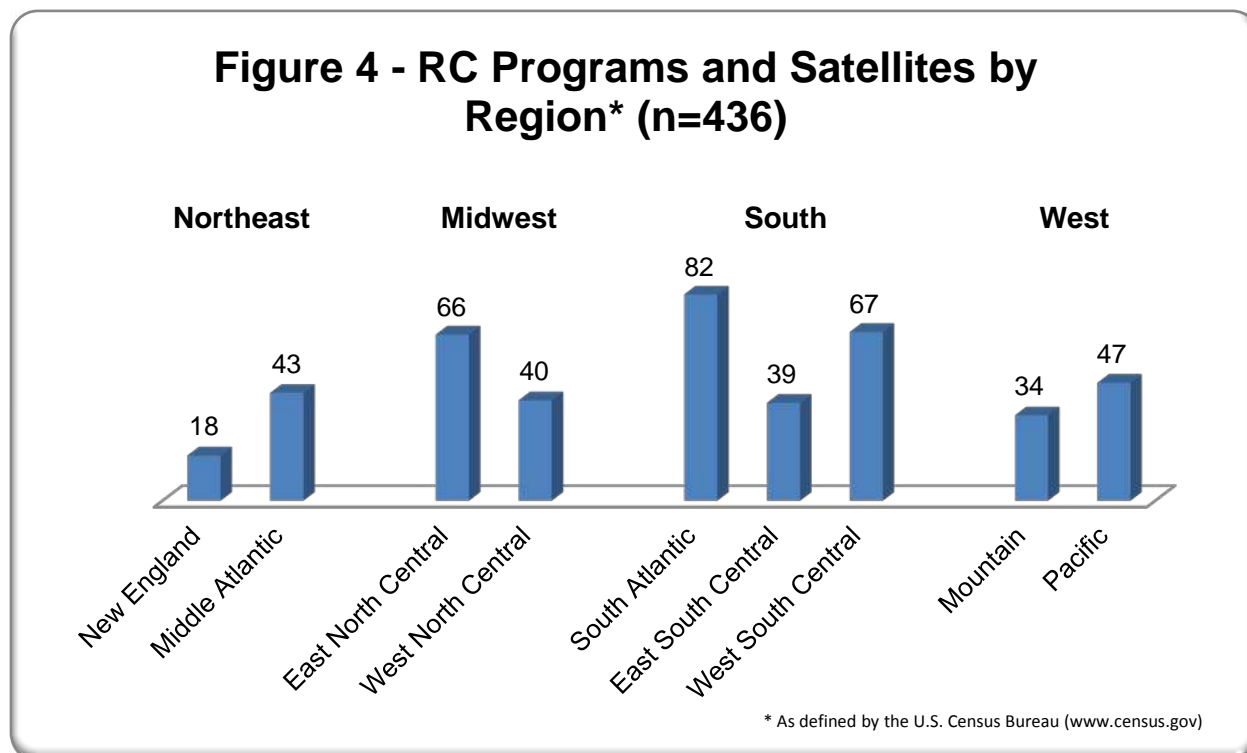


Figure 5 (next page) provides a breakdown from largest to smallest, of the number of respiratory care programs and satellites in each state. CoARC-accredited respiratory care programs are located in every state except Alaska. The two states with the largest number of programs and satellites are Texas and California—each with 37. States with only one program include Wyoming, Vermont, New Hampshire, Hawaii, and the District of Columbia. Compared to data from the 2011 Report on Accreditation, there were no significant differences.

Not included in **Figures 4 and 5** are the 7 sleep disorders specialist program options which are located in New York, Florida, Texas, Pennsylvania, Ohio, Indiana, and Georgia as well as the one international program satellite located in Riyadh, Saudi Arabia.

Table 5 provides a comparison of programs by state (including District of Columbia) and degree. Forty-eight states and D.C. offer the associate degree. Two states offer both the associate and baccalaureate degree. Twenty-four states offer the baccalaureate degree. Three states offer both the baccalaureate and master's degree.

**Figure 5 - Respiratory Care Programs and
Satellites by State and D.C. (n=436)**

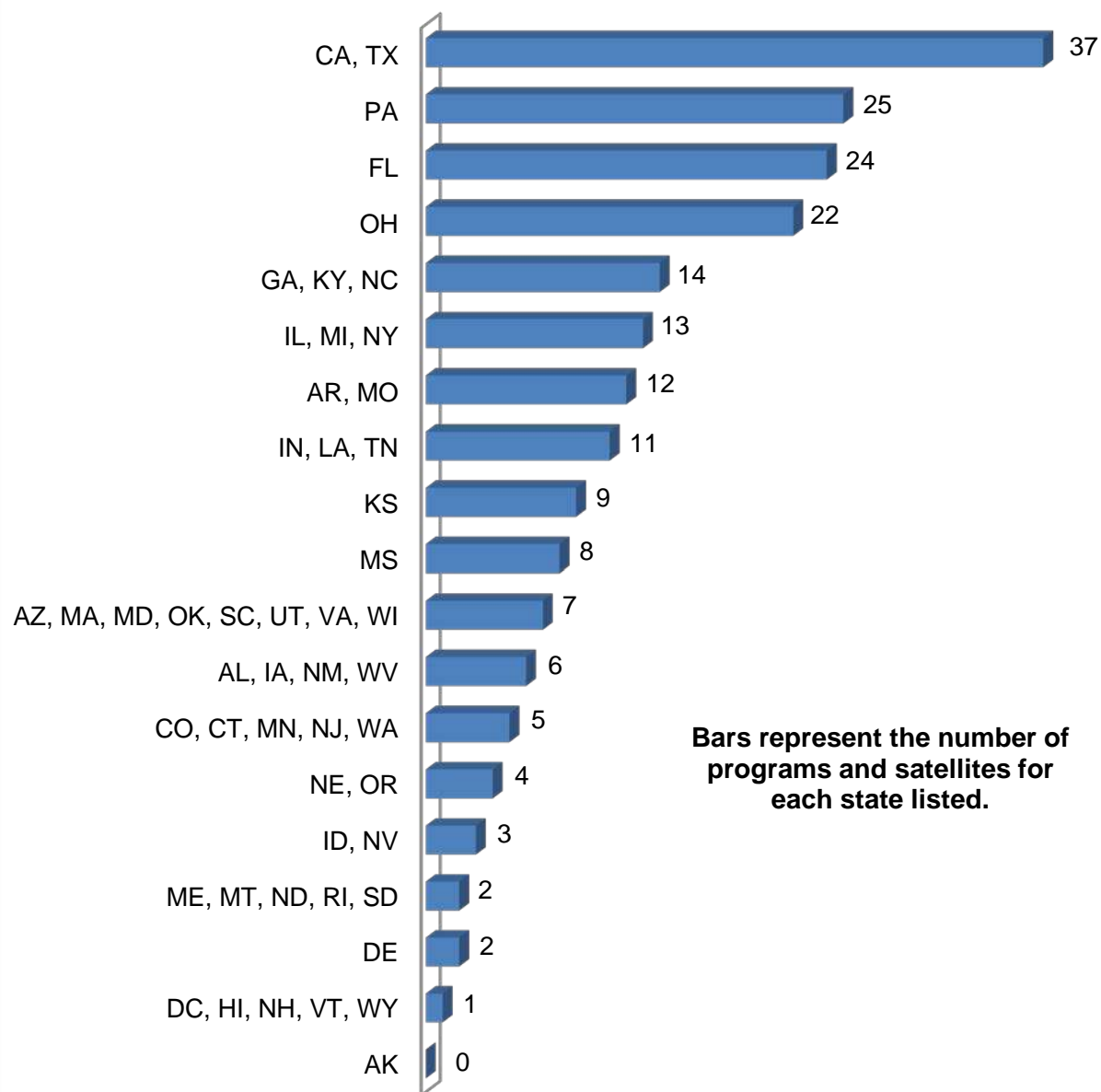


Table 5 – RC Programs and Satellites by State (including D.C) and Degree (n=436)

	Associate	Associate & Baccalaureate	Baccalaureate	Baccalaureate & Masters
Alabama (n=6)	4	0	2	0
Arkansas (n=12)	9	0	3	0
Arizona (n=7)	7	0	0	0
California (n=37)	36	0	1	0
Colorado (n=5)	5	0	0	0
Connecticut (n=5)	4	0	1	0
District of Columbia (n=1)	1	0	0	0
Delaware (n=2)	2	0	0	0
Florida (n=24)	23	0	1	0
Georgia (n=14)	11	0	2	1
Hawaii (n=1)	1	0	0	0
Iowa (n=6)	6	0	0	0
Idaho (n=3)	3	0	0	0
Illinois (n=13)	12	0	0	1
Indiana (n=11)	10	0	1	0
Kansas (n=9)	8	0	1	0
Kentucky (n=14)	13	0	1	0
Louisiana (n=11)	9	0	2	0
Massachusetts (n=7)	7	0	0	0
Maryland (n=7)	6	0	1	0
Maine (n=2)	2	0	0	0
Michigan (n=13)	13	0	0	0
Minnesota (n=5)	3	0	2	0
Missouri (n=12)	10	0	2	0
Mississippi (n=8)	8	0	0	0
Montana (n=2)	2	0	0	0
North Carolina (n=14)	14	0	0	0
North Dakota (n=2)	0	0	1	1
Nebraska (n=4)	3	0	1	0
New Hampshire (n=1)	1	0	0	0
New Jersey (n=5)	4	1	0	0
New Mexico (n=6)	6	0	0	0
Nevada (n=3)	3	0	0	0
New York (n=13)	10	0	3	0
Ohio (n=22)	18	0	4	0
Oklahoma (n=7)	7	0	0	0
Oregon (n=4)	3	0	1	0
Pennsylvania (n=25)	20	2	3	0
Rhode Island (n=2)	2	0	0	0

Table 5 (continued) – RC Programs and Satellites by State (including D.C) and Degree (n=436)

	Associate	Associate & Baccalaureate	Baccalaureate	Baccalaureate & Masters
South Carolina (n=7)	7	0	0	0
South Dakota (n=2)	2	0	0	0
Tennessee (n=11)	8	0	3	0
Texas (n=37)	3	0	5	0
Utah (n=7)	3	0	4	0
Virginia (n=7)	6	0	1	0
Vermont (n=1)	1	0	0	0
Washington (n=5)	5	0	0	0
Wisconsin (n=7)	7	0	0	0
West Virginia (n=6)	4	0	2	0
Wyoming (n=1)	1	0	0	0

ACCREDITATION DECISIONS

The CoARC makes most accreditation decisions during its Board meetings three times per year (typically in March, July, and November) based on an accreditation review cycle described in Section 1 of the *CoARC Accreditation Policies and Procedures Manual* (available at www.coarc.com/31.html.) The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation and Voluntary Inactive Accreditation do not require a vote by the CoARC Board and are processed by the Executive Office throughout the year. **Table 6** is a summary of accreditation actions taken by the Commission as well as accreditation actions processed by the CoARC Executive Office in 2012. The three columns (March, July, and November) correspond with the number of specific actions taken by the Commission during each of the CoARC's meetings.

Table 6 – CoARC Accreditation Actions for 2012					
		March 2012	July 2012	November 2012	Total
Approval of Intent		2	2	2	6
Letter of Review (March 2012 meeting only)		2	N/A	N/A	2
Provisional Accreditation		0	0	1	1
Initial Accreditation	Base Program	4	6	7	17
	Satellite Option	0	0	0	0
	Sleep Specialist Program Option	0	1	0	1
Continuing Accreditation	Base Program	17	12	8	37
	Satellite Option	2	0	0	2
	Sleep Specialist Program Option	0	0	0	0
Probationary Accreditation Conferred		1	2	1	4
Probationary Accreditation Removed		0	1	1	2
Probationary Accreditation Reviewed		0	0	1	1
Progress Report Reviewed	Accepted as Final	0	5	18	23
	Additional PR Requested	0	0	18	18
Withdrawal Accreditation – Involuntary		0	0	0	0
Withhold Accreditation		0	0	0	0
Substantive Changes Reviewed by the Commission		0	0	0	0
Total Number of Accreditation Actions taken by the Commission in 2012					114
Letter of Intent Applications					4
Voluntary Inactive Accreditation					1
Voluntary Withdrawal Accreditation					14
Application for Substantive Change					50
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2012					69

The CoARC has processes that call for the CoARC to inform the public about its accreditation decisions. One of the ways the CoARC does this is to provide the public with information about the accreditation decision process. The 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>). The 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, the 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 during 2012.

Approval of Intent Granted

An Approval of Intent is an authorization by the CoARC indicating that a sponsoring institution's plan to start a Respiratory Care program or sleep specialist program option is acceptable following the submission of a Letter of Intent (LOI) Application. An Approval of Intent authorizes the sponsor to submit a Provisional Accreditation Self-Study Report (PSSR) and undergo a Provisional Accreditation site visit.

Program #	Program Name (date LOI application received)	Location	Effective
400324	James A. Rhodes State College-SSPO (9-22-2011)	Lima, OH	03-24-2012
200609	Southwest Virginia Community College (9-15-2011)	Richlands, VA	03-24-2012
400428	Gwinnett Technical College-SSPO (1-20-2012)	Lawrenceville, GA	07-14-2012
200610	Hartnell College (7-14-2012)	Salinas, CA	07-14-2012
200611	Mandl School (5-21-2012)	New York, NY	11-09-2012
200612	Wiregrass Georgia Technical College (5-29-2012)	Valdosta, GA	11-09-2012

Letter of Review Granted (March 2012 meeting only)

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. *Note: The use of the status "Letter of Review" was eliminated in 2012. The policy change from Letter of Review to Provisional Accreditation took place at the March 2012 Board meeting (March 24, 2012). As of March 24, 2012, all programs that held a Letter of Review had their status changed to Provisional Accreditation. For a detailed description of the change from the Letter of Review status to the use of Provisional Accreditation, please download the FAQ: <http://www.coarc.com/27.html>.*

Program #	Program Name (date AOI granted)	Location	Effective
200602	American Institute College of Health Prof (7-18-2011)	Celebration, FL	03-24-2012
200608	YTI Career Institute (7-18-2011)	Altoona, PA	03-24-2012

Provisional Accreditation Granted

This status signifies that a program that has been granted an Approval of Intent has demonstrated sufficient compliance to initiate a program in accordance with the *Standards* through the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR), completion of an initial on-site visit, and other documentation required by the CoARC. The conferral of Provisional Accreditation denotes a new program that has made significant progress towards meeting the Standards of Accreditation. The program will remain on Provisional Accreditation until achieving Initial Accreditation. The conferral of Provisional Accreditation also authorizes the sponsor to admit its first class of students. It is recognized by the National Board for Respiratory Care (NBRC) toward eligibility to the Respiratory Care Credentialing Examination(s). Once graduates have been produced and at least three (3) reporting years of outcomes have been collected and analyzed, a provisionally accredited program may apply for initial accreditation. Enrolled students completing the program under Provisional Accreditation are considered graduates of a CoARC accredited program.

Program #	Program Name (date AOI granted)	Location	Effective
200600	Sullivan Respiratory Care Consortium (3-11-2011)	Loch Sheldrake, NY	11-01-2012

Initial Accreditation Granted

This status is conferred for a limited defined period of time (five years) to a program under Provisional Accreditation that, at the time of the second 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. Initial Accreditation may also be granted to Sleep Specialist Program Options (SSPO) operating in conjunction with an accredited Respiratory Care program that has demonstrated substantial compliance with the *Standards*.

