2018 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care

Published June 1, 2019

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

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

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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 *2018 Report on Accreditation in Respiratory Care Education.* This report 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, 2018;
- Accreditation actions taken in 2018;
- Aggregate statistics of graduate, enrollment, and outcomes data derived from the 2018 Annual Reports of Current Status submitted on January 15, 2019; and
- Programmatic data related to the AARC 2015 and Beyond Project.

There were 52 accreditation site visits in 2018 involving 48 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 452 programs and program options and submitted in January 2019 following a delay in the release of the new annual reporting system. We truly appreciate your patience and cooperation this past year during the development of the new RCS system and 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 Chief Executive Officer, Tom Smalling, PhD, RRT, RPFT, RPSGT, FAARC, at tom@coarc.com.

Thank you for your support,

Allen N. Gustin, Jr. MD, FCCP, FASA
President

EXECUTIVE SUMMARY

PROGRAMS BY PROGRAM TYPE

As of December 31, 2018, there were a total of 452 programs and program options under accreditation review by the CoARC. These include 430 Entry into Respiratory Care Professional Practice programs/ program satellites, 5 sleep specialist programs, and 17 Degree Advancement programs.

PROGRAMS BY DEGREE OFFERED

As of December 31, 2018, 84% of the 356 accredited respiratory care programs were associate degree and 16% were baccalaureate degree. Six programs (1% of total) offered a master's degree. Compared to data from the 2017 Report on Accreditation, the percentage of associate, baccalaureate, and master's degree programs remained the same. The AAS degree accounted for the largest (54%) of all degree types, an increase of 61% since 2012. There has been a 48% decrease in AS programs since 2012. The BS degree accounted for 15% of all degree types, an increase of 22% since 2012.

PROGRAMS BY INSTITUTIONAL TYPE

As of December 31, 2018, 59% of programs and satellites were offered at a community/junior college, and 23% of programs were offered at a four-year college/university; 13% 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, 2018, 77% of sponsors were operating under a public/not-for-profit status. Forty-two (10%) were operating under a private/for-profit (proprietary) status, fifty-three (12%) were operating under a private/not-for-profit status and three (1%) were controlled and funded by the federal government.   Compared to 2017, there was a 1% decrease in the number of private/for-profit (proprietary) sponsors of respiratory care programs and a 1% increase in the number of private/not-for-profit sponsors of respiratory care programs.

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 37. States/locations with only one program include Wyoming, Vermont, Puerto Rico, New Hampshire, Hawaii, and the District of Columbia. As of December 31, 2018, the associate degree is offered in 48 states and the District of Columbia (North Dakota, Puerto Rico, Alaska are the exceptions). The associate degree is the only degree offered in DC and 21 states. The baccalaureate degree is offered in 28 states. The master's degree is offered in six states (AL, GA, IL, KY, ND, and TX).

DEGREE EARNED BY KEY PERSONNEL

A majority (60%) of PDs have earned a master's degree, with 26% having a baccalaureate and 13% having a doctorate. For DCEs, a majority have the baccalaureate degree (50%), with the master's degree at 46%. Only 3% of DCEs have their doctoral degree.

ACCREDITATION ACTIONS

In 2017 there were 116 accreditation actions taken by the Board, 179 accreditation actions processed by the Executive Office and 52 site visits conducted.

Applications for Substantive Change

Of the 37 applications for substantive change processed by the CoARC in 2018. 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 72 permanent changes in program director in 2018, 19 were due to retirement, 22 due to resignation, 22 due to re-assignment, and 9 for other reasons.

2018 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, 2015 through December 31, 2017) from the 2018 RCS reports.

Total Applications

Total applications for admission to accredited respiratory programs were 15,478 for 2017. Applications reached a peak of 23,430 in 2011 and have decreased by 34% between 2011 and 2017. The mean number of applications per program was 39 in 2017. The median was 30.

RC Applications by Degree Offered

Compared to 2016, applications in 2017 to associate degree programs increased 9.6% and baccalaureate degree programs increased by 6.3%. Applications to masters programs increased 148%.

RC Applications by Institutional Type

Compared to 2016, applications in 2017 increased by 9% for community/junior colleges and by 64.9% for technical/vocational schools, increased by 808% for U.S. military programs; and increased by 27% for career/technical colleges; decreased by .7% for four-year colleges/universities; and decreased by 14% for academic HSC/medical centers.

RC Applications by Institutional Control/Funding

Compared to 2016, applications in 2017 increased by 2% in the public/not-for-profit sector; and by 91% in the private/for-profit (proprietary) sector. Applications in 2017 increased by 55% in the private/not-for-profit sector; and by 808% for federal government (military) programs.

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

California continues to have the largest (15% of total in 2017) number of applications, which is an increase of 3% from the previous year.

Total New Enrollments

For 2017, there were 7,427 new students enrolled – 58.8% of capacity. The mean maximum annual enrollment capacity per program was 30 and the mean number of new enrollments per program was 18. The median was 16. There was a 7.7% decrease in new enrollments compared to 2016. For 2017, 8.1% (34 of the 419) programs reported new enrollments reaching maximum annual enrollment capacity

New RC Enrollments by Degree Offered

Compared to 2016, new enrollments in 2017 decreased by 9.1% for associate degree programs; baccalaureate programs increased by 3.4%. New enrollments also decrease by 7.3% for master's programs.

New RC Enrollments by Institutional Type

Compared to 2016, new enrollments in 2017 decreased by 12.4% for community/junior colleges; increased by 3.1% for academic HSC/medical centers; decreased by 13.3% for technical/vocational schools; decreased by 12.4% for four-year colleges/universities; decreased by 13.4% for U.S. military programs; and decreased by 28.3% for career/technical colleges.

New RC Enrollments by Institutional Control/Funding

Compared to 2016, new enrollments in 2017 decreased by 6.5% in the public/not-for-profit sector; increased by 3.3% in the private/not-for-profit sector; decreased by 13.4% in the federal government sector and decreased by 16.4% in the private/for-profit (proprietary) sector.

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

California had the largest number of enrollments (8.4% of total) in 2017.

Total Graduates

There were 6,314 graduates in 2017. This is a 5.7% decrease compared to 2016. The mean number of graduates per program was 15. The median was 13.

RC Graduates by Degree Offered

Compared to 2016, number of graduates in 2017 decreased 4.2% for associate degree programs, increased by 2.8% for baccalaureate degree programs, and increased by 1.3% for master's degree programs.

RC Graduates by Institutional Type

Compared to 2016, the number of graduates in 2017 increased by: 6% in community/junior colleges; decreased by 5.3% in technical/vocational schools; increased by .5% in academic HSC/medical centers; decreased by 1.1% in career/technical colleges; decreased by 1.1% in U.S. military programs; and increased by 1.4% in 4-year colleges/universities.

RC Graduates by Institutional Control/Funding

Compared to 2016, the number of graduates in 2017 increased by 9.4% in the public/not-for-profit sector, decreased 10.1% in the private/for-profit (proprietary) sector, increased by 2.3% in the private/not-for-

profit sector, and decreased by 1.5% in the federal government sector.

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

California and Texas had the largest number of graduates (8.4% of total) in 2017.

Programmatic Retention

For the 2018 RCS, the mean retention rate was 87.5%. The median was 88%. Twenty programs (4.8% of total) reported retention rates below the CoARC-established threshold of 70%.

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

For the 2018 RCS, associate degree programs had the lowest mean retention rate (87%) and master's degree programs had the highest (98%). For programs located in four-year colleges or universities the mean was 90%. Programs located in career or technical colleges had the lowest, 86%. Programs controlled/funded by the private/for-profit sector (proprietary) had the highest mean retention at 91%, while programs controlled/funded by public/not-for-profit had the lowest, at 87%.

Positive (Job) Placement

The 2018 RCS mean placement rate was 84.8% with the highest rate of 100% (n = 58) and the lowest rate of 0% (n=20). This is a 1.2% decrease when compared to 2017 RCS data. The median was 92%.

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

For the 2018 RCS, associate degree and baccalaureate degree programs showed increases in mean placement rates when compared to the 2017 RCS. Associate degree programs had a higher mean (85.7%) than baccalaureate degree programs (81.9%). Academic HSC/Medical Center programs had the highest overall mean (95.9%) while for technical or vocational school programs the mean was 84.2%. Programs controlled/funded by four-year college or universities demonstrated the lowest mean (82.5%).

CRT Credentialing Success

The mean CRT credentialing success was 93.7% with the highest at 100% (n=120) and the lowest at 49% (n=1). The median was 96%. A total of 21 programs (5% of total) reported success rates below the CoARC established threshold of 80%. When compared to the 2017 RCS data, the 2018 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 (95.8%) than that of associate degree programs (93.3%). 19 out of the 21 programs below the CoARC established threshold conferred the associate degree; the two remaining were baccalaureate degrees. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean at 97.9%. Technical or vocational schools were the lowest mean at 90%. CRT success in public/not-for-profit institutions was highest, at 94.6%.

RRT Credentialing Success

The mean RRT credentialing success was 80.2% with the highest at 100% (n=34) and the lowest at

0% (n=1). The median was 84%. When compared to previous RCS data, the mean RRT credentialing success rate decreased 1.4% over 2017, with an overall increase of 20% since the 2012 RCS.

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

Baccalaureate programs had a higher mean (87.6%) than associate programs (78.8%). Both associate and baccalaureate degree programs had an increased mean compared to the 2017 RCS. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean at 88.3%. By funding criteria, the public/not-for-profit sector continued to demonstrate the highest mean (81.8%).

On-Time Graduation Rate

Mean on-time graduation rate was 90.6% with the highest value of 100% shared by 73 programs. One program had a 10% graduation rate. The median on-time graduation rate was 92%. A total of 15 programs (3.5% 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 (92.7%) than associate programs (93.5%). By institutional type, academic HSC/medical center programs had the highest mean at 92.9%, while programs at U.S. military facilities had the lowest mean at 54.5%. By funding criteria, the public/not-for-profit sector had the highest mean (92.1%) while the federal government sector had the lowest mean (52.5%).

PROGRAMMATIC DATA RELATED TO THE AARC 2015 AND BEYOND PROJECT

As of 12/31/2018, 68 of the 424 (16% of total) RC programs and satellites fall under Category I. An additional 86 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, 108 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 162 sponsors that do not have the authority to award a baccalaureate degree may be capable of participating in a consortia partnership with a 4-year degree-granting institution (Category IV).

Baccalaureate Degree Eligibility – Enrollment Capacity and Graduation Rates

As of December 31, 2017, the 68 programs in Category I produced 792 graduates (12.5% of the total of the 6,314 graduates from all 4 categories in 2017). The 86 programs in Category II produced 1,538 graduates (24.4% of the total graduates). The 108 programs in Category III produced 1,874 graduates (29.7% of the total graduates). The 162 programs in Category IV produced 2,110 graduates (33.4% of the total graduates).

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, 2018, there were a total of 452 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/ver4/2018RCSOutcomes.

Of the 452 programs, 7 have applied for accreditation review, 11 hold an Approval of Intent (approval of their Letter of Intent applications to start developing an accredited program). Thirty-three (33) 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 5 such accredited program options. There are 11 domestic satellite campuses. **Table 1** (below) provides a breakdown of program numbers by program type. Currently there are 17 degree advancement programs under accreditation review.

Table 1 – Program Numbers by CoARC Level as of December 31, 2018 (N=452)						
	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	376	1	3	9	4	0
Probationary Accreditation	7	0	0	0	0	0
Provisional Accreditation	22	2	1	1	1	6
Inactive Accreditation	1	0	0	0	0	0
Approval of Intent	4	0	0	1	0	6
Letter of Intent	2	0	0	0	0	5

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*). <u>Note</u>: *In July 2015, the CoARC approved standards for Degree Advancement (DA) programs. The subsequent data presented in this section does not include the 17 DA programs and 5 sleep disorders specialist program options.*

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

Figure 1- Entry into Proactice RC Programs & Satellites by Degree Offered as of 12/31/18 (N=430)

Baccalaureate (n=68), 16%
Masters (n=6), 1%
Associate (n=356), 83%

■ Associate (n=356) ■ Baccalaureate (n=68) ■ Masters (n=6)
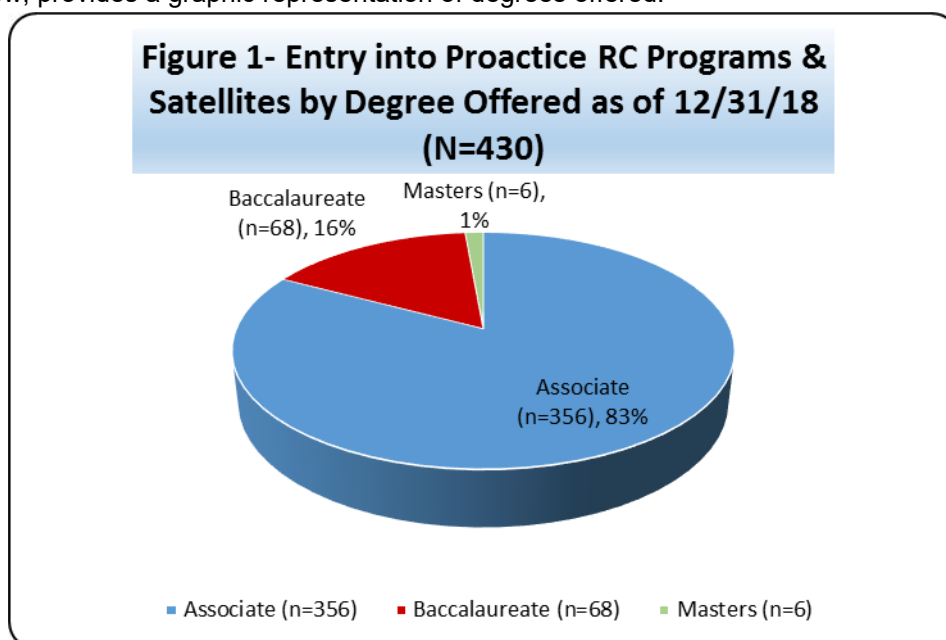
As of December 31, 2018, there were a total of 430 Entry into Respiratory Care Professional Practice programs/program satellites under accreditation review by the CoARC. Of these, 356 (83% of total) confer the associate degree upon graduation and 68 (16% of total) programs confer the baccalaureate degree. Six programs (1% of total) confer the master's degree. Compared to data from the 2017 Report on Accreditation, the percentage of associate, baccalaureate, and master's degree programs remained the same.

Table 2 provides a breakdown of program numbers by degree type. The Associate of Applied Science (AAS) degree accounted for the largest (54%) of all degree types offered in 2018, an increase of 61% compared to 2012. 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 29% of all degree types offered in 2018. This is an 11% decrease compared to 2017 and a 48% decrease since 2012. 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 2018, an increase of 22% compared to 2012. 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 2012 through 2018							
	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)	as of 12/31/18 (N=430)
Associate of Science (AS)	239	215	196	172	153	136	122
Associate of Applied Science (AAS)	138	161	174	186	198	227	228
Associate of Specialized Technology (AST)	3	3	2	2	3	4	4
Associate of Occupational Studies (AOS)	2	2	2	2	3	3	2
Bachelor of Science/Masters of Science (BS/MS)	3	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Bachelor of Science (BS)	49	57	60	60	64	65	66
Bachelor of Applied Science (BAS)	0	0	1	1	1	2	2
Associate of Science/ Bachelor of Science (AS/BS)	3	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Associate of Applied Science/ Bachelor of Science (AAS/BS)	0	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Master of Science (MS)	N/A*	3	3	4	6	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, 2018, there were 255 respiratory care programs and satellites offered at a community or junior college. This was the largest (59%) of the categories, and a 2% increase compared to 2018 data. Ninety-nine (23%) programs were offered at a four-year college or university, which is a 2% decrease compared to 2018 data. Fifty-five (13%) programs were offered at a technical or vocational school. Nine (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.

Figure 2-Entry into Practice RC Programs and Satellites by Institutional Type (N=430)

- Community College or Junior College (255)
- Four-Year College or University (99)
- Technical or Vocational School (55)
- Career or Technical College (10)
- Academic HCS/Medical Center (9)
- US Military (2)
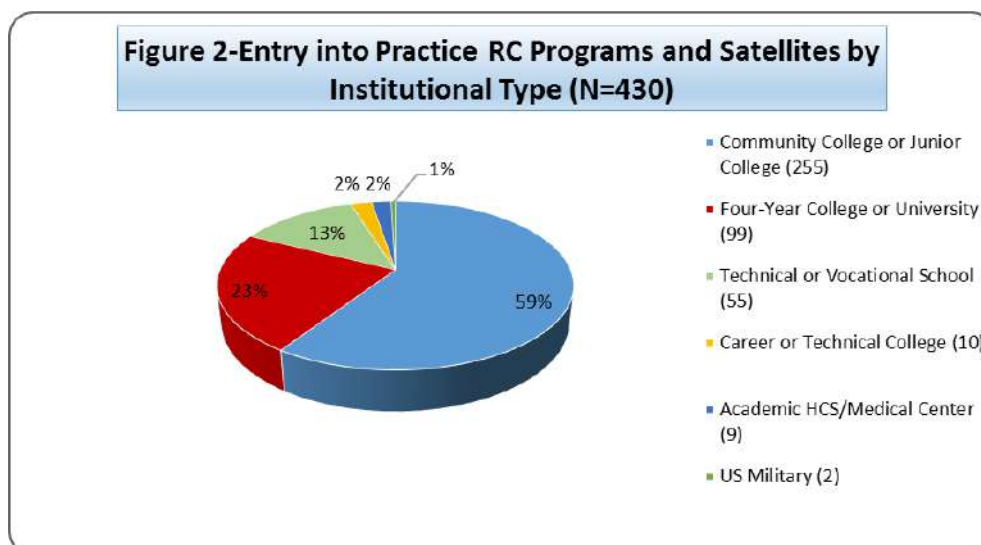
Table 3 provides a comparison of programs by institutional type and degree. The majority (57%) of programs in 2017 conferring the associate degree are offered at community or junior colleges. Interestingly, 44 programs (10%) conferring the associate degree were offered at four-year colleges or universities 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 (2016 thru 2018)	Associate			Baccalaureate			Masters		
	as of 12/31/18 (N=430)	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)	as of 12/31/18 (N=430)	as of 12/31/17 (N=443)	as of 12/31/16 (N=428	as of 12/31/18 (N=430)	as of 12/31/17 (N=443)	as of 12/31/16 (N=428)
Community of Junior College	250	251	240	2	2	1	0	0	0
Technical or Vocational School	55	60	59	0	0	0	0	0	0
Four-Year College or University	39	44	45	58	61	56	5	5	5
Career or Technical College	10	10	9	0	0	0	0	0	0
Academic HSC/Medical Center	3	3	2	5	4	8	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, 2018, 332 (77%) institutions sponsoring a respiratory care program were operating under a public/not-for-profit status. Forty-two (10%) institutions were operating under a private/for-profit (proprietary) status. Fifty-three (12%) institutions were operating under a private/not-for-profit status. Three (1%) institutions were controlled and funded by the federal government. Compared to data from the 2017 Report on Accreditation, there was a 1% decrease in the number of private/for-profit (proprietary) sponsors of respiratory care programs and a 1% increase in the number of private/not-for-profit sponsors of respiratory care programs. **Figure 3** illustrates these categories.

