



Self-Study Report

For

Provisional Accreditation of a Degree Advancement (DA) Base Program in Respiratory Care

This Self-Study was submitted to CoARC on

For additional information about CoARC and accreditation services visit: www.coarc.com

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

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COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE PROVISIONAL ACCREDITATION SELF-STUDY REPORT (PSSR) DEGREE ADVANCEMENT (DA) BASE PROGRAM

INTRODUCTION

Each program and program option must conduct a self-study review process, which culminates in the preparation of a report. The CoARC will use this report and any additional information submitted to assess the program's degree of compliance with the *2015 Accreditation Standards for Degree Advancement Programs in Respiratory Care* ("Standards") available at www.coarc.com.

The Provisional Accreditation Self-Study Report (PSSR) has two general objectives: (i) to verify that the program and program option (if applicable) continues to meet prescribed Standards and (ii) to promote programmatic self-evaluation and continuous quality improvement. Through the self-study, the sponsor should identify programmatic strengths, weaknesses, and areas in which improvement is needed or desired. This PSSR includes documentation, data, and descriptive text that collectively provide evidence of compliance with Standards and support the sponsor's self-evaluation of the degree to which the program meets, exceeds, or fails to meet (as appropriate) the requirements of each Standard. This PSSR should also describe strategies undertaken or planned to ensure that compliance and programmatic strengths are maintained and areas in which improvement is needed or desired are addressed in a timely and efficient manner.

The Executive Office provides an administrative review of the PSSR followed by a detailed analysis by the Program Referee. The results of this review and analysis are documented on the Referee Analysis of the PSSR which serves as the basis for final determination by the CoARC Board of Commissioners (the "CoARC") of compliance (or otherwise) with the *Standards* and subsequent conferral or denial of Provisional Accreditation. The primary objective of the Referee Analysis of the PSSR is to facilitate consistency of evaluation within and between Program Referees as well as consistency of the accreditation actions and recommendations of the CoARC.

By providing the framework and criteria for determination of compliance to sponsors in advance of the evaluation of their program, CoARC is being more transparent. The Referee Analysis of the PSSR – exactly as used by the Program Referee and CoARC – is available (at www.coarc.com) as a companion piece to this PSSR. As described below, **CoARC strongly recommends and requests that sponsors use it as the basis for completing this self-study.** In this way, the format and criteria of the sponsor's self-evaluation will mirror the format and criteria used by the Program Referee and CoARC. CoARC believes that this approach is more efficient and effective. It should benefit the sponsor whose program is being evaluated by providing an easy-to-follow format and criteria for completing the PSSR, as well as benefiting CoARC through the close alignment of the sponsor's self-study report with the main tool used by the Program Referee and CoARC.

The next section provides instructions for completing the PSSR and other requirements related to its submission to the CoARC. Any questions related to the completion and submission of this PSSR and related documentation should be addressed to the CoARC Executive Office.



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INSTRUCTIONS

In order for the PSSR to receive a timely review, please complete all sections carefully and completely. Complete the self study in the appropriate format (including the Application for Accreditation), zip the Self-Study Report File into 1 compressed zipped folder and upload it to the link provided by the Executive Office. Do not forget to send the appropriate fees to the Executive Office at PO Box 54876, Hurst, TX 76054. Missing or inadequate documentation or data negatively affects CoARC's ability to evaluate aspects of the program and to determine compliance (or otherwise) with the Standards. Accordingly, insufficient or inadequate information in the PSSR may (indirectly) result in a determination of "Does Not Appear to Meet the Standard."

APPLICATION FOR ACCREDITATION SERVICES:

The sponsor must include a completed [CoARC Application for Accreditation Services](#) (see Section A for instructions) when submitting this PSSR.

FEES:

Please submit a payment for the amount invoiced upon receiving the Provisional Accreditation Self Study Report (PSSR) template. (For a complete list of all accreditation fees, please visit www.coarc.com.)

EVALUATION OF EACH STANDARD:

- Describe how the program meets the *Standard* (when indicated). Use no more than 5 lines of narrative (on average) per *Standard*.
- Describe noteworthy areas or concerns/plans or strategies for quality improvement (when indicated).
- Identify and briefly describe the evidence of compliance submitted as indicated.

APPENDICES:

Complete all sections of the appendices as noted in the instructions for each section.

ATTACHMENTS:

Attach, in numerical order, the documentation, data, and supplemental information that address how the program meets the *Standards* (see the Step-By-Step Instructions for further details).



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GUIDELINES FOR SUBMITTING SELF-STUDY DOCUMENTS:

You will receive a link from the Executive Office to upload one compressed zipped file of the Self Study Report folder.

File Formats for Attachments: Adobe Portable Document Format (.pdf); Microsoft Word (97-2003), (.doc) or (.docx); Microsoft Excel (.xls).

Make the document readable: Avoid using complex, colorful background patterns and images that can obstruct the readability of text on a page. Ensure correct spelling, grammar, and punctuation.

Organize the materials for quick search and retrieval: Documents should be positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents should not be restricted. Please refer to the step-by-step instructions on page 6.

Facilitate in-document note taking: Use applications for presenting text-based documents that allow in-document note taking. Disable document features (e.g., Adobe Acrobat® passwords) that prevent the reviewer from taking notes.

Limit web access or file downloads to optional materials: The CoARC must retain a snapshot of the information presented at the time of the submission of the report. For this reason, the [information within the report must not link to the Internet](#). To ensure that the CoARC retains the correct information, please add all web-based information into the report by saving and including it within any of the accepted file formats [Adobe Portable Document Format (.pdf); Microsoft Word (97-2003), (.doc) or (.docx); Microsoft Excel (.xls)]. The sponsor must provide all information and materials that are required for the PSSR.

Use computer-based video, photographs, animations and audio sparingly: Avoid using computer-based video, animations and audio except where they add to information about the program or present the content more effectively than other methods (e.g., a visual tour of facilities). If these media are used, give the reviewer full control over playback including the ability to fast-forward or skip presentations. Photographs, unless directly related to your report, should be limited. Further, photographs which require a photo wizard for viewing should not be included.



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TIMING OF SITE VISIT:

A site visit will be arranged once the CoARC Executive Office and Referee have finished a review of the self-study and have concluded that the overall report is completed. At that time, the CoARC Site Visit Dates Request form will be sent to the Program Director via email and must be completed as directed. The on-site review must be completed within 6 months of the Referee approving the PSSR.

DUE DATE: The PSSR is due on the date communicated to the program by the Executive Office. Submit payment and upload the PSSR to the link provided. Contact Bonnie Marris if you have any questions (817)283-2835 x102.

EXAMPLE

Step-By-Step Instructions

There are a few helpful tools that you will need available in your toolbar. Those are the hand tool, previous page view button, and bookmarks panel. All tools can be located by selecting View, Toolbars, and More Tools (**location may vary by software version**). The hand tool allows you to fill in the highlighted fields, and previous view enables you to go back and forth within the template. The bookmark panel allows the user to navigate to different pages quickly within the document and is located in the navigation pane.

Please be sure that documents are positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents is not restricted.

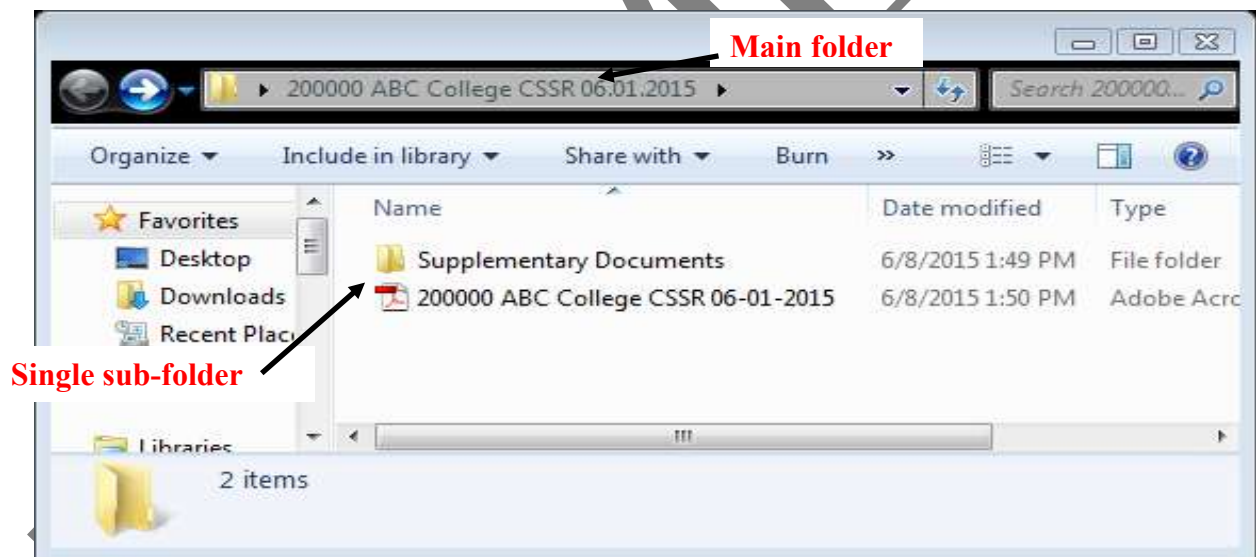
Please use the steps on the following pages as a guide in completing the self-study. *[Please note: Any time a page number is reference in the steps below, you can click on it to go directly to that particular page. To return, just use the previous page view button.]*

****Remember to save your work often as you fill the template out****

EXAMPLE

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1. Create a main folder on your desktop that is labeled with the “Program #, Sponsor Name, PSSR, Submission Date” (i.e., 200000 ABC College PSSR 06.01.2015).
2. Open the main folder and create one sub-folder for the supplementary documents/attachments named **Supplementary Documents**.
3. Save the self-study template sent to you via email to the main folder you created on the desktop.
4. Name the self-study template the same as the main folder “Program #, Sponsor Name, PSSR, Submission Date” (i.e., 200000 ABC College PSSR 06.01.2015). If you open your main folder it should look like the example below.