Program #	Program Name (date LOR or Provisional granted)	Location	Initial End Date
200557	Florida National College (LOR 10-17-2008)	Hialeah, FL	03-21-2017
200563	Concorde Career Institute (LOR 5-26-2009)	Portland, OR	03-21-2017
200565	Dixie State College of Utah (LOR 4-14-2009)	St. George, UT	03-21-2017
200570	Louisiana State University (LOR 7-24-2009)	Eunice, LA	03-21-2017
200551	Miller-Motte Technical College (LOR 8-20-2008)	Clarksville, TN	07-31-2017
200558	Lancaster General College (Provisional 3-24-2008)	Lancaster, PA	07-31-2017
200567	Laurel Technical Institute (LOR 11-24-2008)	Sharon, PA	07-31-2017
200572	Rush University Medical Center (Provisional 3-24-2008)	Chicago, IL	07-31-2017
200577	Our Lady of the Lake/LSUHSC (LOR 12-10-2009)	Baton Rouge, LA	07-31-2017
200585	US Army METC/Thomas Edison College (LOR 7-19-2010)	Ft. Sam Houston, TX	07-31-2017
400290	Gannon University-SSPO (AOI 7-19-2010)	Erie, PA	07-31-2017
200562	McCann School of Business & Technology (LOR 2-18-09)	Sunbury, PA	11-30-2017
200566	American Career College-Ontario (LOR 6-5-2009)	Ontario, CA	11-30-2017
200571	Keiser University (LOR 8-5-2009)	Ft. Lauderdale, FL	11-30-2017
200574	Kent State University (LOR 10-23-2009)	Ashtabula, OH	11-30-2017
200576	South Arkansas Community College (LOR 3-13-2010)	El Dorado, AR	11-30-2017
200587	St Augustine College (LOR 7-19-2010)	Chicago, IL	11-30-2017
200589	Black River Technical College (LOR 11-15-2010)	Pocahontas, AR	11-30-2017

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*.

Program #	Program Name	Location	Next Re-evaluation
200033	University of Missouri	Columbia, MO	2022
200061	Community College District of Columbia	Washington, DC	2022
200078	Indiana University of PA/Western PA Hospital	Pittsburgh, PA	2022
200131	Milwaukee Area Technical College	Milwaukee, WI	2022
200178	University of Toledo	Toledo, OH	2022
200218	Des Moines Area Community College	Ankeny, IA	2022
200238	Oakland Community College	Bloomfield Hills, MI	2022
200239	Kalamazoo Valley Community College	Kalamazoo, MI	2022
200266	Delta College	University Center, MI	2022
200290	Gannon University	Erie, PA	2022
200293	The University of Texas at Brownsville	Brownsville, TX	2022
200295	Monroe County Community College	Monroe, MI	2022
200362	Spartanburg Community College	Spartanburg, SC	2022
200400	Southeast Kentucky Community & Technical College	Pineville, KY	2022
200417	Kennebec Valley Community College	Fairfield, ME	2022
200459	Rockingham Community College	Wentworth, NC	2022
200485	Georgia Northwestern Technical College	Rome, GA	2022
300006	University of Missouri/Mercy Hospital- Satellite	St. Louis, MO	2022
300013	S.E. Kentucky Community & Tech College- Satellite	Whitesburg, KY	2022
200075	Rock Valley College	Rockford, IL	2022
200146	Tulsa Community College	Tulsa, OK	2022
200175	Malcolm X College	Chicago, IL	2022
200193	Temple College	Temple, TX	2022
200234	Mid-State Technical College	Marshfield, WI	2022
200286	University of Pittsburgh at Johnstown	Johnstown, PA	2022
200302	Tallahassee Community College	Tallahassee, FL	2022
200354	Stark State College	N. Canton, OH	2022
200394	Midwestern State University	Wichita Falls, TX	2022
200462	Southeastern Community College	West Burlington, IA	2022
200469	Concorde Career College	Memphis, TN	2022
200477	Big Sandy Community & Technical College	Paintsville, KY	2022
200102	East Los Angeles College/Santa Monica College	Monterey Park, CA	2022
200199	Amarillo College	Amarillo, TX	2022
200216	Columbus State Community College	Columbus, OH	2022
200304	Labette Community College	Parsons, KS	2022
200440	Concorde Career College	North Hollywood, CA	2022
200467	Luzerne County Community College	Nanticoke, PA	2022
200478	Meridian Community College	Meridian, MS	2022
200482	Southern Crescent Technical College	Griffin, GA	2022

Probationary Accreditation Conferred

This is a temporary status of accreditation 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. Probationary Accreditation can also be conferred when a sponsoring institution/consortium receives an adverse action as described in CoARC Policy 1.07. 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 will consider removing the probationary status when review of the Probation Report so warrants. If compliance with the *Standards* is not demonstrated within 1 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. A probation decision can be subject to reconsideration but cannot be appealed (See CoARC Policy 1.06). Enrolled students completing the program under Probationary Accreditation are considered graduates of a CoARC accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed. The CoARC requires a sponsor to complete a teach-out plan when a program is placed on probation, requests inactive status, voluntarily or involuntarily withdraws (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective*
200499	Thaddeus Stevens (voluntary withdrawal 6-30-12)	Lancaster, PA	03-24-2012
200262	ATI Health Education Center (voluntary withdrawal 12-31-12)	Miami, FL	07-14-2012
200543	U.S. Air Force School of Health (initial probation 7-18-11)	Ft. Sam Houston, TX	07-18-2012
200546	Bunker Hill Community College	Boston, MA	11-01-2012

*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).

Probationary Accreditation Removed*

*Following review of the Probation Report, Probationary Accreditation was removed and the programs listed below resume their previous accreditation status.

Program #	Program Name (accreditation status resumed)	Location	Effective
200297	Lamar Institute of Technology (Continuing Accreditation)	Beaumont, TX	7-15-2012
200321	Florida A&M University (Continuing Accreditation)	Tallahassee, FL	11-3-2012

Probation Report Reviewed*

* Following review of the Probation Report, Probationary Accreditation remains for the program listed below.

Program #	Program Name	Location	Effective
200262	ATI Health Education Center (probation 7-14-12/voluntary withdrawal effective 12-31-12)	Miami, FL	11-3-2012

Progress Report Reviewed*

The CoARC requires a program to submit documentation addressing any *Standard* not met (i.e. citation) as a progress report. A Standardized Progress Report (series of questions developed by the CoARC) may be requested by the CoARC for a variety of deficiencies including attrition, job (positive) placement, and credentialing success (www.coarc.com). The decision to request a progress report is made by the Program Referee or Commission after review of the recommendation(s) and other documents associated with the accreditation review process. The progress report must be submitted within the specified period of time addressing the standard(s) with which the program has been found to be in non-compliance. The Progress report will constitute the basis for Commission action. The action is either to accept the report, finding the program in compliance with all the CoARC Standards, or if the program does not demonstrate compliance with the *Standards*, within the specified time frame stated on the progress report, the Commission may either (1) request an additional progress report or (2) confer a Probationary Accreditation status. For more details about progress reports, please visit <http://www.coarc.com/57.html>.

*All Progress Reports were accepted as final for the programs listed below.

Program #	Program Name	Location	Next Re-evaluation
200349	Berkshire Community College	Pittsfield, MA	2021
200359	Seminole State College of Florida	Sanford, FL	2021
200559	Concorde Career Institute	Miramar, FL	2016
400134	Stony Brook University-SSPO	Stony Brook, NY	2021
400152	Valencia College-SSPO	Orlando, FL	2014
200088	Delaware Co. Community College/Chester Medical Ctr.	Upland, PA	2019
200095	Houston Community College/Coleman College of Health	Houston, TX	2021
200109	Miami Dade College	Miami, FL	2020
200127	Weber State University	Ogden, UT	2019
200142	Butte College	Oroville, CA	2021
200207	Victor Valley Community College	Victorville, CA	2020
200218	Des Moines Area Community College	Ankeny, IA	2022
200259	Fayetteville Technical Community College	Fayetteville, NC	2018
200263	Roane State Community College	Harriman, TN	2021
200317	Edison State College	Fort Myers, FL	2016
200343	Southern University Shreveport	Shreveport, LA	2015
200378	Robeson Community College	Lumberton, NC	2021
200461	Northeast Kentucky Consortium	Morehead, KY	2021
200470	Central Virginia Community College	Lynchburg, VA	2013
200491	Northwest Arkansas Community College	Bentonville, AR	2015
200503	Rolla Technical College	Rolla, MO	2016
200528	Southeast Arkansas College	Pine Bluff, AR	2014
300015	Dakota State University - Satellite	Rapid City, SD	2019

Progress Reports Reviewed*

*All programs listed below are required to submit an additional Progress Report (PR).

Program #	Program Name	Location	Next CoARC Mtg
200051	Shenandoah University	Winchester, VA	Nov 2013
200061	Community College-District of Columbia	Washington, DC	Nov 2013
200083	Fresno City College	Fresno, CA	Nov 2013
200108	Ferris State University	Big Rapids, MI	Nov 2013
200137	Baltimore City Community College	Baltimore, MD	Nov 2013
200190	Kirkwood Community College	Cedar Rapids, IA	Nov 2013
200225	West Virginia Northern Community College	Wheeling, WV	Nov 2013
200228	Prince George's Community College	Largo, MD	Nov 2013
200360	Modesto Junior College	Modesto, CA	Nov 2013
200390	Carrington College	Mesa, AZ	Nov 2013
200446	Mohawk Valley Community College	Utica, NY	Nov 2013
200466	ATI Career Training Center (vol. withdrawal effective 9-30-13)	Dallas, TX	Mar 2013
200490	Stevens-Henager College	Murray, UT	Nov 2013
200505	Goodwin College	East Hartford, CT	Nov 2013
200512	Kaplan Career Institute-Franklin Mills Campus	Philadelphia, PA	Nov 2013
200515	Virginia College at Birmingham	Birmingham, AL	Nov 2013
300021	ATI Career Training Ctr.-Satellite (vol. withdrawal effective 12-31-12 submitted after Nov Board meeting)	Fort Lauderdale, FL	Mar 2013
320276	Independence University	Salt Lake City, UT	Jul 2013

Withhold Accreditation*

A program seeking Provisional Accreditation, Initial Accreditation or Continuing Accreditation may have such accreditation status withheld if, following submission of a self-study and completion of an on-site evaluation, the accreditation review process confirms that the program is not in compliance with the Standards. A program that has had its accreditation status withheld shall no longer be allowed to admit students. For programs that receive a Withhold of Accreditation status, enrolled students who complete the program are considered graduates of a CoARC accredited program. The CoARC requires a sponsor to complete a teach-out plan when the CoARC takes action to withhold or withdraw a program's accreditation (see Policy 1.13). *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 1.06 – Reconsideration and Appeal).

Withhold of Accreditation was not conferred in 2012.

Withdrawal 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 CoARC Policy 1.058. A program that has had its accreditation status withdrawn shall no longer be allowed to admit students. The CoARC requires a sponsor to complete a teach-out plan when the CoARC takes action to withhold or withdraw a program's accreditation (see CoARC Policy 1.13). For programs that receive a Withdrawal of Accreditation status, enrolled students who complete the program are considered graduates of a CoARC accredited program *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 1.06 – Reconsideration and Appeal).

Involuntary Withdrawal of Accreditation was not conferred in 2012.

Withdrawal Accreditation - Voluntary

This status is conferred when a sponsor notifies CoARC that its program(s) be removed from the accreditation process. Sponsoring institutions may notify the CoARC of Voluntary Withdrawal of Accreditation at any time for all activities of the program or for any program options. For programs that receive a Withdrawal of Accreditation status, enrolled students who complete the program are considered graduates of a CoARC accredited program (See CoARC Policy 1.06 for Reconsideration and Appeal Policy). The CoARC requires a sponsor to complete a teach-out plan when a program is placed on probation, requests inactive status, voluntarily or involuntarily withdraws (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective
100079	York College of PA	York, PA	12-31-2011*
100153	J. Sargeant Reynolds Community College	Richmond, VA	12-31-2011*
100221	Harrisburg Area Community College	Harrisburg, PA	12-31-2011*
100245	Weber State University	Ogden, UT	12-31-2011*
200473	Hannibal Career & Technology Center	Hannibal, MO	12-15-2011*
300014	Pima Medical Institute – Satellite	Colorado Springs, CO	12-31-2011*
200547	Career Technical College	Monroe, LA	01-05-2012
200590	Penn Commercial Business/Technical School	Washington, PA	05-29-2012
300011	Salisbury University – Satellite	Salisbury, MD	05-31-2012
100400	El Camino Community College	Torrance, CA	08-31-2012
200106	Our Lady of Holy Cross/Ochsner School	New Orleans, LA	12-01-2012
200499	Thaddeus Stevens	Lancaster, PA	06-30-2012
200609	Southwest Virginia Community College	Richlands, VA	09-18-2012
400181	University of Alabama at Birmingham-SSPO	Birmingham, AL	09-18-2012
100226	The University of Texas at Brownsville	Brownsville, TX	12-31-2012
100019	Gwynedd Mercy College	Gwynedd, PA	12-31-2012
100120	Simi Valley Adult School/Excelsior	Simi Valley, CA	12-31-2012
100273	St. Augustine College	Chicago, IL	12-31-2012
200262	ATI Career Training Center, Campus #150	Miami, FL	12-31-2012
300021	ATI Career Training Center – Satellite	Ft. Lauderdale, FL	12-31-2012

* Requests for Voluntary Withdrawal of Accreditation were processed in 2012.

Inactive Accreditation - Voluntary

Only programs with Continuing Accreditation may request an inactive status for up to two years. No students may be enrolled or be matriculated in the program during the time period in which the program is inactive. Those programs offering additional options may request voluntary inactive status for these program options without affecting the accreditation status of the base program. The date of the next scheduled site visit is not changed due to inactive status. During inactive status, programs must continue to submit documents (e.g., annual reports, progress reports) and pay fees that are due during that time, unless otherwise directed by the CoARC. The CoARC requires a sponsor to complete a teach-out plan when a program is placed on probation, requests inactive status, voluntarily or involuntarily withdraws (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective
300008	Pueblo Community College – Southwest Ctr. Satellite	Durango, CO	08-01-2012

Letter of Intent Applications Submitted

The first step in the accreditation process is the submission of a Letter of Intent (LOI) application that declares the sponsor's intention to start a new Respiratory Care program. Supplementary materials are required as part of the Letter of Intent process. The application undergoes a review by the CoARC Executive Office and subsequent review by a Program Referee (a member of the CoARC assigned to a program to serve as the liaison between the program and the Commission. Further details regarding the Letter of Intent application process can be found in CoARC Policy 2.02.

Program Name	Location	Date Application Received
Four-D College	Colton, CA	06-20-2011
Everest College	Atlanta, GA	05-04-2012
Cochise College	Sierra Vista, AZ	09-18-2012

Site Visits Conducted

The site visit is the most complex aspect of the accreditation process. It is also the most visible function of the CoARC. Site visitation teams usually have two members, one of whom may be (and in some cases, must be) a physician. Site visitors are on-site objective observers and gatherer of the "facts" that are reported back to the CoARC Referee as a part of the ongoing process of accreditation and reaccreditation. During one to two days at a campus, site visitors interact with all of the communities of interest, review pertinent documents, and, when appropriate, inspect program facilities. Through this process, the CoARC ensures that each program's documentation supports the analysis and action plans related to its resources and outcomes. Further, the visit offers an opportunity to document the degree to which the program meets the Standards. Further details regarding the site visit process can be found at <http://www.coarc.com/32.html>. In 2012, there were a total of 39 site visits, listed below.