Figure 3- Entry into Practice RC Programs and Satellites by Institutional Control/Funding (N=430)

- Public/Not-For-Profit (332)
- Private/Not-For-Profit (53)
- Private/For-Profit(Proprietary) (42)
- Federal Government (3)
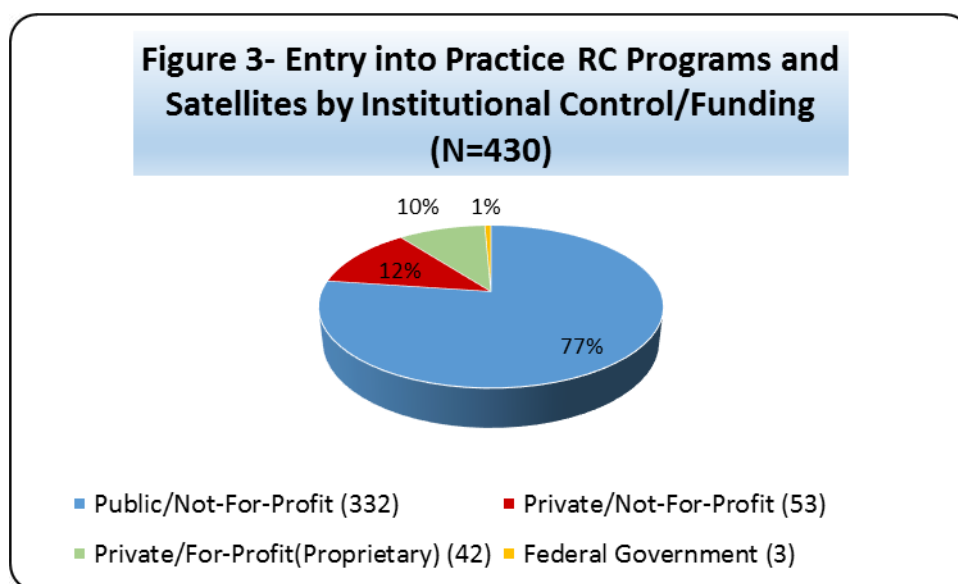
Table 4 provides a comparison of programs by institutional control and degree offered. The majority (67%) of programs in 2018 conferring the associate degree are sponsored by public/not-for-profit institutions.

Table 4 – RC Programs and Satellites by Institutional Control and Degree (2016 thru 2018)									
	Associate			**Baccalaureate**			**Masters**		
	As of 12/31/18 (N=430)	As of 12/31/17 (N=443)	As of 12/31/16 (N=428)	As of 12/31/18 (N=430)	As of 12/31/17 (N=443)	As of 12/31/16 (N=428)	As of 12/31/18 (N=430)	As of 12/31/17 (N=443)	As of 12/31/16 (N=428)
Public-Not-For-Profit	288	299	287	41	46	47	2	1	2
Private/For-Profit (Proprietary)	42	49	48	3	0	0	0	0	0
Private-Not-For-Profit	23	21	20	24	20	18	4	5	4
Federal Government	3	2	2	0	0	0	0	0	0

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 37. 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 12/31/18

State	Programs and Satellites
CA	37
TX	35
FL	25
PA	24
OH	22
GA	16
IL	15
KY, NC	14
MI, NY	13
AL, KS, LA, MS, VA	9
MO, SC, UT	8
AR, OK, WI	7
AZ, IA, MA, MD, NM, WV	6
CT, MN, WA	5
CO, NE, NJ	4
ID, ND, NV, OR	3
DE, ME, MT, RI, SD	2
DC, HI, NH, PR, VT, WY	1
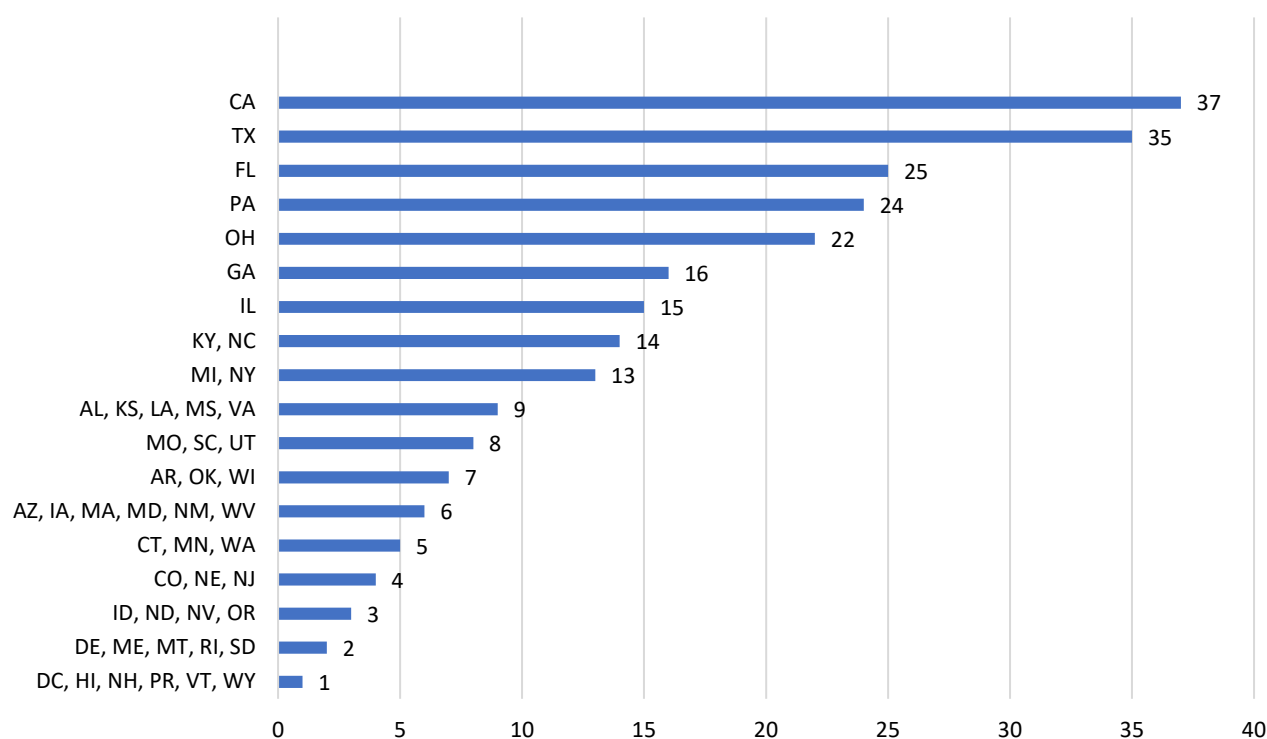
Bars represent the number of programs and satellites for each state listed.

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, 2018, the associate degree is offered in 48 states and the District of Columbia (North Dakota and Alaska are the exceptions). In 21 states and DC, the associate degree is the only degree offered. The baccalaureate degree is offered in 28 states. The master's degree is offered in six states (AL, GA, IL, KY, ND, and TX).

Not included in **Figure 5 and Table 5** are the 17 DA programs and 5 sleep disorders specialist program options.

Table 5 – RC Programs and Satellites by State, D.C., and PR and Degree (N=430) as of 12/31/18			
	Associate	**Baccalaureate**	**Masters**
Alabama (n=9)	5	3	1
Alaska (n=0)	0	0	0
Arkansas (n=7)	6	1	0
Arizona (n=6)	6	0	0
California (n=37)	36	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)	11	4	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=14)	11	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=13)	13	0	0
Minnesota (n=5)	3	2	0
Missouri (n=8)	6	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=4)	4	0	0
New Mexico (n=6)	6	0	0
Nevada (n=3)	3	0	0
New York (n=13)	9	4	0
Ohio (n=22)	17	5	0
Oklahoma (n=7)	7	0	0
Oregon (n=3)	2	1	0

Pennsylvania (n=24)	17	7	0
Puerto Rico (n=1)	0	1	0
Rhode Island (n=2)	2	0	0
South Carolina (n=8)	8	0	0
South Dakota (n=2)	2	0	0
Tennessee (n=10)	7	3	0
Texas (n=35)	29	5	1
Utah (n=8)	4	4	0
Virginia (n=9)	5	4	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, 2018. 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, 2018, 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 (60% and a 2% increase from the previous year), followed by the baccalaureate degree (26%). Doctoral degrees ranked third most common at 13%.

Figure 6- Degree Earned by Program Director as of 12/31/18 (N=402)

- Associate (n=2)
- Baccalaureate (n=106)
- Masters (n=240)
- Doctorate (n=54)

1% · 13% · 26% · 60%
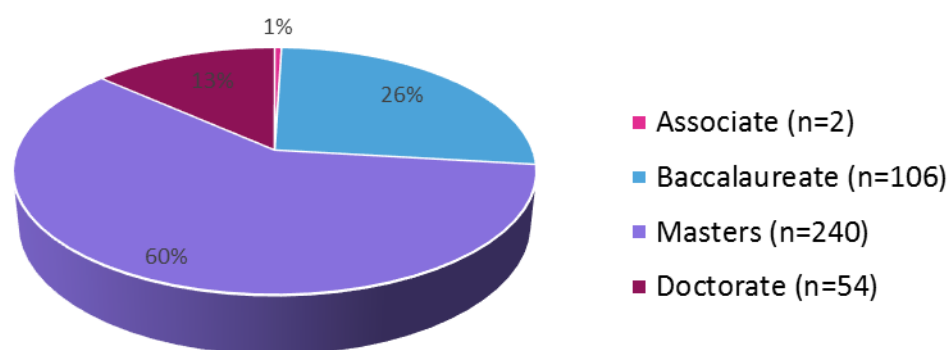
Table 6 (below) shows the highest degree earned by program directors of accredited respiratory care programs and satellites as of December 31, 2015, December 31, 2016, December 31, 2017, and December 31, 2018. The Baccalaureate of Science (BS), Master of Science (MS) and Doctor of Philosophy (PhD) continue to be the most commonly earned degrees for each degree category.

Table 6 – Highest Degree Earned by PD as of 12/31/15, 12/31/16, 12/31/17, and 12/31/18				
	as of 12/31/15 (n=403)	as of 12/31/16 (n=408)	as of 12/31/17 (n=409)	as of 12/31/18 (n=402)
Associate of Applied Science (AAS)	2	1	2	2
Associate of Science (AS)	0	1	0	0
Bachelor of Science (BS)	84	74	72	69
Bachelor of Arts (BA)	25	23	16	16
Bachelor of Science in Respiratory Care/Therapy (BSRT/BSRC)	8	9	10	8
Bachelor of Science in Education (BSEd)	3	3	3	2
Bachelor of Applied Science (BAS)	3	4	6	3
Bachelor of Applied Technology (BAT)	2	2	2	1
Bachelor of Science in Health Administration (BSHA)	0	0	0	1
Bachelor of General Studies (BGS)	0	1	1	1
Bachelor of Science Accounting (BSF)	0	1	1	0
Bachelor of Health Sciences (BHS)	1	1	1	1
Bachelor of Independent Studies (BIS)	0	0	0	0
Bachelor of Science in Business Management (BSBM)	0	0	0	1
Bachelor of Business Administration (BBA)	1	1	2	2
Bachelor of Science in Health Management (BSHM)	1	1	1	0
Bachelor of Medicine, Surgery (MBBS)	0	0	0	1
Bachelor of Science in Health Sciences (BSHS)	1	0	0	0
Master of Science (MS)	56	64	66	68
Master of Education (MEd/EdM)	54	52	56	56
Master of Business Administration (MBA)	23	23	26	23
Master of Arts (MA)	22	25	24	24
Master of Arts in Education (MAE)	8	8	7	8
Master of Science in Education (MSEd)	10	9	9	9
Master of Public Administration (MPA)	7	6	4	4
Master of Public Health (MPH)	6	6	9	7

Master of Science in Administration (MSA)	4	4	4	8
Master of Health Administration (MHA)	9	10	12	14
Master of Health Science (MHS)	4	6	6	2
Master of Management (MM)	2	2	0	0
Master of Science in Nursing (MSN)	3	2	2	2
Master of Science in Management (MSM)	0	1	3	4
Master of Professional Studies (MPS)	2	1	1	1
Master of Science in Health Science (MSHS)	0	1	1	0
Master of Science in Public Health (MSPH)	0	1	1	0
Master of Selected Studies (MSS)	1	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	0
Master of Theological Studies (MTS)	0	0	0	1
Master of Training and Development (MTD)	1	1	1	1
Master of Rehabilitation Counseling (MRC)	1	1	0	2
Master of Human Resource Management (MHRM)	1	1	1	1
Master of Library Science (MLS)	1	1	1	1
Master of Divinity (MDIV)	0	0	0	1
Master of Higher Education (MHEd)	1	0	0	0
Doctor of Philosophy (PhD)	26	27	25	28
Doctor of Education (EdD)	11	11	14	14
Doctor of Health Science (DHSc)	4	5	5	6
Juris Doctor (JD)	3	4	3	1
Doctor of Public Health (DrPH)	1	0	0	0
Education Specialist (EdS)	3	4	2	0
Doctor of Management (DM)	1	1	1	0
Doctor of Oriental Medicine (DOM)	1	1	1	1
Doctor of Physical Therapy (DPT)	1	2	2	1
Doctor of Medicine (MD)	2	2	1	2
Doctor of Healthcare Administration (DHA)	0	0	0	1

Figure 7 (next page) shows the highest degree earned by Directors of Clinical Education of accredited respiratory care programs and satellites as of December 31, 2018. The most common highest degree earned remains a baccalaureate degree (50% of total), with the master's degree at 46% and the doctoral degrees at 3%.

Degree Earned by Director of Clinical Education as of 12/31/18 (N=406)

- Associate (n=4)
- Baccalaureate (n=202)
- Masters (n=189)
- Doctorate (n=11)
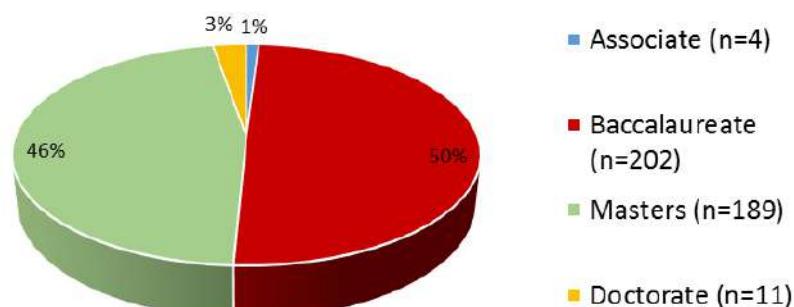
Table 7 shows a breakdown of the highest degree earned by DCE's of accredited respiratory care programs as of December 31, 2014, December 31, 2015, December 31, 2017, and December 31, 2018. The Baccalaureate of Science (BS), Master of Science (MS) and Doctor of Philosophy (PhD) remained the most commonly earned degrees for each degree category.

Table 7 – Highest Degree Earned by DCE as of 12/31/15, 12/31/16, 12/31/17, and 12/31/18				
	as of 12/31/15 (n=397)	as of 12/31/16 (n=405)	as of 12/31/17 (n=397)	as of 12/31/18 (n=406)
Associate of Science (AS)	3	4	6	2
Associate of Applied Science (AAS)	2	3	3	2
Bachelor of Science (BS)	142	132	137	141
Bachelor of Arts (BA)	32	29	25	23
Bachelor of Science in Respiratory Care/Therapy (BSRT/BSRC)	11	15	12	18
Bachelor of Health Sciences (BHS)	6	5	0	4
Bachelor of Applied Science (BAS)	3	2	2	3
Bachelor of Education (BEd)	0	1	0	0
Bachelor of Business Administration (BBA)	1	2	3	4
Bachelor of Applied Art and Sciences (BAAS)	0	1	0	1
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	2	3	2
Bachelor of Science in Public Affairs (BSPA)	1	1	1	1
Bachelor of Science in Health Care Administration (BSHCA)	0	2	1	0

Bachelor of Independent Studies (BIS)	0	0	0	0
Bachelor of Science in Health Science (BSHS)	1	0	0	1
Bachelor of Liberal Studies (BLS)	1	1	1	1
Bachelor of Science in Health Administration (BSHA)	0	0	3	1
Bachelor of Science in Health Systems Management (BSHSM)	1	0	0	0
Master of Science (MS)	56	57	61	60
Master of Education (MEd/EdM)	44	45	44	40
Master of Business Administration (MBA)	18	21	18	16
Master of Arts (MA)	13	15	15	16
Master of Public Health (MPH)	11	12	13	13
Master of Health Administration (MHA)	5	7	7	12
Master of Science in Education (MSEd)	9	8	7	8
Master of Health Science (MHS)	7	6	5	6
Master of Public Administration (MPA)	4	5	3	3
Master of Science in Administration (MSA)	1	1	1	1
Master of Arts in Education (MAE)	3	4	6	6
Master of Science in Management (MSM)	2	3	2	1
Master of Science in Healthcare Management (MSHCM)	1	1	1	1
Master of Advanced Study (MAS)	0	0	0	0
Master of Sciences in Health Sciences (MSHS)	0	1	5	1
Master of Science in Clinical Research (MSCR)	0	1	1	0
Master of Liberal Arts & Science (MLAS)	0	1	1	1
Master of Science in Health Professions Education (MSHPE)	1	1	0	1
Master of Respiratory Care/Therapy	0	0	0	2
Master of Arts in History (MAH)	1	1	1	0
Master of Science in Health Services Administration (MSHSA)	1	1	0	0
Master of Divinity (MDIV)	1	1	1	1
Doctor of Philosophy (PhD)	6	7	4	6
Doctor of Health Science (DHSc/DHS)	3	3	3	3
Doctor of Business Administration	0	0	0	1
Doctor of Education (EdD)	1	0	1	0
Education Specialist (EdS)	0	0	0	0
Juris Doctor (JD)	0	0	1	0
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 *2019 CoARC Accreditation Policies and Procedures Manual* (revised version available at https://coarc.com/Accreditation-Resources.aspx.) 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 2018. The three columns (March, July, and November) relate to specific actions taken by the Commission at Board meetings.

