

2017 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



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To maintain transparency and advance education in respiratory care, the CoARC is fully committed to sharing its accreditation data. Annually, the CoARC Executive Office prepares this comprehensive report that provides a plethora of information about all CoARC accredited programs including: descriptive statistics of the programs, the accreditation actions taken by CoARC over the previous year, and aggregate data on graduate, enrollment, and outcomes. This Annual Report on Accreditation in Respiratory Care Education is posted on the CoARC web site in PDF format. Access is unrestricted. When CoARC-published data is used by a third party as part of a separate publication, the CoARC requests that the publication include the following disclaimer:

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

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INTRODUCTION

It is my great pleasure to provide to you, on behalf of the Board and Executive Office Staff of the Commission on Accreditation for Respiratory Care (CoARC), the *2017 Report on Accreditation in Respiratory Care Education*. This is the fifth edition of this report which presents information on CoARC accredited programs and accreditation actions taken by the CoARC on an annual basis. The CoARC has developed this report to provide critical data in the following four areas:

- Descriptive statistics of CoARC Accredited Programs as of December 31, 2017;
- Accreditation actions taken in 2017;
- Aggregate statistics of graduate, enrollment, and outcomes data derived from the 2017 Annual Reports of Current Status submitted on July 1, 2017; and
- Programmatic data related to the AARC 2015 and Beyond Project.

There were 62 accreditation site visits in 2017 involving 77 volunteers. The commitment level of 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 goal of ensuring the quality of all respiratory care programs.

The CoARC collected annual report data using the annual reporting tool developed and maintained by Liaison International. The Annual Report of Current Status (RCS) was completed by a total of 437 programs and program options and submitted in July 2017. We would like to acknowledge the considerable time and effort required to provide the important information encompassed by the RCS. The charts included in this report are derived from these data as well as other data sets used by the CoARC and are designed to provide aggregate information on accredited respiratory care educational programs and their graduates. This information can be used by the CoARC's communities of interest in their evaluations of the current state of the profession, both locally and nationally.

Please feel free to share suggestions for improvements or changes by contacting our Executive Director, Tom Smalling, PhD, RRT, RPFT, RPSGT, FAARC, at tom@coarc.com.

Thank you for your support,

A handwritten signature in black ink, appearing to read "Allen N. Gustin, Jr.", written in a cursive style.

Allen N. Gustin, Jr. MD, FCCP
President

EXECUTIVE SUMMARY

PROGRAMS BY PROGRAM TYPE

As of December 31, 2017, there were a total of 457 programs and program options under accreditation review by the CoARC. These include 443 Entry into Respiratory Care Professional Practice programs, 6 sleep specialist programs, and 8 Degree Advancement programs.

PROGRAMS BY DEGREE OFFERED

As of December 31, 2017, 84% of the 443 accredited respiratory care programs were associate degree and 15% were baccalaureate degree. Six programs (1% of total) offered a master's degree. Compared to 2016, there was a 0.8% increase in associate degree programs and a 3% increase in baccalaureate degree programs. The AAS degree accounted for the largest (51%) of all degree types, an increase of 85% since 2011. There has been a 47% decrease in AS programs since 2011. The BS degree accounted for 15.0% of all degree types, an increase of 33% since 2011.

PROGRAMS BY INSTITUTIONAL TYPE

As of December 31, 2017, 57% of programs and satellites were offered at a community/junior college, and 25% of programs were offered at a four-year college/university; 14% of accredited programs were offered at a technical/vocational School; 2% at an academic HSC/medical Center; 2% at a career/technical college, and <1% of programs were offered by the U.S. military. Interestingly, 44 of the associate degree programs (10%) are offered at four-year colleges/universities.

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

As of December 31, 2017, 78% of sponsors were operating under a public/not-for-profit status. Forty-nine (11%) were operating under a private/for-profit (proprietary) status, forty-six (10%) were operating under a private/not-for-profit status and two (0.5%) were controlled and funded by the federal government. Compared to 2016, there was a 3% increase in the number of public/NFP program sponsors and a 9% decrease in the number of private/NFP program sponsors.

PROGRAMS BY GEOGRAPHIC REGION

As of December 31, 2017, sixty-two (14%) were located in the Northeast, one hundred eight (24%) in the Midwest, one hundred ninety-one (43%) in the South, and eighty-one (18%) in the West. A large number (43% percent of all baccalaureate programs and 42% of all associate degree programs) of programs are in the South. The six master's degree programs are in the Midwest and South.

PROGRAMS BY STATE, D.C., AND PUERTO RICO

There are CoARC-accredited respiratory care programs in every state except Alaska. California remains the state with the largest number of programs and satellites with 38. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, and the District of Columbia. As of December 31, 2017, the associate degree is offered in 48 states and the District of Columbia (North Dakota and Alaska are the exceptions). The associate degree is the only degree offered in DC and 20 states. The baccalaureate degree is offered in 29 states. The master's degree is offered in 6 states (Alabama, Illinois, Georgia, Kentucky, North Dakota, and Texas).

DEGREE EARNED BY KEY PERSONNEL

A majority (58%) of PDs have earned a master's degree, with 28% having a baccalaureate and 13% having a doctorate. For DCEs, a majority have the baccalaureate degree (48%), with the master's degree at 47%. Only 3% of DCEs have their doctoral degree.

ACCREDITATION ACTIONS

In 2017 there were 206 accreditation actions taken by the Board, 46 accreditation actions processed by the Executive Office and 62 site visits conducted.

Applications for Substantive Change

Of the 31 applications for substantive change processed by the CoARC in 2016, 18 were changes in the number of clock or credit hours and/or other changes in the length of the program.

Changes in Program Information and Personnel

Of the 55 permanent changes in program director in 2017, 16 were due to retirement, 17 due to resignation, 13 due to re-assignment, and 9 for other reasons.

2017 ANNUAL REPORT OF CURRENT STATUS (RCS)

A total of 437 annual reports for respiratory programs (418 base programs, 11 satellite program options and 8 sleep specialist program options) were used to generate the aggregate data (January 1, 2014 through December 31, 2016) from the 2017 RCS reports.

Total Applications

Total applications for admission to accredited respiratory programs were 13,609 for 2016. Applications reached a peak of 23,430 in 2011 and have decreased by 42% between 2011 and 2016. The mean number of applications per program was 34 in 2016. The median was 27.

RC Applications by Degree Offered

Compared to 2015, applications in 2016 to associate degree programs and baccalaureate degree programs decreased by 6%. Applications to masters programs decreased 124%.

RC Applications by Institutional Type

Compared to 2015, applications in 2016 decreased by 7% for community/junior colleges and by 14% for technical/vocational schools. Applications in 2016 increased by 14% for U.S. military programs; by 25% for career/technical colleges; by 14% for four-year colleges/universities; and by 30% for academic HSC/medical centers.

RC Applications by Institutional Control/Funding

Compared to 2015, applications in 2016 decreased by 4% in the public/not-for-profit sector; and by 11% in the private/for-profit (proprietary) sector. Applications in 2016 increased by 20% in the private/not-for-profit sector; and by 14% for federal government (military) programs.

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

California continues to have the largest (12% of total in 2016) number of applications.

Total New Enrollments

For 2016, there were 8,047 new students enrolled – 61.4% of capacity. The mean maximum annual enrollment capacity per program was 31 and the mean number of new enrollments per program was 19. The median was 17. There was a 3.1% decrease in new enrollments compared to 2015. For 2016, 12.5% (52 of the 416) programs reported new enrollments reaching maximum annual enrollment capacity

New RC Enrollments by Degree Offered

Compared to 2015, new enrollments in 2016 decreased by 2.7% for associate degree programs and by 4.7% for baccalaureate programs. New enrollments also decreased (by 16.7%) for master's programs.

New RC Enrollments by Institutional Type

Compared to 2015, new enrollments in 2016 decreased by 1.1% for community/junior colleges; by 26.9 % for academic HSC/medical centers; by 3.2% for technical/vocational schools; by 9.7% for four-year colleges/universities; and by 5.2% for U.S. military programs. New enrollments increased by 29.5% for career/technical colleges.

New RC Enrollments by Institutional Control/Funding

Compared to 2015, new enrollments in 2016 decreased by -3.5% in the public/not-for-profit sector; by 10.3% in the private/not-for-profit sector; and by 5.2% in the federal government sector. New enrollments increased by 2.7% in the private/for-profit (proprietary) sector.

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

California had the largest number of enrollments (14.7% of total) in 2016.

Total Graduates

There were 6,700 graduates in 2016. This is a 4.1% decrease compared to 2015. The mean number of graduates per program was 16. The median was 14.

RC Graduates by Degree Offered

Compared to 2015, number of graduates in 2016 decreased 4.6% for associate degree programs and by 0.4% for baccalaureate degree programs. Graduates increased by 7% for master's degree programs.

RC Graduates by Institutional Type

Compared to 2015, number of graduates in 2016 decreased by: 5.8% in community/junior colleges; by 8.4% in technical/vocational schools; and by 3.5% in academic HSC/medical centers. Graduate numbers increased by -6.8% in career/technical colleges; by 12% in U.S. military programs; and by 1.7% in 4-year colleges/universities.

RC Graduates by Institutional Control/Funding

Compared to 2015, the number of graduates in 2016 decreased by 4.5% in the public/not-for-profit sector and by 10.7% in the private/for-profit (proprietary) sector. Graduates increased by 11.5% in the private/not-for-profit sector, and by 12% in the federal government sector.

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

California had the largest number of graduates (15.6% of total) in 2016.

Programmatic Attrition/Retention

For the 2017 RCS, the mean retention rate was 91%. The median was 92.7%. Four programs (1% of total) reported attrition rates below the CoARC-established threshold of 70%.

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

For the 2016 RCS, associate degree programs had the lowest mean retention rate (90.5%) and master's degree programs had the highest (98.7%). For programs located in four-year colleges or universities the mean was 92.7%. Programs located in career or technical colleges had the lowest, 88.3%. Programs controlled/funded by the private/not-for-profit sector had the highest mean retention at 92.5%, while programs controlled/funded by the federal government had the lowest, at 89.4%.

Positive (Job) Placement

The 2017 RCS mean placement rate was 86% with the highest rate of 100% (n = 40) and the lowest rate of 38.7% (n=1). This is a 1.7% increase when compared to 2016 RCS data. The median was 88.9%.

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

For the 2017 RCS, associate degree and baccalaureate degree programs showed increases in mean placement rates when compared to the 2016 RCS. Baccalaureate degree programs had a higher mean (90.2%) than associate degree programs (85.3%). U.S. military programs had the highest overall mean (90.8%) while for technical or vocational school programs the mean was 80.4%. Programs controlled/funded by the private/for-profit (proprietary) sector continued to demonstrate the lowest mean (77.4%).

CRT Credentialing Success

The mean CRT credentialing success was 93.1% with the highest at 100% (n=113) and the lowest at 45.2% (n=1). The median was 95.7%. A total of 21 programs (5% of total) reported success rates below the CoARC established threshold of 80%. When compared to the 2016 RCS data, the 2017 RCS data shows a 0.6% increase in the mean CRT credentialing success rate.

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

CRT success for baccalaureate degree programs was higher (96.5%) than that of associate degree programs (92.5%). All 21 programs below the CoARC established threshold conferred the associate degree. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean at 96.1%. U.S. military programs (controlled/funded by the federal government) continued to demonstrate the lowest mean at 88.1%. Based on funding/control, program CRT success in public/not-for-profit institutions was highest, at 93.8%.

RRT Credentialing Success

The mean RRT credentialing success was 75.1% with the highest at 100% (n=19) and the lowest at 13.8% (n=1). The median was 78.1%. When compared to previous RCS data, the mean RRT credentialing success rate increased 2.4% over 2016, with an overall increase of 13.9% since the 2011 RCS.

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

Baccalaureate programs had a higher mean (85.1%) than associate programs (73.3%). Both associate and baccalaureate degree programs had an increased mean compared to the 2016 RCS. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean at 83.8%, while programs at U.S. military facilities continued to demonstrate the lowest, (36.9%). By funding criteria, the public/not-for-profit sector continued to demonstrate the highest mean (77.1%) while the federal government sector continued to demonstrate the lowest (36.9%).

Overall Graduate Satisfaction

The mean overall graduate satisfaction was 99.4% with the highest value of 100% (n=384) and the lowest value of 66.7% (n=1). The median overall graduate satisfaction was 100%. A total of 2 programs (0.4% of total) reported overall graduate satisfaction below the CoARC-established threshold of 80%.

Overall Graduate Satisfaction by Degree Offered, Institutional Type, and Institutional Control/Funding

Baccalaureate programs had a higher mean (99.2%) than associate programs (99.1%). By institutional type, career or technical college programs had the highest mean at 99.6%, while programs at academic HSC/medical centers had the lowest mean at 97.4%. By funding criteria, the private/not-for-profit sector had the highest mean (99.5%) while the public/ not-for-profit sector and federal government had the lowest (99.0%).

Overall Employer Satisfaction

The mean overall employer satisfaction was 99.1% with the highest value of 100% (n=346) and the lowest value of 81.2% (n=1). The median overall employer satisfaction was 100%. No programs reported overall employer satisfaction below the CoARC-established threshold of 80%.

Overall Employer Satisfaction by Degree Offered, Institutional Type, and Institutional Control/Funding

Baccalaureate programs had a higher mean satisfaction (99.8%) than associate programs (99.0%). By institutional type, academic HSC/medical center programs had the highest mean at 99.4%, while programs at U.S. military facilities had the lowest at 97.6%. By funding criteria, the private/ for-profit (proprietary) sector had the highest mean (99.2%) while the federal government sector had the lowest (97.6%).

On-Time Graduation Rate

Mean on-time graduation rate was 90.8% with the highest value of 100% shared by 80 programs. One program had a 5.8% graduation rate. The median on-time graduation rate was 93.3%. A total of 13 programs (3.1% of total) reported on-time graduation rates below the CoARC-established threshold of 70%.

On-Time Graduation Rate by Degree Offered, Institutional Type, and Institutional Control/Funding

Baccalaureate programs had a higher mean (92.0%) than associate programs (90.6%). By

institutional type, academic HSC/medical center programs had the highest mean at 93.3%, while programs at U.S. military facilities had the lowest mean at 54.2%. By funding criteria, the public/not-for-profit sector had the highest mean (92.7%) while the federal government sector had the lowest mean (54.2%).

PROGRAMMATIC DATA RELATED TO THE AARC 2015 AND BEYOND PROJECT

As of 12/31/2017, 72 sponsors offer an entry into practice baccalaureate or graduate degree programs (Category I). An additional 85 sponsors are currently qualified to offer both the entry into practice associate degree and the baccalaureate degree or to transition their associate degree to a baccalaureate degree (Category II). Under legislation passed by the various states in which they reside, 107 sponsors may offer both the entry associate degree and entry baccalaureate degree, or they may transition their associate degree to a baccalaureate degree (Category III). Based on legislation or regulations specific to the state in which they are located the 167 sponsors that do not have the authority to award a baccalaureate degree may be capable of articulating with, or participating in a consortial partnership with a 4-year degree-granting institution (Category IV).

Baccalaureate Degree Eligibility – Enrollment Capacity and Graduation Rates

As of December 31, 2016, 72 programs in Category I produced 875 graduates (57.0% of maximum enrollment capacity). Interestingly, 47 of these 72 programs (65%) did not reach maximum annual enrollment in 2016. The 85 programs in Category II produced 1,615 graduates (49.8% of maximum enrollment capacity). The number of baccalaureate degree graduates has the potential to increase by approximately 185% (or to 2,490 graduates per year) if sponsoring institutions in Category II were to convert their associate degree RC program to a baccalaureate degree. The 107 programs in Category III produced 1,676 graduates (56% of maximum enrollment capacity). The 167 programs in Category IV produced 2,497 graduates (47.8% of maximum enrollment capacity). Twenty-eight states and Puerto Rico have programs that fall under Category I, twenty-nine states have programs that fall under Category II. Eleven states, including the District of Columbia, do not have a program in either Category I or II. Eight states and the District of Columbia, have programs that only fall under Category IV. One state (Hawaii) has only a single, Category III program.

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 professional practice programs in respiratory care at the Associate, Baccalaureate, and Master's Degree levels as well as degree advancement programs in respiratory care at the undergraduate and graduate levels. The CoARC also accredits polysomnography programs offered by these programs. CoARC accreditation activities are limited to programs in the United States and its territories.

THE VALUE OF PROGRAMMATIC ACCREDITATION

Accreditation provides consumer protection, advances and enhances the profession of Respiratory Care, and protects against compromise of educational quality. Accreditation also supports the continuous improvement of these educational programs by mandating continuing reassessment of resources, educational processes, and outcomes. The CoARC is responsible for evaluating respiratory care educational programs and publicly recognizing those which meet agreed-upon standards of quality, i.e., the *2015 Accreditation Standards for the Profession of Respiratory Care*. 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 American Medical Association (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 (American Association for Inhalation Therapy [AAIT], American College of Chest Physicians [ACCP], American Medical Association [AMA], and American Society of Anesthesiologists [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 (JRCRTE), 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 CoARC became a freestanding accreditor of respiratory care programs on November 12, 2009 and in September 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC.

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 PROGRAM TYPE

Programs are grouped into three categories and are assigned a unique 6-digit number based on the category to which they are assigned:

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 can earn both the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) and RRT credentials. Programs in this category are subcategorized as Entry into Professional Practice base programs (200-level), Entry into Professional Practice Additional Degree Track (ADT) baccalaureate (210-level), and Entry into Professional Practice Additional Degree Track (ADT) Master's (220-level)
2. **(300-level or Satellite programs):** These are programs, offered by a base program at a location separate from the base program but within the U.S. and its Territories, at which all core Respiratory Care didactic and laboratory courses are available. This does not pertain to sites used by a completely on-line/distance education program for individual students or to base programs with students attending one or more classes via distance learning technologies. Satellite location(s) function under the direction of the Key Personnel of the base program.
3. **(400-level or Sleep Disorders Specialist programs):** 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.
4. **(500-level):** Degree Advancement (DA) programs meet the needs of practicing respiratory therapists with an RRT who, having already completed an accredited respiratory care program with an Entry into Respiratory Care Professional Practice degree, wish to obtain advanced training in Respiratory Care. Advanced educational experiences, designed to enhance a respiratory therapist's ability to function in clinical, teaching, administrative, or research environments, are essential components of degree advancement programs in respiratory care.

As of December 31, 2017, there were a total of 457 programs and program options under accreditation review by the CoARC. Most of these programs are sponsored by public and private higher education institutions. Two programs are sponsored federally: one by the U.S. Army and one by the U.S. Air Force. In addition to this report, there is an interactive map of programmatic outcomes: <https://fortress.maptive.com/ver4/CoARC2017RCSOutcomes>.

Of the 457 programs, 9 have applied for accreditation review, 8 hold an Approval of Intent (approval of their Letter of Intent applications to start developing an accredited program). Thirty programs hold Provisional Accreditation which is the term used by the CoARC to signify that a program has demonstrated sufficient compliance with the Standards to initiate a program and admit students. The CoARC also accredits sleep disorders specialist programs as add-on program options to accredited respiratory care programs. There were 6 such accredited program options. There are 12 domestic satellite campuses. **Table 1** (below) provides a breakdown of program numbers by program type. Currently there are 8 degree advancement programs under accreditation review.

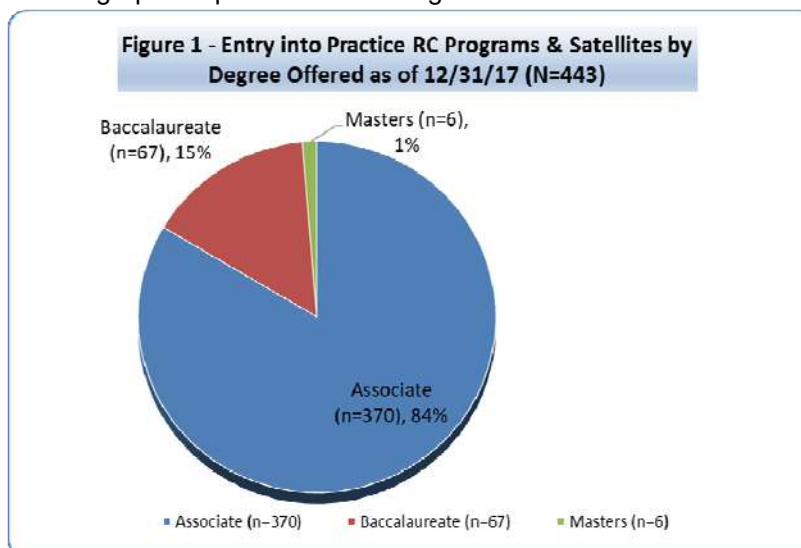
Table 1 – Program Numbers by CoARC Level as of December 31, 2017 (N=457)

	200-level (Entry Base)	210-level (Entry ADT Baccalaureate)	220-level (Entry ADT Master's)	300-level (U.S. Satellite)	400-level (SDS Certificate)	500-level (Degree Advancement)
Continuing Accreditation	375	4	3	10	5	0
Probationary Accreditation	11	0	0	0	0	0
Provisional Accreditation	22	2	1	0	1	4
Inactive Accreditation	2	0	0	0	0	0
Approval of Intent	4	0	0	2	0	2
Letter of Intent	7	0	0	0	0	2

PROGRAMS BY DEGREE OFFERED

Programs accredited by the CoARC are 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 (CoARC *Entry into Practice Standard 1.01*). *Note: In July 2015, the CoARC approved standards for Degree Advancement (DA) programs. The subsequent data presented in this section do not include the 8 DA programs and 6 sleep disorders specialist program options currently under accreditation review.*

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



As of December 31, 2017, there were a total of 443 Entry into Respiratory Care Professional Practice programs/program satellites under accreditation review by the CoARC. Of these, 370 (84% of total) confer the associate degree upon graduation and 67 (15% of total) programs confer the baccalaureate degree. Six

programs (1% of total) confer the master's degree. Compared to data from the 2016 Report on Accreditation, there was a 0.8% increase in the number of associate degree programs offered and a 3% increase in the number of baccalaureate degree programs offered. The number of master's degree programs remained the same. The increase in the number of associate degree programs can be attributed to a jump in the number of applications in 2017, prior to the change in Standard 1.01, effective January 1, 2018 that limits applications for new programs to those that offer the baccalaureate or higher-level degree.

Table 2 provides a breakdown of program numbers by degree type. The Associate of Applied Science (AAS) degree accounted for the largest (51%) of all degree types offered in 2016, an increase of 85% compared to 2011. In 2015, AAS degree programs began outnumbering AS degree programs. This is the first year that the number of AAS programs became the majority of all degree types. The Associate of Science (AS) degree accounted for 31% of all degree types offered in 2017. This is an 11% decrease compared to 2016 and a 47% decrease since 2011. The increase in AAS degrees between 2011 and 2017 are due in part to the increase in state-mandated limits on the number of credit hours for associate degree programs. The Bachelor of Science (BS) degree accounted for 15% of all degree types offered in 2017, an increase of 33% compared to 2011. The one BAS program was a conversion of an AAS program. **Note: Starting in the 2013 report, data from the programs that offered more than one degree type (i.e., Associate and Baccalaureate or Baccalaureate and Masters) were separated and each degree offered by these programs was assigned a different CoARC number. This report no longer includes combined degree data.*

Table 2 – RC Programs and Satellites by Degree for 2011 through 2017

	as of 12/31/11 (N=444)	as of 12/31/12 (N=437)	as of 12/31/13 (N=441)	as of 12/31/14 (N=438)	as of 12/31/15 (N=427)	as of 12/31/16 (N=428)	as of 12/31/17 (N=443)
Associate of Science (AS)	256	239	215	196	172	153	136
Associate of Applied Science (AAS)	123	138	161	174	186	198	227
Associate of Specialized Technology (AST)	3	3	3	2	2	3	4
Associate of Occupational Studies (AOS)	2	2	2	2	2	3	3
Bachelor of Science/Masters of Science (BS/MS)	2	3	N/A*	N/A*	N/A*	N/A*	N/A*
Bachelor of Science (BS)	49	49	57	60	60	64	65
Bachelor of Applied Science (BAS)	0	0	0	1	1	1	2
Associate of Science/ Bachelor of Science (AS/BS)	4	3	N/A*	N/A*	N/A*	N/A*	N/A*
Associate of Applied Science/ Bachelor of Science (AAS/BS)	5	0	N/A*	N/A*	N/A*	N/A*	N/A*
Master of Science (MS)	N/A*	N/A*	3	3	4	6	6

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, 2017, there were 253 respiratory care programs and satellites offered at a community or junior college. This was the largest (57%) of the categories, and a 5% increase compared to 2016 data. One-hundred ten (25%) programs were offered at a four-year college or university, which is a 4% increase compared to 2016 data. Sixty (14%) programs were offered at a technical or vocational school. Eight (2%) programs were offered at an academic health sciences or medical center. Ten (2%) programs were offered at a career/technical college. Two programs (<1%) were offered at a U.S. military. **Figure 2** illustrates these categories.

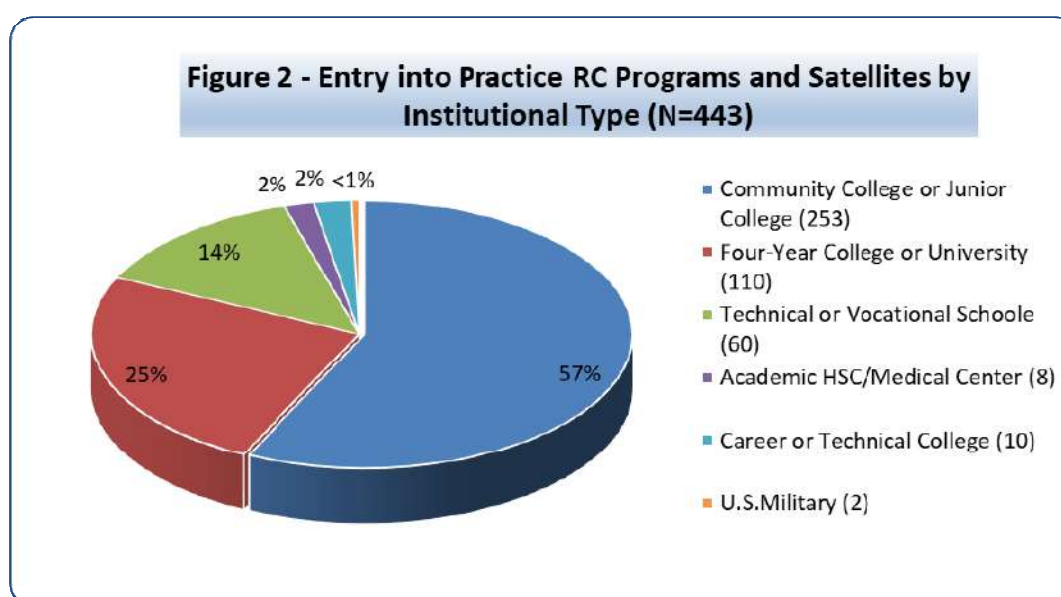


Table 3 provides a comparison of programs by institutional type and degree. The majority (57%) of programs in 2017 conferring the associate degree are offered at community or junior colleges. Interestingly, 44 programs (10%) conferring the associate degree were offered at four-year colleges or universities in 2017. The two baccalaureate programs offered by a community college are at Spokane Community College and Seattle Central College, WA.