Program #	Program Name	Location	Dates of Site Visit in 2012
200075	Rock Valley College	Rockford, IL	Feb 20-21
200102	East LA College	Monterey Park, CA	Apr 12-13
200146	Tulsa Community College	Tulsa, OK	Feb 23-24
200175	Malcolm X College	Chicago, IL	Mar 12-13
200193	Temple College	Temple, TX	Jan 23-24
200199	Amarillo College	Amarillo, TX	Jun 11-12
200216	Columbus State Community College	Columbus, OH	Apr 26-27
200234	Mid-State Technical College	Wisconsin Rapids, WI	May 10-11
200286	University of Pittsburgh	Johnston, PA	Mar 19-20
200295	Monroe County Community College	Monroe, MI	Jan 16-17
200302	Tallahassee Community College	Tallahassee, FL	Jan 23-24
200304	Labette Community College	Parsons, KS	Feb 27-28
200354	Stark State College	North Canton, OH	Jan 26-27
200394	Midwestern State University	Wichita Falls, TX	Feb 6-7
200400/300013	SE Kentucky Community & Tech College	Pineville/Whitesburg, KY	Jan 19-20
200440	Concorde Career College	North Hollywood, CA	May 21-22
200459	Rockingham Community College	Wentworth, NC	Jan 19-20
200462	Southeastern Community College	West Burlington, IA	May 14-15
200467	Luzerne County Community College	Nanticoke, PA	Jun 11-12
200469	Concorde Career College	Memphis, TN	Jan 9-10
200477	Big Sandy Community & Tech College	Paintsville, KY	Mar 5-6
200478	Meridian Community College	Meridian, MI	Jan 23-24

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200482	Southern Crescent Technical College	Griffin, GA	Jun 4-5
200551	Miller-Motte Technical College	Clarksville, TN	Feb 13-14
200558	Lancaster Gen. College of Nursing & Health	Lancaster, PA	May 14-15
200562	McCann School of Business & Technology	Sunbury, PA	May 21-22
200567	Laurel Technical Institute	Sharon, PA	Mar 15-16
200569	Ivy Tech Community College	Muncie, IN	Jun 7-8
200571	Keiser University	Fort Lauderdale, FL	Feb 13-14
200572	Rush University Medical Center	Chicago, IL	Apr 4-5
200573	Concorde Career Institute	Tampa, FL	Jul 9-10
200574	Kent State University	Ashtabula, OH	Aug 2-3
200576	South Arkansas Community College	El Dorado, AR	Jun 18-19
200577	Our Lady of the Lake College/LSUHSC	Baton Rouge, LA	Mar 8-9
200585	METC (Army) & Thomas Edison College	Fort Sam Houston, TX	Mar 21
200587	St. Augustine College	Chicago, IL	Sep 14-15
200589	Black River Technical College	Pocahontas, AR	Jun 18-19
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake, NY	Aug 6-7
400290	Gannon University – SSPO	Eire, PA	Apr 26

Changes in Program Information and Personnel

The CoARC Executive Office is responsible for maintaining accurate programmatic information. Programs are required to report changes in program name, address, and certain personnel to the CoARC in a timely manner. The following is a list of reported changes in 2012:

Type of Change Reported		Total Number Reported in 2012
Change in Program Name		13
Change in Program Address		8
Change in Billing Contact		26
Change in President/CEO		62
Change in Dean		84
Change in Program Director	Permanent	47
	Temporary	15
	Acting	3
Change in Director of Clinical Education	Permanent	82
	Temporary	15
	Acting	3
Change in Medical Director	Permanent	35
	Temporary	3
Change in Primary Sleep Specialist Instructor		1

2012 ANNUAL REPORT OF CURRENT STATUS (RCS)

Overview

The 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 the CoARC reflect metrics of program effectiveness and student achievement. The 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.

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

In May 2011, the 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, the 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, the 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. The CoARC works with programs throughout the data submission and validation phases to ensure that the performance data is accurate. In the future, the 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 have been gathered and analyzed.

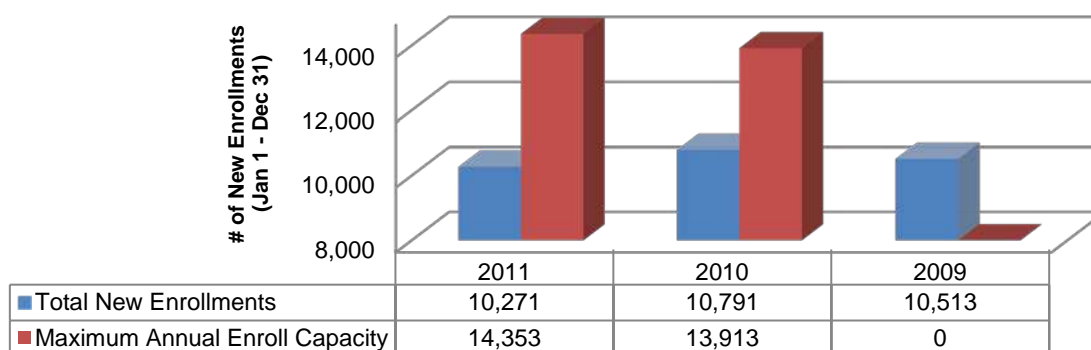
The CoARC completed the verification of the outcomes data from the 2012 Annual Report of Current Status (RCS) in December 2012. A total of 453 programs and program options submitted annual reports in 2012. These data are self-reported by respiratory care programs to the CoARC and reflects the aggregate data for the three-year time period being reported (January 1, 2009 through December 31, 2011) from the 2012 RCS reports accepted by the CoARC Executive Office. Note: The data does not reflect any changes made to the RCS data after the 2012 RCS report was accepted. Any such changes will be reported in the 2013 RCS reports due July 1, 2013.

Total New Enrollments

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, on-time graduation rates, and maximum annual enrollment.

Figure 6 shows total new enrollments for 2009 through 2011. This does not include students that were already enrolled in prior years. Enrollments for 2010 and 2011 are compared to the total maximum annual enrollment capacity⁴. The CoARC did not track maximum annual enrollment capacity for 2009. The data shows new enrollments reaching 72% of capacity in 2011 and 78% of capacity for 2010. The average maximum annual enrollment capacity per program for 2010 and 2011 was 32. The average number of new enrollments per program was 23 in 2011, 24 in 2010, and 24 in 2009. There was a 5% decrease in new enrollments between 2011 and 2010 and a 2.6% increase between 2010 and 2009. The differences in reported enrollments between the 2012 Report on Accreditation and the 2011 Report on Accreditation were due to programmatic data corrections related to modifications to the CoARC's definition of programmatic enrollment and attrition as well as improved accuracy in the self-reported enrollment data.

Figure 6 - Total New RC Program and Satellite Enrollments and Maximum Annual Enrollment Capacity (n=446)



Not included in **Figure 6** are the enrollment data for the 7 sleep specialist program options. There were a total of 50 new enrollments in 2011 with a maximum annual enrollment capacity of 102 (49%). In contrast, there were 33 new enrollments in 2010 with a maximum annual enrollment capacity of 102 (32%). In 2009, there were 59 new enrollments. The average number of new enrollments per program option was 7 in 2011, 5 in 2010, and 8 in 2009. The average maximum annual enrollment capacity per program option remained at 15 in 2011.

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 the 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 7 – New RC Enrollments by Degree Offered (n=446)								
Degree Offered	Max Annual Enroll Capacity 2011		New Enrollments 2011		New Enrollments 2010		New Enrollments 2009	
	Total	Avg	Total	Avg	Total	Avg	Total	Avg
Associate only (n=389)	13,069	34	9,290	24	9,787	25	9,588	25
Associate & Baccalaureate (n=3)	68	23	51	17	34	15	41	10
Baccalaureate only (n=51)	1,130	22	852	17	891	17	819	16
Baccalaureate & Masters (n=3)	86	29	78	26	69	23	75	25

Table 7 shows the new annual respiratory care enrollments in relation to the degree offered. Programs offering only associate degrees accounted for 87.2% of the total number of programs submitting annual reports in 2012. There were 10,271 new students enrolled in 2011; of this total, 9,290 were enrolled in Associate degree programs. This represents the largest category (90.4%) and is a 5.1% decrease compared to 2010. In contrast, there was a 2.1% increase in new enrollments for this category between 2010 and 2009. New enrollments reached 72% of maximum annual enrollment capacity in 2011 for associate degree programs. The average number of new enrollments per program for this category was 24 in 2011 and 25 in 2010 and 2009.

Programs offering both associate and baccalaureate degrees accounted for 0.7% of the total number of respiratory care programs submitting annual reports in 2012. In 2011, there were 51 new students (0.5% of total) enrolled in programs that offered both an associate and baccalaureate degree. This represents a 50% increase from 2010. In contrast, there was a 17% decrease in new enrollments for this category between 2010 and 2009. New enrollments reached 75% of maximum annual enrollment capacity in 2011 for programs that offer both associate and baccalaureate degrees. The average number of new enrollments per program for this category was 17 in 2011, 15 in 2010, and 10 in 2009.

Programs offering only baccalaureate degrees accounted for 11.4% of the total number of respiratory care programs submitting annual reports in 2012. In 2011, there were 852 new students (8.3% of total) enrolled in Baccalaureate degree programs. This represents a 4.4% decrease from 2010. In contrast, there was an 8.8% increase in new enrollments for this category between 2010 and 2009. New enrollments reached 75.4% of maximum annual enrollment capacity in 2011 for baccalaureate degree programs. The average number of new enrollments per program for this category was 17 in 2011 and 2010, and 16 in 2009.

Programs offering both baccalaureate and master's degrees accounted for 0.7% of the total number of respiratory care programs submitting annual reports in 2012. In 2011, there were 78 new students (0.8% of total) enrolled in programs that offered both a baccalaureate and master's degree. This represents a 13% increase from 2010. In contrast, there was an 8% decrease in new enrollments for this category between 2010 and 2009. New enrollments reached 91% of maximum annual enrollment capacity in 2011 for programs that offer both baccalaureate and master's degrees. The average number of new enrollments per program for this category was 26 in 2011, 23 in 2010, and 25 in 2009.

New RC Enrollments by Institutional Type

Table 8 – New RC Enrollments by Institutional Type (n=446)

Institutional Type	Max Annual Enroll Capacity 2011		New Enrollments 2011		New Enrollments 2010		New Enrollments 2009	
	Total	Avg	Total	Avg	Total	Avg	Total	Avg
Community College or Junior College (n=252)	6,620	26	5,337	21	5,573	22	5,222	21
Four-Year College or University (n=95)	2,765	29	1,912	20	1,950	21	1,914	20
Technical or Vocational School (n=76)	4,272	56	2,517	33	2,781	37	2,930	39
Academic HSC/Medical Center (n=12)	249	21	198	17	193	16	172	14
Career or Technical College (n=9)	259	32	181	20	212	24	209	23
U.S. Military (n=2)	188	94	126	63	82	41	66	33

Table 8 shows the new annual respiratory care enrollments in relation to the institutional type. Programs offered in community or junior colleges accounted for 56.5% of the total number of respiratory care programs submitting annual reports in 2012. There were 5,337 new enrollments in this category in 2011. This represents the largest category (52%) and is a 4.2% decrease compared to 2010. In contrast, there was a 6.7% increase in new enrollments between 2010 and 2009. New enrollments reached 81% of maximum annual enrollment capacity in 2011 for community colleges or junior colleges. The average number of new enrollments per program for this category was 21 in 2011, 22 in 2010, and 21 in 2009.

Programs offered in four-year colleges or universities accounted for 21.3% of the total number of respiratory care programs submitting annual reports in 2012. There were 1,912 (18.6% of total) new enrollments in 2011. This represents a 2.0% decrease compared to 2010. In contrast, there was a 1.9% increase between 2010 and 2009. New enrollments reached 69.2% of maximum annual enrollment capacity in 2011. The average number of new enrollments per program for this category was 20 in 2011, 21 in 2010, and 21 in 2009.

Programs offered in technical or vocational schools accounted for 17.0% of the total number of respiratory care programs submitting annual reports in 2012. There were 2,517 (24.5% of total) new enrollments in 2011. This represents a 9.4% decrease compared to 2010. There was also a 5.1% decrease between 2010 and 2009. New enrollments reached 58.9% of maximum annual enrollment capacity in 2011. The average number of new enrollments per program for this category was 33 in 2011, 37 in 2010, and 39 in 2009.

Programs offered in academic HSC/medical centers accounted for 2.7% of the total number of respiratory care programs submitting annual reports in 2012. There were 198 (1.9% of total) new enrollments in 2011. This represents a 2.6% increase compared to 2010. There was also a 12.2% increase between 2010 and 2009. New enrollments reached 79.5% of maximum annual enrollment capacity in 2011. The average number of new enrollments per program for this category was 17 in 2011, 16 in 2010, and 14 in 2009.

Programs offered in career or technical colleges accounted for 2.0% of the total number of respiratory care programs submitting annual reports in 2012. There were 181 (1.8% of total) new enrollments in 2011. This represents a 14.6% decrease compared to 2010. In contrast, a 1.4% increase occurred between 2010 and 2009. New enrollments reached 69.9% of maximum annual enrollment capacity in 2011. The average number of new enrollments per program for this category was 20 in 2011, 24 in 2010, and 23 in 2009.

Programs offered in the U.S. military accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2012. There were 126 (1.2% of total) new enrollments in 2011. This represents a 53.7% increase compared to 2010. There was also a 24.2% increase between 2010 and 2009. New enrollments reached 67.0% of maximum annual enrollment capacity in 2011. The average number of new enrollments per program for this category was 63 in 2011, 41 in 2010, and 33 in 2009.

New RC Enrollments by Institutional Control/Funding

Table 9 – New RC Enrollments by Institutional Control/Funding (n=446)

Institutional Control/Funding	Max Annual Enroll Capacity 2011		New Enrollments 2011		New Enrollments 2010		New Enrollments 2009	
	Total	Avg	Total	Avg	Total	Avg	Total	Avg
Public/Not-For-Profit (n=349)	8721	25	6767	19	7237	21	6705	19
Private/For-Profit (Proprietary) (n=62)	4648	76	2833	46	2952	48	3262	53
Private/Not-For-Profit (n=33)	796	24	545	17	520	16	480	15
Federal Government (n=2)	188	94	126	63	82	41	66	33

Table 9 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 78.2% of the total number of respiratory care programs submitting annual reports in 2012. There were 6,767 new respiratory care enrollments in public/not-for-profit institutions in 2011. This represents the largest category (65.9%) and is a 6.5% decrease compared to 2010. In contrast, there was a 7.9% increase in new enrollments for this category between 2010 and 2009. New enrollments reached 77.6% of maximum annual enrollment capacity in 2011 for programs under control/funded by public/not-for-profit institutions. The average number of new enrollments per program for this category was 19 in 2011, 21 in 2010, and 19 in 2009.

Programs under control/funded by private/for-profit (proprietary) institutions accounted for 13.9% of the total number of respiratory care programs submitting annual reports in 2012. There were 2,833 (27.6% of total) new enrollments in 2011. This represents a 4.0% decrease compared to 2010. There was also an 8.7% decrease for this category between 2010 and 2009. New enrollments reached 61.0% of maximum annual enrollment capacity in 2011 for programs under control/funded by private/for-profit (proprietary) institutions. The average number of new enrollments per program for this category was 46 in 2011, 48 in 2010, and 53 in 2009.

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 2012. There were 545 (5.3% of total) new enrollments in 2011. This represents a 4.8% increase compared to 2010. There was also an 8.3% increase for this category between 2010 and 2009. New enrollments reached 68.5% of maximum annual enrollment capacity in 2011 for programs under control/funded by private/not-for-profit institutions. The average number of new enrollments per program for this category was 17 in 2011, 16 in 2010, and 15 in 2009.

Programs under control/ funded by the federal government accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2012. There were 126 (1.2% of total) new enrollments in 2011. This represents a 53.7% increase compared to 2010. There was also a 24.2% increase between 2010 and 2009. New enrollments reached 67.0% of maximum annual enrollment capacity in 2011. The average number of new enrollments per program for this category was 63 in 2011, 41 in 2010, and 33 in 2009.