Table 8 – CoARC Accreditation Actions for 2018		March 2018	July 2018	November 2018	Total
Approval of Intent		5	4	3	12
Provisional Accreditation		0	6	2	8
Continuing Accreditation	Base Program	21	9	10	40
	Additional Degree Track	0	0	0	0
	Satellite Option	0	0	0	0
	Sleep Specialist Program Option	0	0	0	0
Probationary Accreditation	Conferred	0	0	0	0
	Removed	1	0	0	1
	Reviewed	9	1	0	10
Progress Report Reviewed	Accepted as Final	4	4	4	12
	Additional PR Requested	31	1	1	33
Withdrawal of Accreditation – Involuntary		0	0	0	0
Withhold of Accreditation		0	0	0	0
Substantive Changes Reviewed by the Commission		0	0	0	0
Total Number of Accreditation Actions taken by the Commission in 2018					116
Letter of Intent Applications					11
Voluntary Inactive Accreditation					0
Voluntary Withdrawal Accreditation					15
Application for Substantive Change					37
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2018					179

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 (https://coarc.com/). The CoARC also provides the public with detailed descriptions of its accreditation policies and procedures by publishing its Accreditation Policies and Procedures Manual (https://coarc.com/Accreditation-Resources.aspx). 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 (https://coarc.com/News-and-Events/Meetings-and-Events/CoARC-Board-Meetings-Archive.aspx).

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

The following section lists the specific accreditation actions taken by the CoARC during 2018.

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
Boise State University (MS)	DA	Boise, ID	1/9/2018
Modesto Junior College	DA	Modesto, CA	3/23/2018
Marywood University	Entry	Scranton, PA	7/18/2018
University of Southern Indiana	DA	Evansville, IN	9/21/2018
Nebraska Methodist College	DA	Omaha, NE	10/5/2018
University of Cincinnati	Entry	Cincinnati, OH	10/9/2018
Northern Kentucky University	DA	Highland Heights, KY	10/17/2018
University of Kansas School of Health	DA	Kansas City, KS	10/22/2018
Liberty University	Entry	Lynchburg, VA	11/1/2018
Liberty University	DA	Lynchburg, VA	11/1/2018
Kent State University at Ashtabula	DA	Ashtabula, OH	11/13/2018

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
200633	Andrew College (12/29/2017)	Entry AS	Cuthbert, GA	3/9/2018
200634	Jefferson State Community College (10/27/2017)	Entry AAS	Birmingham, AL	3/9/2018
500006	University of Michigan-Flint (10/20/2017)	DA BS	Flint, MI	3/9/2018
510007	Boise State University (11/9/2017)	DA BS	Boise, ID	3/9/2018
520007	Boise State University (1/9/2018)	DA MS	Boise, ID	3/9/2018
200635	St. Clair County Community College (12/29/2017)	Entry AAS	Port Huron, MI	7/16/2018
200636	Stockton University School of Health Sciences (11/9/2017)	Entry BS	Galloway, NJ	7/16/2018
200637	Santa Monica College (12/30/2017)	Entry AS	Santa Monica, CA	7/16/2018
200638	Trenholm State Community College (12/29/2017)	Entry AAS	Montgomery, AL	7/16/2018

510008	Modesto Jr College (3/23/2018)	DA BS	Modesto, CA	11/9/2018
510009	University of Southern Indiana (9/21/2018)	DA BS	Evansville, IN	11/9/2018
510010	Nebraska Methodist College (10/5/2018)	DA BS	Omaha, NE	11/9/2018

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
200627	Mississippi Gulf Coast College	Gautier, MS	7/16/2018
200629	Eastern Oklahoma State College	McAlester, OK	7/16/2018
200632	Pierpont Community & Technical College	Fairmont, WV	7/16/2018
200634	Jefferson State Community College	Birmingham, AL	7/16/2018
510004	Kettering College	Kettering, OH	7/16/2018
510005	Ferris State University	Big Rapids, MI	7/16/2018
200628	Union County College	Plainfield, NJ	11/9/2018
300036	Ferris State University-Grand Rapids	Grand Rapids, MI	11/9/2018

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 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
200122	Moraine Valley Community College	Palos Hills, IL	2028
200137	Baltimore City Community College	Baltimore, MD	2028
200145	St. Petersburg College	Pinellas Park, FL	2028

200260	Cincinnati State Tech/Univ of Cincinnati-Clermont	Cincinnati, OH	2028
200274	Gwynedd Mercy University	Gwynedd Valley, PA	2028
200335	North Central State College	Mansfield, OH	2028
200340	Northland Community & Technical College	E Grand Forks, MN	2028
200351	Ozarks Technical Community College	Springfield, MO	2028
200380	Indian River State College	Ft. Pierce, FL	2028
200441	Kankakee Community College	Kankakee, IL	2028
200452	College of Southern Nevada	Las Vegas, NV	2028
200472	Concorde Career College- Garden Grove	Garden Grove, CA	2028
200483	Pima Medical Institute-Albuquerque	Albuquerque, NM	2028
200504	U of Rio Grande/Rio Grande CC/Buckeye Hills	Rio Grande, OH	2028
200518	San Joaquin Valley College-Rancho Cordova	Rancho Cordova, CA	2028
200569	Ivy Tech E IN Resp Care Ed Consortium	New Castle, IN	2028
200584	El Camino Community College	Torrance, CA	2028
200592	National Park College	Hot Springs, AR	2023
200601	Virginia College – Austin	Austin, TX	2023
200606	Pima Medical Institute-Houston	Houston, TX	2023
200607	San Joaquin Valley College-Temecula	Temecula, CA	2023
200136	Orange Coast College	Costa Mesa, CA	2028
200147	Skyline College	San Bruno, CA	2028
200169	Pueblo Community College	Pueblo, CO	2028
200210	Los Angeles Valley College	Valley Glen, CA	2028
200336	Pima Medical Institute-Tucson	Tucson, AZ	2028
200373	Edgecombe Community College	Rocky Mount, NC	2028
200428	Gwinnett Technical College	Lawrenceville, GA	2028
200516	Southern State Community College-Fayette	Washington Court House, OH	2028
200523	Antelope Valley College	Lancaster, CA	2028
200026	Hinds Community College	Jackson, MS	2028
200277	Georgia Southern University-Savannah	Savannah, GA	2028
200333	Community College of Rhode Island	Lincoln, RI	2028
200443	Hillsborough Community College	Tampa, FL	2028
200505	Goodwin College	East Hartford, CT	2028
200521	Laurel Business Institute	Uniontown, PA	2028
200522	Dalton State College	Dalton, GA	2028
200528	Southeast Arkansas College	Pine Bluff, AR	2028
200533	University of Arkansas – Pulaski Tech	North Little Rock, AR	2028
200608	YTI Career Institute-Altoona	Altoona, PA	2023

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*
	N/A		

*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
200061	University of District of Columbia CC (11-11-17)	Washington, DC	3/9/2018

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
200303	Midland College (11-11-17)	Midland, TX	11/2018
200343	Southern University at Shreveport (11-12-16)	Shreveport, LA	11/2018
200419	Albany State University (11-11-17)	Albany, GA	11/2018
200438	McLennan Community College (11-11-17)	Waco, TX	11/2018
200442	Howard College (11-11-17)	San Angelo, TX	11/2018
200576	South Arkansas Community College (11-11-17)	El Dorado, AR	11/2018
200602	American College for Medical Careers (11-11-17)	Orlando, FL	11/2018
200605	Arkansas State University-Mid South 11-11-17)	West Memphis, AR	11/2018
320276	Independence University (11-12-16)	Salt Lake City, UT	11/2018

Progress Reports Reviewed*

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

For general information about progress reports, please visit https://coarc.com/Accreditation-Resources/Progress-Reports.aspx . For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document (https://coarc.com/News-and-Events/Meetings-and-Events/CoARC-Board-Meetings-Archive.aspx) for the specific Board meeting date.

Program #	Program Name	Location	Next CoARC Mtg
200208	Texas Southern University	Houston, TX	11/2018
200249	River Valley Community College	Claremont, NH	11/2018
200276	California College San Diego	San Diego, CA	11/2018
200326	Eastern Gateway Community College	Steubenville, OH	11/2018
200329	Muskegon Community College	Muskegon, MI	11/2018
200378	Robeson Community College	Lumberton, NC	11/2018
200385	Pittsburgh Career Institute	Pittsburgh, PA	11/2018
200440	Concorde Career College- North Hollywood	North Hollywood, CA	11/2018
200469	Concorde Career College- Memphis	Memphis, TX	11/2018
200512	Brightwood Career Institute-Philadelphia Mills	Philadelphia, PA	11/2018
200515	Virginia College at Birmingham	Birmingham, AL	11/2018
200545	Concorde Career Institute- Jacksonville	Jacksonville, FL	11/2018
200559	Concorde Career Institute- Miramia	Miramar, FL	11/2018
200560	Platt College	Moore, OK	11/2018
200587	St. Augustine College	Chicago, IL	11/2018
200591	Shelton State Community College	Tuscaloosa, AL	11/2018
200597	Concorde Career College- Dallas	Dallas, TX	11/2018
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake, NY	11/2018
200601	Virginia College – Austin	Austin, TX	11/2018
200614	Cochise College	Sierra Vista, AZ	11/2018
300006	University of Missouri at Mercy Hospital	St. Louis, MO	11/2018
200180	Parkland College	Champaign, IL	3/2019
200584	El Camino Community College	Torrance, CA	11/2018
200340	Northland Community & Technical College	East Grand Forks, MN	3/2019

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 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 https://coarc.com/Accreditation-Resources/Progress-Reports.aspx. For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document (https://coarc.com/News-and-Events/Meetings-and-Events/CoARC-Board-Meetings-Archive.aspx) 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
200229	Sandhills Community College	Pinehurst, NC	2026
200423	St. Philip's College	San Antonio, TX	2027
200598	Hutchinson Community College	Hutchinson, KS	2022
200625	Utah Valley University	Orem, UT	TBD
200122	Moraine Valley Community College	Palos Hills, IL	2028
200472	Concorde Career College- Garden Grove	Garden Grove, CA	2028
200335	North Central State College	Mansfield, OH	2028
200492	St. Luke's College-Unity Point Health	Sioux City, IA	2025
200584	El Camino Community College	Torrance, CA	2028
200589	Black River Technical College	Pocahontas, AR	2027

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
	N/A		

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
	N/A		

*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
200595	Missouri State University-West Plains	AAS	West Plains, MO	1/1/2018
200341	Rutgers, The State University of NJ	AAS	Stratford, NJ	1/16/2018
200347	Rutgers, The State University of NJ	AS	Newark, NJ	1/16/2018
210341	Rutgers, The State University of NJ	BS	Stratford, NJ	1/16/2018
210347	Rutgers, The State University of NJ	BS	Newark, NJ	1/16/2018
200525	Concorde Career College- San Diego	AS	San Diego, CA	1/31/2018
200515	Virginia College at Birmingham	AS	Birmingham, AL	3/31/2018
200636	Stockton University School of Health Sc	BS	Galloway, NJ	7/31/2018
200576	South Arkansas Community College	AAS	El Dorado, AR	8/30/2018
200524	Baker College	AAS	Auburn Hills, MI	9/1/2018
400197	Texas State University	SDS	Round Rock, TX	10/1/2018
200512	Brightwood Career Inst-Philadelphia Mills	AOS	Philadelphia, PA	12/7/2018
200433	Brightwood College	AS	Salida, CA	12/21/2018
200601	Virginia College – Austin	AS	Austin, TX	12/21/2018
300013	Southeast Kentucky Community & Technical College	AAS	Whitesburg, KY	12/31/2018

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
200468	University of Montana-Missoula College (3/1/2018)	Missoula, MT	Fee Nonpayment	5/14/2018
200102	East Los Angeles College/Santa Monica (3/1/2018	Monterey Park, CA	Fee Nonpayment	3/26/2018
200137	Baltimore City Community College (4/19/2018)	Baltimore, MD	Fee Nonpayment	6/5/2018

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 https://www.coarc.com/Site-Visitors/Resources.aspx. In 2018, there were a total of 52 site visits, listed below.

Program #	Program Name	Location	Dates of Site Visit in 2018
200022	Mt. San Antonio College	Walnut, CA	10/11/18
200026	Hinds Community College	Jackson, MS	9/10/18
200070	Dakota State University	Madison, SD	6/4/18

200088	Delaware Co CC/Crozer-Chester Med Ctr	Upland, PA	10/11/18
200105	Westchester Community College	Valhalla, NY	10/29/18
200117	Newman University	Wichita, KS	10/15/18
200136	Orange Coast College	Costa Mesa, CA	4/16/18
200147	Skyline College	San Bruno, CA	6/14/18
200169	Pueblo Community College	Pueblo, CO	2/15/18
200204	Delgado Community College	New Orleans, LA	9/24/18
200210	Los Angeles Valley College	Valley Glen, CA	3/22/18
200226	GateWay Community College	Phoenix, AZ	10/4/18
200267	University of South Alabama	Mobile, AL	10/18/18
200277	Georgia Southern University-Savannah	Savannah, GA	4/16/18
200292	Itawamba Community College	Tupelo, MS	9/20/18
200329	Muskegon Community College	Muskegon, MI	8/30/18
200333	Community College of Rhode Island	Lincoln, RI	5/3/18
200336	Pima Medical Institute-Tucson	Tucson, AZ	6/6/18
200342	Tennessee State University	Nashville, TN	11/1/18
200373	Edgecombe Community College	Rocky Mount, NC	6/11/18
200374	Lake Superior College	Duluth, MN	10/4/18
200379	Vermont Technical College	Williston, VT	10/1/18
200384	Pima Medical Institute-Mesa	Phoenix, AZ	6/21/18
200428	Gwinnett Technical College	Lawrenceville, GA	2/22/18
200443	Hillsborough Community College	Tampa, FL	9/20/18
200457	Hawkeye Community College	Waterloo, IA	11/15/18
200505	Goodwin College	East Hartford, CT	7/30/18
200510	Concorde Career College- Denver	Aurora, CO	8/13/18
200511	Idaho State University	Pocatello, ID	9/27/18
200516	Southern State Community College-Fayette	Washington Court House, OH	2/26/18
200521	Laurel Business Institute	Uniontown, PA	8/6/18
200522	Dalton State College	Dalton, GA	9/20/18
200523	Antelope Valley College	Lancaster, CA	5/14/18
200526	Columbus Technical College	Columbus, GA	10/15/18
200528	Southeast Arkansas College	Pine Bluff, AR	8/9/18
200531	Cameron University	Lawton, OK	10/4/18
200533	University of Arkansas - Pulaski Tech	North Little Rock, AR	7/9/18
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake, NY	8/30/18
200602	American College for Medical Careers	Orlando, FL	9/13/18
200605	Arkansas State University Mid-South	West Memphis, AR	9/6/18
200608	YTI Career Institute-Altoona	Altoona, PA	9/10/18
200627	Mississippi Gulf Coast Community College	Gautier, MS	3/26/18
200628	Union County College	Plainfield, NJ	9/10/18
200629	Eastern Oklahoma State College	McAlester, OK	2/8/18
200632	Pierpont Community & Technical College	Fairmont, WV	4/30/18
200634	Jefferson State Community College	Birmingham, AL	6/14/18
300015	Dakota State University Satellite	Rapid City, SD	6/4/18

300016	Munson Medical Center	Traverse City, MI	8/30/18
300035	Southern West Virginia Community & Tech	Mt. Gay, WV	10/29/18
300036	Ferris State University - Grand Rapids	Grand Rapids, MI	5/24/18
510004	Kettering College	Kettering, OH	2/1/18
510005	Ferris State University	Big Rapids, MI	5/24/18

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 (https://coarc.com/Accreditation/Program-Resources/Substantive-Changes.aspx). 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
200459	Rockingham Community College	NC	9.04	1/8/2018
200494	Pima Medical Institute-San Marcos	CA	9.02 & 9.04	1/8/2018
200552	Pima Medical Institute-Renton	WA	9.02 & 9.04	1/8/2018
200384	Pima Medical Institute-Mesa	AZ	9.02 & 9.04	1/8/2018
200336	Pima Medical Institute-Tucson	AZ	9.02 & 9.04	1/8/2018
200507	Pima Medical Institute-Las Vegas	NV	9.02 & 9.04	1/22/2018
200550	Walters State Community College	TN	9.11	2/7/2018
200567	Laurel Technical Institute	PA	9.01	2/7/2018
200383	Pima Medical Institute-Denver	CO	9.02 & 9.04	2/12/2018
200494	Pima Medical Institute-San Marcos	CA	9.11	3/5/2018
200614	Cochise College	AZ	9.04 & 9.10	3/9/2018
500001	UNC Charlotte	NC	9.04	3/16/2018
200277	Georgia Southern University-Savannah	GA	9.01	3/22/2018
200556	Mercyhurst North East	PA	9.10	4/5/2018
400197	Texas State University	TX	9.04	4/19/2018
200446	Mohawk Valley Community College	NY	9.03 & 9.04	4/20/2018
200543	METC – Air Force	TX	9.01 & 9.02	5/30/2018
200331	Seward County Community College	KS	9.04	5/30/2018
200197	Texas State University	TX	9.11	6/4/2018
200531	Cameron University	OK	9.01	6/14/2018
200310	San Jacinto College	TX	9.04	6/18/2018
200581	Sullivan University	KY	9.01	7/11/2018
200424	Middle Georgia State Univesity	GA	9.02 & 9.04	8/1/2018
200517	Clarion University	PA	9.02 & 9.04	8/1/2018
200336	Pima Medical Institute-Tucson	AZ	9.11	8/1/2018
200581	Sullivan University	KY	9.02	8/15/2018
200598	Hutchinson Community College	KS	9.10	8/15/2018
200395	Piedmont Technical College	SC	9.04	8/16/2018
200369	Molloy College	NY	9.02 & 9.04	9/1/2018

200542	Carrington College	CA	9.01	9/27/2018
200536	Carrington College – Las Vegas	NV	9.01	10/10/2018
200390	Carrington College – Phoenix East	AZ	9.01	10/10/2018
200205	Long Island University	NY	9.03	10/17/2018
200331	Seward University Community College	KS	9.04	11/6/2018

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, 2014 through December 31, 2018:

Type of Change Reported		Number Reported in 2014	Number Reported in 2015	Number Reported in 2016	Number Reported in 2017	Number Reported in 2018
Change in Program Name		11	11	4	5	1
Change in Program Address		8	2	1	1	4
Change in Billing Contact		41	56	38	46	26
Change in President/CEO		78	73	61	60	40
Change in Dean		79	113	104	109	73
Change in Program Director	Permanent	46	55	49	55	72
	Temporary	3	3	7	11	3
	Acting	7	2	1	5	10
Change in Director of Clinical Education	Permanent	64	80	83	91	87
	Temporary	15	19	22	20	21
	Acting	6	0	2	3	5
Change in Medical Director	Permanent	34	28	31	42	40
	Temporary	0	0	0	0	1
Change in Co-Medical Director		4	3	2	5	7
Change in Primary Sleep Specialist Instructor		0	1	0	0	2
Total # of Changes Reported		396	446	405	453	392

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.

Of the 72 permanent changes in Program Director in 2018, 19 were due to retirement, 22 to resignation, 22 to re-assignment and 9 were due to other reasons.