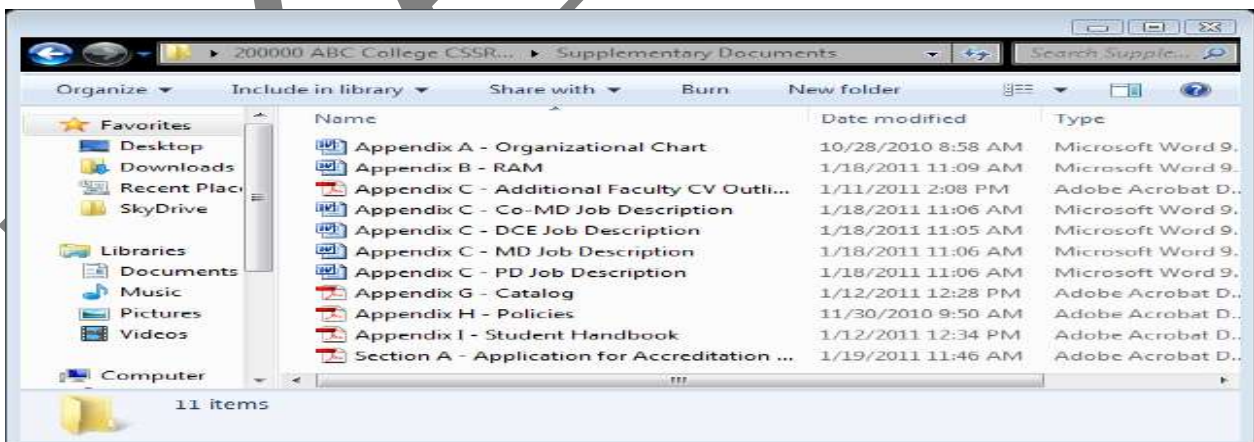
5. Open the saved template and complete the requested information on page 1 and read pages 2-6 prior to filling out any other information.
6. Skip the Table of Contents for now (page 11-14).

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7. Complete the Application for Accreditation Services and place it in the **Supplementary Documents** folder as instructed in Section A (page 15). At this point, if you open the **Supplementary Documents** folder it should look like the example below.



8. Skip Sections B-F for now.
9. Place all documentation requested for Appendices A-C (pages 48-50) & G-I (pages 65-67) in the **Supplementary Documents** folder. Each of the supplementary documents should be named exactly as listed on each of the appendices pages. Once you have finished, the inside of your **Supplementary Documents** folder should look like the example below. However, you may not have a Co-Medical Advisor.



10. Part of Appendix C and all of Appendices D, E, and F are included in the template and **do not** have to be added to the **Supplementary Documents** folder. Complete the included Appendices D, E, and F (pages 58-64). All Appendices should be completed at this point.

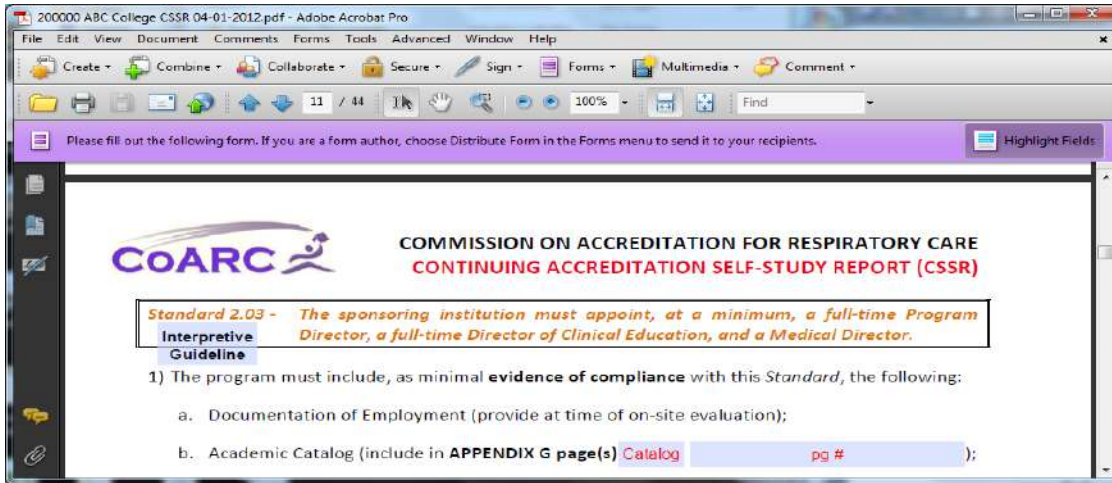
11. Go back to Sections B-F (pages 16-43).
12. The first item in Section B requires you to include a copy of the most current valid institutional accreditation certificate as an attachment in the **Supplementary Documents** folder (see example below).



All supplementary documents named exactly the same using the same type of file format

13. For all other attachments, you will need to place the next sequential number in the space provided and fill out the Table of Contents. You **do not** have to provide attachments for any of the areas that are optional.
14. Proceed to filling out the highlighted fields in Sections B-F. **Do not** rename any of the highlighted fields that coincide with appendices, except for the fields that request specific page numbers within that particular document. For example, Standard DA4.1 (page 31) (**Catalog**). The Catalog field would not change, but you would provide exact page(s) where the information being requested is found within the catalog.

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15. Go back to the Table of Contents. You will notice that pages 13-14 include the number of the attachment next to the standard you included it in within the self-study. Make sure you placed the title of the attachment next to the coinciding number. Double-check to be sure you placed the attachments in the Supplementary Documents folder.
16. **CONGRATULATIONS!! You should have all fields completed and all required documents included in the Supplementary Documents folder. The CoARC Executive Office will be notified once the file has been uploaded.**

Please remember to have all paid faculty complete the required Self Study Report (SSR) Questionnaires prior to the submission of your Provisional Self Study Report. The links of each Questionnaire (Survey) were included in the email when you received the PSSR template. Contact Bonnie Marrs if you have any questions (817)283-2835 x102.



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Program Number:

Program Name:

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Program Number:

Program Name:

SECTION A: APPLICATION FOR ACCREDITATION SERVICES

In this section, the sponsor must include a completed *CoARC Application for Accreditation Services* (available at www.coarc.com) when submitting this self study report.

This **completed and signed** document must be included in the Supplementary Documents folder (see page 8 of the Step-By-Step Instructions for an example).

[Please Note: If printed out and signed rather than digitally signed, the application must be scanned to a PDF format.]

Exact name of document: Section A – Application for Accreditation Services

Type of File: Adobe Portable Document (.pdf)

Comments: _____

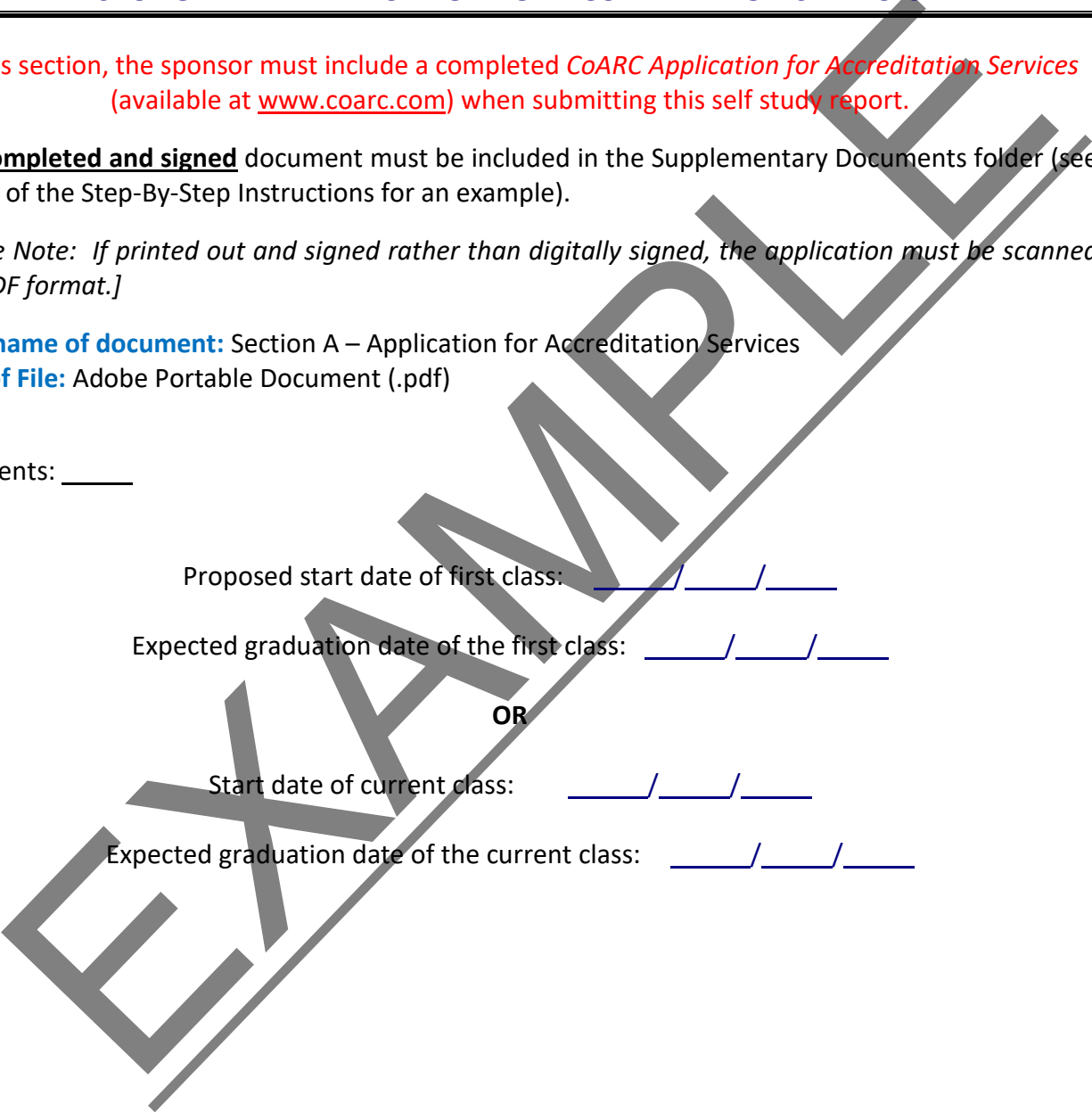
Proposed start date of first class: ____/____/____

