2013 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care

Published March 29, 2014

This document is intended as a supplement to the 2013 CoARC Newsletter available at www.coarc.com.

The CoARC is recognized by the Council for Higher Education Accreditation (CHEA). www.chea.org.

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INTRODUCTION

It is my great pleasure to provide to you, on behalf of the Board and Executive Office Staff of the Commission on Accreditation for Respiratory Care (CoARC), the *2013 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, 2013;
- Accreditation actions taken in 2013;
- Aggregated statistics of graduate, enrollment, and outcomes data from the 2013 Annual Reports of Current Status submitted on July 1, 2013; and
- Programmatic data related to the AARC 2015 and Beyond Project.

This is the third edition of this report. It presents information on accreditation actions and accredited programs on an annual basis. There were a total of 27 accreditation visits in 2013 involving 53 volunteers. The level of commitment from these volunteers is remarkable and truly appreciated. The CoARC expresses its gratitude to each of them for sharing the time and talent essential to the critically important work of ensuring the quality of all respiratory care programs.

The CoARC collected annual report data using its annual reporting tool developed and maintained by Liaison International. The Annual Report of Current Status (RCS) was completed by a total of 457 programs and program options. We would 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 their 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,

Kathy J. Rye, EdD, RRT, FAARC
President

MISSION AND SCOPE

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research and service. The CoARC accredits entry into respiratory care professional practice degree programs at the Associate, Baccalaureate, and Master's Degree level in the United States. 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 *2010 Accreditation Standards for the Profession of Respiratory Care* (the "*Standards*"). The CoARC only accredits degree-granting, post-secondary programs throughout the U.S. 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) of the AMA. 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.

Since 1986, the CoARC has used an outcomes-centered approach to its accreditation review process. This approach focuses on a specific set of outcomes which currently include the following: a) Graduate performance on national credentialing examinations; b) Programmatic attrition; c) Graduate and employer satisfaction with program; d) Job placement; and e) On-time graduation rate. 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 Entry into Respiratory Care Professional Practice degree programs[1] and program options[2] 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 three 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 National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) credential and RRT credential. The CRT credential is a prerequisite for admission to the Registry Examination.

2. **(300-level):** A location geographically separate from the base program (and within the 50 U.S. States) 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, 2013, there were a total of 448 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 are two links (one for RC programs and one for sleep specialist program options: For RC programs: http://www.maptive.com/ver3/RC2013CoARCRCSData. For sleep specialist program options: http://www.maptive.com/ver3/PSGCoARC2013RCSData.

There was one program that received an Approval of Intent- the approval of an application which is the first step in developing an accredited program. Of these 448 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. As mentioned previously, the CoARC also accredits sleep disorders specialist programs as add-on program options to accredited respiratory care programs. There were 7 such accredited program options with 1 receiving an Approval of Intent. There were also a total of 16 domestic satellite campuses. **Table 1** (below) provides a breakdown of program numbers by CoARC level.

[1] An *Entry into Respiratory Care Professional Practice 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.]

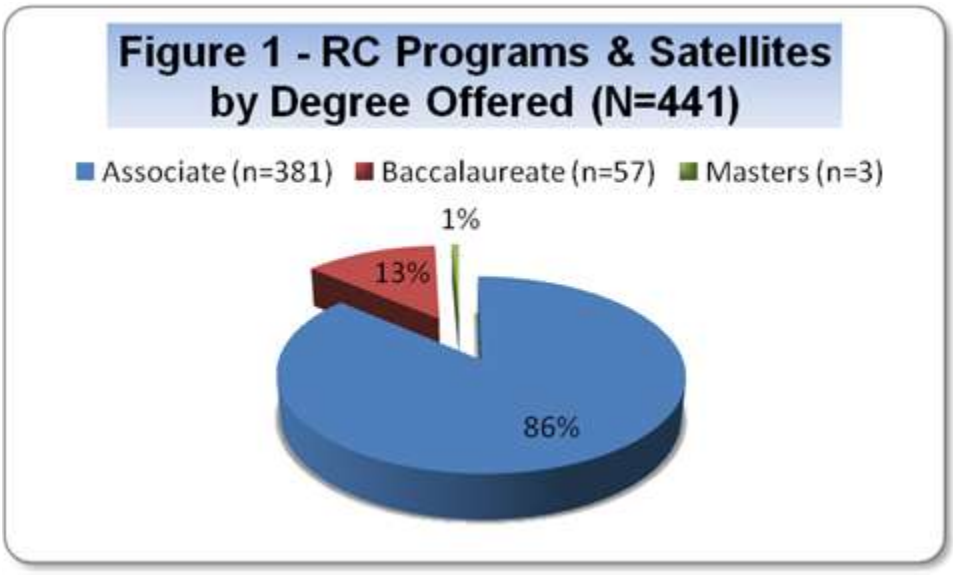
[2] Additional offerings by a base program include Sleep Specialist, additional Entry into Respiratory Care Professional Practice degree track, and Satellite- each of which is assigned a separate CoARC program number.

Table 1 – Program Numbers by CoARC Level as of December 31, 2013 (N=448)			
	200-level	**300-level**	**400-level**
Continuing Accreditation	328	16	5
Initial Accreditation	63	0	2
Probationary Accreditation	7	0	0
Provisional Accreditation	27	N/A	N/A
Inactive Accreditation	0	0	0
Approval of Intent	1	N/A	1
Letter of Intent	3 – applications in progress	N/A	0

PROGRAMS BY DEGREE OFFERED

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 currently does not accredit or track data for *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 Entry into Respiratory Care Professional Practice degree is returning to school to obtain an advanced degree (e.g., ASRT to BSRT or BSRT to MSRT).

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



As of December 31, 2013, there were a total of 441 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, 381 (86% of total) offer the Associate degree upon graduation and 57 (13% of total) programs offer the Baccalaureate degree. Three programs (1% of total) offer 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 2012 Report on Accreditation, there were no significant differences in overall percentages of degrees offered.

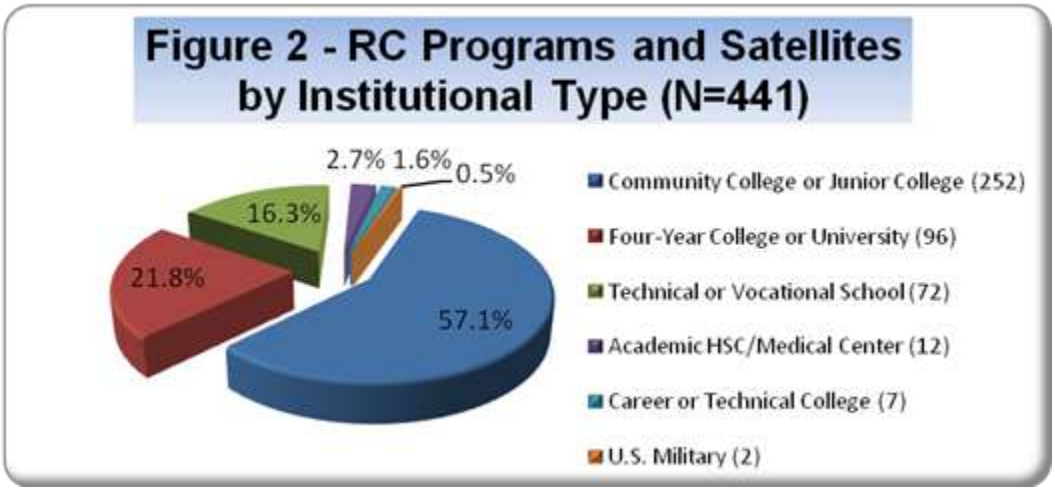
The CoARC further categorizes programs into one of 8 degree types/combinations. **Table 2** provides a breakdown of program numbers by degree and accreditation status. The Associate of Science (AS) degree accounted for the largest (48.8%) of all degree types offered in 2013. This represents a 6.6% decrease compared to 2012 and a 16.0% decrease since 2011. The Associate of Applied Science (AAS) degree accounted for 36.5% of all degree types offered in 2013, an increase of 30.9% compared to 2011. The increases in AAS degrees between 2011 and 2013 may likely be a result of an increase in state-mandated limits on the number of credit hours for associate degree programs. The Bachelor of Science (BS) degree accounted for 13% of all degree types offered in 2013, an increase of 16.3% compared to 2011. **Note: In this year's report, the six programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered was assigned a different CoARC number, so the data no longer reports combined degrees as was the case in the 2012 and 2011 Reports on Accreditation.*

Table 2 – RC Programs and Satellites by Degree for 2011, 2012, and 2013

	as of December 31, 2011 (N=444)	as of December 31, 2012 (N=437)	as of December 31, 2013 (N=441)
Associate of Science (AS)	256	239	215
Associate in Applied Science (AAS)	123	138	161
Associate in Specialized Technology (AST)	3	3	3
Associate in Occupational Studies (AOS)	2	2	2
Bachelor of Science/Masters of Science (BS/MS)	2	3	N/A*
Bachelor of Science (BS)	49	49	57
Associate of Science/ Bachelor of Science (AS/BS)	4	3	N/A*
Associate in Applied Science/ Bachelor of Science (AAS/BS)	5	0	N/A*
Masters of Science (MS)	N/A*	N/A*	3

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, 2013, there were 252 respiratory care programs and satellites offered at a community or junior college. This category was the largest (57.1%) of all the categories. Ninety-six (21.8%) programs were offered at a Four-Year College or University. Seventy-two (16.3%) programs were offered at a Technical or Vocational School. Twelve (2.7%) programs were offered at an Academic Health Sciences Center/Medical Center. Seven (1.6%) programs were offered at a Career/Technical College. The two programs offered at a U.S. Military facility accounted for the fewest (0.5%). Compared to data from the 2012 Report on Accreditation, there were no significant differences. **Figure 2** illustrates these categories and results.



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 in 2012 and 2013 conferring the associate degree are offered at community colleges or junior colleges. Interestingly, 47 programs (10.6%) conferring the associate degree are offered at four-year colleges or institutions in 2013. There were no significant differences in the distribution of programs by degree and institutional type between 2012 and 2013.

Table 3 – RC Programs and Satellites by Institutional Type and Degree for 2012 and 2013

	Associate		Baccalaureate		Masters	
	as of 12/31/12 (N=437)	as of 12/31/13 (N=441)	as of 12/31/12 (N=437)	as of 12/31/13 (N=441)	as of 12/31/12 (N=437)	as of 12/31/13 (N=441)
Community College of Junior College	251	252	0	0	0	0
Technical or Vocational School	73	72	0	0	0	0
Four-Year College or University	46	47	43	47	2	2
Career or Technical College	8	7	0	0	0	0
Academic HSC/Medical Center	2	1	9	10	1	1
U.S. Military	2	2	0	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, 2013, 347 (78.7%) institutions sponsoring a respiratory care program were operating under a Public/Not-For-Profit status. Fifty-five (12.5%) institutions were operating under a Private/For-Profit (Proprietary) status. Thirty-seven (8.4%) institutions were operating under a Private/Not-For-Profit status. Two (0.5%) of institutions were controlled and funded by the Federal Government. Compared to data from the 2012 Report on Accreditation, there was a notable increase (23.3% compared to 2012) in the number of Private/Not-For-Profit institutions as several For-Profit (Proprietary) institutions converted to a Not-For-Profit status. **Figure 3** illustrates these categories and results.

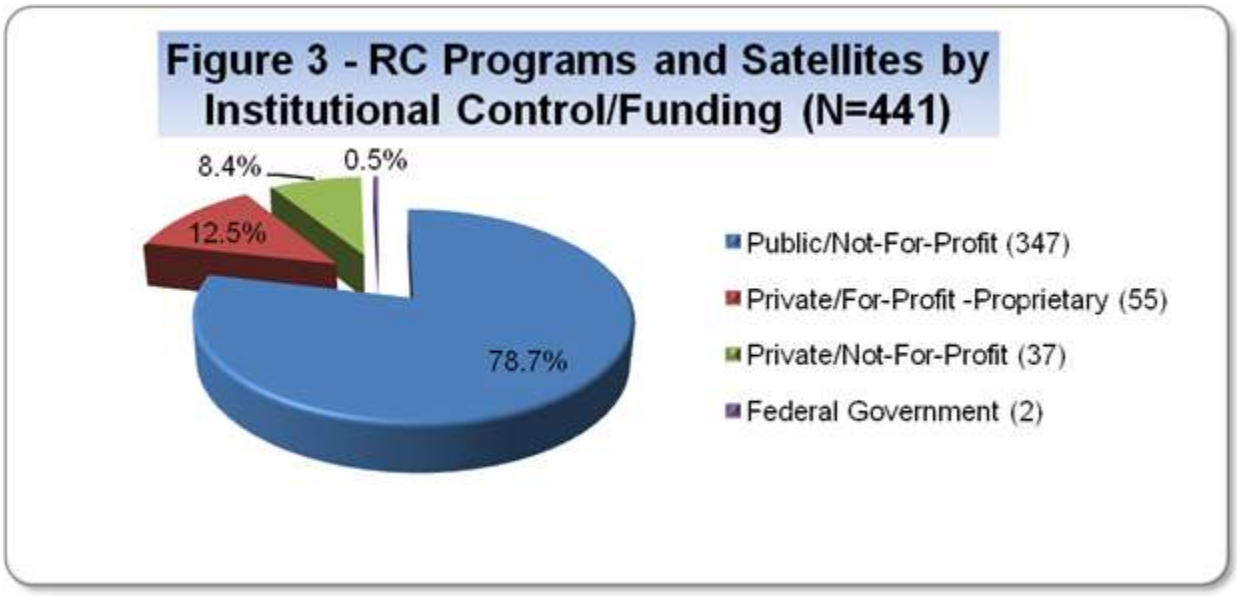


Table 4 provides a comparison of programs by institutional control and degree. The majority (68.5%) of programs in 2012 and 2013 conferring the associate degree are sponsored by Public/Not-For-Profit institutions. There were no significant differences in the distribution of programs by degree and institutional type between 2012 and 2013 other than the notable difference mentioned in Figure 3 above.

Table 4 – RC Programs and Satellites by Institutional Control and Degree for 2012 and 2013

	Associate		Baccalaureate		Masters	
	as of 12/31/12 (N=437)	as of 12/31/13 (N=441)	as of 12/31/12 (N=437)	as of 12/31/13 (N=441)	as of 12/31/12 (N=437)	as of 12/31/13 (N=441)
Public-Not-For-Profit	303	302	41	44	1	1
Private/For-Profit (Proprietary)	60	55	0	0	0	0
Private-Not-For-Profit	17	22	11	13	2	2
Federal Government	2	2	0	0	0	0

PROGRAMS BY GEOGRAPHIC REGION

The CoARC tracks the physical address (street, city, state, and zip code) of each program and satellite option. **Figure 4a** illustrates the number of programs and satellites by region* between 2012 and 2013. As of December 31, 2013, sixty-four (14.5%) are located in the Northeast. One hundred eight (24.5%) are located in the Midwest. One hundred eighty-seven (42.4%) are located in the South. Eighty-two (18.6%) are located in the West. Compared to 2012 data, there were no significant differences.

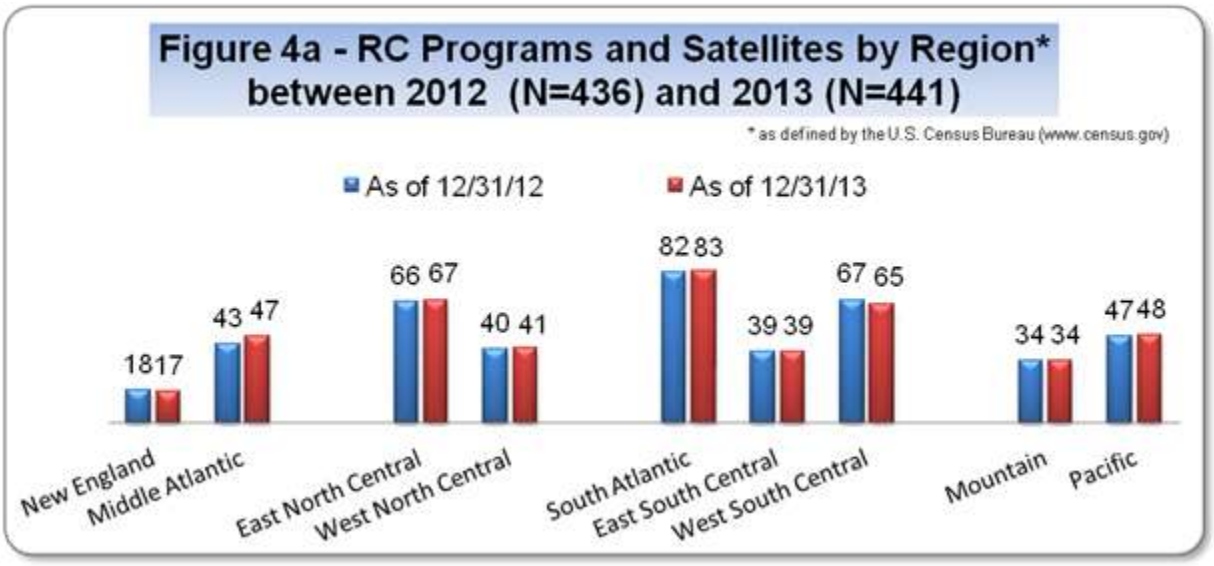
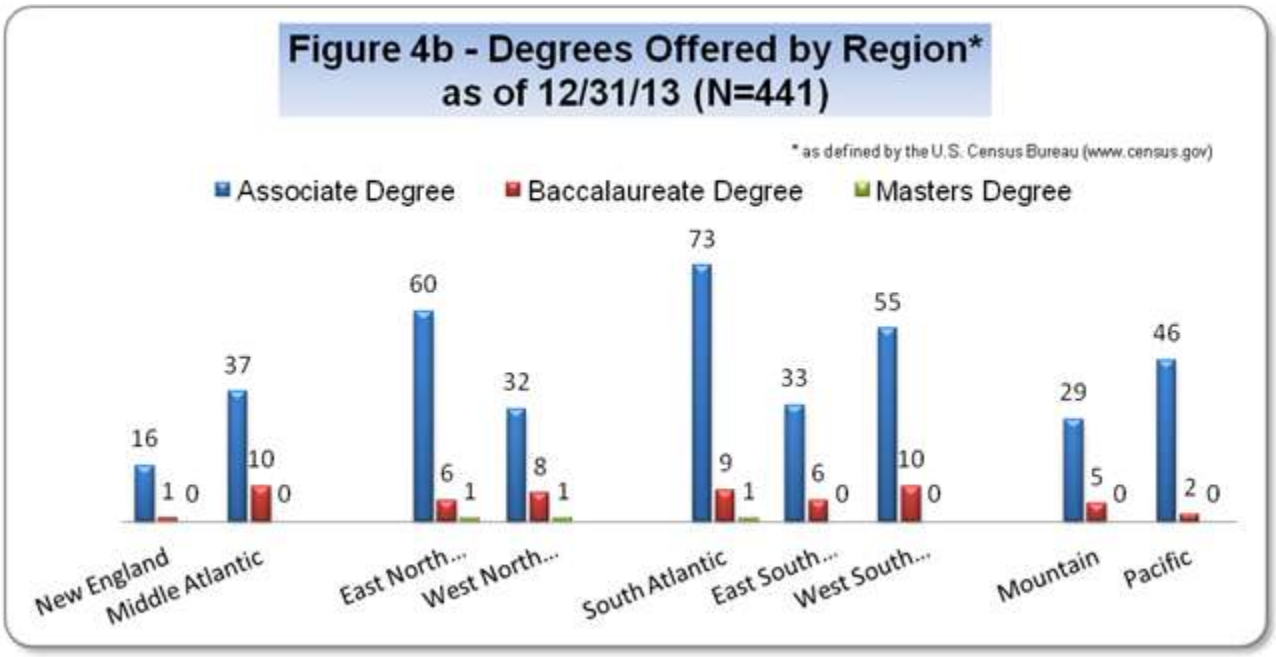


Figure 4b illustrates the number of degrees by region* for 2013. As of December 31, 2013, 44% percent of all Baccalaureate programs and 42% of all Associate degree programs are located in the South. The three Master's degree programs are located in the Midwest and South.



PROGRAMS BY STATE AND D.C.

Figure 5 provides a breakdown from largest to smallest, of the number of respiratory care programs and satellites in each state and the District of Columbia. CoARC-accredited respiratory care programs are located in every state except Alaska. The state with the largest number of programs and satellites is California- with 38. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, and the District of Columbia. Compared to data from the 2012, Colorado, Massachusetts, and Louisiana each lost one program. California, Pennsylvania, Georgia, Illinois, Arizona, Nevada, and North Dakota each gained one program. New Jersey increased overall by two programs. Note that several of these changes were the result of the inclusion of a separate program number for dual degree programs mentioned previously.