2018 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. 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 2018 Annual Report of Current Status (RCS) in May 2019. A total of 424 annual reports (410 base respiratory care programs, 9 satellite program options, and 5 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, 2015 through December 31, 2017 for the 2018 RCS reports accepted by the CoARC Executive Office). *Note: The data do not reflect any changes made to the RCS data after the 2018 RCS reports were accepted. Any such changes will be reported in the 2019 RCS reports.*

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 2010 through 2017. Total applications reached a peak of 23,430 in 2011, and then decreased by 41.3% between 2011 and 2016. The number of applications increased by 13.7% between 2016 and 2017. The mean number of applications per program was 39 in 2017, 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, and 52 from 2010 through 2012. The median number of applications per program was 30 in 2017, 27 in 2016, 35 in 2015, 32 in 2014, 34 in 2013, 38 in 2012, 40 in 2011, and 38 in 2010.

Figure 8-Total Number of RC Entry into Practice between 2010 and 2017
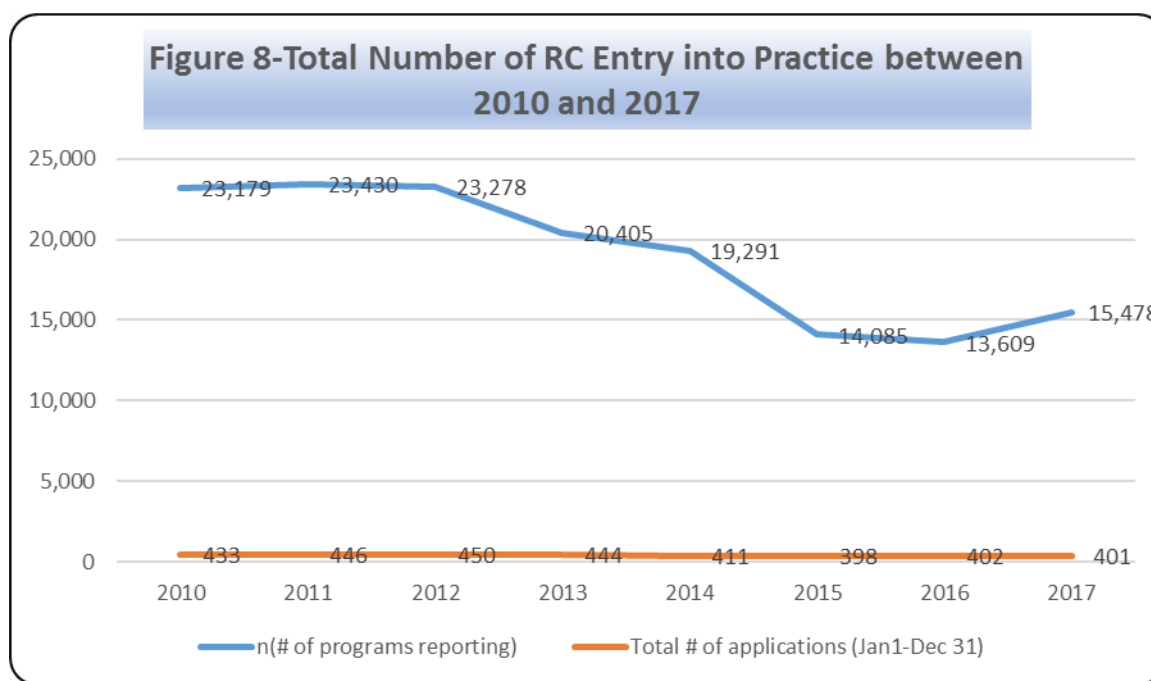
Not included in **Figure 8** are the enrollment data for the sleep specialist program options (SSPOs). The total number of applications to SSPOs was 28 in 2017 (n=6), 38 in 2016 (n=8), 49 in 2015 (n=7), 54 in 2014 (n=5), 50 in 2013 (n=7), 59 in 2012 (n=7), 85 in 2011 (7), 50 and in 2010 (n=11). The mean number of applications per program option was 5 in 2017, 8 in 2016, 10 in 2015, 11 in 2014, 7 in 2013 and 2012, 10 in 2011, and 5 in 2010. The median number of applications per program option was 10 in 2017, 6 in 2016, 8 in 2015, 10 in 2014, 5 in 2013, 7 in 2012, 10 in 2011, and 0 in 2010.

RC Applications by Degree Offered

Table 9 –RC Applications by Degree Offered between 2013 and 2017										
Degree Offered	**2017 Applications (N= 401)**		**2016 Applications (N= 402)**		**2015 Applications (N=398)**		**2014 Applications (N=411)**		**2013 Applications (N=444)**	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Associate	**13,399**	40	**12,221**	36	**17,372**	49	**18,336**	48	**20,947**	54
Baccalaureate	**1,910**	32	**1,796**	32	**1,708**	31	**2,003**	33	**2,257**	40
Masters	**169**	28	**68**	34	**211**	70	**66**	22	**74**	25

Table 9 shows the annual respiratory care applications in relation to the degree offered. There were 13,399 applications in 2017. The 335 programs offering associate degrees accounted for 84% of the total number of applications in 2017. This is a 9.6% increase compared to 2016 for this category and a 36% decrease when compared to 2013. The mean number of applications per program for this category was 40 in 2017, 34 in 2016, 36 in 2015, 49 in 2014, and 48 in 2013. The median number of applications per program for this category was 30 in 2017, 28 in 2016, 25 in 2015, 35 in 2014 and 2013.

The 60 programs offering baccalaureate degrees accounted for 15% of the total number of applications in 2017. This is a 6.3% increase when compared to 2016 for this category, and a 15.3% decrease when compared to 2013. The mean number of applications per program for this category was 32 in 2017, 34 in 2016, 32 in 2015, 31 in 2014, and 33 in 2013. The median number of applications per program for this category was 24 in 2017, 25 in 2016, 26 in 2015, 28 in 2014 and 30 in 2013.

The 6 programs offering master's degrees accounted for 1% of the total number of applications in 2017. This is a 148% increase compared to 2016 for this category. The mean number of applications per program for this category was 28 in 2017, 30 in 2016, 34 in 2015, 70 in 2014, and 22 in 2013. The median number of applications per program for this category was 8 in 2017, 16 in 2016, 34 in 2015, 60 in 2014, and 20 in 2013.

RC Applications by Institutional Type

Table 10 – RC Applications by Institutional Type between 2013 and 2017										
Institutional Type	**2017 Applications (N= 401)**		**2016 Applications (N= 402)**		**2015 Applications (N=398)**		**2014 Applications (N=411)**		**2013 Applications (N=444)**	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Community or Junior College	**9,501**	41	**8,746**	39	**9,411**	41	**11,430**	48	**12,088**	48
Four-Year College or University	**2,933**	31	**2,956**	31	**2,654**	29	**3,686**	41	**4,011**	40
Technical or Vocational School	**2,299**	43	**1,394**	23	**1,615**	27	**3,465**	53	**3,617**	50
Academic HSC/ Medical Center	**213**	27	**249**	36	**191**	21	**365**	33	**319**	27
Career or Technical College	**305**	31	**240**	27	**192**	24	**131**	26	**189**	32
U.S. Military	**227**	114	**25**	13	**22**	11	**214**	107	**181**	91

Table 10 shows the annual applications for respiratory care programs by institutional type. The 232 programs offered in community or junior colleges accounted for 58% of the 9,501 applications in 2017. This is still the largest category but there was a 9% increase in applications to such institutions compared to 2016 and a 21% decrease compared to 2013. The mean number of applications per program for this category was 41 in 2017, 39 in 2016, 41 in 2015, 48 in 2014 and 2013. The median number of applications per program for this category was 31 in 2017, 30 in 2016, 32 in 2015, 36 in 2014 and 2013.

The 95 programs offered in four-year colleges or universities accounted for 24% of the total number of applications in 2017. This is a .7% decrease compared to 2016 and a 26.8% decrease compared to 2013. The mean number of applications per program for this category was 31 in 2017, 31 in 2016, 29 in 2015, 41 in 2014, and 40 in 2013. The median number of applications per program for this category was 20 in 2017, 22 in 2016, 22 in 2015, 29 in 2014, 25 in 2013, and 30 in 2012.d

The 54 programs offered in technical or vocational schools accounted for 13% of the total number of applications in 2017. This is a 64.9% increase compared to 2016 and a 36.4% decrease compared to 2013. The mean number of applications per program was 43 in 2017, 23 in 2016, 27 in 2015, 53 in 2014, and 50 in 2013. The median number of applications per program for this category was 39 in 2017, 20 in 2016, 20 in 2015, 37 in 2014 and 2013.

The 8 programs offered in academic HSC/medical centers accounted for 2% of the total number of applications in 2017. This is a 14% decrease compared to 2016 and a 33% decrease compared to 2013. The mean number of applications per program was 27 in 2017, 36 in 2016, 21 in 2015, 33 in 2014, and 27 in 2013. The median number of applications per program for this category was 24 in 2017, 21 in 2016, 16 in 2015, and 23 in 2014, 30 in 2013.

The 10 programs offered in career or technical colleges accounted for 2% of the total number of applications in 2017. This is a 27% increase compared to 2016 but a 61% increase compared to 2013. The mean number of applications per program was 31 in 2017, 27 in 2016, 24 in 2015, 26 in 2014, and 32 in 2013. The median number of applications per program for this category was 31 in 2017, 25 in 2016, 26 in 2015, and 30 in 2014 and 2013.

The 2 programs offered in the U.S. military accounted for 1% of the total number of applications in 2017. This is an 808% increase compared to 2016 but a 25% increase compared to 2013. The mean and median number of applications per program was 25 in 2017, 13 in 2016, 11 in 2015, 107 in 2014, and 91 in 2013.

RC Applications by Institutional Control/Funding

Institutional Control/Funding	2017 Applications (N= 401)		2016 Applications (N= 402)		2015 Applications (N=398)		2014 Applications (N=411)		2013 Applications (N=444)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	11,928	39	11,695	38	12,172	39	14,286	44	15,471	44
Private/For-Profit (Proprietary)	2,067	47	1,081	28	1,217	26	3,652	70	3,677	65
Private/Not-For-Profit	1,256	26	809	22	674	20	1,139	38	1,076	33
Federal Government	227	113.5	25	13	22	11	214	107	181	91

Table 11 –RC Applications by Institutional Control/Funding between 2013 and 2017

Table 11 shows the annual applications to respiratory care programs in relation to institutional control/funding.   The 307 programs controlled/funded by public/not-for-profit institutions accounted for 77% of the 11,928 applications in 2017. This is still the largest category but there was a 2% increase compared to 2016 and a 23% decrease compared to 2013. The mean number of applications per program for this category was 39 in 2017 and 2016, 39 in 2015, and 44 in 2014 and 2013. The median number of applications per program for this category was 30 in 2017, 30 in 2016, 30 in 2015, 32 in 2014, and 33 in 2013.

The 44 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 13.3% of the total number of applications in 2017. This is a 91% increase compared to 2016 and a 47% decrease compared to 2013. The mean number of applications per program for this category was 47 in 2017, 28 in 2016, 26 in 2015, 70 in 2014, and 65 in 2013. The median number of applications per program for this category was 48 in 2017, 20 in 2016, 20 in 2015, 52 in 2014, and 45 in 2013.

The 48 programs controlled/funded by private/not-for-profit institutions accounted for 8.1% of the total number of applications in 2017. This is a 55% increase compared to 2016 and a 17% increase compared to 2013. The mean number of applications per program for this category was 26 in 2017, 22 in 2016, 20 in 2015, 38 in 2014, and 33 in 2013. The median number of applications per program for this category was 19 in 2017, 15 in 2016, 16 in 2015, 26 in 2014, and 23 in 2013.

The 2 programs controlled/funded by the federal government accounted for 1.4% of the total number of applications in 2017. This is an 808% increase compared to 2016 but a 25% increase compared to 2013. 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 2012-2017 by state and degree offered. As expected, California continues to have the largest (12.3% of total in 2017) number of applications.

Table 12 –Applications by State (including D.C.) and Degree between 2012 and 2017							
State (# of programs reporting)	Degree	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)
AL (n=7)	**Total**	**288**	**246**	**335**	**290**	**336**	**373**
4	Associate	214	218	300	260	265	277
2	Baccalaureate	73	27	35	30	71	96
1	Masters	1	1	N/A	N/A	N/A	N/A
AR (n=6)	**Total**	**215**	**291**	**252**	**251**	**239**	**294**
5	Associate	208	267	240	225	234	235
1	Baccalaureate	7	24	12	26	5	59
AZ (n=6)	**Total**	**315**	**147**	**170**	**522**	**512**	**621**
6	Associate	315	147	170	522	512	621
0	Baccalaureate	0	0	0	0	0	0
CA (n=34)	**Total**	**2,314**	**1,673**	**1,819**	**3,349**	**3,281**	**3,648**
33	Associate	2,269	1,623	1,765	3,317	3,252	3,613
1	Baccalaureate	45	50	54	32	29	35
CO (n=5)	**Total**	**268**	**87**	**77**	**168**	**154**	**140**
5	Associate	268	87	77	168	154	140
0	Baccalaureate	0	0	0	0	0	0
CT (n=5)	**Total**	**156**	**154**	**240**	**235**	**257**	**256**
4	Associate	142	139	215	205	227	230
1	Baccalaureate	14	15	25	30	30	26
DC (n=1)	**Total**	**12**	**13**	**15**	**12**	**18**	**N/A**
1	Associate	12	13	15	12	18	N/A
0	Baccalaureate	0	0	0	0	0	0
DE (n=2)	**Total**	**64**	**60**	**72**	**95**	**96**	**112**
2	Associate	64	60	72	95	96	112
0	Baccalaureate	0	0	0	0	0	0
FL (n=24)	**Total**	**1,004**	**884**	**905**	**1,092**	**1,251**	**1,437**
22	Associate	963	830	858	1,057	1,221	1,407
2	Baccalaureate	41	54	47	35	30	30
GA (n=13)	**Total**	**382**	**458**	**391**	**585**	**648**	**938**
9	Associate	242	272	222	451	518	703
3	Baccalaureate	127	170	161	123	110	205
1	Masters	13	16	8	11	20	30
HI (n=1)	**Total**	**30**	**30**	**18**	**25**	**N/A**	**40**
1	Associate	30	30	18	25	N/A	40
0	Baccalaureate	0	0	0	0	0	0

State (# of programs reporting)	Degree	2017 Applications (N=402)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)
IA (n=6)	Total	164	132	189	233	260	320
6	Associate	164	132	189	233	260	320
0	Baccalaureate	0	0	0	0	0	0
ID (n=3)	Total	93	54	65	77	81	108
2	Associate	42	21	25	26	37	48
1	Baccalaureate	51	33	40	51	44	60
IL (n=13)	Total	394	406	402	643	581	617
12	Associate	362	361	402	488	501	591
0	Baccalaureate	N/A	N/A	N/A	15	36	26
1	Masters	32	45	N/A	140	44	44
IN (n=11)	Total	382	218	317	310	356	426
9	Associate	321	176	236	270	301	358
2	Baccalaureate	61	42	81	40	55	68
KS (n=8)	Total	196	191	155	203	217	236
7	Associate	176	165	147	181	202	217
1	Baccalaureate	20	26	8	22	15	19
KY (n=14)	Total	335	364	343	397	388	620
11	Associate	298	317	313	354	372	620
2	Baccalaureate	31	47	30	43	16	N/A
1	Masters	1	N/A	N/A	N/A	N/A	N/A
LA (n=8)	Total	158	198	212	225	254	276
5	Associate	119	168	168	203	226	250
3	Baccalaureate	39	30	44	22	28	26
MA (n=6)	Total	188	163	285	245	276	334
6	Associate	188	163	285	245	276	334
0	Baccalaureate	0	0	0	0	0	0
MD (n=6)	Total	245	268	277	310	360	386
5	Associate	195	208	207	250	235	266
1	Baccalaureate	50	60	70	60	125	120
ME (n=1)	Total	40	40	69	78	85	98
1	Associate	40	40	69	78	85	98
0	Baccalaureate	0	0	0	0	0	0
MI (n=13)	Total	454	425	411	404	476	561
13	Associate	454	425	411	404	476	561
0	Baccalaureate	0	0	0	0	0	0
MN (n=5)	Total	118	122	144	185	170	190
3	Associate	85	85	115	137	125	136
2	Baccalaureate	33	37	29	48	45	54

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

State (# of programs reporting)	Degree	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)
MO (n=7)	**Total**	**128**	**151**	**192**	**242**	**262**	**379**
5	Associate	103	132	164	219	242	361
2	Baccalaureate	25	19	28	23	20	18
MS (n=8)	**Total**	**382**	**387**	**383**	**393**	**395**	**649**
8	Associate	382	387	383	393	395	649
0	Baccalaureate	0	0	0	0	0	0
MT (n=2)	**Total**	**33**	**30**	**35**	**32**	**39**	**50**
2	Associate	33	30	35	32	39	50
0	Baccalaureate	0	0	0	0	0	0
NC (n=14)	**Total**	**600**	**617**	**618**	**703**	**795**	**834**
14	Associate	600	603	618	703	795	834
0	Baccalaureate	0	0	0	0	0	0
ND (n=3)	**Total**	**23**	**29**	**22**	**21**	**29**	**35**
0	Associate	0	0	0	0	0	0
2	Baccalaureate	21	28	22	21	27	35
1	Masters	2	1	0	0	2	0
NE (n=4)	**Total**	**85**	**108**	**76**	**100**	**121**	**110**
3	Associate	79	98	66	95	106	100
1	Baccalaureate	6	10	10	5	15	10
NH (n=1)	**Total**	**16**	**11**	**18**	**25**	**10**	**5**
1	Associate	16	11	18	25	10	5
0	Baccalaureate	0	0	0	0	0	0
NJ (n=3)	**Total**	**128**	**243**	**240**	**364**	**400**	**765**
3	Associate	128	184	170	336	354	525
0	Baccalaureate	0	9	70	28	46	240
NM (n=5)	**Total**	**123**	**78**	**120**	**115**	**148**	**140**
5	Associate	123	78	120	115	148	140
0	Baccalaureate	0	0	0	0	0	0
NV (n=4)	**Total**	**154**	**83**	**59**	**194**	**285**	**286**
4	Associate	154	83	59	194	285	286
0	Baccalaureate	0	0	0	0	0	0
NY (n=13)	**Total**	**705**	**890**	**878**	**948**	**897**	**896**
10	Associate	618	829	815	847	759	752
3	Baccalaureate	87	61	63	101	138	144
OH (n=21)	**Total**	**730**	**691**	**667**	**847**	**979**	**1,032**
16	Associate	574	519	516	676	775	855
5	Baccalaureate	156	172	151	171	204	177