New RC Enrollments by State (including D.C.) and Degree

Table 10 provides data on new respiratory care enrollments for 2009-2011 by state and degree offered. California had the largest (20.9% of total) enrollments of any state in 2011.

Table 10 – New RC Enrollments by State (including D.C) and Degree (n=445)					
State (# of programs)	Degree	Maximum Annual Enroll Capacity 2011	New Enrollments 2011	New Enrollments 2010	New Enrollments 2009
AL (n=6)	Total	203	145	142	154
4	Associate	150	85	80	95
2	Baccalaureate	53	60	62	59
AR (n=12)	Total	243	104	118	93
9	Associate	171	76	88	61
3	Baccalaureate	72	28	30	32
AZ (n=7)	Total	663	337	418	459
7	Associate	663	337	418	459
0	Baccalaureate	0	0	0	0
CA (n=38)	Total	2148	1861	1744	1714
37	Associate	2126	1853	1725	1706
1	Baccalaureate	22	8	19	8
CO (n=5)	Total	235	108	137	158
5	Associate	235	108	137	158
0	Baccalaureate	0	0	0	0
CT (n=5)	Total	113	86	104	90
4	Associate	95	69	88	80
1	Baccalaureate	18	17	16	10
DC (n=1)	Total	24	14	17	17
1	Associate	24	14	17	17
0	Baccalaureate	0	0	0	0
DE (n=2)	Total	35	35	28	31
2	Associate	35	35	28	31
0	Baccalaureate	0	0	0	0
FL (n=26)	Total	1031	669	695	767
25	Associate	1006	639	665	756
1	Baccalaureate	25	30	30	11
GA (n=14)	Total	335	272	292	275
11	Associate	245	184	208	197
2	Baccalaureate	40	44	43	34
1	Bacc & Masters	50	44	41	44
HI (n=1)	Total	16	16	17	16
1	Associate	16	16	17	16
0	Baccalaureate	0	0	0	0

State (# of programs)	Degree	Maximum Annual Enroll Capacity 2011	New Enrollments 2011	New Enrollments 2010	New Enrollments 2009
IA (n=6)	Total	128	96	111	97
6	Associate	128	96	111	97
0	Baccalaureate	0	0	0	0
ID (n=3)	Total	80	43	74	70
3	Associate	80	43	74	70
0	Baccalaureate	0	0	0	0
IL (n=14)	Total	431	303	317	335
13	Associate	407	278	293	314
1	Bacc & Masters	24	25	24	21
IN (n=11)	Total	235	222	232	213
10	Associate	205	193	202	183
1	Baccalaureate	30	29	30	30
KS (n=9)	Total	192	130	142	112
8	Associate	168	116	124	103
1	Baccalaureate	24	14	18	9
KY (n=14)	Total	282	230	220	171
13	Associate	267	216	205	160
1	Baccalaureate	15	14	15	11
LA (n=12)	Total	207	138	150	118
9	Associate	172	106	129	96
3	Baccalaureate	35	32	21	22
MA (n=7)	Total	139	101	125	118
7	Associate	139	101	125	118
0	Baccalaureate	0	0	0	0
MD (n=8)	Total	193	156	157	161
6	Associate	133	123	133	122
2	Baccalaureate	60	33	24	39
ME (n=2)	Total	34	32	37	34
2	Associate	34	32	37	34
0	Baccalaureate	0	0	0	0
MI (n=13)	Total	437	292	379	359
13	Associate	437	292	379	359
0	Baccalaureate	0	0	0	0
MN (n=5)	Total	123	100	99	91
3	Associate	83	74	75	64
2	Baccalaureate	40	26	24	27

State (# of programs)	Degree	Maximum Annual Enroll Capacity 2011	New Enrollments 2011	New Enrollments 2010	New Enrollments 2009
MO (n=12)	Total	417	208	241	243
10	Associate	393	193	228	230
2	Baccalaureate	24	15	13	13
MS (n=8)	Total	162	133	135	120
8	Associate	162	133	135	120
0	Baccalaureate	0	0	0	0
MT (n=2)	Total	31	21	28	18
2	Associate	31	21	28	18
0	Baccalaureate	0	0	0	0
NC (n=14)	Total	296	240	260	267
14	Associate	296	240	260	267
0	Baccalaureate	0	0	0	0
ND (n=2)	Total	24	19	16	22
0	Associate	0	0	0	0
1	Baccalaureate	12	10	12	12
1	Bacc & Masters	12	9	4	10
NE (n=4)	Total	98	79	60	83
3	Associate	83	70	54	72
1	Baccalaureate	15	9	6	11
NH (n=1)	Total	16	12	11	13
1	Associate	16	12	11	13
0	Baccalaureate	0	0	0	0
NJ (n=5)	Total	162	133	152	128
4	Associate	122	107	125	112
1	Assoc & Bacc	40	26	27	16
NM (n=6)	Total	173	87	112	94
6	Associate	173	87	112	94
0	Baccalaureate	0	0	0	0
NV (n=3)	Total	187	143	168	137
3	Associate	187	143	168	137
0	Baccalaureate	0	0	0	0
NY (n=12)	Total	429	339	362	325
9	Associate	355	285	289	263
3	Baccalaureate	74	54	73	62
OH (n=23)	Total	588	488	510	505
19	Associate	496	399	423	423
4	Baccalaureate	92	89	87	82

State (# of programs)	Degree	Maximum Annual Enroll Capacity 2011	New Enrollments 2011	New Enrollments 2010	New Enrollments 2009
OK (n=7)	Total	157	107	121	120
7	Associate	157	107	121	120
0	Baccalaureate	0	0	0	0
OR (n=4)	Total	119	98	102	99
3	Associate	94	84	87	84
1	Baccalaureate	25	14	15	15
PA (n=27)	Total	719	459	483	423
22	Associate	621	374	403	350
2	Assoc & Bacc	28	25	17	15
3	Baccalaureate	70	60	63	58
RI (n=2)	Total	64	15	21	26
2	Associate	64	15	21	26
0	Baccalaureate	0	0	0	0
SC (n=7)	Total	167	140	132	132
7	Associate	167	140	132	132
0	Baccalaureate	0	0	0	0
SD (n=2)	Total	24	24	20	16
2	Associate	24	24	20	16
0	Baccalaureate	0	0	0	0
TN (n=11)	Total	340	233	245	207
8	Associate	286	176	194	157
3	Baccalaureate	54	57	51	50
TX (n=38)	Total	1404	773	838	820
33	Associate	1267	664	717	711
5	Baccalaureate	137	109	121	109
UT (n=7)	Total	526	396	333	476
3	Associate	423	351	281	440
4	Baccalaureate	103	45	52	36
VA (n=7)	Total	204	234	231	168
6	Associate	174	206	205	141
1	Baccalaureate	30	28	26	27
VT (n=1)	Total	27	18	20	19
1	Associate	27	18	20	19
0	Baccalaureate	0	0	0	0
WA (n=5)	Total	152	121	132	125
5	Associate	152	121	132	125
0	Baccalaureate	0	0	0	0

COMMISSION ON ACCREDITATION FOR
RESPIRATORY CARE

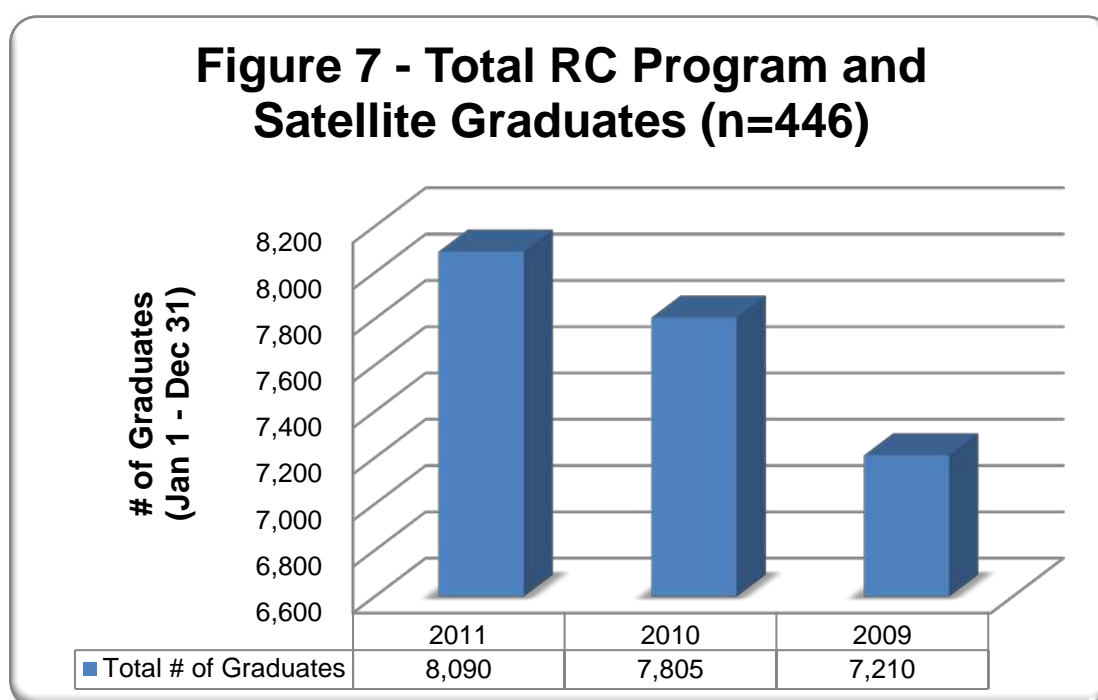


State (# of programs)	Degree	Maximum Annual Enroll Capacity 2011	New Enrollments 2011	New Enrollments 2010	New Enrollments 2009
WI (n=7)	Total	156	153	146	136
7	Associate	156	153	146	136
0	Baccalaureate	0	0	0	0
WV (n=6)	Total	139	85	114	103
4	Associate	109	66	104	77
2	Baccalaureate	30	19	10	26
WY (n=1)	Total	15	15	13	9
1	Associate	15	15	13	9
0	Baccalaureate	0	0	0	0

Total Graduates

2012 RCS data (**Figure 7**) provides the total number of graduates during the 3-year time period being reported (i.e., January 1, 2009 through December 31, 2011). 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 2011, 18 in 2010, and 16 in 2009. There was a 3.7% increase in overall graduates between 2011 and 2010 and an 8.3% increase between 2010 and 2009. The differences in reported graduates between the 2012 Report on Accreditation and the 2011 Report on Accreditation were due to programmatic data corrections and improved accuracy in the self-reported graduate data.



Not included in **Figure 7** are the graduate data for the 7 sleep specialist program options. There were a total of 44 graduates in 2011. In 2010, there were 45 graduates. In 2009, there were 40 graduates. The average number of graduates per program option in 2009, 2010, and 2011 was 6.

RC Graduates by Degree Offered

Table 11 – RC Graduates by Degree Offered (n=446)

Degree Offered	2011 Graduates		2010 Graduates		2009 Graduates	
	Total	Avg	Total	Avg	Total	Avg
Associate only (n=389)	7362	19	7010	18	6441	17
Associate & Baccalaureate (n=3)	30	10	33	11	33	11
Baccalaureate only (n=51)	647	13	716	14	688	13
Baccalaureate & Masters (n=3)	51	17	46	15	48	16

Table 11 shows the number of respiratory care graduates in relation to the degree offered. Programs offering only associate degrees accounted for 87.2% of the total number of programs submitting annual reports in 2012. There were 8,090 graduates in 2011; of this total, 7,362 graduated from Associate degree programs. This represents the largest category (91.0%) and is a 5.0% increase compared to 2010. There was also an 8.8% increase in graduates for this category between 2010 and 2009. The average number of graduates per program for this category was 19 in 2011, 18 in 2010, and 17 in 2009.

Programs offering both associate and baccalaureate degrees accounted for 0.7% of the total number of respiratory care programs submitting annual reports in 2012. In 2011, there were 30 graduates (0.4% of total) from programs that offered both an associate and baccalaureate degree. This represents a 9.0% decrease from 2010. The number of graduates for this category between 2010 and 2009 remained at 33. The average number of graduates per program for this category was 10 in 2011, and 11 in 2010 and 2009.

Programs offering only baccalaureate degrees accounted for 11.4% of the total number of respiratory care programs submitting annual reports in 2012. In 2011, there were 647 graduates (8.0% of total) from Baccalaureate degree programs. This represents a 9.6% decrease from 2010. In contrast, there was a 4.1% increase in graduates for this category between 2010 and 2009. The average number of graduates per program for this category was 13 in 2011, 14 in 2010, and 13 in 2009.

Programs offering both baccalaureate and master's degrees accounted for 0.7% of the total number of respiratory care programs submitting annual reports in 2012. In 2011, there were 51 graduates (0.6% of total) from programs that offered both a baccalaureate and master's degree. This represents a 10.9% increase from 2010. In contrast, there was a 4.2% decrease in graduates for this category between 2010 and 2009. The average number of graduates per program for this category was 17 in 2011, 46 in 2010, and 48 in 2009.

RC Graduates by Institutional Type

Table 12 – RC Graduates by Institutional Type (n=446)

Institutional Type	2011 Graduates		2010 Graduates		2009 Graduates	
	Total	Avg	Total	Avg	Total	Avg
Community College or Junior College (n=252)	4088	16	4082	16	3940	16
Four-Year College or University (n=95)	1476	16	1429	15	1332	14
Technical or Vocational School (n=76)	2173	29	1973	26	1606	21
Academic HSC/Medical Center (n=12)	111	9	118	10	122	10
Career or Technical College (n=9)	179	20	178	20	192	21
U.S. Military (n=2)	63	32	25	13	18	9

Table 12 shows the number of respiratory care graduates in relation to the institutional type. Programs offered in community or junior colleges accounted for 56.5% of the total number of respiratory care programs submitting annual reports in 2012. There were 4,088 graduates in this category in 2011. This represents the largest category (50.5%) and is a 0.1% increase compared to 2010. There was also a 3.6% increase in graduates between 2010 and 2009. The average number of graduates per program for this category was 16 in 2011, 2010, and 2009.

Programs offered in four-year colleges or universities accounted for 21.3% of the total number of respiratory care programs submitting annual reports in 2012. There were 1,476 (18.2% of total) graduates in 2011. This represents a 3.3% increase compared to 2010. There was also a 7.3% increase between 2010 and 2009. The average number of graduates per program for this category was 16 in 2011 and 15 in 2010 and 14 in 2009.

Programs offered in technical or vocational schools accounted for 17.0% of the total number of respiratory care programs submitting annual reports in 2012. There were 2,173 (26.9% of total) graduates in 2011. This represents a 10.1% increase compared to 2010. There was also a 22.9% increase between 2010 and 2009. The average number of graduates per program for this category was 29 in 2011, 26 in 2010, and 21 in 2009.

Programs offered in academic HSC/medical centers accounted for 2.7% of the total number of respiratory care programs submitting annual reports in 2012. There were 111 (1.4% of total) graduates in 2011. This represents a 5.9% decrease compared to 2010. There was also a 3.3% decrease between 2010 and 2009. The average number of graduates per program for this category was 9 in 2011, and 10 in 2010 and 2009.

Programs offered in career or technical colleges accounted for 2.0% of the total number of respiratory care programs submitting annual reports in 2012. There were 179 (2.2% of total) graduates in 2011. This represents a 0.6% increase compared to 2010. In contrast, a 7.3% decrease occurred between 2010 and 2009. The average number of graduates per program for this category was 20 in 2011 and 2010, and 21 in 2009.