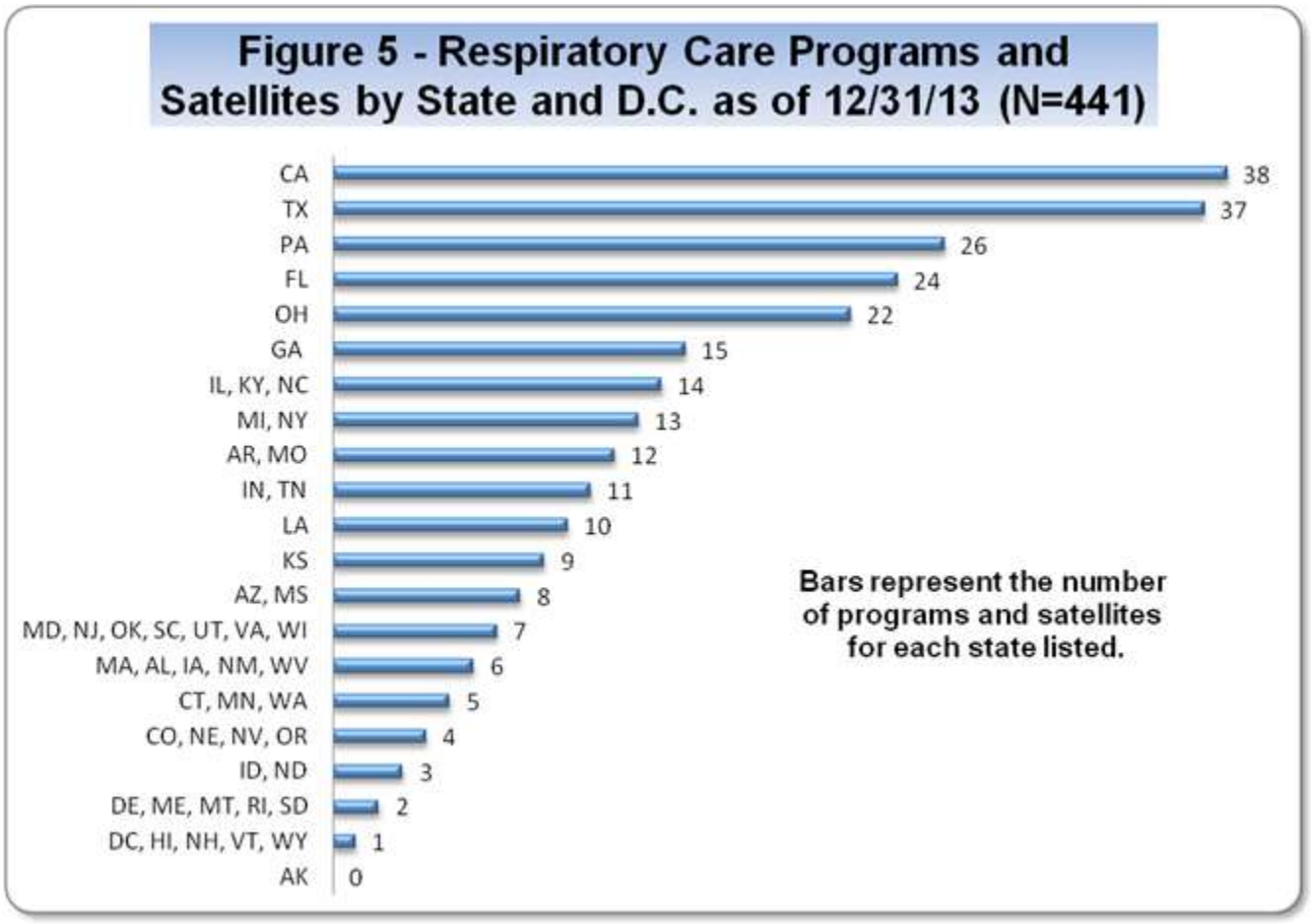


Table 5 (next two pages) provides a comparison of programs by state (including District of Columbia) and degree. The associate degree is offered in 48 states and the District of Columbia (North Dakota and Alaska are the exception) as of December 31, 2013. The associate degree is the only degree offered in 24 states, including D.C. The baccalaureate degree is offered in 27 states. The master's degree is offered in 3 states (Illinois, Georgia, and North Dakota).

Not included in **Figure 5 and Table 5** are the 7 sleep disorders specialist program options which are located in New York, Florida, Texas, Pennsylvania, Ohio, Indiana, and Georgia.

Table 5 – RC Programs and Satellites by State (including D.C) and Degree (N=441) as of 12/31/13			
	Associate	Baccalaureate	Masters
Alabama (n=6)	4	2	0
Alaska (n=0)	0	0	0
Arkansas (n=12)	9	3	0
Arizona (n=8)	8	0	0
California (n=38)	37	1	0
Colorado (n=4)	4	0	0
Connecticut (n=5)	4	1	0
District of Columbia (n=1)	1	0	0
Delaware (n=2)	2	0	0
Florida (n=24)	23	1	0
Georgia (n=15)	11	3	1
Hawaii (n=1)	1	0	0
Iowa (n=6)	6	0	0
Idaho (n=3)	2	1	0
Illinois (n=14)	12	1	1
Indiana (n=11)	10	1	0
Kansas (n=9)	8	1	0
Kentucky (n=14)	13	1	0
Louisiana (n=10)	8	2	0
Massachusetts (n=6)	6	0	0
Maryland (n=7)	6	1	0
Maine (n=2)	2	0	0
Michigan (n=13)	13	0	0
Minnesota (n=5)	3	2	0
Missouri (n=12)	10	2	0
Mississippi (n=8)	8	0	0
Montana (n=2)	2	0	0
North Carolina (n=14)	14	0	0
North Dakota (n=3)	0	2	1
Nebraska (n=4)	3	1	0
New Hampshire (n=1)	1	0	0
New Jersey (n=7)	5	2	0
New Mexico (n=6)	6	0	0
Nevada (n=3)	3	0	0
New York (n=14)	11	3	0
Ohio (n=22)	18	4	0
Oklahoma (n=7)	7	0	0
Oregon (n=4)	3	1	0
Pennsylvania (n=26)	21	5	0
Rhode Island (n=2)	2	0	0

	Associate	Baccalaureate	Masters
South Carolina (n=7)	7	0	0
South Dakota (n=2)	2	0	0
Tennessee (n=11)	8	3	0
Texas (n=36)	31	5	0
Utah (n=7)	3	4	0
Virginia (n=7)	5	2	0
Vermont (n=1)	1	0	0
Washington (n=5)	5	0	0
Wisconsin (n=7)	7	0	0
West Virginia (n=6)	4	2	0
Wyoming (n=1)	1	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 2013. 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 2013

		March 2013	July 2013	November 2013	Total
Approval of Intent		2	1	0	**3**
Provisional Accreditation		0	2	1	**3**
12 Month Review Prior to Initial Expiration Period		5	12	2	**19**
Initial Accreditation	Base Program	2	1	0	**3**
	Satellite Option	0	0	0	**0**
	Sleep Specialist Program Option	0	0	0	**0**
Continuing Accreditation	Base Program	0	7	9	**16**
	Satellite Option	0	0	0	**0**
	Sleep Specialist Program Option	0	0	0	**0**
Probationary Accreditation	Conferred	0	1	7	**8**
	Removed	0	1	1	**2**
	Reviewed	0	0	0	**0**
Progress Report Reviewed	Accepted as Final	1	1	16	**18**
	Additional PR Requested	3	1	21	**25**
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 2013					**97**
Letter of Intent Applications					**4**
Voluntary Inactive Accreditation					**0**
Voluntary Withdrawal Accreditation					**16**
Administrative Probation Assigned					**3**
Application for Substantive Change					**66**
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2013					**89**

The CoARC has processes that require it 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 including 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 2013.

Approval of Intent Granted

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

Program #	Program Name (date LOI application received)	Location	Effective
200614	Cochise College (9/18/2012)	Sierra Vista, AZ	3/23/2013
200613	Everest College (5/4/2012)	Atlanta, GA	3/23/2013
200615	Nova Southeastern University (1/17/2013)	Palm Beach Gardens, FL	7/16/2013

Provisional Accreditation Granted

This status signifies that a program that was granted an Approval of Intent has demonstrated sufficient compliance to initiate a program in accordance with the *Standards.* This follows 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 it achieves Initial Accreditation. The conferral of Provisional Accreditation also authorizes the sponsor to admit its first class of students. It is recognized by the NBRC, providing graduates of these programs with 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
200610	Hartnell College (7/14/2012)	Salinas, CA	7/16/2013
200611	Mandl School College of Allied Health (11/1/2012)	New York, NY	7/16/2013
200614	Cochise College (3/23/2013)	Sierra Vista, AZ	11/9/2013

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 Provisional granted)	Location	Initial End Date
200569	Ivy Tech E. IN Respiratory Care Ed. Consortium (3/24/2012)	Muncie, IL	3/31/2018
200573	Concorde Career Institute (3/24/2012)	Tampa, FL	3/31/2018
200584	El Camino Community College (3/24/2012)	Torrance, CA	7/31/2018

12 Month Review For Initial Accreditation Period

This is a review conducted approximately 12 months prior to the expiration of initial accreditation. Programs are reviewed to determine if any significant issues exist with compliance of any CoARC Standards. Continuing Accreditation will be conferred or withheld at a subsequent CoARC meeting for programs following this 12-month review.

Program #	Program Name (date Initial Accreditation Expires)	Location	Effective
200434	Sanford Brown (5/2014)	Fenton, MO	March 2014
200516	Southern State Community College (5/2014)	Washington Ct House, OH	March 2014
200528	Southeast Arkansas College (5/2014)	Pine Bluff, AR	March 2014
200533	Pulaski Technical College (5/2014)	N Little Rock, AR	March 2014
400152	Valencia College (5/2014)	Orlando, FL	March 2014
200466	ATI Career Training Ctr. (9/2014) VW effective 9/30/13	Dallas, TX	July 2014
200510	Concorde Career College – Denver (9/2014)	Aurora, CO	July 2014
200513	Arkansas State University – Mountain Home (9/2014)	Mountain Home, AR	July 2014
200515	Virginia College – Birmingham (9/2014)	Birmingham, AL	July 2014
200520	Polk State College (9/2014)	Winter Haven, FL	July 2014
200521	Laurel Business Institute (9/2014)	Uniontown, PA	July 2014
200522	Dalton State College (9/2014)	Dalton, GA	July 2014
200523	Antelope Valley College (9/2014)	Lancaster, CA	July 2014
200524	Baker College (9/2014)	Auburn Hills, MI	July 2014
200525	Concorde Career College – San Diego (9/2014)	San Diego, CA	July 2014
200526	Columbus Technical College (9/2014)	Columbus, GA	July 2014
200531	Great Plains Technology Center (9/2014)	Lawton, OK	July 2014
200457	Hawkeye Community College (11/2014)	Waterloo, IA	Nov 2014
200517	Venango College of Clarion University (11/2014)	Oil City, PA	Nov 2014

Continuing Accreditation Granted

This status is conferred when 1) an established, currently accredited program demonstrates ongoing 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 full 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
200069	Boise State University	Boise, ID	2023
200097	St. Catherine University	St. Paul, MN	2023
200297	Lamar Institute of Technology	Beaumont, TX	2023
200406	Copiah-Lincoln Community College	Natchez, MS	2023
200412	Kansas City Kansas Community College	Kansas City, KS	2023
200416	Northeast Mississippi Community College	Booneville, MS	2023
200470	Central Virginia Community College	Lynchburg, VA	2023
200085	Grossmont College	El Cajon, CA	2023
200130	Erie Community College	Williamsville, NY	2023
200153	County College of Morris	Randolph, NJ	2023

200268	Shawnee State University	Portsmouth, OH	2023
200409	Pearl River Community College	Hattiesburg, MS	2023
200418	Ivy Tech Community College- Lafayette	Lafayette, IN	2023
200474	Oconee Fall Line Technical College	Dublin, GA	2023
200480	Okefenokee Technical College	Waycross, GA	2023
200481	Lincoln Land Community College/St. John's Hospital	Springfield, IL	2023

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. Probationary Accreditation is applied when, following submission of one or more progress reports, a program has not corrected deficiencies identified earlier by the CoARC. Probationary Accreditation can also be conferred when a sponsor 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. 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 probationary status exceed 2 years. A probation decision can be subject to reconsideration but cannot be appealed (See CoARC Policy 1.06). Enrolled students completing a 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*
200452	College of Southern Nevada	Las Vegas, NV	7/16/2013
200083	Fresno City College	Fresno City, CA	11/9/2013
200137	Baltimore City Community College	Baltimore, MD	11/9/2013
200225	West Virginia Northern Community College	Wheeling, WV	11/9/2013
200304	Labette Community College	Parsons, KS	11/9/2013
200490	Stevens-Henager College	Murray, UT	11/9/2013
200505	Goodwin College	East Hartford, CT	11/9/2013
200515	Virginia College at Birmingham (Initial exp. 9/2014)	Birmingham, AL	11/9/2013

*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 (date initially placed on probation)	Location	Effective
200543	U.S. Air Force-Med Ed & Training Campus (7/18/2011)	Ft. Sam Houston, TX	7/14/2013
200452	College of Southern Nevada (7/16/2013)	Las Vegas, NV	11/9/2013

Probation Report Reviewed*

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

No Probation Reports were reviewed in 2013.

Progress Report Reviewed (Final)*

The CoARC requires a program to submit documentation addressing any *Standard* not met (i.e. a 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 addressing the standard(s) with which the program has been found to be in non-compliance must be submitted within the specified period of time. The progress report will constitute the basis for subsequent Commission action. This action is either to accept the report, meaning that the program is in compliance with all the CoARC Standards, or, if the report does not demonstrate compliance with the *Standards*, or was not submitted within the specified time frame stated on the request for 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
200467	Luzerne County Community College	Nanticoke, PA	2022
320276	Independence University	Salt Lake City, UT	2015
200079	Broward College	Coconut Creek, FL	2015
200108	Ferris State University	Big Rapids, MI	2013
200121	Sinclair Community College	Dayton, OH	2021
200136	Orange Coast College	Costa Mesa, CA	2019
200190	Kirkwood Community College	Cedar Rapids, IA	2016
200300	Daytona State College	Daytona Beach, FL	2020
200360	Modesto Junior College	Modesto, CA	2020
200483	Pima Medical Institute – Albuquerque	Albuquerque, NM	2018
200512	Kaplan Career Institute- Franklin Mills	Philadelphia, PA	2018
200525	Concorde Career College – San Diego	San Diego, CA	2014
200569	Ivy Tech Eastern IN Respiratory Care Consortium	New Castle, IN	2018
200576	South Arkansas Community College	El Dorado, AR	2017
200587	St. Augustine College	Chicago, IL	2017
200600	Sullivan Respiratory Care Consortium (Provisional)	Loch Sheldrake, NY	2018
200610	Hartnell College (Provisional- No 3-yr date yet)	Salinas, CA	TBD
300024	Delgado Community College (satellite)	Covington, LA	2019

Progress Reports Reviewed*

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

Program #	Program Name	Location	Next CoARC Mtg
200102	East LA College/Santa Monica	Monterey Park, CA	July 2013 & Nov 2013

200466	ATI Career Training Center (VW effective 9/30/13)	Dallas, TX	Nov 2013
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake, NY	Nov 2013
200102	East Los Angeles College/Santa Monica	Monterey Park, CA	Nov 2014
200051	Shenandoah University	Winchester, VA	Nov 2014
200061	University of District of Columbia	Washington, DC	Nov 2014
200091	Midlands Technical College	Columbia, SC	Nov 2014
200174	El Paso Community College	El Paso, TX	Nov 2014
200228	Prince George's Community College	Largo, MD	Nov 2014
200250	Onondaga Community College	Syracuse, NY	Nov 2014
200372	Victoria College	Victoria, TX	Nov 2014
200390	Carrington College – Mesa	Mesa, AZ	Nov 2014
200429	West Kentucky Community and Technical College	Paducah, KY	Nov 2014
200433	Kaplan College- Modesto	Salida, CA	Nov 2014
200439	Southwest Georgia Technical College	Thomasville, GA	Nov 2014
200440	Concorde Career College – North Hollywood	North Hollywood, CA	Nov 2014
200446	Mohawk Valley Community College	Utica, NY	Nov 2014
200536	Carrington College- Las Vegas	Las Vegas, NV	Nov 2014
200551	Miller-Motte Technical College	Clarksville, TN	Nov 2014
200557	Florida National University	Hialeah, FL	Nov 2014
200559	Concorde Career Institute- Miramar	Miramar, FL	Nov 2014
200568	Stevens-Henager College- Boise	Boise, ID	Nov 2014
200579	Pierpont Community & Technical College	Fairmont, WV	Nov 2014
200589	Black River Technical College	Pocahontas, AR	Nov 2014

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 formulate and 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 2013.

Withdrawal Accreditation – Involuntary*

This status is conferred when an accredited 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 formulate and 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 2013.

Withdrawal Accreditation - Voluntary

This status is conferred when a sponsor notifies CoARC that it wants its program(s) to 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 formulate and complete a teach-out plan when a program is placed on probation, requests inactive status, or when accreditation is withdrawn, either voluntarily or involuntarily (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective
100019	Gwynedd Mercy College	Gwynedd Valley, PA	12/31/2012
100226	The University of Texas at Brownsville	Brownsville, TX	12/31/2012
100273	St. Augustine College	Chicago, IL	12/31/2012
200106	Our Lady of Holy Cross/Ochsner School	New Orleans, LA	12/1/2012
200262	ATI Health Education Center, Campus #150 (Probation 7/14/12)	Miami, FL	12/31/2012
300021	ATI Career Training Center	Ft. Lauderdale, FL	12/31/2012
N/A	Four-D College (LOI received 6/20/11)	Colton, CA	LOI Expired 3/25/2013
300008	Pueblo Community College – Southwest Ctr (satellite)	Durango, CA	4/1/2013
300161	National Inst. for Specialized Health – Loma Linda U	Riyadh, Saudi Arabia	5/30/2013
400428	Gwinnett Technical College (SSPO)	Lawrenceville, GA	6/7/2013
200466	ATI Career Training Center	Dallas, TX	9/30/2013
200546	Bunker Hill Community College	Boston, MA	6/15/2013
200561	Fortis Institute	Erie, PA	8/13/2013
200612	Wiregrass Georgia Technical College	Valdosta, GA	7/11/2013
200613	Everest College- Atlanta	Atlanta, GA	7/10/2013
300026	Learning Center for Rapides Parish (Satellite of 200392)	Alexandria, LA	8/1/2013

* Requests for Voluntary Withdrawal of Accreditation were processed in 2013.

Inactive Accreditation - Voluntary

Only base programs and program options with a status of Continuing Accreditation without any pending Progress Reports or on Administrative Probation are eligible to request an inactive status for up to two years. No students may be enrolled or 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 formulate and complete a teach-out plan when a program is placed on probation, requests inactive status, voluntarily or involuntarily withdraws (see CoARC Policy 1.13).

Inactive Accreditation was not conferred in 2013.

Administrative Probation

Administrative Probation is conferred when a program (i.e. any program option with a separate CoARC ID number) does not comply with any of the administrative requirements. The placement of a program on Administrative Probation will not affect the eligibility for the NBRC Examinations of those students in the program. During a period of Administrative Probation, all listings of a program's accreditation status must include the words "Administrative Probation". Following conferral of Administrative Probation, the program's failure to provide the requested material/fees etc. will result in the program's being placed on the next scheduled CoARC meeting agenda for consideration of Withhold or Withdrawal of Accreditation (see CoARC Accreditation Policy 1.055 and 1.058). Following conferral of Administrative Probation for failure to meet personnel requirements, the deficiency will be brought before the CoARC at its next meeting and may result in an adverse accreditation decision (see CoARC Accreditation Policy 6.011I).

Program #	Program Name (date Admin Pro Conferred)	Location	Reason	Date Admin Pro Removed
200179	Kapiolani Community College (3/4/2013)	Honolulu, HI	2013 Accreditation Fees	4/1/2013
200452	College of Southern Nevada (5/1/2013)	Las Vegas, NV	Temp DCE Period Expired	Admin Pro to Probation 7/16/2013 Probation Removed 11/15/2013
200466	ATI Career Training Ctr-Dallas (3/4/2013)	Dallas, TX	2013 Accreditation Fees	3/12/2013

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 Board who serves 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
Nova Southeastern University	Palm Beach Gardens, FL	1/17/2013
Blessing-Rieman College of Nursing	Quincy, IL	9/3/2013
Eastern Florida State College	Cocoa, FL	9/19/2013
Carrington College- Phoenix Westside	Phoenix, AZ	9/26/2013

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 processes 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 2013, there were a total of 27 site visits, listed below.