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

State (# of programs reporting)	Degree	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)
OK (n=6)	Total	149	126	110	185	172	238
6	Associate	149	126	110	185	172	238
0	Baccalaureate	0	0	0	0	0	0
OR (n=3)	Total	110	112	158	142	155	237
2	Associate	95	90	128	120	134	207
1	Baccalaureate	15	22	30	22	21	30
PA (n=22)	Total	864	737	732	937	1,067	1,141
16	Associate	504	467	453	677	867	876
6	Baccalaureate	360	270	279	260	200	265
PR (n=1)	Total	17					
0	Baccalaureate	1	N/A	N/A	N/A	N/A	N/A
RI (n=2)	Total	79	35	48	88	87	91
2	Associate	79	35	48	88	87	91
0	Baccalaureate	0	0	0	0	0	0
SC (n=8)	Total	175	187	168	186	218	251
8	Associate	175	187	168	186	218	251
0	Baccalaureate	0	0	0	0	0	0
SD (n=2)	Total	30	32	34	29	30	31
2	Associate	30	32	34	29	30	31
0	Baccalaureate	0	0	0	0	0	0
TN (n=9)	Total	403	378	390	521	556	627
6	Associate	300	258	268	409	418	482
3	Baccalaureate	103	120	122	112	138	145
TX (n=35)	Total	1,622	1,147	982	1,515	1,578	1,388
29	Associate	1,202	843	744	1,265	1,312	1,205
5	Baccalaureate	300	214	178	190	266	183
1	Master's	120	90	60	60	0	0
UT (n=5)	Total	224	131	91	520	592	492
3	Associate	124	29	3	448	451	460
2	Baccalaureate	100	102	88	72	141	32
VA (n=8)	Total	246	250	285	457	520	507
5	Associate	174	190	217	377	440	445
3	Baccalaureate	72	60	68	80	80	62
VT (n=1)	Total	40	1	33	40	40	40
1	Associate	40	35	33	40	40	40
0	Baccalaureate	0	0	0	0	0	0
WA (n=5)	Total	184	175	193	179	214	229
3	Associate	144	156	163	151	164	229
2	Baccalaureate	40	19	30	28	50	0

State (# of programs reporting)	Degree	2017 Applications (N= 401)	2016 Applications (N= 402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)	2012 Applications (N=450)
WI (n=6)	**Total**	**212**	**237**	**255**	**296**	**330**	**352**
6	Associate	212	237	255	296	330	352
0	Baccalaureate	0	0	0	0	0	0
WV (n=4)	**Total**	**186**	**76**	**119**	**268**	**184**	**306**
2	Associate	170	65	98	250	157	286
2	Baccalaureate	16	11	21	18	27	20
WY (n=1)	**Total**	**15**	**14**	**16**	**10**	**15**	**20**
1	Associate	15	14	16	10	15	20
0	Baccalaureate	0	0	0	10	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 2017. Enrollments for 2010 through 2017 are compared to the total maximum annual enrollment capacity[1]. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 58.8% of maximum annual enrollment capacity in 2017, 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 2017, 8.1% (34 of the 419) programs reported new enrollments reaching maximum annual enrollment capacity. Of these 34 programs, 11 offered the AAS degree, 11 offered the AS degree, 11 offered the BS degree and 1 offered the MS degree. The 34 programs were located in 19 different states.

The mean maximum annual enrollment capacity per program was 30 in 2017, 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 18 in 2017, 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 16 in 2017, 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 7.7% decrease in new enrollments in 2017 compared to 2016 and a 29.3% decrease compared to 2009.

Figure 9-Total New Entry into Practice RC Program and Satellite Enrollments and Maximum Annual Enrollment Capacities between 2009 and 2017
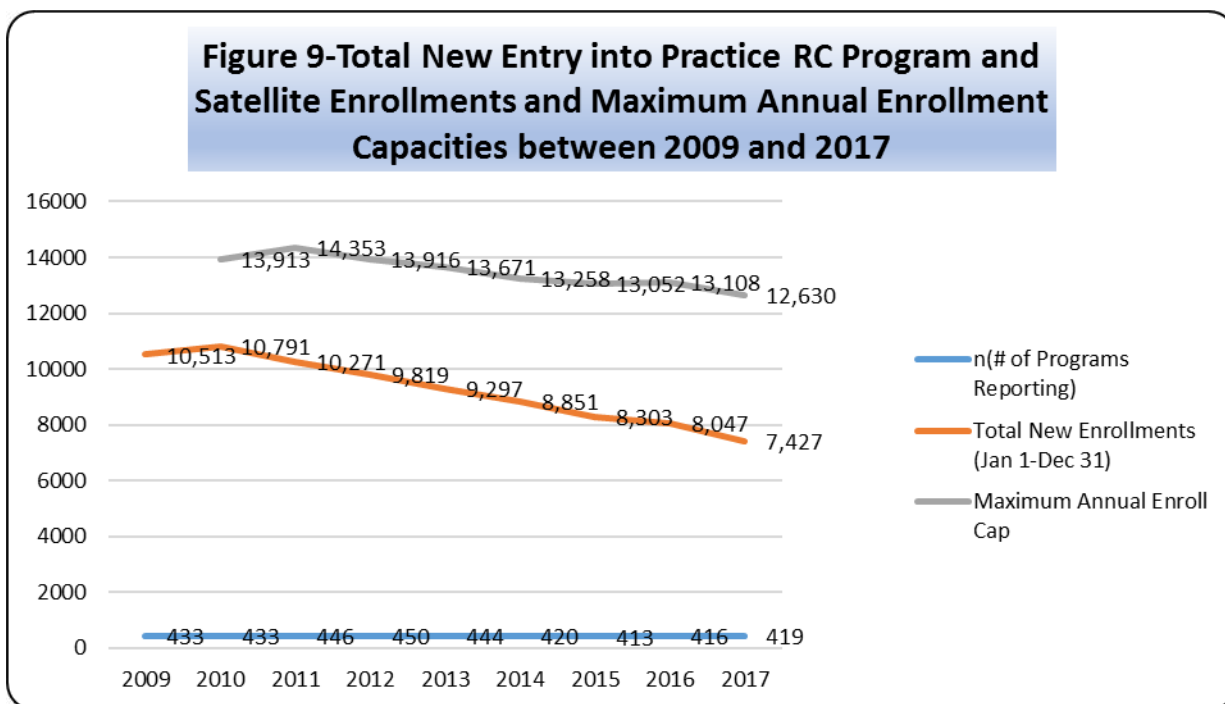
Not included in **Figure 9** are the enrollment data for the 5 sleep specialist program options with

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[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).

reportable enrollment data. There were 22 new enrollments in 2017 which is a 29.1% decrease compared to 2016. 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 2017, new enrollments reached 37.3% of maximum capacity. The mean number of new enrollments per program option was 4 in 2017, 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 5 in 2017, 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 2013 and 2017												
Degree Offered	**2017 Max Annual Enrollment Capacity**		**2017 New Enrollments (N=419)**		**2016 New Enrollments (N=416)**		**2015 New Enrollments (N=413)**		**2014 New Enrollments (N=420)**		**2013 New Enrollments (N=444)**	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Associate	**11,016**	32	**6,442**	19	**7,089**	20	**7,289**	21	**7,852**	22	**8,273**	22
Baccalaureate	**1,491**	23	**934**	15	**903**	16	**948**	16	**948**	17	**993**	16
Masters	**123**	21	**51**	9	**55**	13	**66**	22	**51**	17	**31**	10

Table 13 shows the new annual enrollments in respiratory care in relation to the degree offered. The 349 programs offering associate degrees accounted for 87% of the 6,442 new enrollments in 2017. This is a 9.1% decrease compared to 2016 for this category and a 22.1% decrease compared to 2013. New enrollments in associate degree programs reached 58.5% of maximum capacity in 2017. The mean number of new enrollments per program for this category was 19 for 2017, 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 16 in 2017, 18 in 2016, and 18 for years 2015, 2014, and 2013.

The 64 programs offering baccalaureate degrees accounted for 13% of the total number of new enrollments in 2017. This is a 3.4% increase compared to 2016 for this category, and a 5.9% decrease compared to 2013. New baccalaureate degree enrollments reached 62.6% of maximum capacity in 2017. The mean number of new enrollments per program for this category was 15 in 2017, 16 in 2016 and 2015, 17 in 2014, and 16 in 2013. The median number of new enrollments per program for this category was 13 in 2017, 15 in 2016, 15 in 2015 and 2014, and 18 in 2013.

The 6 programs offering master's degrees accounted for .06% of the total number of new enrollments in 2017. This is a 7.3% decrease compared to 2017. New enrollments in these programs reached 41.5% of maximum capacity in 2017. The mean number of new enrollments per program for this category was 9 in 2017, 13 in 2016, 22 in 2015, 17 in 2014, and 10 in 2013. The median number of new enrollments per program for this category was 5.5 in 2017, 11 in 2016, 13 in 2015, 18 in 2014, and 10 in 2013.

New RC Enrollments by Institutional Type

Table14 – New RC Enrollments by Institutional Type between 2013 and 2017												
Institutional Type	**2017 Max Annual Enroll Capacity**		**2017 New Enrollments (N=419)**		**2016 New Enrollments (N=416)**		**2015 New Enrollments (N=413)**		**2014 New Enrollments (N=420)**		**2013 New Enrollments (N=444)**	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Community or Junior College	**6,565**	27	**4,337**	18	**4,473**	20	**4,522**	19	**4,769**	20	**4,953**	20
Four-Year College or University	**2,642**	26	**1,461**	15	**1,667**	17	**1,846**	19	**1,888**	21	**1,995**	20
Technical or Vocational School	**2,569**	48	**1,197**	23	**1,380**	23	**1,425**	23	**1,797**	26	**1,923**	27
Academic HSC/ Medical Center	**187**	21	**101**	11	**98**	12	**134**	12	**148**	13	**151**	13
Career or Technical College	**439**	44	**195**	20	**272**	27	**210**	26	**91**	18	**116**	19
U.S. Military	**228**	114	**136**	68	**157**	79	**166**	83	**158**	79	**159**	80

Table 14 shows the new enrollments in respiratory care programs in relation to institutional type for the years 2013-2017. The 244 programs offered in community or junior colleges is the largest category and accounted for 58.4% of the 6,565 new enrollments in 2017. This is a 3% decrease in enrollments compared to 2016 and a 13.6% decrease compared to 2013. New enrollments reached 66% of maximum capacity in 2017. The mean number of new enrollments per program was 18 in 2017, 20 in 2016, 19 in 2015, 20 in 2014, and 2013. The median was 17 in 2017, and 18 in 2016 through 2013.

The 101 programs offered in four-year colleges or universities accounted for 19.7% of the total number of new enrollments in 2017. This is a 12.4% decrease compared to 2016 and a 26.8% decrease compared to 2013. New enrollments reached 55.3% of maximum capacity in 2017. The mean number of new enrollments per program was 15 in 2017, 17 in 2016, 19 in 2015, 21 in 2014, and 20 in 2013. The median was 15 in 2017, 15 in 2015, 16 in 2014 and 2013.

The 53 programs offered in technical or vocational schools accounted for 16.1% of the total number of new enrollments in 2017. This is a 13.3% decrease compared to 2016 and a 37.8% decrease compared to 2013. New enrollments reached 46.6% of maximum capacity in 2017. The mean number of new enrollments per program was 23 in 2017/2016 and 2015, 26 in 2014, and 27 in 2013. The median was 22 in 2016, 20 in 2015, 19 in 2014, and 20 in 2013.

The 9 programs offered in academic HSC/medical centers accounted for 1.4% of the total number of new enrollments in 2017. This is a 3.1% increase compared to 2016 and a 33.1% decrease compared to 2013. New enrollments reached 54% of maximum capacity in 2017. The mean number of new enrollments per program was 11 in 2017, 12 in 2016 and 2015, 13 in 2014 and 2013. The median was 11 in 2017 and 2016, 12 in 2015, 14 in 2014, and 10 in 2013.

The 10 programs offered in career or technical colleges accounted for 2.6% of the total number of new enrollments in 2017. This is a 28.3% decrease compared to 2016 and a 68% increase compared to 2013. New enrollments reached 44.4% of maximum capacity in 2017. The mean number of new enrollments per program was 20 in 2017, 27 in 2016, 26 in 2015, 18 in 2014, and 19 in 2013. The median was 11.5 in 2017, 24 in 2016, 16 in 2015, 20 in 2014, and 18 in 2013.

The 2 programs offered in the U.S. military accounted for 1.8% of the total number of new enrollments in 2017. This is a 13.4% decrease compared to 2016, but a 14.5% decrease compared to 2013. New enrollments reached 59.6% of maximum capacity in 2017. The mean (and median) number of new enrollments per program was 68 in 2017, 79 in 2016, 83 in 2015, 79 in 2014, and 80 in 2013.

New RC Enrollments by Institutional Control/Funding

Table 15 – New RC Enrollments by Institutional Control/Funding between 2013 and 2017											
Institutional Control/Funding	**2017 Max Annual Enroll Capacity**		**2017 New Enrollments (N=419)**		**2016 New Enrollments (N=416)**		**2015 New Enrollments (N=413)**		**2014 New Enrollments (N=420)**		**2013 New Enrollments (N=440)**	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Public/Not-For-Profit	**8,182**	25	**5,341**	16	**5,715**	18	**5,924**	18	**6,150**	18	**6,497**	18
Private/For-Profit (Proprietary)	**2,370**	58	**1,259**	31	**1,506**	30	**1,467**	29	**1,984**	37	**2,081**	37
Private/Not-For-Profit	**1,850**	36	**691**	14	**669**	16	**746**	21	**559**	18	**560**	17
Federal Government	**228**	114	**136**	68	**157**	79	**166**	83	**158**	79	**159**	80

Table 15 shows the new enrollments in respiratory care programs in relation to institutional control/funding for the years 2013-2017. The 325 programs controlled/funded by public/not-for-profit institutions is the largest category and accounted for 72% of the 7,427 new respiratory care enrollments in 2017. This is a 6.5% decrease compared to 2016 and a 17.8% decrease compared to 2013. New enrollments were at 65.3% of maximum capacity in 2017 for programs in this category. The mean number of new enrollments per program was 16 in 2017, and 18 in 2016 through 2013. The median was 16 in 2017, 17 in 2016, 17 in 2015, 18 in 2014 and 2013,

The 43 programs controlled /funded by private/for-profit (proprietary) institutions accounted for 17% of the total number of new enrollments in 2017. This is a 16.4% decrease compared to 2016 and a 39.5% decrease compared to 2013. New enrollments reached 53.1% of maximum capacity in 2017 for programs in this category. The mean number of new enrollments per program was 31 in 2017, 30 in 2016, 29 in 2015, 37 in 2014 and 2013. The median was 28 in 2017, 29 in 2016, 27 in 2015, 33 in 2014, and 31 in 2013.

The 51 programs controlled/funded by private/not-for-profit institutions accounted for 9.3% of the total number of new enrollments in 2017. This is a 3.3% increase compared to 2016, and a 23.4% increase compared to 2013. New enrollments reached 37.4% of maximum capacity in 2017 for programs in this category. The mean number of new enrollments per program was 14 in 2017 and 2016, 21 in 2015, 18 in 2014, and 17 in 2013. The median was 9 in 2017, 11 in 2016, 11 in 2015, 15 in 2014, and 14 in 2013.

The 2 programs controlled/funded by the federal government accounted for 1.8% of the total number of new enrollments in 2017. This is a 13.4% decrease compared to 2016, but a 14.5% decrease compared to 2013. New enrollments reached 59.6% of maximum capacity in 2017. The mean (and median) number of new enrollments per program was 68 for 2017, 79 in 2016, 83 in 2015, 79 in 2014, and 80 in 2013.

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

Table 16 provides data on new enrollments in respiratory care programs for 2012-2017 by state and degree offered. As expected, California had the largest (8.4% of total) enrollments of any state in 2017.

Table 16 – New RC Enrollments by State (including D.C.) and Degree between 2012 and 2017								
State (# of programs reporting)	Degree	2017 Maximum Annual Enroll Capacity	2017 New Enrollments (N=430)	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)
AL (n=8)	Total	266	133	147	134	143	147	151
4	Associate	145	92	127	108	122	100	82
3	Baccalaureate	96	40	19	26	21	47	69
1	Masters	25	1	1	0	0	0	0
AR (n=7)	Total	148	69	100	90	117	134	133
6	Associate	124	64	90	74	100	118	109
1	Baccalaureate	24	5	10	16	17	16	24
AZ (n=6)	Total	373	165	176	194	229	189	208
6	Associate	373	165	176	194	229	189	208
0	Baccalaureate	0	0	0	0	0	0	0
CA (n=35)	Total	1,773	1,163	1,184	1,180	1,429	1,497	1,751
34	Associate	1,751	1,156	1169	1,174	1,420	1,488	1,731
1	Baccalaureate	22	7	15	6	9	9	20
CO (n=4)	Total	227	93	119	97	105	99	119
4	Associate	227	93	119	97	105	99	119
0	Baccalaureate	0	0	0	0	0	0	0
CT (n=5)	Total	118	72	75	85	90	76	92
4	Associate	100	65	62	67	76	59	73
1	Baccalaureate	18	7	13	18	14	17	18
DC (n=1)	Total	24	7	4	4	7	24	18
1	Associate	27	7	4	4	7	10	18
0	Baccalaureate	0	0	0	0	0	0	0
DE (n=2)	Total	35	19	25	25	25	24	34
2	Associate	35	19	25	25	25	24	34
0	Baccalaureate	0	0	0	0	0	0	0
FL (n=25)	Total	691	482	511	486	482	526	497
23	Associate	636	450	479	449	454	498	476
2	Baccalaureate	55	32	32	37	28	28	21
GA (n=14)	Total	339	188	260	260	276	260	270
10	Associate	222	103	248	177	179	167	189
3	Baccalaureate	97	72	65	78	86	83	75
1	Masters	20	13	12	5	11	10	6
HI (n=1)	Total	16	14	13	16	17	16	12
1	Associate	16	14	13	16	17	16	12
0	Baccalaureate	0	0	0	0	0	0	0