Table 3 – RC Programs and Satellites by Institutional Type and Degree (2015 thru 2017)

	Associate			Baccalaureate			Masters		
	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)	as of 12/31/15 (N=427)	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)	as of 12/31/15 (N=427)	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)	as of 12/31/15 (N=427)
Community of Junior College	251	240	240	2	1	1	0	0	0
Technical or Vocational School	60	59	68	0	0	0	0	0	0
Four-Year College or University	44	45	46	61	56	51	5	5	3
Career or Technical College	10	9	5	0	0	0	0	0	0
Academic HSC/Medical Center	3	2	1	4	8	9	1	1	1
U.S. Military	2	2	2	0	0	0	0	0	0

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

The CoARC assigns programs to one of four categories based on the governance of its sponsor: by publicly elected/appointed officials, with its major source of funds from public sources (Public/Not-For-Profit); by privately elected or appointed officials, with its major source of funds from private sources (Private/Not-For-Profit or Private/For Profit); or by a branch of the Armed Forces, with its major source of funds from federal appropriations (Federal Government). As of December 31, 2017, 346 (78%) institutions sponsoring a respiratory care program were operating under a public/not-for-profit status. Forty-nine (11%) institutions were operating under a private/for-profit (proprietary) status. Forty-six (10%) institutions were operating under a private/not-for-profit status. Two (<1%) institutions were controlled and funded by the federal government. Compared to data from the 2016 Report on Accreditation, there was a 3% increase in the number of Public/Not-For-Profit sponsors of respiratory care programs and a 9% decrease in the number of Private/Not-For-Profit sponsors of respiratory care programs. **Figure 3** illustrates these categories.

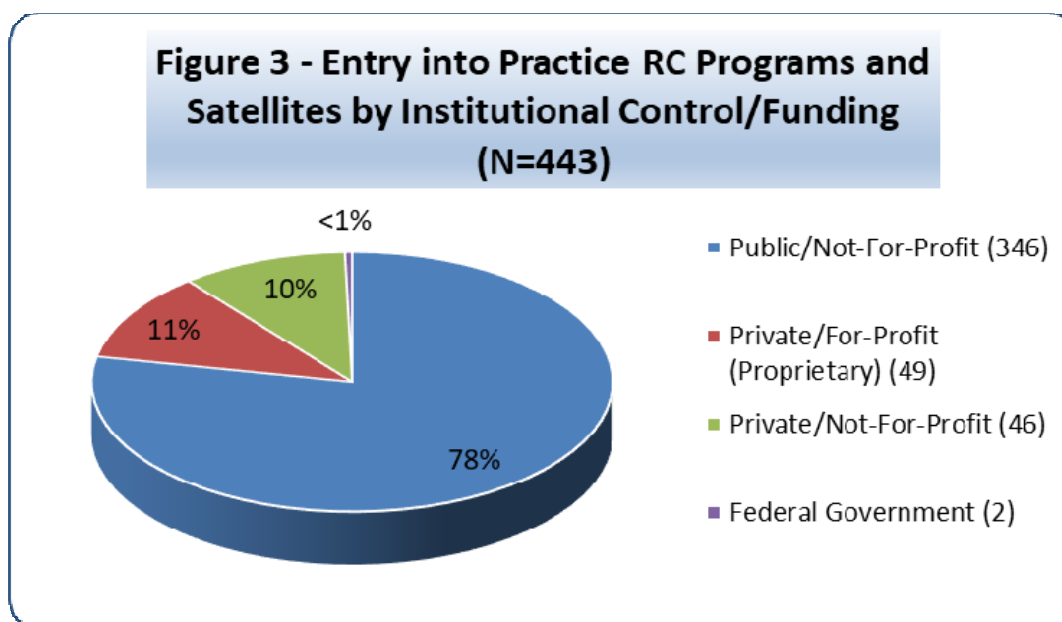


Table 4 provides a comparison of programs by institutional control and degree offered. The majority (67%) of programs in 2017 conferring the associate degree are sponsored by public/not-for-profit institutions. There was a 3% increase in the number of public/NFP associate degree programs and a 43% increase in the number of public/NFP baccalaureate degree programs between 2015 and 2017.

Table 4 – RC Programs and Satellites by Institutional Control and Degree (2015 thru 2017)									
	Associate			Baccalaureate			Masters		
	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)	as of 12/31/15 (N=427)	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)	as of 12/31/15 (N=427)	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)	as of 12/31/15 (N=427)
Public-Not-For-Profit	299	287	290	46	47	47	1	2	2
Private/For-Profit (Proprietary)	49	48	53	0	0	0	0	0	0
Private-Not-For-Profit	21	20	17	20	18	14	5	4	2
Federal Government	2	2	2	0	0	0	0	0	0

PROGRAMS BY GEOGRAPHIC REGION

Figure 4a illustrates the number of programs and satellites by region* between 2012 and 2017. As of December 31, 2017, sixty-two (14%) are in the Northeast; one hundred eight (24%) are in the Midwest; one hundred ninety-one (43%) are in the South; eighty-one (18%) are in the West. There were no significant differences in the past six years. Not included in 2017 is the one program in Puerto Rico.

Figure 4a - Entry into Practice RC Programs and Satellite by Regions* between 2012 (N=436), 2013 (N=441), 2014 (N=438), 2015 (N=427), 2016 (N=427), and 2017 (N=442)

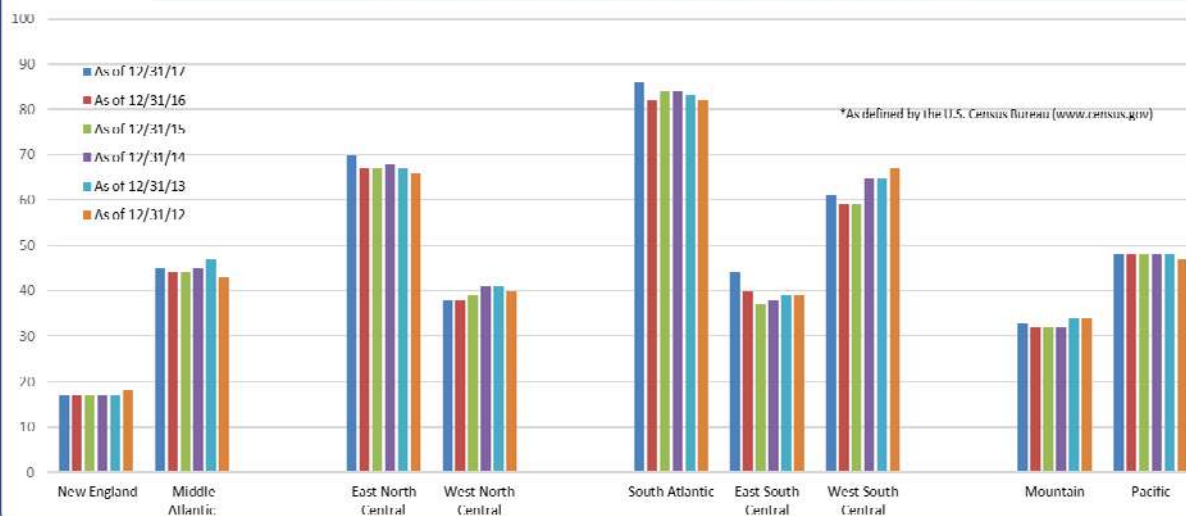
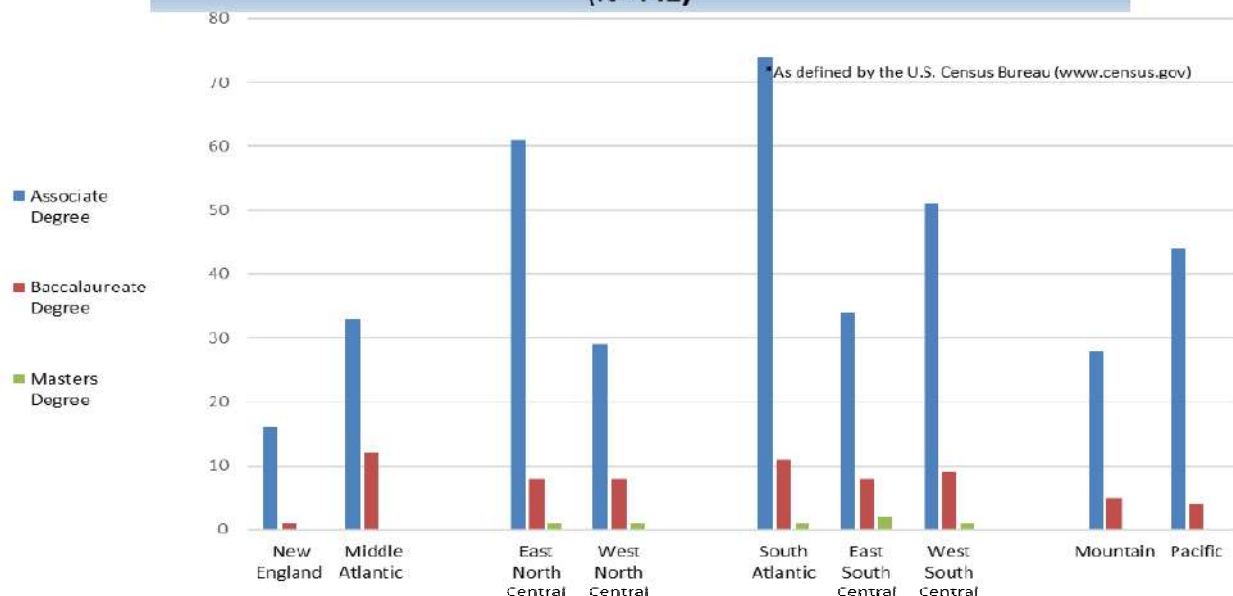


Figure 4b illustrates the degrees offered by region*. As of December 31, 2017, 42% percent of all baccalaureate programs and 43% of all associate degree programs are in the South. The six master's degree programs are in the Midwest and South.

Figure 4b - Entry into Practice Degrees Offered by Region* as of 12/31/17 (N=442)



PROGRAMS BY STATE, D.C., AND PUERTO RICO

Figure 5 displays the number of respiratory care programs and satellites in each state and the District of Columbia. CoARC-accredited respiratory care programs are in every state except Alaska. California remains the state with the largest number of programs and satellites with 39. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, the District of Columbia, and Puerto Rico.

Figure 5 - Entry into Practice RC Programs and Satellites by State, D.C., and PR as of 12/31/17

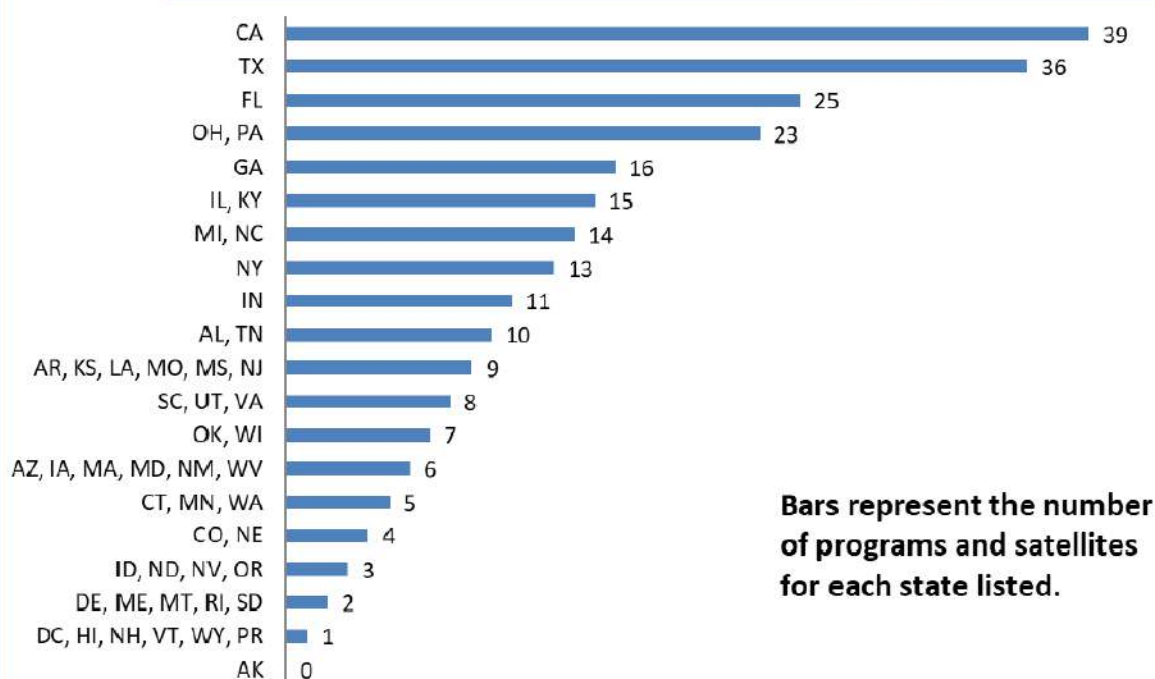


Table 5 (next two pages) provides a comparison of programs by state (including District of Columbia and Puerto Rico) and degree. As of December 31, 2017, the associate degree is offered in 48 states and the District of Columbia (North Dakota and Alaska are the exceptions). In 20 states and DC, the associate degree is the only degree offered. The baccalaureate degree is offered in 29 states. The master's degree is offered in 6 states (Alabama, Illinois, Georgia, Kentucky, North Dakota, and Texas).

Not included in **Figure 5** and **Table 5** are the 6 sleep disorders specialist program options which are located in New York, Texas, Pennsylvania, and Ohio. Also, not included are the 8 degree advancement programs located in North Carolina, Ohio, Michigan, Missouri, Florida, and Idaho.

Table 5 – RC Programs and Satellites by State, D.C., and PR and Degree (N=443) as of 12/31/17

	Associate	Baccalaureate	Masters
Alabama (n=10)	6	3	1
Alaska (n=0)	0	0	0
Arkansas (n=9)	8	1	0
Arizona (n=6)	6	0	0
California (n=39)	38	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=25)	23	2	0
Georgia (n=16)	13	2	1
Hawaii (n=1)	1	0	0
Iowa (n=6)	6	0	0
Idaho (n=3)	2	1	0
Illinois (n=15)	13	1	1
Indiana (n=11)	9	2	0
Kansas (n=9)	8	1	0
Kentucky (n=15)	12	2	1
Louisiana (n=9)	6	3	0
Massachusetts (n=6)	6	0	0
Maryland (n=6)	5	1	0
Maine (n=2)	2	0	0
Michigan (n=14)	14	0	0
Minnesota (n=5)	3	2	0
Missouri (n=9)	7	2	0
Mississippi (n=9)	9	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=9)	6	3	0
New Mexico (n=6)	6	0	0
Nevada (n=3)	3	0	0
New York (n=13)	10	3	0
Ohio (n=23)	18	5	0
Oklahoma (n=7)	7	0	0
Oregon (n=3)	2	1	0
Pennsylvania (n=23)	17	6	0
Puerto Rico (n=1)	0	1	0

	Associate	Baccalaureate	Masters
Rhode Island (n=2)	2	0	0
South Carolina (n=8)	8	0	0
South Dakota (n=2)	2	0	0
Tennessee (n=10)	8	2	0
Texas (n=36)	30	5	1
Utah (n=8)	4	4	0
Virginia (n=8)	5	3	0
Vermont (n=1)	1	0	0
Washington (n=5)	3	2	0
Wisconsin (n=7)	7	0	0
West Virginia (n=6)	4	2	0
Wyoming (n=1)	1	0	0

DEGREE EARNED BY KEY PERSONNEL

Figure 6 shows the highest degree earned by program directors of accredited respiratory care programs as of December 31, 2017. Since 2000, the CoARC has required a minimum of a baccalaureate degree for both the Program Director (PD) and Director of Clinical Education (DCE). At that time, PDs and DCEs who did not have baccalaureate degree were grandfathered in. As of December 31, 2017, only one of these individuals continues as a PD. The other PD with an associate degree is a temporary replacement that does not require the baccalaureate. The most common highest degree earned by PDs continues to be the master's degree (58% and a 4% increase from the previous year), followed by the baccalaureate degree (28%). Doctoral degrees ranked third most common at 13%.

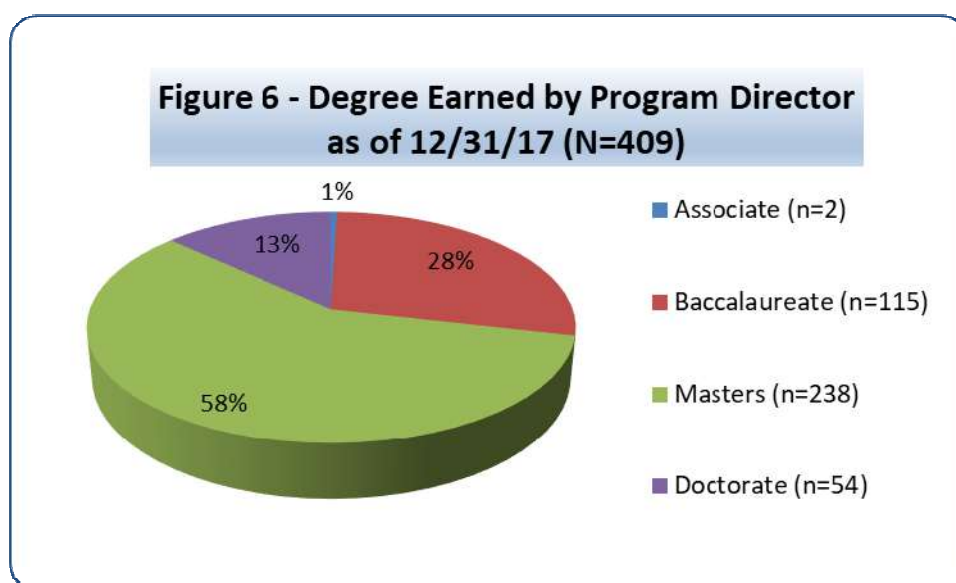


Table 6 (below) shows the highest degree earned by program directors of accredited respiratory care programs and satellites as of December 31, 2014, December 31, 2015, and December 31, 2017. The Baccalaureate of Science (BS), Master of Science (MS) and Doctor of Philosophy (PhD) continue to be the most commonly earned degrees for each degree category.

Table 6 – Highest Degree Earned by PD as of 12/31/14, 12/31/15, 12/31/16, and 12/31/17				
	as of 12/31/14 (n=437)	as of 12/31/15 (n=403)	as of 12/31/16 (n=408)	as of 12/31/17 (n=409)
Associate of Applied Science (AAS)	1	2	1	2
Associate of Science (AS)	0	0	1	0
Bachelor of Science (BS)	95	84	74	72
Bachelor of Arts (BA)	26	25	23	16
Bachelor of Science in Respiratory Care/Therapy (BSRT/BSRC)	10	8	9	10
Bachelor of Science in Education (BSEd)	5	3	3	3
Bachelor of Applied Science (BAS)	3	3	4	6
Bachelor of Applied Technology (BAT)	2	2	2	2
Bachelor of Science in Health Administration (BSHA)	2	0	0	0
Bachelor of General Studies (BGS)	1	0	1	1
Bachelor of Science Accounting (BSF)	0	0	1	1
Bachelor of Health Sciences (BHS)	1	1	1	1
Bachelor of Independent Studies (BIS)	1	0	0	0
Bachelor of Business Administration (BBA)	1	1	1	2
Bachelor of Science in Health Management (BSHM)	1	1	1	1
Bachelor of Science in Health Sciences (BSHS)	1	1	0	0
Master of Science (MS)	63	56	64	66
Master of Education (MEd/EdM)	53	54	52	56
Master of Business Administration (MBA)	26	23	23	26
Master of Arts (MA)	25	22	25	24
Master of Arts in Education (MAE)	10	8	8	7
Master of Science in Education (MSEd)	8	10	9	9
Master of Public Administration (MPA)	7	7	6	4
Master of Public Health (MPH)	6	6	6	9
Master of Science in Administration (MSA)	5	4	4	4
Master of Health Administration (MHA)	5	9	10	12

Master of Health Science (MHS)	5	4	6	6
Master of Management (MM)	3	2	2	0
Master of Science in Nursing (MSN)	2	3	2	2
Master of Science in Management (MSM)	0	0	1	3
Master of Professional Studies (MPS)	2	2	1	1
Master of Science in Health Science (MSHS)	0	0	1	1
Master of Science in Public Health (MSPH)	0	0	1	1
Master of Selected Studies (MSS)	2	1	1	1
Master of Arts in Teaching (MAT)	1	1	1	1
Master of Advanced Study (MAS)	1	1	1	1
Master of Science in Health Professions (MSHP)	1	1	1	1
Master of Training and Development (MTD)	1	1	1	1
Master of Rehabilitation Counseling (MRC)	1	1	1	0
Master of Human Resource Management (MHRM)	1	1	1	1
Master of Library Science (MLS)	1	1	1	1
Master of Higher Education (MHEd)	1	1	0	0
Doctor of Philosophy (PhD)	29	26	27	25
Doctor of Education (EdD)	12	11	11	14
Doctor of Health Science (DHSc)	4	4	5	5
Juris Doctor (JD)	3	3	4	3
Doctor of Public Health (DrPH)	3	1	0	0
Education Specialist (EdS)	2	3	4	2
Doctor of Management (DM)	1	1	1	1
Doctor of Oriental Medicine (DOM)	1	1	1	1
Doctor of Physical Therapy (DPT)	1	1	2	2
Doctor of Medicine (MD)	1	2	2	1

Figure 7 (below) shows the highest degree earned by Directors of Clinical Education of accredited respiratory care programs and satellites as of December 31, 2017. The most common highest degree earned remains a baccalaureate degree (48% of total), with the master's degree at 47% and the doctoral degrees at 3%.

Figure 7 - Degree Earned by Director of Clinical Education as of 12/31/17 (N=397)

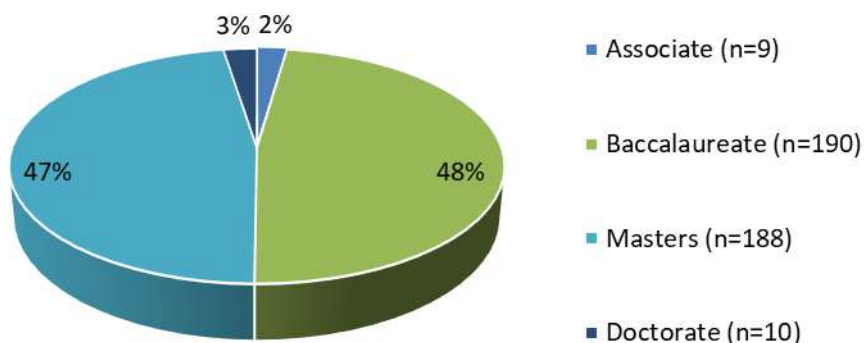


Table 7 shows a breakdown of the highest degree earned by DCE's of accredited respiratory care programs as of December 31, 2014, December 31, 2015, and December 31, 2017. The Baccalaureate of Science (BS), Master of Science (MS) and Doctor of Philosophy (PhD) remained the most commonly earned degrees for each degree category.

Table 7 – Highest Degree Earned by DCE as of 12/31/14, 12/31/15, 12/31/16, and 12/31/17				
	as of 12/31/14 (n=429)	as of 12/31/15 (n=397)	as of 12/31/16 (n=405)	as of 12/31/17 (n=397)
Associate of Science (AS)	4	3	4	6
Associate of Applied Science (AAS)	4	2	3	3
Bachelor of Science (BS)	151	142	132	137
Bachelor of Arts (BA)	36	32	29	25
Bachelor of Science in Respiratory Care/Therapy (BSRT/BSRC)	11	11	15	12
Bachelor of Health Sciences (BHS)	9	6	5	0
Bachelor of Applied Science (BAS)	3	3	2	2
Bachelor of Education (BEEd)	0	0	1	0
Bachelor of Business Administration (BBA)	3	1	2	3
Bachelor of Applied Art and Sciences (BAAS)	1	0	1	0
Bachelor of Science in Education (BSEd)	1	1	1	1
Bachelor of Science in Management (BSM)	1	1	1	1
Bachelor of General Studies (BGS)	1	1	2	3
Bachelor of Science in Public Affairs (BSPA)	0	1	1	1
Bachelor of Science in Health Care Administration (BSHCA)	0	0	2	1

Bachelor of Independent Studies (BIS)	1	0	0	0
Bachelor of Science in Health Science (BSHS)	0	1	0	0
Bachelor of Liberal Studies (BLS)	1	1	1	1
Bachelor of Science in Health Administration (BSHA)	0	0	0	3
Bachelor of Science in Health Systems Management (BSHSM)	1	1	0	0
Master of Science (MS)	64	56	57	61
Master of Education (MEd/EdM)	42	44	45	44
Master of Business Administration (MBA)	17	18	21	18
Master of Arts (MA)	17	13	15	15
Master of Public Health (MPH)	9	11	12	13
Master of Health Administration (MHA)	7	5	7	7
Master of Science in Education (MSEd)	7	9	8	7
Master of Health Science (MHS)	4	7	6	5
Master of Public Administration (MPA)	3	4	5	3
Master of Science in Administration (MSA)	2	1	1	1
Master of Arts in Education (MAE)	2	3	4	6
Master of Science in Management (MSM)	2	2	3	2
Master of Science in Healthcare Management (MSHCM)	0	1	1	1
Master of Advanced Study (MAS)	1	0	0	0
Master of Sciences in Health Sciences (MSHS)	0	0	1	5
Master of Science in Clinical Research (MSCR)	0	0	1	1
Master of Liberal Arts & Science (MLAS)	0	0	1	1
Master of Science in Health Professions Education (MSHPE)	0	1	1	0
Master of Arts in History (MAH)	0	1	1	1
Master of Science in Health Services Administration (MSHSA)	1	1	1	0
Master of Divinity (MDIV)	1	1	1	1
Doctor of Philosophy (PhD)	9	6	7	4
Doctor of Health Science (DHSc/DHS)	7	3	3	3
Doctor of Education (EdD)	2	1	0	1
Education Specialist (EdS)	2	0	0	0
Juris Doctor (JD)	1	0	0	1
Doctor of Health Education (DHEd)	1	1	1	1

ACCREDITATION ACTIONS

The CoARC makes most accreditation decisions during its Board meetings (which occur three times per year typically in March, July, and November), based on an accreditation review cycle described in Section 1 of the *2017 CoARC Accreditation Policies and Procedures Manual* (revised version 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 8** is a summary of accreditation actions taken by both the Commission and the CoARC Executive Office in 2017. The three columns (March, June, and November) relate to specific actions taken by the Commission at Board meetings.

Table 8 – CoARC Accreditation Actions for 2017					
		March 2017	June 2017	November 2017	Total
Approval of Intent		4	5	3	12
Provisional Accreditation		0	7	5	12
Continuing Accreditation	Base Program	20	9	21	50
	Additional Degree Track	1	0	0	1
	Satellite Option	0	0	0	0
	Sleep Specialist Program Option	0	0	0	0
Probationary Accreditation	Conferred	0	0	8	8
	Removed	1	3	2	6
	Reviewed	8	0	3	11
Progress Report Reviewed	Accepted as Final	2	4	23	29
	Additional PR Requested	47	1	27	75
Withdrawal of Accreditation – Involuntary		0	0	1	1
Withhold of Accreditation		0	1	0	1
Substantive Changes Reviewed by the Commission		0	0	0	0
Total Number of Accreditation Actions taken by the Commission in 2017					206
Letter of Intent Applications					15
Voluntary Inactive Accreditation					2
Voluntary Withdrawal Accreditation					1
Application for Substantive Change					31
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2017					252

The CoARC is required to keep the public informed about its accreditation actions. One of the ways the CoARC does this is to provide the public with information about the accreditation decision process, the nature and scope of CoARC accreditation activity and 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, prior to each Board meeting, the CoARC provides a list of programs scheduled to be reviewed and, following each meeting, the accreditation actions taken (<http://www.coarc.com/11.html>).