Expected graduation date of the first class: ____/____/____

OR

Start date of current class: ____/____/____

Expected graduation date of the current class: ____/____/____





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SECTION B:
STANDARD 1 – PROGRAM ADMINISTRATION AND SPONSORSHIP

Standard DA1.1 - An educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program a baccalaureate or higher degree at the completion of the program.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Documentation of current accreditation status
[Evidence of Compliance previously evaluated with submission of the LOI Intent Application]
 - b. Documentation of authorization by a state agency to provide a post-secondary education program (if applicable, provide a copy of the state approval authorizing the sponsor to award the degree)
[Evidence of Compliance previously evaluated with submission of the LOI Intent Application]

Comments:

- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) #).

Standard DA1.2 - When more than one institution (i.e. a consortium) is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard DA1.1. The consortium must be capable of providing all resources necessary for the program. The responsibilities of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding which delineates responsibility for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority.

If not applicable, check here and proceed to next Standard

- 1) **Describe concisely** how the program plans to meet this *Standard*:

- 2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

- 3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Duly executed consortium agreement, contract, or memorandum of understanding (submit current agreement/contract/memorandum as **attachment #**);

 - b. One or more organizational charts indicating the program's relationship to the components of the consortium, clearly depicting how the program reports to or is supervised by the various components of the consortium (include as **APPENDIX A - Org Chart**).

- 4) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment(s) #**).



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Standard DA1.3 - The sponsor must either be capable of providing the required general education courses or have a process for accepting transfer credit for these from other nationally or regionally accredited institutions for these courses. The sponsor must be capable of providing all of the didactic and laboratory instruction, (and any necessary clinical experience) requisite to complete programmatic and degree requirements.

- 1) **Describe concisely** how the program plans to meet this *Standard*:

- 2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

- 3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Institutional academic catalog listing programs of study and course offerings (include proposed documentation in **APPENDIX G** page(s)).
[Please reference the exact page number(s) within the appendix.]

Provide a list of proposed courses in the curriculum and which member of the consortium (if applicable) is responsible for each course.
(submit list as **attachment #**)
 - b. Transfer of credit policies (if applicable)
(include in **APPENDIX G** page(s)).
[Please reference the exact page number(s) within the appendix.]

- 4) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment(s) #**).

Standard DA1.4 - The sponsor is responsible for:

- * Curriculum planning, course selection and coordination of instruction by program faculty;
- * Continued professional growth of faculty.

- 1) **Describe concisely** how the program plans to meet this *Standard*:

- 2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

- 3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Institutional policies and procedures requiring curriculum planning, course selection and coordination of instruction by program faculty (include in **APPENDIX H** page(s)).
[Please reference the exact page number(s) within the appendix.]

 - b. Program faculty minutes of meetings for curriculum planning, course selection and instruction coordination (submit as **attachment #**);

 - c. Institutional policies demonstrating support for continued professional growth of faculty (include in **APPENDIX H** page(s));
[Please reference the exact page number(s) within the appendix.]

 - d. Documentation of (proposed) continuing professional development activities of the faculty and institutional support of these activities (submit as **attachment #**).

- 4) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment(s) #**).

Standard DA1.5 - Program academic policies must apply to all students and faculty regardless of location of instruction.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Student Handbook (include statement in **APPENDIX I** page(s));
 - b. Published program policies (include proposed documentation as **APPENDIX H** page(s) and/or **APPENDIX I** page(s)).

Standard DA1.6 - The sponsor must report substantive change(s) (see Section 9 of the CoARC Accreditation Policies and Procedures Manual) to the CoARC within the time limits prescribed. Substantive change(s) include:

- * *Change of Ownership/Sponsorship/Legal status or Change in Control*
- * *Change in the degree awarded*
- * *Addition of an Entry into Respiratory Care Professional Practice degree track*
- * *Initiation of (an) Additional Degree Track Program(s)*
- * *Change in program goal(s)*
- * *Change in the curriculum or delivery method*
- * *Addition of the Sleep Specialist Program Option*
- * *Request for Inactive Accreditation Status*
- * *Voluntary Withdrawal of Accreditation*
- * *Addition of (a) Satellite location(s)*
- * *Requests for increases in Maximum Enrollment*
- * *Change in Program Location*
- * *Vacancy in Key Personnel positions*
- * *Change in Key Personnel*
- * *Change in institutional accreditor of the educational sponsor*
- * *Change in accreditation status of the educational sponsor*
- * *Change in accreditation status of any member of the consortium (where applicable)*
- * *Transition of a Program Option to a Base Program*

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**



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SECTION C:
STANDARD 2 – INSTITUTIONAL AND PERSONNEL RESOURCES

Standard DA2.1 - The sponsor must ensure that fiscal, academic and physical resources are sufficient for the program to achieve its goals and objectives, as defined in Standard DA3.1, at all program locations, regardless of the instructional methodology used.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Results (first 3 columns completed) of annual program resource assessment as documented in the CoARC Resource Assessment Matrix (RAM) (include in **APPENDIX B – BASE-DA RAM**).
- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

Standard DA2.2 - The sponsor must appoint, at a minimum, a full-time Program Director.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Documentation of Employment (submit as **attachment #**);
 - b. Written job descriptions including minimal qualifications (include in **APPENDIX C - PD Job Description**) and

DCE Job Description (only if applicable)
Medical Advisor Job Description (only if applicable)
Co-Medical Advisor(s) Job Description (only if applicable).

Standard DA2.3 - The Program Director (PD) must be responsible for all aspects of the program, both administrative and educational. Administrative aspects include fiscal planning, continuous review and analysis, planning and development, and the overall effectiveness of the program. Educational responsibilities include: teaching, curriculum development and review, etc. There must be evidence that sufficient time is devoted to the program by the PD so that his or her educational and administrative responsibilities can be met.

- 1) **Describe concisely** how the program plans to meet this *Standard*:

- 2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

- 3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. CoARC Teaching and Administrative Workload Form
(Complete PD Workload Form in **APPENDIX D – PD Workload Form**);
 - b. Institutional job description (include in **APPENDIX C - PD Job Description**).
- 4) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).



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Standard DA2.4 - The PD must have earned at least a master's degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE).

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Academic transcript denoting the highest degree earned (submitted as **attachment #**)

Standard DA2.5 - The PD must be associated with an accredited respiratory care program, graduate school, or medical school and must have a:

- * valid RRT credential OR be a physician (MD or DO) OR academician (PhD or EdD);*
- * current professional license or certificate unless exempted from licensure under state or federal law;*
- * minimum of four (4) years' experience as an RRT OR physician (MD or DO) OR academician of which at least two (2) years must include experience in clinical respiratory care, pulmonary medicine, cardiothoracic surgery, critical care, anesthesiology, healthcare administration, healthcare research, or a subject area directly related to the degree conferred;*
- * minimum of two (2) years' teaching experience in clinical respiratory care, research, management, education, or a subject area directly related to the degree conferred by the program.*

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Documentation of a current state license (submit as **attachment #**);
 - b. Credential verification by the NBRC, ABMS, AOA, or relevant credentialing agency (submit as **attachment #**);
 - c. Curriculum vitae (Complete Program Faculty CV Outline in **APPENDIX C – PD Faculty CV Outline**).

Standard DA2.6 - The PD must have regular and consistent contact with students and program faculty regardless of program location.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**



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Standard DA2.7- In addition to the Program Director, there must be sufficient personnel resources to provide effective instruction for each course of study.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**

Standard DA2.8 - There must be sufficient administrative and clerical support staff to enable the program to meet its goals and objectives as defined in Section 3.

- 1) **Describe concisely** how the program plans to meet this *Standard*:

- 2) **Describe concisely** the program’s assessment of any areas of concern and its plans for addressing them with relevant timeframes:

- 3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Results of annual program resource assessment as documented in the CoARC RAM (first 3 columns submitted in **APPENDIX B – BASE-DA RAM**).

- 4) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).