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State (# of programs reporting)	Degree	2017 Maximum Annual Enroll Capacity	2017 New Enrollments (N=430)	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)
IA (n=5)	**Total**	**99**	**47**	**71**	**80**	**84**	**87**	**97**
6	Associate	99	47	71	80	84	87	97
0	Baccalaureate	0	0	0	0	0	0	0
ID (n=3)	**Total**	**80**	**54**	**53**	**43**	**45**	**50**	**56**
2	Associate	55	30	28	21	23	28	32
1	Baccalaureate	25	24	25	22	22	22	24
IL (n=15)	**Total**	**423**	**220**	**234**	**248**	**263**	**279**	**288**
13	Associate	375	211	223	232	238	255	262
1	Baccalaureate	24	0	N/A	3	3	5	5
1	Masters	24	9	11	13	22	19	21
IN (n=11)	**Total**	**235**	**209**	**155**	**200**	**207**	**211**	**206**
9	Associate	189	161	129	155	177	181	176
2	Baccalaureate	46	48	26	45	30	30	30
KS (n=8)	**Total**	**177**	**101**	**118**	**104**	**122**	**132**	**139**
7	Associate	153	90	100	98	101	123	121
1	Baccalaureate	24	11	16	6	21	9	18
KY (n=15)	**Total**	**286**	**151**	**202**	**175**	**164**	**207**	**236**
12	Associate	241	133	178	150	131	192	216
2	Baccalaureate	35	17	34	25	33	15	20
1	Masters	10	1	NA	NA	NA	NA	NA
LA (n=9)	**Total**	**183**	**104**	**115**	**112**	**106**	**122**	**129**
6	Associate	116	78	83	78	87	106	109
3	Baccalaureate	67	26	32	34	19	16	20
MA (n=6)	**Total**	**124**	**93**	**83**	**91**	**110**	**113**	**107**
6	Associate	124	93	83	91	110	113	107
.0	Baccalaureate	0	0	0	0	0	0	0
MD (n=6)	**Total**	**153**	**88**	**113**	**122**	**146**	**145**	**156**
5	Associate	113	63	89	88	107	105	120
1	Baccalaureate	40	25	24	34	39	40	36
ME (n=2)	**Total**	**34**	**16**	**15**	**32**	**30**	**33**	**31**
2	Associate	34	16	15	32	30	33	31
0	Baccalaureate	0	0	0	0	0	0	0
MI (n=12)	**Total**	**327**	**238**	**232**	**271**	**233**	**299**	**269**
12	Associate	327	238	232	271	233	299	269
0	Baccalaureate	0	0	0	0	0	0	0
MN (n=5)	**Total**	**123**	**79**	**74**	**87**	**101**	**90**	**97**
3	Associate	83	52	46	64	68	57	68
2	Baccalaureate	40	27	28	23	33	33	29

State (# of programs reporting)	Degree	2017 Maximum Annual Enroll Capacity	2017 New Enrollments (N=430)	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)
MO (n=8)	**Total**	**267**	**100**	**96**	**141**	**160**	**160**	**189**
6	Associate	243	78	86	120	145	149	175
2	Baccalaureate	24	22	10	21	15	11	14
MS (n=9)	**Total**	**182**	**100**	**125**	**126**	**112**	**118**	**119**
9	Associate	182	100	125	126	112	118	119
0	Baccalaureate	0	0	0	0	0	0	0
MT (n=2)	**Total**	**31**	**21**	**18**	**17**	**22**	**25**	**27**
2	Associate	31	21	18	17	22	25	27
0	Baccalaureate	0	0	0	0	0	0	0
NC (n=14)	**Total**	**376**	**198**	**208**	**217**	**239**	**230**	**234**
14	Associate	376	198	208	217	239	230	234
0	Baccalaureate	0	0	N/A	0	0	0	0
ND (n=3)	**Total**	**26**	**16**	**24**	**20**	**18**	**23**	**23**
0	Associate	0	0	0	0	0	0	0
2	Baccalaureate	24	14	23	20	18	21	23
1	Masters	2	2	1	0	0	2	0
NE (n=4)	**Total**	**98**	**54**	**76**	**51**	**71**	**63**	**79**
3	Associate	83	50	72	46	63	56	72
1	Baccalaureate	15	4	4	5	8	7	7
NH (n=1)	**Total**	**16**	**11**	**11**	**10**	**16**	**10**	**5**
1	Associate	16	11	11	10	16	10	5
0	Baccalaureate	0	0	0	0	0	0	0
NJ (n=4)	**Total**	**130**	**76**	**115**	**124**	**119**	**136**	**142**
4	Associate	130	76	94	112	108	119	129
0	Baccalaureate	NA	NA	21	12	11	17	13
NM (n=6)	**Total**	**179**	**98**	**85**	**112**	**83**	**112**	**109**
6	Associate	179	98	85	112	83	112	109
0	Baccalaureate	0	0	0	0	0	0	0
NV (n=3)	**Total**	**187**	**87**	**82**	**89**	**94**	**104**	**105**
3	Associate	187	87	82	89	94	104	105
0	Baccalaureate	0	0	0	0	0	0	0
NY (n=13)	**Total**	**482**	**311**	**322**	**327**	**373**	**351**	**355**
10	Associate	386	249	263	266	310	286	286
3	Baccalaureate	96	62	59	61	63	65	69
OH (n=22)	**Total**	**583**	**351**	**366**	**348**	**388**	**435**	**473**
17	Associate	467	263	285	273	295	358	386
5	Baccalaureate	116	88	81	75	93	77	87

| State (# of programs reporting)	Degree	2017 Maximum Annual Enroll Capacity	2017 New Enrollments (N=420)	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)
OK (n=7)	**Total**	**172**	**89**	**101**	**71**	**102**	**98**	**110**
7	Associate	172	89	101	71	102	98	110
0	Baccalaureate	0	0	0	0	0	0	0
OR (n=3)	**Total**	**89**	**59**	**74**	**98**	**80**	**87**	**124**
2	Associate	64	48	58	76	59	69	104
1	Baccalaureate	25	11	16	22	21	18	20
PA (n=22)	**Total**	**510**	**262**	**310**	**371**	**434**	**423**	**404**
16	Associate	408	175	223	289	347	328	325
6	Baccalaureate	102	87	87	82	87	95	79
RI (n=2)	**Total**	**64**	**62**	**51**	**53**	**55**	**54**	**57**
2	Associate	64	62	51	53	55	54	57
0	Baccalaureate	0	0	0	0	0	0	0
SC (n=8)	**Total**	**177**	**107**	**119**	**114**	**108**	**128**	**133**
8	Associate	177	107	119	114	108	128	133
0	Baccalaureate	0	0	0	0	0	0	0
SD (n=2)	**Total**	**24**	**14**	**16**	**22**	**20**	**23**	**23**
2	Associate	24	14	16	22	20	23	23
0	Baccalaureate	0	0		0	0	0	0
TN (n=10)	**Total**	**313**	**201**	**228**	**204**	**212**	**214**	**242**
7	Associate	254	143	175	147	156	158	192
3	Baccalaureate	59	58	53	57	56	56	50
TX (n=35)	**Total**	**1,225**	**829**	**846**	**838**	**843**	**924**	**853**
29	Associate	1,042	681	704	684	732	799	780
5	Baccalaureate	141	123	112	106	93	125	73
1	Masters	42	25	30	48	18	0	0
UT (n=8)	**Total**	**547**	**141**	**217**	**304**	**284**	**323**	**368**
4	Associate	451	105	190	259	251	274	340
4	Baccalaureate	96	36	27	45	33	49	28
VA (n=8)	**Total**	**233**	**128**	**134**	**170**	**164**	**173**	**158**
5	Associate	155	101	109	136	121	131	125
3	Baccalaureate	78	27	25	34	43	42	33
VT (n=1)	**Total**	**27**	**19**	**16**	**15**	**17**	**9**	**19**
1	Associate	27	19	16	15	17	9	19
0	Baccalaureate	0	0	0	0	0	0	0
WA (n=5)	**Total**	**152**	**104**	**106**	**120**	**93**	**117**	**123**
3	Associate	100	69	91	101	78	90	123
2	Baccalaureate	52	35	15	19	15	27	0

State (# of programs reporting)	Degree	2017 Maximum Annual Enroll Capacity	2017 New Enrollments (N=420)	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)
WI (n=7)	Total	156	120	154	142	136	128	133
7	Associate	156	120	154	142	136	128	133
0	Baccalaureate	0	0	0	0	0	0	0
WV (n=4)	Total	95	43	57	49	66	72	108
3	Associate	65	24	48	33	49	59	93
2	Baccalaureate	30	19	9	16	17	13	15
WY (n=1)	Total	15	14	15	15	11	11	12
1	Associate	15	14	15	15	11	11	12
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, 2017). Graduation numbers includes both students that graduated on-time and students graduating after their expected graduation date.

There were 6,314 graduates in 2017. This is a 5.7% decrease compared to 2016 and a 12.4% decrease compared to the 2012. The mean number of graduates per program was 15 in 2017, 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 13 in 2017, 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.

Figure 10- Total Entry into RC Programs and Satellite Graduates between 2009 and 2017
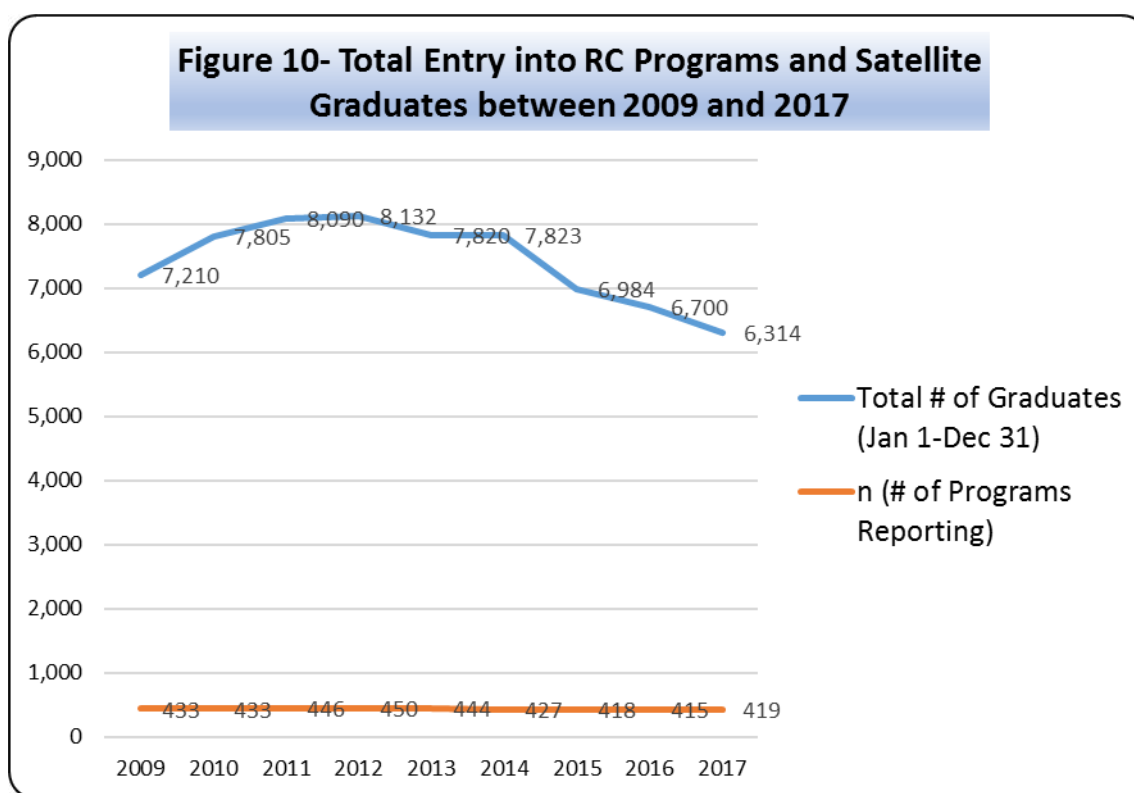
Not included in **Figure 10** are the graduate data for 5 sleep specialist program options reporting data. There was a total of 29 graduates in 2017. This is a decrease of 10 compared to 2016. The mean number of graduates per program was 6 in 2017, 7 in 2016, 7 in 2015, 8 in 2014, 6 in 2013, 5 in 2012, and 6 in 2011, 2010, and 2009. The median number of graduates was 4 in 2017, 2016 and 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 2013 and 2017										
Degree Offered	**2017 Graduates (N=419)**		**2016 Graduates (N=415)**		**2015 Graduates (N=418)**		**2014 Graduates (N=427)**		**2013 Graduates (N=444)**	
	Total	**Mean**	**Total**	**Mean**	**Total**	Mean	**Total**	Mean	**Total**	Mean
Associate	**5,457**	16	**5,839**	17	**6,123**	17	**6,912**	19	**7,017**	18
Baccalaureate	792	12	815	15	818	14	866	15	801	13
Masters	**65**	11	**46**	15	**43**	11	**45**	5	**2**	N/A

Table 17 shows the number of respiratory care graduates in relation to the degree offered. There were 6,314 graduates in 2017. The 349 programs offering associate degrees is the largest category and accounted for 83% of the total number of graduates in 2017. This is a 4.2% decrease compared to 2016, and a 19.9% decreased compared to 2012. The mean number of graduates per program for this category was 16 in 2017, 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 29 in 2017, 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, and 15 in 2012.

The 64 programs offering baccalaureate degrees accounted for 15% of the total number of graduates in 2017. This is a 2.8% increase compared to 2016, and a 3.3% decrease in graduates for this category compared to 2012. The mean number of graduates per program for this category was 16 in 2017, 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 24 in 2017, 15 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, and 15 in 2012.

The 2 programs offering master's degrees accounted for 2% of the total number of graduates in 2017. This is a 1.3% increase compared to 2016. The mean number of graduates per program for this category was 11 for 2017, 15 in 2016, 11 in 2015 and 15 in 2014. The median number of graduates per program for this category was 13 for 2017, 17 in 2016 and 11 in 2015.

RC Graduates by Institutional Type

Table 18 –RC Graduates by Institutional Type between 2013 and 2017										
Institutional Type	**2017 Graduates (N=419)**		**2016 Graduates (N=415)**		**2015 Graduates (N=418)**		**2014 Graduates (N=427)**		**2013 Graduates (N=444)**	
	Total	**Mean**	**Total**	**Mean**	**Total**	**Mean**	**Total**	**Mean**	**Total**	**Mean**
Community or Junior College	**3,508**	14	**3,486**	15	**3,701**	15	**3,944**	16	**3,953**	16
Four-Year College or University	**1,354**	13	**1,513**	16	**1,487**	16	**1,802**	19	**1,743**	17
Technical or Vocational School	**1,041**	19	**1,226**	21	**1,338**	22	**1,699**	24	**1,746**	24
Academic HSC/Medical Center	**96**	11	**102**	13	**116**	10	**184**	14	**134**	11
Career or Technical College	**144**	14	**205**	20	**192**	21	**101**	20	**115**	19
U.S. Military	**171**	85	**168**	84	**150**	75	**93**	47	**129**	65

Table 18 shows the number of respiratory care graduates in relation to institutional type. The 244 programs offered in community or junior colleges is the largest category and accounted for 58% of the total number of respiratory care graduates in 2017. This is a 6% increase compared to 2016 and a 16% decrease compared to 2012. The mean number of graduates per program for this category was 14 in 2017, 15 in 2016 and 2015, and 16 in 2014 through 2012. The median was 13 in 2017 and 2016, 14 in 2015, 15 in 2014 and 2013, and 14 in 2012.

The 101 programs offered in four-year colleges or universities accounted for 24% of the total number of graduates in 2017. This is a 1.4% increase compared to 2016, but a 4.2% increase compared to 2012. The mean number of graduates per program was 13 in 2017, 16 in 2016 and 2015, 19 in 2014, 17 in 2013, and 16 in 2012. The median was 11 in 2017, 14 in 2016, 14 in 2015 and 2014 and 2013, and 13 in 2012.

The 53 programs offered in technical or vocational schools accounted for 13% of the total number of graduates in 2017. This is a 5.3% decrease compared to 2016 and a 38.8% decrease compared to 2012. The mean number of graduates per program was 19 in 2017, 21 in 2016, 22 in 2015, 24 in 2014 and 2013, and 26 in 2012. The median was 17 in 2017, 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 2% of the total number of graduates in 2017. This is a .5% increase compared to 2016, and a 32.9% decrease compared to 2012. The mean number of graduates per program was 11 in 2017, 13 in 2016, 10 in 2015, 14 in 2014, 11 in 2013, and 13 in 2012. The median was 10 in 2017, 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 2% of the total number of graduates in 2017. This is a 1.1% decrease compared to 2016 and a 35.8% increase compared to 2012. The mean number of graduates per program was 14 in 2017, 20 in 2016, 21 in 2015, 20 in 2014, 19 in 2013, and 22 in 2012. The median was 10 in 2017, 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 1% of the total number of graduates in 2017. This is a 1.5% decrease compared to 2016 and a 75% increase compared to 2012. The mean/ median number of graduates per program was 85.5 for 2017, 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 2013 and 2017										
Institutional Control/Funding	**2017 Graduates (N=419)**		**2016 Graduates (N=415)**		**2015 Graduates (N=418)**		**2014 Graduates (N=427)**		**2013 Graduates (N=444)**	
	Total	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean	**Total**	Mean
Public/Not-For-Profit	**4,416**	13	**4,598**	14	**4,814**	14	**5,223**	15	**5,223**	15
Private/For-Profit (Proprietary)	**1,035**	24	**1,283**	25	**1,436**	29	**2,001**	37	**1,968**	35
Private/Not-For-Profit	**692**	13	**651**	17	**584**	17	**506**	16	**500**	15
Federal Government	**171**	86	**168**	84	**150**	75	**93**	47	**129**	65

Table 19 shows the number respiratory care graduates in relation to institutional control/funding. The 325 programs controlled/ funded by public/not-for-profit institutions is the largest category and accounted for 78% of the total number of respiratory care graduates in 2017. This is a 9.4% increase compared to 2016 and a 15.5% decrease compared to 2012. The mean number of graduates per program was 13 in 2017, 14 in 2016 and 2015, 15 in 2014 through 2012. The median was 13 in 2017, 14 in 2016, 14 in 2015 and 2014 and 2013, and 10 in 2012.

The 41 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 10% of the total number of respiratory care graduates in 2017. This is a 10.1% decrease compared to 2016 and a 28.6% decrease compared to 2012. The mean number of graduates per program was 24 in 2017, 25 in 2016, 29 in 2015, 37 in 2014, 35 in 2013, and 32 in 2012. The median was 24 in 2017, 25 in 2016, 29 in 2015, 27 in 2014, 25 in 2013, and 26 in 2012.

The 51 programs controlled/funded by private/not-for-profit institutions accounted for 12% of the total number of respiratory care graduates in 2017. This is a 2.3% increase compared to 2016, but an 18.6% decrease compared to 2012. The mean number of graduates per program was 13 for 2017, 17 in 2016 and 2015, 16 in 2014, 15 in 2013, and 21 in 2012. The median was 13 for 2017, 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 <1% of the total number of graduates in 2017. This is a 1.5% decrease increase compared to 2016 and a 75% increase compared to 2012. The mean/ median number of graduates per program was 86 in 2017, 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 2012-2017 by state and degree offered. California and Texas graduated the largest number of graduates (8.3%) in 2017.