The following section lists the specific accreditation actions taken by the CoARC during 2017.

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 program. The application, including supplementary materials, is reviewed by the CoARC Executive Office to ensure completeness, and subsequently by the 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 2.0.

Program Name	Type	Location	Date Application Received
Jackson State Community College	Entry	Jackson, TN	1/9/2017
Ferris State University	DA	Big Rapids, MI	1/17/2017
Utah Valley University	Entry	Orem, UT	1/19/2017
Mississippi Gulf Coast CC	Entry	Gautier, MS	1/20/2017
Union County College	Entry	Plainfield, NJ	1/23/2017
UNC Charlotte	DA	Charlotte, NC	2/15/2017
Southern Regional Technical College	Entry	Thomasville, GA	2/17/2017
Salt Lake Community College	Entry	Salt Lake City, UT	2/21/2017
Ferris State University Satellite	Entry	Grand Rapids, MI	3/27/2017
Pierpont Community & Technical College	Entry	Fairmont, WV	5/18/2017
Southern West Virginia CTC Satellite	Entry	Saulsville, WV	5/22/2017
University of Michigan-Flint	DA	Flint, MI	10/20/2017
Jefferson State Community College	Entry	Birmingham, AL	10/27/2017
Stockton University	Entry	Galloway, NJ	11/9/2017
Boise State University	DA	Boise, ID	11/9/2017
North Arkansas College	Entry	Harrison, AR	12/29/2017
St. Clair County Community College	Entry	Port Huron, MI	12/29/2017
Andrew College	Entry	Cuthbert, GA	12/29/2017
Trenholm State Community College	Entry	Montgomery, AL	12/29/2017
Santa Monica College	Entry	Santa Monica, CA	12/29/2017

Approval of Intent Granted

An Approval of Intent (AOI) is an action taken by the CoARC, following the submission of a Letter of Intent (LOI) Application. An AOI indicates that a sponsoring institution's plan to start a program or program option is acceptable. An AOI 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)	Type/Degree	Location	Effective
200625	Utah Valley University (1/19/2017)	Entry BS	Orem, UT	3/10/2017
200626	Jackson State Community College (1/9/2017)	Entry AAS	Jackson, TN	3/10/2017
510005	Ferris State University (1/17/2017)	DA BS	Big Rapids, MI	3/10/2017
520001	UNC Charlotte (2/15/2017)	DA MS	Charlotte, NC	3/10/2017
200627	Mississippi Gulf Coast CC (1/20/2017)	Entry AAS	Perkinston, MS	6/24/2017

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200628	Union County College (1/23/2017)	Entry AS	Cranston, NJ	6/24/2017
200629	Eastern Oklahoma State College (12/8/2016)	Entry AS	Wilburton, OK	6/24/2017
200630	Salt Lake Community College (2/21/2017)	Entry AAS	Salt Lake City, UT	6/24/2017
200631	Southern Regional Technical (2/17/2017)	Entry AAS	Thomasville, GA	6/24/2017
200632	Pierpont Community & Technical (5/7/2017)	Entry AAS	Fairmont, WV	11/11/2017
300035	Southern West Virginia CTC Satellite (5/22/2017)	Entry AAS	Saulsville, WV	11/11/2017
300036	Ferris State University Satellite (3/27/2017)	Entry AAS	Grand Rapids, MI	11/11/2017

Provisional Accreditation Granted

Provisional Accreditation status signifies that a program has demonstrated sufficient compliance with the Standards to initiate a program. Such compliance includes the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and other documentation required by the CoARC and completion of Provisional on-site visit. The program will remain on Provisional Accreditation until it achieves Continuing Accreditation. The conferral of Provisional Accreditation authorizes the sponsor to admit its first class of students and signifies that the program is recognized by the NBRC, thus providing graduates of these programs with eligibility to the Respiratory Care Credentialing Examination(s). After at least three (3) years of outcomes have been collected, reported and analyzed (i.e. following the graduation of at least 3 cohorts of students), a provisionally accredited program may apply for Continuing Accreditation. If the program does not progress to Continuing Accreditation, enrolled students completing a program under Provisional Accreditation are still considered graduates of a CoARC accredited program.

Program #	Program Name (date AOI granted)	Location	Effective
200619	Jacksonville State University	Jacksonville, AL	6/24/2017
200621	Antillean Adventist University	Mayagez, PR	6/24/2017
200622	Horry Georgetown Technical College	Myrtle Beach, SC	6/24/2017
200624	Southeast Kentucky Community & Tech College	Whitesburg, KY	6/24/2017
500001	UNC Charlotte	Charlotte, NC	6/24/2017
510003	Florida National University	Hialeah, FL	6/24/2017
520001	UNC Charlotte	Charlotte, NC	6/24/2017
200625	Utah Valley University	Orem, UT	11/11/2017
200626	Jackson State Community College	Jackson, TN	11/11/2017
200630	Salt Lake Community College	Salt Lake City, UT	11/11/2017
200631	Southern Regional Technical College	Thomasville, GA	11/11/2017
510002	St. Louis College of Health Careers	Fenton, MO	11/11/2017

Continuing Accreditation Granted

Continuing Accreditation is conferred when 1) an established, program with Continuing Accreditation demonstrates compliance with the *Standards* following submission of an acceptable continuing accreditation self-study report and completion of an on-site visit, or 2) a program holding Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional Accreditation period. Continuing Accreditation remains in effect until it is withdrawn: either voluntarily - the program withdraws from the

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accreditation process; or involuntarily - accreditation is withdrawn by the CoARC because of the program's failure to comply with the *Standards*.

Program #	Program Name	Location	Next Re-evaluation
200011	Forsyth Technical Community College	Winston Salem, NC	2027
200020	Bluegrass Community & Technical College	Lexington, KY	2027
200039	Indiana Respiratory Therapy Ed Consortium	Indianapolis, IN	2027
200168	Community College of Philadelphia	Philadelphia, PA	2027
200206	Northern Virginia Community College	Springfield, VA	2027
200222	South Plains College – Lubbock Campus	Lubbock, TX	2027
200242	Lakeland Community College	Kirtland, OH	2027
200444	Moraine Park Technical College	Fond du Lac, WI	2027
200445	Community College of Baltimore County	Baltimore, MD	2027
200498	Concorde Career College- San Bernardino	San Bernardino, CA	2027
200502	Ivy Tech Community College-Wabash Valley	Terre Haute, IN	2027
200558	Pennsylvania College of Health Sciences	Lancaster, PA	2027
200559	Concorde Career Institute- Miramar	Miramar, FL	2027
200566	American Career College – Ontario	Ontario, CA	2027
200571	Keiser University	Ft. Lauderdale, FL	2027
200572	Rush University Medical Center (BS)	Chicago, IL	2027
200574	Kent State University at Ashtabula	Ashtabula, OH	2027
200585	Medical Education & Training Campus (Army)	Ft. Sam Houston, TX	2027
200593	Concorde Career College- San Antonio	San Antonio, TX	2022
220572	Rush University Medical Center (MS)	Chicago, IL	2027
200281	Bellarmino University	Louisville, KY	2027
200283	Henry Ford College	Dearborn, MI	2027
200310	San Jacinto College	Pasadena, TX	2027
200376	Collin College	McKinney, TX	2027
200532	Somerset Community College	London, KY	2027
200557	Florida National University	Hialeah, FL	2027
200567	Laurel Technical Institute	Sharon, PA	2027
200568	Stevens-Henager College-Boise	Boise, ID	2027
200577	Franciscan Missionaries of Our Lady University	Baton Rouge, LA	2027
200014	Millersville Univ/Lancaster Regional Med Ctr	Lancaster, PA	2027
200083	Fresno City College	Fresno, CA	2027
200091	Midlands Technical College	Columbia, SC	2027
200138	Hudson Valley Community College	Troy, NY	2027
200167	The Ohio State University	Columbia, OH	2027
200259	Fayetteville Technical Community College	Fayetteville, NC	2027
200372	Victoria College	Victoria, TX	2027
200422	University of Texas Health Science Center	San Antonio, TX	2027
200423	St. Philip's College	San Antonio, TX	2027
200458	Weatherford College	Weatherford, TX	2027
200512	Brightwood Career Inst-Philadelphia Mills	Philadelphia, PA	2027
200515	Virginia College at Birmingham	Birmingham, AL	2027
200543	Medical Education & Training Campus (Air Force)	Ft. Sam Houston, TX	2027

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200573	Concorde Career Institute- Tampa	Tampa, FL	2027
200587	St. Augustine College	Chicago, IL	2027
200589	Black River Technical College	Pocahontas, AR	2027
200597	Concorde Career College- Dallas	Dallas, TX	2022
200598	Hutchinson Community College	Hutchinson, KS	2022
200599	New England Institute of Technology	East Greenwich, RI	2022

Probationary Accreditation Conferred

Probationary Accreditation is a temporary status* of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies, and progress reports submitted do not demonstrate correction of these deficiencies. Probationary Accreditation can also be conferred when a sponsor receives an adverse accreditation action as described in CoARC Policy 1.07. Following conferral of Probationary Accreditation, the program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time the program can rectify all the deficiencies that resulted in Probationary Accreditation, supported by CoARC's review of the Probation Report, and thereby achieve compliance with the *Standards*, the CoARC will consider removing probationary status. If compliance with all *Standards* is not demonstrated within two (2) consecutive years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probationary status exceed 2 years. If the program remains out of compliance with the *Standards* at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless it determines that the program is making a good faith effort to come into compliance with the *Standards*. A decision to confer probation is subject to reconsideration but cannot be appealed (See CoARC Policy 1.06). Enrolled students completing a program that is 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 the sponsor to complete a teach-out plan when: a program placed on probation; requests inactive status; or when accreditation is withdrawn - voluntarily/involuntarily (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective*
200061	University of District of Columbia CC	Washington, DC	11/11/2017
200303	Midland College	Midland, TX	11/11/2017
200419	Albany State University	Albany, GA	11/11/2017
200438	McLennan Community College	Waco, TX	11/11/2017
200442	Howard College	San Angelo, TX	11/11/2017
200576	South Arkansas Community College	El Dorado, AR	11/11/2017
200602	American College for Medical Careers	Orlando, FL:	11/11/2017
200605	Arkansas State University Mid-South	West Memphis, AR	11/11/2017

*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 resumed their previous accreditation status.

Program	Program Name (date initially placed on probation)	Location	Effective
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#			
200599	New England Institute of Technology (11-11-17)	East Greenwich, RI	3/10/2017
200264	Wheeling Jesuit University (11-12-16)	Wheeling, WV	6/24/2017
200543	Medical Education and Training Campus (Air Force) (11-21-15)	Ft. Sam Houston, TX	6/24/2017
200578	San Juan College (11-21-15)	Farmington, NM	6/24/2017
200372	Victoria College (11-21-15)	Victoria, TX	11/11/2017
200606	Pima Medical Institute-Houston (11-12-16)	Houston, TX	11/11/2017

Probation Report Reviewed*

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

Program #	Program Name (date initially placed on probation)	Location	Next Action
200264	Wheeling Jesuit University (11-12-16)	Wheeling, WV	11/2017
200343	Southern University at Shreveport (11-12-16)	Shreveport, LA	11/2017
200372	Victoria College (11-21-15)	Victoria, TX	11/2017
200525	Concorde Career College- San Diego (11-12-16)	San Diego, CA	11/2017
200543	Medical Education & Training Campus (Air Force) (11-21-15)	Ft. Sam Houston, TX	11/2017
200578	San Juan College (11-21-15)	Farmington, NM	11/2017
200606	Pima Medical Institute-Houston (11-12-16)	Houston, TX	11/2017
320276	Independence University (11-12-16)	Salt Lake City, UT	11/2017
200343	Southern University at Shreveport (11-12-16)	Shreveport, LA	3/2018
200525	Concorde Career College- San Diego (11-12-16)	San Diego, CA	3/2018
320276	Independence University (11-12-16)	Salt Lake City, UT	3/2018

Progress Reports Reviewed*

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

For general information about progress reports, please visit www.coarc.com/57.html. For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document (www.coarc.com/11.html) for the specific Board meeting date.

Program #	Program Name	Location	Next CoARC Mtg
200061	University of District of Columbia CC	Washington, DC	11/2017
200102	East Los Angeles College/Santa Monica College	Monterey Park, CA	11/2017
200122	Moraine Valley Community College	Palos Hills, IL	11/2017
200208	Texas Southern University	Houston, TX	11/2017
200290	Gannon University	Erie, PA	11/2017
200300	Daytona State College	Daytona Beach, FL	11/2017
200303	Midland College	Midland, TX	11/2017
200340	Northland Community & Technical College	E Grand Fords, MN	11/2017
200278	Robeson Community College	Lumberton, NC	11/2017
200385	Pittsburgh Career Institute	Pittsburgh, PA	11/2017
200419	Albany State University	Albany, GA	11/2017

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200438	McLennan Community College	Waco, TX	11/2017
200440	Concorde Career College- North Hollywood	North Hollywood, CA	11/2017
200442	Howard College	San Angelo, TX	11/2017
200450	Collins Career Technical Center	Chesapeake, OH	11/2017
200469	Concorde Career College- Memphis	Memphis, TN	11/2017
200477	Big Sandy Community & Technical College	Paintsville, KY	11/2017
200490	Stevens-Henager College	Salt Lake City, UT	11/2017
200492	St. Luke's College-Unity Point Health	Sioux City, IA	11/2017
200512	Brightwood Career Institute-Philadelphia Mills	Philadelphia, PA	11/2017
200515	Virginia College at Birmingham	Birmingham, AL	11/2017
200530	Northwest Kansas Technical College	Goodland, KS	11/2017
200536	Carrington College – Las Vegas	Las Vegas, NV	11/2017
200541	Southern West Virginia Community College	Williamson, WV	11/2017
200560	Platt College	Moore, OK	11/2017
200576	South Arkansas Community College	El Dorado, AR	11/2017
200586	Simi Valley Adult School/Excelsior School	Simi Valley, CA	11/2017
200587	St. Augustine College	Chicago, IL	11/2017
200597	Concorde Career College- Dallas	Dallas, TX	11/2017
200598	Hutchinson Community College	Hutchinson, KS	11/2017
200602	American College for Medical Careers	Orlando, FL	11/2017
200605	Arkansas State University-Mid South	West Memphis, AR	11/2017
200608	YTI Career Institute-Altoona	Altoona, PA	11/2017
200610	Hartnell College	Salinas, CA	11/2017
200614	Cochise College	Sierra Vista, AZ	11/2017
220133	St. Alexius Medical Center/University of Mary	Bismarck, SD	11/2017
300016	Munson Medical Center	Traverse City, MI	11/2017
200180	Parkland College	Champaign, IL	7/2018
200208	Texas Southern University	Houston, TX	3/2018
200229	Sandhills Community College	Pinehurst, NC	3/2018
200378	Robeson Community College	Lumberton, NC	3/2018
200385	Pittsburgh Career Institute	Pittsburgh, PA	3/2018
200440	Concorde Career College- North Hollywood	North Hollywood, CA	3/2018
200469	Concorde Career College- Memphis	Memphis, TN	3/2018
200492	St. Luke's College-Unity Point Health	Sioux City, IA	11/2018
200536	Carrington College – Las Vegas	Las Vegas, NV	11/2018
200560	Platt College	Moore, OK	3/2018
200614	Cochise College	Sierra Vista, AZ	3/2018

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. The CoARC may request a Standardized Progress Report (series of questions developed by the CoARC) for a variety of deficiencies including failing to meet thresholds for the following outcomes: attrition, credentialing success, graduate and employer satisfaction, and on-time graduation rate. The decision to request a progress report is made by the Program Referee or the Executive Office during 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 before the specified deadline. The progress report will constitute the basis for subsequent Commission action. If the program comes into compliance with all the

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CoARC *Standards*, the action will be to accept the report. If the report does not demonstrate compliance with the *Standards*, or if it was not submitted within the time frame specified in the request for the progress report, the Commission may either (1) request an additional progress report or (2) confer a Probationary Accreditation status. For general information about progress reports, please visit www.coarc.com/57.html. For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document (www.coarc.com/11.html) for the specific Board meeting date.

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

Program #	Program Name	Location	Next Re-evaluation
200368	Nebraska Methodist College	Omaha, NE	2026
200410	Fletcher Technical Community College	Houma, LA	2026
200445	Community College of Baltimore County	Baltimore, MD	2027
200011	Forsyth Technical Community College	Winston Salem, NC	2027
200102	East Los Angeles College/Santa Monica College	Monterey Park, CA	2022
200122	Moraine Valley Community College	Palos Hills, IL	2018
200290	Gannon University	Erie, PA	2022
200300	Daytona State College	Daytona Beach, FL	2020
200340	Northland Community & Technical College	E Grand Forks, MN	2018
200450	Collins Career Technical Center	Chesapeake, OH	2026
200477	Big Sandy Community & Technical College	Paintsville, KY	2022
200490	Stevens-Henager College	Salt Lake City, UT	2026
200530	Northwest Kansas Technical College	Goodland, KS	2020
200541	Southern West Virginia Community College	Williamson, WV	2021
200572	Rush University Medical Center	Chicago, IL	2027
200586	Simi Valley Adult School/Excelsior College	Simi Valley, CA	2019
200608	YTI Career Institute-Altoona	Altoona, PA	2018
200610	Hartnell College	Salinas, CA	2019
220133	CHI St. Alexius Health/University of Mary	Bismarck, ND	2021
300016	Munson Medical Center	Traverse City, MI	2019

Withhold Accreditation*

A program seeking Provisional 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 can no longer admit students. The CoARC requires a sponsor to formulate and complete a teach-out plan when the CoARC acts to withhold/withdraw a program's accreditation (see Policy 1.13). Enrolled students who satisfactorily complete the program during the teach-out 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).

Program #	Program Name	Location	Effective
200623	Bunker Hill Community College	Boston, MA	6/24/2017

Withdrawal Accreditation – Involuntary*

This status is conferred when an accredited program is not in compliance with the Accreditation Standards and has failed to address cited deficiencies to the satisfaction of the CoARC. Specific circumstances warranting a withdrawal of accreditation are described in CoARC Policy 1.057. A program that has had its accreditation status withdrawn cannot admit students. When the CoARC confers Withdrawal of Accreditation, the CoARC requires the sponsor to formulate and complete a teach-out plan for any students remaining in the program (see CoARC Policy 1.13). For programs that receive a Withdrawal of Accreditation status, enrolled students who satisfactorily complete the program teach-out are considered graduates of a CoARC accredited program.

Program #	Program Name	Location	Effective
200528	Southeast Arkansas College	Pine Bluff, AR	11/11/2017

*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).

Withdrawal Accreditation - Voluntary

This status is conferred when a sponsor notifies the 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, either for all activities of the program or for any program options. For programs that receive a 'Withdrawal of Accreditation – Voluntary' status, enrolled students who satisfactorily complete the teach-out are considered graduates of a CoARC accredited program (See CoARC Policy 1.06 for Reconsideration and Appeal Policy).

Program #	Program Name	Degree Conferred	Location	Effective
200110	Lane Community College	AAS	Eugene, OR	7/1/2017
400482	Southern Crescent Technical College	SDS	Griffin, GA	7/1/2017
300031	Weber State University-Utah Valley	BS	Provo, UT	8/26/2017

Inactive Accreditation

Base programs and/or program options on Administrative Probation or with a status of Continuing Accreditation without any pending Progress Reports are eligible to request inactive status for up to two years. No students may be enrolled or matriculated in the program while the program is on inactive status. Programs offering additional options may request voluntary inactive status for these program options without affecting the accreditation status of the base program. The Inactive Status does not affect the date of the next scheduled site visit. During inactive status, programs must continue to submit documents (e.g., annual reports) and pay applicable fees, unless otherwise directed by the CoARC. The CoARC requires a sponsor to formulate and complete a teach-out plan when a program requests inactive status (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective
200417	Kennebec Valley Community College	Fairfield, ME	8/1/2017
200572	Rush University Medical Center	Chicago, IL	10/2/2017

Administrative Probation

Administrative Probation is conferred when a program, or any program option with a separate CoARC ID number, does not comply with any of the CoARC's administrative requirements. Administrative Probation status will not affect the eligibility of its students for the NBRC Examinations. 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, failure of the program to provide requested material/fees etc. will result in the program's being placed on the agenda of the next scheduled CoARC meeting for consideration of Withhold or Withdrawal of Accreditation (see CoARC Accreditation Policy 1.054 and 1.057). If conferral of Administrative Probation was for failure to meet personnel requirements, the deficiency will be brought before the CoARC Board 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
200528	Southeast Arkansas College (10/11/2017)	Pine Bluff, AR	Key Personnel	11/11/2017

Site Visits Conducted

A 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 (and in some cases, must) be a physician. Site visitors are trained to be objective on-site observers and gatherers of data, which are then reported back to the CoARC Referee. During the campus visit, 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 the documentation provided to the CoARC prior to the visit-supports the program's analysis and action plans related to its resources and outcomes. Further, the visit offers an opportunity to confirm the extent 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 2017, there were a total of 62 site visits, listed below.

Program #	Program Name	Location	Dates of Site Visit in 2017
200014	Millersville Univ/Lancaster Regional Med	Lancaster, PA	5/1/2017
200083	Fresno City College	Fresno, CA	2/2/2017
200091	Midlands Technical College	Columbia, SC	6/15/2017
200122	Moraine Valley Community College	Palos Hills, IL	9/28/2017
200137	Baltimore City Community College	Baltimore, MD	9/21/2017
200138	Hudson Valley Community College	Troy, NY	6/8/2017
200145	St. Petersburg College	Pinellas Park, FL	10/30/2017
200167	The Ohio State University	Columbia, OH	9/21/2017
200259	Fayetteville Tech Community College	Fayetteville, NC	9/21/2017
200260	Cincinnati State Tech-Community College	Cincinnati, OH	10/2/2017
200274	Gwynedd Mercy University	Gwynedd Valley, PA	11/16/2017
200281	Bellarmine University	Louisville, KY	4/27/2017
200283	Henry Ford College	Dearborn, MI	2/20/2017
200310	San Jacinto College	Pasadena, TX	1/23/2017
200335	North Central State College	Mansfield, OH	12/4/2017
200340	Northland Comm & Technical College	East Grand Forks, MN	10/23/2017

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200351	Ozarks Technical Community College	Springfield, MO	10/19/2017
200372	Victoria College	Victoria, TX	9/28/2017
200376	Collin College	McKinney	2/16/2017
200380	Indian River State College	Ft. Pierce, FL	9/14/& 10/9/2017
200422	University of Texas Health Science Ctr	San Antonio, TX	8/31/2017
200423	St. Philip's College	San Antonio, TX	3/30/2017
200441	Kankakee Community College	Kankakee, IL	11/2/2017
200442	Howard College	San Angelo, TX	9/14/2017
200452	College of Southern Nevada	Las Vegas, NV	11/6/2017
200458	Weatherford College	Weatherford, TX	9/11/2017
200472	Concorde Career College- Garden Grove	Garden Grove, CA	8/31/2017
200483	Pima Medical Institute-Albuquerque	Albuquerque, NM	10/19/2017
200504	University of Rio Grande/Rio Grande CC/	Rio Grande, OH	11/13/2017
200512	Brightwood Career Inst-Philadelphia Mill	Philadelphia, PA	5/4/2017
200515	Virginia College at Birmingham	Birmingham, AL	4/24/2017
200518	San Joaquin Valley College-Rancho Cordova	Rancho Cordova, CA	10/23/2017
200532	Somerset Community College	London, KY	3/2/2017
200543	Medical Education & Training Campus/ Community College of the Air Force	JBSA Fort Sam Houston, TX	5/22/2017
200557	Florida National University	Hialeah, FL	4/17/2017
200568	Stevens-Henager College-Boise	Boise, ID	3/6/2017
200569	Ivy Tech E IN Resp Care Ed Consortium	New Castle, IN	6/12/2017
200571	Keiser University	Ft. Lauderdale, FL	1/30/2017
200573	Concorde Career Institute- Tampa	Tampa, FL	5/11/2017
200576	South Arkansas Community College	El Dorado, AR	2/26/2017
200577	Franciscan Missionaries of Our Lady Univ	Baton Rouge, LA	2/23/2017
200584	El Camino Community College	Torrance, CA	9/25/2017
200589	Black River Technical College	Pocahontas, AR	3/27/2017
200592	National Park College	Hot Springs, AR	7/17/2017
200597	Concorde Career College - Dallas	Dallas, TX	7/27/2017
200598	Hutchinson Community College	Hutchinson, KS	4/13/2017
200599	New England Institute of Technology	East Greenwich, RI	8/28/2017
200601	Virginia College - Austin	Austin, TX	11/16/2017
200606	Pima Medical Institute-Houston	Houston, TX	10/9/2017
200607	San Joaquin Valley College-Temecula	Temecula, CA	9/14/2017
200619	Jacksonville State University	Jacksonville, AL	4/13/2017
200621	Antillean Adventist University	Mayagez, PR	3/20/2017
200622	Horry Georgetown Technical College	Myrtle Beach, SC	5/11/2017
200624	Southeast Kentucky Comm & Tech College	Whitesburg, KY	4/13/2017
200625	Utah Valley University	Orem, UT	9/14/2017
200626	Jackson State Community College	Jackson, TN	9/7/2017
200630	Salt Lake Community College	Salt Lake City, UT	9/7/2017
200631	Southern Regional Technical College	Thomasville, GA	10/12/2017
500001	UNC Charlotte	Charlotte, NC	4/6/2017
510002	St. Louis College of Health Careers	Fenton, MO	6/26/2017
510003	Florida National University	Hialeah, FL	4/17/2017
520001	UNC Charlotte	Charlotte, NC	4/6/2017

Applications for Substantive Change

A substantive change is any modification, affecting either the program or the program's sponsor, that the CoARC has determined to have the potential to affect program outcomes and thus requires the program to notify the CoARC prior to its occurrence (<http://www.coarc.com/42.html>.) The sponsor must report substantive change(s) to the CoARC for approval prior to the intended date of implementation, except for either an adverse action by the sponsor's institutional accrediting agency, a change in the program sponsor's institutional accreditation status or changes that are emergent or unexpected (see Accreditation Policy 1.07). While the decision to implement a substantive change is an institutional prerogative and/or responsibility, the CoARC is obligated to assess the potential of any substantive change to adversely affect the program's ability to meet the *Standards* and *Policies*.