Program #	Program Name	Location	Dates of Site Visit in 2013
200406	Copiah-Lincoln Community College	Natchez, MS	April 18-19 2013
200097	St. Catherine University	St. Paul, MN	April 22-23 2013
200412	Kansas City Kansas Community College	Kansas City, KS	April 4-5 2013
200416	Northeast Mississippi Community College	Bonneville, MS	April 4-5 2013
200085	Grossmont College	El Cajon, CA	May 16-17 2013
200584	El Camino Community College	Torrance, CA	May 2 2013
200610	Hartnell College	Salinas, CA	May 20-21 2013
200611	Mandl School College of Allied Health	New York, NY	May 23-24 2013
200069	Boise State University	Boise, ID	May 5-6 2013
200470	Central Virginia Community College	Lynchburg, VA	June 10-11 2013
200480	Okefenokee Technical College	Waycross, GA	June 17-18 2013
200153	County College of Morris	Randolph, NJ	June 24-25 2013
200297	Lamar Institute of Technology	Beaumont, TX	June 6-7 2013
200268	Shawnee State University	Portsmouth, OH	Aug 29-30 2013
200418	Ivy Tech Community College	Lafayette, IN	Aug 29-30 2013
200614	Cochise College	Sierra Vista, AZ	Sept 23-24 2013
200130	Erie Community College	Williamsville, NY	Sept 26-27 2013
200474	Oconee Fall Line Technical College	Dublin, GA	Sept 30-Oct 1 2013
200060	University of Southern Indiana	Evansville, IN	Sept 9-10 2013
200409	Pearl River Community College	Hattiesburg, MS	Sept 9-10 2013
200481	Lincoln Land Community College & St. John's Hospital	Springfield, IL	Sept 9-10 2013
200156	Angelina College	Lufkin, TX	Oct 10-11 2013
200324/400324	James A Rhodes State College	Lima, OH	Oct 17-18 2013
200230	Massasoit Community College	Brockton, MA	Oct 21-22 2013
200065	Highline Community College	Des Moines, WA	Oct 3-4 2013
200157	Napa Valley College	Napa, CA	Nov 7-8 2013
200108	Ferris State University	Big Rapids, MI	Dec 9-10, 2013

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 and 2013:

Type of Change Reported		Number Reported in 2012	Number Reported in 2013
Change in Program Name		13	12
Change in Program Address		8	8
Change in Billing Contact		26	28
Change in President/CEO		62	72
Change in Dean		84	105
Change in Program Director	Permanent	47	53
	Temporary	3	7
	Acting	3	3
Change in Director of Clinical Education	Permanent	82	69
	Temporary	15	29
	Acting	3	5
Change in Medical Director	Permanent	35	30
	Temporary	3	0
Change in Co-Medical Director		2	6
Change in Primary Sleep Specialist Instructor		1	2
Total # of Changes Reported		387	429

Of the 53 permanent changes in Program Director in 2013, 13 reported changes due to retirement, 11 due to resignation, 17 due to re-assignment, 8 due to other reasons. Four did not indicate a reason.

2013 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 in 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 in relation to the CoARC 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. 35), and on its website (http://www.coarc.com/15.html).

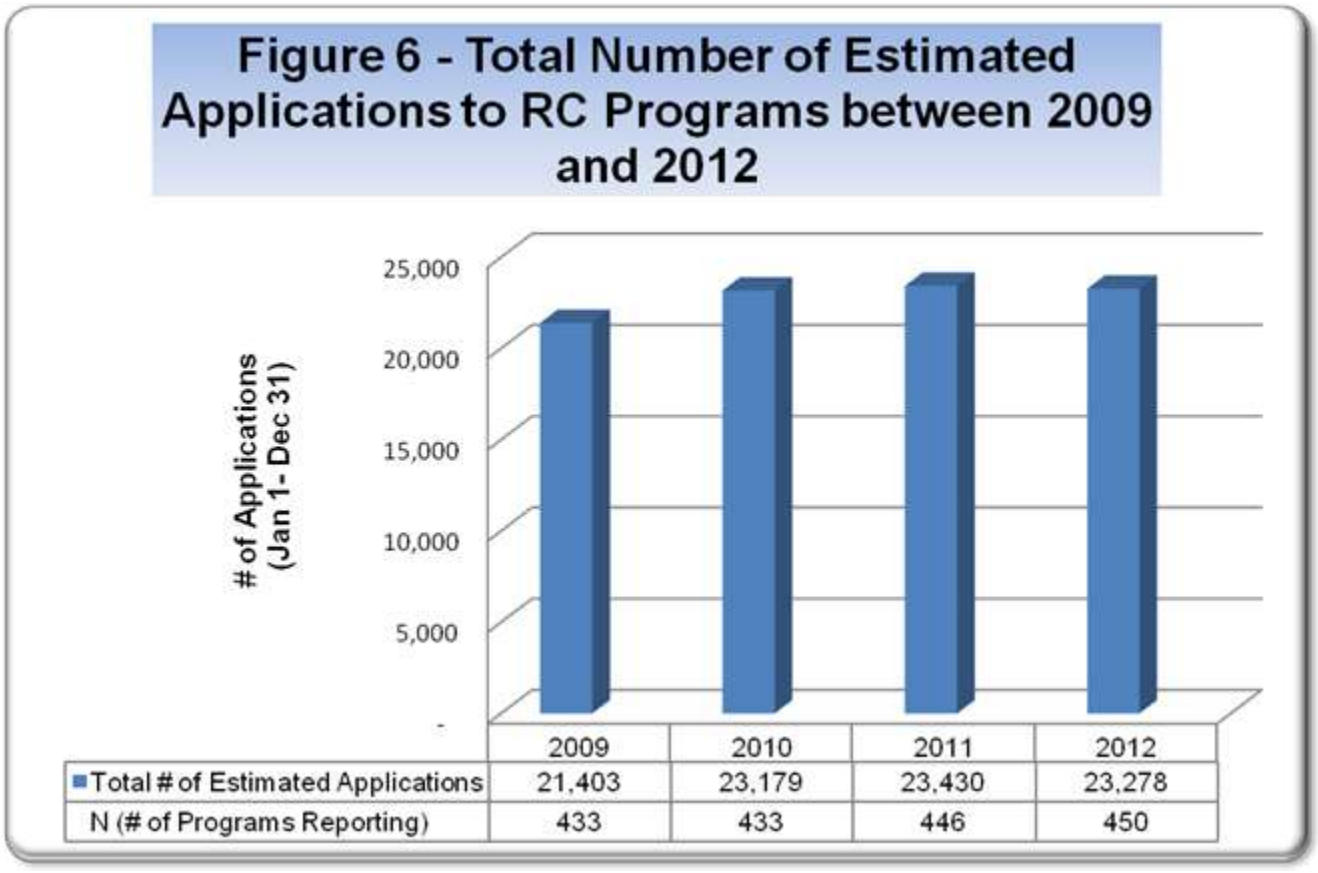
In May 2011, the CoARC launched its online Annual RCS submission with a deadline of July 1st, 2011. In an effort to minimize reporting burdens to programs seeking and maintaining accreditation, the CoARC redesigned its reporting tool. The main focus of this redesign was to simplify and increase the accuracy 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 student 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 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 continue be updated on an annual basis following the submission and verification of each program's Annual RCS on July 1st. The CoARC works with programs throughout the data submission and validation phases to ensure that the performance data is accurate. With the 2014 RCS, the CoARC will add overall employer and graduate satisfaction, as well as on-time graduation rates, to the outcomes metrics reported to the public.

The CoARC completed the verification of the outcomes data from the 2013 Annual Report of Current Status (RCS) in September 2013. A total of 457 annual reports were submitted and accepted (429 base respiratory care programs, 21 satellite programs, and 7 sleep specialist program options submitted annual reports in 2013). These data are self-reported by respiratory care programs to the CoARC and reflect the aggregate data for the three-year time period being reported (January 1, 2010 through December 31, 2012) from the 2013 RCS reports accepted by the CoARC Executive Office. *Note: The data do not reflect any changes made to the RCS data after the 2013 RCS report was accepted. Any such changes will be reported in the 2014 RCS reports due July 1, 2014.*

Total Estimated Applications

Programs are required to report the number of estimated applications each year. **Figure 6** shows total number of estimated applications from 2009 through 2012. The data shows total estimated applications reaching 23,278 in 2012, which represents a 0.65% decrease compared to 2011. However, total estimated applications increased by 8.8% between 2009 and 2012. The mean number of estimated applications per program was 52 from 2010 through 2012, and 48 in 2009.



Not included in **Figure 6** are the application data for the 7 sleep specialist program options. There were a total of 53 estimated applications in 2012, 70 in 2011, 48 in 2010, and 54 in 2009. The mean number of estimated applications per program option was 8 in 2012, 10 in 2011, 7 in 2010, and 8 in 2009.

Estimated RC Applications by Degree Offered

Table 7 – Estimated RC Applications by Degree Offered between 2009 and 2012

Degree Offered	2012 Estimated Applications (N=450)		2011 Estimated Applications (N=446)		2010 Estimated Applications (N=433)		2009 Estimated Applications (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Associate	**20,947**	**54**	**21,348**	55	**21,342**	55	**19,702**	51
Baccalaureate	**2,257**	**40**	**2,075**	36	**1,837**	32	**1,701**	29
Masters	**74**	**25**						

Table 7 shows the annual estimated respiratory care applications in relation to the degree offered. There were 23,278 estimated applications in 2012. The 388 programs offering associate degrees accounted for 90.0% of the total number of applications in 2012. This represents a 1.9% decrease compared to 2011 for this category but a 6.3% increase when compared to 2009. The mean number of estimated applications per program for this category was 54 in 2012, 55 in 2011 and 2010, and 51 in 2009.

The 59 programs offering baccalaureate degrees accounted for 9.7% of the total number of applications in 2012. This represents an 8.8% increase when compared to 2011 for this category and a 32.7% increase when compared to 2009. The mean number of estimated applications per program for this category was 40 in 2012, 36 in 2011, 32 in 2010, and 29 in 2009.

The 3 programs offering master's degrees accounted for 0.3% of the total number of applications in 2012. The mean number of new enrollments per program for this category was 25 in 2012. **Note: In this year's report, the six programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered was assigned a different CoARC number, so the data no longer report combined degrees as was the case in the 2012 and 2011 Reports on Accreditation. Programs with Master's degree applications will be able to provide more accurate data for this category under a new CoARC Program number beginning with the submission of the 2014 RCS.*

Estimated RC Applications by Institutional Type

Table 8 – Estimated RC Applications by Institutional Type between 2009 and 2012

Institutional Type	2012 Estimated Applications (N=450)		2011 Estimated Applications (N=446)		2010 Estimated Applications (N=433)		2009 Estimated Applications (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Community College or Junior College	**13,867**	55	**13,969**	55	**14,180**	56	**12,828**	51
Four-Year College or University	**4,346**	45	**4,225**	44	**3,949**	41	**3,512**	36
Technical or Vocational School	**4,211**	55	**4,344**	57	**4,268**	56	**4,360**	57
Academic HSC/Medical Center	**402**	34	**340**	28	**291**	24	**262**	22
Career or Technical College	**305**	44	**430**	61	**418**	60	**378**	54
U.S. Military	**147**	74	**122**	61	**73**	37	**63**	32

Table 8 shows the annual estimated applications for respiratory care programs by institutional type. The 255 programs offered in community or junior colleges accounted for 59.6% of the total number of applications in 2012. This represents the largest category and is a 0.7% decrease compared to 2011 and a 2.2% decrease compared to 2010. The mean number of estimated applications per program for this category was 55 in 2012 and 2011, 56 in 2010, and 51 in 2009.

The 98 programs offered in four-year colleges or universities accounted for 18.7% of the total number of applications in 2012. This represents a 2.9% increase compared to 2011 and a 23.7% increase compared to 2009. The mean number of estimated applications per program for this category was 45 in 2012, 44 in 2011, 41 in 2010, and 36 in 2009.

The 76 programs offered in technical or vocational schools accounted for 18.1% of the total number of applications in 2012. This represents a 3.1% decrease compared to 2011 and a 3.4% decrease compared to 2009. The mean number of estimated applications per program was 55 in 2012, 57 in 2011, 56 in 2010, and 57 in 2009.

The 12 programs offered in academic HSC/medical centers accounted for 1.7% of the total number of applications in 2012. This represents an 18.2% increase compared to 2011 and a 53.4% increase compared to 2009. The mean number of estimated applications per program was 34 in 2012, 28 in 2011, 24 in 2010, and 22 in 2009.

The 7 programs offered in career or technical colleges accounted for 1.3% of the total number of applications in 2012. This represents a 29.1% decrease compared to 2011. In contrast, there was a 2.9% increase between 2010 and 2011. The mean number of estimated applications per program was 44 in 2012, 61 in 2011, 60 in 2010, and 54 in 2009.

The 2 programs offered in the U.S. military accounted for 0.6% of the total number of applications in 2012. This represents a 20.5% increase compared to 2011 and a 133.3% increase compared to 2009. The mean number of estimated applications per program was 74 in 2012, 61 in 2011, 37 in 2010, and 32 in 2009.

Estimated RC Applications by Institutional Control/Funding

Table 9 – Estimated RC Applications by Institutional Control/Funding between 2009 and 2012

Institutional Control/Funding	2012 Estimated Applications (N=450)		2011 Estimated Applications (N=446)		2010 Estimated Applications (N=433)		2009 Estimated Applications (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Public/Not-For-Profit	**17,938**	52	**17,743**	51	**17,718**	51	**16,051**	46
Private/For-Profit (Proprietary)	**3,570**	63	**3,579**	63	**3,614**	63	**3,674**	64
Private/Not-For-Profit	**1,623**	42	**1,986**	51	**1,774**	45	**1,615**	41
Federal Government	**147**	74	**122**	61	**73**	37	**63**	32

Table 9 shows the annual estimated applications to respiratory care programs by institutional control/funding. The 352 programs under control of/funded by public/not-for-profit institutions accounted for 77.1% of the total number of estimated applications in 2012. This represents the largest category and is a 1.1% increase compared to 2011 as well as an 11.8% increase compared to 2009. The mean number of estimated applications per program for this category was 52 in 2012, 51 in 2011 and 2010, and 46 in 2009.

The 57 programs under control of/funded by private/for-profit (proprietary) institutions accounted for 15.3% of the total number of estimated applications in 2012. This represents a 0.25% decrease compared to 2011 and a 2.8% decrease compared to 2009. The mean number of estimated applications per program for this category was 63 in 2012, 2011 and 2010, and 64 in 2009.

The 39 programs under control of/funded by private/not-for-profit institutions accounted for 7.0% of the total number of estimated applications in 2012. This represents an 18.3% decrease compared to 2011. In contrast, there was a 12.0% increase between 2010 and 2011. The mean number of estimated applications per program for this category was 42 in 2012, 51 in 2011, 45 in 2010, and 41 in 2009.

The 2 programs offered in the U.S. military accounted for 0.6% of the total number of applications in 2012. This represents a 20.5% increase compared to 2011 and a 133.3% increase compared to 2009. The mean number of estimated applications per program was 74 in 2012, 61 in 2011, 37 in 2010, and 32 in 2009.

Estimated Applications by State (including D.C.) and Degree

Table 10 provides data on estimated applications to respiratory care programs for 2009-2012 by state and degree offered. California had the largest (15.7% of total) number of estimated applications of any state in 2012.

Table 10 – Estimated Applications by State (including D.C.) and Degree between 2009 and 2012

State (# of programs in 2012)	Degree	2012 Estimated Applications (N=450)	2011 Estimated Applications (N=446)	2010 Estimated Applications (N=433)	2009 Estimated Applications (N=433)
AL (n=6)	**Total**	**373**	**374**	**357**	**336**
4	Associate	277	275	272	250
2	Baccalaureate	96	99	85	86
AR (n=12)	**Total**	**294**	**259**	**210**	**169**
9	Associate	235	188	171	116
3	Baccalaureate	59	71	39	53
AZ (n=7)	**Total**	**621**	**760**	**651**	**697**
7	Associate	621	760	651	697
0	Baccalaureate	0	0	0	0
CA (n=39)	**Total**	**3,648**	**3,490**	**3,359**	**3,429**
38	Associate	3,613	3,469	3,323	3,407
1	Baccalaureate	35	21	36	22
CO (n=5)	**Total**	**140**	**156**	**170**	**173**
5	Associate	140	156	170	173
0	Baccalaureate	0	0	0	0
CT (n=5)	**Total**	**256**	**243**	**258**	**273**
4	Associate	230	213	233	248
1	Baccalaureate	26	30	25	25
DC (n=1)	**Total**	**N/A**	**26**	**23**	**20**
1	Associate	N/A	26	23	20
0	Baccalaureate	0	0	0	0
DE (n=2)	**Total**	**112**	**91**	**81**	**101**
2	Associate	112	91	81	101
0	Baccalaureate	0	0	0	0
FL (n=25)	**Total**	**1,437**	**1,658**	**1,667**	**1,261**
24	Associate	1,407	1,628	1,637	1,246
1	Baccalaureate	30	30	30	15
GA (n=15)	**Total**	**938**	**697**	**672**	**670**
11	Associate	703	537	519	542
3	Baccalaureate	205	160	153	128
1	Masters	30	N/A	N/A	N/A
HI (n=1)	**Total**	**40**	**48**	**37**	**30**
1	Associate	40	48	37	30
0	Baccalaureate	0	0	0	0

State (# of programs in 2012)	Degree	2012 Estimated Applications (N=450)	2011 Estimated Applications (N=446)	2010 Estimated Applications (N=433)	2009 Estimated Applications (N=433)
IA (n=6)	**Total**	**320**	**259**	**229**	**236**
6	Associate	320	259	229	236
0	Baccalaureate	0	0	0	0
ID (n=3)	**Total**	**108**	**100**	**123**	**131**
2	Associate	48	35	58	56
1	Baccalaureate	60	65	65	75
IL (n=14)	**Total**	**617**	**704**	**753**	**660**
12	Associate	591	639	688	622
1	Baccalaureate	26	65	65	38
1	Masters	44	5	N/A	N/A
IN (n=11)	**Total**	**426**	**474**	**482**	**429**
10	Associate	358	429	437	384
1	Baccalaureate	68	45	45	45
KS (n=9)	**Total**	**236**	**248**	**248**	**178**
8	Associate	217	230	227	166
1	Baccalaureate	19	18	21	12
KY (n=14)	**Total**	**620**	**500**	**468**	**325**
13	Associate	620	486	448	314
1	Baccalaureate	N/A	14	15	11
LA (n=11)	**Total**	**276**	**263**	**284**	**180**
9	Associate	250	230	263	160
2	Baccalaureate	26	33	21	20
MA (n=7)	**Total**	**334**	**363**	**366**	**339**
7	Associate	334	363	366	339
0	Baccalaureate	0	0	0	0
MD (n=8)	**Total**	**386**	**325**	**322**	**304**
6	Associate	266	245	272	249
2	Baccalaureate	120	80	50	55
ME (n=2)	**Total**	**98**	**86**	**86**	**90**
2	Associate	98	86	86	90
0	Baccalaureate	0	0	0	0
MI (n=13)	**Total**	**561**	**697**	**1,008**	**923**
13	Associate	561	697	1,008	923
0	Baccalaureate	0	0	0	0
MN (n=5)	**Total**	**190**	**179**	**202**	**196**
3	Associate	136	139	142	127
2	Baccalaureate	54	40	60	69

State (# of programs in 2012)	Degree	2012 Estimated Applications (N=450)	2011 Estimated Applications (N=446)	2010 Estimated Applications (N=433)	2009 Estimated Applications (N=433)
MO (n=12)	**Total**	**379**	**333**	**315**	**326**
10	Associate	361	318	300	312
2	Baccalaureate	18	15	15	14
MS (n=8)	**Total**	**649**	**670**	**753**	**705**
8	Associate	649	670	753	705
0	Baccalaureate	0	0	0	0
MT (n=2)	**Total**	**50**	**47**	**50**	**30**
2	Associate	50	47	50	30
0	Baccalaureate	0	0	0	0
NC (n=14)	**Total**	**834**	**880**	**1,024**	**935**
14	Associate	834	880	1,024	935
0	Baccalaureate	0	0	0	0
ND (n=3)	**Total**	**35**	**25**	**22**	**30**
0	Associate	0	0	0	0
2	Baccalaureate	35	25	22	30
1	Masters	N/A	N/A	N/A	N/A
NE (n=4)	**Total**	**110**	**137**	**129**	**144**
3	Associate	100	122	119	134
1	Baccalaureate	10	15	10	10
NH (n=1)	**Total**	**5**	**20**	**24**	**13**
1	Associate	5	20	24	13
0	Baccalaureate	0	0	0	0
NJ (n=7)	**Total**	**765**	**580**	**324**	**328**
5	Associate	525	490	324	328
2	Baccalaureate	240	90	N/A	N/A
NM (n=6)	**Total**	**140**	**163**	**180**	**150**
6	Associate	140	163	180	150
0	Baccalaureate	0	0	0	0
NV (n=3)	**Total**	**286**	**210**	**223**	**243**
3	Associate	286	210	223	243
0	Baccalaureate	0	0	0	0
NY (n=13)	**Total**	**896**	**844**	**766**	**771**
10	Associate	752	729	634	661
3	Baccalaureate	144	115	132	110
OH (n=22)	**Total**	**1,032**	**1,167**	**1,132**	**1,063**
18	Associate	855	998	955	898
4	Baccalaureate	177	169	177	165