State (# of programs reporting)	Degree	2017 Graduates (N= 425)	2016 Graduates (N= 415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)
AL (n=8)	**Total**	**67**	**83**	**97**	**107**	**129**	**104**
4	Associate	49	68	74	53	87	59
3	Baccalaureate	18	15	23	54	42	45
1	Masters	0	N/A	N/A	N/A	N/A	N/A
AR (n=7)	**Total**	**53**	**64**	**83**	**113**	**89**	**98**
6	Associate	43	58	71	93	77	75
1	Baccalaureate	10	6	12	20	12	23
AZ (n=6)	**Total**	**185**	**150**	**156**	**201**	**199**	**298**
6	Associate	185	150	156	201	199	298
0	Baccalaureate	0	0	0	0	0	0
CA (n=35)	**Total**	**933**	**1,043**	**1,138**	**1,424**	**1,395**	**1,476**
34	Associate	929	1,035	1,129	1,405	1,382	1,463
1	Baccalaureate	4	8	9	19	13	13
CO (n=4)	**Total**	**79**	**82**	**89**	**92**	**81**	**110**
4	Associate	79	82	89	92	81	110
0	Baccalaureate	0	0	0	0	0	0
CT (n=5)	**Total**	**63**	**68**	**50**	**70**	**79**	**81**
4	Associate	55	50	40	56	68	66
1	Baccalaureate	8	18	10	14	11	15
DC (n=1)	**Total**	**4**	**7**	**8**	**12**	**5**	**8**
1	Associate	4	7	8	12	5	8
0	Baccalaureate	0	0	0	0	0	0
DE (n=2)	**Total**	**17**	**16**	**17**	**23**	**23**	**27**
2	Associate	17	16	17	23	23	27
0	Baccalaureate	0	0	0	0	0	0
FL (n=25)	**Total**	**397**	**379**	**434**	**421**	**421**	**460**
23	Associate	373	361	409	400	400	435
2	Baccalaureate	24	18	25	21	21	25
GA (n=14)	**Total**	**181**	**220**	**231**	**228**	**213**	**231**
10	Associate	116	145	159	153	143	159
3	Baccalaureate	60	65	67	71	70	72
1	Masters	5	10	5	4	N/A	0

State (# of programs reporting)	Degree	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)
HI (n=1)	Total	13	15	13	11	13	15
1	Associate	13	15	13	11	13	15
0	Baccalaureate	0	0	0	0	0	0
IA (n=5)	Total	39	67	67	68	69	79
5	Associate	39	67	67	68	69	79
0	Baccalaureate	0	0	0	0	0	0
ID (n=3)	Total	37	40	29	50	35	58
2	Associate	20	18	6	34	19	36
1	Baccalaureate	17	22	23	16	16	22
IL (n=15)	Total	213	202	217	252	230	248
13	Associate	198	179	197	226	209	227
1	Baccalaureate	2	4	4	2	21	21
1	Masters	13	19	16	24	N/A	0
IN (n=11)	Total	153	157	164	176	175	171
9	Associate	116	117	122	153	152	150
2	Baccalaureate	37	40	42	23	23	21
KS (n=8)	Total	62	94	100	105	118	109
7	Associate	56	73	92	87	102	95
1	Baccalaureate	6	21	8	18	16	14
KY (n=15)	Total	146	87	165	147	179	174
12	Associate	124	78	140	118	167	163
2	Baccalaureate	22	9	25	29	12	11
1	Masters	0	N/A	N/A	N/A	N/A	N/A
LA (n=9)	Total	90	96	96	103	95	113
6	Associate	64	61	74	83	77	98
3	Baccalaureate	26	31	22	20	18	15
MA (n=6)	Total	73	67	69	73	84	102
6	Associate	73	67	69	73	84	102
0	Baccalaureate	0	0	0	0	0	0
MD (n=6)	Total	99	116	121	128	122	122
5	Associate	70	81	85	90	91	100
1	Baccalaureate	29	35	36	38	31	22
ME (n=2)	Total	26	24	26	22	21	26
2	Associate	26	24	26	22	21	26
0	Baccalaureate	0	0	0	0	0	0
MI (n=12)	Total	230	171	184	202	204	244
12	Associate	230	171	184	202	204	244
0	Baccalaureate	0	0	0	0	0	0

State (# of programs reporting)	Degree	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)
MN (n=5)	**Total**	**65**	**69**	**64**	**75**	**77**	**79**
3	Associate	44	47	38	50	52	57
2	Baccalaureate	21	22	26	25	25	22
MO (n=8)	**Total**	**112**	**111**	**129**	**121**	**156**	**154**
6	Associate	92	96	118	110	146	143
2	Baccalaureate	20	15	11	11	10	11
MS (n=9)	**Total**	**89**	**93**	**81**	**104**	**106**	**96**
9	Associate	89	93	81	104	106	96
0	Baccalaureate		0	0	0	0	0
MT (n=2)	**Total**	**14**	**16**	**16**	**21**	**18**	**18**
2	Associate	14	16	16	21	18	18
0	Baccalaureate	0	0	0	0	0	0
NC (n=14)	**Total**	**140**	**167**	**158**	**179**	**162**	**184**
14	Associate	140	167	158	179	162	184
0	Baccalaureate	0	0	0	0	0	0
ND (n=3)	**Total**	**22**	**16**	**21**	**24**	**18**	**14**
0	Associate	0	0	0	0	0	0
2	Baccalaureate	2	16	19	24	16	14
1	Masters	1	0	2	0	2	0
NE (n=4)	**Total**	**44**	**57**	**51**	**48**	**58**	**66**
3	Associate	42	53	48	43	53	58
1	Baccalaureate	2	4	3	5	5	8
NH (n=1)	**Total**	**12**	**12**	**7**	**5**	**11**	**9**
1	Associate	12	12	7	5	11	9
0	Baccalaureate	0	0	0	0	0	0
NJ (n=4)	**Total**	**61**	**98**	**100**	**114**	**131**	**109**
4	Associate	61	85	92	101	115	109
0	Baccalaureate	0	13	8	13	16	0
NM (n=6)	**Total**	**109**	**64**	**86**	**64**	**111**	**77**
6	Associate	109	64	86	64	111	77
0	Baccalaureate	0	0	0	0	0	0
NV (n=3)	**Total**	**37**	**71**	**89**	**61**	**79**	**80**
3	Associate	37	71	89	61	79	80
0	Baccalaureate	0	0	0	0	0	0
NY (n=13)	**Total**	**222**	**254**	**243**	**256**	**231**	**284**
10	Associate	164	194	187	192	180	217
3	Baccalaureate	58	60	56	64	51	67

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

State (# of programs reporting)	Degree	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)	2012 Graduates (N=450)
OH (n=22)	Total	279	286	315	414	377	375
17	Associate	207	200	235	321	303	298
5	Baccalaureate	72	86	80	93	74	77
OK (n=7)	Total	82	83	87	104	108	88
7	Associate	82	83	87	104	108	88
0	Baccalaureate	0	0	0	0	0	0
OR (n=3)	Total	73	68	85	103	83	85
2	Associate	51	53	71	90	69	74
1	Baccalaureate	22	15	14	13	14	11
PA (n=22)	Total	236	324	321	310	316	343
16	Associate	181	258	258	251	259	292
6	Baccalaureate	55	66	63	59	57	51
PR (n=1)	Total	0	N/A	N/A	N/A	N/A	N/A
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	0	N/A	N/A	N/A	N/A	N/A
RI (n=2)	Total	32	44	43	37	32	15
2	Associate	32	44	43	37	32	15
0	Baccalaureate	0	0	0	0	0	0
SC (n=8)	Total	66	85	87	81	78	85
8	Associate	66	85	87	81	78	85
0	Baccalaureate	0	0	0	0	0	0
SD (n=2)	Total	12	19	17	17	15	20
2	Associate	12	19	17	17	15	20
0	Baccalaureate	0	0	0	0	0	0
TN (n=10)	Total	163	183	163	180	186	187
7	Associate	115	137	115	135	134	139
3	Baccalaureate	48	46	48	45	52	48
TX (n=35)	Total	716	691	714	662	681	650
29	Associate	567	591	599	583	596	553
5	Baccalaureate	102	83	95	62	85	97
1	Masters	47	17	20	17	0	0
UT (n=8)	Total	196	253	185	403	383	287
4	Associate	161	221	154	356	357	244
4	Baccalaureate	35	32	31	47	26	43
VA (n=8)	Total	8	113	127	130	124	127
5	Associate	104	77	97	94	93	94
3	Baccalaureate	28	36	30	36	31	33
VT (n=1)	Total	9	11	6	13	14	14
1	Associate	9	11	6	13	14	14
0	Baccalaureate	0	0	0	0	0	0

WA (n=5)	Total	95	92	84	89	102	101
3	Associate	64	77	62	73	83	101
2	Baccalaureate	32	15	22	16	19	0
WI (n=7)	Total	102	121	103	97	106	109
7	Associate	102	121	103	97	106	109
0	Baccalaureate	0	0	0	0	0	0
WV (n=5)	Total	23	48	43	72	67	88
2	Associate	11	34	28	64	53	73
2	Baccalaureate	12	14	15	8	14	15
WY (n=1)	Total	11	7	5	11	11	7
1	Associate	11	7	5	11	11	7
0	Baccalaureate	0	0	0	0	0	0

Programmatic Retention

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.

2018 RCS data on programmatic retention (**Table 21**) show a total of 419 programs reporting programmatic retention rates.   The mean retention rate for the 2018 RCS was 87.5% with the highest rate of 100.0% (n=48) and the lowest rate of 60% (n=1). Twenty programs (4% 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.

Table 21 – RC Programmatic Retention for 2012 RCS through 2018 RCS					
Reporting Years (# of programs submitting)	**Mean (SD)**	**Maximum Value**	**Minimum Value**	**CoARC Threshold**	**# of Programs Above/Below Threshold**
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**
2018 RCS Data from 1/1/14 to 12/31/17 (N=419)	87.5% (16.9)	100%	60%	70%	**20**

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

Table 22 – RC Programmatic Retention by Degree Offered for 2015 RCS through 2018 RCS							
	2018 RCS		**2017 RCS**		**2016 RCS**		**2015 RCS**
Degree Offered (N=419)	Mean Retention (# of programs below CoARC threshold	**Degree Offered (N=420)**	Mean Retention (# of programs below CoARC threshold	**Degree Offered (N=420)**	Mean Attrition (# of programs above CoARC threshold)	**Degree Offered (N=437)**	Mean Attrition (# of programs above CoARC threshold)
Associate (n=349)	87% (17)	Associate (n=354)	90.5% (4)	Associate (n=370)	19.9% (10)	Associate (n=375)	20.1% (8)
Baccalaureate (n=64)	89.2% (3)	Baccalaureate (n=61)	93.0%	Baccalaureate (n=64)	11.5% (1)	Baccalaureate (n=58)	12.0% (1)
Masters (n=6)	98%	Masters (n=5)	98.7%	Masters (n=4)	5.6%	Masters (n=4)	9.3%

Table 22 compares programmatic retention data in relation to the degree offered for the 2015 through 2018 RCS. For the 2018 RCS, programs offering the associate degree had the lowest mean retention rate (87%) while programs offering the master's degree had the highest (98%). The median retention rate was 87% for associate degree programs, 89.2% for baccalaureate programs, and 98% for master's programs.

For the 2018 RCS, 17 of the 20 programs below the CoARC threshold of 70% offered the Associate degree and the other three offered the baccalaureate degree. 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 Retention by Institutional Type for 2015 through 2018 RCS							
	2018 RCS		**2017 RCS**		**2016 RCS**		**2015 RCS**
Institutional Type (N=419)	Mean Retention (# of programs below CoARC threshold)	**Institutional Type (N=420)**	Mean Retention (# of programs below CoARC threshold)	**Institutional Type (N=438)**	Mean Attrition (# of programs above CoARC threshold)	**Institutional Type (N=437)**	Mean Attrition (# of programs above CoARC threshold)
Four-Year College or University (n=101)	90% (4)	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)	86%	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=244)	86% (12)	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=9)	87% (1)	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=53)	89% (3)	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%	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 retention data in relation to institutional type for the 2015 RCS, through the 2018 RCS. For the 2018 RCS, programs located in Four-Year Colleges or Universities showed the highest mean retention rate (90%). Programs located in Career or Technical Colleges and Career or Technical Colleges had the lowest mean retention rate of 86%. For the 2018 RCS, the median attrition rate was 90% for Four-Year Colleges or Universities, 86% for Career or Technical Colleges, 86% for Community Colleges or Junior Colleges, 87% for Academic HSC/Medical Centers, and 89% for Technical or Vocational Schools.

For the 2018 RCS, 4 of the 21 programs below the CoARC threshold of 70% were located at a a Four-Year College or University. 12 programs were located a Community or Junior College. One program was located at an Academic HSC/Medical Center. Three programs were located at a Technical/Vocational School. 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.

Table 24 – RC Programmatic Retention by Institutional Control for 2015 RC through 2018 RCS							
	2018 RCS		**2017 RCS**		**2016 RCS**		**2015 RCS**
Institutional Control (N=419)	Mean Retention (# of programs below CoARC threshold)	**Institutional Control (N=420)**	Mean Retention (# of programs below CoARC threshold)	**Institutional Control (N=438)**	Mean Attrition (# of programs above CoARC threshold)	**Institutional Control (N=437)**	Mean Attrition (# of programs above CoARC threshold)
Public/Not-For-Profit (n=325)	87% **(17)**	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)**
Private/For-Profit (Proprietary) (n=41)	91%	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/Not-For-Profit (n=51)	89% **(3)**	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%
Federal Government (n=2)	89%	Federal Government (n=2)	89.4%	Federal Government (n=2)	18.3%	Federal Government (n=2)	18.9%

Table 24 compares programmatic retention data in relation to institutional control/funding for the 2015 through the 2018 RCS. For the 2018 RCS, programs controlled/funded by the private/for-profit (proprietary) sector had the highest mean retention rate, at 91%. Programs of public/not-for-profit sector had the lowest mean retention rate at 87%.   For the 2018 RCS, the median attrition rate was 87% for the public/not-for-profit sector, 91% for the private/for-profit (proprietary) sector, and 89% for the private/not-for-profit sector.

. For the 2018 RCS, 17 of the 20 programs above the CoARC threshold of 87% were controlled/funded by Public/Not-For-Profit institutions; the other 3 one by 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.

Job Placement

Prior to November 1, 2015, 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.[2]

Table 25 – RC Job Placement for 2012 RCS through 2018 RCS					
Reporting Years (# of programs submitting)	**Mean (SD)**	**Maximum Value**	**Minimum Value**	**CoARC Threshold**	**# of Programs Below Threshold**
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**
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	84.8% (22)	100%	0%	N/A	**N/A**

2018 RCS data on job placement (**Table 25**) show a total of 419 programs reporting positive placement rates. The mean placement rate decreased to 84.8% with the highest rate of 100% (n = 58) and the lowest rate of 0% (n=20). The median placement rate was 92%. When compared to the 2017 RCS data on placement rates, the 2018 RCS data shows a 1.2% decrease in the mean placement rate. The number of programs reporting the lowest placement was 20, while the number of programs reporting the highest placement rate (100%) increased from 39 (2016 RCS) to 40 (2017 RCS) to 58 (2018 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).

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[2] 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 Job Placement by Degree Offered for 2015 RCS though 2018 RCS							
Degree Offered (N=419)	**2018 RCS** Mean Placement	Degree Offered (N=421)	**2017 RCS** Mean Placement	Degree Offered (N=433)	**2016 RCS** Mean Placement	Degree Offered (N=434)	**2015 RCS** Mean Placement
Associate (n=349)	85.7%	Associate (n=360)	85.3%	Associate (n=369)	83.4%	Associate (n=372)	84.2%
Baccalaureate (n=64)	81.9%	Baccalaureate (n=57)	90.2%	Baccalaureate (n=60)	89.5%	Baccalaureate (n=58)	92.9%
Masters (n=6)	64.5%	Masters (n=4)	96.0%	Masters (n=4)	96.8%	Masters (n=4)	98.3%

Table 26 compares job placement data in relation to the degree offered for the 2015 through 2018 RCS. For the 2018 RCS, programs offering the Associate's degree have the highest mean placement rate (85.7%) in this category while programs offering the Master's degree demonstrate the lowest mean placement rate at 64.5%. When compared to 2017 RCS data, Master's and baccalaureate degree programs showed a decrease in mean placement rate. For the 2017 RCS, the median placement rate was 85.7% for associate degree programs, 81.9% for baccalaureate degree programs, and 64.5% 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 Job Placement by Institutional Type for 2015 RCS though 2018 RCS								
Institutional Type (N=419)	2018 RCS Mean Placement	Institutional Type (N=421)	2017 RCS Mean Placement	Institutional Type (N=433)	2016 RCS Mean Placement	Institutional Type (N=434)	2015 RCS Mean Placement
Four-Year College or University (n=101)	82.5%	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%
Career or Technical College (n=10)	89.5%	Career or Technical College (n=10)	89.5%	Career or Technical College (n=9)	86.8%	Career or Technical College (n=5)	89.4%
Community or Junior College (n=244)	85.3%	Community or Junior College (n=240)	86.2%	Community or Junior College (n=248)	84.5%	Community or Junior College (n=248)	84.8%
Academic HSC/Medical Center (n=9)	95.9%	Academic HSC/Medical Center (n=8)	89.7%	Academic HSC/Medical Center (n=13)	81.1%	Academic HSC/Medical Center (n=13)	92.6%
Technical or Vocational School (n=53)	84.2%	Technical or Vocational School (n=62)	80.4%	Technical or Vocational School (n=64)	78.8%	Technical or Vocational School (n=70)	80.1%
U.S. Military (n=2)	88%	U.S. Military (n=2)	90.8%	U.S. Military (n=2)	86.7%	U.S. Military (n=2)	95.6%

Table 27 compares job placement data in relation to institutional type for the 2015 RCS through 2018 RCS. For the 2018 RCS, Academic HSC/Medical Centers had the highest mean placement rate (95.9%). Programs located in Four-Year Colleges or Universities demonstrated the lowest mean placement rate at 82.5%. Compared to the 2017 RCS, the Four-Year Colleges or Universities, Community or Junior Colleges, and schools located the U.S. Military showed a decrease in mean placement rate. For the 2018 RCS, the median placement rate was 82.5% for Four-Year Colleges or Universities, 89.5% for Career or Technical Colleges, 85.3% for Community or Junior Colleges, 95.9% for Academic HSC/Medical Centers, and 84.2% 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 Job Placement by Institutional Control for 2015 RCS though 2018 RCS							
Institutional Control (N=419)	2018 RCS Mean Placement	Institutional Control (N=421)	2017 RCS Mean Placement	Institutional Control (N=433)	2016 RCS Mean Placement	Institutional Control (N=434)	2015 RCS Mean Placement
Public/Not-For-Profit (n=325)	85.9%	Public/Not-For-Profit (n=329)	87.2%	Public/Not-For-Profit (n=345)	85.6%	Public/Not-For-Profit (n=346)	86.5%
Private/For-Profit (Proprietary) (n=41)	80.6%	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/Not-For-Profit (n=51)	81.1%	Private/Not-For-Profit (n=39)	87.0%	Private/Not-For-Profit (n=35)	85.6%	Private/Not-For-Profit (n=32)	88.5%
Federal Government (n=2)	85%	Federal Government (n=2)	90.8%	Federal Government (n=2)	86.7%	Federal Government (n=2)	95.6%

Table 28 compares job placement data in relation to institutional control/funding for the 2015 RCS through the 2018 RCS. Programs controlled/funded by the private/not-for-profit sector demonstrated the highest mean placement rate at 85.9%. Programs controlled/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest mean placement rate at 80.6%. When compared to 2017 RCS data, all categories except the private/for-profit (proprietary) sector showed a decrease in mean placement rate. For the 2018 RCS, the median placement rate was 85.9% for the public/not-for-profit sector, 80.6% for the private/for-profit (proprietary) sector, and 81.1% 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 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., 2015-17). Since the 2012 RCS, this calculation excludes graduates who earned the CRT credential prior to matriculation into the program (i.e., advanced placement)[3]. 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 2012 RCS through 2018 RCS					
Reporting Years (# of programs submitting)	**Mean (SD)**	**Maximum Value**	**Minimum Value**	**CoARC Threshold**	**# of Programs Below Threshold**
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**
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	93.7% (8)	100%	49%	80%	**21**

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[3] 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.