Program #	Program Name	State	Policy #	Date Approved
200618	Eastern Florida State College	FL	9.11	1/10/2017
200419	Albany State University	GA	9.04	2/2/2017
200108	Ferris State University	MI	9.04	2/6/2017
200614	Cochise College	AZ	9.11	2/7/2017
200419	Albany State University	GA	9.01	3/23/2017
200619	Jacksonville State University	AL	9.10	3/27/2017
200152	Valencia College	FL	9.04	4/19/2017
200542	Carrington College	CA	9.04	4/20/2017
200390	Carrington College – Phoenix East	AZ	9.04	4/20/2017
200345	Central New Mexico Community College	NM	9.04	4/21/2017
200536	Carrington College – Las Vegas	NV	9.04	4/24/2017
300034	Shenandoah University Northern Virginia	VA	9.04	4/26/2017
200051	Shenandoah University	VA	9.04	4/26/2017
220572	Rush University Medical Center	IL	9.04	5/23/2017
200315	Stanly Community College	NC	9.04	6/5/2017
200413	Univ of Texas Medical Branch at Galveston	TX	9.10	6/15/2017
200474	Oconee Fall Line Technical College	GA	9.10	6/20/2017
200078	Indiana University of Pennsylvania	PA	9.01 & 9.11	7/1/2017
200205	Long Island University	NY	9.10	7/7/2017
200230	Massasoit Community College	MA	9.10	7/11/2017
200588	Platt College-Ontario	CA	9.04	8/18/2017
200055	Spokane Community College	WA	9.02 & 9.02	9/19/2017
210422	University of Texas Health Science Center	TX	9.10	9/26/2017
200422	University of Texas Health Science Center	TX	9.10	9/26/2017
200050	St. Louis Community College-Forest Park	MO	9.04	10/16/2017
200589	Black River Technical College	AR	9.03 & 9.04	11/27/2017
200538	Cisco College	TX	9.04	12/1/2017
200518	San Joaquin Valley-Rancho Cordova	CA	9.11	12/1/2017
200581	Spencerian College	KY	9.11	12/11/2017
200483	Pima Medical Institute-Albuquerque	NM	9.02 & 9.04	12/11/2017
200571	Keiser University	FL	9.04	12/11/2017
200581	Spencerian University	KY	9.01	12/12/2017
200358	Florence-Darlington Technical College	SC	9.04	12/15/2017
200521	Laurel Business Institute	PA	9.01	12/15/2017

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 from January 1, 2013 through December 31, 2017:

Type of Change Reported		Number Reported in 2013	Number Reported in 2014	Number Reported in 2015	Number Reported in 2016	Number Reported in 2017
Change in Program Name		12	11	11	4	5
Change in Program Address		8	8	2	1	1
Change in Billing Contact		28	41	56	38	46
Change in President/CEO		72	78	73	61	60
Change in Dean		105	79	113	104	109
Change in Program Director	Permanent	53	46	55	49	55
	Temporary	7	3	3	7	11
	Acting	3	7	2	1	5
Change in Director of Clinical Education	Permanent	69	64	80	83	91
	Temporary	29	15	19	22	20
	Acting	5	6	0	2	3
Change in Medical Director	Permanent	30	34	28	31	42
	Temporary	0	0	0	0	0
Change in Co-Medical Director		6	4	3	2	5
Change in Primary Sleep Specialist Instructor		2	0	1	0	0
Total # of Changes Reported		429	396	446	405	453

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

Of the 46 permanent changes in Program Director in 2014, 12 were due to retirement, 13 to resignation, 9 to re-assignment and 8 were due to other reasons. Four did not provide a reason.

Of the 55 permanent changes in Program Director in 2015, 18 were due to retirement, 15 to resignation, 13 to re-assignment and 9 were due to other reasons.

Of the 49 permanent changes in Program Director in 2016, 20 were due to retirement, 14 to resignation, 6 to re-assignment and 9 were due to other reasons.

Of the 55 permanent changes in Program Director in 2017, 16 were due to retirement, 17 to resignation, 13 to re-assignment and 9 were due to other reasons.

2017 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 graduate satisfaction*” (2015 Standards, p.47). 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 graduates; e) Job placement, and (f) On-time graduation rate.

The CoARC believes that continuous assessment of the educational quality of a respiratory care program (inclusive of distance education modalities and program options), will maximize the academic success of the enrolled students in an accountable and cost-effective manner. To achieve this outcome the assessment must be broad-based, systematic, and designed to promote achievement of program goals. The CoARC routinely monitors programmatic outcomes in relation to the CoARC thresholds via program submission of an Annual Report of Current Status (RCS). The CoARC provides definitions of each of the minimum performance criteria in Standard 3.09 (pp.26-27), its *Accreditation Policies & Procedures Manual* (pp. 38-39), and on its website (<http://www.coarc.com/15.html>).

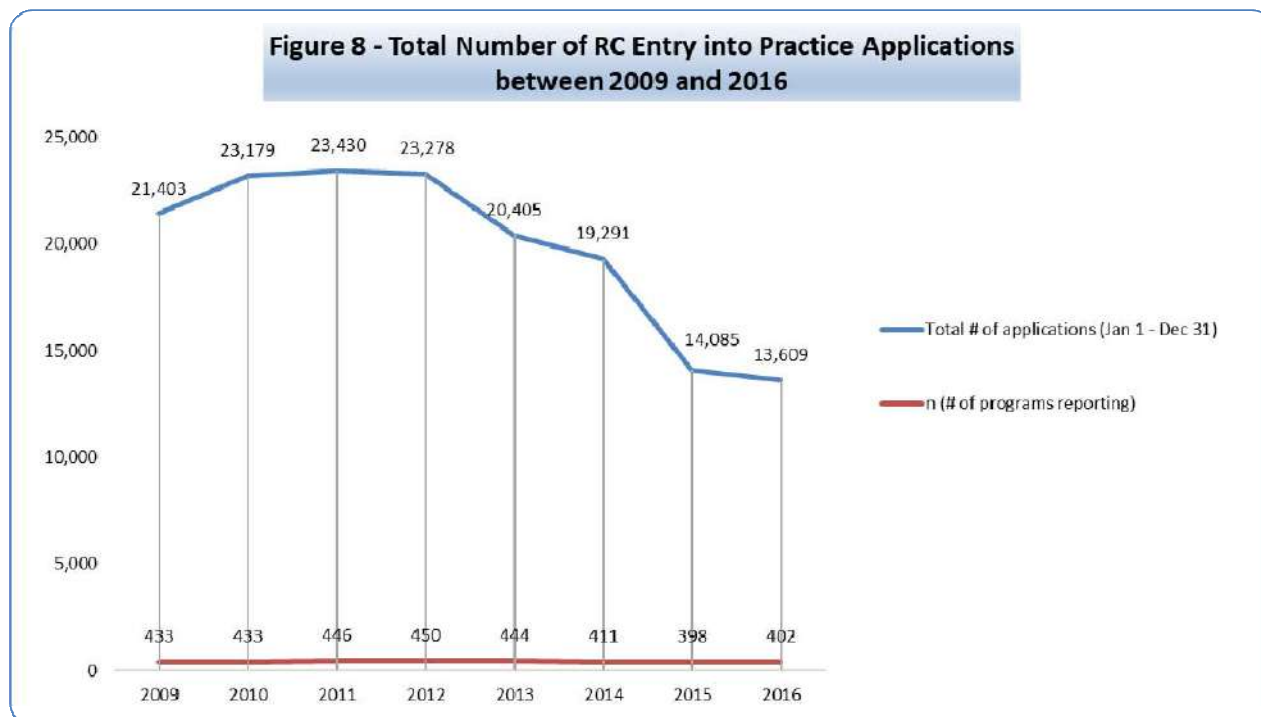
In May 2011, the CoARC launched its online Annual RCS system with a deadline for submission of July 1st, 2011. In preparation for this launch, the CoARC redesigned its reporting tool. The focus of this redesign was to simplify, and increase the accuracy of, data entry for programs. To achieve this goal, the CoARC adopted a reporting system that is *driven by student data*. Programs can now capture and record cohort information that includes individual student data throughout their enrollment in the program. Once a cohort has been created and students for that cohort have been entered into the reporting system, the program can update student data, such as graduation, attrition, credentials earned, and job placement, at any time. This student-specific information is then used to automatically generate aggregate programmatic outcomes data.

Outcomes are updated on an annual basis with submission of each program’s Annual RCS on July 1st. The CoARC works with programs throughout the data submission and validation phases to ensure that these performance data are accurate. With the 2015 RCS, the CoARC added overall employer and graduate satisfaction, as well as on-time graduation rates, to the outcomes metrics reported to the public.

The CoARC completed its verification of the outcomes data from the 2017 Annual Report of Current Status (RCS) in October 2017. A total of 437 annual reports (418 base respiratory care programs, 11 satellite program options, and 8 sleep specialist program options) were used to generate the data in this section. Programs on Approval of Intent are not included since they do not have outcomes data to report. These data are reported by program personnel to the CoARC and reflect the aggregate data for the three-year period being reported (January 1, 2014 through December 31, 2016 for the 2017 RCS reports accepted by the CoARC Executive Office). *Note: The data do not reflect any changes made to the RCS data after the 2017 RCS reports were accepted. Any such changes will be reported in the 2018 RCS reports due July 1, 2018.*

Total Applications

Each year, programs are required to report the number of applications they received. **Figure 8** shows the total number of applications to RC programs from 2009 through 2016. Total applications reached a peak of 23,430 in 2011, and then decreased by 42% between 2011 and 2016. The mean number of applications per program was 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, 52 from 2010 through 2012, and 48 in 2009. The median number of applications per program was 27 in 2016, 35 in 2015, 32 in 2014, 34 in 2013, 38 in 2012, 40 in 2011, 38 in 2010, and 32 in 2009.



Not included in **Figure 8** are the enrollment data for the sleep specialist program options (SSPOs). The total number of applications to SSPOs was 38 in 2016 (n=8), 49 in 2015 (n=7), 54 in 2014 (n=5), 50 in 2013 (n=7), 59 in 2012 (n=7), 85 in 2011 (n=7), 50 in 2010 (n=11), and 65 in 2009 (n=12). The mean number of applications per program option was 8 in 2016, 10 in 2015, 11 in 2014, 7 in 2013 and 2012, 10 in 2011, 5 in 2010, and 8 in 2009. The median number of applications per program option was 6 in 2016, 8 in 2015, 10 in 2014, 5 in 2013, 7 in 2012, 10 in 2011, 0 in 2010, and 6 in 2009.

RC Applications by Degree Offered

Table 9 –RC Applications by Degree Offered between 2012 and 2016

Degree Offered	2016 Applications (N= 402)		2015 Applications (N=398)		2014 Applications (N=411)		2013 Applications (N=444)		2012 Applications (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	11,551	34	12,221	36	17,372	49	18,336	48	20,947	54
Baccalaureate	1,906	34	1,796	32	1,708	31	2,003	33	2,257	40
Masters	152	30	68	34	211	70	66	22	74	25

Table 9 shows the annual respiratory care applications in relation to the degree offered. There were 13,609 applications in 2016. The 340 programs offering associate degrees accounted for 84.9% of the total number of applications in 2015. This is a 5.5% decrease compared to 2015 for this category and a 45% decrease when compared to 2012. The mean number of applications per program for this category was 34 in 2016, 36 in 2015, 49 in 2014, 48 in 2013, and 54 in 2012. The median number of applications per program for this category was 28 in 2016, 25 in 2015, 35 in 2014 and 2013, and 40 in 2012.

The 56 programs offering baccalaureate degrees accounted for 14.0% of the total number of applications in 2015. This is a 6.1% increase when compared to 2015 for this category, and a 15.6% decrease when compared to 2012. The mean number of applications per program for this category was 34 in 2016, 32 in 2015, 31 in 2014, 33 in 2013, and 40 in 2012. The median number of applications per program for this category was 25 in 2016, 26 in 2015, 28 in 2014 and 30 in 2013 and 2012.

The 5 programs offering master's degrees accounted for 1.1% of the total number of applications in 2015. This is a 124% decrease compared to 2015 for this category. The mean number of applications per program for this category was 30 in 2016, 34 in 2015, 70 in 2014, 22 in 2013 and 25 in 2012. The median number of applications per program for this category was 16 in 2016, 34 in 2015, 60 in 2014, 20 in 2013 and 30 in 2012.

RC Applications by Institutional Type

Table 10 – RC Applications by Institutional Type between 2012 and 2016

Institutional Type	2016 Applications (N= 402)		2015 Applications (N=398)		2014 Applications (N=411)		2013 Applications (N=444)		2012 Applications (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	8,746	39	9,411	41	11,430	48	12,088	48	13,867	55
Four-Year College or University	2,956	31	2,654	29	3,686	41	4,011	40	4,346	45
Technical or Vocational School	1,394	23	1,615	27	3,465	53	3,617	50	4,211	55
Academic HSC/ Medical Center	249	36	191	21	365	33	319	27	402	34
Career or Technical College	240	27	192	24	131	26	189	32	305	44
U.S. Military	25	13	22	11	214	107	181	91	147	74

Table 10 shows the annual applications for respiratory care programs by institutional type. The 226 programs offered in community or junior colleges accounted for 64.3% of the 13,609 applications in 2016. This is still the largest category but there was an 7% decrease in applications to such institutions compared to 2015 and a 37% decrease compared to 2012. The mean number of applications per program for this category was 39 in 2016, 41 in 2015, 48 in 2014 and 2013, and 55 in 2012. The median number of applications per program for this category was 30 in 2016, 32 in 2015, 36 in 2014 and 2013, and 41 in 2012.

The 96 programs offered in four-year colleges or universities accounted for 21.7% of the total number of applications in 2016. This is an 11.4% increase compared to 2015 and a 32% decrease compared to 2012. The mean number of applications per program for this category was 31 in 2016, 29 in 2015, 41 in 2014, 40 in 2013, and 45 in 2012. The median number of applications per program for this category was 22 in 2016, 22 in 2015, 29 in 2014, 25 in 2013, and 30 in 2012.

The 60 programs offered in technical or vocational schools accounted for 10.2% of the total number of applications in 2016. This is a 13.7% decrease compared to 2015 and a 66.9% decrease compared to 2012. The mean number of applications per program was 23 in 2016, 27 in 2015, 53 in 2014, 50 in 2013, and 55 in 2012. The median number of applications per program for this category was 20 in 2016, 20 in 2015, 37 in 2014 and 2013, and 40 in 2012.

The 9 programs offered in academic HSC/medical centers accounted for 1.8% of the total number of applications in 2016. This is a 30.4% increase compared to 2015 and a 38.1% decrease compared to 2012. The mean number of applications per program was 36 in 2016, 21 in 2015, 33 in 2014, 27 in 2013, and 34 in 2012. The median number of applications per program for this category was 21 in 2016, 16 in 2015, 23 in 2014, 30 in 2013, and 29 in 2012.

The 10 programs offered in career or technical colleges accounted for 1.7% of the total number of applications in 2016. This is a 25% increase compared to 2015 but a 21.3% decrease compared to 2012. The mean number of applications per program was 27 in 2016, 24 in 2015, 26 in 2014, 32 in 2013, and 33 in 2012. The median number of applications per program for this category was 25 in 2016, 26 in 2015, 30 in 2014 and 2013, and 34 in 2012.

The 2 programs offered in the U.S. military accounted for 0.2% of the total number of applications in 2016. This is a 13.6% increase compared to 2015 but an 83% decrease compared to 2012. The mean and median number of applications per program was 13 in 2016, 11 in 2015, 107 in 2014, 91 in 2013, and 74 in 2012.

RC Applications by Institutional Control/Funding

Table 11 –RC Applications by Institutional Control/Funding between 2012 and 2016

Institutional Control/Funding	2016 Applications (N= 402)		2015 Applications (N=398)		2014 Applications (N=411)		2013 Applications (N=444)		2012 Applications (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	11,695	38	12,172	39	14,286	44	15,471	44	17,938	52
Private/For-Profit (Proprietary)	1,081	28	1,217	26	3,652	70	3,677	65	3,570	63
Private/Not-For-Profit	809	22	674	20	1,139	38	1,076	33	1,623	42
Federal Government	25	13	22	11	214	107	181	91	147	74

Table 11 shows the annual applications to respiratory care programs in relation to institutional control/funding. The 311 programs controlled/funded by public/not-for-profit institutions accounted for 85.9% of the 13,609 applications in 2016. This is still the largest category but there was a 4% decrease compared to 2015 and a 35% decrease compared to 2012. The mean number of applications per program for this category was 38 in 2016, 39 in 2015, 44 in 2014 and 2013, and 52 in 2012. The median number of applications per program for this category was 30 in 2016, 30 in 2015, 32 in 2014, 33 in 2013, and 37 in 2012.

The 50 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 7.9% of the total number of applications in 2016. This is an 11.2% decrease compared to 2015 and a 69.7% decrease compared to 2012. The mean number of applications per program for this category was 28 in 2016, 26 in 2015, 70 in 2014, 65 in 2013, and 63 in 2012. The median number of applications per program for this category was 20 in 2016, 20 in 2015, 52 in 2014, 45 in 2013, and 48 in 2012.

The 40 programs controlled/funded by private/not-for-profit institutions accounted for 5.9% of the total number of applications in 2016. This is a 20% increase compared to 2015 but a 50% decrease compared to 2012. The mean number of applications per program for this category was 22 in 2016, 20 in 2015, 38 in 2014, 33 in 2013, and 42 in 2012. The median number of applications per program for this category was 15 in 2016, 16 in 2015, 26 in 2014, 23 in 2013, and 25 in 2012.

The 2 programs controlled/funded by the federal government accounted for 0.2% of the total number of applications in 2016. This is a 13.6% increase compared to 2015 but an 83% decrease compared to 2012. The mean and median number of applications per program was 13 in 2016, 11 in 2015, 107 in 2014, 91 in 2013, and 74 in 2012.

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

Table 12 provides data on applications to respiratory care programs for 2011-2016 by state and degree offered. As expected, California continues to have the largest (12.3% of total in 2016) number of applications.

Table 12 –Applications by State (including D.C.) and Degree between 2011 and 2016

State (# of programs reporting)	Degree	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)	2011 Applications (N=446)
AL (n=6)	Total	246	335	290	336	373	374
4	Associate	218	300	260	265	277	275
1	Baccalaureate	27	35	30	71	96	99
1	Masters	1	N/A	N/A	N/A	N/A	N/A
AR (n=7)	Total	291	252	251	239	294	259
6	Associate	267	240	225	234	235	188
1	Baccalaureate	24	12	26	5	59	71
AZ (n=5)	Total	147	170	522	512	621	760
5	Associate	147	170	522	512	621	760
0	Baccalaureate	0	0	0	0	0	0
CA (n=37)	Total	1,673	1,819	3,349	3,281	3,648	3,490
36	Associate	1,623	1,765	3,317	3,252	3,613	3,469
1	Baccalaureate	50	54	32	29	35	21
CO (n=4)	Total	87	77	168	154	140	156
4	Associate	87	77	168	154	140	156
0	Baccalaureate	0	0	0	0	0	0
CT (n=4)	Total	154	240	235	257	256	243
3	Associate	139	215	205	227	230	213
1	Baccalaureate	15	25	30	30	26	30
DC (n=1)	Total	13	15	12	18	N/A	26
1	Associate	13	15	12	18	N/A	26
0	Baccalaureate	0	0	0	0	0	0
DE (n=2)	Total	60	72	95	96	112	91
2	Associate	60	72	95	96	112	91
0	Baccalaureate	0	0	0	0	0	0
FL (n=24)	Total	884	905	1,092	1,251	1,437	1,658
22	Associate	830	858	1,057	1,221	1,407	1,628
2	Baccalaureate	54	47	35	30	30	30
GA (n=15)	Total	458	391	585	648	938	697
11	Associate	272	222	451	518	703	537
3	Baccalaureate	170	161	123	110	205	160
1	Masters	16	8	11	20	30	N/A
HI (n=1)	Total	30	18	25	N/A	40	48
1	Associate	30	18	25	N/A	40	48
0	Baccalaureate	0	0	0	0	0	0

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)	2011 Applications (N=446)
IA (n=6)	Total	132	189	233	260	320	259
6	Associate	132	189	233	260	320	259
0	Baccalaureate	0	0	0	0	0	0
ID (n=3)	Total	54	65	77	81	108	100
2	Associate	21	25	26	37	48	35
1	Baccalaureate	33	40	51	44	60	65
IL (n=14)	Total	406	402	643	581	617	704
12	Associate	361	402	488	501	591	639
1	Baccalaureate	N/A	N/A	15	36	26	65
1	Masters	45	N/A	140	44	44	5
IN (n=9)	Total	218	317	310	356	426	474
8	Associate	176	236	270	301	358	429
1	Baccalaureate	42	81	40	55	68	45
KS (n=9)	Total	191	155	203	217	236	248
8	Associate	165	147	181	202	217	230
1	Baccalaureate	26	8	22	15	19	18
KY (n=12)	Total	364	343	397	388	620	500
10	Associate	317	313	354	372	620	486
2	Baccalaureate	47	30	43	16	N/A	14
1	Masters	N/A	N/A	N/A	N/A	N/A	N/A
LA (n=9)	Total	198	212	225	254	276	263
6	Associate	168	168	203	226	250	230
3	Baccalaureate	30	44	22	28	26	33
MA (n=5)	Total	163	285	245	276	334	363
5	Associate	163	285	245	276	334	363
0	Baccalaureate	0	0	0	0	0	0
MD (n=6)	Total	268	277	310	360	386	325
5	Associate	208	207	250	235	266	245
1	Baccalaureate	60	70	60	125	120	80
ME (n=10)	Total	40	69	78	85	98	86
2	Associate	40	69	78	85	98	86
0	Baccalaureate	0	0	0	0	0	0
MI (n=12)	Total	425	411	404	476	561	697
12	Associate	425	411	404	476	561	697
0	Baccalaureate	0	0	0	0	0	0
MN (n=5)	Total	122	144	185	170	190	179
3	Associate	85	115	137	125	136	139
2	Baccalaureate	37	29	48	45	54	40

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)	2011 Applications (N=446)
MO (n=9)	Total	151	192	242	262	379	333
7	Associate	132	164	219	242	361	318
2	Baccalaureate	19	28	23	20	18	15
MS (n=8)	Total	387	383	393	395	649	670
8	Associate	387	383	393	395	649	670
0	Baccalaureate	0	0	0	0	0	0
MT (n=2)	Total	30	35	32	39	50	47
2	Associate	30	35	32	39	50	47
0	Baccalaureate	0	0	0	0	0	0
NC (n=13)	Total	617	618	703	795	834	880
12	Associate	603	618	703	795	834	880
1	Baccalaureate	94	0	0	0	0	0
ND (n=3)	Total	29	22	21	29	35	25
0	Associate	0	0	0	0	0	0
2	Baccalaureate	28	22	21	27	35	25
1	Masters	1	0	0	2	0	0
NE (n=4)	Total	108	76	100	121	110	137
3	Associate	98	66	95	106	100	122
1	Baccalaureate	10	10	5	15	10	15
NH (n=1)	Total	11	18	25	10	5	20
1	Associate	11	18	25	10	5	20
0	Baccalaureate	0	0	0	0	0	0
NJ (n=7)	Total	243	240	364	400	765	580
5	Associate	184	170	336	354	525	490
2	Baccalaureate	9	70	28	46	240	90
NM (n=6)	Total	78	120	115	148	140	163
6	Associate	78	120	115	148	140	163
0	Baccalaureate	0	0	0	0	0	0
NV (n=3)	Total	83	59	194	285	286	210
3	Associate	83	59	194	285	286	210
0	Baccalaureate	0	0	0	0	0	0
NY (n=12)	Total	890	878	948	897	896	844
10	Associate	829	815	847	759	752	729
2	Baccalaureate	61	63	101	138	144	115
OH (n=21)	Total	691	667	847	979	1,032	1,167
16	Associate	519	516	676	775	855	998
5	Baccalaureate	172	151	171	204	177	169

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State (# of programs reporting)	Degree	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)	2011 Applications (N=446)
OK (n=6)	Total	126	110	185	172	238	235
6	Associate	126	110	185	172	238	235
0	Baccalaureate	0	0	0	0	0	0
OR (n=4)	Total	112	158	142	155	237	182
3	Associate	90	128	120	134	207	152
1	Baccalaureate	22	30	22	21	30	30
PA (n=22)	Total	737	732	937	1,067	1,141	1,263
18	Associate	467	453	677	867	876	1,042
4	Baccalaureate	270	279	260	200	265	221
RI (n=1)	Total	35	48	88	87	91	30
1	Associate	35	48	88	87	91	30
0	Baccalaureate	0	0	0	0	0	0
SC (n=7)	Total	187	168	186	218	251	223
7	Associate	187	168	186	218	251	223
0	Baccalaureate	0	0	0	0	0	0
SD (n=2)	Total	32	34	29	30	31	35
2	Associate	32	34	29	30	31	35
0	Baccalaureate	0	0	0	0	0	0
TN (n=10)	Total	378	390	521	556	627	618
7	Associate	258	268	409	418	482	480
3	Baccalaureate	120	122	112	138	145	138
TX (n=35)	Total	1,147	982	1,515	1,578	1,388	1,489
26	Associate	843	744	1,265	1,312	1,205	1,271
4	Baccalaureate	214	178	190	266	183	218
1	Master's	90	60	60	0	0	0
UT (n=6)	Total	131	91	520	592	492	664
3	Associate	29	3	448	451	460	630
3	Baccalaureate	102	88	72	141	32	34
VA (n=8)	Total	250	285	457	520	507	536
5	Associate	190	217	377	440	445	465
3	Baccalaureate	60	68	80	80	62	71
VT (n=1)	Total	1	33	40	40	40	40
1	Associate	35	33	40	40	40	40
0	Baccalaureate	0	0	0	0	0	0
WA (n=5)	Total	175	193	179	214	229	245
4	Associate	156	163	151	164	229	245
1	Baccalaureate	19	30	28	50	0	0

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



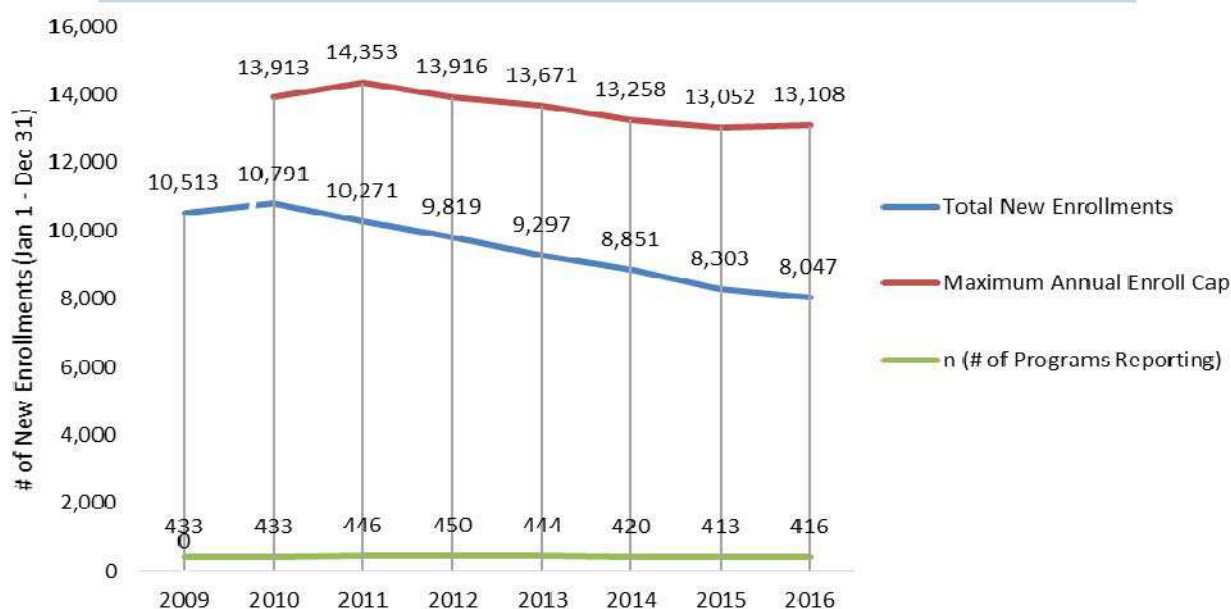
State (# of programs reporting)	Degree	2016 Applications (N= 402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)	2011 Applications (N=446)
WI (n=6)	Total	237	255	296	330	352	442
6	Associate	237	255	296	330	352	442
0	Baccalaureate	0	0	0	0	0	0
WV (n=4)	Total	76	119	268	184	306	209
2	Associate	65	98	250	157	286	172
1	Baccalaureate	11	21	18	27	20	39
WY (n=1)	Total	14	16	10	15	20	20
1	Associate	14	16	10	15	20	20
0	Baccalaureate	0	0	10	0	0	0

Total New Enrollments

Programmatic enrollment is deemed by the CoARC to occur when a student enrolls in the first core respiratory care course; i.e. a non-survey/non-prerequisite course 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 for calculating programmatic attrition, on-time graduation rates, and maximum annual enrollment. **Figure 9** shows total new enrollments from 2009 through 2016. Enrollments for 2010 through 2016 are compared to the total maximum annual enrollment capacity¹. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 61.4% of capacity in 2016, 63.6% in 2015, 66.8% of capacity in 2014, 68.0% of capacity in 2013, 70.5% of capacity in 2012, 72% of capacity in 2011, and 78% of capacity in 2010. For 2016, 12.5% (52 of the 416) programs reported new enrollments reaching maximum annual enrollment capacity. Of these 52 programs, 20 offered the AAS degree, 20 offered the AS degree, 9 offered the BS degree and 3 offered the MS degree. The 52 programs were located in 27 different states.