Programs offered in the U.S. military accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2012. There were 63 (0.8% of total) graduates in 2011. This represents a 152% increase compared to 2010. There was a 38% increase between 2010 and 2009. The average number of graduates per program for this category was 32 in 2011, 13 in 2010, and 9 in 2009.

RC Graduates by Institutional Control/Funding

Table 13 –RC Graduates by Institutional Control/Funding (n=446)						
Institutional Control/Funding	2011 Graduates		2010 Graduates		2009 Graduates	
	Total	Avg	Total	Avg	Total	Avg
Public/Not-For-Profit (n=349)	5300	15	5228	15	5126	15
Private/For-Profit (Proprietary) (n=62)	2370	38	2190	35	1717	28
Private/Not-For-Profit (n=33)	357	11	362	11	349	11
Federal Government (n=2)	63	32	25	13	18	9

Table 13 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 78.2% of the total number of respiratory care programs submitting annual reports in 2012. There were 5,300 graduates in this category in 2011. This represents the largest category (65.5%) and is a 13.8% increase compared to 2010. There was also a 19.9% increase in graduates for this category between 2010 and 2009. The average number of graduates per program for this category was 15 in 2011, 2010, and 2009.

Programs under control/funded by private/for-profit (proprietary) institutions accounted for 13.9% of the total number of respiratory care programs submitting annual reports in 2012. There were 2,370 (29.3% of total) graduates in 2011. This represents an 8.2% increase compared to 2010. There was also a 27.5% increase for this category between 2010 and 2009. The average number of graduates per program for this category was 38 in 2011, 35 in 2010, and 28 in 2009.

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 2012. There were 357 (4.4% of total) graduates in 2011. This represents a 1.4% decrease compared to 2010. In contrast, there was a 3.7% increase for this category between 2010 and 2009. The average number of graduates per program for this category was 11 in 2011, 2010, and 2009.

Programs under control/ funded by the federal government accounted for 0.5% of the total number of respiratory care programs submitting annual reports in 2012. There were 63 (0.8% of total) graduates in 2011. This represents a 152% increase compared to 2010. There was a 38% increase between 2010 and 2009. The average number of graduates per program for this category was 32 in 2011, 13 in 2010, and 9 in 2009.

RC Graduates by State (including D.C.) and Degree

Table 14 provides data on respiratory care graduates for 2009-2011 by state and degree offered. California graduated the largest number of students (15.9% of total) in 2011.

Table 14 –RC Graduates by State (including D.C) and Degree (n=445)				
State (# of programs)	Degree	2011 Graduates	2010 Graduates	2009 Graduates
AL (n=6)	Total	129	124	112
4	Associate	80	79	77
2	Baccalaureate	49	45	35
AR (n=12)	Total	88	62	61
9	Associate	66	48	40
3	Baccalaureate	22	14	21
AZ (n=7)	Total	338	340	335
7	Associate	338	340	335
0	Baccalaureate	0	0	0
CA (n=38)	Total	1284	1277	1015
37	Associate	1277	1269	1004
1	Baccalaureate	7	8	11
CO (n=5)	Total	108	116	80
5	Associate	108	116	80
0	Baccalaureate	0	0	0
CT (n=5)	Total	64	64	63
4	Associate	53	50	57
1	Baccalaureate	11	14	6
DC (n=1)	Total	8	11	20
1	Associate	8	11	20
0	Baccalaureate	0	0	0
DE (n=2)	Total	26	25	15
2	Associate	26	25	15
0	Baccalaureate	0	0	0
FL (n=26)	Total	668	484	444
25	Associate	660	473	424
1	Baccalaureate	8	11	20
GA (n=14)	Total	237	238	193
11	Associate	176	166	120
2	Baccalaureate	27	37	37
1	Bacc & Masters	34	35	36
HI (n=1)	Total	12	11	14
1	Associate	12	11	14
0	Baccalaureate	0	0	0

State (# of programs)	Degree	2011 Graduates	2010 Graduates	2009 Graduates
IA (n=6)	Total	73	66	69
6	Associate	73	66	69
0	Baccalaureate	0	0	0
ID (n=3)	Total	59	32	36
3	Associate	59	32	36
0	Baccalaureate	0	0	0
IL (n=14)	Total	227	245	252
13	Associate	219	245	252
1	Bacc & Masters	8	0	0
IN (n=11)	Total	184	174	163
10	Associate	158	146	139
1	Baccalaureate	26	28	24
KS (n=9)	Total	92	83	110
8	Associate	85	73	103
1	Baccalaureate	7	10	7
KY (n=14)	Total	139	160	170
13	Associate	127	146	158
1	Baccalaureate	12	14	12
LA (n=12)	Total	112	87	88
9	Associate	101	71	70
3	Baccalaureate	11	16	18
MA (n=7)	Total	88	105	73
7	Associate	88	105	73
0	Baccalaureate	0	0	0
MD (n=8)	Total	127	109	96
6	Associate	91	86	69
2	Baccalaureate	36	23	27
ME (n=2)	Total	24	24	21
2	Associate	24	24	21
0	Baccalaureate	0	0	0
MI (n=13)	Total	273	278	236
13	Associate	273	278	236
0	Baccalaureate	0	0	0
MN (n=5)	Total	57	65	70
3	Associate	43	46	48
2	Baccalaureate	14	19	22
MO (n=12)	Total	173	173	135
10	Associate	159	161	122
2	Baccalaureate	14	12	13

State (# of programs)	Degree	2011 Graduates	2010 Graduates	2009 Graduates
MS (n=8)	Total	88	95	91
8	Associate	88	95	91
0	Baccalaureate	0	0	0
MT (n=2)	Total	25	18	14
2	Associate	25	18	14
0	Baccalaureate	0	0	0
NC (n=14)	Total	176	182	165
14	Associate	176	182	165
0	Baccalaureate	0	0	0
ND (n=2)	Total	18	22	23
0	Associate	0	0	0
1	Baccalaureate	9	11	11
1	Bacc & Masters	9	11	12
NE (n=4)	Total	46	57	47
3	Associate	40	52	44
1	Baccalaureate	6	5	3
NH (n=1)	Total	10	11	11
1	Associate	10	11	11
0	Baccalaureate	0	0	0
NJ (n=5)	Total	116	93	106
4	Associate	97	77	87
1	Assoc & Bacc	19	16	19
0	Baccalaureate	0	0	0
NM (n=6)	Total	87	73	79
6	Associate	87	73	79
0	Baccalaureate	0	0	0
NV (n=3)	Total	128	107	110
3	Associate	128	107	110
0	Baccalaureate	0	0	0
NY (n=12)	Total	247	244	241
9	Associate	192	183	181
3	Baccalaureate	55	61	60
OH (n=23)	Total	386	383	385
19	Associate	305	306	311
4	Baccalaureate	81	77	74
OK (n=7)	Total	99	104	91
7	Associate	99	104	91
0	Baccalaureate	0	0	0

State (# of programs)	Degree	2011 Graduates	2010 Graduates	2009 Graduates
OR (n=4)	Total	92	64	61
3	Associate	92	49	45
1	Baccalaureate	0	15	16
PA (n=27)	Total	292	293	338
22	Associate	235	233	280
2	Assoc & Bacc	11	17	14
3	Baccalaureate	46	43	44
RI (n=2)	Total	24	15	20
2	Associate	24	15	20
0	Baccalaureate	0	0	0
SC (n=7)	Total	92	77	79
7	Associate	92	77	79
0	Baccalaureate	0	0	0
SD (n=2)	Total	15	13	21
2	Associate	15	13	21
0	Baccalaureate	0	0	0
TN (n=11)	Total	174	134	144
8	Associate	131	93	102
3	Baccalaureate	43	41	42
TX (n=38)	Total	680	632	697
33	Associate	591	540	603
5	Baccalaureate	89	92	94
UT (n=7)	Total	241	331	176
3	Associate	224	268	155
4	Baccalaureate	17	63	21
VA (n=7)	Total	131	146	126
6	Associate	112	126	97
1	Baccalaureate	19	20	29
VT (n=1)	Total	10	14	18
1	Associate	10	14	18
0	Baccalaureate	0	0	0
WA (n=5)	Total	94	114	84
5	Associate	94	114	84
0	Baccalaureate	0	0	0
WI (n=7)	Total	116	109	100
7	Associate	116	109	100
0	Baccalaureate	0	0	0
WV (n=6)	Total	88	87	78
4	Associate	68	77	60
2	Baccalaureate	20	10	18
WY (n=1)	Total	7	7	11
1	Associate	7	7	11
0	Baccalaureate	0	0	0

Overall Programmatic Attrition

For the 2012 RCS, programmatic attrition is defined by the 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 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. Fundamental respiratory care core coursework is defined as professional coursework progressing toward completion of respiratory care program once formally admitted into the program. *Academic attrition* is due to failure to meet grades or other programmatic competencies (e.g. ethics, professionalism, behavioral) or another violation of an academic policy that results in a student’s expulsion from the program. *Non-Academic* attrition is due to financial hardship, medical, family, deployment, changing course of study, relocation, or reasons other than those defined in Academic. Programmatic enrollment, as defined by the 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, on-time graduation rates, and maximum annual enrollment.

Table 15a – 2012 RCS Programmatic Attrition (n=434)

# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Above Threshold
n=434	40%	17.4%	55%	0%	8

Table 15b – 2011 RCS Programmatic Attrition (n=426)

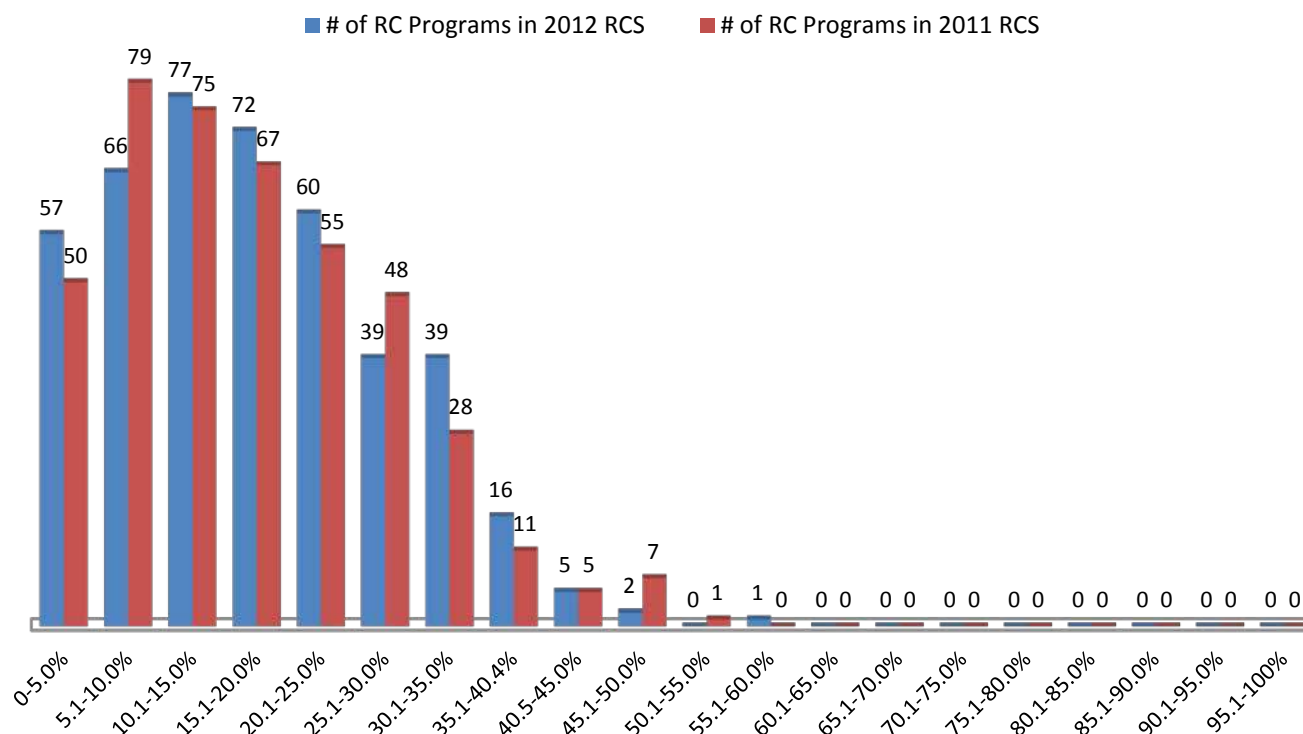
# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Above Threshold
n=426	40%	17.0%	52%	0%	13

2012 RCS data on programmatic attrition (**Table 15a and Figure 8**) show a total of 434 programs reporting programmatic attrition rates. Twelve new programs did not have any attrition data to report for 2009-11. The average attrition rate was 17.4% with the highest rate of 55% (n=1) and the lowest rate of 0% (n=13). A total of 8 programs (1.8% of total) reported attrition rates above the CoARC-established threshold of 40%. As per CoARC Standard 3.14, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

When compared to the 2011 RCS data on programmatic attrition rates for 2008-10, (**Table 15b and Figure 8**), the 2012 RCS data shows a 0.4% increase in the average attrition rate. In addition, there was a 3% increase in highest attrition rate reported. The number of programs reporting the lowest attrition (0%) decreased by 3. The number of programs reporting attrition rates above the CoARC-established threshold decreased from 3.1% of the total programs reporting attrition data in the 2011 RCS to 1.8% of total programs reporting attrition data in the 2012 RCS.

⁵ The attrition definition in use at the time of the submission of the 2011 RCS was as follows: “*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 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.”

**Figure 8 - RC Programmatic Attrition for 2012 RCS
(n=434) and 2011 RCS (n=426)**
CoARC Threshold = 40%



Not included in **Tables 15a/b** and **Figure 8** are the attrition data for the 7 sleep specialist program options. There were a total of 7 program options reporting attrition data in the 2012 RCS. The average attrition rate was 11% with the highest rate of 30.8% (n=1) and the lowest rate of 0% (n=2). All 7 program options reported attrition rates below the CoARC-established threshold of 40%.

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

Table 16 – RC Programmatic Attrition by Degree Offered for 2012 and 2011 RCS

Degree Offered (n=434)	2012 RCS	Degree Offered (n=426)	2011 RCS
	Avg Attrition (# of programs above CoARC threshold)		Avg Attrition (# of programs above CoARC threshold)
Associate only (n=377)	18.1% (8)	Associate only (n=366)	17.8% (13)
Associate & Baccalaureate (n=3)	19.9%	Associate & Baccalaureate (n=9)	8.5%
Baccalaureate only (n=51)	12.0%	Baccalaureate only (n=49)	12.3%
Baccalaureate & Masters (n=3)	17.1%	Baccalaureate & Masters (n=2)	21.1%

Table 16 compares programmatic attrition data in relation to the degree offered between the 2012 RCS and the 2011 RCS. RC Programs offering both Associate & Baccalaureate degrees demonstrated the highest average attrition rate (19.9%) in the 2012 RCS. RC Programs offering only the Baccalaureate degree demonstrated the lowest average attrition rate (12.0%) in the 2012 RCS. When compared to the 2011 RCS data, there was a 0.3% decrease in the average attrition rate for programs offering only the Baccalaureate degree as well as a 4% decrease in the average attrition rate for programs offering both the Baccalaureate and Master's degrees. Conversely, there was a 0.3% increase in the average attrition rate for programs offering only the Associate degree as well as an 11.4% increase in the average attrition rate for programs offering both the both Associate & Baccalaureate degrees (Note: The lower number of programs offering both the both Associate & Baccalaureate degrees in the 2012 RCS was due to a reclassification of programs as a result of a degree audit performed in July 2012).

For the 2012 RCS, 4 of the 8 programs above the CoARC threshold of 40% offered the AAS degree and the other four offered the AS degree. For the 2011 RCS, 6 of the 13 programs above the CoARC threshold of 40% offered the AAS degree, 6 offered the AS degree, and 1 offered the AST degree.