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Standard DA 2.9 - The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard DA2.1. The survey data must be documented using the CoARC Resource Assessment Matrix (RAM). The results of resource assessment must be the basis for ongoing planning and appropriate change in program resources; any deficiency identified requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by ongoing resource assessment.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Results (first 3 columns completed) of annual program resource assessment as documented in the CoARC RAM, over sufficient years to document the development and implementation of action plans and subsequent evaluations of their effectiveness (submitted in **APPENDIX B - BASE-DA RAM**).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

EXAMPLE

**SECTION D:
STANDARD 3 – PROGRAM GOALS, OUTCOMES, AND ASSESSMENT**

Standard DA3.1 - The program must have the following goal defining minimum expectations: "To provide graduates of entry into respiratory care professional practice degree programs with additional knowledge, skills, and attributes in leadership, management, education, research, or advanced clinical practice both to meet their current professional goals and to prepare them for practice as advanced degree respiratory therapists."

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Published program goal(s) in student handbook and program or institutional website (provide evidence of proposed program goals in student handbook [include as **APPENDIX I** page(s)], proposed program or institutional website [include as **attachment #**], or [include as **attachment #**]).

[Please reference the exact page number(s) within the appendix.];

EXAMPLE

Standard DA3.2 - Program goal(s) must form the basis for ongoing program planning, implementation, evaluation, and revision. Program goal(s) and outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsor.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

a. Documentation of annual review and analysis of goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings and Annual Report of Current Status (RCS)

(Not applicable to programs submitting a PSSR);

b. Documentation that the program's optional goal(s) is/are compatible with the sponsor's mission

(submitted as **attachment #**).

Please Note: Only Program Faculty Minutes that address the relevant Standard(s) must be submitted with this self study.

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

Standard DA3.3- The communities of interest served by the program must include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public. An advisory committee, with representation from each of the above communities of interest (and others as determined by the program) must meet with key personnel at least annually to assist program and sponsor personnel in reviewing and evaluating program outcomes, instructional effectiveness and program response to change, along with addition of/changes to optional program goals.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Current advisory committee membership list identifying the community of interest with which each member is affiliated (submitted as **attachment #**);
 - b. Minutes and attendance list of advisory committee meetings (submitted as **attachment #**).

Standard DA3.4- The program must define and make available to enrolled students and faculty the expected student learning outcomes (ESLOs) that align with DA Standards 3.1 and 3.2 and address the professional competency expectations determined by the program, as outlined in Section 4. These ESLOs must clearly articulate what students are expected to be able to do, achieve, demonstrate, or know upon completion of the program. The program must determine how to measure achievement of each of the ESLOs and must ensure that students understand the measurement systems and how/when they will be used.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Documentation of expected ESLOs for each segment of professional coursework that includes direct and indirect evidence used to measure each ESLO (submitted as **attachment #**);
 - b. Documentation that ESLOs are provided to all enrolled students and faculty (submitted as **attachment #**).

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Standard DA3.5 - The program must formulate a systematic assessment process to evaluate the ESLOs defined in DA3.4. Rubrics must be established for each of the ESLOs and made known to the students prior to their evaluations. Based on the results of the assessment process, the program must make adjustments to the curriculum as needed, but no less than annually.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Rubrics for all ESLOs included in all course syllabi and in the student handbook (provided at time of on-site evaluation);
 - Annual Report of Current Status (RCS) documenting ESLOs (Not applicable to programs submitting a PSSR);
 - Minutes of faculty and advisory committee meetings (submitted as **attachment #**).

Standard DA3.6 - Program outcomes must be assessed annually, using the standardized CoARC DA Graduate Surveys.

Programs will not be required to provide this evidence for the PSSR. If there is outcome data of this type available for an existing program, please provide that evidence.

Standard DA 3.7 - The program must have clearly documented assessment measures by which all students are regularly evaluated on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. The program must conduct evaluations equitably and with sufficient frequency to keep students apprised of their progress toward achieving the expected competencies. This will facilitate prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable time frame. For programs providing distance education with on-line exams or quizzes as part of the evaluation process, the program must provide evidence supporting its determination that such testing preserves academic integrity and maintains quality and fairness.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Student handbook or other documents readily available to students, such as course syllabi (provided at time of on-site evaluation), that explains proposed remediation policies, (included in **APPENDIX I page(s)**) as well as the number and frequency of proposed student evaluations (**attachment #**).

[Please reference the exact page number(s) within the appendix.];

- Student evaluations of instruction documenting satisfaction with the frequency and objectivity of evaluations and with the opportunities for remediation (Not applicable to programs submitting a PSSR);

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- c. Student evaluations performed by faculty, supporting the equitable administration of the evaluations (**Not applicable to programs submitting a PSSR**);
- d. Records of student academic counseling (**Not applicable to programs submitting a PSSR**);
- e. Results of proctored exams and an explanation of means used to assure academic integrity (can include proctored exams, locked browser system, video monitoring, etc.) [if applicable] (**Not applicable to programs submitting a PSSR**);
- f. Faculty meeting minutes demonstrating review of proctoring processes and results [if applicable] (**Not applicable to programs submitting a PSSR**).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

Standard DA 3.8 - The program must, at a minimum, meet the outcome thresholds established by CoARC regardless of location and instructional methodology used.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**

Standard DA 3.9 - The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**

Standard DA3.10 - Programs not meeting all of the established CoARC outcomes assessment thresholds must develop an appropriate plan of action for program improvement that includes addressing each of the identified shortcomings.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**



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SECTION E:
STANDARD 4 – CURRICULUM

Standard DA4.1 - The curriculum must include integrated content necessary to attain the expected competencies and achieve the program's stated goal(s).

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Course syllabi for all courses including course description, general and specific course objectives, methods of evaluation, content outline, and criteria for successful course completion (provided at time of on-site evaluation);
 - b. Published curriculum demonstrating appropriate course sequencing (Complete Course Program Requirements Table in **APPENDIX E – Program Course Requirements Table**);
 - c. Catalog course descriptions for all required courses in the curriculum (Include proposed descriptions in **APPENDIX G page(s)**);
[Please reference the exact page number(s) within the appendix.]
 - d. For clinical specialty programs, written documentation of the comparison of the program curriculum to the appropriate national credentialing agency specialty exam content outline (Submit relevant NBRC Detailed Content Outline Comparison(s) as **attachment(s) #**).
If evidence (d) is not applicable, check here

- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

Standard DA4.2 - Curricular content must be periodically reviewed and revised to ensure both its consistency with the program's stated goal(s) and its effectiveness in achieving the expected competencies.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Course syllabi for all courses including course descriptions, general and specific course objectives, methods of evaluation, content outline, and criteria for successful course completion (provided at time of on-site evaluation);
- b. Written documentation of the matching of the program curriculum to the expected competencies/ESLOs (Submit relevant NBRC Detailed Content Outline Comparison(s) as **attachment #**); **If evidence (b) is not applicable, check here**
- c. Written analysis of program effectiveness in achieving the expected competencies and documentation that this is reported to the Advisory Committee annually, along with advisory committee response/recommendations. An action plan and follow-up must be implemented when significant deficits in any content areas are noted, and must address Advisory Committee recommendations (Submit as **attachment #**).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

Standard DA4.3 - Practice-Specific Knowledge and Skills

The graduate must demonstrate proficiency in his/her course of study by completing a program-defined summative measure (e.g., Capstone project) or a national credentialing specialty examination, as applicable. Graduate competencies may include, but are not limited to:

- * *Demonstration of proficiency specific to the track, concentration, or specialization;*
- * *Ability to independently implement education and training to maintain proficiency in the chosen track, concentration, or specialization;*
- * *Ability to apply skills acquired from the chosen track, concentration, or specialization to continued professional practice.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. For each student/track, the syllabus of each required course must demonstrate that the curriculum addresses the required competencies, with related objectives, teaching modules and evaluations;
- b. List of competencies required for continued professional practice related to each student's/group's chosen domain;
- c. Documentation of student evaluations that demonstrate his/her achievement of all the competencies established by the program to meet this Standard; (**Not applicable to programs submitting a PSSR**);
- d. Results on specialty credentialing exams (if applicable) and/or programmatic summative measures as reported in the Annual Reports of Current Status accepted by CoARC; (**Not applicable to programs submitting a PSSR**);
- e. Independent study papers by students documenting their acquisition of advanced skills in their chosen track (i.e., education, research, management, quality improvement, protocol development, etc.). (**Not applicable to programs submitting a PSSR**).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

Standard DA4.4 Clinical Knowledge

Graduates should demonstrate an analytical approach to clinical situations and must have sufficient understanding of established and evolving biomedical and clinical sciences to effectively apply this knowledge to patient care in their area of practice. These competencies should include, but are not limited to, demonstrating an in-depth comprehension of:

- * Cardiopulmonary physiology;*
- * Pathophysiology of common acute & chronic respiratory diseases;*
- * Pathophysiology and management of common comorbidities of cardiopulmonary disease;*
- * Cardiopulmonary diagnostics and monitoring;*
- * The indications and contraindications for, and adverse effects of, advanced respiratory pharmacologic agents (e.g., inhaled nitric oxide, inhaled antibiotics, heliox, inhaled prostaglandins);*
- * The pharmacology of medications used for common comorbidities of cardiopulmonary disease;*
- * The indications and contraindications for, as well as adverse reactions to, advanced cardiopulmonary interventions (e.g., high frequency oscillation, airway pressure release ventilation, and extracorporeal membrane oxygenation);*
- * Cellular biology and genetics relevant to cardiopulmonary disease;*
- * Interventions effective for patient education and the prevention of common cardiopulmonary disease;*
- * The use of evidence-based practice as a foundation for the delivery of care;*
- * Ethical, moral and end-of-life issues*

If not applicable, check here and proceed to next Standard

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations (provide at time of on-site evaluation);
 - b. Documentation of student evaluations that demonstrate achievement of the competencies listed in this Standard (**Not applicable to programs submitting a PSSR**);
 - c. CoARC Graduate satisfaction survey results (**Not applicable to programs submitting a PSSR**).