The mean maximum annual enrollment capacity per program was 31 in 2016, 32 in 2015 and 2014, 31 in 2013 and 2012, and 32 in 2011 and 2010. The mean number of new enrollments per program was 19 in 2016, 20 in 2015, 21 in 2014 and 2013, 22 in 2012, 23 in 2011, 24 in 2010, and 24 in 2009. The median number of new enrollments per program was 17 in 2016, 18 in 2015, 25 in 2014, 18 in 2013, 19 in 2012 and 2011, 20 in 2010, and 19 in 2009. There was a 3.1% decrease in new enrollments in 2016 compared to 2015 and a 24% decrease compared to 2009.

Figure 9 - Total New Entry into Practice RC Program and Satellite Enrollments and Maximum Annual Enrollment Capacities between 2009 and 2016



¹ The maximum annual enrollment capacity is defined as the maximum number of new students that could be enrolled in a calendar year (defined as January 1 through December 31). This number is established by the CoARC based on information provided by the program and can only be increased upon approval of a request for a substantive change (see CoARC Policy 9.10).

Not included in **Figure 9** are the enrollment data for the 5 sleep specialist program options with reportable enrollment data. There were 31 new enrollments in 2016 which is a 26.2% decrease compared to 2015. In 2016, new enrollments reached 46% of maximum capacity. There were 42 new enrollments in 2015 which is a 13.5% increase compared to 2014. In 2015, new enrollments reached 47% of maximum capacity. The mean number of new enrollments per program option was 6 in 2016, 8 in 2015, 7 in 2014, 6 in 2013, 7 in 2012 and 2011, 5 in 2010, and 8 in 2009. The median number of new enrollments per program option was 10 in 2016, 6 in 2015, 5 in 2014, 4 in 2013, 5 in 2012, 3 in 2011, 3 in 2010, and 5 in 2009.

New RC Enrollments by Degree Offered

Table 13 – New RC Enrollments by Degree Offered between 2012 and 2016												
Degree Offered	2016 Max Annual Enrollment Capacity		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)		2014 New Enrollments (N=420)		2013 New Enrollments (N=444)		2012 New Enrollments (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	11,552	33	7,089	20	7,289	21	7,852	22	8,273	22	8,872	23
Baccalaureate	1,491	26	903	16	948	16	948	17	993	16	920	16
Masters	65	19	55	13	66	22	51	17	31	10	27	9

Table 13 shows the new annual enrollments in respiratory care in relation to the degree offered. The 352 programs offering associate degrees accounted for 88.1% of the 8,047 new enrollments in 2016. This is a 2.7% decrease compared to 2015 for this category and a 20.1% decrease compared to 2012. New enrollments in associate degree programs reached 62% of maximum capacity in 2016. The mean number of new enrollments per program for this category was 20 in 2016, 21 in 2015, 22 in 2014 and 2013, and 23 in 2012. The median number of new enrollments per program for this category was 18 in 2016, 18 in 2015 and 2014 and 2013, and 19 in 2012.

The 59 programs offering baccalaureate degrees accounted for 11.2% of the total number of new enrollments in 2016. This is a 4.7% decrease compared to 2015 for this category, and a 1.9% decrease compared to 2012. New baccalaureate degree enrollments reached 60.6% of maximum capacity in 2016. The mean number of new enrollments per program for this category was 16 in 2016 and 2015, 17 in 2014, 16 in 2013, and 16 in 2012. The median number of new enrollments per program for this category was 15 in 2016, 15 in 2015 and 2014, and 18 in 2013 and 2012.

The 5 programs offering master's degrees accounted for 0.7% of the total number of new enrollments in 2016. This is a 16.7% decrease compared to 2015. New enrollments in these programs reached 84.6% of maximum capacity in 2016. The mean number of new enrollments per program for this category was 13 in 2016, 22 in 2015, 17 in 2014, 10 in 2013 and 9 in 2012. The median number of new enrollments per program for this category was 11 in 2016, 13 in 2015, 18 in 2014, 10 in 2013 and 6 in 2012.

New RC Enrollments by Institutional Type

Table 14 – New RC Enrollments by Institutional Type between 2012 and 2016												
Institutional Type	2016 Max Annual Enroll Capacity		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)		2014 New Enrollments (N=420)		2013 New Enrollments (N=444)		2012 New Enrollments (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	6,424	27	4,473	20	4,522	19	4,769	20	4,953	20	5,176	20
Four-Year College or University	2,811	28	1,667	17	1,846	19	1,888	21	1,995	20	1,861	19
Technical or Vocational School	3,068	51	1,380	23	1,425	23	1,797	26	1,923	27	2,303	30
Academic HSC/ Medical Center	139	20	98	12	134	12	148	13	151	13	184	15
Career or Technical College	438	44	272	27	210	26	91	18	116	19	144	21
U.S. Military	228	114	157	79	166	83	158	79	159	80	151	76

Table 14 shows the new enrollments in respiratory care programs in relation to institutional type for the years 2012-2016. The 235 programs offered in community or junior colleges is the largest category and accounted for 55.6% of the 8,047 new enrollments in 2016. This is a 1.1% decrease in enrollments compared to 2015 and a 13.6% decrease compared to 2012. New enrollments reached 69.6% of maximum capacity in 2016. The mean number of new enrollments per program was 20 in 2016, 19 in 2015, 20 in 2014, 2013, and 2012. The median was 18 in 2016 through 2013, and 20 in 2012.

The 101 programs offered in four-year colleges or universities accounted for 20.7% of the total number of new enrollments in 2016. This is a 9.7% decrease compared to 2015 and a 10.4% decrease compared to 2012. New enrollments reached 59.3% of maximum capacity in 2016. The mean number of new enrollments per program was 17 in 2016, 19 in 2015, 21 in 2014, 20 in 2013, and 19 in 2012. The median was 15 in 2016, 15 in 2015, 16 in 2014 and 2013, and 17 in 2012.

The 60 programs offered in technical or vocational schools accounted for 17.1% of the total number of new enrollments in 2016. This is a 3.2% decrease compared to 2015 and a 40.1% decrease compared to 2012. New enrollments reached 45% of maximum capacity in 2016. The mean number of new enrollments per program was 23 in 2016 and 2015, 26 in 2014, 27 in 2013, and 30 in 2012. The median was 22 in 2016, 20 in 2015, 19 in 2014, 20 in 2013, and 23 in 2012.

The 9 programs offered in academic HSC/medical centers accounted for 1.2% of the total number of new enrollments in 2016. This is a 26.9% decrease compared to 2015 and a 46.7% decrease compared to 2012. New enrollments reached 70.5% of maximum capacity in 2016. The mean number of new enrollments per program was 12 in 2016 and 2015, 13 in 2014 and 2013, and 15 in 2012. The median was 11 in 2016, 12 in 2015, 14 in 2014, 10 in 2013, and 16 in 2012.

The 10 programs offered in career or technical colleges accounted for 3.4% of the total number of new enrollments in 2016. This is a 29.5% increase compared to 2015 and an 88.9% increase compared to 2012. New enrollments reached 62.1% of maximum capacity in 2016. The mean number of new enrollments per program was 27 in 2016, 26 in 2015, 18 in 2014, 19 in 2013, and 21 in 2012. The median was 24 in 2016, 16 in 2015, 20 in 2014, and 18 in 2013 and 2012.

The 2 programs offered in the U.S. military accounted for 2.0% of the total number of new enrollments in 2016. This is a 5.2% decrease compared to 2015, but a 4% increase compared to 2012. New enrollments reached 68.9% of maximum capacity in 2016. The mean (and median) number of new enrollments per program was 79 in 2016, 83 in 2015, 79 in 2014, 80 in 2013, and 76 in 2012.

New RC Enrollments by Institutional Control/Funding

Table 15 – New RC Enrollments by Institutional Control/Funding between 2012 and 2016

Institutional Control/Funding	2016 Max Annual Enroll Capacity		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)		2014 New Enrollments (N=420)		2013 New Enrollments (N=444)		2012 New Enrollments (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	8,412	26	5,715	18	5,924	18	6,150	18	6,497	18	6,631	19
Private/For-Profit (Proprietary)	2,968	63	1,506	30	1,467	29	1,984	37	2,081	37	2,070	36
Private/Not-For-Profit	1,500	38	669	16	746	21	559	18	560	17	967	20
Federal Government	228	114	157	79	166	83	158	79	159	80	151	76

Table 15 shows the new enrollments in respiratory care programs in relation to institutional control/funding for the years 2012-2016. The 323 programs controlled/funded by public/not-for-profit institutions is the largest category and accounted for 71% of the 8,047 new respiratory care enrollments in 2016. This is a 3.5% decrease compared to 2015 and a 13.8% decrease compared to 2012. New enrollments were at 67.9% of maximum capacity in 2016 for programs in this category. The mean number of new enrollments per program was 18 in 2016 through 2013, and 19 in 2012. The median was 17 in 2016, 17 in 2015, 18 in 2014 and 2013, and 19 in 2012.

The 51 programs controlled /funded by private/for-profit (proprietary) institutions accounted for 18.7% of the total number of new enrollments in 2016. This is a 2.7% increase compared to 2015 and a 27.2% decrease compared to 2012. New enrollments reached 50.7% of maximum capacity in 2016 for programs in this category. The mean number of new enrollments per program was 30 in 2016, 29 in 2015, 37 in 2014 and 2013, and 36 in 2012. The median was 29 in 2016, 27 in 2015, 33 in 2014, 31 in 2013, and 29 in 2012.

The 41 programs controlled/funded by private/not-for-profit institutions accounted for 8.3% of the total number of new enrollments in 2016. This is a 10.3% decrease compared to 2015, and a 30.8% decrease compared to 2012. New enrollments reached 44.6% of maximum capacity in 2016 for programs in this category. The mean number of new enrollments per program was 16 in 2016, 21 in 2015, 18 in 2014, 17 in 2013, and 20 in 2012. The median was 11 in 2016, 11 in 2015, 15 in 2014, 14 in 2013, and 17 in 2012.

The 2 programs controlled/funded by the federal government accounted for 2.0% of the total number of new enrollments in 2016. This is a 5.2% decrease compared to 2015, but a 4% increase compared to 2012. New enrollments reached 68.9% of maximum capacity in 2016. The mean (and median) number of new enrollments per program was 79 in 2016, 83 in 2015, 79 in 2014, 80 in 2013, and 76 in 2012.

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

Table 16 provides data on new enrollments in respiratory care programs for 2011-2016 by state and degree offered. As expected, California had the largest (14.7% of total) enrollments of any state in 2016.

Table 16 – New RC Enrollments by State (including D.C.) and Degree between 2011 and 2016								
State (# of programs reporting)	Degree	2016 Maximum Annual Enroll Capacity	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)
AL (n=6)	Total	246	147	134	143	147	151	145
4	Associate	161	127	108	122	100	82	85
1	Baccalaureate	66	19	26	21	47	69	60
1	Masters	25	1	0	0	0	0	0
AR (n=8)	Total	160	100	90	117	134	133	104
7	Associate	136	90	74	100	118	109	76
1	Baccalaureate	24	10	16	17	16	24	28
AZ (n=6)	Total	373	176	194	229	189	208	337
6	Associate	373	176	194	229	189	208	337
0	Baccalaureate	0	0	0	0	0	0	0
CA (n=38)	Total	2,032	1,184	1,180	1,429	1,497	1,751	1,861
37	Associate	2010	1169	1,174	1,420	1,488	1,731	1,853
1	Baccalaureate	22	15	6	9	9	20	8
CO (n=4)	Total	227	119	97	105	99	119	108
4	Associate	227	119	97	105	99	119	108
0	Baccalaureate	0	0	0	0	0	0	0
CT (n=5)	Total	118	75	85	90	76	92	86
4	Associate	100	62	67	76	59	73	69
1	Baccalaureate	18	13	18	14	17	18	17
DC (n=1)	Total	24	4	4	7	24	18	14
1	Associate	24	4	4	7	10	18	14
0	Baccalaureate	0	0	0	0	0	0	0
DE (n=2)	Total	35	25	25	25	24	34	35
2	Associate	35	25	25	25	24	34	35
0	Baccalaureate	0	0	0	0	0	0	0
FL (n=24)	Total	725	511	486	482	526	497	669
24	Associate	690	479	449	454	498	476	639
2	Baccalaureate	55	32	37	28	28	21	30
GA (n=15)	Total	356	260	260	276	260	270	272
11	Associate	264	248	177	179	167	189	184
3	Baccalaureate	92	65	78	86	83	75	44
1	Masters	N/A	12	5	11	10	6	0
HI (n=1)	Total	16	13	16	17	16	12	16
1	Associate	16	13	16	17	16	12	16
0	Baccalaureate	0	0	0	0	0	0	0

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State (# of programs reporting)	Degree	2016 Maximum Annual Enroll Capacity	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)
IA (n=6)	Total	123	71	80	84	87	97	96
6	Associate	123	71	80	84	87	97	96
0	Baccalaureate	0	0	0	0	0	0	0
ID (n=3)	Total	80	53	43	45	50	56	43
2	Associate	55	28	21	23	28	32	43
1	Baccalaureate	25	25	22	22	22	24	0
IL (n=15)	Total	399	234	248	263	279	288	303
13	Associate	375	223	232	238	255	262	278
1	Baccalaureate	24	N/A	3	3	5	5	25
1	Masters	N/A	11	13	22	19	21	278
IN (n=11)	Total	235	155	200	207	211	206	222
9	Associate	189	129	155	177	181	176	193
2	Baccalaureate	46	26	45	30	30	30	29
KS (n=9)	Total	192	118	104	122	132	139	130
8	Associate	168	100	98	101	123	121	116
1	Baccalaureate	24	16	6	21	9	18	14
KY (n=14)	Total	266	202	175	164	207	236	230
12	Associate	231	178	150	131	192	216	216
2	Baccalaureate	35	34	25	33	15	20	14
LA (n=9)	Total	183	115	112	106	122	129	138
6	Associate	116	83	78	87	106	109	106
3	Baccalaureate	67	32	34	19	16	20	32
MA (n=5)	Total	124	83	91	110	113	107	101
5	Associate	124	83	91	110	113	107	101
.0	Baccalaureate	0	0	0	0	0	0	0
MD (n=7)	Total	173	113	122	146	145	156	156
6	Associate	142	89	88	107	105	120	123
1	Baccalaureate	40	24	34	39	40	36	33
ME (n=2)	Total	34	15	32	30	33	31	32
2	Associate	34	15	32	30	33	31	32
0	Baccalaureate	0	0	0	0	0	0	0
MI (n=12)	Total	327	232	271	233	299	269	292
12	Associate	327	232	271	233	299	269	292
0	Baccalaureate	0	0	0	0	0	0	0
MN (n=5)	Total	123	74	87	101	90	97	100
3	Associate	83	46	64	68	57	68	74
2	Baccalaureate	40	28	23	33	33	29	26

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State (# of programs reporting)	Degree	2016 Maximum Annual Enroll Capacity	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)
MO (n=9)	Total	287	96	141	160	160	189	208
7	Associate	263	86	120	145	149	175	193
2	Baccalaureate	24	10	21	15	11	14	15
MS (n=8)	Total	162	125	126	112	118	119	133
8	Associate	162	125	126	112	118	119	133
0	Baccalaureate	0	0	0	0	0	0	0
MT (n=2)	Total	31	18	17	22	25	27	21
2	Associate	31	18	17	22	25	27	21
0	Baccalaureate	0	0	0	0	0	0	0
NC (n=15)	Total	396	208	217	239	230	234	240
14	Associate	296	208	217	239	230	234	240
1	Baccalaureate	100	N/A	0	0	0	0	0
ND (n=3)	Total	24	24	20	18	23	23	19
0	Associate	0	0	0	0	0	0	0
2	Baccalaureate	24	23	20	18	21	23	10
1	Masters	N/A	1	0	0	2	0	0
NE (n=4)	Total	129	76	51	71	63	79	79
3	Associate	114	72	46	63	56	72	70
1	Baccalaureate	15	4	5	8	7	7	9
NH (n=1)	Total	16	11	10	16	10	5	12
1	Associate	16	11	10	16	10	5	12
0	Baccalaureate	0	0	0	0	0	0	0
NJ (n=7)	Total	202	115	124	119	136	142	133
5	Associate	202	94	112	108	119	129	107
2	Baccalaureate	N/A	21	12	11	17	13	26
NM (n=6)	Total	179	85	112	83	112	109	87
6	Associate	179	85	112	83	112	109	87
0	Baccalaureate	0	0	0	0	0	0	0
NV (n=3)	Total	187	82	89	94	104	105	143
3	Associate	187	82	89	94	104	105	143
0	Baccalaureate	0	0	0	0	0	0	0
NY (n=13)	Total	482	322	327	373	351	355	339
10	Associate	366	263	266	310	286	286	285
3	Baccalaureate	96	59	61	63	65	69	54
OH (n=21)	Total	583	366	348	388	435	473	488
17	Associate	467	285	273	295	358	386	399
5	Baccalaureate	116	81	75	93	77	87	89

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State (# of programs reporting)	Degree	2016 Maximum Annual Enroll Capacity	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)
OK (n=5)	Total	149	101	71	102	98	110	107
5	Associate	149	101	71	102	98	110	107
0	Baccalaureate	0	0	0	0	0	0	0
OR (n=4)	Total	119	74	98	80	87	124	98
3	Associate	94	58	76	59	69	104	84
1	Baccalaureate	25	16	22	21	18	20	14
PA (n=24)	Total	641	310	371	434	423	404	459
18	Associate	551	223	289	347	328	325	374
6	Baccalaureate	90	87	82	87	95	79	25
RI (n=2)	Total	64	51	53	55	54	57	15
2	Associate	64	51	53	55	54	57	15
0	Baccalaureate	0	0	0	0	0	0	0
SC (n=7)	Total	161	119	114	108	128	133	140
7	Associate	161	119	114	108	128	133	140
0	Baccalaureate	0	0	0	0	0	0	0
SD (n=2)	Total	24	16	22	20	23	23	24
2	Associate	24	16	22	20	23	23	24
0	Baccalaureate			0	0	0	0	0
TN (n=10)	Total	327	228	204	212	214	242	233
7	Associate	268	175	147	156	158	192	176
3	Baccalaureate	59	53	57	56	56	50	57
TX (n=35)	Total	1,184	846	838	843	924	853	773
30	Associate	1,021	704	684	732	799	780	664
4	Baccalaureate	133	112	106	93	125	73	109
1	Masters	30	30	48	18	0	0	0
UT (n=6)	Total	496	217	304	284	323	368	396
3	Associate	426	190	259	251	274	340	351
3	Baccalaureate	70	27	45	33	49	28	45
VA (n=8)	Total	233	134	170	164	173	158	234
5	Associate	155	109	136	121	131	125	206
3	Baccalaureate	78	25	34	43	42	33	28
VT (n=1)	Total	27	16	15	17	9	19	18
1	Associate	27	16	15	17	9	19	18
0	Baccalaureate	0	0	0	0	0	0	0
WA (n=5)	Total	152	106	120	93	117	123	121
4	Associate	124	91	101	78	90	123	121
1	Baccalaureate	28	15	19	15	27	0	0

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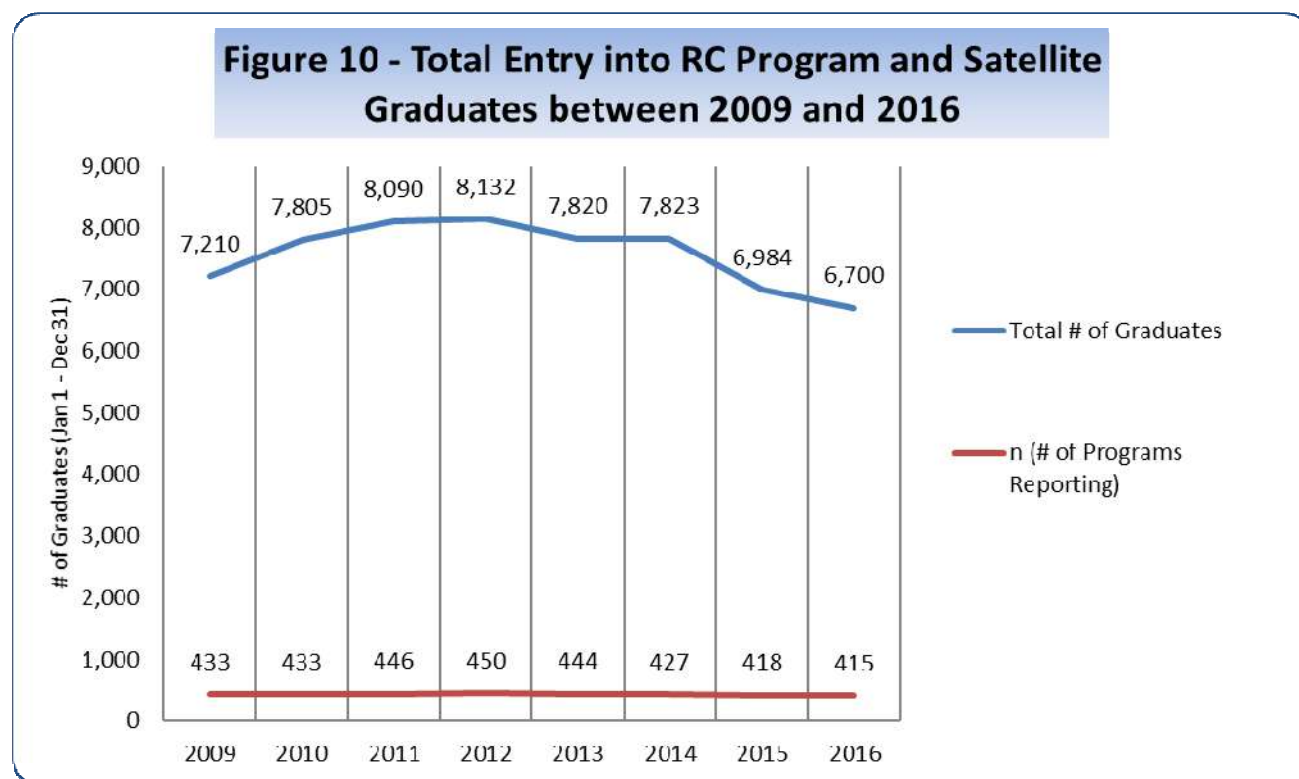


State (# of programs reporting)	Degree	2016 Maximum Annual Enroll Capacity	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)	2012 New Enrollments (N=450)	2011 New Enrollments (N=446)
WI (n=7)	Total	156	154	142	136	128	133	153
7	Associate	156	154	142	136	128	133	153
0	Baccalaureate	0	0	0	0	0	0	0
WV (n=4)	Total	97	57	49	66	72	108	85
2	Associate	67	48	33	49	59	93	66
2	Baccalaureate	30	9	16	17	13	15	19
WY (n=1)	Total	15	15	15	11	11	12	15
1	Associate	15	15	15	11	11	12	15
0	Baccalaureate	0	0	0	0	0	0	0

Total Graduates

Figure 10 provides the total number of graduates during the time period reported (i.e., January 1, 2009 through December 31, 2016). Graduation numbers includes both students that graduated on-time and students graduating after their expected graduation date.

There were 6,700 graduates in 2016. This is a 4.1% decrease compared to 2015 and a 17.6% decrease compared to the 2012. The mean number of graduates per program was 16 in 2016, 17 in 2015, 18 in 2014 and 2013 through 2010, and 16 in 2009. The median number of graduates per program was 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, 15 in 2012, 14 in 2011, 13 in 2010, and 14 in 2009.



Not included in **Figure 10** are the graduate data for 5 sleep specialist program options reporting data. There was a total of 39 graduates in 2016. This is no change compared to 2015. The mean number of graduates per program option was 7 in 2016, 7 in 2015, 8 in 2014, 6 in 2013, 5 in 2012, and 6 in 2011, 2010, and 2009. The median number of graduates was 4 in 2015, 5 in 2014 and 2013, 3 in 2012, 5 in 2011, 3 in 2010, and 4 in 2009.

RC Graduates by Degree Offered

Table 17 – RC Graduates by Degree Offered between 2012 and 2016

Degree Offered	2016 Graduates (N=415)		2015 Graduates (N=418)		2014 Graduates (N=427)		2013 Graduates (N=444)		2012 Graduates (N=450)*	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	5,839	17	6,123	17	6,912	19	7,017	18	7,289	19
Baccalaureate	815	15	818	14	866	15	801	13	843	14
Masters	46	15	43	11	45	5	2	N/A	N/A	N/A

Table 17 shows the number of respiratory care graduates in relation to the degree offered. There were 6,700 graduates in 2016. The 355 programs offering associate degrees is the largest category and accounted for 87.2% of the total number of graduates in 2016. This is a 4.6% decrease compared to 2015, and a 19.9% decreased compared to 2012. The mean number of graduates per program for this category was 17 in 2016 and 2015, 19 in 2014, 18 in 2013, and 19 in 2012. The median number of graduates per program for this category was 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, and 15 in 2012.

The 57 programs offering baccalaureate degrees accounted for 12.2% of the total number of graduates in 2016. This is a 0.4% decrease compared to 2015, and a 3.3% decrease in graduates for this category compared to 2012. The mean number of graduates per program for this category was 15 in 2016, 14 in 2015, 15 in 2014, 13 in 2013, and 14 in 2012. The median number of graduates per program for this category was 15 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, and 15 in 2012.

The 3 programs offering master's degrees accounted for 0.7% of the total number of graduates in 2016. This is a 7% increase compared to 2015. The mean number of graduates per program for this category was 15 in 2016, 11 in 2015 and 15 in 2014. The median number of graduates per program for this category was 17 in 2016 and 11 in 2015.

RC Graduates by Institutional Type

Table 18 –RC Graduates by Institutional Type between 2012 and 2016

Institutional Type	2016 Graduates (N=415)		2015 Graduates (N=418)		2014 Graduates (N=427)		2013 Graduates (N=444)		2012 Graduates (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	3,486	15	3,701	15	3,944	16	3,953	16	4,151	16
Four-Year College or University	1,513	16	1,487	16	1,802	19	1,743	17	1,579	16
Technical or Vocational School	1,226	21	1,338	22	1,699	24	1,746	24	2,003	26
Academic HSC/Medical Center	102	13	116	10	184	14	134	11	152	13
Career or Technical College	205	20	192	21	101	20	115	19	151	22
U.S. Military	168	84	150	75	93	47	129	65	96	48

Table 18 shows the number of respiratory care graduates in relation to institutional type. The 235 programs offered in community or junior colleges is the largest category and accounted for 52% of the total number of respiratory care graduates in 2016. This is a 5.8% decrease compared to 2015 and a 16% decrease compared to 2012. The mean number of graduates per program for this category was 15 in 2016 and 2015, and 16 in 2014 through 2012. The median was 14 in 2016, 14 in 2015, 15 in 2014 and 2013, and 14 in 2012.