Table 17 – RC Programmatic Attrition by Institutional Type for 2012 and 2011 RCS

Institutional Type (n=434)	2012 RCS	Institutional Type (n=426)	2011 RCS
	Avg Attrition (# of programs above CoARC threshold)		Avg Attrition (# of programs above CoARC threshold)
Four-Year College or University (n=93)	13.4%	Four-Year College or University (n=91)	13.3%
Career or Technical College (n=9)	16.1%	Career or Technical College (n=7)	12.7%
Community College or Junior College (n=247)	18.4% (6)	Community College or Junior College (n=246)	18.1% (9)
Academic HSC/Medical Center (n=12)	19.7%	Academic HSC/Medical Center (n=12)	24.3% (1)
Technical or Vocational School (n=71)	19.1% (2)	Technical or Vocational School (n=68)	17.7% (3)
U.S. Military (n=2)	5.6%	U.S. Military (n=2)	1.6%

Table 17 compares programmatic attrition data in relation to institutional type between the 2012 RCS and the 2011 RCS. All institutional types, with the exception of Academic HSC/Medical Centers demonstrated an increase in average attrition rate in the 2012 RCS compared to 2011 RCS data. RC Programs located in Academic HSC/Medical Centers continued to demonstrate the highest average attrition rate even with the decrease to 19.7% in the 2012 RCS. RC Programs located at U.S. Military facilities demonstrated the lowest attrition rate for both the 2012 RCS (5.6%) and 2011 RCS (1.6%).

For the 2012 RCS, 6 of the 8 programs above the CoARC threshold of 40% were located at a Community College or Junior College. The remaining 2 programs were located at a Technical or Vocational School. For the 2011 RCS, 9 of the 13 programs above the CoARC threshold of 40% were located at a Community College or Junior College. One program was located at an Academic HSC/Medical Center. The remaining 3 programs were located at a Technical or Vocational School.

Table 18 – RC Programmatic Attrition by Institutional Control/Funding for 2012 and 2011 RCS

Institutional Control/Funding (n=434)	2012 RCS	Institutional Control/Funding (n=426)	2011 RCS
	Avg Attrition (# of programs above CoARC threshold)		Avg Attrition (# of programs above CoARC threshold)
Federal Government (n=2)	5.6%	Federal Government (n=2)	1.6%
Private/Not-For-Profit (n=32)	14.2%	Private/Not-For-Profit (n=32)	13.2%
Private/For-Profit (Proprietary) (n=55)	19.7% (1)	Private/For-Profit (Proprietary) (n=52)	17.7% (1)
Public/Not-For-Profit (n=345)	17.4% (7)	Public/Not-For-Profit (n=340)	17.3% (12)

Table 18 compares programmatic attrition data in relation to institutional control/funding between the 2012 RCS and 2011 RCS. All categories demonstrated an increase in average attrition rate in the 2012 RCS compared to the 2011 RCS data. Programs under control/funded by private/for-profit (proprietary) institutions continued to demonstrate the highest average attrition rate, at 19.7% for the 2012 RCS. RC Programs under control/funded by the federal government continued to demonstrate the lowest average attrition rate at 5.6%.

For the 2012 RCS, 7 of the 8 programs above the CoARC threshold of 40% were under control/funded by Public/Not-For-Profit institutions. The remaining program was under control/funded by a Private/For-Profit (Proprietary) institution. For the 2011 RCS, 12 of the 13 programs above the CoARC threshold of 40% were under control/funded by Public/Not-For-Profit institutions. The remaining program was under control/funded by a Private/For-Profit (Proprietary) institution.

Overall Positive (Job) Placement

For the 2012 RCS, positive (job) placement is defined by the CoARC as “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.”⁶

Table 19a – 2012 RCS Positive (Job) Placement (n=422)					
# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Below Threshold
n=422	70%	86.2%	100%	0%	24

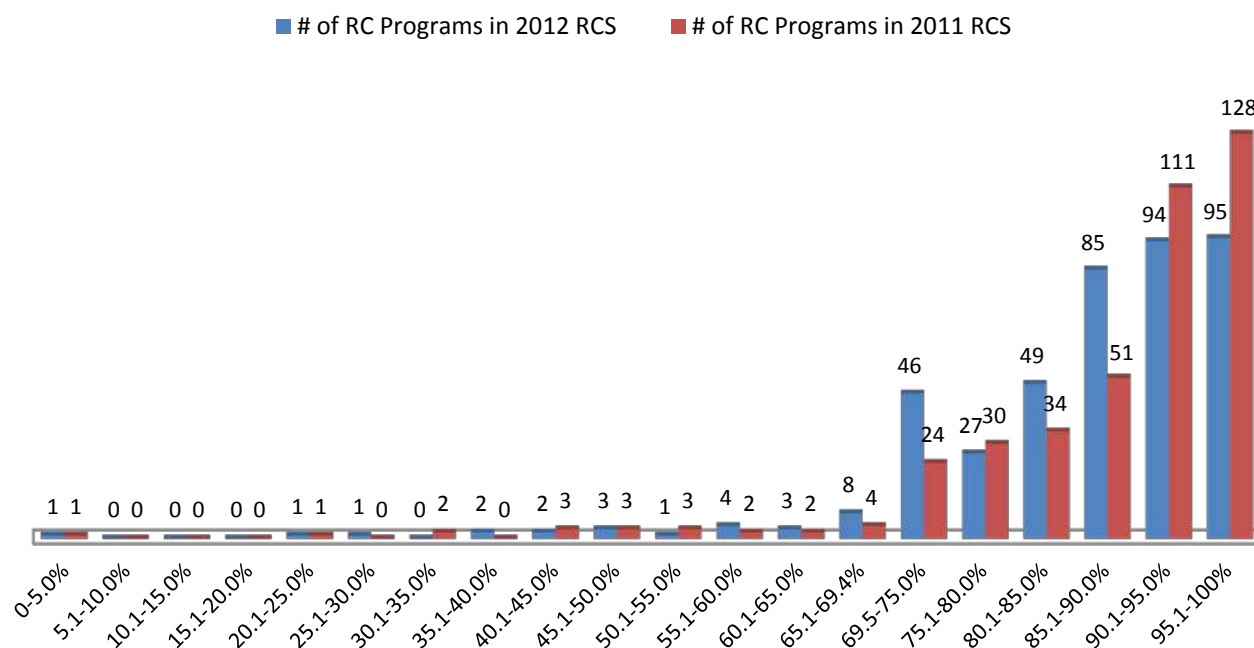
Table 19b – 2011 RCS Positive (Job) Placement (n=399)					
# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Below Threshold
n=399	70%	88.5%	100%	0%	21

2012 RCS data on positive (job) placement (**Table 19a and Figure 9**) show a total of 422 programs reporting positive placement rates. Twenty-four new programs did not have any placement data to report for 2009-11. The average placement rate was 86.2% with the highest rate of 100% (n=42) and the lowest rate of 0% (n=1). A total of 24 programs (5.7% of total) reported placement rates below the CoARC-established threshold of 70%. As per CoARC Standard 3.14, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

When compared to the 2011 RCS data on placement rates for 2008-10, (**Table 19b and Figure 9**), the 2012 RCS data shows a 2.3% decrease in the average placement rate. The number of programs reporting the lowest placement (0%) remained at 1, while the number of programs reporting the highest placement rate (100%) decreased from 64 (2011 RCS) to 42 (2012 RCS). The number of programs reporting placement rates below the CoARC-established threshold increased from 5.3% of the total programs reporting placement data in the 2011 RCS to 5.7% of total programs reporting placement data in the 2012 RCS.

⁶ This definition in use at the time of the submission of the 2011 RCS was as follows: “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).”

**Figure 9 - RC Placement Rates for 2012 RCS (n=422)
and 2011 RCS (n=399)**
CoARC Threshold = 70%



Not included in **Tables 19a/b** and **Figure 9** are the placement data for the 7 sleep specialist program options. There were a total of 7 program options reporting placement data in the 2012 RCS. The average placement rate was 96.5% with the highest rate of 100% (n=3) and the lowest rate of 90.9% (n=1). All 7 program options reported placement rates above the CoARC-established threshold of 70%.

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

Table 20 – RC Positive Placement by Degree Offered for 2012 and 2011 RCS

Degree Offered (n=422)	2012 RCS	Degree Offered (n=399)	2011 RCS
	Avg Placement (# of programs below CoARC threshold)		Avg Placement (# of programs below CoARC threshold)
Associate only (n=365)	85.2% (23)	Associate only (n=341)	87.7% (19)
Associate & Baccalaureate (n=3)	94.4%	Associate & Baccalaureate (n=9)	96.9%
Baccalaureate only (n=51)	92.8% (1)	Baccalaureate only (n=48)	92.1% (2)
Baccalaureate & Masters (n=3)	94.8%	Baccalaureate & Masters (n=1)	90.4%

Table 20 compares positive placement data in relation to the degree offered between the 2012 RCS and 2011 RCS. RC Programs offering only a Baccalaureate degree and RC Programs offering both Baccalaureate and Master's degrees showed increases in average placement rates when compared to 2011 RCS data. RC Programs offering only an Associate degree and RC Programs offering both Associate and Baccalaureate degrees showed decreases in average placement rates when compared to 2011 RCS data. RC Programs offering both Baccalaureate and Master's degrees demonstrated the highest average placement rate (94.8%) in the 2012 RCS. RC Programs offering only the Associate degree continued to demonstrate the lowest average placement rate at 85.2%.

For the 2012 RCS, 23 of the 24 programs below the CoARC threshold of 70% offered the Associate degree (7 AAS degree programs and 16 AS degree programs). The remaining program offered the Baccalaureate degree. For the 2011 RCS, 19 of the 21 programs below the CoARC threshold of 70% offered the Associate degree (5 AAS degree programs, 13 AS degree programs, and 1 AOS degree program).

Table 21 – RC Positive Placement by Institutional Type for 2012 and 2011 RCS

Institutional Type (n=422)	2012 RCS	Institutional Type (n=399)	2011 RCS
	Avg Placement (# of programs below CoARC threshold)		Avg Placement (# of programs below CoARC threshold)
Four-Year College or University (n=93)	89.5% (3)	Four-Year College or University (n=87)	91.4% (4)
Career or Technical College (n=8)	84.8% (1)	Career or Technical College (n=6)	89.0%
Community College or Junior College (n=241)	87.2% (11)	Community College or Junior College (n=238)	88.6% (11)
Academic HSC/Medical Center (n=12)	98.3%	Academic HSC/Medical Center (n=10)	97.7%
Technical or Vocational School (n=66)	75.9% (9)	Technical or Vocational School (n=57)	81.5% (6)
U.S. Military (n=2)	93.7%	U.S. Military (n=1)	100%

Table 21 compares positive placement data in relation to institutional type between the 2012 RCS and 2011 RCS. RC Programs located in Academic HSC/Medical Centers demonstrated the highest average placement rate (98.3%) in the 2012 RCS. This category was also the only category demonstrating an increase in average placement rate when compared to the 2011 RCS data. RC Programs located in Technical or Vocational Schools continued to demonstrate the lowest average placement rate at 75.9%.

For the 2012 RCS, 11 of the 24 programs below the CoARC threshold of 70% were located at a Community College or Junior College. Nine programs were located at a Technical or Vocational School. Three programs were located at a Four-Year College or University. The remaining program was located at a Career or Technical College. For the 2011 RCS, 11 of the 21 programs below the CoARC threshold of 70% were located at a Community College or Junior College. Six programs were located at a Technical or Vocational School. The remaining 4 programs were located at a Four-Year College or University.

Table 22 – RC Positive Placement by Institutional Control/Funding for 2012 and 2011 RCS

Institutional Control/Funding (n=422)	2012 RCS	Institutional Control/Funding (n=399)	2011 RCS
	Avg Placement (# of programs below CoARC threshold)		Avg Placement (# of programs below CoARC threshold)
Federal Government (n=2)	93.7%	Federal Government (n=1)	100%
Private/Not-For-Profit (n=32)	88.7% (3)	Private/Not-For-Profit (n=27)	89.4% (2)
Private/For-Profit (Proprietary) (n=50)	73.7% (9)	Private/For-Profit (Proprietary) (n=41)	79.6% (5)
Public/Not-For-Profit (n=338)	87.8% (12)	Public/Not-For-Profit (n=330)	89.4% (14)

Table 22 compares positive placement data in relation to institutional control/funding between the 2012 RCS and 2011 RCS. All categories demonstrated a decrease in average placement rate when compared to the 2011 RCS data. Programs under control/funded by the federal government continued to demonstrate the highest average placement rate at 93.7%. RC Programs under control/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest average placement rate at 73.7%.

For the 2012 RCS, 12 of the 24 programs below the CoARC threshold of 70% were under control/funded by Public/Not-For-Profit institutions. Nine programs were under control/funded by Private/For-Profit (Proprietary) institutions. The remaining 3 programs were under control/funded by Private/Not-For-Profit institutions. For the 2011 RCS, 14 of the 21 programs below the CoARC threshold of 70% were under control/funded by Public/Not-For-Profit institutions. Five programs were under control/funded by Private/For-Profit (Proprietary) institutions. The remaining 2 programs were under control/funded by Private/Not-For-Profit institutions.

Overall CRT Credentialing Success

CRT Credentialing Success is defined by the 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 (e.g., 2009-12). For the 2012 RCS, this calculation excludes graduates who have previously earned the CRT credential prior to matriculation into the program (i.e., advanced placement)⁷. Note: This metric is not the same as the NBRC CRT pass rate which measures the number of candidates passing the exam divided by the number of candidates attempting the exam. 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 23a – 2012 RCS CRT Credentialing Success (n=422)

# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Below Threshold
n=422	80%	92.1%	100%	39.4%	32

Table 23b – 2011 RCS CRT Credentialing Success (n=399)

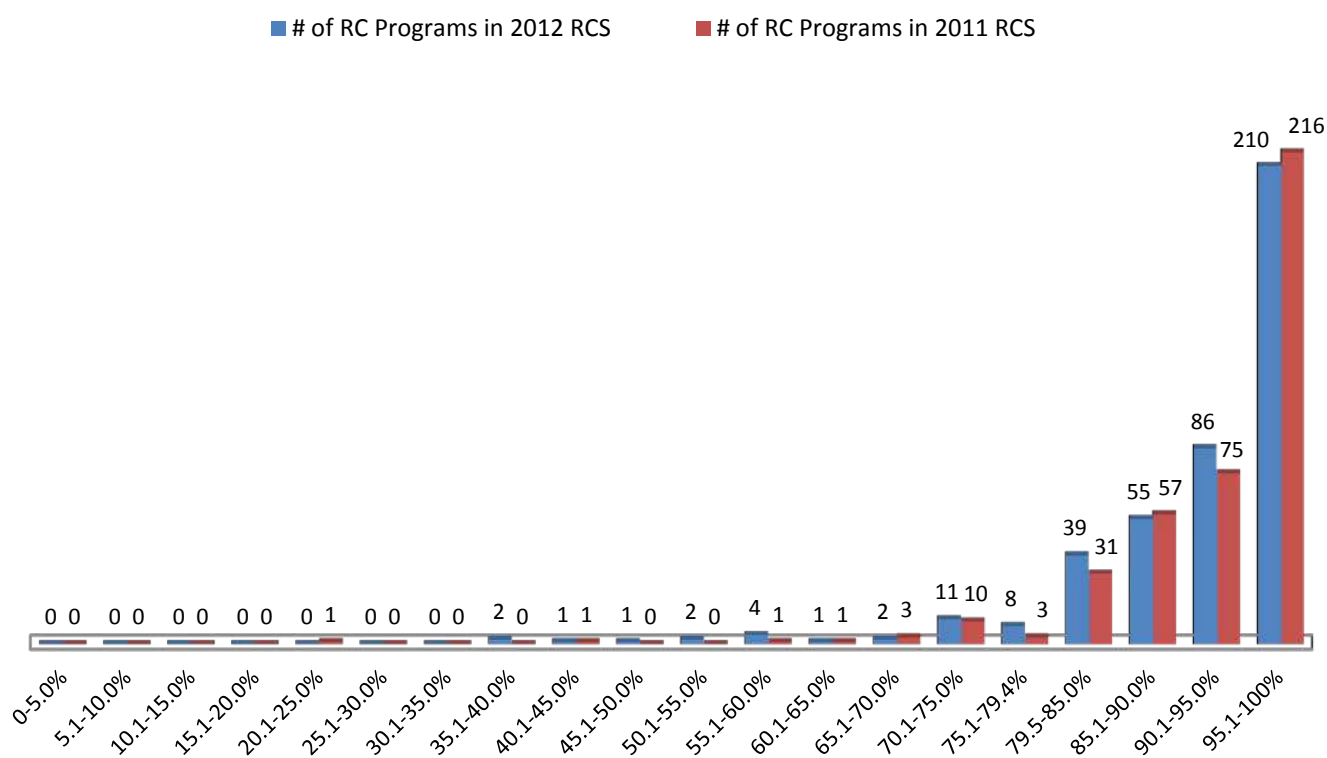
# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min	# of Programs Below Threshold
n=399	80%	93.1%	100%	27.3%	20