Standard DA4.5 - Professional Attributes

Professionalism is the exhibition of skill, good judgment and polite behavior as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Professionalism requires that graduates understand their personal and professional limitations and that they practice without impairment from substance abuse, or mental illness. Graduates must demonstrate a high level of responsibility, ethical practice, sensitivity to diversity, and adherence to legal and regulatory requirements. These competencies may include, but are not limited to:

- * *Respect, compassion, and integrity;*
- * *Commitment to excellence and ongoing professional development;*
- * *Accountability to patients, society, and the profession;*
- * *Responsibility for promoting a safe environment for patient care;*
- * *The ability to recognize and correct systems-based factors that negatively impact patient care;*
- * *Professionalism in oral and written communication, e-mail communication and discussion forums or blogs;*
- * *Professional relationships with physicians, supervisors and other health care providers;*
- * *An understanding of legal and regulatory requirements, including the role of the respiratory therapist;*
- * *A commitment to ethical principles pertaining to the provision or withholding of clinical care, the confidentiality of patient information, informed consent, and business practices;*
- * *A cost-effective approach to health care and resource allocation that does not compromise quality of care;*
- * *The ability to participate effectively in quality improvement activities with other members of the health care delivery team;*
- * *Sensitivity and appropriate responsiveness to patients' culture, age, gender, and disabilities;*
- * *The ability to recognize and address gender, cultural, cognitive, emotional, and other biases as well as gaps in medical knowledge and physical limitations in themselves and others.*

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations (provide at time of on-site evaluation);
 - b. Documentation of student evaluations that demonstrate achievement of the competencies listed in this Standard (**Not applicable to programs submitting a PSSR**);
 - c. CoARC Graduate satisfaction survey results (**Not applicable to programs submitting a PSSR**).

Standard DA4.6 - Interpersonal and Inter-professional Communication

As applicable, based on his/her professional goals/programmatic track, graduates must demonstrate interpersonal and communication skills that result in effective interaction with others (e.g., patients, patients' families, physicians, other health professionals/coworkers, students, faculty, and the public). Opportunity to acquire these skills must be incorporated into coursework to enable students to communicate proficiently and appropriately, both orally and in writing. These competencies may include, but are not limited to, the ability to:

- * Use the most effective communication techniques for the intended audience, including innovative formats;*
- * Work with individuals from other professions to maintain a climate of mutual respect and shared values;*
- * Understand the importance of compassionate, ethical, and professional relationships with patients and their families;*
- * Understand how to create a communication environment that respects diversity and cultural differences at all levels;*
- * Understand the effects of health literacy and the diversity of patient education on patient health and the treatment of disease;*
- * Learn the elements of effective inter-professional communication, respecting all members of the healthcare delivery team;*
- * Communicate with patients, families, communities, and other health professionals in a manner that supports a team approach to the maintenance of health and the treatment of disease;*
- * Write a cohesive convincing, professional, essay supporting a particular viewpoint, with appropriate grammar, sentence structure and organization;*
- * Develop oral presentation skills to convey information effectively;*
- * Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes.*

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
 - b. Documentation of student evaluations that demonstrate achievement of the competencies listed in this Standard;
 - c. Student essays that provide cohesive, convincing, professional arguments supporting a particular viewpoint, with appropriate grammar, sentence structure and organization;
 - d. Evidence that students have developed sufficient oral presentation skills to convey information effectively;
 - e. Satisfactory CoARC Graduate Survey results.

Standard DA4.7 - Practice-Based Research

As applicable, based on their professional goals, graduates must demonstrate proficiency in evidence-based research suitable to their programmatic track, concentration, or specialization.

These competencies may include, but are not limited to, the ability to:

- * Conduct a systematic review of the literature that identifies the weight of evidence for a particular subject, including areas of consensus, inconsistency, and opportunities for further research;*
- * Produce a scholarly annotated bibliography;*
- * Use electronic communication technology (i.e. word processing, spreadsheets, statistics and presentation software, file sharing software, webinar technology) to conduct the research;*
- * Produce a scholarly work with a cohesive structure, appropriate citations and referencing;*
- * Produce an abstract/poster presentation and defend it in a public forum;*
- * Implement the elements of project management in a team environment;*
- * Participate in a group setting to produce a clinical protocol related to the specialty;*
- * Use the Scientific Method to formulate appropriate questions, organize and test hypotheses, and apply research results to the practice of respiratory care;*
- * Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;*
- * Develop and evaluate a research project designed to enhance practice.*

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations (provide at time of on-site evaluation);
 - b. List of expected competencies required for continued professional practice related to this domain (provide at time of on-site evaluation);
 - c. Documentation of student evaluations that demonstrate achievement of the competencies established by the program to meet this Standard
(**Not applicable to programs submitting a PSSR**);
 - d. CoARC Graduate satisfaction survey results (**Not applicable to programs submitting a PSSR**).

Standard DA4.8 - Professional Leadership

When applicable, based on their professional goals, graduates must demonstrate leadership attributes in their work environments. They should understand how to make contributions to their professional communities and how to effect beneficial changes in institutional policy, professional organizations and government. These competencies may include, but are not limited to, the ability to:

- * Use information technology to manage information, access online medical information, and support their own continuing education;*
- * Recognize and appropriately address: gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; physical limitations in themselves and others;*
- * Facilitate the learning of students and/or other health care professionals;*
- * Understand the funding sources and payment systems that provide coverage for patient care;*
- * Identify ways to lower the cost of healthcare delivery while maintaining quality of care;*
- * Facilitate a civil discussion that arrives at a consensus which addresses the concerns of all stakeholders;*
- * Understand how to manage a professional meeting including developing an agenda, inviting participants, and using Robert's Rules;*
- * Network with other professionals on the internet using e-mail lists, blogs, and networking sites;*
- * Demonstrate an ability to communicate effectively with legislators and lobbyists at the state and federal level;*
- * Increase the public's understanding of the Respiratory Therapy profession;*
- * Understand the organization, responsibilities and function of the major societies, boards and commissions that govern the specialty of Respiratory Therapy at the state and national level.*

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations (provide at time of on-site evaluation);
 - b. List of expected competencies required for continued professional practice related to this domain (provide at time of on-site evaluation);
 - c. Documentation of student evaluations that demonstrate achievement of the competencies established by the program to meet this Standard
(Not applicable to programs submitting a PSSR);
 - d. CoARC Graduate satisfaction survey results (Not applicable to programs submitting a PSSR).

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Standard DA4.9 - The program must ensure that the duration of the program is commensurate with the degree awarded and sufficient for students to acquire the expected competencies.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Annual Report of Current Status accepted by CoARC, documenting student outcomes that meet program/CoARC thresholds (**Not applicable to programs submitting a PSSR**);
 - b. Surveys confirming the satisfaction of both faculty and graduates with the program;
 - c. Curriculum outline for each program track in the academic catalog that documents the length of study required for graduation from the program and the degree conferred;
 - d. Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting, if applicable **If evidence is not applicable, check here** ;
 - e. Clinical syllabi detailing competencies required for graduation, if applicable **If evidence is not applicable, check here** ;
 - f. Results of CoARC DA Student and Personnel Program Resource Surveys (first 3 columns submitted in **APPENDIX B – Base DA RAM**);
Results of CoARC Graduate Surveys (**Not applicable to programs submitting a PSSR**).

Standard DA4.10 - The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are substantially equivalent for all students in a given track, regardless of location.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Documentation that students at various program locations will have access to similar course materials, laboratory equipment and supplies, and academic support services (included in **APPENDIX H page(s)**); **[Please reference the exact page number(s) within the appendix.]**
- a. Documentation that students at various program locations have access to similar course materials, laboratory equipment and supplies, and academic support services (**Not applicable to programs submitting a PSSR**);
 - b. Documentation that student exposure to clinical experiences is equivalent regardless of the clinical locations attended (if applicable) (**Not applicable to programs submitting a PSSR**);
 - c. Results of CoARC DA Student Program Resource Surveys (first 3 columns included in **APPENDIX B – Base DA RAM**);
 - d. Results of student evaluation of clinical sites and preceptors (if applicable) (**Not applicable to programs submitting a PSSR**);
 - e. Results of student clinical course evaluations (if applicable) (**Not applicable to programs submitting a PSSR**);
 - f. Evidence of procedures to ensure inter-rater reliability for clinical experiences (if applicable) (**Not applicable to programs submitting a PSSR**);
 - g. Program action plan and follow-up when results of these evaluations warrant intervention (**Not applicable to programs submitting a PSSR**).

SECTION F:
STANDARD 5 – FAIR PRACTICES AND RECORDKEEPING

Standard DA5.1 - All published information, such as web pages, academic catalogs, publications and advertising, must accurately reflect each respiratory care program offered.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Published program information documenting the program(s) to be offered (include proposed publications in **APPENDIX G page(s)**); **APPENDIX H page(s)** , and/or **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard DA5.2 - At least the following must be defined, published, and readily available to all prospective and enrolled students:

- * The accreditation status of both the program and its sponsor (including consortium members where appropriate), along with the name and contact information of the accrediting agencies;
- * Admission and transfer policies;
- * Policies regarding advanced placement;
- * Required academic and technical standards;
- * All graduation requirements;
- * Academic calendar;
- * Academic credit required for program completion;
- * Estimates of tuition, fees and other costs related to the program;
- * Policies and procedures for student withdrawal, probation, suspension, and dismissal;
- * Policies and procedures for refunds of tuition and fees;
- * Policies and procedures for processing student grievances;
- * Policies addressing student employment in the profession while enrolled in the program.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Published program information related to a-l above (include proposed policies in one or more of the following: **APPENDIX G page(s)** , **APPENDIX H page(s)** , and/or **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]



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Standard DA5.3 - A link to the CoARC published URL, where student/graduate outcomes for all programs can be found, must appear on the website of all CoARC accredited programs.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. The program's web page showing the CoARC published URL (submitted as **attachment #**).