The 96 programs offered in four-year colleges or universities accounted for 22.6% of the total number of graduates in 2016. This is a 1.7% increase compared to 2015, but a 4.2% increase compared to 2012. The mean number of graduates per program was 16 in 2016 and 2015, 19 in 2014, 17 in 2013, and 16 in 2012. The median was 14 in 2016, 14 in 2015 and 2014 and 2013, and 13 in 2012.

The 62 programs offered in technical or vocational schools accounted for 18.3% of the total number of graduates in 2016. This is an 8.4% decrease compared to 2015 and a 38.8% decrease compared to 2012. The mean number of graduates per program was 21 in 2016, 22 in 2015, 24 in 2014 and 2013, and 26 in 2012. The median was 16 in 2016, 18 in 2015, 16 in 2014, and 17 in 2013 and 2012.

The 9 programs offered in academic HSC/Medical Centers accounted for 1.5% of the total number of graduates in 2016. This is a 3.5% decrease compared to 2015, and a 32.9% decrease compared to 2012. The mean number of graduates per program was 13 in 2016, 10 in 2015, 14 in 2014, 11 in 2013, and 13 in 2012. The median was 14 in 2016, 9 in 2015, 15 in 2014, and 12 in 2013 and 2012.

The 10 programs offered in career or technical colleges accounted for 3.1% of the total number of graduates in 2016. This is a 6.8% increase compared to 2015 and a 35.8% increase compared to 2012. The mean number of graduates per program was 20 in 2016, 21 in 2015, 20 in 2014, 19 in 2013, and 22 in 2012. The median was 15 in 2016, 15 in 2015, 14 in 2014, and 13 in 2013 and 2012.

The 2 programs offered in the U.S. military accounted for 2.5% of the total number of graduates in 2016. This is a 12% increase compared to 2015 and a 75% increase compared to 2012. The mean/ median number of graduates per program was 84 in 2016, 75 in 2015, 47 in 2014, 65 in 2013, and 48 in 2012.

RC Graduates by Institutional Control/Funding

Table 19 –RC Graduates by Institutional Control/Funding between 2012 and 2016

Institutional Control/Funding	2016 Graduates (N=415)		2015 Graduates (N=418)		2014 Graduates (N=427)		2013 Graduates (N=444)		2012 Graduates (N=450)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	4,598	14	4,814	14	5,223	15	5,223	15	5,440	15
Private/For-Profit (Proprietary)	1,283	25	1,436	29	2,001	37	1,968	35	1,796	32
Private/Not-For-Profit	651	17	584	17	506	16	500	15	800	21
Federal Government	168	84	150	75	93	47	129	65	96	48

Table 19 shows the number respiratory care graduates in relation to institutional control/funding. The 322 programs controlled/ funded by public/not-for-profit institutions is the largest category and accounted for 68.6% of the total number of respiratory care graduates in 2016. This is a 4.5% decrease compared to 2015 and a 15.5% decrease compared to 2012. The mean number of graduates per program was 14 in 2016 and 2015, 15 in 2014 through 2012. The median was 14 in 2016, 14 in 2015 and 2014 and 2013, and 10 in 2012.

The 51 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 19.1% of the total number of respiratory care graduates in 2016. This is a 10.7% decrease compared to 2015 and a 28.6% decrease compared to 2012. The mean number of graduates per program was 25 in 2016, 29 in 2015, 37 in 2014, 35 in 2013, and 32 in 2012. The median was 25 in 2016, 29 in 2015, 27 in 2014, 25 in 2013, and 26 in 2012.

The 38 programs controlled/funded by private/not-for-profit institutions accounted for 9.7% of the total number of respiratory care graduates in 2016. This is an 11.5% increase compared to 2015, but an 18.6% decrease compared to 2012. The mean number of graduates per program was 17 in 2016 and 2015, 16 in 2014, 15 in 2013, and 21 in 2012. The median was 10 in 2016, 12 in 2015, 13 in 2014, and 12 in 2013 and 2012.

The 2 programs offered in the U.S. military accounted for 2.5% of the total number of graduates in 2016. This is a 12% increase compared to 2015 and a 75% increase compared to 2012. The mean/ median number of graduates per program was 84 in 2016, 75 in 2015, 47 in 2014, 65 in 2013, and 48 in 2012.

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

Table 20 provides data on respiratory care graduates for 2011-2016 by state and degree offered. California continued to graduate the largest number of graduates (15.6% of total) in 2016.

Table 20 –RC Graduates by State (including D.C.) and Degree between 2011 and 2016

State (# of programs reporting)	Degree	2016 Graduates (N= 415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)	2011 Graduates (N=446)
AL (n=5)	Total	83	97	107	129	104	129
4	Associate	68	74	53	87	59	80
1	Baccalaureate	15	23	54	42	45	49
AR (n=10)	Total	64	83	113	89	98	88
7	Associate	58	71	93	77	75	66
1	Baccalaureate	6	12	20	12	23	22
AZ (n=5)	Total	150	156	201	199	298	338
5	Associate	150	156	201	199	298	338
0	Baccalaureate	0	0	0	0	0	0
CA (n=38)	Total	1,043	1,138	1,424	1,395	1,476	1,284
37	Associate	1,035	1,129	1,405	1,382	1,463	1,277
1	Baccalaureate	8	9	19	13	13	7
CO (n=4)	Total	82	89	92	81	110	108
4	Associate	82	89	92	81	110	108
0	Baccalaureate	0	0	0	0	0	0
CT (n=5)	Total	68	50	70	79	81	64
4	Associate	50	40	56	68	66	53
1	Baccalaureate	18	10	14	11	15	11
DC (n=1)	Total	7	8	12	5	8	8
1	Associate	7	8	12	5	8	8
0	Baccalaureate	0	0	0	0	0	0
DE (n=2)	Total	16	17	23	23	27	26
2	Associate	16	17	23	23	27	26
0	Baccalaureate	0	0	0	0	0	0
FL (n=24)	Total	379	434	421	421	460	668
23	Associate	361	409	400	400	435	660
1	Baccalaureate	18	25	21	21	25	8
GA (n=15)	Total	220	231	228	213	231	237
11	Associate	145	159	153	143	159	176
3	Baccalaureate	65	67	71	70	72	27
1	Masters	10	5	4	N/A	0	34
HI (n=1)	Total	15	13	11	13	15	12
1	Associate	15	13	11	13	15	12
0	Baccalaureate	0	0	0	0	0	0

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State (# of programs reporting)	Degree	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)	2011 Graduates (N=446)
IA (n=6)	Total	67	67	68	69	79	73
6	Associate	67	67	68	69	79	73
0	Baccalaureate	0	0	0	0	0	0
ID (n=3)	Total	40	29	50	35	58	59
2	Associate	18	6	34	19	36	59
1	Baccalaureate	22	23	16	16	22	0
IL (n=14)	Total	202	217	252	230	248	227
12	Associate	179	197	226	209	227	219
1	Baccalaureate	4	4	2	21	21	8
1	Masters	19	16	24	N/A	0	8
IN (n=11)	Total	157	164	176	175	171	184
9	Associate	117	122	153	152	150	158
2	Baccalaureate	40	42	23	23	21	26
KS (n=9)	Total	94	100	105	118	109	92
8	Associate	73	92	87	102	95	85
1	Baccalaureate	21	8	18	16	14	7
KY (n=9)	Total	87	165	147	179	174	139
7	Associate	78	140	118	167	163	127
1	Baccalaureate	9	25	29	12	11	12
1	Masters	N/A	0	0	0	0	0
LA (n=9)	Total	96	96	103	95	113	112
6	Associate	61	74	83	77	98	101
3	Baccalaureate	31	22	20	18	15	11
MA (n=5)	Total	67	69	73	84	102	88
5	Associate	67	69	73	84	102	88
0	Baccalaureate	0	0	0	0	0	0
MD (n=6)	Total	116	121	128	122	122	127
5	Associate	81	85	90	91	100	91
1	Baccalaureate	35	36	38	31	22	36
ME (n=2)	Total	24	26	22	21	26	24
2	Associate	24	26	22	21	26	24
0	Baccalaureate	0	0	0	0	0	0
MI (n=11)	Total	171	184	202	204	244	273
11	Associate	171	184	202	204	244	273
0	Baccalaureate	0	0	0	0	0	0
MN (n=5)	Total	69	64	75	77	79	57
3	Associate	47	38	50	52	57	43
2	Baccalaureate	22	26	25	25	22	14
MO (n=11)	Total	111	129	121	156	154	173
9	Associate	96	118	110	146	143	159
2	Baccalaureate	15	11	11	10	11	14

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State (# of programs reporting)	Degree	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)	2011 Graduates (N=446)
MS (n=8)	Total	93	81	104	106	96	88
8	Associate	93	81	104	106	96	88
0	Baccalaureate	0	0	0	0	0	0
MT (n=2)	Total	16	16	21	18	18	25
2	Associate	16	16	21	18	18	25
0	Baccalaureate	0	0	0	0	0	0
NC (n=14)	Total	167	158	179	162	184	176
14	Associate	167	158	179	162	184	176
1	Baccalaureate	0	0	0	0	0	0
ND (n=3)	Total	16	21	24	18	14	18
0	Associate	0	0	0	0	0	0
2	Baccalaureate	16	19	24	16	14	9
1	Masters	0	2	0	2	0	9
NE (n=4)	Total	57	51	48	58	66	46
3	Associate	53	48	43	53	58	40
1	Baccalaureate	4	3	5	5	8	6
NH (n=1)	Total	12	7	5	11	9	10
1	Associate	12	7	5	11	9	10
0	Baccalaureate	0	0	0	0	0	0
NJ (n=7)	Total	98	100	114	131	109	116
5	Associate	85	92	101	115	109	97
2	Baccalaureate	13	8	13	16	0	19
NM (n=5)	Total	64	86	64	111	77	87
5	Associate	64	86	64	111	77	87
0	Baccalaureate	0	0	0	0	0	0
NV (n=3)	Total	71	89	61	79	80	128
3	Associate	71	89	61	79	80	128
0	Baccalaureate	0	0	0	0	0	0
NY (n=13)	Total	254	243	256	231	284	247
10	Associate	194	187	192	180	217	192
3	Baccalaureate	60	56	64	51	67	55
OH (n=22)	Total	286	315	414	377	375	386
17	Associate	200	235	321	303	298	305
5	Baccalaureate	86	80	93	74	77	81
OK (n=7)	Total	83	87	104	108	88	99
7	Associate	83	87	104	108	88	99
0	Baccalaureate	0	0	0	0	0	0

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State (# of programs reporting)	Degree	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)	2011 Graduates (N=446)
OR (n=4)	Total	68	85	103	83	85	92
3	Associate	53	71	90	69	74	92
1	Baccalaureate	15	14	13	14	11	0
PA (n=23)	Total	324	321	310	316	343	292
18	Associate	258	258	251	259	292	235
5	Baccalaureate	66	63	59	57	51	46
RI (n=2)	Total	44	43	37	32	15	24
2	Associate	44	43	37	32	15	24
0	Baccalaureate	0	0	0	0	0	0
SC (n=7)	Total	85	87	81	78	85	92
7	Associate	85	87	81	78	85	92
0	Baccalaureate	0	0	0	0	0	0
SD (n=2)	Total	19	17	17	15	20	15
2	Associate	19	17	17	15	20	15
0	Baccalaureate	0	0	0	0	0	0
TN (n=10)	Total	183	163	180	186	187	174
7	Associate	137	115	135	134	139	131
3	Baccalaureate	46	48	45	52	48	43
TX (n=35)	Total	691	714	662	681	650	680
30	Associate	591	599	583	596	553	591
4	Baccalaureate	83	95	62	85	97	89
1	Masters	17	20	17	0	0	0
UT (n=6)	Total	253	185	403	383	287	241
4	Associate	221	154	356	357	244	224
2	Baccalaureate	32	31	47	26	43	17
VA (n=8)	Total	113	127	130	124	127	131
5	Associate	77	97	94	93	94	112
3	Baccalaureate	36	30	36	31	33	19
VT (n=1)	Total	11	6	13	14	14	10
1	Associate	11	6	13	14	14	10
0	Baccalaureate	0	0	0	0	0	0
WA (n=5)	Total	92	84	89	102	101	94
4	Associate	77	62	73	83	101	94
1	Baccalaureate	15	22	16	19	0	0
WI (n=7)	Total	121	103	97	106	109	116
7	Associate	121	103	97	106	109	116
0	Baccalaureate	0	0	0	0	0	0
WV (n=4)	Total	48	43	72	67	88	88
2	Associate	34	28	64	53	73	68
2	Baccalaureate	14	15	8	14	15	20
WY (n=1)	Total	7	5	11	11	7	7
1	Associate	7	5	11	11	7	7
0	Baccalaureate	0	0	0	0	0	0

Programmatic Attrition/Retention

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.*”² Students who leave the program before the fifteenth calendar day from the beginning of the term when fundamental respiratory care core coursework commenced, and students transferring to program satellites, are not included in program attrition. Fundamental respiratory care coursework is defined as: Professional coursework, focused on the preparation of the student as a competent Respiratory Therapist, as defined in CoARC Standard 3.01.

Programmatic enrollment, as defined by the CoARC, begins when the respiratory student enrolls in the first core respiratory care course; i.e. a course available only to students matriculated in the respiratory care program. This date may be different than the enrollment or matriculation date determined by the institution. However, it is this date, as defined by the CoARC that must be used when calculating programmatic attrition, on-time graduation rates and maximum annual enrollment. *Academic attrition* is due to failure to attain grades or acquire other programmatic competencies (e.g. ethics, professionalism, behavioral), or for 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 as academic -financial hardship, medical, family, deployment, changing course of study, relocation, etc.

Beginning January 1, 2017, the CoARC Board stopped using the term “programmatic attrition” and began using the term “programmatic retention.” CoARC defines programmatic retention as the number of students formally enrolled* in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class. The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.

Students are not included in the retention definition who:

1. leave the program by the last day they are eligible for 100% tuition reimbursement within the first term of fundamental respiratory care core coursework** and/or receive grades of W or WP;
2. are in good academic standing who leave the program due to: financial, medical, or family reasons, military deployment, a change in their course of study, relocation to a different community, or reasons other than those described under academic reasons;
3. are admitted to another educational program (same or different educational institution) prior to the scheduled graduation date of their RT class.

² 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.”

Table 21 – RC Programmatic Attrition/Retention for 2011 RCS through 2017 RCS

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Above/Below 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
2014 RCS Data from 1/1/11 to 12/31/13 (N=436)	19.1% (11.4)	62.5%	0%	40%	12
2015 RCS Data from 1/1/12 to 12/31/14 (N=437)	18.9% (10.9)	71.4%	0%	40%	9
2016 RCS Data from 1/1/13 to 12/31/15 (N=438)	18.5% (11.3)	75.0%	0%	40%	11
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	91.0% (.07)	100%	58.5%	70%	4

2017 RCS data on programmatic attrition/retention (**Table 21**) show a total of 420 programs reporting programmatic attrition/retention rates. The mean retention rate for the 2017 RCS was 91.0% with the highest rate of 100.0% (n=52) and the lowest rate of 58.5% (n=2). The median attrition rate for the 2017 RCS was 92.7%. Four programs (1% of total) reported retention rates below the CoARC-established threshold of 70%. As per CoARC Standard 3.11, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Not included in **Table 21** are the retention data for the 7 sleep specialist program options in the 2017 RCS. For the 2017 RCS, the retention rate was 100% for all programs. For the 2016 RCS, the mean attrition rate was 5.5% (3.6% for the 2015 RCS, 5.2% for the 2014 RCS and 8.5% for the 2013 RCS) with the highest rate of 25.0% and the lowest rate of 0%. No program options reported retention rates below the CoARC-established threshold of 70% for the 2017 RCS.

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

Table 22 – RC Programmatic Attrition/Retention by Degree Offered for 2014 RCS through 2017 RCS

Degree Offered (N=420)	2017 RCS Mean Retention (# of programs below CoARC threshold)	Degree Offered (N=420)	2016 RCS Mean Attrition (# of programs above CoARC threshold)	Degree Offered (N=437)	2015 RCS Mean Attrition (# of programs above CoARC threshold)	Degree Offered (N=436)	2014 RCS Mean Attrition (# of programs above CoARC threshold)
Associate (n=354)	90.5% (4)	Associate (n=370)	19.9% (10)	Associate (n=375)	20.1% (8)	Associate (n=375)	20.1% (10)
Baccalaureate (n=61)	93.0%	Baccalaureate (n=64)	11.5% (1)	Baccalaureate (n=58)	12.0% (1)	Baccalaureate (n=58)	13.4% (2)
Masters (n=5)	98.7%	Masters (n=4)	5.6%	Masters (n=4)	9.3%	Masters (n=3)	8.3%

Table 22 compares programmatic attrition/retention data in relation to the degree offered for the 2014 through 2017 RCS. For the 2017 RCS, programs offering the associate degree had the lowest mean retention rate (90.5%) while programs offering the master's degree had the highest (98.7%). The median retention rate was 91.8% for associate degree programs, 95.9% for baccalaureate programs, and 100% for master's programs.

For the 2017 RCS, 3 of the 4 programs below the CoARC threshold of 70% offered the AAS degree and the other one offered the AS degree. For the 2016 RCS, 7 of the 11 programs above the CoARC threshold of 40% offered the AAS degree and the other three offered the AS degree. The remaining program offered a baccalaureate degree. For the 2015 RCS, 5 of the 9 programs above the threshold offered the AAS degree and the other three offered the AS degree. The remaining program offered a baccalaureate degree. For the 2014 RCS, 7 of the 12 programs above the threshold offered the AAS degree and the other three offered the AS degree. The remaining 2 offered the baccalaureate degree. For the 2013 RCS, 5 of the 14 programs above the threshold offered the AAS degree and the other seven offered the AS degree.

Table 23 – RC Programmatic Attrition/Retention by Institutional Type for 2014 RCS through 2017 RCS

Institutional Type (N=420)	2017 RCS	Institutional Type (N=438)	2016 RCS	Institutional Type (N=437)	2015 RCS	Institutional Type (N=436)	2014 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)
Four-Year College or University (n=104)	92.7% (1)	Four-Year College or University (n=101)	13.2%	Four-Year College or University (n=96)	13.7%	Four-Year College or University (n=98)	14.6% (1)
Career or Technical College (n=10)	88.3%	Career or Technical College (n=9)	19.8%	Career or Technical College (n=5)	17.6%	Career or Technical College (n=6)	17.6%
Community or Junior College (n=237)	90.1% (3)	Community or Junior College (n=248)	20.3% (8)	Community or Junior College (n=251)	20.9% (7)	Community or Junior College (n=248)	20.6% (8)
Academic HSC/Medical Center (n=8)	90.6%	Academic HSC/Medical Center (n=14)	15.6% (1)	Academic HSC/Medical Center (n=13)	17.5% (1)	Academic HSC/Medical Center (n=12)	23.4% (2)
Technical or Vocational School (n=59)	91.8%	Technical or Vocational School (n=64)	20.4% (2)	Technical or Vocational School (n=70)	20.7% (1)	Technical or Vocational School (n=70)	19.6% (1)
U.S. Military (n=2)	89.4%	U.S. Military (n=2)	18.3%	U.S. Military (n=2)	18.9%	U.S. Military (n=2)	22.8%

Table 23 compares programmatic attrition/retention data in relation to institutional type for the 2014 RCS, through the 2017 RCS. For the 2017 RCS, programs located in Four-Year Colleges or Universities showed the highest mean retention rate (92.7%). Programs located in Career or Technical Colleges had the lowest mean retention rate of 88.3%. For the 2017 RCS, the median attrition rate was 94.8% for Four-Year Colleges or Universities, 88.3% for Career or Technical Colleges, 91.9% for Community Colleges or Junior Colleges, 90.0% for Academic HSC/Medical Centers, and 93.1% for Technical or Vocational Schools.

For the 2017 RCS, 3 of the 4 programs below the CoARC threshold of 70% were located at a Community or Junior College. One program was located at a Four-Year College or University. For the 2016 RCS, 8 of the 11 programs above the CoARC threshold of 40% were located at a Community or Junior College. One program was located at an Academic HSC/Medical Center and two programs were located at a Technical/Vocational School. For the 2015 RCS, 7 of the 9 programs above the threshold were located at a Community or Junior College. One program was located at an Academic HSC/Medical Center and one program was located at a Technical/Vocational School. For the 2014 RCS, 8 of the 12 programs above the threshold were located at a Community or Junior College. Two programs were located at an Academic HSC/Medical Center. One program was located at a Technical/Vocational School and one was located at a Four-Year College/ University. For the 2013 RCS, 9 of the 14 programs above the threshold were located at a Community or Junior College. Three programs were located at a Technical/Vocational School. The remaining 2 programs were located at an Academic HSC/Medical Center.

Table 24 – RC Programmatic Attrition/Retention by Institutional Control for 2014 RC through 2017 RCS

Institutional Control (N=420)	2017 RCS	Institutional Control (N=438)	2016 RCS	Institutional Control (N=437)	2015 RCS	Institutional Control (N=436)	2014 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)
Public/Not-For-Profit (n=327)	90.6% (4)	Public/Not-For-Profit (n=346)	18.7% (9)	Public/Not-For-Profit (n=348)	19.2% (9)	Public/Not-For-Profit (n=346)	19.6% (10)
Private/For-Profit (Proprietary) (n=49)	92.1%	Private/For-Profit (Proprietary) (n=51)	18.9% (1)	Private/For-Profit (Proprietary) (n=55)	19.6%	Private/For-Profit (Proprietary) (n=55)	19.2% (1)
Private/Not-For-Profit (n=42)	92.5%	Private/Not-For-Profit (n=39)	16.1% (1)	Private/Not-For-Profit (n=32)	14.6%	Private/Not-For-Profit (n=33)	14.4% (1)
Federal Government (n=2)	89.4%	Federal Government (n=2)	18.3%	Federal Government (n=2)	18.9%	Federal Government (n=2)	22.8%

Table 24 compares programmatic attrition data in relation to institutional control/funding for the 2014 through the 2017 RCS. For the 2017 RCS, programs controlled/funded by private/not-for-profit institutions had the highest mean retention rate, at 92.5%. Programs controlled/funded by the federal government had the lowest mean retention rate at 89.4%. For the 2017 RCS, the median attrition rate was 92.3% for the public/not-for-profit sector, 92.1% for the private/for-profit (proprietary) sector, and 94.0% for the private/not-for-profit sector.

For the 2017 RCS, all 4 programs below the CoARC threshold of 70% were controlled/funded by Public/Not-For-Profit institutions. For the 2016 RCS, 9 of the 11 programs above the CoARC threshold of 40% were controlled/funded by Public/Not-For-Profit institutions; one by a Private/For-Profit (Proprietary) institution and one by a Private/Not-For-Profit institution. For the 2015 RCS, all 9 programs above the threshold were controlled/funded by Public/Not-For-Profit institutions. For the 2014 RCS, 10 of the 12 programs above the threshold were controlled/funded by Public/Not-For-Profit institutions; one by a Private/For-Profit (Proprietary) institution and one by a Private/Not-For-Profit institution. For the 2013 RCS, 11 of the 14 programs above the threshold were controlled/funded by Public/Not-For-Profit institutions. The remaining three programs were controlled/funded by Private/For-Profit (Proprietary) institutions.

Positive (Job) Placement

Prior to November 1, 2015, positive (job) placement was defined by the CoARC as “a graduate who, within the 3-year reporting period, is employed utilizing skills within the scope of practice of the respiratory care profession (i.e. full- or part-time, or per diem).” In 2015, the CoARC eliminated the threshold (see 11/21/15 CoARC Statement on Job Placement posted at <http://www.coarc.com/13.html>. Data submitted with the 2015 RCS and prior reporting years reflect the previous job placement calculation.³

Table 25 – RC Positive (Job) Placement for 2011 RCS through 2017 RCS					
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
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	84.6% (11.7)	100%	20.0%	70%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	85.5% (10.4)	100%	50.0%	N/A	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	84.3% (12.7)	100%	28.6%	N/A	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	86.0% (11.8)	100%	38.7%	N/A	N/A

2017 RCS data on positive (job) placement (**Table 25**) show a total of 421 programs reporting positive placement rates. The mean placement rate increased to 86.0% with the highest rate of 100% (n = 40) and the lowest rate of 38.7% (n=1). The median placement rate was 88.9%. When compared to the 2016 RCS data on placement rates, the 2017 RCS data shows a 1.7% increase 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%) increased from 39 (2016 RCS) to 40 (2017 RCS).

Not included in **Table 25** are the placement data for the 7 sleep specialist program options in the 2017 RCS. For the 2017 RCS, the mean placement rate was 88.1% (median = 94.7%). For the 2016 RCS, the mean placement rate was 89.4% (median = 89.5%). For the 2015 RCS, the mean placement rate was 93.9% (median = 93.9%). The highest placement rate for the 2016 RCS was 100% (same for the 2015, 2014, 2013 and 2012 RCS) and the lowest rate of 66.7% (87.5% for the 2015 RCS, 66.7% for the 2014 RCS, 50.0% for the 2013 RCS, and 90.9% for the 2012 RCS).

³ The 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 26 – RC Positive (Job) Placement by Degree Offered for 2014 RCS though 2017 RCS

Degree Offered (N=421)	2017 RCS	Degree Offered (N=433)	2016 RCS	Degree Offered (N=434)	2015 RCS	Degree Offered (N=424)	2014 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement (# of programs below CoARC threshold)
Associate (n=360)	85.3%	Associate (n=369)	83.4%	Associate (n=372)	84.2%	Associate (n=366)	83.5% (37)
Baccalaureate (n=57)	90.2%	Baccalaureate (n=60)	89.5%	Baccalaureate (n=58)	92.9%	Baccalaureate (n=57)	91.7% (2)
Masters (n=4)	96.0%	Masters (n=4)	96.8%	Masters (n=4)	98.3%	Masters (n=1)	100%

Table 26 compares positive placement data in relation to the degree offered for the 2014 through 2017 RCS. For the 2017 RCS, programs offering the Master's degree continued to have the highest mean placement rate (96.0%) in this category while programs offering the Associate degree continued to demonstrate the lowest mean placement rate at 85.3%. When compared to 2016 RCS data, Master's degree programs showed a decrease in mean placement rate. For the 2016 RCS, the median placement rate was 88.0% for associate degree programs, 92.3% for baccalaureate degree programs, and 97.5% for Master's degree programs.

For the 2014 RCS, 37 of the 39 programs below the CoARC threshold of 70% offered the Associate degree (12 AAS degree programs and 25 AS degree programs). The remaining 2 programs offered the Baccalaureate degree. For the 2013 RCS, 40 of the 41 programs below the threshold 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 threshold offered the Associate degree (7 AAS degree programs and 16 AS degree programs). The remaining program offered the Baccalaureate degree.