2012 RCS data on CRT credentialing success (**Table 23a and Figure 10**) show a total of 422 programs reporting credentialing success. Twenty-four programs did not have any CRT credentialing success data to report for 2009-11. The average CRT credentialing success was 92.1% with the highest rate of 100% (n=110) and the lowest rate of 39.4% (n=1). A total of 32 programs (7.6% 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 the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

When compared to the 2011 RCS data on CRT credentialing success rates for 2008-10, (**Table 23b and Figure 10**), the 2012 RCS data shows a 1.0% decrease in the average CRT credentialing success rate. The number of programs reporting the lowest CRT credentialing success remained at 1 with the lowest average CRT credentialing success rate increasing to 39.4% from 27.3%. The number of programs reporting the highest CRT credentialing success rate (100%) increased slightly from 108 (2011 RCS) to 110 (2012 RCS). The number of programs reporting CRT credentialing success rates below the CoARC-established threshold increased from 5.0% of the total programs reporting CRT credentialing success data in the 2011 RCS to 7.6% of total programs reporting CRT credentialing success data in the 2012 RCS.

⁷ The 2011 RCS CRT credentialing success calculation did not subtract the number of students enrolling in an RC program having already earned a CRT credential prior to enrollment.

**Figure 10 - CRT Credentialing Success Rates for 2012
RCS (n=422) and 2011 RCS (n=399)**
CoARC Threshold = 80%



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

Table 24 – CRT Credentialing Success by Degree Offered for 2012 and 2011 RCS

Degree Offered (n=422)	2012 RCS	Degree Offered (n=399)	2011 RCS
	Avg CRT Success (# of programs below CoARC threshold)		Avg CRT Success (# of programs below CoARC threshold)
Associate only (n=365)	91.4% (31)	Associate only (n=341)	92.7% (19)
Associate & Baccalaureate (n=3)	95.7%	Associate & Baccalaureate (n=9)	97.5%
Baccalaureate only (n=51)	96.1% (1)	Baccalaureate only (n=48)	95.3% (1)
Baccalaureate & Masters (n=3)	98.3%	Baccalaureate & Masters (n=1)	97.1%

Table 24 compares CRT credentialing success data in relation to the degree offered between the 2012 RCS and 2011 RCS. RC Programs offering both Baccalaureate & Master's degrees demonstrated the highest average CRT credentialing success (98.3%) for the 2012 RCS. RC Programs offering only the Associate degree demonstrated the lowest average CRT credentialing success (91.4%) for the 2012 RCS. RC Programs offering only a Baccalaureate degree and programs offering both the Baccalaureate and Master's degrees showed a slightly higher average CRT credentialing success rate compared to 2011 RCS data. RC Programs offering only the Associate degree and programs offering both the Associate and Baccalaureate degrees showed a slightly lower average CRT credentialing success rate compared to 2011 RCS data.

For the 2012 RCS, 31 of the 32 programs below the CoARC threshold of 80% offered the Associate degree (11 AAS degree programs and 20 AS degree programs). The remaining program offered the Baccalaureate degree. For the 2011 RCS, 19 of the 20 programs below the CoARC threshold of 80% offered the Associate degree (3 AAS degree programs and 16 AS degree programs). The remaining program offered the Baccalaureate degree.

Table 25 – CRT Credentialing Success by Institutional Type for 2012 and 2011 RCS

Institutional Type (n=422)	2012 RCS	Institutional Type (n=399)	2011 RCS
	Avg CRT Success (# of programs below CoARC threshold)		Avg CRT Success (# of programs below CoARC threshold)
Four-Year College or University (n=93)	95.0% (3)	Four-Year College or University (n=87)	95.0% (2)
Career or Technical College (n=8)	88.3% (1)	Career or Technical College (n=6)	91.8%
Community College or Junior College (n=241)	92.7%(14)	Community College or Junior College (n=238)	93.3% (11)
Academic HSC/Medical Center (n=12)	97.7%	Academic HSC/Medical Center (n=10)	98.4%
Technical or Vocational School (n=66)	85.2% (14)	Technical or Vocational School (n=57)	88.8% (7)
U.S. Military (n=2)	86.6%	U.S. Military (n=1)	86.8%

Table 25 compares CRT credentialing success data in relation to institutional type between the 2012 RCS and 2011 RCS. RC Programs located in Academic HSC/Medical Centers continued to demonstrate the highest average CRT credentialing success at 97.7%. RC Programs located in Technical or Vocational Schools demonstrated the lowest average CRT credentialing success for the 2012 RCS. All categories with the exception of the Four-Year College or University showed slight decreases in average CRT credentialing success when compared to the 2011 RCS.

For the 2012 RCS, 14 of the 32 programs below the CoARC threshold of 80% were located at a Community College or Junior College. Fourteen programs were located at a Technical or Vocational School. Three programs were located at a Four-Year College or University. The remaining program was located at a Career or Technical College. For the 2011 RCS, 11 of the 20 programs below the CoARC threshold of 80% were located at a Community College or Junior College. Seven programs were located at a Technical or Vocational School. The remaining 2 programs were located at a Four-Year College or University.

Table 26 – CRT Credentialing Success by Institutional Control/Funding for 2012 and 2011 RCS

Institutional Control/Funding (n=422)	2012 RCS	Institutional Control/Funding (n=399)	2011 RCS
	Avg CRT Success (# of programs below CoARC threshold)		Avg CRT Success (# of programs below CoARC threshold)
Federal Government (n=2)	86.6%	Federal Government (n=1)	86.8%
Private/Not-For-Profit (n=32)	93.5% (2)	Private/Not-For-Profit (n=27)	93.1% (1)
Private/For-Profit (Proprietary) (n=50)	83.7% (13)	Private/For-Profit (Proprietary) (n=41)	88.0% (6)
Public/Not-For-Profit (n=338)	93.2% (17)	Public/Not-For-Profit (n=330)	93.8% (13)

Table 26 compares CRT credentialing success data in relation to institutional control/funding between the 2012 RCS and 2011 RCS. Programs under control/funded by private/not-for-profit institutions demonstrated the highest average CRT credentialing success at 93.5% for the 2012 RCS. Programs under control/funded by private/for-profit (proprietary) institutions demonstrated the lowest average CRT credentialing success rate (83.7%) for the 2012 RCS. Each category, with the exception of Private/Not-For-Profit, showed a decrease in average CRT credentialing success for the 2012 RCS.

For the 2012 RCS, 17 of the 32 programs below the CoARC threshold of 80% were under control/funded by Public/Not-For-Profit institutions. Thirteen programs were under control/funded by Private/For-Profit (Proprietary) institutions. The remaining 2 programs were under control/funded by Private/Not-For-Profit institutions. For the 2011 RCS, 13 of the 20 programs below the CoARC threshold of 80% were under control/funded by Public/Not-For-Profit institutions. Six programs were under control/funded by Private/For-Profit (Proprietary) institutions. The remaining program was under control/funded by a Private/Not-For-Profit institution.

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. Note: This metric is not the same as the NBRC RRT pass rate which measures the number of candidates passing the exam divided by the number of candidates attempting the exam. 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. 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 and no outcomes threshold is established by the CoARC. For more information related to this outcomes measure, download the CoARC’s March 13, 2010 position statement regarding exam-based outcomes measures available at www.coarc.com/27.html.

Table 27a – 2012 RCS RRT Credentialing Success (n=412)

# of Programs Reporting Data	CoARC Threshold	Avg	Max	Min
n=412	N/A	62.2%	100%	0%

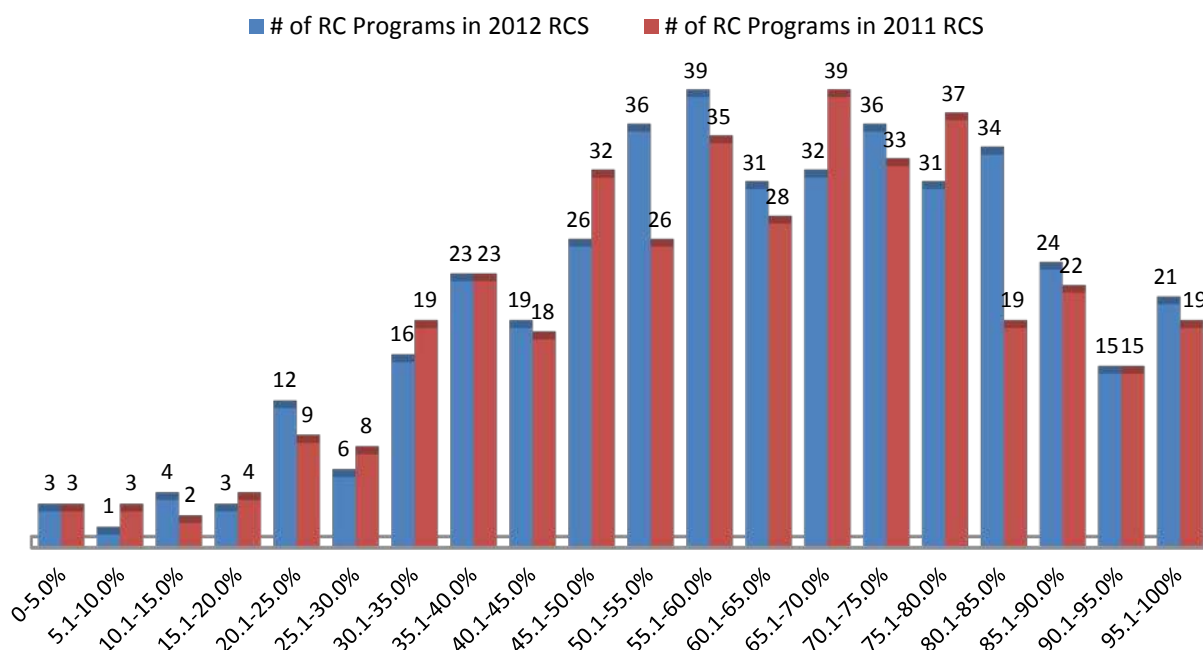
Table 27b – 2011 RCS RRT Credentialing Success (n=394)

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

2012 RCS data on RRT credentialing success (**Table 27a and Figure 11**) show a total of 412 programs reporting credentialing success. Thirty-four programs did not have any RRT credentialing success data to report for 2009-11. The average RRT credentialing success was 62.2% with the highest rate of 100% (n=7) and the lowest rate of 0% (n=3).

When compared to the 2011 RCS data on RRT credentialing success rates for 2008-10, (**Table 27b and Figure 11**), the 2012 RCS data shows a 1.0% increase in the average RRT credentialing success rate. The number of programs reporting the lowest RRT credentialing success remained at 3 with the lowest average RRT credentialing success rate remaining at 0%. The number of programs reporting the highest RRT credentialing success rate (100%) remained at 7 for the 2012 RCS and 2011 RCS.

**Figure 11 - RRT Credentialing Success Rates for
2012 RCS (n=412) and 2011 RCS (n=394)**
CoARC Threshold = N/A



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

Table 28 – RRT Credentialing Success by Degree Offered for 2012 and 2011 RCS

Degree Offered (n=412)	2012 RCS	Degree Offered (n=394)	2011 RCS
	Avg RRT Success		Avg RRT Success
Associate only (n=355)	59.7%	Associate only (n=336)	59.2%
Associate & Baccalaureate (n=3)	58.3%	Associate & Baccalaureate (n=9)	69.1%
Baccalaureate only (n=51)	77.6%	Baccalaureate only (n=48)	73.1%
Baccalaureate & Masters (n=3)	93.0%	Baccalaureate & Masters (n=1)	87.5%

Table 28 compares RRT credentialing success data in relation to the degree offered between the 2012 RCS and 2011 RCS. RC programs offering both Baccalaureate and Master's degrees demonstrated the highest average RRT credentialing success (93.0%) for the 2012 RCS. RC programs offering both the Associate & Baccalaureate degrees demonstrated the lowest average RRT credentialing success (58.3%) for the 2012 RCS. All categories with the exception of RC programs offering both the Associate & Baccalaureate degrees demonstrated an increase in average RRT credentialing success when compared to 2011 RCS data.

Table 29 – RRT Credentialing Success by Institutional Type for 2012 and 2011 RCS

Institutional Type (n=412)	2012 RCS	Institutional Type (n=394)	2011 RCS
	Avg RRT Success		Avg RRT Success
Four-Year College or University (n=90)	69.5%	Four-Year College or University (n=85)	67.7%
Career or Technical College (n=7)	62.8%	Career or Technical College (n=6)	58.6%
Community College or Junior College (n=239)	61.0%	Community College or Junior College (n=236)	60.1%
Academic HSC/Medical Center (n=12)	83.5%	Academic HSC/Medical Center (n=10)	81.7%
Technical or Vocational School (n=62)	53.0%	Technical or Vocational School (n=56)	52.7%
U.S. Military (n=2)	26.9%	U.S. Military (n=1)	52.6%

Table 29 compares RRT credentialing success data in relation to institutional type between the 2012 RCS and 2011 RCS. RC programs located in Academic HSC/Medical Centers demonstrated the highest average RRT credentialing success at 83.5%. RC programs located at U.S. Military facilities demonstrated the lowest average RRT credentialing success at 26.9%. All categories with the exception of RC programs located at U.S. Military facilities demonstrated an increase in average RRT credentialing success when compared to 2011 RCS data.

Table 30 – RRT Credentialing Success by Institutional Control/Funding for 2012 and 2011 RCS

Institutional Control/Funding (n=412)	2012 RCS	Institutional Control/Funding (n=394)	2011 RCS
	Avg RRT Success		Avg RRT Success
Federal Government (n=2)	26.9%	Federal Government (n=1)	52.6%
Private/Not-For-Profit (n=30)	62.0%	Private/Not-For-Profit (n=25)	58.0%
Private/For-Profit (Proprietary) (n=47)	51.1%	Private/For-Profit (Proprietary) (n=41)	47.7%
Public/Not-For-Profit (n=333)	64.0%	Public/Not-For-Profit (n=327)	63.1%

Table 30 compares RRT credentialing success data in relation to institutional control/funding between the 2012 RCS and 2011 RCS. Programs under control/funded by public/not-for-profit institutions demonstrated the highest average RRT credentialing success (64.0%) for the 2012 RCS. Programs under control/funded by the federal government demonstrated the lowest average RRT credentialing success rate (26.9%) for the 2012 RCS. All categories with the exception of RC programs located at U.S. Military facilities demonstrated an increase in average RRT credentialing success when compared to 2011 RCS data.