Standard DA5.4 - All activities associated with the program, including personnel and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Academic catalog (include proposed documentation in **APPENDIX G page(s)**);
 - b. Institutional/Program policies (include in **APPENDIX H page(s)** , and/or **APPENDIX I page(s)**);
 - c. Program's technical standards (include in **APPENDIX H page(s)** , and/or **APPENDIX I page(s)**),

[Please reference the exact page number(s) within the appendix.]

Standard DA5.5 - Student grievance and appeal procedures must include provisions for both academic and non-academic grievances and a mechanism for evaluation that ensures due process and fair disposition.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program's appeal policy and procedures (include in **APPENDIX H page(s)** , and/or **APPENDIX I page(s)**);
 - b. Record of complaints (if any) that includes the nature and disposition of each complaint (**Not applicable to programs submitting a PSSR**).

[Please reference the exact page number(s) within the appendix.]

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Standard DA5.6 - Faculty grievance procedures must be applicable to, and made known to, all faculty in the program.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Sponsor's faculty grievance policy and procedures (include in **APPENDIX H page(s)**).
[Please reference the exact page number(s) within the appendix.]

Standard DA5.7 - Programs granting advanced placement must publish criteria for such placement and have documentation confirming that students receiving advanced placement have:

- * Met program defined criteria for such placement;*
- * Met sponsor defined criteria for such placement; and*
- * Provided evidence confirming their competence in the curricular components for which advanced placement is given.*

If not applicable, check here and proceed to next Standard

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Program's policies and procedures related to advanced placement (included in **APPENDIX H page(s)** and/or **APPENDIX I page(s)**);
[Please reference the exact page number(s) within the appendix.]

Documentation for all students receiving advanced placement, including confirmation of course equivalency (**Not applicable to programs submitting a PSSR**).

Standard DA5.8 - The program must ensure that all students, regardless of location of instruction, have timely access to faculty and academic support services for assistance regarding their academic concerns and problems.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- Program/institutional policies and procedures;
 - Documentation of advising sessions;
 - Published schedules of faculty office hours;
 - CoARC DA Student Program Resource Surveys.



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Standard DA 5.9 - The program must maintain student records, including student evaluations, securely, confidentially, and in sufficient detail to document each student's learning progress, deficiencies and achievement of competencies. These records must remain on file for at least five (5) years, whether or not the student ultimately completes all requirements for graduation.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**

Standard DA 5.10 - Program records must provide detailed documentation of program resources and achievement of program goals and outcomes. These records must be kept for a minimum of five (5) years.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**

EXAMPLE

SECTION G:
STANDARD 6 – REQUIREMENTS FOR PROGRAMS WITH CLINICAL COMPONENT

Standard DA6.1 - The sponsor must appoint, at a minimum, a Director of Clinical Education and a Medical Advisor.

The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Documentation of Employment;
- b. Written job descriptions including minimal qualifications.

Standard DA6.2 - The Director of Clinical Education (DCE) must be responsible for all aspects of the clinical experiences of students enrolled in the program, including organization, administration, continuous review and revision, planning for and development of locations (with appropriate supervision) for evolving practice skills, and the general effectiveness of the clinical experience. There must be evidence that sufficient time is devoted to the program by the DCE so that his or her educational and administrative responsibilities can be met.

The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. CoARC Teaching and Administrative Workload Form
(Complete DCE Workload Form in **APPENDIX D – DCE Workload Form**);
- b. Institutional job description (include in **APPENDIX C - DCE Job Description**).

Standard DA6.3 - The DCE must have earned at least a master's degree from an academic institution accredited by a regional or national accrediting agency recognized by the USDE.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Academic transcript denoting the highest degree earned
(submitted as **attachment #**)

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Standard DA6.4 - The DCE must have a:

- * *valid RRT credential;*
- * *current professional license or certificate unless exempted from licensure under state or federal law;*
- * *minimum of four (4) years' experience as an RRT of which at least two (2) years must include experience in clinical respiratory care;*
- * *minimum of two (2) years' experience teaching in clinical respiratory care, research, management, or education associated with an accredited respiratory care program.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Documentation of a valid RRT credential (submit as **attachment #**);
- b. Documentation of a current state license (submit as **attachment #**);
- c. Curriculum vitae
(include Program Faculty CV Outline in **APPENDIX C - DCE Faculty CV Outline**).

Standard DA6.5- The DCE must have regular and consistent contact with students, clinical faculty, and clinical affiliates in all program locations.

**Compliance with this Standard is not applicable to programs submitting a PSSR.
Proceed to the next Standard.**

Standard DA6.6- A Medical Advisor must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that both didactic and supervised clinical instruction meets current practice guidelines. The Medical Advisor must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care.

The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Copy of state license and board certificate(s)
(submit as **attachment #**);
- b. Curriculum Vitae
(complete Program Faculty CV Outline in **APPENDIX C – Medical Advisor Faculty CV Outline**);
- c. Appointment Letter/Contractual Agreement
(submit as **attachment #**);
- d. Records of interaction with Key Personnel including attendance at Advisory Committee

meetings (Not applicable to programs submitting a PSSR);

- e. Documentation of physician interaction with students
(Not applicable to programs submitting a PSSR);
- f. Results of annual program resource assessment as documented in the CoARC RAM
(first 3 columns submitted in **APPENDIX B - BASE-DA RAM**).

Standard DA6.7 - In addition to key personnel (DCE, MA), there must be sufficient personnel resources to provide effective instruction in the clinical setting. At each location to which a student is assigned for instruction, there must be an individual designated to arrange for the supervision of the student and for assessment of the student's progress in achieving expected competencies.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Results of annual program resource assessment as documented in the CoARC RAM;
 - b. Student surveys of faculty performance (e.g., course evaluation);
 - c. Course class lists and faculty teaching schedules.

Standard DA6.8 -The program must secure formal written, duly executed agreements or memoranda of understanding with all clinical education sites. These agreements/memoranda must describe the relationship between the program and the clinical site and clearly delineate the roles of the program, its sponsor, and the clinical site.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. List of all sites to be used for clinical training (provide at time of on-site evaluation);
 - b. Formal written clinical affiliation agreements or memoranda of understanding with each site (provide at time of on-site evaluation).

Standard DA6.9 - The program must be solely responsible for the selection and coordination of clinical sites as well as ensuring that the type, length, and variety of clinical experiences are sufficient for students to acquire all required competencies. Students must not be responsible for: the selection of clinical sites; the determination as to which competencies should be mastered at a given clinical site; or the acquisition of clinical instructors at these sites.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Detailed clinical schedules (provide at time of on-site evaluation);



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- b. Formal written clinical affiliation agreements or memoranda of understanding (provide at time of on-site evaluation);
- c. Results of CoARC DA Graduate Surveys (*Not applicable to programs submitting a PSSR*).

Standard DA6.10 - The program must define and maintain consistent and effective processes for both the initial and ongoing evaluation of all clinical sites to ensure that clinical resources and student supervision at each site are sufficient to facilitate achievement of program goals.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program evaluation plan (submit proposed evaluation plan as **attachment #**); and results of these evaluations for all clinical sites and preceptors (*Not applicable to programs submitting a PSSR*);
 - b. Results of student evaluations of clinical courses, sites, and preceptors (*Not applicable to programs submitting a PSSR*);
 - c. Results of CoARC DA Student-Program and DA Personnel-Program Resource Surveys (*Not applicable to programs submitting a PSSR*).

Standard DA6.11 - Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff during clinical rotations. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Results of student course evaluations (*Not applicable to programs submitting a PSSR*);
 - b. Work study contracts (*Not applicable to programs submitting a PSSR*);
 - c. Program policies and procedures (Include proposed documentation in **APPENDIX H page(s)** , and/or **APPENDIX I page(s)**);
 - d. Affiliate contracts/agreements (provide at time of on-site evaluation).
[Please reference the exact page number(s) within the appendix.]



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APPENDIX A –Organizational Chart

Include an organizational chart of the sponsor that portrays the administrative relationships under which the program operates. Start with the chief administrative officer. Include all program Key Personnel and faculty, anyone named in the self-study report, and any other persons who have direct student contact except support science faculty. Include the names and titles of all individuals shown.

Use the following link for samples of blank organizational charts (if needed)
www.coarc.com - Forms and Reports

Place a completed organizational chart in the Supplementary Documents folder (see page 8 for an example). The document must be named exactly as listed below and be the same type of file (not Word 2007 [.docx], Adobe Portable Document [.pdf], or Excel [.xls]). Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

Exact name of document: Appendix A – Organizational Chart

Type of File: Microsoft Office Word 97-2003 Document (.doc)

APPENDIX B - Resource Assessment Matrix (RAM)

Programs seeking Provisional Accreditation are required to complete the first three columns of the RAM (Purpose, Measurement System, and Dates of Measurement).

Use this link to access a copy of you program's matrix by logging in to the Annual Report of Current Status

[Click here](#) to view a sample RAM

Follow the link above to log into the annual reporting tool. Select the tab labeled 'RAM' and update or complete the matrix. Select the 'Summary Report' tab on the left to print the completed RAM. **DO NOT** select the tab labeled 'Submit RAM Report'. Place a completed RAM in the Supplementary Documents folder (see page 8 for an example). The document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]).