Table 27 – RC Positive (Job) Placement by Institutional Type for 2014 RCS though 2017 RCS

Institutional Type (N=421)	2017 RCS	Institutional Type (N=433)	2016 RCS	Institutional Type (N=434)	2015 RCS	Institutional Type (N=424)	2014 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement (# of programs below CoARC threshold)
Four-Year College or University (n=99)	85.8%	Four-Year College or University (n=97)	87.3%	Four-Year College or University (n= 96)	89.8%	Four-Year College or University (n=95)	87.7% (9)
Career or Technical College (n=10)	89.5%	Career or Technical College (n=9)	86.8%	Career or Technical College (n=5)	89.4%	Career or Technical College (n=6)	87.7%
Community or Junior College (n=240)	86.2%	Community or Junior College (n=248)	84.5%	Community or Junior College (n=248)	84.8%	Community or Junior College (n=242)	84.5% (20)
Academic HSC/Medical Center (n=8)	89.7%	Academic HSC/Medical Center (n=13)	81.1%	Academic HSC/Medical Center (n=13)	92.6%	Academic HSC/Medical Center (n=11)	95.7%
Technical or Vocational School (n=62)	80.4%	Technical or Vocational School (n=64)	78.8%	Technical or Vocational School (n=70)	80.1%	Technical or Vocational School (n=68)	78.5% (10)
U.S. Military (n=2)	90.8%	U.S. Military (n=2)	86.7%	U.S. Military (n=2)	95.6%	U.S. Military (n=2)	94.8%

Table 27 compares positive placement data in relation to institutional type for the 2014 RCS through 2017 RCS. For the 2017 RCS, programs located in the U.S. Military had the highest mean placement rate (90.8%). Programs located in Technical or Vocational Schools continued to demonstrate the lowest mean placement rate at 80.4%. Compared to the 2016 RCS, only Four-Year Colleges or Universities showed a decrease in mean placement rate. For the 2017 RCS, the median placement rate was 91.7% for Four-Year Colleges or Universities, 91.7% for Career or Technical Colleges, 88.6% for Community or Junior Colleges, 93.1% for Academic HSC/Medical Centers, and 79.9% for Technical or Vocational Schools.

For the 2014 RCS, 20 of the 39 programs below the CoARC threshold of 70% were located at a Community or Junior College. Ten programs were located at a Technical or Vocational School and nine programs at a Four-Year College or University. For the 2013 RCS, 20 of the 41 programs below the threshold were located at a Community or Junior College, seventeen at a Technical or Vocational School and four programs at a Four-Year College or University. For the 2012 RCS, 11 of the 24 programs below the threshold were located at a Community or Junior College, nine programs at a Technical or Vocational School and three at a Four-Year College or University. The remaining program was at a Career/Technical College.

Table 28 – RC Positive (Job) Placement by Institutional Control for 2014 RCS through 2017 RCS

Institutional Control (N=421)	2017 RCS	Institutional Control (N=433)	2016 RCS	Institutional Control (N=434)	2015 RCS	Institutional Control (N=424)	2014 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement (# of programs below CoARC threshold)
Public/Not-For-Profit (n=329)	87.2%	Public/Not-For-Profit (n=345)	85.6%	Public/Not-For-Profit (n=346)	86.5%	Public/Not-For-Profit (n=340)	85.8% (22)
Private/For-Profit (Proprietary) (n=51)	77.4%	Private/For-Profit (Proprietary) (n=51)	75.1%	Private/For-Profit (Proprietary) (n=54)	76.8%	Private/For-Profit (Proprietary) (n=51)	75.1% (12)
Private/Not-For-Profit (n=39)	87.0%	Private/Not-For-Profit (n=35)	85.6%	Private/Not-For-Profit (n=32)	88.5%	Private/Not-For-Profit (n=31)	86.4% (5)
Federal Government (n=2)	90.8%	Federal Government (n=2)	86.7%	Federal Government (n=2)	95.6%	Federal Government (n=2)	94.8%

Table 28 compares positive placement data in relation to institutional control/funding for the 2014 RCS through the 2017 RCS. Programs controlled/funded by the federal government continued to demonstrate the highest mean placement rate at 90.8%. Programs controlled/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest mean placement rate at 77.4%. When compared to 2016 RCS data, all categories showed a decrease in mean placement rate. For the 2017 RCS, the median placement rate was 89.6% for the public/not-for-profit sector, 77.4% for the private/for-profit (proprietary) sector, and 90.2% for the private/not-for-profit sector.

For the 2014 RCS, 22 of the 39 programs below the CoARC threshold of 70% were controlled /funded by Public/Not-For-Profit institutions. Twelve programs were controlled/funded by Private/For-Profit (Proprietary) institutions. The remaining 5 programs were controlled/funded by Private/Not-For-Profit institutions. For the 2013 RCS, 20 of the 41 programs below the threshold were controlled/funded by Public/Not-For-Profit institutions, sixteen by Private/For-Profit (Proprietary) institutions and the remaining 5 programs by Private/Not-For-Profit institutions. For the 2012 RCS, 12 of the 24 programs below the threshold were controlled/funded by Public/Not-For-Profit institutions, nine by Private/For-Profit (Proprietary) institutions and the remaining 3 by Private/Not-For-Profit institutions.

CRT Credentialing Success

The National Board for Respiratory Care's (NBRC) Therapist Multiple Choice (TMC) Examination administered by the NBRC is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the Clinical Simulation Examination. With the advent of the ~~new~~ TMC Exam in January of 2015, all graduates seeking to enter the profession need only take a single written examination. The TMC exam has two cut scores; graduates attaining the lower cut score will obtain the Certified Respiratory Therapist (CRT) credential. Achieving the high cut score means that a graduate both earns the CRT credential and is eligible to take the Clinical Simulation Exam (CSE). Graduates who successfully complete the TMC at the high cut score and pass the CSE earn the RRT credential.

CRT Credentialing Success is defined by the CoARC as the percentage of program graduates who obtain the CRT credential upon successful achievement of the low-cut score on the TMC Examination, independent of the number of TMC 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., 2013-15). Since the 2012 RCS, this calculation excludes graduates who earned the CRT credential prior to matriculation into the program (i.e., advanced placement)⁴. This calculation does include baccalaureate and graduate students who earned the CRT credential in CoARC-accredited programs approved to grant special certificates of completion for CRT/RRT eligibility under the former CoARC policy 13.0. Policy 13 was withdrawn at the end of 2015. *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.*

Table 29 – CRT Credentialing Success for 2011 RCS through 2017 RCS					
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
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	92.4% (8.7)	100%	52.6%	80%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	92.3% (8.4)	100%	55.9%	80%	35
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	92.5% (8.7)	100%	46.7%	80%	35
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	93.1% (10.8)	100%	45.2%	80%	21

⁴ 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.

2017 RCS data on CRT credentialing success (**Table 29**) show a total of 421 programs reporting. The mean CRT credentialing success was 93.1% with the highest rate of 100% (n=113) and the lowest rate of 45.2% (n=1). A total of 21 programs (5.0% of total) reported CRT credentialing success rates below the CoARC-established threshold of 80%. As per CoARC Standard 3.11, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement. The median CRT credentialing success rate for the 2017 RCS was 95.7%.

When compared to the 2016 RCS data on CRT credentialing success rates, the 2017 RCS data shows a 0.6% increase in the mean success rate. The program reporting the lowest mean success rate was at 45.2%. The number of programs reporting the highest success rate (100%) increased slightly from 104 (2013 RCS) to 109 (2014 RCS), decreased to 103 (2015 RCS) then from 110 (2016 RCS) to its highest level at 113. The number of programs reporting CRT credentialing success rates below the CoARC-established threshold decreased from 9.7% of total programs reporting in the 2013 RCS to 9.2% in the 2014 RCS to 8.1% in the 2015 and 2016 RCS, to its lowest level of 5% with the 2017 RCS.

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

Table 30 –CRT Credentialing Success by Degree Offered for 2014 RCS through 2017 RCS

Degree Offered (n=421)	2017 RCS Mean CRT Success (# of programs below CoARC threshold)	Degree Offered (n=433)	2016 RCS Mean CRT Success (# of programs below CoARC threshold)	Degree Offered (n=434)	2015 RCS Mean CRT Success (# of programs below CoARC threshold)	Degree Offered (n=424)	2014 RCS Mean CRT Success (# of programs below CoARC threshold)
Associate (n=360)	92.5% (21)	Associate (n=369)	91.8% (33)	Associate (n=372)	91.6% (34)	Associate (n=366)	91.8% (36)
Baccalaureate (n=57)	96.5%	Baccalaureate (n=60)	96.1% (2)	Baccalaureate (n=58)	96.4% (1)	Baccalaureate (n=57)	96.3% (3)
Masters (n=4)	99.1%	Masters (n=4)	100%	Masters (n=4)	100%	Masters (n=1)	100%

Table 30 compares CRT credentialing success data in relation to the degree offered for the 2014 RCS through the 2017 RCS. For the 2017 RCS, RC Programs offering Master's degrees had the highest mean (99.1%). RC Programs offering the associate degree had the lowest mean (92.5%). The median success rate was 94.7% for associate degree programs and 97.6% for baccalaureate degree programs.

For the 2017 RCS, all 21 programs below the CoARC threshold of 80% offered the Associate degree (10 AAS degree programs and 11 AS degree programs). For the 2016 RCS, 33 of the 35 programs below the CoARC threshold of 80% offered the Associate degree (18 AAS degree programs, 13 AS degree programs, and 2 AST degree programs). The remaining 2 programs offered the Baccalaureate degree. For the 2015 RCS, 34 of the 35 programs below the threshold offered the Associate degree (20 AAS degree programs, 12 AS degree programs, and 2 AST degree programs). The remaining program offered the Baccalaureate degree. For the 2014 RCS, 36 of the 39 programs below the threshold offered the Associate degree (14 AAS degree programs and 22 AS degree programs). The remaining 3 programs offered the Baccalaureate degree. For the 2013 RCS, 39 of the 41 programs below the threshold 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.

Table 31 – CRT Credentialing Success by Institutional Type for 2014 RCS though 2017 RCS

Institutional Type (N=421)	2017 RCS	Institutional Type (N=433)	2016 RCS	Institutional Type (N=434)	2015 RCS	Institutional Type (N=424)	2014 RCS
	Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)
Four-Year College or University (n=99)	94.4% (3)	Four-Year College or University (n=97)	93.7% (6)	Four-Year College or University (n=96)	93.4% (7)	Four-Year College or University (n=95)	94.0% (10)
Career or Technical College (n=10)	95.8%	Career or Technical College (n=9)	93.3%	Career or Technical College (n=5)	94.9%	Career or Technical College (n=6)	94.5%
Community or Junior College (n=240)	93.3% (14)	Community or Junior College (n=248)	92.6% (16)	Community or Junior College (n=248)	92.4% (19)	Community or Junior College (n=242)	93.0% (14)
Academic HSC/Medical Center (n=8)	96.1%	Academic HSC/Medical Center (n=13)	96.1% (1)	Academic HSC/Medical Center (n=13)	97.9%	Academic HSC/Medical Center (n=11)	98.6%
Technical or Vocational School (n=62)	89.9% (4)	Technical or Vocational School (n=64)	89.3% (11)	Technical or Vocational School (n=70)	89.5% (8)	Technical or Vocational School (n=68)	87.1% (14)
U.S. Military (n=2)	88.1%	U.S. Military (n=2)	82.4% (1)	U.S. Military (n=2)	80.3% (1)	U.S. Military (n=2)	82.6% (1)

Table 31 compares CRT credentialing success data in relation to institutional type for the 2014 through 2017 RCS. For the 2017 RCS, RC Programs located in Academic HSC/Medical Centers continued to demonstrate the highest mean CRT credentialing success at 96.1%. RC Programs located in the U.S. Military had the lowest mean CRT credentialing success at 88.1%. When compared to the 2016 RCS, there were increases in all categories except the Academic HSC/Medical Centers where there was no change in mean CRT credentialing success. For the 2017 RCS, the median CRT credentialing success rate was 96.3% for Four-Year Colleges or Universities, 95.9% for Career or Technical Colleges, 95.9% for Community or Junior Colleges, 98.4% for Academic HSC/Medical Centers, and 90.5% for Technical or Vocational Schools.

For the 2017 RCS, 14 of the 21 programs below the CoARC threshold of 80% were located at a Community or Junior College, 4 were at a Technical or Vocational School and 3 programs were at a Four-Year College or University. For the 2016 RCS, 16 of the 35 programs below the CoARC threshold of 80% were located at a Community or Junior College, 11 were at a Technical or Vocational School and 6 programs were at a Four-Year College or University. The two remaining programs were at a U.S. Military institution and an Academic HSC/Medical Center. For the 2014 RCS, 14 of the 39 programs below the threshold were located at a Community or Junior College, fourteen at a Technical or Vocational School and ten programs were at a Four-Year College or University. The remaining program was at a U.S. Military institution. For the 2013 RCS, 20 of the 41 programs below the threshold were located at a Community or Junior College, sixteen were at a Technical or Vocational School and four programs were at a Four-Year College or University. The remaining program was at a U.S. Military institution.

Table 32 – CRT Credentialing Success by Institutional Control for 2014 RCS through 2017 RCS

Institutional Control (N=421)	2017 RCS Mean CRT Success (# of programs below CoARC threshold)	Institutional Control (N=433)	2016 RCS Mean CRT Success (# of programs below CoARC threshold)	Institutional Control (N=434)	2015 RCS Mean CRT Success (# of programs below CoARC threshold)	Institutional Control (N=424)	2014 RCS Mean CRT Success (# of programs below CoARC threshold)
Public/Not-For-Profit (n=329)	93.8% (14)	Public/Not-For-Profit (n=345)	93.3% (17)	Public/Not-For-Profit (n=346)	93.1% (22)	Public/Not-For-Profit (n=340)	93.4% (19)
Private/For-Profit (Proprietary) (n=51)	88.8% (6)	Private/For-Profit (Proprietary) (n=51)	88.2% (11)	Private/For-Profit (Proprietary) (n=54)	87.5% (9)	Private/For-Profit (Proprietary) (n=51)	86.2% (12)
Private/Not-For-Profit (n=39)	93.3% (1)	Private/Not-For-Profit (n=35)	90.8% (6)	Private/Not-For-Profit (n=32)	91.8% (3)	Private/Not-For-Profit (n=31)	91.8% (7)
Federal Government (n=2)	88.1%	Federal Government (n=2)	82.4% (1)	Federal Government (n=2)	80.3% (1)	Federal Government (n=2)	82.6% (1)

Table 32 compares CRT credentialing success data in relation to institutional control/funding for the 2014 RCS through the 2017 RCS. For the 2017 RCS, programs controlled/funded by Public/Not-For-Profit institutions continued to demonstrate the highest mean CRT credentialing success at 93.8%. Programs controlled/funded by the Federal Government continued to demonstrate the lowest mean CRT credentialing success rate (88.1%). All categories showed an increase in mean CRT credentialing success for the 2017 RCS when compared to the 2016 RCS. For the 2017 RCS, the median CRT credentialing success rate was 96.2% for the public/not-for-profit sector, 90.8% for the private/for-profit (proprietary) sector, and 95.7% for the private/not-for-profit sector.

For the 2017 RCS, 14 of the 21 programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions, six programs by Private/For-Profit (Proprietary) institutions and one by Private/Not-For-Profit institutions. For the 2016 RCS, 17 of the 35 programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions, eleven programs by Private/For-Profit (Proprietary) institutions and six by Private/Not-For-Profit institutions. The remaining program was controlled/funded by the Federal Government. For the 2015 RCS, 22 of the 35 programs below the threshold were controlled/funded by Public/Not-For-Profit institutions, nine programs by Private/For-Profit (Proprietary) institutions and three by Private/Not-For-Profit institutions. The remaining program was controlled/funded by the Federal Government. For the 2014 RCS, 19 of the 39 programs below the threshold were controlled/funded by Public/Not-For-Profit institutions, twelve by Private/For-Profit (Proprietary) institutions and seven programs by Private/Not-For-Profit institutions. The remaining program was controlled/funded by the Federal Government. For the 2013 RCS, 25 of the 41 programs below the threshold were controlled/funded by Public/Not-For-Profit institutions, ten programs by Private/For-Profit (Proprietary) institutions and five by Private/Not-For-Profit institutions. The remaining program was controlled/funded by the Federal Government.

RRT Credentialing Success

RRT Credentialing Success is defined by the CoARC as the percentage of graduates who earn the RRT credential by achieving the high cut score on the Therapist Multiple-Choice Examination (TMC) and subsequently passing the Clinical Simulation Examination (CSE), regardless of the number of TMC or CSE exam attempts. RRT credentialing success is derived by dividing the total number of those achieving the RRT (numerator) by the # of graduates (denominator) in each 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 Therapist Multiple-Choice (TMC) Examination administered by the NBRC is designed to measure the essential knowledge, skills, and abilities acquired by graduates of entry-level respiratory therapy educational programs and determine their eligibility for the Clinical Simulation Examination. As of December 31, 2017, the RRT credential is required by Ohio, California, Oregon, Arizona, Georgia, and New Jersey to enter practice. Accordingly, graduates of CoARC-accredited programs in other states can choose to forego the CSE examination after earning the CRT credential and still obtain a license to practice. While programs are required to provide RRT outcomes data on the RCS, no threshold for this outcome has been established by the CoARC and, accordingly, no accreditation actions are taken based on RRT credentialing success. For more information related to this outcome measure, download the CoARC's *Position Statement Regarding Exam-based Outcome Measures* available at www.coarc.com.

Table 33 – RRT Credentialing Success for 2011 RCS through 2017 RCS				
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
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	67.9% (21.3)	100%	0%	N/A
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	70.5% (20.4)	100%	11.1%	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	72.7% (20.0)	100%	15.6%	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	75.1% (19.0)	100%	13.8%	N/A

2017 RCS data on RRT credentialing success (**Table 33**) show a total of 420 programs reporting data. The mean RRT credentialing success was 75.1% with the highest rate (100%) achieved by 19 programs and the lowest rate of 13.8% (n=1). The median RRT credentialing success rate for the 2017 RCS was 78.1%. When compared to the 2016 RCS data, the 2017 data continued to show an increase (2.4%), with an overall increase of 13.9% since the 2011 RCS. 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, to 19 for the 2014 RCS, to 23 for the 2015 RCS, to 28 for the 2016 RCS, to 19 for the 2017 RCS.

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

Table 34 –RRT Credentialing Success by Degree Offered for 2014 RCS though 2017 RCS

Degree Offered (N=421)	2017 RCS Mean RRT Success	Degree Offered (N=433)	2016 RCS Mean RRT Success	Degree Offered (N=434)	2015 RCS Mean RRT Success	Degree Offered (N=424)	2014 RCS Mean RRT Success
Associate (n=361)	73.3%	Associate (n=369)	70.5%	Associate (n= 372)	67.8%	Associate (n= 366)	65.5%
Baccalaureate (n=56)	85.1%	Baccalaureate (n=60)	84.9%	Baccalaureate (n=58)	85.5%	Baccalaureate (n=57)	82.3%
Masters (n=4)	95.0%	Masters (n=4)	96.9%	Masters (n=4)	97.0%	Masters (n=1)	100%

Table 34 compares RRT credentialing success data in relation to the degree offered for the 2014 RCS through the 2017 RCS. For the 2017 RCS, RC programs offering Master's degrees had the highest mean RRT credentialing success (95.0%). RC programs offering Associate degrees had the lowest mean RRT credentialing success (73.3%). Both Associate and Baccalaureate degree categories continued to demonstrate an increase in mean RRT credentialing success when compared to previous RCS data. For the 2017 RCS, the median RRT credentialing success was 76.6% for Associate degree programs and 86.8% for Baccalaureate degree programs.

Table 35 – RRT Credentialing Success by Institutional Type for 2014 RCS though 2017 RCS

Institutional Type (N=421)	2017 RCS Mean RRT Success	Institutional Type (N=433)	2016 RCS Mean RRT Success	Institutional Type (N=434)	2015 RCS Mean RRT Success	Institutional Type (N=424)	2014 RCS Mean RRT Success
Four-Year College or University (n=98)	81.0%	Four-Year College or University (n=97)	78.5%	Four-Year College or University (n= 96)	76.8%	Four-Year College or University (n=95)	73.2%
Career or Technical College (n=10)	72.4%	Career or Technical College (n=9)	69.1%	Career or Technical College (n=5)	69.2%	Career or Technical College (n=6)	63.3%
Community or Junior College (n=241)	74.7%	Community or Junior College (n=248)	72.3%	Community or Junior College (n=248)	69.9%	Community or Junior College (n=242)	67.8%
Academic HSC/Medical Center (n=8)	83.8%	Academic HSC/Medical Center (n=13)	89.4%	Academic HSC/Medical Center (n=13)	90.9%	Academic HSC/Medical Center (n=11)	91.0%
Technical or Vocational School (n=62)	67.6%	Technical or Vocational School (n=64)	64.0%	Technical or Vocational School (n=7-)	61.3%	Technical or Vocational School (n=68)	58.2%
U.S. Military (n=2)	36.9%	U.S. Military (n=2)	30.1%	U.S. Military (n=2)	31.3%	U.S. Military (n=2)	32.1%

Table 35 compares RRT credentialing success data in relation to institutional type for the 2014 RCS through the 2017 RCS. For the 2017 RCS, RC programs located in Academic HSC/Medical Centers continued to have the highest mean RRT credentialing success at 83.8%. RC programs located at U.S.

Military facilities continued to the lowest mean RRT credentialing success at 36.9%. Increases in mean RRT credentialing success occurred for all categories except Academic HSC/Medical Centers when compared to 2016 RCS data. For the 2017 RCS, the median RRT credentialing success rate was 83.8% for Four-Year Colleges or Universities, 77.7% for Career or Technical Colleges, 77.9% for Community or Junior Colleges, 90.2% for Academic HSC/Medical Centers, and 70.4% for Technical or Vocational Schools.

Table 36 – RRT Credentialing Success by Institutional Control for 2014 RCS through 2017 RCS

Institutional Control (N=421)	2017 RCS	Institutional Control (N=433)	2016 RCS	Institutional Control (N=434)	2015 RCS	Institutional Control (N=424)	2014 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Public/Not-For-Profit (n=324)	77.1%	Public/Not-For-Profit (n=345)	74.8%	Public/Not-For-Profit (n=346)	72.6%	Public/Not-For-Profit (n=340)	69.9%
Private/For-Profit (Proprietary) (n=51)	64.8%	Private/For-Profit (Proprietary) (n=51)	62.3%	Private/For-Profit (Proprietary) (n=54)	58.7%	Private/For-Profit (Proprietary) (n=51)	57.5%
Private/Not-For-Profit (n=44)	73.1%	Private/Not-For-Profit (n=35)	69.9%	Private/Not-For-Profit (n=32)	69.4%	Private/Not-For-Profit (n=31)	64.4%
Federal Government (n=2)	36.9%	Federal Government (n=2)	30.1%	Federal Government (n=2)	31.3%	Federal Government (n=2)	32.1%

Table 36 compares RRT credentialing success data in relation to institutional control/funding for the 2014 RCS through the 2017 RCS. For the 2017 RCS, RC Programs controlled/funded by public/not-for-profit institutions continued to demonstrate the highest mean RRT credentialing success (77.1%). RC Programs controlled/funded by the federal government continued to demonstrate the lowest mean RRT credentialing success rate (36.9%). Increases in mean RRT credentialing success occurred for RC programs in all categories when compared to 2016 RCS data. For the 2017 RCS, the median RRT credentialing success rate was 81.2% for the public/not-for-profit sector, 69.7% for the private/for-profit (proprietary) sector, and 77.4% for the private/not-for-profit sector.

Programmatic Outcomes by State and Degree (including D.C.)

Table 37 provides data on mean programmatic attrition/retention, positive placement, CRT credentialing success, and RRT credentialing success by state, including D.C., based on 2015, 2016, and 2017 RCS data.