Programmatic Outcomes by State (including D.C.)

Table 31 provides data on average programmatic attrition, positive placement, CRT credentialing success, and RRT credentialing success by state, including D.C., based on 2012 RCS data.

Table 31 –Programmatic Outcomes by State, including D.C (n=445)				
State (# of programs)	Programmatic Attrition	Positive (Job) Placement	CRT Credentialing Success	RRT Credentialing Success
AL (n=6)	14.2%	89.5%	83.0%	36.1%
AR (n=12)	21.6%	89.2%	85.4%	55.3%
AZ (n=7)	18.0%	73.6%	87.0%	58.2%
CA (n=38)	12.7%	79.0%	90.2%	64.1%
CO (n=5)	13.5%	86.3%	93.0%	66.5%
CT (n=5)	26.0%	84.0%	90.6%	47.7%
DC (n=1)	25.0%	51.3%	94.9%	56.4%
DE (n=2)	11.4%	92.5%	97.2%	62.8%
FL (n=26)	18.2%	76.4%	85.1%	63.0%
GA (n=14)	15.1%	87.6%	90.0%	64.8%
HI (n=1)	8.2%	89.2%	100.0%	97.3%
IA (n=6)	22.8%	85.6%	90.4%	52.3%
ID (n=3)	14.1%	85.6%	90.4%	52.3%
IL (n=14)	15.4%	86.0%	93.5%	64.4%
IN (n=11)	16.9%	94.5%	98.0%	60.5%
KS (n=9)	15.3%	84.2%	91.7%	60.9%
KY (n=14)	19.3%	91.1%	91.3%	48.7%
LA (n=12)	15.2%	90.2%	94.2%	43.7%
MA (n=7)	15.7%	88.5%	93.8%	59.4%
MD (n=8)	16.7%	81.4%	92.8%	59.2%
ME (n=2)	20.8%	88.6%	96.8%	56.8%
MI (n=13)	19.2%	89.3%	93.9%	73.6%
MN (n=5)	16.4%	90.7%	96.0%	63.6%
MO (n=12)	20.6%	88.4%	96.4%	70.9%
MS (n=8)	20.4%	96.7%	94.7%	49.3%
MT (n=2)	18.1%	85.8%	96.7%	66.9%
NC (n=14)	23.1%	88.7%	94.0%	69.1%
ND (n=2)	10.3%	96.9%	96.9%	87.3%
NE (n=4)	19.1%	96.5%	94.4%	73.4%
NH (n=1)	5.6%	78.1%	90.6%	46.9%
NJ (n=5)	21.4%	87.7%	95.3%	62.5%

State (# of programs)	Programmatic Attrition	Positive (Job) Placement	CRT Credentialing Success	RRT Credentialing Success
NM (n=6)	15.2%	83.9%	86.2%	67.5%
NV (n=3)	28.1%	81.3%	92.8%	59.5%
NY (n=12)	18.4%	88.5%	92.5%	74.1%
OH (n=23)	17.6%	84.3%	92.9%	61.9%
OK (n=7)	9.3%	89.9%	91.9%	52.5%
OR (n=4)	9.6%	91.7%	96.4%	61.4%
PA (n=27)	18.8%	87.4%	93.7%	54.3%
RI (n=2)	14.5%	83.1%	89.8%	47.5%
SC (n=7)	28.6%	89.0%	97.0%	61.6%
SD (n=2)	16.7%	96.9%	96.9%	93.9%
TN (n=11)	18.8%	90.7%	93.6%	71.9%
TX (n=38)	16.7%	87.9%	92.2%	61.5%
UT (n=7)	9.3%	86.3%	91.8%	68.0%
VA (n=7)	27.8%	80.6%	94.1%	64.1%
VT (n=1)	28.1%	97.6%	97.6%	81.0%
WA (n=5)	15.7%	86.1%	94.3%	64.3%
WI (n=7)	19.6%	90.0%	96.9%	69.7%
WV (n=6)	8.7%	74.2%	79.4%	47.3%
WY (n=1)	18.9%	88.0%	96.0%	56.0%

PROGRAMMATIC DATA RELATED TO THE AARC 2015 AND BEYOND PROJECT

This intent of this section is to provide the CoARC's communities of interest with additional programmatic data related to the American Association for Respiratory Care's (AARC's) *2015 and Beyond* project. The data should be particularly useful in addressing the following issues: (1) Maintaining an adequate respiratory therapy workforce; (2) Increasing access to baccalaureate degrees for both respiratory therapy students enrolled in associate degree granting programs; and (3) Developing models of consortia and cooperative agreements for associate degree programs that wish to align with bachelor degree granting institutions.

Baccalaureate Degree Eligibility Categories

Table 31 – Baccalaureate Degree Eligibility- Number of Programs (n=436)	
Baccalaureate Degree Eligibility Category	# of Programs
I. Sponsoring institution offers a baccalaureate degree RC program	55
II. Sponsoring institution offers baccalaureate degrees in other disciplines	83
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances ⁸	78
IV. Sponsoring institution cannot offer a baccalaureate degree	220

Table 31 provides a breakdown of the number of RC programs and satellite options (as of December 31, 2012) assigned to one of four baccalaureate degree eligibility categories. Category I includes sponsoring institutions that offer a first-professional baccalaureate RC degree upon graduation. Fifty-five of the 436 RC programs and program options in the U.S. (12.6% of total) fall under Category I.

Category II includes sponsoring institutions offering a first-professional associate RC degree upon graduation, that also offer baccalaureate degrees in other disciplines. Sponsoring institutions in this category have the capability of either offering both the first-professional associate RC degree and first-professional baccalaureate RC degree or transitioning its first-professional associate RC degree to a first-professional baccalaureate degree. Eighty-three of the 436 RC programs and program options in the U.S. (19.0% of total) fall under Category II. As mentioned earlier in this report, 46 of the 85 RC programs and program options in this category are located at a 4-Year College or University.

Category III includes sponsoring institutions that offering a first-professional associate RC degree upon graduation, that are located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances. According to the Community College Baccalaureate Association, 18 states have legislation favorable for community colleges to award bachelor's degrees. The 78 sponsoring institutions in this category may have the capability of either offering both the first-professional associate RC degree and first-professional baccalaureate RC degree or transitioning its first-professional associate RC degree to a first-professional baccalaureate degree. However, the degree of capability varies greatly from state to state as the number and types of community college baccalaureate degrees are

⁸ Source: Community College Baccalaureate Association <http://www.accbd.org/resources/baccalaureate-conferring-locations/?ct=US>

restricted by state legislation. Seventy-eight of the 436 RC programs and program options in the U.S. (17.9% of total) fall under Category III.

Category IV includes sponsoring institutions offering a first-professional associate RC degree upon graduation that do not have the authority to award a baccalaureate degree. Sponsoring institutions in this category may be capable of articulating with or participating in a partnership with a 4-year degree-granting institution. Two-hundred twenty of the 436 RC programs and program options in the U.S. (50.1% of total) fall under Category IV.

Baccalaureate Degree Eligibility – Enrollment Capacity and Graduation Rates

Table 32 – Baccalaureate Degree Eligibility- Enrollment Capacity and Graduates (n=436)		
Baccalaureate Degree Eligibility Category	Maximum Enrollment Capacity	Total Graduates in 2011
I. Sponsoring institution currently offers a baccalaureate degree RC program	1250	699
II. Sponsoring institution offers baccalaureate degrees in other disciplines	3391	1734
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances	1967	1134
IV. Sponsoring institution cannot offer a baccalaureate degree	7239	4111

Table 32 provides a breakdown of the number of RC programs and satellite options (as of December 31, 2012) assigned to one of four baccalaureate degree eligibility categories by maximum annual enrollment capacity and the total number of graduates in 2011. According to the 2012 RCS, the 55 programs in Category I produced 699 graduates (9.1% of total of the 4 categories) in 2011, which was 55.9% of maximum enrollment capacity (**Note:** The exact number of baccalaureate graduates is not known to the CoARC due to the fact that the 6 programs offering dual degrees (i.e., Associate & Baccalaureate and Baccalaureate and Masters) did not differentiate which graduates earned which degree. These data will be collected in the 2013 RCS. The 83 programs in Category II produced 1734 graduates (22.6% of total of total of the 4 categories) in 2011, which was 51.1% of maximum enrollment capacity. The 78 programs in Category III produced 1134 graduates (14.8% of total of total of the 4 categories) in 2011, which was 57.7% of maximum enrollment capacity. The 78 programs in Category IV produced 4111 graduates (53.5% of total of total of the 4 categories) in 2011, which was 56.8% of maximum enrollment capacity.

Baccalaureate Degree Eligibility by State (including District of Columbia)

Table 33 provides a comparison of baccalaureate degree eligibility categories by state. Forty-eight states and the District of Columbia offer the associate degree. Twenty-six states are comprised of Category I programs. Thirty-three states are comprised of Category II programs. Thirty-seven states are comprised of either Category I or Category II programs. The data also shows that 10 states (Delaware, Iowa, Massachusetts, Maine, Mississippi, North Carolina, New Hampshire, South Carolina, Wisconsin, and Wyoming) and the District of Columbia are comprised of only Category IV programs. One state (Hawaii) is comprised of only a Category III program.

Table 33 – Baccalaureate Degree Eligibility by State and District of Columbia (n=436)

	Category I	Category II	Category III	Category IV
Alabama (n=6)	2	1	0	3
Arkansas (n=12)	3	0	8	1
Arizona (n=7)	0	2	0	5
California (n=37)	1	5	0	31
Colorado (n=5)	0	1	2	2
Connecticut (n=5)	1	1	0	3
District of Columbia (n=1)	0	0	0	1
Delaware (n=2)	0	0	0	2
Florida (n=24)	1	17	2	4
Georgia (n=14)	3	3	0	8
Hawaii (n=1)	0	0	1	0
Iowa (n=6)	0	0	0	6
Idaho (n=3)	0	3	0	0
Illinois (n=13)	1	2	0	10
Indiana (n=11)	1	1	9	0
Kansas (n=9)	1	2	0	6
Kentucky (n=14)	1	1	0	12
Louisiana (n=11)	2	2	6	1
Massachusetts (n=7)	0	0	0	7
Maryland (n=7)	1	1	0	5
Maine (n=2)	0	0	0	2
Michigan (n=13)	0	3	0	10
Minnesota (n=5)	2	0	3	0
Missouri (n=12)	2	3	0	7
Mississippi (n=8)	0	0	0	8
Montana (n=2)	0	1	0	1
North Carolina (n=14)	0	0	0	14
North Dakota (n=2)	2	0	0	0
Nebraska (n=4)	1	1	0	2
New Hampshire (n=1)	0	0	0	1
New Jersey (n=5)	1	1	0	3
New Mexico (n=6)	0	1	5	0
Nevada (n=3)	0	2	0	1
New York (n=13)	3	1	9	0
Ohio (n=22)	5	5	0	12
Oklahoma (n=7)	0	1	3	3
Oregon (n=4)	1	0	0	3
Pennsylvania (n=25)	5	6	0	14
Rhode Island (n=2)	0	1	0	1

Table 33 (continued) – Baccalaureate Degree Eligibility by State and District of Columbia

	Category I	Category II	Category III	Category IV
South Carolina (n=7)	0	0	0	7
South Dakota (n=2)	0	2	0	0
Tennessee (n=11)	3	1	0	7
Texas (n=37)	5	6	23	3
Utah (n=7)	4	3	0	0
Virginia (n=7)	1	1	0	5
Vermont (n=1)	0	1	0	0
Washington (n=5)	0	1	4	0
Wisconsin (n=7)	0	0	0	7
West Virginia (n=6)	2	0	3	1
Wyoming (n=1)	0	0	0	1

RC Program Consortia

In its accreditation *Standards* (p.8), the CoARC defines a consortium as “a legally binding contractual partnership of two or more sponsoring institutions (at least one of which is a duly accredited degree-granting institution of higher education) that come together to offer a program. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.” CoARC Standard 1.02 (p.12) states that “the responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority.” **Table 34** provides a listing of 45 consortium programs as of December 31, 2012 according to the CoARC’s database.

Table 34 – RC Program Consortia as of December 31, 2012

Program #	Consortium Name	City	State	Degree
200014	Millersville University	Millersville	PA	BS
200019	Mansfield University	Mansfield	PA	AS
200039	Indiana Respiratory Therapy Ed Consortium	Indianapolis	IN	BS
200078	Indiana University of PA/Western PA Hospital	Pittsburgh	PA	BS
200088	Delaware Co CC/Crozer-Chester Med Ctr.	Upland	PA	AAS
200090	Norwalk Community College	Norwalk	CT	AS
200102	East Los Angeles College/Santa Monica	Monterey Park	CA	AS
200106	Our Lady of Holy Cross College/Ochsner Coll.	New Orleans	LA	BS
200133	St. Alexius Medical Center/University of Mary	Bismarck	ND	BS & MS
200143	Alegent Creighton Health/Midland University	Omaha	NE	BS
200172	Mayo Clinic College of Med/Mayo School	Rochester	MN	BS
200260	Cincinnati State Tech-Community College	Cincinnati	OH	AS
200273	York College of PA	York	PA	AS & BS
200299	Delaware Technical and Community College	Wilmington	DE	AAS
200313	West Chester University/Bryn Mawr Hospital	Bryn Mawr	PA	BS

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200328	Illinois Central College	Peoria	IL	AS
200341	University of Medicine and Dentistry of NJ	Stratford	NJ	AS
200347	UMDNJ- School of Health Related Professions	Newark	NJ	AS & BS
200367	North Dakota State University/Sanford	Fargo	ND	BS
200392	Bossier Parish Community College	Bossier City	LA	AAS
200397	Frederick Community College	Mt. Airy	MD	AAS
200430	Carver Career Center	Charleston	WV	AS
200431	Pickens Technical College	Aurora	CO	AS
200432	Missouri Southern State University	Joplin	MO	AS
200450	Collins Career Center	Chesapeake	OH	AS
200454	Francis Tuttle	Oklahoma City	OK	AS
200461	Northeast Kentucky Consortium	Morehead	KY	AAS
200463	Autry Technology Ctr./Northern OK College	Enid	OK	AS
200481	St. John's Hospital & Lincoln Land CC	Springfield	IL	AS
200489	Southwestern Illinois College	Belleville	IL	AAS
200497	Cape Girardeau Career & Technology Center	Cape Girardeau	MO	AS
200503	Rolla Technical Center	Rolla	MO	AS
200504	University of Rio Grande/Rio Grande CC	Rio Grande	OH	AS
200506	Marshall University/St. Mary's Med Ctr.	Huntington	WV	BS
200513	Arkansas State University-Mountain Home	Mountain Home	AR	AS
200517	Venango College of Clarion University	Oil City	PA	AS
200531	Great Plains Technology Center	Lawton	OK	AS
200569	Ivy Tech E. IN Resp. Care Ed. Consortium	Muncie	IN	AS
200577	Our Lady of the Lake College / LSUHSC	Baton Rouge	LA	AS
200585	US Army Med Ed & Training Campus	Fort Sam Houston	TX	AAS
200586	Simi Valley Adult School/Excelsior	Simi Valley	CA	AS
200595	Missouri State University-West Plains	West Plains	MO	AAS
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake	NY	AAS
300025	Monroe City Hall Annex	Monroe	LA	AS
300026	Learning Center for Rapides Parish	Alexandria	LA	AS

Inquiries regarding this report should be addressed to:

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