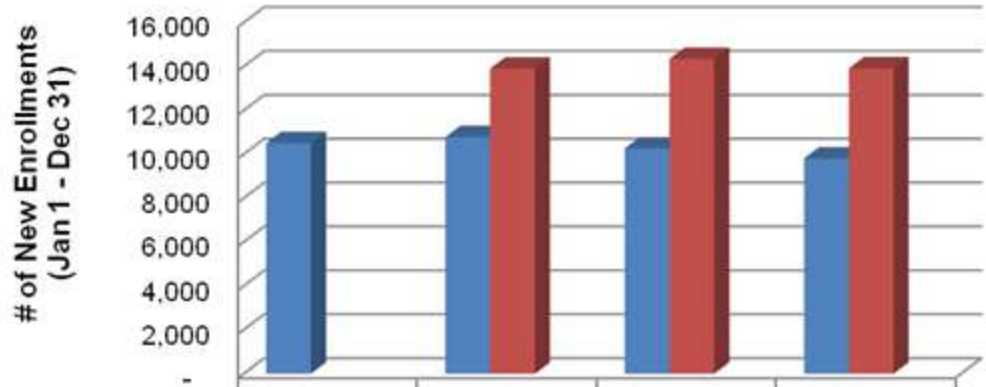
State (# of programs in 2012)	Degree	2012 Estimated Applications (N=450)	2011 Estimated Applications (N=446)	2010 Estimated Applications (N=433)	2009 Estimated Applications (N=433)
OK (n=7)	**Total**	**238**	**235**	**236**	**234**
7	Associate	238	235	236	234
0	Baccalaureate	0	0	0	0
OR (n=4)	**Total**	**237**	**182**	**185**	**223**
3	Associate	207	152	160	193
1	Baccalaureate	30	30	25	30
PA (n=28)	**Total**	**1,141**	**1,263**	**1,190**	**973**
23	Associate	876	1,042	1,013	845
5	Baccalaureate	265	221	177	128
RI (n=2)	**Total**	**91**	**30**	**41**	**26**
2	Associate	91	30	41	26
0	Baccalaureate	0	0	0	0
SC (n=7)	**Total**	**251**	**223**	**259**	**224**
7	Associate	251	223	259	224
0	Baccalaureate	0	0	0	0
SD (n=2)	**Total**	**31**	**35**	**20**	**16**
2	Associate	31	35	20	16
0	Baccalaureate	0	0	0	0
TN (n=11)	**Total**	**627**	**618**	**597**	**459**
8	Associate	482	480	470	337
3	Baccalaureate	145	138	127	122
TX (n=38)	**Total**	**1,388**	**1,489**	**1,410**	**1,417**
33	Associate	1,205	1,271	1,199	1,202
5	Baccalaureate	183	218	211	215
UT (n=7)	**Total**	**492**	**664**	**662**	**672**
3	Associate	460	630	634	664
4	Baccalaureate	32	34	28	8
VA (n=7)	**Total**	**507**	**536**	**426**	**286**
5	Associate	445	465	344	212
2	Baccalaureate	62	71	82	74
VT (n=1)	**Total**	**40**	**40**	**40**	**80**
1	Associate	40	40	40	80
0	Baccalaureate	0	0	0	0
WA (n=5)	**Total**	**229**	**245**	**253**	**216**
5	Associate	229	245	253	216
0	Baccalaureate	0	0	0	0

State (# of programs in 2012)	Degree	2012 Estimated Applications (N=450)	2011 Estimated Applications (N=446)	2010 Estimated Applications (N=433)	2009 Estimated Applications (N=433)
WI (n=7)	**Total**	**352**	**442**	**443**	**376**
7	Associate	352	442	443	376
0	Baccalaureate	0	0	0	0
WV (n=6)	**Total**	**306**	**209**	**324**	**200**
4	Associate	286	172	289	159
2	Baccalaureate	20	39	35	41
WY (n=1)	**Total**	**20**	**20**	**14**	**13**
1	Associate	20	20	14	13
0	Baccalaureate	0	0	0	0

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 7** shows total new enrollments from 2009 through 2012. This does not include students that were enrolled in prior years. Enrollments for 2010 through 2012 are compared to the total maximum annual enrollment capacity[3]. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 70.5% of capacity in 2012, 72% of capacity in 2011, and 78% of capacity in 2010. The mean maximum annual enrollment capacity per program for 2012 was 31 in 2012, and 32 in 2011 and 2010. The mean number of new enrollments per program was 22 in 2012, 23 in 2011, 24 in 2010, and 24 in 2009. There was a 4.4% decrease in new enrollments between 2011 and 2012 and a 9.0% decrease between 2010 and 2012.

Figure 7 - Total New RC Program and Satellite Enrollments and Maximum Annual Enrollment Capacity between 2009 and 2012



	2009	2010	2011	2012
Total New Enrollments	10,513	10,791	10,271	9,819
Maximum Annual Enroll Capacity		13,913	14,353	13,916
N (# of Programs Reporting)	433	433	446	450

Not included in **Figure 7** are the enrollment data for the 7 sleep specialist program options. There were a total of 52 new enrollments in 2012 with a maximum annual enrollment capacity of 80 (65%). In 2011, there were 50 new enrollments with a maximum annual enrollment capacity of 102 (49%). In 2010, there were 33 new enrollments with a maximum annual enrollment capacity of 102 (32%). In 2009, there were 59 new enrollments. The mean number of new enrollments per program option was 7 in 2012 and 2011, 5 in 2010, and 8 in 2009. The mean maximum annual enrollment capacity per program option decreased to 11 in 2012 from 15 in 2011 and 2010.

[3] 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 (see CoARC Policy 9.10).

New RC Enrollments by Degree Offered

Table 11 – New RC Enrollments by Degree Offered between 2009 and 2012

Degree Offered	2012 Max Annual Enroll Capacity		2012 New Enrollments (N=450)		2011 New Enrollments (N=446)		2010 New Enrollments (N=433)		2009 New Enrollments (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Associate	**12,677**	33	**8,872**	**23**	**9,290**	24	**9,787**	25	**9,588**	25
Associate & Baccalaureate					**51**	17	**34**	15	**41**	10
Baccalaureate	**1,239**	21	**920**	**16**	**852**	17	**891**	17	**819**	16
Baccalaureate & Masters					**78**	26	**69**	23	**75**	25
Masters	**86**	29	**27**	**9**						

Table 11 shows the new annual enrollments in respiratory care by degree offered. There were 9,819 new students enrolled in 2012. The 388 programs offering associate degrees accounted for 90.4% of the total number of new enrollments in 2012. This represents a 4.5% decrease compared to 2011 for this category and a 9.3% decrease in new enrollments when compared to 2010. In contrast, there was a 2.1% increase in new enrollments for this category between 2009 and 2010. New enrollments reached 70% of maximum annual enrollment capacity in 2012 for associate degree programs. The mean number of new enrollments per program for this category was 23 in 2012, 24 in 2011 and 25 in 2010 and 2009.

The 59 programs offering baccalaureate degrees accounted for 9.4% of the total number of new enrollments in 2012. This represents an 8.0% increase in new enrollments when compared to 2011 for this category and a 12.3% increase in new enrollments when compared to 2009. New enrollments reached 74.3% of maximum annual enrollment capacity in 2012 for baccalaureate degree programs. The mean number of new enrollments per program for this category was 16 in 2012, 17 in 2011 and 2010, and 16 in 2009.

The 3 programs offering master's degrees accounted for 0.2% of the total number of new enrollments in 2012. New enrollments reached 31.4% of maximum annual enrollment capacity in 2012 for programs that offer master's degrees. The mean number of new enrollments per program for this category was 9 in 2012, 26 in 2011, 23 in 2010, and 25 in 2009. **Note: In this year's report, the six programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered was assigned a different CoARC number, so the data no longer report combined degrees as was the case in the 2012 and 2011 Reports on Accreditation. Programs with Master's degree enrollments will be able to provide more accurate data for this category under a new CoARC Program number beginning with the submission of the 2014 RCS.*

New RC Enrollments by Institutional Type

Table12 – New RC Enrollments by Institutional Type between 2009 and 2012

Institutional Type	2012 Max Annual Enroll Capacity		2012 New Enrollments (N=450)		2011 New Enrollments (N=446)		2010 New Enrollments (N=433)		2009 New Enrollments (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Community College or Junior College	**6,682**	26	**5,176**	20	**5,337**	21	**5,573**	22	**5,222**	21
Four-Year College or University	**2,652**	27	**1,861**	19	**1,912**	20	**1,950**	21	**1,914**	20
Technical or Vocational School	**4,007**	53	**2,303**	30	**2,517**	33	**2,781**	37	**2,930**	39
Academic HSC/Medical Center	**234**	20	**184**	15	**198**	17	**193**	16	**172**	14
Career or Technical College	**239**	34	**144**	21	**181**	20	**212**	24	**209**	23
U.S. Military	**188**	94	**151**	76	**126**	63	**82**	41	**66**	33

Table 12 shows the new annual enrollments in respiratory care programs by institutional type. The 255 programs offered in community or junior colleges accounted for 52.7% of the total number of enrollments in 2012. This represents the largest category and is a 3.0% decrease compared to 2011 and a 7.1% decrease compared to 2010. New enrollments reached 77.5% of maximum annual enrollment capacity in 2012 for community colleges or junior colleges. The mean number of new enrollments per program for this category was 20 in 2012, 21 in 2011, 22 in 2010, and 21 in 2009.

The 98 programs offered in four-year colleges or universities accounted for 19.0% of the total number of new enrollments in 2012. This represents a 2.7% decrease compared to 2011 and a 4.6% decrease compared to 2010. New enrollments reached 70.2% of maximum annual enrollment capacity in 2012. The mean number of new enrollments per program for this category was 19 in 2012, 20 in 2011, 21 in 2010, and 20 in 2009.

The 76 programs offered in technical or vocational schools accounted for 23.5% of the total number of new enrollments in 2012. This represents an 8.5% decrease compared to 2011 and a 21.4% decrease compared to 2009. New enrollments reached 57.5% of maximum annual enrollment capacity in 2012. The mean number of new enrollments per program was 30 in 2012, 33 in 2011, 37 in 2010, and 39 in 2009.

The 12 programs offered in academic HSC/medical centers accounted for 1.9% of the total number of new enrollments in 2012. This represents a 7.1% decrease compared to 2011. In contrast, there was a 2.6% increase between 2011 and 2010. New enrollments reached 78.7% of maximum annual enrollment capacity in 2012. The mean number of new enrollments per program was 15 in 2012, 17 in 2011, 16 in 2010, and 14 in 2009.

The 7 programs offered in career or technical colleges accounted for 1.5% of the total number of new enrollments in 2012. This represents a 20.4% decrease compared to 2011 and a 31.1% decrease compared to 2010. New enrollments reached 60.3% of maximum annual enrollment capacity in 2012. The mean number of new enrollments per program was 21 in 2012, 20 in 2011, 24 in 2010, and 23 in 2009.

The 2 programs offered in the U.S. military accounted for 1.5% of the total number of new enrollments in 2012. This represents a 19.8% increase compared to 2011 and a 56.3% increase compared to 2009. New enrollments reached 80.3% of maximum annual enrollment capacity in 2012. The mean number of new enrollments per program was 76 in 2012, 63 in 2011, 41 in 2010, and 33 in 2009.

New RC Enrollments by Institutional Control/Funding

Table 13 – New RC Enrollments by Institutional Control/Funding between 2009 and 2012

Institutional Control/Funding	2012 Max Annual Enroll Capacity		2012 New Enrollments (N=450)		2011 New Enrollments (N=446)		2010 New Enrollments (N=433)		2009 New Enrollments (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Public/Not-For-Profit	**8,652**	25	**6,631**	19	**6,767**	19	**7,237**	21	**6,705**	19
Private/For-Profit (Proprietary)	**3,760**	66	**2,070**	36	**2,833**	46	**2,952**	48	**3,262**	53
Private/Not-For-Profit	**1,402**	36	**967**	25	**545**	17	**520**	16	**480**	15
Federal Government	**188**	94	**151**	76	**126**	63	**82**	41	**66**	33

Table 13 shows the new annual enrollments in respiratory care programs by institutional control/funding. The 352 programs under control of/funded by public/not-for-profit institutions accounted for 67.5% of the total number of new respiratory care enrollments in 2012. This represents the largest category and is a 2.0% decrease compared to 2011 as well as an 8.4% decrease compared to 2010. New enrollments reached 76.6% of maximum annual enrollment capacity in 2012 for programs under control/funded by public/not-for-profit institutions. The mean number of new enrollments per program for this category was 19 in 2012 and 2011, 21 in 2010, and 19 in 2009.

The 57 programs under control of/funded by private/for-profit (proprietary) institutions accounted for 21.1% of the total number of new enrollments in 2012. This represents a 26.9% decrease compared to 2011 and a 36.5% decrease compared to 2009. New enrollments reached 55.1% of maximum annual enrollment capacity in 2012 for programs under control/funded by private/for-profit (proprietary) institutions. One factor contributing to this large increase was the change of a few for-profit programs to a not-for-profit status. The mean number of new enrollments per program for this category was 36 in 2012, 46 in 2011, 48 in 2010, and 53 in 2009.

The 39 programs under control of/funded by private/not-for-profit institutions accounted for 9.8% of the total number of new enrollments in 2012. This represents a 77.4% increase compared to 2011 and a 101.5% increase compared to 2009. New enrollments reached 70.0% of maximum annual enrollment capacity in 2012 for programs under control/funded by private/not-for-profit institutions. The mean number of new enrollments per program for this category was 25 in 2012, 17 in 2011, 16 in 2010, and 15 in 2009.

The 2 programs offered in the U.S. military accounted for 1.5% of the total number of new enrollments in 2012. This represents a 19.8% increase compared to 2011 and a 56.3% increase compared to 2009. New enrollments reached 80.3% of maximum annual enrollment capacity in 2012. The mean number of new enrollments per program was 76 in 2012, 63 in 2011, 41 in 2010, and 33 in 2009.

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

Table 14 provides data on new enrollments in respiratory care programs for 2009-2012 by state and degree offered. California had the largest (17.8% of total) enrollments of any state in 2012.

Table 14 – New RC Enrollments by State (including D.C.) and Degree between 2009 and 2012

State (# of programs in 2012)	Degree	2012 Maximum Annual Enroll Capacity	New Enrollments 2012 (N=450)	2011 New Enrollments (N=446)	2010 New Enrollments (N=433)	2009 New Enrollments (N=433)
AL (n=6)	**Total**	**203**	**151**	**145**	**142**	**154**
4	Associate	150	82	85	80	95
2	Baccalaureate	53	69	60	62	59
AR (n=12)	**Total**	**208**	**133**	**104**	**118**	**93**
9	Associate	171	109	76	88	61
3	Baccalaureate	36	24	28	30	32
AZ (n=7)	**Total**	**663**	**208**	**337**	**418**	**459**
7	Associate	663	208	337	418	459
0	Baccalaureate	0	0	0	0	0
CA (n=39)	**Total**	**2158**	**1751**	**1861**	**1744**	**1714**
38	Associate	2136	1731	1853	1725	1706
1	Baccalaureate	22	20	8	19	8
CO (n=5)	**Total**	**235**	**119**	**108**	**137**	**158**
5	Associate	235	119	108	137	158
0	Baccalaureate	0	0	0	0	0
CT (n=5)	**Total**	**118**	**92**	**86**	**104**	**90**
4	Associate	100	73	69	88	80
1	Baccalaureate	18	18	17	16	10
DC (n=1)	**Total**	**24**	**18**	**14**	**17**	**17**
1	Associate	24	18	14	17	17
0	Baccalaureate	0	0	0	0	0
DE (n=2)	**Total**	**35**	**34**	**35**	**28**	**31**
2	Associate	35	34	35	28	31
0	Baccalaureate	0	0	0	0	0
FL (n=25)	**Total**	**767**	**497**	**669**	**695**	**767**
24	Associate	742	476	639	665	756
1	Baccalaureate	25	21	30	30	11
GA (n=15)	**Total**	**390**	**270**	**272**	**292**	**275**
11	Associate	245	189	184	208	197
3	Baccalaureate	95	75	44	43	34
1	Masters	50	6	0	0	0
HI (n=1)	**Total**	**16**	**12**	**16**	**17**	**16**
1	Associate	16	12	16	17	16
0	Baccalaureate	0	0	0	0	0

State (# of programs in 2012)	Degree	2012 Maximum Annual Enroll Capacity	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)	2010 New Enrollments (N=433)	2009 New Enrollments (N=433)
IA (n=6)	**Total**	**128**	**97**	**96**	**111**	**97**
6	Associate	128	97	96	111	97
0	Baccalaureate	0	0	0	0	0
ID (n=3)	**Total**	**80**	**56**	**43**	**74**	**70**
2	Associate	55	32	43	74	70
1	Baccalaureate	25	24	0	0	0
IL (n=14)	**Total**	**405**	**288**	**303**	**317**	**335**
12	Associate	357	262	278	293	314
1	Baccalaureate	24	5	25	24	21
1	Masters	24	21	278	293	314
IN (n=11)	**Total**	**235**	**206**	**222**	**232**	**213**
10	Associate	205	176	193	202	183
1	Baccalaureate	30	30	29	30	30
KS (n=9)	**Total**	**192**	**139**	**130**	**142**	**112**
8	Associate	168	121	116	124	103
1	Baccalaureate	24	18	14	18	9
KY (n=14)	**Total**	**282**	**236**	**230**	**220**	**171**
13	Associate	267	216	216	205	160
1	Baccalaureate	15	20	14	15	11
LA (n=11)	**Total**	**199**	**129**	**138**	**150**	**118**
9	Associate	172	109	106	129	96
2	Baccalaureate	27	20	32	21	22
MA (n=7)	**Total**	**139**	**107**	**101**	**125**	**118**
7	Associate	139	107	101	125	118
0	Baccalaureate	0	0	0	0	0
MD (n=8)	**Total**	**193**	**156**	**156**	**157**	**161**
6	Associate	133	120	123	133	122
2	Baccalaureate	60	36	33	24	39
ME (n=2)	**Total**	**34**	**31**	**32**	**37**	**34**
2	Associate	34	31	32	37	34
0	Baccalaureate	0	0	0	0	0
MI (n=13)	**Total**	**337**	**269**	**292**	**379**	**359**
13	Associate	337	269	292	379	359
0	Baccalaureate	0	0	0	0	0
MN (n=5)	**Total**	**123**	**97**	**100**	**99**	**91**
3	Associate	83	68	74	75	64
2	Baccalaureate	40	29	26	24	27

State (# of programs in 2012)	Degree	2012 Maximum Annual Enroll Capacity	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)	2010 New Enrollments (N=433)	2009 New Enrollments (N=433)
MO (n=12)	**Total**	**417**	**189**	**208**	**241**	**243**
10	Associate	393	175	193	228	230
2	Baccalaureate	24	14	15	13	13
MS (n=8)	**Total**	**162**	**119**	**133**	**135**	**120**
8	Associate	162	119	133	135	120
0	Baccalaureate	0	0	0	0	0
MT (n=2)	**Total**	**31**	**27**	**21**	**28**	**18**
2	Associate	31	27	21	28	18
0	Baccalaureate	0	0	0	0	0
NC (n=14)	**Total**	**296**	**234**	**240**	**260**	**267**
14	Associate	296	234	240	260	267
0	Baccalaureate	0	0	0	0	0
ND (n=3)	**Total**	**36**	**23**	**19**	**16**	**22**
0	Associate	0	0	0	0	0
2	Baccalaureate	24	23	10	12	12
1	Masters	12	0	0	0	0
NE (n=4)	**Total**	**98**	**79**	**79**	**60**	**83**
3	Associate	83	72	70	54	72
1	Baccalaureate	15	7	9	6	11
NH (n=1)	**Total**	**16**	**5**	**12**	**11**	**13**
1	Associate	16	5	12	11	13
0	Baccalaureate	0	0	0	0	0
NJ (n=7)	**Total**	**236**	**142**	**133**	**152**	**128**
5	Associate	172	129	107	125	112
2	Baccalaureate	64	13	26	27	16
NM (n=6)	**Total**	**173**	**109**	**87**	**112**	**94**
6	Associate	173	109	87	112	94
0	Baccalaureate	0	0	0	0	0
NV (n=3)	**Total**	**187**	**105**	**143**	**168**	**137**
3	Associate	187	105	143	168	137
0	Baccalaureate	0	0	0	0	0
NY (n=13)	**Total**	**449**	**355**	**339**	**362**	**325**
10	Associate	375	286	285	289	263
3	Baccalaureate	74	69	54	73	62
OH (n=22)	**Total**	**588**	**473**	**488**	**510**	**505**
18	Associate	496	386	399	423	423
4	Baccalaureate	92	87	89	87	82