Table 37 –Programmatic Outcomes by State, including D.C. for 2015 RCS though 2017 RCS

State (# programs for 2017 RCS)	Mean Programmatic Attrition/Retention			Mean Positive (Job) Placement			Mean CRT Credentialing Success			Mean RRT Credentialing Success		
	2015 RCS	2016 RCS	2017 RCS	2015 RCS	2016 RCS	2017 RCS	2015 RCS	2016 RCS	2017 RCS	2015 RCS	2016 RCS	2017 RCS
AL (n=6)	22.1%	22.3%	16.4%	91.2%	90.1%	92.2%	90.5%	91.2%	93.2%	54.3%	54.4%	55.15
AR (n=12)	29.1%	30.0%	12.0%	83.3%	77.7%	84.6%	87.0%	83.8%	87.2%	63.0%	59.4%	55.0%
AZ (n=7)	14.3%	14.8%	5.08%	69.3%	68.3%	76.7%	85.4%	86.4%	89.1%	61.7%	63.5%	70.1%
CA (n=38)	16.6%	16.7%	8.0%	75.2%	72.1%	73.0%	91.3%	91.3%	91.6%	74.0%	77.9%	82.2%
CO (n=4)	14.9%	18.1%	3.6%	86.7%	89.9%	92.15	94.2%	96.7%	96.4%	77.8%	78.2%	78.9%
CT (n=5)	14.4%	18.7%	10.4%	83.2%	82.1%	91.5%	91.8%	93.1%	96.6%	67.9%	76.9%	78.9%
DC (n=1)	4.0%	9.5%	0%	57.7%	50.0%	50.0%	73.1%	65.4%	75.0%	26.9%	46.2%	46.4%
DE (n=2)	13.0%	29.8%	15.4%	87.5%	85.6%	83.4%	100%	100%	100%	72.7%	74.4%	80.3%
FL (n=25)	19.0%	19.0%	8.3%	83.0%	78.9%	81.9%	91.2%	92.7%	93.0%	75.8%	80.1%	82.3%
GA (n=15)	15.6%	12.0%	8.5%	87.3%	87.1%	88.3%	91.6%	90.7%	92.7%	77.8%	77.1%	79.2%
HI (n=1)	13.3%	12.2%	8.7%	97.4%	97.3%	97.4%	100%	100%	100%	100%	100%	97.4%
IA (n=6)	19.0%	18.8%	8.0%	93.5%	90.4%	89.4%	93.2%	92.8%	93.0%	59.8%	60.2%	62.2%
ID (n=3)	9.5%	11.9%	3.9%	89.2%	86.7%	77.0%	91.7%	92.6%	90.5%	69.3%	69.6%	65.0%
IL (n=15)	19.2%	21.8%	10.8%	85.0%	84.0%	91.4%	93.5%	95.2%	96.5%	70.6%	75.2%	78.2%
IN (n=11)	18.5%	16.7%	10.4%	92.5%	91.9%	92.4%	96.9%	96.5%	96.6%	69.3%	69.8%	71.6%
KS (n=9)	20.1%	19.9%	9.0%	88.8%	85.9%	8.4%	89.7%	89.3%	88.9%	68.1%	67.5%	66.3%
KY (n=13)	21.3%	20.9%	8.5%	89.6%	91.1%	91.3%	95.1%	95.7%	94.4%	57.9%	62.4%	65.7%
LA (n=10)	18.7%	13.8%	11.7%	89.1%	84.9%	86.6%	92.7%	90.4%	90.9%	56.7%	54.3%	60.4%
MA (n=6)	21.2%	23.1%	14.0%	85.5%	85.3%	87.9%	93.6%	94.1%	94.6%	68.9%	73.7%	76.7%
MD (n=7)	19.8%	17.5%	9.3%	78.5%	75.6%	77.4%	90.6%	90.6%	90.1%	67.1%	69.4%	73.9%
ME (n=2)	18.8%	14.2%	9.8%	87.4%	89.9%	91.8%	97.1%	95.4%	97.2%	77.5%	84.9%	87.5%
MI (n=12)	22.0%	20.5%	8.5%	85.5%	87.2%	90.8%	90.4%	93.5%	95.0%	77.1%	79.2%	82.8%
MN (n=5)	21.2%	20.6%	10.6%	91.0%	87.0%	90.8%	96.7%	96.9%	95.3%	73.6%	70.0%	73.9%
MO (n=11)	18.8%	20.1%	5.7%	85.0%	84.5%	89.9%	93.4%	92.4%	94.1%	73.5%	76.4%	78.4%

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State (# programs for 2017 RCS)	Mean Programmatic Attrition/Retention			Mean Positive (Job) Placement			Mean CRT Credentialing Success			Mean RRT Credentialing Success		
	2015 RCS	2016 RCS	2017 RCS	2015 RCS	2016 RCS	2017 RCS	2015 RCS	2016 RCS	2017 RCS	2015 RCS	2016 RCS	2017 RCS
MS (n=8)	17.5%	21.8%	11.4%	90.7%	90.3%	89.0%	90.4%	91.6%	90.1%	53.2%	52.3%	52.5%
MT (n=2)	15.0%	12.5%	7.0%	89.8%	96.9%	96.3%	100%	100%	98.2%	76.5%	80.7%	75.6%
NC (n=14)	25.5%	27.3%	9.7%	83.5%	83.0%	84.0%	94.7%	93.5%	96.0%	76.0%	79.6%	64.0%
ND (n=3)	4.4%	3.7%	1.2%	99.0%	97.7%	96.3%	99.0%	100%	98.6%	91.7%	95.1%	92.7%
NE (n=4)	19.0%	17.3%	8.1%	96.6%	97.0%	97.4%	99.6%	97.0%	96.3%	78.1%	83.6%	82.1%
NH (n=1)	9.4%	18.9%	2.7%	84.0%	82.6%	79.2%	88.0%	87.0%	79.2%	68.0%	52.2%	33.3%
NJ (n=7)	13.3%	11.5%	3.7%	84.4%	81.9%	83.8%	93.6%	90.9%	92.1%	75.6%	75.0%	73.2%
NM (n=6)	19.1%	19.5%	6.0%	84.4%	85.4%	89.4%	89.1%	91.6%	94.5%	73.5%	74.0%	73.7%
NV (n=3)	21.1%	16.4%	8.0%	85.3%	86.7%	87.5%	95.5%	97.4%	99.7%	80.5%	84.6%	90.5%
NY (n=4)	18.9%	17.6%	15.0%	81.4%	81.2%	84.5%	93.4%	94.1%	95.7%	82.3%	84.8%	87.4%
OH (n=22)	19.9%	18.1%	8.9%	84.0%	82.2%	84.9%	94.0%	93.0%	92.4%	74.3%	78.2%	81.3%
OK (n=7)	18.3%	18.6%	5.1%	87.5%	89.3%	87.5%	89.8%	90.8%	89.5%	55.7%	57.7%	56.6%
OR (n=4)	11.5%	9.2%	3.5%	88.7%	86.6%	86.5%	96.2%	94.0%	91.9%	78.4%	81.2%	76.3%
PA (n=25)	17.9%	15.5%	7.1%	87.1%	80.2%	90.0%	90.4%	91.7%	92.8%	60.3%	63.0%	65.4%
RI (n=2)	16.0%	18.2%	9.9%	79.3%	78.6%	76.4%	85.9%	85.5%	83.9%	41.0%	45.6%	50.6%
SC (n=7)	31.4%	29.9%	17.4%	93.3%	94.1%	93.1%	97.8%	97.5%	96.2%	82.9%	86.0%	86.1%
SD (n=2)	25.0%	16.5%	8.0%	88.4%	84.3%	86.6%	94.1%	92.3%	93.8%	84.0%	86.8%	87.0%
TN (n=10)	18.9%	22.1%	11.5%	87.3%	84.9%	86.2%	92.5%	94.9%	93.0%	73.2%	74.2%	75.1%
TX (n=36)	17.5%	16.9%	7.9%	87.9%	86.1%	84.0%	91.6%	91.5%	91.3%	69.2%	70.3%	71.3%
UT (n=7)	13.5%	9.4%	4.1%	91.1%	76.2%	82.8%	90.8%	89.8%	89.0%	72.3%	75.4%	73.1%
VA (n=8)	24.2%	22.6%	11.75	87.6%	84.4%	83.9%	95.3%	95.8%	94.6%	81.4%	80.7%	80.1%
VT (n=1)	31.1%	26.8%	20.8%	87.8%	87.9%	96.7%	90.2%	93.9%	100%	80.5%	78.8%	93.3%
WA (n=5)	18.0%	17.2%	8.6%	90.6%	91.1%	91.7%	96.8%	97.6%	98.1%	79.3%	82.9%	87.2%
WI (n=7)	14.6%	16.2%	5.8%	87.5%	90.2%	95.2%	96.0%	97.0%	98.1%	73.0%	75.0%	82.5%
WV (n=6)	19.1%	20.3%	13.3%	81.8%	72.5%	88.9%	79.0%	80.6%	94.7%	51.0%	57.0%	69.4%
WY (n=1)	36.4%	36.1%	15.0%	88.9%	92.0%	85.7%	92.6%	100%	100%	92.6%	100%	95.2%

Overall Graduate Satisfaction

The CoARC evaluates overall graduate satisfaction based on a CoARC developed survey which uses a 5-point Likert scale. Programs administer the survey to employed program graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing the subject, 80% of returned graduate surveys must rate overall satisfaction at 3 or higher on a 5-point Likert scale. A copy of the survey template can be accessed at <http://www.coarc.com/43.html>.

Table 38 – RC Overall Graduate Satisfaction for 2016 RCS and 2017 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	98.7% (8.6)	100%	0%	80%	3
2017 RCS Data from 1/2/14 to 12/31/16 (N=418)	99.4% (0.2)	100%	66.7%	80%	2

2017 RCS results (**Table 38**) includes data on overall graduate satisfaction from 418 programs. Mean overall graduate satisfaction was 99.4%, with the highest value of 100% (n=384) and the lowest value of 66.7% (n=1). The median was 100%. Results from 2 programs (0.4% of total) were below the CoARC-established threshold. As per CoARC Standard 3.11, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Not included in **Table 38** are the data from the 2017 RCS regarding overall graduate satisfaction data for the 7 sleep specialist program options. All programs reporting achieved 100% overall graduate satisfaction.

Overall Graduate Satisfaction by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 39 – RC Overall Graduate Satisfaction by Degree Offered for 2017 RCS			
Degree Offered (N=418)	Associate (n=358)	Baccalaureate (n=56)	Master's (n=4)
2017 RCS Mean Overall Graduate Satisfaction (# of programs below CoARC threshold)	99.1% (2)	99.2%	100%

Table 39 compares 2017 RCS data regarding overall graduate satisfaction data in relation to the degree offered. Programs offering the master's degree had the highest mean overall graduate satisfaction (100%) while programs offering the associate degree had the lowest (99.1%). The median overall graduate satisfaction was 100% for associate, baccalaureate, and master's programs. The two programs below the CoARC threshold of 80% offered the AAS degree.

Table 40 – RC Overall Graduate Satisfaction by Institutional Type for 2017 RCS

Institutional Type (N=418)	Four-Year College or University (n=98)	Career or Technical College (n=10)	Community or Junior College (n=239)	Academic HSC/Medical Center (n=8)	Technical or Vocational School (n=61)	U.S. Military (n=2)
2017 RCS Mean Overall Graduate Satisfaction (# of programs below CoARC threshold)	99.2% (1)	99.6%	99.4% (1)	97.4%	99.7%	99.0%

Table 40 compares 2017 RCS data regarding overall graduate satisfaction in relation to institutional type. Programs located in Technical or Vocational Schools showed the highest mean overall graduate satisfaction (99.7%). Programs located in Academic HSC/Medical Centers showed the lowest mean overall graduate satisfaction of 97.4%. The median overall graduate satisfaction was 100% for all categories; this assessment modality was determined not to apply to the U.S. Military.

One of the two programs below the CoARC threshold of 80% were located at a Community or Junior College and the other was located at a Four-Year College or University.

Table 41 – RC Overall Graduate Satisfaction by Institutional Control/Funding for 2017 RCS

Institutional Control/Funding (N=418)	Public/Not-For-Profit (n=327)	Private/For-Profit (Proprietary) (n=51)	Private/Not-For-Profit (n=38)	Federal Government (n=2)
2017 RCS Mean Overall Graduate Satisfaction (# of programs below CoARC threshold)	99.0% (2)	99.3%	99.5%	99.0%

Table 41 compares 2017 RCS data regarding overall graduate satisfaction data in relation to institutional control/funding. Programs controlled/funded by private/not-for-profit institutions had the highest mean overall graduate satisfaction, at 99.5%. Programs controlled/funded by public/not-for-profit institutions and the federal government had the lowest mean overall graduate satisfaction at 99.0%. The median overall graduate satisfaction was 100% for all categories; this assessment modality doesn't apply to the federal government.

The two programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions.

Overall Employer Satisfaction

The CoARC evaluates overall employer satisfaction based on a CoARC-developed survey which uses a 5-point Likert scale. Programs administer the survey to employers of their graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing this subject, 80% of returned surveys must rate overall employer satisfaction with program graduates at 3 or higher on a 5-point Likert scale. A copy of the survey template can be accessed at <http://www.coarc.com/43.html>.

Table 42 – RC Overall Employer Satisfaction for 2016 RCS and 2017 RCS

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	97.8% (10.9)	100%	0%	80%	5
2017 RCS Data from 1/2/14 to 12/31/16 (N=418)	99.1% (0.17)	100%	81.2%	80%	0

2017 RCS results on overall employer satisfaction (**Table 42**) include data from 418 programs. The mean overall employer satisfaction was 99.1%, with the highest value of 100% (n=346) and the lowest value of 81.2% (n=1). The median overall employer satisfaction was 100%. No programs reported overall employer satisfaction below the CoARC-established threshold of 80%.

Not included in **Table 42** are the data from the 2017 RCS regarding overall employer satisfaction data for the 7 sleep specialist program options. All programs achieved 100% overall employer satisfaction.

Overall Employer Satisfaction by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 43 – RC Overall Employer Satisfaction by Degree Offered for 2017 RCS

Degree Offered (N=418)	Associate (n=358)	Baccalaureate (n=56)	Master's (n=4)
2017 RCS Mean Overall Employer Satisfaction	99.0%	99.8%	98.7%

Table 43 includes data from the 2017 RCS that assesses overall employer satisfaction data in relation to the degree offered. Programs offering the baccalaureate degree had the highest mean overall employer satisfaction (99.8%) while programs offering the master's degree had the lowest (98.7%). The median overall employer satisfaction was 100% for associate and baccalaureate programs, and 97.5% for master's programs.

Table 44 – RC Overall Employer Satisfaction by Institutional Type for 2017 RCS

Institutional Type (N=418)	Four-Year College or University (n=98)	Career or Technical College (n=10)	Community or Junior College (n=239)	Academic HSC/Medical Center (n=8)	Technical or Vocational School (n=61)	U.S. Military (n=2)
2017 RCS Mean Overall Employer Satisfaction	99.2%	98.0%	99.1%	99.4%	98.9%	97.6%

Table 44 uses data from the 2017 RCS to compare overall employer satisfaction data in relation to institutional type. Programs located in Academic HSC/Medical Centers showed the highest mean overall employer satisfaction (99.4%). Programs located in the U.S. Military showed the lowest mean overall employer satisfaction of 97.6%. The median overall employer satisfaction was 100% for all categories; this assessment modality doesn't apply to the U.S. Military.

Table 45 – RC Overall Employer Satisfaction by Institutional Control/Funding for 2017 RCS

Institutional Control/Funding (N=418)	Public/Not-For-Profit (n=327)	Private/For-Profit (Proprietary) (n=51)	Private/Not-For-Profit (n=38)	Federal Government (n=2)
2017 RCS Mean Overall Employer Satisfaction	98.8%	99.2%	98.9%	97.6%

Table 45 uses 2017 RCS data to compare overall employer satisfaction data in relation to institutional control/funding. Programs controlled/funded by private/for-profit (proprietary) institutions had the highest mean overall employer satisfaction, at 99.2%. Programs controlled/funded by the federal government had the lowest mean overall employer satisfaction at 97.2%. The median employer satisfaction was 100% for all categories; this assessment modality doesn't apply to the federal government.

On-Time Graduation Rate

The CoARC defines on-time graduation as the number of students who graduate with their enrollment cohort (i.e., within thirty (30) days of their expected graduation date) divided by the total number of students in that cohort who graduated. The enrollment date and the expected graduation date of each cohort are specified by the program. The CoARC established threshold for this outcome is 70%.

Table 46 – RC On-Time Graduation Rate for 2016 RCS and 2017 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	91.0% (10.4)	100%	7.7%	70%	13
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	90.8% (10.3)	100%	5.8%	70%	13

2017 RCS data for on-time graduation rate (**Table 46**) show a total of 421 programs reporting. The mean on-time graduation rate was 90.8% with the highest value of 100% (n=80) and the lowest value of 5.8% (n=1). The median on-time graduation rate was 93.3%. A total of 13 programs (3.1% of total) reported on-time graduation rates below the CoARC-established threshold of 70%. As per CoARC Standard 3.11, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Not included in **Table 46** are data from the 2017 RCS regarding the on-time graduation rates for the 7 sleep specialist program options. All programs achieved 100% on-time graduation.

Table 47 – RC On-Time Graduation Rate by Degree Offered for 2017 RCS			
Degree Offered (N=421)	Associate (n=360)	Baccalaureate (n=57)	Master's (n=4)
2017 RCS Mean On-Time Graduation Rate (# of programs below CoARC threshold)	90.6% (11)	92.0% (2)	91.7%

Table 47 uses data from the 2017 RCS to compare on-time graduation rate data in relation to the degree offered. Programs offering the baccalaureate degree had the highest mean on-time graduation rate (92.0%) while programs offering the associate degree had the lowest (90.6%). The median on-time graduation rate was 93.1% for associate programs, 93.5% for baccalaureate programs, and 92.6% for master's programs. Twelve of the programs below the CoARC threshold of 70% offered the associate degree (5 AS, 1 AOS, 5 AAS). Two offered the baccalaureate degree.

Table 48 – RC On-Time Graduation Rate by Institutional Type for 2017 RCS

Institutional Type (N=421)	Four-Year College or University (n=99)	Career or Technical College (n=10)	Community or Junior College (n=240)	Academic HSC/Medical Center (n=8)	Technical or Vocational School (n=62)	U.S. Military (n=2)
2017 RCS Mean On-Time Graduation Rate (# of programs below CoARC threshold)	91.5% (2)	89.1% (1)	92.5% (1)	93.3%	84.5% (8)	54.2% (1)

Table 48 uses data from the 2017 RCS to compare on-time graduation rate data in relation to institutional type. Programs located in Academic HSC/Medical Centers showed the highest mean on-time graduation rate of 93.3%. Programs located in the U.S. Military showed the lowest mean on-time graduation rate of 54.2%. The median on-time graduation rate was 93.3% for Four-Year Colleges or Universities, 93.9% for Career or Technical Colleges, 94.1% for Community or Junior Colleges, 92.3% for Academic HSC/Medical Centers, and 88.5% for Technical or Vocational Schools.

Two of the 13 programs below the CoARC threshold of 70% were located at Four-Year Colleges or Universities, eight were at Technical or Vocational Schools, one at a Community or Junior College, one at a Career or Technical College, and the remaining one was in the U.S. Military.

Table 49 – RC On-Time Graduation Rate by Institutional Control/Funding for 2017 RCS

Institutional Control/Funding (n=421)	Public/Not-For-Profit (n=329)	Private/For-Profit (Proprietary) (n=51)	Private/Not-For-Profit (n=39)	Federal Government (n=2)
2017 RCS Mean On-Time Graduation Rate (# of programs below CoARC threshold)	92.7 (2)	81.8% (8)	88.5% (2)	54.2% (1)

Table 49 uses data from the 2017 RCS to compare on-time graduation rate data in relation to institutional control/funding for the 2016 RCS. Programs controlled/funded by public/not-for-profit institutions showed the highest mean on-time graduation rate, at 92.7%. Programs controlled/funded by the federal government showed the lowest mean on-time graduation rate at 54.2%. The median on-time graduation rate was 94.1% for public/not-for-profit institutions, 84.6% for private/for-profit (proprietary) institutions, and 92.3% for private/not-for-profit institutions.

Two of the 13 programs below the CoARC threshold of 70% were controlled/funded by public/not-for-profit institutions, two by private/not-for-profit institutions, eight by private/for-profit (proprietary) institutions, and one by the federal government.

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. These 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) Helping associate degree programs that wish to align with bachelor degree granting institutions develop consortial and/or cooperative agreements.

Baccalaureate Degree Eligibility Categories

Table 50 – Baccalaureate Degree Eligibility-Number of Programs for 2013 (N=441), 2014 (N=438), 2015 (N=427), 2016 (N=428), and 2017 (N=431)

Baccalaureate Degree Eligibility Category	# of Programs as of 12/31/13	# of Programs as of 12/31/14	# of Programs as of 12/31/15	# of Programs as of 12/31/16	# of Programs as of 12/31/17
I. Sponsoring institution offers a baccalaureate degree RC program	60	64	65	69	72
II. Sponsoring institution offers baccalaureate degrees in other disciplines	86	86	88	87	85
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances ⁵	77	86	108	106	107
IV. Sponsoring institution cannot offer a baccalaureate degree	218	202	166	166	167

Table 50 assigns RC programs and satellite options, based on data from the end of each year December 31, 2013 - 2016 to one of four baccalaureate degree eligibility categories.

Category I includes sponsoring institutions that offer an Entry into RC Professional Practice baccalaureate degree or higher upon graduation. As of 12/31/2017, 69 of the 428 (16.1% of total) RC programs and satellites fall under Category I.

Category II includes sponsoring institutions that can offer both the associate degree and baccalaureate degree or can transition their associate degree to a baccalaureate degree. As of 12/31/2017, 85 (19.7% of total) RC programs and satellites fall under Category II.

Category III includes sponsoring institutions offering an Entry into RC Professional Practice associate degree upon graduation, that are located in states that authorize community colleges to award bachelor's degrees under certain circumstances. According to the Community College Baccalaureate Association, 21 states have legislation allowing community colleges to award bachelor's degrees. The 107 sponsoring

⁵ Source: Community College Baccalaureate Association <http://www.accbd.org/resources/baccalaureate-conferring-locations/>

institutions in this category may have the capability of offering both the associate degree and baccalaureate degree or may be able to transition their associate degree to a baccalaureate degree. However, because of differences in the applicable legislation the extent of this capability varies greatly from state to state. As of 12/31/2017, 107 of the 431 (24.8% of total) RC programs and satellites fall under Category III.

Category IV includes sponsoring institutions offering an Entry into RC Professional Practice associate degree upon graduation that do not have the authority to award a baccalaureate degree. However, depending on applicable state rules and regulations, sponsoring institutions in this category may be capable of articulating with, or participating in a consortial partnership with, a 4-year degree-granting institution. As of 12/31/2017, 167 of the 431 (38.7% of total) RC programs and satellites fall under Category IV.

Baccalaureate Degree Eligibility – Enrollment Capacity and Graduation Rates

Table 51 – Baccalaureate Degree Eligibility- Enrollment Capacity and Graduates for 2014 (N=427), 2015 (N=428), and 2016 (N=431)						
Baccalaureate Degree Eligibility Category	Maximum Enrollment Capacity as of 12/31/14	Total Graduates as of 12/31/14	Maximum Enrollment Capacity as of 12/31/15	Total Graduates as of 12/31/15	Maximum Enrollment Capacity as of 12/31/16	Total Graduates as of 12/31/16
I. Sponsoring institution currently offers a baccalaureate degree RC program	1,310	693	1,641	837	1,546	875
II. Sponsoring institution offers baccalaureate degrees in other disciplines	3,342	1,232	3,405	1,634	3,241	1,615
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances ⁷	3,049	1,577	3,050	1,707	3,029	1,676
IV. Sponsoring institution cannot offer a baccalaureate degree	5,274	2,417	5,253	2,715	5,224	2,497

Table 51 provides an assessment of the maximum annual enrollment capacity and the total number of graduates for each year (December 31, 2014-2016) based on assignment of RC programs and satellite options to these four baccalaureate degree eligibility categories

As of December 31, 2016, the 72 programs in Category I produced 875 graduates (12.1% of the total of the 6,663 graduates from all 4 categories in 2016); this was 57.0% of maximum enrollment capacity for this category. Interestingly, 47 of these 72 programs (65%) did not reach maximum annual enrollment in 2016. The 85 programs in Category II produced 1,615 graduates (24.2% of the total of the 6,663 graduates), which was 49.8% of maximum enrollment capacity for this category. The number of baccalaureate degree graduates has the potential to increase by approximately 185% (or to 2,490 graduates per year) if all sponsoring institutions in Category II converted their associate degree RC program to a baccalaureate degree.

The 107 programs in Category III produced 1,676 graduates (25.2% the total of the 6,663 graduates), which was 56.0% of maximum enrollment capacity for this category. The 167 programs in Category IV

produced 2,497 graduates (37.5% of the total of the 6,663 graduates), which was 47.8% of maximum enrollment capacity for this category.

Baccalaureate Degree Eligibility by State (including District of Columbia and Puerto Rico)

Table 52 provides a comparison of baccalaureate degree eligibility categories by state, excluding Alaska which does not have any accredited RC programs. Twenty-eight states and Puerto Rico have programs that fall under Category I, twenty-nine states have programs that fall under Category II. Eleven states and the District of Columbia, do not have a program in either Category I or II. Eight states and the District of Columbia (highlighted), have programs that only fall under Category IV. One state (Hawaii) only has a single Category III program.

Table 52 – Baccalaureate Degree Eligibility by State, D.C., and Puerto Rico

# of Programs as of 12/31/17 (N=431)	Category I		Category II		Category III		Category IV	
	# of Programs as of 12/31/17	Max Enroll Capacity	# of Programs as of 12/31/17	Max Enroll Capacity	# of Programs as of 12/31/17	Max Enroll Capacity	# of Programs as of 12/31/17	Max Enroll Capacity
Alabama (n=8)	4	121	1	50	0	0	3	105
Arkansas (n=8)	1	24	0	0	6	112	1	24
Arizona (n=6)	0	0	2	141	0	0	4	232
California (n=38)	1	22	7	359	21	799	9	852
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=25)	2	55	18	469	2	51	3	114
Georgia (n=15)	4	97	4	115	6	123	1	24
Hawaii (n=1)	0	0	0	0	1	16	0	0
Iowa (n=6)	0	0	1	14	0	0	5	109
Idaho (n=3)	1	25	2	55	0	0	0	0
Illinois (n=15)	2	24	3	96	0	0	10	279
Indiana (n=11)	2	46	0	0	9	189	0	0
Kansas (n=9)	1	24	2	34	0	0	6	130
Kentucky (n=15)	3	45	0	0	0	0	12	241
Louisiana (n=9)	3	67	1	30	5	86	0	0
Massachusetts (n=6)	0	0	0	0	0	0	6	124
Maryland (n=6)	1	40	0	0	0	0	5	113

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# of Programs as of 12/31/17 (N=431)	Category I		Category II		Category III		Category IV	
	# of Programs as of 12/31/17	Max Enroll Capacity	# of Programs as of 12/31/17	Max Enroll Capacity	# of Programs as of 12/31/17	Max Enroll Capacity	# of Programs as of 12/31/17	Max Enroll Capacity
Maine (n=2)	0	0	0	0	0	0	2	34
Michigan (n=12)	0	0	2	74	10	253	0	0
Minnesota (n=5)	2	40	0	0	3	83	0	0
Missouri (n=9)	2	24	3	92	0	0	4	171
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	14	296	0	0
North Dakota (n=3)	3	24	0	0	0	0	0	0
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	N/A	1	72	0	0	3	130
New Mexico (n=6)	0	0	1	72	5	107	0	0
Nevada (n=3)	0	0	2	115	0	0	1	17
New York (n=13)	3	96	1	30	9	356	0	0
Ohio (n=22)	5	116	5	124	0	0	12	343
Oklahoma (n=6)	0	0	2	37	2	54	2	58
Oregon (n=3)	1	25	0	0	0	0	2	64
Pennsylvania (n=24)	6	90	8	1756	0	0	10	376
Puerto Rico (n=1)	1	40	0	0	0	0	0	0
Rhode Island (n=2)	0	0	1	40	0	0	1	24
South Carolina (n=8)	0	0	0	0	0	0	8	177
South Dakota (n=2)	0	0	2	24	0	0	0	0
Tennessee (n=10)	3	59	0	0	0	0	7	254
Texas (n=36)	6	183	6	366	22	644	2	36
Utah (n=9)	5	90	3	426	1	25	0	0
Virginia (n=8)	3	78	0	0	0	0	5	155
Vermont (n=1)	0	0	1	27	0	0	0	0
Washington (n=5)	1	28	1	48	3	76	0	0
Wisconsin (n=7)	0	0	0	0	0	0	7	156
West Virginia (n=4)	2	30	0	0	1	20	1	25
Wyoming (n=1)	0	0	0	0	0	0	1	15

RC Program Consortia

In its accreditation *Standards*, 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 Entry Standard 1.02 and DA Standard 1.2 state 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 53** provides a listing of 35 consortium programs as of December 31, 2017 according to the CoARC’s database.

Table 53 – RC Program Consortia as of December 31, 2017

Program #	Consortium Name	City	State	Degree
200014	Millersville University	Millersville	PA	BS
200019	Mansfield University	Mansfield	PA	AAS
200039	Indiana Respiratory Therapy Ed Consortium	Indianapolis	IN	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
200138	Hudson Valley Community College	Troy	NY	AAS
200143	CHI Health/Midland University	Omaha	NE	BS
200172	Mayo Clinic College of Medicine School	Rochester	MN	BS
200260	Cincinnati State Tech-Community College	Cincinnati	OH	AAS
200299	Delaware Technical and Community College	Wilmington	DE	AAS
200313	West Chester University/Bryn Mawr Hospital	Bryn Mawr	PA	BS
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	Frederick	MD	AAS
200430	Carver Career Center/Bridge Valley CTC	Charleston	WV	AS
200431	Pickens Technical College	Aurora	CO	AAS
200432	Missouri Southern State University	Joplin	MO	AS
200450	Collins Career Technical Center	Chesapeake	OH	AAS
200454	Francis Tuttle	Oklahoma City	OK	AS
200461	Northeast Kentucky Consortium	Morehead	KY	AAS
200463	Autry Technology Ctr/Northern OK College	Enid	OK	AAS
200490	Stevens-Henager College	Salt Lake City	UT	AAS
200497	Cape Girardeau Career & Technology Center	Cape Girardeau	MO	AS

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200504	University of Rio Grande/Rio Grande CC	Rio Grande	OH	AS
200506	Marshall University/St. Mary's Med Ctr.	Huntington	WV	BS
200569	Ivy Tech E. IN Resp. Care Ed. Consortium	New Castle	IN	AS
200585	US Army Med Ed & Training Campus	Fort Sam Houston	TX	AAS
200586	Simi Valley Adult School/Excelsior	Simi Valley	CA	AS
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake	NY	AAS
210273	York College of PA	York	PA	BS
300025	Monroe City Hall Annex	West Monroe	LA	AAS

Inquiries regarding this report should be addressed to:

Tom Smalling, PhD, RRT, RPFT, FAARC
Executive Director
tom@coarc.com

1248 Harwood Road
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