2018 RCS data on CRT credentialing success (**Table 29**) show a total of 419 programs reporting. The mean CRT credentialing success was 93.7% with the highest rate of 100% (n=120) and the lowest rate of 49% (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 2018 RCS was 93.7%.

When compared to the 2017 RCS data on CRT credentialing success rates, the 2018 RCS data shows a 0.6% increase in the mean success rate. The program reporting the lowest mean success rate was at 49%. 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), then from 113 (2017), to its highest level at 120. 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 and 2018 RCS.

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

Table 30 –CRT Credentialing Success by Degree Offered for 2015 RCS though 2018 RCS								
	2018 RCS			**2017 RCS**			**2016 RCS**			**2015 RCS**
Degree Offered (n=419)	Mean CRT Success **(# of programs below CoARC threshold)**	**Degree Offered (n=421)**	Mean CRT Success **(# of programs below CoARC threshold)**	**Degree Offered (n=433)**	Mean CRT Success **(# of programs below CoARC threshold)**	**Degree Offered (n=434)**	Mean CRT Success **(# of programs below CoARC threshold)**
Associate (n=349)	93.3% **(19)**	Associate (n=360)	92.5% **(21)**	Associate (n=369)	91.8% **(33)**	Associate (n=372)	91.6% **(34)**
Baccalaureate (n=64)	95.8 **(2)**	Baccalaureate (n=57)	96.5%	Baccalaureate (n=60)	96.1% **(2)**	Baccalaureate (n=58)	96.4% **(1)**
Masters (n=6)	97.5	Masters (n=4)	99.1%	Masters (n=4)	100%	Masters (n=4)	100%

Table 30 compares CRT credentialing success data in relation to the degree offered for the 2015 RCS through the 2018 RCS. For the 2018 RCS, RC Programs offering Master's degrees had the highest mean (97.5%). RC Programs offering the associate degree had the lowest mean (93.3%). The median success rate was 93.3% for associate degree programs and 95.8% for baccalaureate degree programs.

For the 2018 RCS 19 out of the 21 programs below the CoARC threshold of 80% offered the Associate Degree (13 AAS degree programs, 5 AS degree programs, and 1 AST degree program). The remaining 2 programs offered the Baccalaureate degree. 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.

Table 31 – CRT Credentialing Success by Institutional Type for 2015 RCS though 2018 RCS							
	2018 RCS		**2017 RCS**		**2016 RCS**		**2015 RCS**
Institutional Type (N=419)	Mean CRT Success (# of programs below CoARC threshold)	**Institutional Type (N=421)**	Mean CRT Success (# of programs below CoARC threshold)	**Institutional Type (N=433)**	Mean CRT Success (# of programs below CoARC threshold)	**Institutional Type (N=434)**	Mean CRT Success (# of programs below CoARC threshold)
Four-Year College or University (n=10)	93.7% **(6)**	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)**
Career or Technical College (n=10)	95.6%	Career or Technical College (n=10)	95.8%	Career or Technical College (n=9)	93.3%	Career or Technical College (n=5)	94.9%
Community or Junior College (n=244)	94.3% **(8)**	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)**
Academic HSC/Medical Center (n=9)	97.9%	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%
Technical or Vocational School (n=53)	90% **(7)**	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)**
U.S. Military (n=2)	92.5%	U.S. Military (n=2)	88.1%	U.S. Military (n=2)	82.4% **(1)**	U.S. Military (n=2)	80.3% **(1)**

Table 31 compares CRT credentialing success data in relation to institutional type for the 2015 through 2018 RCS. For the 2018 RCS, RC Programs located in Academic HSC/Medical Centers continued to demonstrate the highest mean CRT credentialing success at 97.9%. Technical or Vocational Schools had the lowest mean CRT credentialing success at 90%. When compared to the 2017 RCS, there were increases in all categories except the Career or Technical Colleges and Four-Year Colleges or Universities. For the 2018 RCS, the median CRT credentialing success rate was 93.7% for Four-Year Colleges or Universities, 95.6% for Career or Technical Colleges, 94.3% for Community or Junior Colleges, 97.9% for Academic HSC/Medical Centers, and 90% for Technical or Vocational Schools.

For the 2018 RCS, 8 of the 21 programs below the CoARC threshold of 94.3% were located at a Community or Junior College, 7 were at a Technical or Vocational School and 6 programs were at a Four-Year College or University. 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 2015 RCS, 19 of the 35 programs below the threshold were located at a Community or Junior College, 8 at a Technical or Vocational School and 7 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 2015 RCS though 2018 RCS							
Institutional Control (N=419)	**2018 RCS** Mean CRT Success (# of programs below CoARC threshold)	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)
Public/Not-For-Profit (n=325)	94.6% **(11)**	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)**
Private/For-Profit (Proprietary) (n=41)	88.2% **(5)**	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/Not-For-Profit (n=51)	92.5% **(5)**	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)**
Federal Government (n=2)	92.5%	Federal Government (n=2)	88.1%	Federal Government (n=2)	82.4% **(1)**	Federal Government (n=2)	80.3% **(1)**

Table 32 compares CRT credentialing success data in relation to institutional control/funding for the 2015 RCS through the 2018 RCS.   For the 2018 RCS, programs controlled/funded by Public/Not-For-Profit institutions continued to demonstrate the highest mean CRT credentialing success at 94.6%. The private/for-profit (proprietary) demonstrated the lowest mean CRT credentialing success rate (88.2%). The public/not-for-profit sector and federal government showed an increase in mean CRT credentialing success for the 2018 RCS when compared to the 2017 RCS. For the 2017 RCS, the median CRT credentialing success rate was 94.6% for the public/not-for-profit sector, 88.2% for the private/for-profit (proprietary) sector, and 92.5% for the private/not-for-profit sector.

For the 2018 RCS, 11 of the 21 programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions, five programs by Private/For-Profit (Proprietary) institutions, and five by Private/Not-For-Profit institutions. 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.

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, 2018, the RRT credential is required by Ohio, California, Oregon, Arizona, New Jersey, and New Mexico 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 2012 RCS through 2018 RCS				
Reporting Years (# of programs submitting)	**Mean (SD)**	**Maximum Value**	**Minimum Value**	**CoARC Threshold**
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
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	80.2% (17.6)	100%	0%	N/A

2018 RCS data on RRT credentialing success (**Table 33**) show a total of 419 programs reporting data. The mean RRT credentialing success was 80.2% with the highest rate (100%) achieved by 34 programs and the lowest rate of 0% (n=1). The median RRT credentialing success rate for the 2018 RCS was 80.2%. When compared to the 2017 RCS data, the 2018 data continued to show a decrease (1.4%), with an overall increase of 20% since the 2012 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, to 34 for 2018 RCS.

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

Table 34 –RRT Credentialing Success by Degree Offered for 2015 RCS though 2018 RCS							
Degree Offered (N=419)	**2018 RCS** Mean RRT Success	**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
Associate (n=349)	78.8%	Associate (n=369)	70.5%	Associate (n= 372)	67.8%	Associate (n= 366)	65.5%
Baccalaureate (n=64)	87.6%	Baccalaureate (n=60)	84.9%	Baccalaureate (n=58)	85.5%	Baccalaureate (n=57)	82.3%
Masters (n=6)	93%	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 2015 RCS through the 2018 RCS. For the 2018 RCS, RC programs offering Master's degrees had the highest mean RRT credentialing success (93%). RC programs offering Associate degrees had the lowest mean RRT credentialing success (78.8%). Both Associate and Baccalaureate degree categories continued to demonstrate an increase in mean RRT credentialing success when compared to previous RCS data. For the 2018 RCS, the median RRT credentialing success was 78.8% for Associate degree programs and 87.6% for Baccalaureate degree programs.

Table 35 – RRT Credentialing Success by Institutional Type for 2015 RCS though 2018 RCS							
Institutional Type (N=421)	**2018 RCS** Mean RRT Success	**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
Four-Year College or University (n=101)	80.2%	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%
Career or Technical College (n=10)	79.4%	Career or Technical College (n=10)	72.4%	Career or Technical College (n=9)	69.1%	Career or Technical College (n=5)	69.2%
Community or Junior College (n=244)	72%	Community or Junior College (n=241)	74.7%	Community or Junior College (n=248)	72.3%	Community or Junior College (n=248)	69.9%
Academic HSC/Medical Center (n=9)	88.3%	Academic HSC/Medical Center (n=8)	83.8%	Academic HSC/Medical Center (n=13)	89.4%	Academic HSC/Medical Center (n=13)	90.9%
Technical or Vocational School (n=53)	71.5%	Technical or Vocational School (n=62)	67.6%	Technical or Vocational School (n=64)	64.0%	Technical or Vocational School (n=7-)	61.3%
U.S. Military (n=2)	40.5%	U.S. Military (n=2)	36.9%	U.S. Military (n=2)	30.1%	U.S. Military (n=2)	31.3%

Table 35 compares RRT credentialing success data in relation to institutional type for the 2015 RCS through the 2018 RCS. For the 2018 RCS, RC programs located in Academic HSC/Medical Centers continued to have the highest mean RRT credentialing success at 88.3%. RC programs located at U.S. Military facilities continued to the lowest mean RRT credentialing success at 40.5%. Increases in mean RRT credentialing success occurred for all categories except Community or Junior Colleges and Four-Year Colleges or Universities when compared to 2017 RCS data. For the 2018 RCS, the median RRT credentialing success rate was 80.2% for Four-Year Colleges or Universities, 79.4% for Career or Technical Colleges, 72% for Community or Junior Colleges, 88.3% for Academic HSC/Medical Centers, and 71.5% for Technical or Vocational Schools.

Table 36 – RRT Credentialing Success by Institutional Control for 2015 RCS though 2018 RCS							
Institutional Control (N=419)	2018 RCS Mean RRT Success	Institutional Control (N=421)	2017 RCS Mean RRT Success	Institutional Control (N=433)	2016 RCS Mean RRT Success	Institutional Control (N=434)	2015 RCS Mean RRT Success
Public/Not-For-Profit (n=325)	81.8%	Public/Not-For-Profit (n=324)	77.1%	Public/Not-For-Profit (n=345)	74.8%	Public/Not-For-Profit (n=346)	72.6%
Private/For-Profit (Proprietary) (n=41)	70%	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/Not-For-Profit (n=51)	80.3%	Private/Not-For-Profit (n=44)	73.1%	Private/Not-For-Profit (n=35)	69.9%	Private/Not-For-Profit (n=32)	69.4%
Federal Government (n=2)	40.5%	Federal Government (n=2)	36.9%	Federal Government (n=2)	30.1%	Federal Government (n=2)	31.3%

Table 36 compares RRT credentialing success data in relation to institutional control/funding for the 2015 RCS through the 2018 RCS. For the 2018 RCS, RC Programs controlled/funded by public/not-for-profit institutions continued to demonstrate the highest mean RRT credentialing success (81.8%). RC Programs controlled/funded by the federal government continued to demonstrate the lowest mean RRT credentialing success rate (40.5%). Increases in mean RRT credentialing success occurred for RC programs in all categories when compared to 2017 RCS data. For the 2018 RCS, the median RRT credentialing success rate was 81.8% for the public/not-for-profit sector, 70% for the private/for-profit (proprietary) sector, and 80.3% for the private/not-for-profit sector.

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. CoARC sent a notification on November 16th explaining that shortly after the release of its 2018 Annual RCS in late October, the CoARC was informed that graduate and employer survey data from prior years could not be transferred into the new RCS format. As a result, programs will only be able to submit survey data for 2017 in their 2018 RCS. Accordingly, at its November meeting, the CoARC Board determined that no accreditation decisions based on subthreshold results in graduate and employer surveys would be taken until three years of data are available, which will occur with the submission of the RCS due July 1, 2020.

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. CoARC sent a notification on November 16th explaining that shortly after the release of its 2018 Annual RCS in late October, the CoARC was informed that graduate and employer survey data from prior years could not be transferred into the new RCS format. As a result, programs will only be able to submit survey data for 2017 in their 2018 RCS. Accordingly, at its November meeting, the CoARC Board determined that no accreditation decisions based on subthreshold results in graduate and employer surveys would be taken until three years of data are available, which will occur with the submission of the RCS due July 1, 2020.

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 through 2018 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**
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	90.6% (9.7)	100%	10%	70%	**15**

2018 RCS data for on-time graduation rate (**Table 46**) show a total of 419 programs reporting. The mean on-time graduation rate was 90.6% with the highest value of 100% (n=73) and the lowest value of 10% (n=1). The median on-time graduation rate was 92%. A total of 15 programs (3.5% 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 2018 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 2018 RCS			
Degree Offered (N=419)	**Associate (n=349)**	**Baccalaureate (n=64)**	**Master's (n=6)**
2018 RCS Mean On-Time Graduation Rate (# of programs below CoARC threshold)	**90.2% (14)**	**92.7% (1)**	**93.5%**

Table 47 uses data from the 2018 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 (92.7%) while programs offering the associate degree had the lowest (90.2%). The median on-time graduation rate was 90.2% for associate programs, 92.7% for baccalaureate programs, and 93.5% for master's programs. Fourteen of the programs below the CoARC threshold of 70% offered the associate degree (5 AS, 1 AOS, 8 AAS). One offered the baccalaureate degree.

Table 48 – RC On-Time Graduation Rate by Institutional Type for 2018 RCS						
Institutional Type (N=419)	**Four-Year College or University (n=101)**	**Career or Technical College (n=10)**	**Community or Junior College (n=244)**	**Academic HSC/Medical Center (n=9)**	**Technical or Vocational School (n=53)**	**U.S. Military (n=2)**
2018 RCS Mean On-Time Graduation Rate (# of programs below CoARC threshold)	**91.5% (1)**	**88.3% (1)**	**91.6% (6)**	**92.9%**	**86% (6)**	**52.5 (1)**

Table 48 uses data from the 2018 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 92.9%. Programs located in the U.S. Military showed the lowest mean on-time graduation rate of 52.5%. The median on-time graduation rate was 91.5% for Four-Year Colleges or Universities, 88.3% for Career or Technical Colleges, 96.1% for Community or Junior Colleges, 92.9% for Academic HSC/Medical Centers, and 86% for Technical or Vocational Schools.

One of the 15 programs below the CoARC threshold of 70% were located at Four-Year Colleges or Universities, six were at Community or Junior Colleges, six 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 2018 RCS				
Institutional Control/Funding (n=419)	**Public/Not-For-Profit (n=325)**	**Private/For-Profit (Proprietary) (n=41)**	**Private/Not-For-Profit (n=51)**	**Federal Government (n=2)**
2018 RCS Mean On-Time Graduation Rate (# of programs below CoARC threshold)	92.1 (5)	83.9% (6)	87.9% (3)	52.5% (1)

Table 49 uses data from the 2018 RCS to compare on-time graduation rate data in relation to institutional control/funding for the 2017 RCS. Programs controlled/funded by public/not-for-profit institutions showed the highest mean on-time graduation rate, at 92.1%. Programs controlled/funded by the federal government showed the lowest mean on-time graduation rate at 52.5%. The median on-time graduation rate was 92.1% for public/not-for-profit institutions, 83.9% for private/for-profit (proprietary) institutions, and 87.9% 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), 2017 (N=431), and 2018 (N=424)					
Baccalaureate Degree Eligibility Category	**# 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**	**# of Programs as of 12/31/18**
I. Sponsoring institution offers a baccalaureate degree RC program	64	65	69	72	68
II. Sponsoring institution offers baccalaureate degrees in other disciplines	86	88	87	85	86
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances[4]	86	108	106	107	108
IV. Sponsoring institution cannot offer a baccalaureate degree	202	166	166	167	162

Table 50 assigns RC programs and satellite options, based on data from the end of each year December 31, 2014 - 2018 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 12/31/2018, 68 of the 424 (16% 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 12/31/2018, 86 (% 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, 25

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[4] Source: Community College Baccalaureate Association http://www.accbd.org/resources/baccalaureate-conferring-locations/

states have legislation allowing community colleges to award bachelor's degrees. The 108 sponsoring 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 12/31/2018, 108 of the 424 (25% 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 consortium partnership with, a 4-year degree-granting institution. As of 12/31/2018, 162 of the 424 (38% 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 2015 (N=428), 2016 (N=431), and 2017 (N=424)						
Baccalaureate Degree Eligibility Category	**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**	**Maximum Enrollment Capacity as of 12/31/17**	**Total Graduates as of 12/31/17**
I. Sponsoring institution currently offers a baccalaureate degree RC program	1,641	837	1,546	875	1,491	792
II. Sponsoring institution offers baccalaureate degrees in other disciplines	3,405	1,634	3,241	1,615	3,422	1,538
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances[7]	3,050	1,707	3,029	1,676	3,283	1,874
IV. Sponsoring institution cannot offer a baccalaureate degree	5,253	2,715	5,224	2,497	4,434	2,110

Table 51 provides an assessment of the maximum annual enrollment capacity and the total number of graduates for each year (December 31, 2015-2017) based on assignment of RC programs and satellite options to these four baccalaureate degree eligibility categories

As of December 31, 2017, the 68 programs in Category I produced 792 graduates (12.5% of the total of the 6,314 graduates from all 4 categories in 2017). The 86 programs in Category II produced 1,538 graduates (24.4% of the total graduates). The 108 programs in Category III produced 1,874 graduates (29.7% of the total graduates). The 162 programs in Category IV produced 2,110 graduates (33.4% of the total graduates).

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, 2018 according to the CoARC's database.

Table 53 – RC Program Consortia as of December 31, 2018				
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
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
200497	Cape Girardeau Career & Technology Center	Cape Girardeau	MO	AS

200504	University of Rio Grande/Rio Grande CC	Rio Grande	OH	AS
200506	Marshall University/St. Mary's Med Ctr.	Huntington	WV	BS
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

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