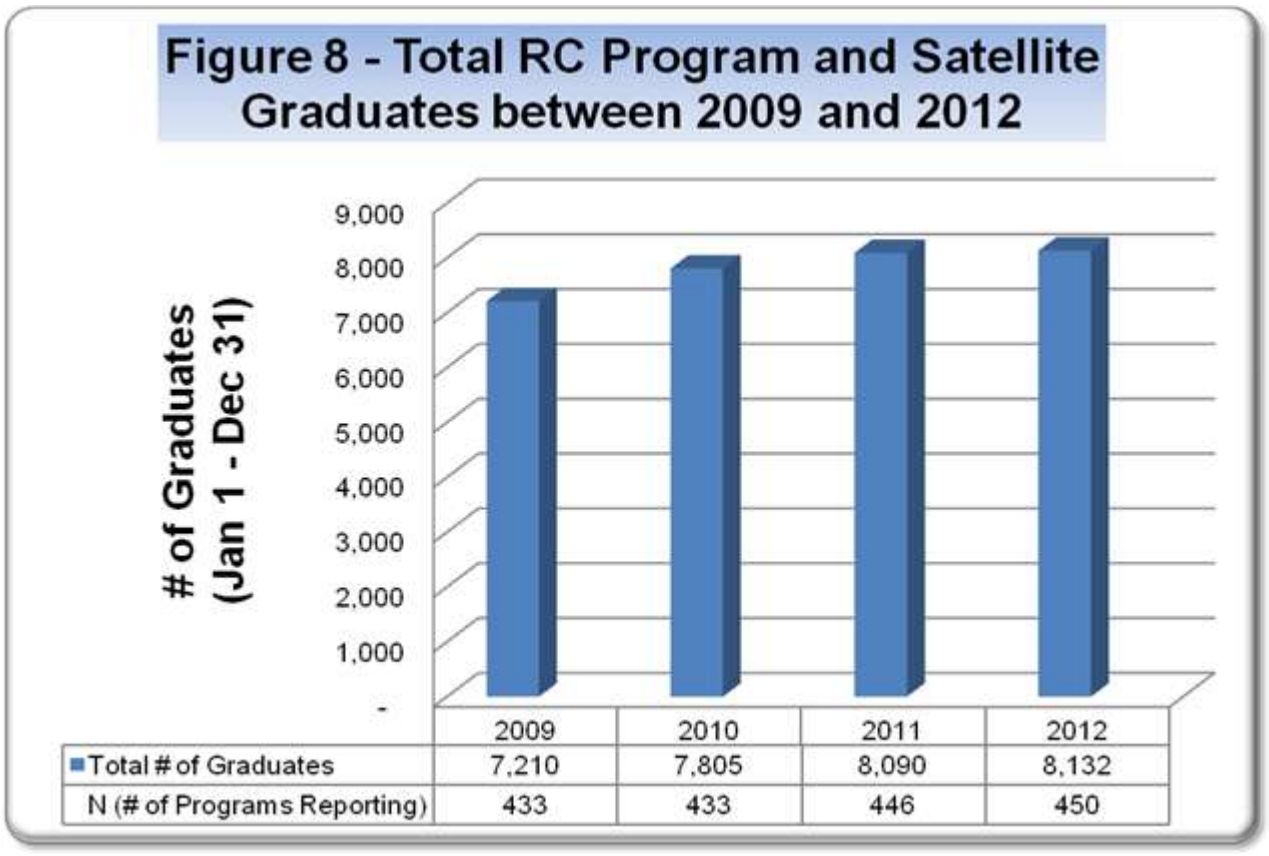
State (# of programs in 2012)	Degree	2012 Maximum Annual Enroll Capacity	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)	2010 New Enrollments (N=433)	2009 New Enrollments (N=433)
OK (n=7)	**Total**	**157**	**110**	**107**	**121**	**120**
7	Associate	157	110	107	121	120
0	Baccalaureate	0	0	0	0	0
OR (n=4)	**Total**	**119**	**124**	**98**	**102**	**99**
3	Associate	94	104	84	87	84
1	Baccalaureate	25	20	14	15	15
PA (n=28)	**Total**	**727**	**404**	**459**	**483**	**423**
23	Associate	624	325	374	403	350
5	Baccalaureate	103	79	25	17	15
RI (n=2)	**Total**	**64**	**57**	**15**	**21**	**26**
2	Associate	64	57	15	21	26
0	Baccalaureate	0	0	0	0	0
SC (n=7)	**Total**	**167**	**133**	**140**	**132**	**132**
7	Associate	167	133	140	132	132
0	Baccalaureate	0	0	0	0	0
SD (n=2)	**Total**	**24**	**23**	**24**	**20**	**16**
2	Associate	24	23	24	20	16
0	Baccalaureate	0	0	0	0	0
TN (n=11)	**Total**	**340**	**242**	**233**	**245**	**207**
8	Associate	286	192	176	194	157
3	Baccalaureate	54	50	57	51	50
TX (n=38)	**Total**	**1373**	**853**	**773**	**838**	**820**
33	Associate	1242	780	664	717	711
5	Baccalaureate	131	73	109	121	109
UT (n=7)	**Total**	**529**	**368**	**396**	**333**	**476**
3	Associate	426	340	351	281	440
4	Baccalaureate	103	28	45	52	36
VA (n=7)	**Total**	**223**	**158**	**234**	**231**	**168**
5	Associate	155	125	206	205	141
2	Baccalaureate	68	33	28	26	27
VT (n=1)	**Total**	**27**	**19**	**18**	**20**	**19**
1	Associate	27	19	18	20	19
0	Baccalaureate	0	0	0	0	0
WA (n=5)	**Total**	**152**	**123**	**121**	**132**	**125**
5	Associate	152	123	121	132	125
0	Baccalaureate	0	0	0	0	0

State (# of programs in 2012)	Degree	2012 Maximum Annual Enroll Capacity	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)	2010 New Enrollments (N=433)	2009 New Enrollments (N=433)
WI (n=7)	**Total**	**156**	**133**	**153**	**146**	**136**
7	Associate	156	133	153	146	136
0	Baccalaureate	0	0	0	0	0
WV (n=6)	**Total**	**139**	**108**	**85**	**114**	**103**
4	Associate	109	93	66	104	77
2	Baccalaureate	30	15	19	10	26
WY (n=1)	**Total**	**15**	**12**	**15**	**13**	**9**
1	Associate	15	12	15	13	9
0	Baccalaureate	0	0	0	0	0

Total Graduates

2013 RCS data (**Figure 8**) provides the total number of graduates during the 3-year time period being reported (i.e., January 1, 2010 through December 31, 2012). Graduation numbers include those students that graduated on-time as well as students graduating after their expected graduation date.

There were 8,132 graduates in 2012. This represents a 0.5% increase in total graduates compared to 2011 and a 12.8% increase compared to 2009. The mean number of graduates per program was 18 in 2010, 2011, and 2012, and 16 in 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 8** are the graduate data for the 7 sleep specialist program options. There were a total of 38 graduates in 2012. This represents a 13.6% decrease compared to the 44 graduates in 2011. In 2010, there were 45 graduates. In 2009, there were 40 graduates. The mean number of graduates per program option in 2012 was 5. The mean number of graduates was 6 in 2009, 2010, and 2011.

RC Graduates by Degree Offered

Table 15 – RC Graduates by Degree Offered between 2009 and 2012

Degree Offered	2012 Graduates (N=450)		2011 Graduates (N=446)		2010 Graduates (N=433)		2009 Graduates (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Associate	**7,289**	19	**7,362**	19	**7,010**	18	**6,441**	17
Associate & Baccalaureate			**30**	10	**33**	11	**33**	11
Baccalaureate	**843**	14	**647**	13	**716**	14	**688**	13
Baccalaureate & Masters			**51**	17	**46**	15	**48**	16
Masters	**N/A**	N/A						

Table 15 shows the number of respiratory care graduates by degree offered. There were 8,132 graduates in 2012. The 388 programs offering associate degrees accounted for 89.6% of the total number of graduates in 2012. This represents the largest category and is a 1.0% decrease compared to 2011. In contrast, there was a 5.0% increase between 2010 and 2011. There was also an 8.8% increase in graduates for this category between 2009 and 2010. The mean number of graduates per program for this category was 19 in 2012 and 2011, 18 in 2010, and 17 in 2009.

The 59 programs offering baccalaureate degrees accounted for 10.4% of the total number of graduates in 2012. This represents a 30.3% increase compared to 2011. In contrast, there was a 9.6% decrease in graduates for this category between 2011 and 2010. The mean number of graduates per program for this category was 14 in 2012, 13 in 2011, 14 in 2010, and 13 in 2009.

The graduate data for the 3 programs offering master's degrees could not be tabulated for the 2013 RCS. **Note: In this year's report, the six programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered was assigned a different CoARC number, so the data no longer reports combined degrees as was the case in the 2012 and 2011 Reports on Accreditation. Programs with Master's degree graduates will be able to provide more accurate data for this category under a new CoARC Program number beginning with the submission of the 2014 RCS.*

RC Graduates by Institutional Type

Table 16 –RC Graduates by Institutional Type between 2009 and 2012

Institutional Type	2012 Graduates (N=450)		2011 Graduates (N=446)		2010 Graduates (N=433)		2009 Graduates (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Community College or Junior College	**4,151**	16	**4,088**	16	**4,082**	16	**3,940**	16
Four-Year College or University	**1,579**	16	**1,476**	16	**1,429**	15	**1,332**	14
Technical or Vocational School	**2,003**	26	**2,173**	29	**1,973**	26	**1,606**	21
Academic HSC/Medical Center	**152**	13	**111**	9	**118**	10	**122**	10
Career or Technical College	**151**	22	**179**	20	**178**	20	**192**	21
U.S. Military	**96**	48	**63**	32	**25**	13	**18**	9

Table 16 shows the number of respiratory care graduates by institutional type. The 255 programs offered in community or junior colleges accounted for 51.0% of the total number of respiratory care graduates in 2012. This represents the largest category and is a 1.5% increase compared to 2011 as well as a 5.4% increase in graduates compared to 2009. The mean number of graduates per program for this category was 16 in 2012, 2011, 2010, and 2009.

The 98 programs offered in four-year colleges or universities accounted for 19.4% of the total number of graduates in 2012. This represents a 7.0% increase compared to 2011 and an 18.5% increase compared to 2009. The mean number of graduates per program for this category was 16 in 2012 and 2011, 15 in 2010, and 14 in 2009.

The 76 programs offered in technical or vocational schools accounted for 24.6% of the total number of graduates in 2012. This represents a 7.8% decrease compared to 2011. In contrast, there was a 24.7% increase between 2009 and 2011. The mean number of graduates per program for this category was 26 in 2012, 29 in 2011, 26 in 2010, and 21 in 2009.

The 12 programs offered in academic HSC/medical centers accounted for 1.9% of the total number of graduates in 2012. This represents a 36.9% increase compared to 2011. In contrast, there was a 9.0% decrease between 2009 and 2011. The mean number of graduates per program for this category was 13 in 2012, 9 in 2011, and 10 in 2010 and 2009.

The 7 programs offered in career or technical colleges accounted for 1.9% of the total number of graduates in 2012. This represents a 15.6% decrease compared to 2011. In contrast, a 0.6% increase occurred between 2010 and 2011. The mean number of graduates per program for this category was 22 in 2012, 20 in 2011 and 2010, and 21 in 2009.

The 2 programs offered in the U.S. military accounted for 1.2% of the total number of graduates in 2012. This represents a 52.4% increase compared to 2011 and a 433.3% increase compared to 2009. The mean number of graduates per program for this category was 48 in 2012, 32 in 2011, 13 in 2010, and 9 in 2009.

RC Graduates by Institutional Control/Funding

Table 17 –RC Graduates by Institutional Control/Funding between 2009 and 2012

Institutional Control/Funding	2012 Graduates (N=450)		2011 Graduates (N=446)		2010 Graduates (N=433)		2009 Graduates (N=433)	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Public/Not-For-Profit	**5,440**	15	**5,300**	15	**5,228**	15	**5,126**	15
Private/For-Profit (Proprietary)	**1,796**	32	**2,370**	38	**2,190**	35	**1,717**	28
Private/Not-For-Profit	**800**	21	**357**	11	**362**	11	**349**	11
Federal Government	**96**	48	**63**	32	**25**	13	**18**	9

Table 17 shows the number respiratory care graduates by institutional control/funding. The 352 programs under control of/funded by public/not-for-profit institutions accounted for 66.9% of the total number of respiratory care graduates in 2012. This represents the largest category and is a 2.6% increase compared to 2011 as well as a 6.1% increase compared to 2009. The mean number of graduates per program for this category was 15 in 2012, 2011, 2010, and 2009.

The 57 programs under control of/funded by private/for-profit (proprietary) institutions accounted for 22.1% of the total number of respiratory care graduates in 2012. This represents a 24.2% decrease compared to 2011. In contrast, there was an 8.2% increase for this category between 2011 and 2010. The mean number of graduates per program for this category was 32 in 2012, 38 in 2011, 35 in 2010, and 28 in 2009.

The 39 programs under control of/funded by private/not-for-profit institutions accounted for 9.8% of the total number of respiratory care graduates in 2012. This represents a 124.1% increase compared to 2011. In contrast, there was a 1.4% decrease for this category between 2011 and 2010. One factor contributing to this large increase was the change of a few for-profit programs to a not-for-profit status. The mean number of graduates per program for this category was 21 in 2012 and 11 in 2011, 2010, and 2009.

The 2 programs under control/funded by the federal government accounted for 1.2% of the total number of respiratory care graduates in 2012. This represents a 52.4% increase compared to 2011 and a 433.3% increase compared to 2009. The mean number of graduates per program for this category was 48 in 2012, 32 in 2011, 13 in 2010, and 9 in 2009.

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

Table 18 provides data on respiratory care graduates for 2009-2012 by state and degree offered. California graduated the largest number of students (18.2% of total) in 2012.

Table 18 –RC Graduates by State (including D.C.) and Degree between 2009 and 2012

State (# of programs in 2012)	Degree	2012 Graduates (N=450)	2011 Graduates (N=446)	2010 Graduates (N=433)	2009 Graduates (N=433)
AL (n=6)	**Total**	**104**	**129**	**124**	**112**
4	Associate	59	80	79	77
2	Baccalaureate	45	49	45	35
AR (n=12)	**Total**	**98**	**88**	**62**	**61**
9	Associate	75	66	48	40
3	Baccalaureate	23	22	14	21
AZ (n=7)	**Total**	**298**	**338**	**340**	**335**
7	Associate	298	338	340	335
0	Baccalaureate	0	0	0	0
CA (n=39)	**Total**	**1476**	**1284**	**1277**	**1015**
38	Associate	1463	1277	1269	1004
1	Baccalaureate	13	7	8	11
CO (n=5)	**Total**	**110**	**108**	**116**	**80**
5	Associate	110	108	116	80
0	Baccalaureate	0	0	0	0
CT (n=5)	**Total**	**81**	**64**	**64**	**63**
4	Associate	66	53	50	57
1	Baccalaureate	15	11	14	6
DC (n=1)	**Total**	**8**	**8**	**11**	**20**
1	Associate	8	8	11	20
0	Baccalaureate	0	0	0	0
DE (n=2)	**Total**	**27**	**26**	**25**	**15**
2	Associate	27	26	25	15
0	Baccalaureate	0	0	0	0
FL (n=25)	**Total**	**460**	**668**	**484**	**444**
24	Associate	435	660	473	424
1	Baccalaureate	25	8	11	20
GA (n=15)	**Total**	**231**	**237**	**238**	**193**
11	Associate	159	176	166	120
3	Baccalaureate	72	27	37	37
1	Masters	0	34	35	36
HI (n=1)	**Total**	**15**	**12**	**11**	**14**
1	Associate	15	12	11	14
0	Baccalaureate	0	0	0	0

State (# of programs in 2012)	Degree	2012 Graduates (N=450)	2011 Graduates (N=446)	2010 Graduates (N=433)	2009 Graduates (N=433)
IA (n=6)	**Total**	**79**	**73**	**66**	**69**
6	Associate	79	73	66	69
0	Baccalaureate	0	0	0	0
ID (n=3)	**Total**	**58**	**59**	**32**	**36**
2	Associate	36	59	32	36
1	Baccalaureate	22	0	0	0
IL (n=14)	**Total**	**248**	**227**	**245**	**252**
12	Associate	227	219	245	252
1	Baccalaureate	21	8	0	0
1	Masters	0	8	0	0
IN (n=11)	**Total**	**171**	**184**	**174**	**163**
10	Associate	150	158	146	139
1	Baccalaureate	21	26	28	24
KS (n=9)	**Total**	**109**	**92**	**83**	**110**
8	Associate	95	85	73	103
1	Baccalaureate	14	7	10	7
KY (n=14)	**Total**	**174**	**139**	**160**	**170**
13	Associate	163	127	146	158
1	Baccalaureate	11	12	14	12
LA (n=11)	**Total**	**113**	**112**	**87**	**88**
9	Associate	98	101	71	70
2	Baccalaureate	15	11	16	18
MA (n=7)	**Total**	**102**	**88**	**105**	**73**
7	Associate	102	88	105	73
0	Baccalaureate	0	0	0	0
MD (n=8)	**Total**	**122**	**127**	**109**	**96**
6	Associate	100	91	86	69
2	Baccalaureate	22	36	23	27
ME (n=2)	**Total**	**26**	**24**	**24**	**21**
2	Associate	26	24	24	21
0	Baccalaureate	0	0	0	0
MI (n=13)	**Total**	**244**	**273**	**278**	**236**
13	Associate	244	273	278	236
0	Baccalaureate	0	0	0	0
MN (n=5)	**Total**	**79**	**57**	**65**	**70**
3	Associate	57	43	46	48
2	Baccalaureate	22	14	19	22
MO (n=12)	**Total**	**154**	**173**	**173**	**135**
10	Associate	143	159	161	122
2	Baccalaureate	11	14	12	13

State (# of programs in 2012)	Degree	2012 Graduates (N=450)	2011 Graduates (N=446)	2010 Graduates (N=433)	2009 Graduates (N=433)
MS (n=8)	**Total**	**96**	**88**	**95**	**91**
8	Associate	96	88	95	91
0	Baccalaureate	0	0	0	0
MT (n=2)	**Total**	**18**	**25**	**18**	**14**
2	Associate	18	25	18	14
0	Baccalaureate	0	0	0	0
NC (n=14)	**Total**	**184**	**176**	**182**	**165**
14	Associate	184	176	182	165
0	Baccalaureate	0	0	0	0
ND (n=3)	**Total**	**14**	**18**	**22**	**23**
0	Associate	0	0	0	0
2	Baccalaureate	14	9	11	11
1	Masters	0	9	11	12
NE (n=4)	**Total**	**66**	**46**	**57**	**47**
3	Associate	58	40	52	44
1	Baccalaureate	8	6	5	3
NH (n=1)	**Total**	**9**	**10**	**11**	**11**
1	Associate	9	10	11	11
0	Baccalaureate	0	0	0	0
NJ (n=7)	**Total**	**109**	**116**	**93**	**106**
5	Associate	109	97	77	87
2	Baccalaureate	0	19	16	19
NM (n=6)	**Total**	**77**	**87**	**73**	**79**
6	Associate	77	87	73	79
0	Baccalaureate	0	0	0	0
NV (n=3)	**Total**	**80**	**128**	**107**	**110**
3	Associate	80	128	107	110
0	Baccalaureate	0	0	0	0
NY (n=13)	**Total**	**284**	**247**	**244**	**241**
10	Associate	217	192	183	181
3	Baccalaureate	67	55	61	60
OH (n=22)	**Total**	**375**	**386**	**383**	**385**
18	Associate	298	305	306	311
4	Baccalaureate	77	81	77	74
OK (n=7)	**Total**	**88**	**99**	**104**	**91**
7	Associate	88	99	104	91
0	Baccalaureate	0	0	0	0

State (# of programs in 2012)	Degree	2012 Graduates (N=450)	2011 Graduates (N=446)	2010 Graduates (N=433)	2009 Graduates (N=433)
OR (n=4)	**Total**	**85**	**92**	**64**	**61**
3	Associate	74	92	49	45
1	Baccalaureate	11	0	15	16
PA (n=28)	**Total**	**343**	**292**	**293**	**338**
23	Associate	292	235	233	280
5	Baccalaureate	51	46	43	44
RI (n=2)	**Total**	**15**	**24**	**15**	**20**
2	Associate	15	24	15	20
0	Baccalaureate	0	0	0	0
SC (n=7)	**Total**	**85**	**92**	**77**	**79**
7	Associate	85	92	77	79
0	Baccalaureate	0	0	0	0
SD (n=2)	**Total**	**20**	**15**	**13**	**21**
2	Associate	20	15	13	21
0	Baccalaureate	0	0	0	0
TN (n=11)	**Total**	**187**	**174**	**134**	**144**
8	Associate	139	131	93	102
3	Baccalaureate	48	43	41	42
TX (n=38)	**Total**	**650**	**680**	**632**	**697**
33	Associate	553	591	540	603
5	Baccalaureate	97	89	92	94
UT (n=7)	**Total**	**287**	**241**	**331**	**176**
3	Associate	244	224	268	155
4	Baccalaureate	43	17	63	21
VA (n=7)	**Total**	**127**	**131**	**146**	**126**
5	Associate	94	112	126	97
2	Baccalaureate	33	19	20	29
VT (n=1)	**Total**	**14**	**10**	**14**	**18**
1	Associate	14	10	14	18
0	Baccalaureate	0	0	0	0
WA (n=5)	**Total**	**101**	**94**	**114**	**84**
5	Associate	101	94	114	84
0	Baccalaureate	0	0	0	0
WI (n=7)	**Total**	**109**	**116**	**109**	**100**
7	Associate	109	116	109	100
0	Baccalaureate	0	0	0	0
WV (n=6)	**Total**	**88**	**88**	**87**	**78**
4	Associate	73	68	77	60
2	Baccalaureate	15	20	10	18
WY (n=1)	**Total**	**7**	**7**	**7**	**11**
1	Associate	7	7	7	11
0	Baccalaureate	0	0	0	0

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."* [4] 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. 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. The CoARC defines fundamental respiratory care core coursework as '*professional coursework progressing toward completion of the respiratory care program'*, and the commencement of this coursework determines when students are formally admitted into the program. *Academic attrition* is due to failure to meet grades or other programmatic competencies (e.g. ethics, professionalism, behavioral) or violation of an academic policy that results in a student's expulsion from the program. *Non-Academic* attrition is due to reasons other than those defined in Academic (financial hardship, medical, family, deployment, changing course of study, relocation, etc.).

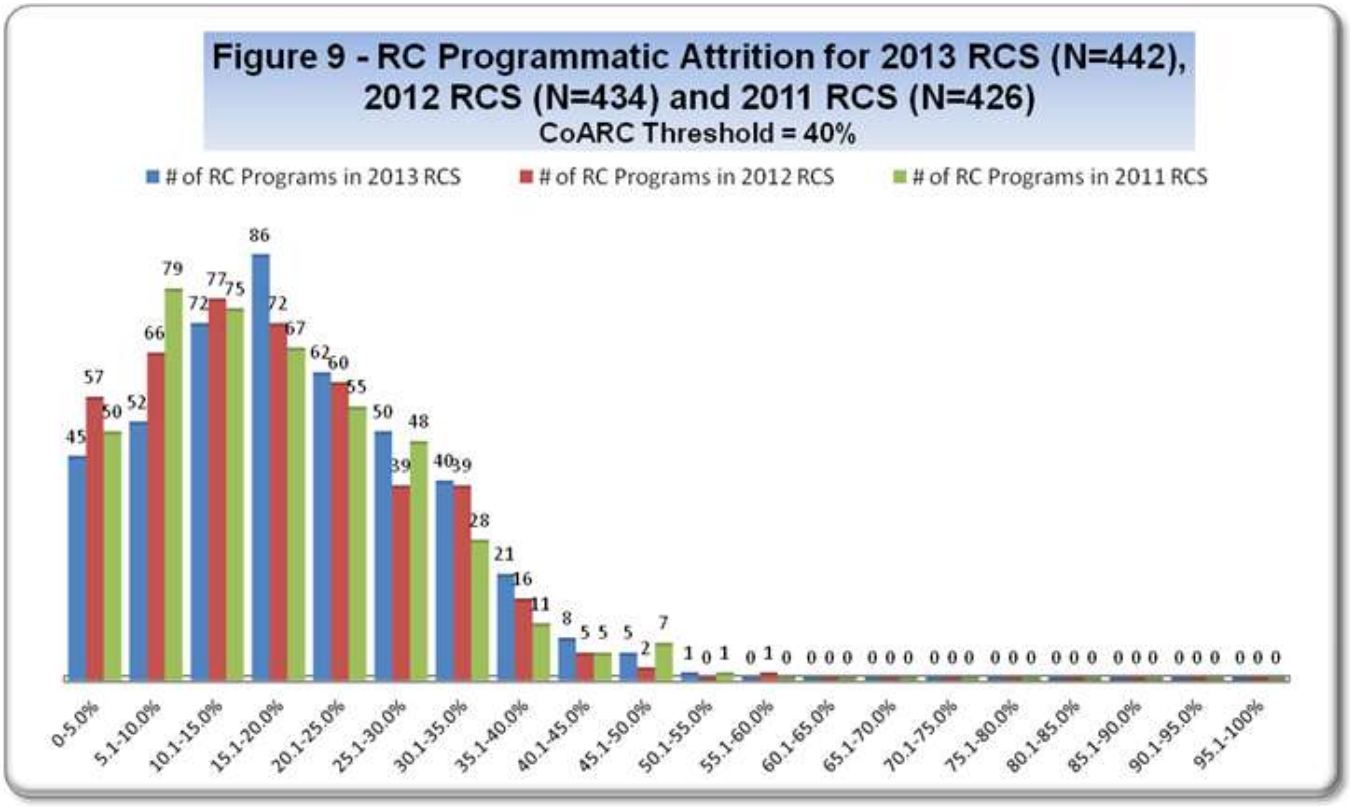
Table 19 – RC Programmatic Attrition for 2011, 2012, and 2013

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Above Threshold
2011 RCS Data from 1/1/08 to 12/31/10 (N=426)	17.0% (10.7)	52.0%	0%	40%	**13**
2012 RCS Data from 1/1/09 to 12/31/11 (N=434)	17.4% (10.7)	55.0%	0%	40%	**8**
2013 RCS Data from 1/1/10 to 12/31/12 (N=442)	19.1% (10.9)	50.9%	0%	40%	**14**

2013 RCS data on programmatic attrition (**Table 19 and Figure 9**) show a total of 442 programs reporting programmatic attrition rates. Eight programs did not have any attrition data to report for the 2013 RCS. The mean attrition rate was 19.1% with the highest rate of 50.9% (n=1) and the lowest rate of 0% (n=19). A total of 14 programs (3.2% 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 2012 RCS data on programmatic attrition rates, the 2013 RCS data shows an increase in the mean attrition rate from 17.4% to 19.1%. The number of programs reporting the highest attrition rate remained at 1. The number of programs reporting the lowest attrition (0%) increased by 6. The number of programs reporting attrition rates above the CoARC-established threshold increased from 1.8% of the total programs reporting attrition data in the 2012 RCS to 3.2% of total programs reporting attrition data in the 2013 RCS.

[4] 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."



Not included in **Table 19 and Figure 9** are the attrition data for the 7 sleep specialist program options. There were a total of 7 program options reporting attrition data in the 2013 RCS. The mean attrition rate was 8.5% (11% for the 2012 RCS) with the highest rate of 16.7% (30.8% for the 2012 RCS) and the lowest rate of 0% (same for the 2012 RCS). 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 20 – RC Programmatic Attrition by Degree Offered for 2013, 2012 and 2011 RCS

Degree Offered (N=442)	2013 RCS Mean Attrition (# of programs above CoARC threshold)	Degree Offered (N=434)	2012 RCS Mean Attrition (# of programs above CoARC threshold)	Degree Offered (N=426)	2011 RCS Mean Attrition (# of programs above CoARC threshold)
Associate (n=382)	20.0% **(12)**	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 (n=57)	13.5% **(2)**	Baccalaureate only (n=51)	12.0%	Baccalaureate only (n=49)	12.3%
Masters (n=3)	11.1%	Baccalaureate & Masters (n=3)	17.1%	Baccalaureate & Masters (n=2)	21.1%

Table 20 compares programmatic attrition data by degree offered between the 2013 RCS, 2012 RCS and 2011 RCS. RC Programs offering the Associate degree demonstrated the highest mean attrition rate (20.0%) in the 2013 RCS. RC Programs offering the Master's degree demonstrated the lowest mean attrition rate (11.1%) in the 2013 RCS. When compared to the 2011 RCS data, the mean attrition rate for programs offering the Associate degree increased from 17.8% to 20.0%. Similarly, the mean attrition rate for programs offering the Baccalaureate degree increased from 12.3% to 13.5%. Conversely, the mean attrition rate for programs offering the Master's degree decreased from 21.1% to 11.1% (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 2013 RCS, 5 of the 14 programs above the CoARC threshold of 40% offered the AAS degree and the other seven offered the AS degree. 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 21 – RC Programmatic Attrition by Institutional Type for 2013, 2012 and 2011 RCS

2013 RCS		2012 RCS		2011 RCS	
Institutional Type (N=442)	Mean Attrition **(# of programs above CoARC threshold)**	**Institutional Type (N=434)**	Mean Attrition **(# of programs above CoARC threshold)**	**Institutional Type (N=426)**	Mean Attrition **(# of programs above CoARC threshold)**
Four-Year College or University (n=95)	15.1%	Four-Year College or University (n=93)	13.4%	Four-Year College or University (n=91)	13.3%
Career or Technical College (n=7)	16.6%	Career or Technical College (n=9)	16.1%	Career or Technical College (n=7)	12.7%
Community College or Junior College (n=252)	20.3% **(9)**	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)	20.6% **(2)**	Academic HSC/Medical Center (n=12)	19.7%	Academic HSC/Medical Center (n=12)	24.3% **(1)**
Technical or Vocational School (n=74)	20.6% **(3)**	Technical or Vocational School (n=71)	19.1% **(2)**	Technical or Vocational School (n=68)	17.7% **(3)**
U.S. Military (n=2)	10.2%	U.S. Military (n=2)	5.6%	U.S. Military (n=2)	1.6%

Table 21 compares programmatic attrition data by institutional type between the 2013 RCS, 2012 RCS and 2011 RCS. All institutional types demonstrated an increase in mean attrition rate in the 2013 RCS compared to 2012 RCS data. RC Programs located in Academic HSC/Medical Centers and Technical or Vocational Schools demonstrated the highest mean attrition rate of 20.6% in the 2013 RCS. RC Programs located at U.S. Military facilities continued to demonstrate the lowest attrition rate for the 2013, 2012, and 2011 RCS.

For the 2013 RCS, 9 of the 14 programs above the CoARC threshold of 40% were located at a Community College or Junior College. Three programs were located at a Technical or Vocational School. The remaining 2 programs were located at an Academic HSC/Medical Center. 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 22 – RC Programmatic Attrition by Institutional Control for 2013, 2012 and 2011 RCS

Institutional Control (N=442)	2013 RCS Mean Attrition (# of programs above CoARC threshold)	Institutional Control (N=434)	2012 RCS Mean Attrition (# of programs above CoARC threshold)	Institutional Control (N=426)	2011 RCS Mean Attrition (# of programs above CoARC threshold)
Public/Not-For-Profit (n=348)	19.3% **(11)**	Public/Not-For-Profit (n=345)	17.4% **(7)**	Public/Not-For-Profit (n=340)	17.3% **(12)**
Private/For-Profit (Proprietary) (n=54)	21.0% **(3)**	Private/For-Profit (Proprietary) (n=55)	19.7% **(1)**	Private/For-Profit (Proprietary) (n=52)	17.7% **(1)**
Private/Not-For-Profit (n=38)	15.1%	Private/Not-For-Profit (n=32)	14.2%	Private/Not-For-Profit (n=32)	13.2%
Federal Government (n=2)	10.2%	Federal Government (n=2)	5.6%	Federal Government (n=2)	1.6%

Table 22 compares programmatic attrition data by institutional control/funding between the 2013 RCS, 2012 RCS, and 2011 RCS. All categories demonstrated an increase in mean attrition rate in the 2013 RCS compared to the 2012 and 2011 RCS data. Programs under control/funded by private/for-profit (proprietary) institutions continued to demonstrate the highest mean attrition rate, at 21.0% for the 2013 RCS. RC Programs under control/funded by the federal government continued to demonstrate the lowest mean attrition rate at 10.2%.

For the 2013 RCS, 11 of the 14 programs above the CoARC threshold of 40% were under control of/funded by Public/Not-For-Profit institutions. The remaining three programs were under control of/funded by Private/For-Profit (Proprietary) institutions. For the 2012 RCS, 7 of the 8 programs above the CoARC threshold of 40% were under control of/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.

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."*[5]

Table 23 – RC Positive (Job) Placement for 2011, 2012, and 2013

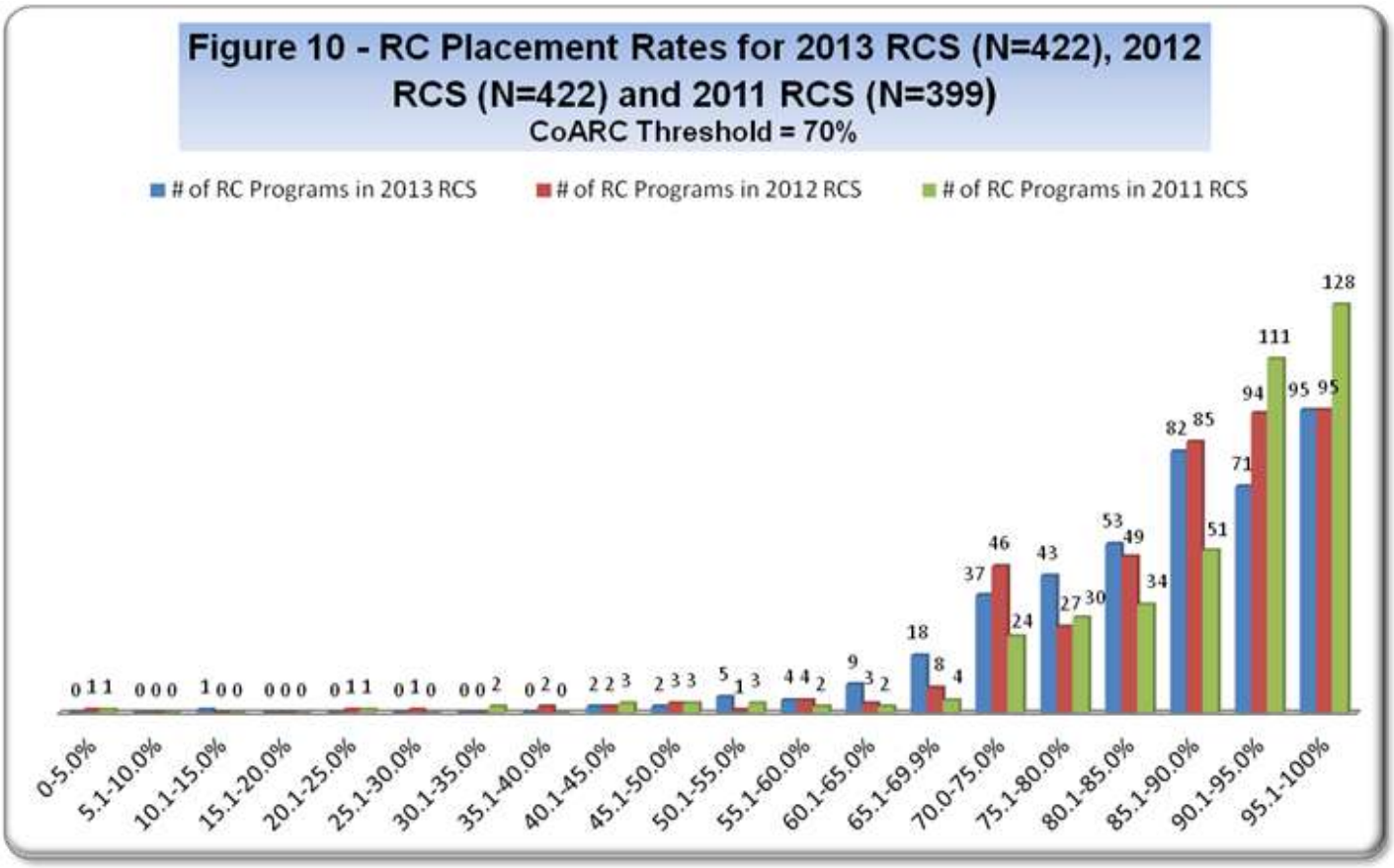
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2011 RCS Data from 1/1/08 to 12/31/10 (N=399)	88.5% (12.7)	100%	0%	70%	**21**
2012 RCS Data from 1/1/09 to 12/31/11 (N=422)	86.2% (12.5)	100%	0%	70%	**24**
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	85.3% (11.7)	100%	13.8%	70%	**41**

2013 RCS data on positive (job) placement (**Table 23 and Figure 10**) show a total of 422 programs reporting positive placement rates. Twenty-eight programs (25 new and 3 discontinued) did not have any placement data to report for the 2013 RCS. The mean placement rate decreased to 85.3% with the highest rate of 100% (n = 35) and the lowest rate of 13.8% (n=1). A total of 41 programs (9.7% 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 2012 RCS data on placement rates, (**Table 23 and Figure 10**), the 2013 RCS data shows a 0.9% decrease in the mean placement rate. The number of programs reporting the lowest placement remained at 1, while the number of programs reporting the highest placement rate (100%) decreased from 64 (2011 RCS) to 42 (2012 RCS) to 35 (2013 RCS). The number of programs reporting placement rates below the CoARC-established threshold increased to 5.3% of total programs in the 2011 RCS to 5.7% in the 2012 RCS, and finally to 9.7% in the 2013 RCS.

Not included in **Table 23** and **Figure 10** are the placement data for the 7 sleep specialist program options. There were a total of 7 program options reporting placement data in the 2013 RCS. The mean placement rate was 89.3% (96.5% for the 2012 RCS) with the highest rate of 100% (same for the 2012 RCS) and the lowest rate of 50.0% (90.9% for the 2012 RCS). Six of the 7 program options reported placement rates above the CoARC-established threshold of 70%.

[5] 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)."*



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

Table 24 – RC Positive (Job) Placement by Degree Offered for 2013, 2012 and 2011 RCS

Degree Offered (N=422)	2013 RCS Mean Placement (# of programs below CoARC threshold)	Degree Offered (N=422)	2012 RCS Mean Placement (# of programs below CoARC threshold)	Degree Offered (N=399)	2011 RCS Mean Placement (# of programs below CoARC threshold)
Associate (n=367)	84.2% **(40)**	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 (n=55)	92.3% **(1)**	Baccalaureate only (n=51)	92.8% **(1)**	Baccalaureate only (n=48)	92.1% **(2)**
Masters (n=0)	N/A	Baccalaureate & Masters (n=3)	94.8%	Baccalaureate & Masters (n=1)	90.4%

Table 24 compares positive placement data by degree offered between the 2013 RCS, 2012 RCS, and 2011 RCS. RC Programs offering a Baccalaureate degree and RC Programs offering Associate degree showed decreases in mean placement rates when compared to 2012 RCS data. RC Programs offering the Baccalaureate degree demonstrated the highest mean placement rate (92.3%) in this category for the 2013 RCS. RC Programs offering the Associate degree continued to demonstrate the lowest mean placement rate at 84.2% in this category for the 2013 RCS. **Note: In this year's report, the six programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered was assigned a different CoARC number, so the data no longer reports combined degrees as was the case in the 2012 and 2011 Reports on Accreditation. Programs with Master's degree graduates will be able to provide more accurate data for this category under a new CoARC Program number beginning with the submission of the 2014 RCS.*

For the 2013 RCS, 40 of the 41 programs below the CoARC threshold of 70% offered the Associate degree (1 AOS degree program, 7 AAS degree programs and 32 AS degree programs). The remaining program offered the Baccalaureate degree. 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). The remaining 2 programs offered the Baccalaureate degree.

Table 25 – RC Positive (Job) Placement by Institutional Type for 2013, 2012 and 2011 RCS

2013 RCS		2012 RCS		2011 RCS	
Institutional Type (N=422)	Mean Placement **(# of programs below CoARC threshold)**	**Institutional Type (N=422)**	Mean Placement **(# of programs below CoARC threshold)**	**Institutional Type (N=399)**	Mean Placement **(# of programs below CoARC threshold)**
Four-Year College or University (n=90)	88.6% **(4)**	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=7)	85.5%	Career or Technical College (n=8)	84.8% **(1)**	Career or Technical College (n=6)	89.0%
Community College or Junior College (n=245)	85.8% **(20)**	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=11)	94.0%	Academic HSC/Medical Center (n=12)	98.3%	Academic HSC/Medical Center (n=10)	97.7%
Technical or Vocational School (n=67)	76.9% **(17)**	Technical or Vocational School (n=66)	75.9% **(9)**	Technical or Vocational School (n=57)	81.5% **(6)**
U.S. Military (n=2)	97.3%	U.S. Military (n=2)	93.7%	U.S. Military (n=1)	100%

Table 25 compares positive placement data by institutional type between the 2013 RCS, 2012 RCS, and 2011 RCS. RC Programs located in the U.S. Military demonstrated the highest mean placement rate (97.3%) in the 2013 RCS. RC Programs located in Technical or Vocational Schools continued to demonstrate the lowest mean placement rate at 76.9%. RC Programs located in Career or Technical Colleges, Technical or Vocational Schools, and the U.S. Military demonstrated an increase in mean placement rate when compared to the 2012 RCS data while RC Programs located in Four-Year Colleges or Universities, Community or Junior Colleges, and Academic HSC/Medical Centers demonstrated a decrease in mean placement rate when compared to the 2012 RCS data.

For the 2013 RCS, 20 of the 41 programs below the CoARC threshold of 70% were located at a Community College or Junior College. Seventeen programs were located at a Technical or Vocational School. Four programs were located at a Four-Year College or University. 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 26 – RC Positive (Job) Placement by Institutional Control for 2013, 2012 and 2011 RCS

Institutional Control (N=422)	2013 RCS Mean Placement (# of programs below CoARC threshold)	Institutional Control (N=422)	2012 RCS Mean Placement (# of programs below CoARC threshold)	Institutional Control (N=399)	2011 RCS Mean Placement (# of programs below CoARC threshold)
Public/Not-For-Profit (n=339)	86.8% **(20)**	Public/Not-For-Profit (n=338)	87.8% **(12)**	Public/Not-For-Profit (n=330)	89.4% **(14)**
Private/For-Profit (Proprietary) (n=47)	73.3% **(16)**	Private/For-Profit (Proprietary) (n=50)	73.7% **(9)**	Private/For-Profit (Proprietary) (n=41)	79.6% **(5)**
Private/Not-For-Profit (n=34)	85.6% **(5)**	Private/Not-For-Profit (n=32)	88.7% **(3)**	Private/Not-For-Profit (n=27)	89.4% **(2)**
Federal Government (n=2)	97.3%	Federal Government (n=2)	93.7%	Federal Government (n=1)	100%

Table 26 compares positive placement data by institutional control/funding between the 2013 RCS, 2012 RCS, and 2011 RCS. Only RC Programs under control of/funded by the federal government demonstrated an increase in mean placement rate when compared to the 2012 RCS data. RC Programs under control of/funded by the federal government also continued to demonstrate the highest mean placement rate at 97.3%. RC Programs under control of/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest mean placement rate at 73.3%.

For the 2013 RCS, 20 of the 41 programs below the CoARC threshold of 70% were under control of/funded by Public/Not-For-Profit institutions. Sixteen programs were under control of/funded by Private/For-Profit (Proprietary) institutions. The remaining 5 programs were under control of/funded by Private/Not-For-Profit institutions. For the 2012 RCS, 12 of the 24 programs below the CoARC threshold of 70% were under control of/funded by Public/Not-For-Profit institutions. Nine programs were under control of/funded by Private/For-Profit (Proprietary) institutions. The remaining 3 programs were under control of/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 of/funded by Public/Not-For-Profit institutions. Five programs were under control of/funded by Private/For-Profit (Proprietary) institutions. The remaining 2 programs were under control of/funded by Private/Not-For-Profit institutions.

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 2013 and 2012 RCS, this calculation excludes graduates who have previously earned the CRT credential prior to matriculation into the program (i.e., advanced placement)[6]. This calculation includes baccalaureate and graduate students earning the CRT credential in CoARC-accredited programs approved to grant special certificates of completion for CRT/RRT eligibility under CoARC policy 13.0. *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 Examination administered by the NBRC is designed to objectively measure the 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.

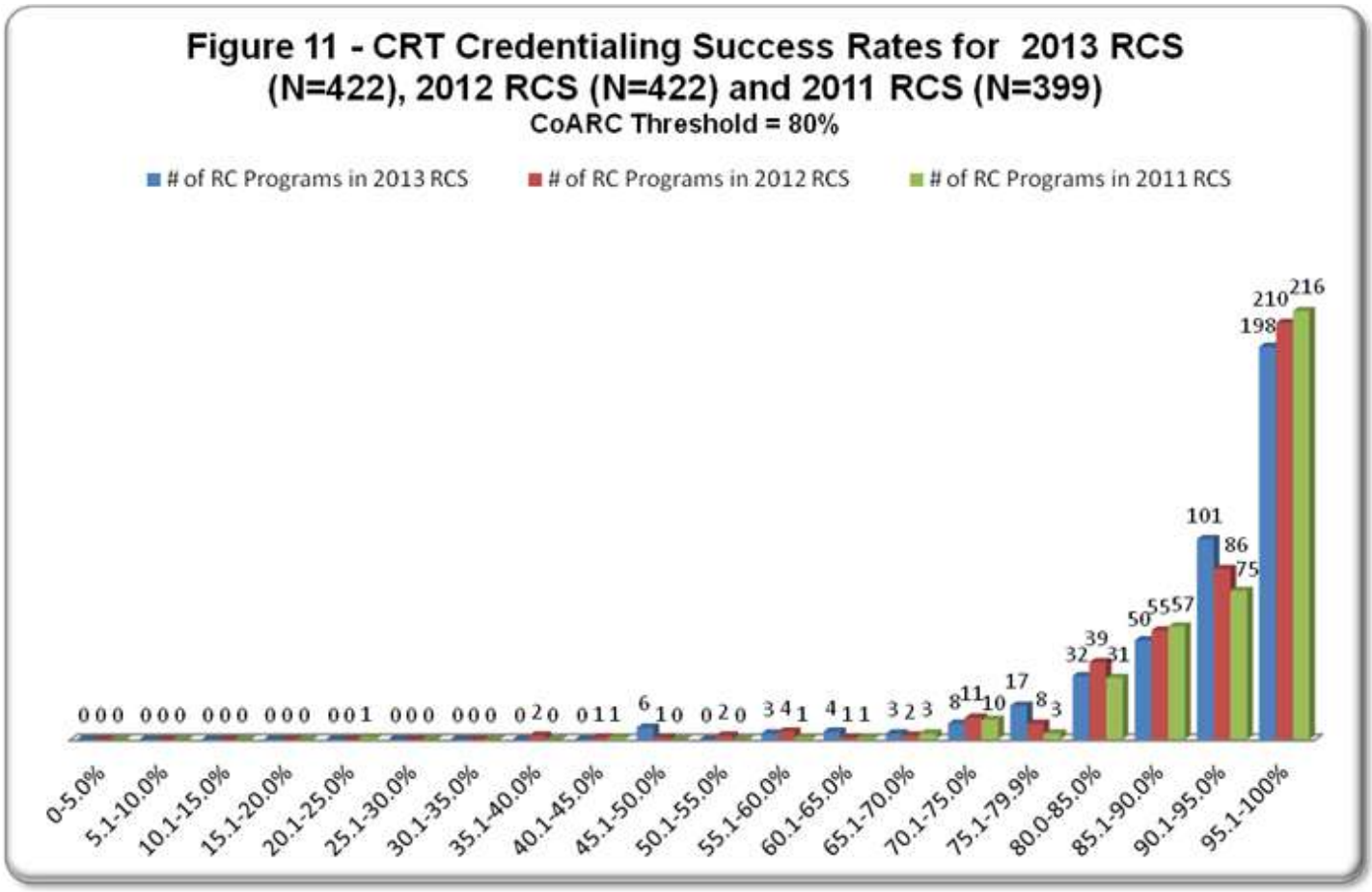
Table 27 – CRT Credentialing Success for 2011, 2012, and 2013

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2011 RCS Data from 1/1/08 to 12/31/10 (N=399)	93.1% (8.6)	100%	27.3%	80%	**20**
2012 RCS Data from 1/1/09 to 12/31/11 N=422)	92.1% (9.6)	100%	39.4%	80%	**32**
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	91.8% (9.7)	100%	45.5%	80%	**41**

2013 RCS data on CRT credentialing success (**Table 27 and Figure 11**) show a total of 422 programs reporting credentialing success. Twenty-eight programs (25 new and 3 discontinued) did not have any CRT credentialing success data to report for the 2013 RCS. The mean CRT credentialing success was 91.8% with the highest rate of 100% (n=104) and the lowest rate of 45.5% (n=1). A total of 41 programs (9.7% 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.

[6] 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.

When compared to the 2012 RCS data on CRT credentialing success rates (**Table 27 and Figure 11**), the 2013 RCS data shows a 0.9% decrease in the mean CRT credentialing success rate. The number of programs reporting the lowest CRT credentialing success remained at 1 with the lowest mean CRT credentialing success rate increasing to 45.5% from 39.4%. The number of programs reporting the highest CRT credentialing success rate (100%) decreased slightly from 110 (2012 RCS) to 104 (2013 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, and finally to 9.7% of total programs reporting CRT credentialing success data in the 2013 RCS.



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

Table 28 –CRT Credentialing Success by Degree Offered for 2013, 2012 and 2011 RCS

Degree Offered (n=422)	2013 RCS Mean CRT Success (# of programs below CoARC threshold)	Degree Offered (n=422)	2012 RCS Mean CRT Success (# of programs below CoARC threshold)	Degree Offered (n=399)	2011 RCS Mean CRT Success (# of programs below CoARC threshold)
Associate (N=367)	91.1% (39)	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 (N=55)	96.3% (2)	Baccalaureate only (n=51)	96.1% (1)	Baccalaureate only (n=48)	95.3% (1)
Masters (N=0)	N/A	Baccalaureate & Masters (n=3)	98.3%	Baccalaureate & Masters (n=1)	97.1%

Table 28 compares CRT credentialing success data by degree offered between the 2013 RCS, 2012 RCS and 2011 RCS. RC Programs offering Baccalaureate degrees demonstrated the highest mean CRT credentialing success (96.3%) for the 2013 RCS. RC Programs offering the Associate degree demonstrated the lowest mean CRT credentialing success (91.1%) for the 2013 RCS. **Note: In this year's report, the six programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered was assigned a different CoARC number, so the data no longer reports combined degrees as was the case in the 2012 and 2011 Reports on Accreditation. Programs with Master's degree graduates will be able to provide more accurate data for this category under a new CoARC Program number beginning with the submission of the 2014 RCS.*

For the 2013 RCS, 39 of the 41 programs below the CoARC threshold of 80% offered the Associate degree (13 AAS degree programs, 25 AS degree programs, and 1 AST degree program). The remaining 2 programs offered the Baccalaureate degree. For the 2012 RCS, 31 of the 32 programs below the CoARC threshold of 80% offered the Associate degree (11 AAS degree programs and 25 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 29 – CRT Credentialing Success by Institutional Type for 2013, 2012 and 2011 RCS

Institutional Type (N=422)	2013 RCS Mean CRT Success (# of programs below CoARC threshold)	Institutional Type (N=422)	2012 RCS Mean CRT Success (# of programs below CoARC threshold)	Institutional Type (N=399)	2011 RCS Mean CRT Success (# of programs below CoARC threshold)
Four-Year College or University (n=90)	94.4% **(4)**	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=7)	93.0%	Career or Technical College (n=8)	88.3% **(1)**	Career or Technical College (n=6)	91.8%
Community College or Junior College (n=245)	92.2% **(20)**	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=11)	97.6%	Academic HSC/Medical Center (n=12)	97.7%	Academic HSC/Medical Center (n=10)	98.4%
Technical or Vocational School (n=67)	86.0% **(16)**	Technical or Vocational School (n=66)	85.2% **(14)**	Technical or Vocational School (n=57)	88.8% **(7)**
U.S. Military (n=2)	79.0% **(1)**	U.S. Military (n=2)	86.6%	U.S. Military (n=1)	86.8%

Table 29 compares CRT credentialing success data by institutional type between the 2013 RCS, 2012 RCS, and 2011 RCS. RC Programs located in Academic HSC/Medical Centers continued to demonstrate the highest mean CRT credentialing success at 97.6% or the 2013 RCS. RC Programs located in Technical or Vocational Schools demonstrated the lowest mean CRT credentialing success for the 2013 RCS. All categories with the exception of Four-Year Colleges or Universities, showed slight decreases in mean CRT credentialing success when compared to the 2011 RCS. For the 2013 RCS, mean CRT credentialing success increased only for RC Programs located in Technical or Vocational Schools and RC Programs located in Career or Technical Colleges.

For the 2013 RCS, 20 of the 41 programs below the CoARC threshold of 80% were located at a Community College or Junior College. Sixteen programs were located at a Technical or Vocational School. Four programs were located at a Four-Year College or University. The remaining program was located at a U.S. Military institution. 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 30 – CRT Credentialing Success by Institutional Control for 2013, 2012 and 2011 RCS

Institutional Control (N=422)	2013 RCS Mean CRT Success (# of programs below CoARC threshold)	Institutional Control (N=422)	2012 RCS Mean CRT Success (# of programs below CoARC threshold)	Institutional Control (N=399)	2011 RCS Mean CRT Success (# of programs below CoARC threshold)
Public/Not-For-Profit (n=339)	92.7% **(25)**	Public/Not-For-Profit (n=338)	93.2% **(17)**	Public/Not-For-Profit (n=330)	93.8% **(13)**
Private/For-Profit (Proprietary) (n=47)	86.0% **(10)**	Private/For-Profit (Proprietary) (n=50)	83.7% **(13)**	Private/For-Profit (Proprietary) (n=41)	88.0% **(6)**
Private/Not-For-Profit (n=34)	91.1% **(5)**	Private/Not-For-Profit (n=32)	93.5% **(2)**	Private/Not-For-Profit (n=27)	93.1% **(1)**
Federal Government (n=2)	79.0% **(1)**	Federal Government (n=2)	86.6%	Federal Government (n=1)	86.8%

Table 30 compares CRT credentialing success data by institutional control/funding between the 2013 RCS, 2012 RCS and 2011 RCS. Programs under control of/funded by Public/Not-For-Profit institutions demonstrated the highest mean CRT credentialing success at 92.7% for the 2013 RCS. Programs under control of/funded by the Federal Government demonstrated the lowest mean CRT credentialing success rate (79.0%) for the 2013 RCS. Each category, with the exception of Private/For-Profit (Proprietary), showed a decrease in mean CRT credentialing success for the 2013 RCS.

For the 2013 RCS, 25 of the 41 programs below the CoARC threshold of 80% were under control of/funded by Public/Not-For-Profit institutions. Ten programs were under control of/funded by Private/For-Profit (Proprietary) institutions. Five programs were under control of/funded by Private/Not-For-Profit institutions. The remaining program was under control of/funded by the Federal Government. For the 2012 RCS, 17 of the 32 programs below the CoARC threshold of 80% were under control of/funded by Public/Not-For-Profit institutions. Thirteen programs were under control of/funded by Private/For-Profit (Proprietary) institutions. The remaining 2 programs were under control of/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 of/funded by Public/Not-For-Profit institutions. Six programs were under control of/funded by Private/For-Profit (Proprietary) institutions. The remaining program was under control of/funded by a Private/Not-For-Profit institution.

RRT Credentialing Success

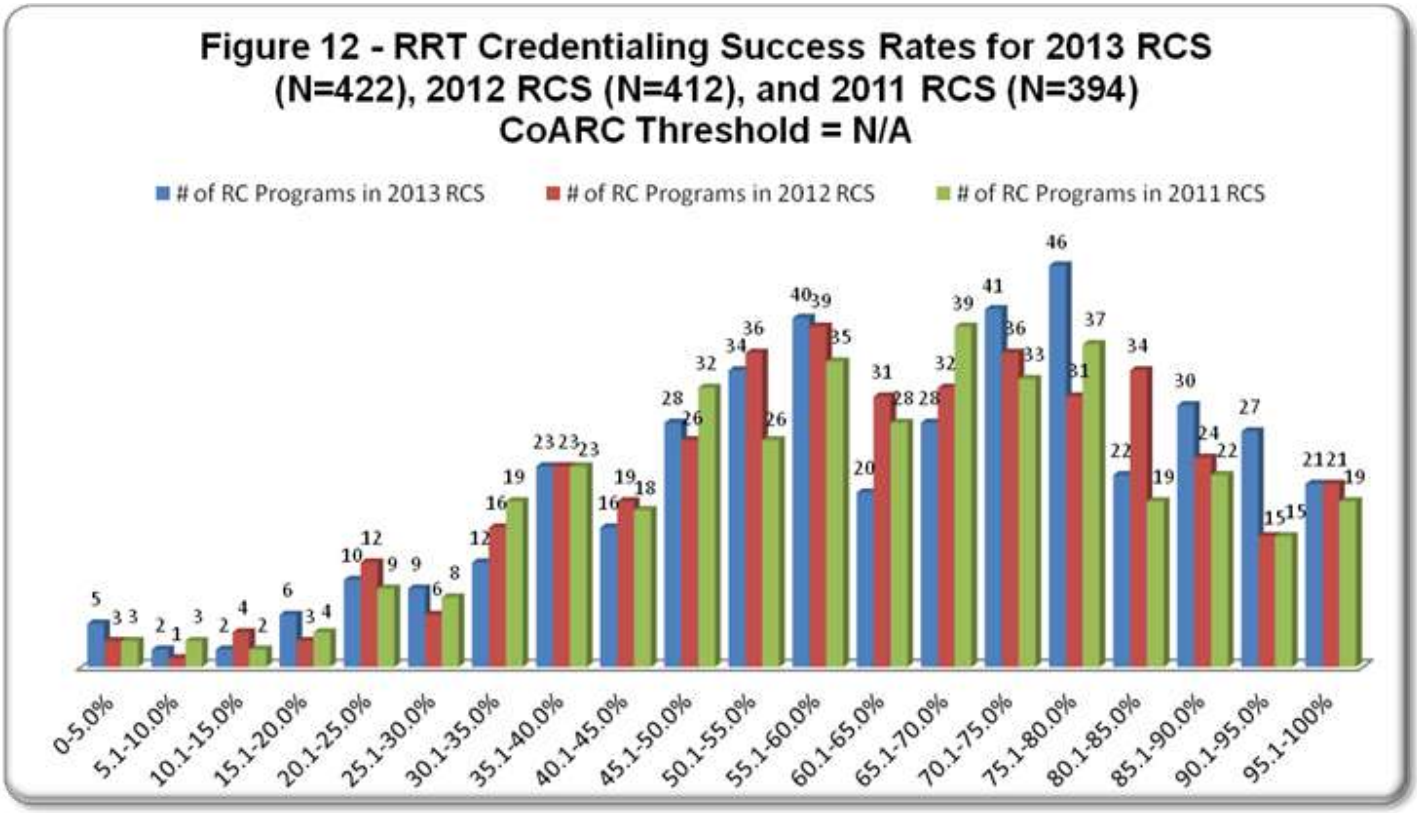
RRT Credentialing Success is defined as *"the percentage of graduates who obtain the RRT credential upon successful completion of the NBRC Written Registry Examination (WRE) and Clinical Simulation Examination (CSE) independent of the number of WRE or CSE exam attempts."* The calculation is derived by 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 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 31 – RRT Credentialing Success for 2011, 2012, and 2013

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold
2011 RCS Data from 1/1/08 to 12/31/10 (N=394)	61.2% (21.4)	100%	0%	N/A
2012 RCS Data from 1/1/09 to 12/31/11 (N=412)	62.2% (21.1)	100%	0%	N/A
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	63.4% (22.1)	100%	0%	N/A

2013 RCS data on RRT credentialing success (**Table 31 and Figure 12**) show a total of 422 programs reporting credentialing success. Twenty-eight programs (25 new and 3 discontinued) did not have any RRT credentialing success data to report for the 2013 RCS. The mean RRT credentialing success was 63.4% with the highest rate of 100% (n=13) and the lowest rate of 0% (n=4).

When compared to the 2012 RCS data on RRT credentialing success rates (**Table 31 and Figure 12**), the 2013 RCS data shows a 1.2% increase in the mean RRT credentialing success rate. The number of programs reporting the lowest RRT credentialing success increased from 3 to 4 with the lowest mean RRT credentialing success rate remaining at 0%. The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 for the 2012 RCS to 13 for the 2013 RCS.



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

Table 32 –RRT Credentialing Success by Degree Offered for 2013, 2012 and 2011 RCS

Degree Offered (N=422)	2013 RCS Mean RRT Success	Degree Offered (N=412)	2012 RCS Mean RRT Success	Degree Offered (N=394)	2011 RCS Mean RRT Success
Associate (n=367)	60.7%	Associate only (n=365)	59.7%	Associate only (n=336)	59.2%
		Associate & Baccalaureate (n=3)	58.3%	Associate & Baccalaureate (n=9)	69.1%
Baccalaureate (n=55)	81.1%	Baccalaureate only (n=51)	77.6%	Baccalaureate only (n=48)	73.1%
Masters (n=0)	N/A	Baccalaureate & Masters (n=3)	93.0%	Baccalaureate & Masters (n=1)	87.5%

Table 32 compares RRT credentialing success data by degree offered between the 2013 RCS, 2012 RCS and 2011 RCS. For the 2013 RCS, RC programs offering Baccalaureate degrees demonstrated the highest mean RRT credentialing success (81.1%). RC programs offering Associate degrees demonstrated the lowest mean RRT credentialing success (60.7%). Both categories continued to demonstrate an increase in mean RRT credentialing success when compared to previous RCS data. *_Note_: *In this year's report, the six programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered was assigned a different CoARC number, so the data*

no longer reports combined degrees as was the case in the 2012 and 2011 Reports on Accreditation. Programs with Master's degree graduates will be able to provide more accurate data for this category under a new CoARC Program number beginning with the submission of the 2014 RCS.

Table 33 – RRT Credentialing Success by Institutional Type for 2013, 2012 and 2011 RCS

Institutional Type (N=422)	2013 RCS Mean RRT Success	Institutional Type (N=412)	2012 RCS Mean RRT Success	Institutional Type (N=394)	2011 RCS Mean RRT Success
Four-Year College or University (n=90)	69.8%	Four-Year College or University (n=90)	69.5%	Four-Year College or University (n=85)	67.7%
Career or Technical College (n=7)	59.5%	Career or Technical College (n=7)	62.8%	Career or Technical College (n=6)	58.6%
Community College or Junior College (n=245)	63.3%	Community College or Junior College (n=239)	61.0%	Community College or Junior College (n=236)	60.1%
Academic HSC/Medical Center (n=11)	88.8%	Academic HSC/Medical Center (n=12)	83.5%	Academic HSC/Medical Center (n=10)	81.7%
Technical or Vocational School (n=67)	52.1%	Technical or Vocational School (n=62)	53.0%	Technical or Vocational School (n=56)	52.7%
U.S. Military (n=2)	26.4%	U.S. Military (n=2)	26.9%	U.S. Military (n=1)	52.6%

Table 33 compares RRT credentialing success data by institutional type between the 2013 RCS, 2012 RCS, and 2011 RCS. RC programs located in Academic HSC/Medical Centers continued to demonstrate the highest mean RRT credentialing success at 88.8%. RC programs located at U.S. Military facilities continued to demonstrate the lowest mean RRT credentialing success at 26.4%. Increases in mean RRT credentialing success occurred for RC programs located at Academic HSC/Medical Centers, Community or Junior Colleges, and Four-Year Colleges or Universities, when compared to 2012 RCS data.

Table 34 – RRT Credentialing Success by Institutional Control for 2013, 2012 and 2011 RCS

Institutional Control (N=422)	2013 RCS Mean RRT Success	Institutional Control (N=412)	2012 RCS Mean RRT Success	Institutional Control (N=394)	2011 RCS Mean RRT Success
Public/Not-For-Profit (n=339)	65.6%	Public/Not-For-Profit (n=333)	64.0%	Public/Not-For-Profit (n=327)	63.1%
Private/For-Profit (Proprietary) (n=47)	52.9%	Private/For-Profit (Proprietary) (n=47)	51.1%	Private/For-Profit (Proprietary) (n=41)	47.7%
Private/Not-For-Profit (n=34)	57.1%	Private/Not-For-Profit (n=30)	62.0%	Private/Not-For-Profit (n=25)	58.0%
Federal Government (n=2)	26.4%	Federal Government (n=2)	26.9%	Federal Government (n=1)	52.6%

Table 34 compares RRT credentialing success data by institutional control/funding between the 2013 RCS, 2012 RCS, and 2011 RCS. For the 2013 RCS, RC Programs under control of/funded by public/not-for-profit institutions continued to demonstrate the highest mean RRT credentialing success (65.6%). RC Programs under control of/funded by the federal government continued to demonstrate the lowest mean RRT credentialing success rate (26.4%). Increases in mean RRT credentialing success occurred for RC programs under control of/funded by Public/Not-For-Profit institutions and Private/For-Profit (Proprietary) institutions when compared to 2012 RCS data.

Programmatic Outcomes by State (including D.C.)

Table 35 provides data on mean programmatic attrition, positive placement, CRT credentialing success, and RRT credentialing success by state, including D.C., based on 2012 and 2013 data.

Table 35 –Programmatic Outcomes by State, including D.C. for 2012 RCS and 2013 RCS

State (# programs for 2013 RCS)	Mean Programmatic Attrition		Mean Positive (Job) Placement		Mean CRT Credentialing Success		Mean RRT Credentialing Success	
	2012 RCS	2013 RCS	2012 RCS	2013 RCS	2012 RCS	2013 RCS	2012 RCS	2013 RCS
AL (n=6)	14.2%	18.7%	89.5%	88.0%	83.0%	83.3%	36.1%	39.1%
AR (n=12)	21.6%	26.5%	89.2%	90.9%	85.4%	90.6%	55.3%	62.2%
AZ (n=7)	18.0%	20.9%	73.6%	73.8%	87.0%	86.9%	58.2%	63.8%
CA (n=39)	12.7%	15.7%	79.0%	73.5%	90.2%	89.7%	64.1%	65.6%
CO (n=5)	13.5%	14.6%	86.3%	81.0%	93.0%	91.1%	66.5%	71.3%
CT (n=5)	26.0%	20.1%	84.0%	82.1%	90.6%	90.7%	47.7%	53.8%
DC (n=1)	25.0%	30.4%	51.3%	51.9%	94.9%	96.3%	56.4%	63.0%
DE (n=2)	11.4%	22.3%	92.5%	89.9%	97.2%	97.6%	62.8%	75.8%
FL (n=25)	18.2%	18.4%	76.4%	77.8%	85.1%	87.4%	63.0%	67.0%
GA (n=15)	15.1%	18.2%	87.6%	87.0%	90.0%	91.8%	64.8%	71.9%
HI (n=1)	8.2%	11.1%	89.2%	89.5%	100.0%	100.0%	97.3%	100.0%
IA (n=6)	22.8%	21.8%	85.6%	87.8%	90.4%	90.2%	52.3%	54.5%
ID (n=3)	14.1%	13.8%	85.6%	82.9%	90.4%	90.0%	52.3%	60.8%
IL (n=14)	15.4%	17.1%	86.0%	86.2%	93.5%	92.9%	64.4%	65.6%
IN (n=11)	16.9%	19.7%	94.5%	94.5%	98.0%	98.1%	60.5%	67.4%
KS (n=9)	15.3%	18.6%	84.2%	85.8%	91.7%	88.0%	60.9%	59.8%
KY (n=14)	19.3%	19.8%	91.1%	89.3%	91.3%	90.1%	48.7%	51.7%
LA (n=11)	15.2%	19.5%	90.2%	83.6%	94.2%	90.7%	43.7%	45.6%
MA (n=7)	15.7%	12.9%	88.5%	89.7%	93.8%	96.7%	59.4%	60.9%
MD (n=8)	16.7%	20.5%	81.4%	75.3%	92.8%	89.6%	59.2%	62.3%
ME (n=2)	20.8%	20.8%	88.6%	85.2%	96.8%	98.7%	56.8%	64.9%
MI (n=13)	19.2%	24.0%	89.3%	88.0%	93.9%	93.5%	73.6%	74.8%
MN (n=5)	16.4%	16.2%	90.7%	92.1%	96.0%	96.8%	63.6%	64.1%
MO (n=12)	20.6%	19.8%	88.4%	87.5%	96.4%	95.8%	70.9%	70.4%
MS (n=8)	20.4%	19.6%	96.7%	92.3%	94.7%	89.4%	49.3%	45.7%
MT (n=2)	18.1%	17.7%	85.8%	83.7%	96.7%	96.8%	66.9%	72.2%
NC (n=14)	23.1%	25.1%	88.7%	86.9%	94.0%	93.9%	69.1%	72.0%
ND (n=3)	10.3%	4.5%	96.9%	100.0%	96.9%	97.9%	87.3%	83.3%
NE (n=4)	19.1%	16.9%	96.5%	93.9%	94.4%	95.9%	73.4%	70.6%
NH (n=1)	5.6%	10.7%	78.1%	93.9%	90.6%	95.9%	46.9%	50.0%
NJ (n=7)	21.4%	15.5%	87.7%	82.7%	95.3%	94.3%	62.5%	57.5%

State (# programs for 2013 RCS)	Mean Programmatic Attrition		Mean Positive (Job) Placement		Mean CRT Credentialing Success		Mean RRT Credentialing Success	
	2012 RCS	2013 RCS	2012 RCS	2013 RCS	2012 RCS	2013 RCS	2012 RCS	2013 RCS
NM (n=6)	15.2%	21.2%	83.9%	79.9%	86.2%	83.6%	67.5%	61.6%
NV (n=3)	28.1%	26.0%	81.3%	79.3%	92.8%	91.8%	59.5%	62.0%
NY (n=13)	18.4%	19.8%	88.5%	81.7%	92.5%	93.3%	74.1%	78.3%
OH (n=22)	17.6%	19.8%	84.3%	83.7%	92.9%	94.3%	61.9%	64.1%
OK (n=7)	9.3%	13.0%	89.9%	89.8%	91.9%	93.7%	52.5%	51.5%
OR (n=4)	9.6%	13.3%	91.7%	88.2%	96.4%	94.7%	61.4%	65.3%
PA (n=28)	18.8%	19.4%	87.4%	91.3%	93.7%	92.8%	54.3%	51.7%
RI (n=2)	14.5%	13.8%	83.1%	79.6%	89.8%	90.7%	47.5%	50.0%
SC (n=7)	28.6%	33.3%	89.0%	92.0%	97.0%	97.7%	61.6%	67.4%
SD (n=2)	16.7%	25.6%	96.9%	89.9%	96.9%	96.5%	93.9%	86.4%
TN (n=11)	18.8%	19.1%	90.7%	91.3%	93.6%	93.0%	71.9%	72.5%
TX (n=38)	16.7%	18.1%	87.9%	87.9%	92.2%	90.9%	61.5%	63.7%
UT (n=7)	9.3%	10.2%	86.3%	87.3%	91.8%	91.2%	68.0%	69.7%
VA (n=7)	27.8%	28.4%	80.6%	82.3%	94.1%	94.6%	64.1%	69.2%
VT (n=1)	28.1%	31.0%	97.6%	97.4%	97.6%	92.1%	81.0%	81.6%
WA (n=5)	15.7%	17.4%	86.1%	86.1%	94.3%	94.2%	64.3%	71.6%
WI (n=7)	19.6%	20.6%	90.0%	90.2%	96.9%	96.1%	69.7%	70.3%
WV (n=6)	8.7%	15.8%	74.2%	83.4%	79.4%	81.1%	47.3%	41.7%
WY (n=1)	18.9%	20.0%	88.0%	85.7%	96.0%	90.5%	56.0%	71.4%

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 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 36 – Baccalaureate Degree Eligibility- Number of Programs for 2012 (N=436) and 2013 (N=441)

Baccalaureate Degree Eligibility Category	# of Programs as of 12/31/13	# of Programs as of 12/31/12
I. Sponsoring institution offers a baccalaureate degree RC program	60	55
II. Sponsoring institution offers baccalaureate degrees in other disciplines	86	83
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances[7]	77	78
IV. Sponsoring institution cannot offer a baccalaureate degree	218	220

Table 36 provides a breakdown of the number of RC programs and satellite options (as of December 31, 2013) assigned to one of four baccalaureate degree eligibility categories. Category I includes sponsoring institutions that offer an Entry into Respiratory Care Professional Practice baccalaureate degree upon graduation. As of 12/31/2013, 60 of the 441 (13.6% of total) RC programs and program options in the U.S. fall under Category I.

Category II includes sponsoring institutions offering an Entry into Respiratory Care Professional Practice 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 Entry into Respiratory Care Professional Practice associate RC degree and Entry into Respiratory Care Professional Practice baccalaureate RC degree or transitioning its associate RC degree to a baccalaureate degree. Eighty-six of the 441 (19.5% of total) RC programs and program options fall under Category II. As mentioned earlier in this report, 47 of the RC programs and program options in this category are currently associate degree programs located at a 4-Year College or University.

Category III includes sponsoring institutions offering an Entry into Respiratory Care Professional Practice 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 allowing community colleges to award bachelor's degrees. The 77 sponsoring institutions in this category may have the capability of offering both the Entry into Respiratory Care Professional Practice associate RC degree and Entry into Respiratory Care Professional Practice baccalaureate RC degree or transitioning its associate RC degree to a baccalaureate degree. However, the degree of capability varies greatly from state to state as the number and types of community

[7] Source: Community College Baccalaureate Association http://www.accbd.org/resources/baccalaureate-conferring-locations/?ct=US

college baccalaureate degrees are restricted by state legislation. Seventy-seven of the 441 (17.5% of total) RC programs and program options in the U.S. fall under Category III.

Category IV includes sponsoring institutions offering an Entry into Respiratory Care Professional Practice 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 eighteen of the 441 (49.4% of total) RC programs and program options in the U.S. fall under Category IV.

Baccalaureate Degree Eligibility – Enrollment Capacity and Graduation Rates

Table 37 – Baccalaureate Degree Eligibility- Enrollment Capacity and Graduates for 2012 (N=436) and 2013 (N=441)

Baccalaureate Degree Eligibility Category	Maximum Enrollment Capacity as of 12/31/13	Total Graduates as of 12/31/13	Maximum Enrollment Capacity as of 12/31/12	Total Graduates as of 12/31/12
I. Sponsoring institution currently offers a baccalaureate degree RC program	1,395	813	1,250	699
II. Sponsoring institution offers baccalaureate degrees in other disciplines	3,339	1,841	3,391	1,734
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances	2,006	1,145	1,967	1,134
IV. Sponsoring institution cannot offer a baccalaureate degree	7,159	4,129	7,239	4,111

Table 37 provides a breakdown of the number of RC programs and satellite options (as of December 31, 2012 and December 31, 2013) assigned to one of four baccalaureate degree eligibility categories by maximum annual enrollment capacity and the total number of graduates as of December 31, 2012 and December 31, 2013.

As of December 31, 2013, the 60 programs in Category I produced 813 graduates (10.3% of the total of the 7,928 graduates from all 4 categories), which was 58.3% of maximum enrollment capacity.

As of December 31, 2013, the 86 programs in Category II produced 1,841 graduates (23.2% of the total of the 7,928 graduates from all 4 categories), which was 55.1% of maximum enrollment capacity.

As of December 31, 2013, the 77 programs in Category III produced 1,145 graduates (14.4% the total of the 7,928 graduates from all 4 categories), which was 57.7% of maximum enrollment capacity.

As of December 31, 2013, the 218 programs in Category IV produced 4,129 graduates (52.1% of the total of the 7,928 graduates from all 4 categories), which was 57.7% of maximum enrollment capacity.

Baccalaureate Degree Eligibility by State (including District of Columbia)

Table 38 provides a comparison of baccalaureate degree eligibility categories by state. The data include the number of programs in each state, the number of programs in each of the four categories, and the maximum annual enrollment capacity for each category. Twenty-seven states contain programs that fall under Category I. Thirty-two states contain programs that fall under Category II. Twelve states, including the District of Columbia, do not contain a program in either Category I or II. Eleven states, including the District of Columbia, contain programs that only fall under Category IV. One state (Hawaii) is comprised of only a Category III program.

Table 38 – Baccalaureate Degree Eligibility by State and District of Columbia

# of Programs as of 12/31/13 (N=441)	Category I		Category II		Category III		Category IV	
	# of Programs as of 12/31/13	Max Enroll Capacity	# of Programs as of 12/31/13	Max Enroll Capacity	# of Programs as of 12/31/13	Max Enroll Capacity	# of Programs as of 12/31/13	Max Enroll Capacity
Alabama (n=6)	**2**	66	**1**	50	**0**	0	**3**	100
Arkansas (n=12)	**3**	36	**0**	0	**8**	147	**1**	24
Arizona (n=8)	**0**	0	**2**	141	**0**	0	**6**	587
California (n=38)	**1**	22	**5**	340	**0**	0	**32**	1,760
Colorado (n=4)	**0**	0	**1**	72	**1**	35	**2**	120
Connecticut (n=5)	**1**	18	**1**	40	**0**	0	**3**	60
Dist of Columbia (n=1)	**0**	0	**0**	0	**0**	0	**1**	24
Delaware (n=2)	**0**	0	**0**	0	**0**	0	**2**	35
Florida (n=24)	**1**	25	**17**	490	**2**	49	**4**	150
Georgia (n=15)	**4**	145	**3**	95	**0**	0	**8**	150
Hawaii (n=1)	**0**	0	**0**	0	**1**	16	**0**	0
Iowa (n=6)	**0**	0	**0**	0	**0**	0	**6**	128
Idaho (n=3)	**1**	25	**2**	55	**0**	0	**0**	0
Illinois (n=14)	**2**	48	**2**	86	**0**	0	**10**	275
Indiana (n=11)	**1**	30	**1**	16	**9**	189	**0**	0
Kansas (n=9)	**1**	24	**2**	38	**0**	0	**6**	130
Kentucky (n=14)	**1**	15	**1**	16	**0**	0	**12**	251
Louisiana (n=10)	**2**	27	**2**	70	**5**	76	**1**	20
Massachusetts (n=6)	**0**	0	**0**	0	**0**	0	**6**	124
Maryland (n=7)	**1**	40	**1**	20	**0**	0	**5**	113
Maine (n=2)	**0**	0	**0**	0	**0**	0	**2**	34
Michigan (n=13)	**0**	0	**3**	84	**0**	0	**10**	253
Minnesota (n=5)	**2**	40	**0**	0	**3**	83	**0**	0
Missouri (n=12)	**2**	24	**3**	104	**0**	0	**7**	289
Mississippi (n=8)	**0**	0	**0**	0	**0**	0	**8**	162
Montana (n=2)	**0**	0	**1**	16	**0**	0	**1**	15
North Carolina (n=14)	**0**	0	**0**	0	**0**	0	**14**	296
North Dakota (n=3)	**3**	36	**0**	0	**0**	0	**0**	0

# of Programs as of 12/31/13 (N=441)	Category I		Category II		Category III		Category IV	
	# of Programs as of 12/31/13	Max Enroll Capacity	# of Programs as of 12/31/13	Max Enroll Capacity	# of Programs as of 12/31/13	Max Enroll Capacity	# of Programs as of 12/31/13	Max Enroll Capacity
Nebraska (n=4)	**1**	15	**1**	24	**0**	0	**2**	59
New Hampshire (n=1)	**0**	0	**0**	0	**0**	0	**1**	16
New Jersey (n=7)	**2**	72	**2**	72	**0**	0	**3**	130
New Mexico (n=6)	**0**	0	**1**	72	**5**	101	**0**	0
Nevada (n=3)	**0**	0	**2**	115	**0**	0	**1**	72
New York (n=14)	**3**	74	**1**	30	**9**	396	**0**	0
Ohio (n=22)	**4**	92	**6**	153	**0**	0	**12**	343
Oklahoma (n=7)	**0**	0	**1**	25	**3**	62	**3**	70
Oregon (n=4)	**1**	25	**0**	0	**0**	0	**3**	94
Pennsylvania (n=26)	**5**	103	**9**	185	**0**	0	**12**	411
Rhode Island (n=2)	**0**	0	**1**	40	**0**	0	**1**	24
South Carolina (n=7)	**0**	0	**0**	0	**0**	0	**7**	161
South Dakota (n=2)	**0**	0	**2**	24	**0**	0	**0**	0
Tennessee (n=11)	**3**	54	**1**	30	**0**	0	**7**	256
Texas (n=36)	**5**	137	**6**	335	**23**	664	**2**	72
Utah (n=7)	**4**	104	**3**	426	**0**	0	**0**	0
Virginia (n=7)	**2**	68	**0**	0	**0**	0	**5**	155
Vermont (n=1)	**0**	0	**1**	27	**0**	0	**0**	0
Washington (n=5)	**0**	0	**1**	48	**4**	104	**0**	0
Wisconsin (n=7)	**0**	0	**0**	0	**0**	0	**7**	156
West Virginia (n=6)	**2**	30	**0**	0	**3**	84	**1**	25
Wyoming (n=1)	**0**	0	**0**	0	**0**	0	**1**	15

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 39** provides a listing of 46 consortium programs as of December 31, 2013 according to the CoARC's database.

Table 39 – RC Program Consortia as of December 31, 2013

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
200133/220133	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
200273/210273	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
200328	Illinois Central College	Peoria	IL	AS
200341/210341	Rutgers & State University of NJ	Stratford	NJ	AAS/BS
200347/210347	Rutgers & State University of NJ	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	AAS

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
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

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