The RAM must either be saved as a PDF or scanned.

- Using the full version of Adobe Acrobat software (not Adobe Reader), the RAM can be saved as a PDF document by selecting the PDF printing option.
- Using Adobe Reader only, the RAM must be printed and then scanned.

Exact name of document: Appendix B –BASE-DA RAM

Type of File: Adobe Portable Document (.pdf)



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APPENDIX C – Program Personnel CVs and Supporting Documentation

Program Faculty CV Outline Forms for the PD, DCE, and MD have been included in the self-study following this page. Place the written job descriptions (that include minimal qualifications) for the PD, DCE, and MD in the Supplementary Documents folder (see page 8-9 for an example).

Include additional completed CV Outline Forms for the Co-MD and paid full- or part-time program instructional faculty. Follow the link at the bottom of the page for additional CV Outline Forms*. Create a single PDF document of all the additional completed CV Outline Forms, name the file as it is listed below, and place it in the Supplementary Documents folder (see page 8-9 for an example).

The document must be named exactly as listed below and be the same type of file. Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

Exact name of document: Appendix C – PD Job Description

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document: Appendix C – DCE Job Description, if applicable

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document: Appendix C – MD Job Description, if applicable

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document (only if applicable): Appendix C – Co-MD Job Description, if applicable

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document: Appendix C – Additional Faculty CV Outlines

Type of File: Adobe Acrobat Document (.pdf)

*Additional Program Faculty CV Outline Forms are available at www.coarc.com.



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Complete the Program Faculty CV Outline Forms of Key Personnel (Program Director [PD], Director of Clinical Education [DCE], and Medical Advisor [MA]) **following** this page.

For the PD include:

- Program Faculty Curriculum Vitae Outline
- Written job description (that includes minimal qualifications)

For the DCE (if applicable) include:

- Program Faculty Curriculum Vitae Outline
- Written job description (that includes minimal qualifications)

For the Medical Advisor (if applicable) include:

- Program Faculty Curriculum Vitae Outline
- Written job description(s) (that includes minimal qualifications)

Place completed Program Faculty CV Outline Forms of any additional paid full- or part-time program instructional faculty after the last job description.

For the Co-Medical Advisor (if applicable) include:

- Program Faculty Curriculum Vitae Outline*
- Written job description(s) (that include minimal qualifications)

For any additional paid full- or part-time program instructional faculty include:

- Program Faculty Curriculum Vitae Outline for each*

*Additional Program Faculty CV Outline Forms are available at www.coarc.com.



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SECTION I Directions:

Complete the following section for the **Program Director**. Include additional paid full- or part-time program instructional faculty CV Outline Forms as directed.

Full Name:

Title

Academic Rank:

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC RRT Registry Number:

Date NBRC credential earned:

Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:

Education (highest degree earned for each category – include institution):

A. RT Degree:
Institution:
Month/Year Earned:

B. Other (MD, DO, PhD, or EdD):
Institution:
Month/Year Earned:



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Work experience in clinical respiratory care, pulmonary medicine, cardiothoracic surgery, critical care, anesthesiology, healthcare administration, healthcare research, or subject area directly related to the degree conferred:

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Please indicate specific experience in clinical respiratory care, research, management, education, or subject area directly related to the degree conferred and associated with an accredited respiratory care program, graduate school, or medical school:

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Other Licenses/Certifications (e.g., ACLS, NRP, etc):



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SECTION II Directions (IF APPLICABLE):

Complete the following section for the **Director of Clinical Education**. Include additional paid full- or part-time program instructional faculty CV Outline Forms as directed.

Full Name:

Title

Academic Rank:

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC RRT Registry Number:

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:

Education (highest degree earned for each category – include institution):

A. RT Degree:
Institution:
Month/Year Earned:

B. Other:
Institution:
Month/Year Earned:



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Work experience in clinical respiratory care:

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Facility:
Position/Title:
Years Worked (From/To): -

Other Licenses/Certifications (e.g., ACLS, NRP, etc):



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SECTION III Directions (IF APPLICABLE):

Complete the following section for the **Medical Advisor**. For Co-Medical Advisor(s), include additional CV Outline Form(s) as directed.

Full Name:

Title

Academic Rank:

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Check here if not applicable

ABMS or AOA Board Certifications (list all active certifications including applicable expiration dates):

EXAMPLE

MD/DO Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:



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Training/Experience in a specialty relevant to respiratory care:

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

EXAMPLE



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APPENDIX D – Teaching and Administrative Workload Forms

Program Director Teaching and Administrative Workload Reporting Form

Name:

Academic rank:

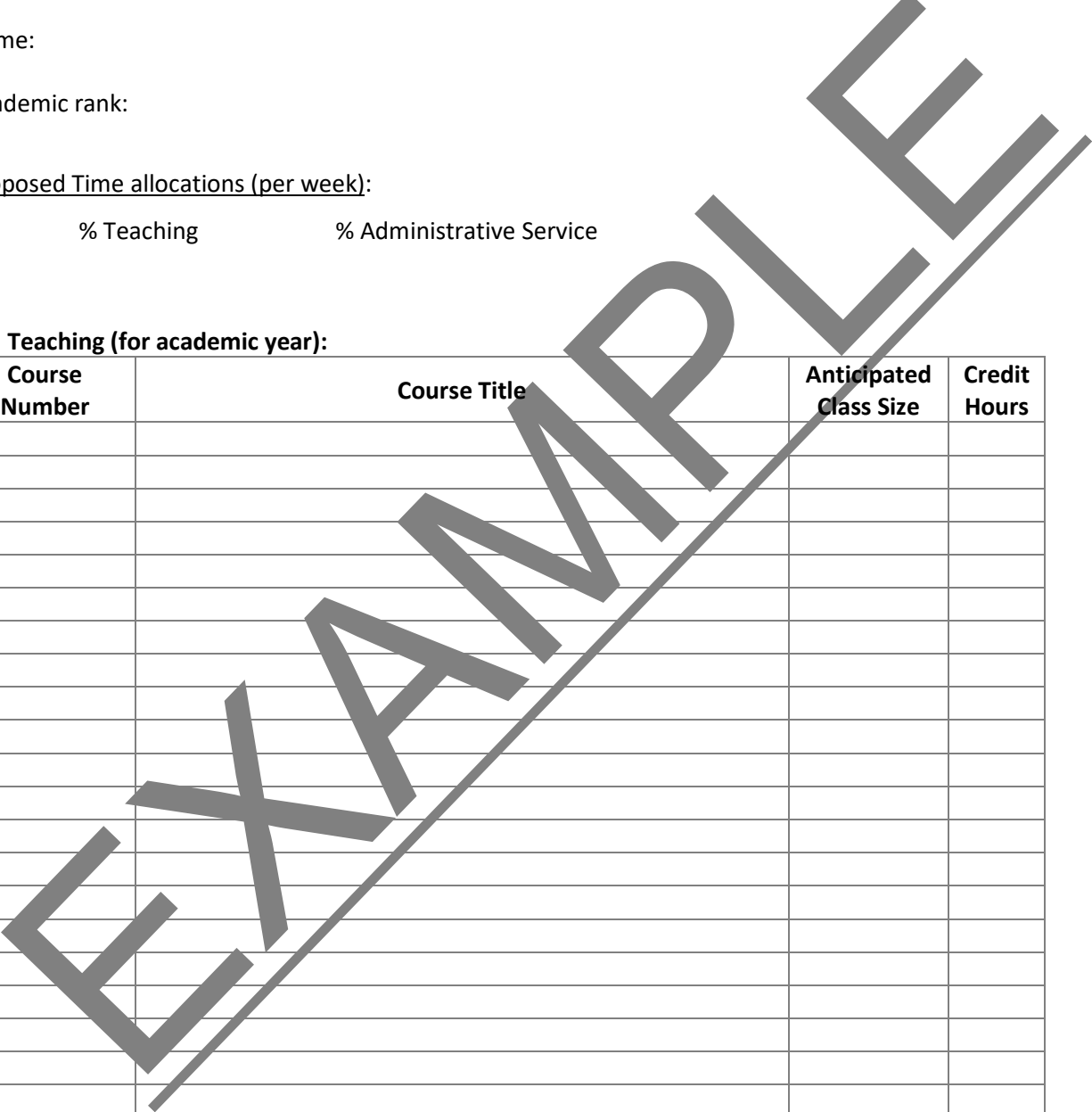
Proposed Time allocations (per week):

% Teaching

% Administrative Service

Teaching (for academic year):

Course Number	Course Title	Anticipated Class Size	Credit Hours
TOTAL CREDIT HOURS:			





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Other teaching-related activities:

(e.g., shared teaching, directed/independent study, guest teaching, coordination of teaching, and academic advising)

EXAMPLE

Administrative Service:

Category	Approx Hours (per wk)
Program Management and Administration	
Program Continuous Review and Analysis	
Program Planning	
Program Development	
Faculty Supervision	
Other:	
Other:	
TOTAL NUMBER OF HOURS:	



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APPENDIX D – Teaching and Administrative Workload Forms

Director of Clinical Education Teaching and Administrative Workload Reporting Form

If not applicable, check here and proceed to next Section

Name:

Academic rank:

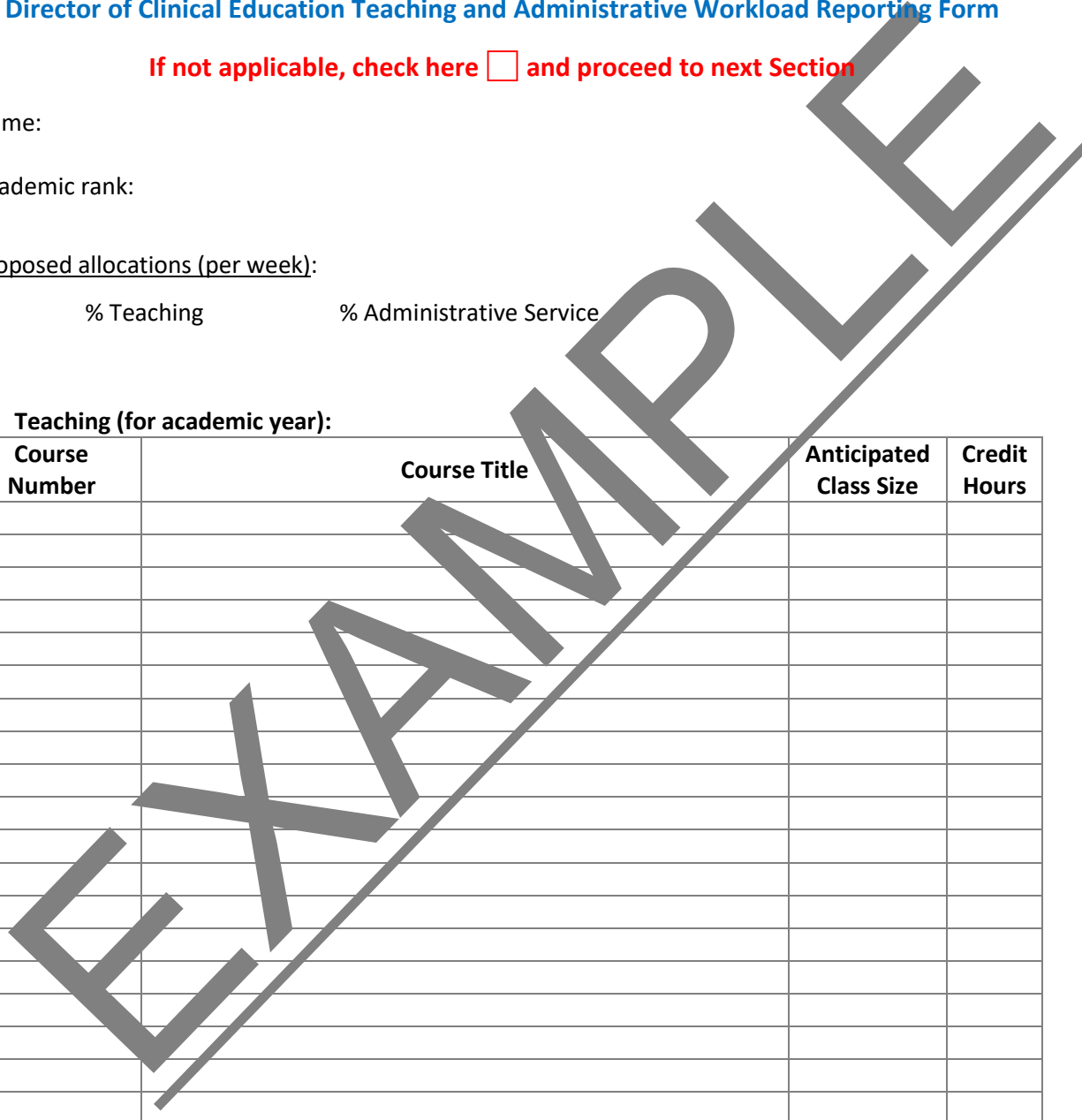
Proposed allocations (per week):

% Teaching

% Administrative Service

Teaching (for academic year):

Course Number	Course Title	Anticipated Class Size	Credit Hours
TOTAL CREDIT HOURS:			





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Other teaching-related activities:

(e.g., shared teaching, directed/independent study, guest teaching, coordination of teaching, and academic advising)

EXAMPLE

Administrative Service:

Category	Approx Hours (per wk)
Program Management and Administration	
Program Continuous Review and Analysis	
Program Planning	
Program Development	
Faculty Supervision	
Other:	
Other:	
TOTAL NUMBER OF HOURS:	

APPENDIX E –Program Course Requirements Table

Overall length of program in months =
 Length of semester/quarter in weeks =

Or in years =

Type of credits is:

<input type="checkbox"/>	Semester
<input type="checkbox"/>	Quarter
<input type="checkbox"/>	Other

Semester
Quarter
Other

List all the **general education courses and pre-requisite courses** that are required for the conferral of the degree upon completion of the program in the sequence in which the students would typically enroll in them.

Sequence by Sem/ Quarter # (if applicable)	Course # (if applicable)	Program Pre-requisite Course or General Education Category (e.g., social/behavioral sciences, humanities, natural sciences, etc.)	# Lecture Hours	# Lab Hours	# Credits

Total Required for Graduation			
--------------------------------------	--	--	--



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List all the **continued professional practice courses** that are required for the conferral of the degree upon completion of the program in the sequence in which the students would typically enroll in them.

Sequence by Sem/Quarter #	Course #	Continued Professional Practice Course Title	# Lecture Hours	# Lab Hours	# Clinical Hours	# Credits	Faculty Responsible for Teaching

Total Required for Graduation:				
---------------------------------------	--	--	--	--



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APPENDIX F –Detailed Content Outline Comparison

**INCLUDE RELEVANT DETAILED CONTENT OUTLINE COMPARISONS AS SEPARATE
ATTACHMENTS, IF APPLICABLE
(SEE STANDARDS DA 4.1 and DA4.2)**

If not applicable, check here and proceed to next Section

EXAMPLE



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
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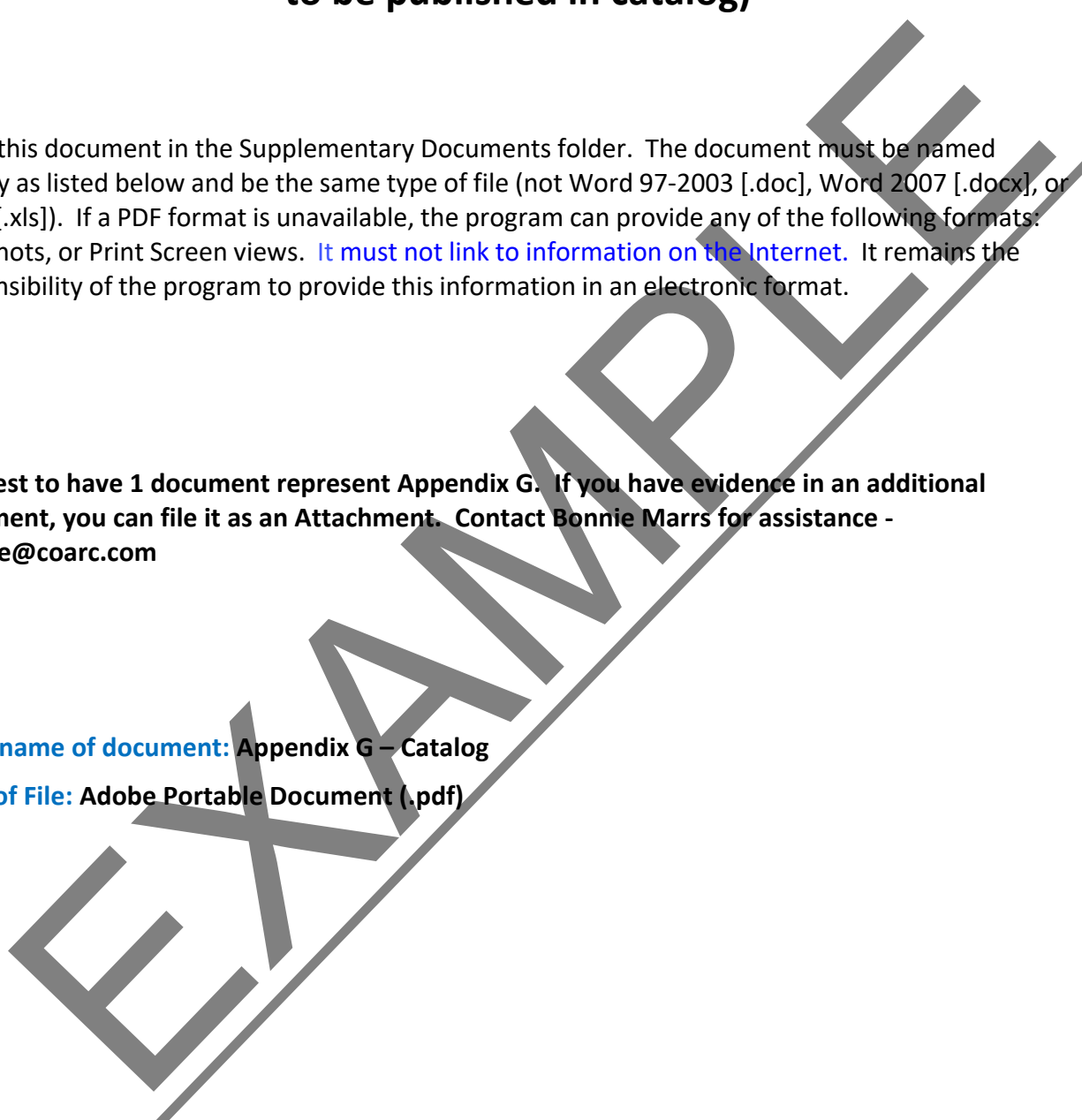
**APPENDIX G –INSTITUTIONAL ACADEMIC CATALOG
(Including proposed program information
to be published in catalog)**

Place this document in the Supplementary Documents folder. The document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If a PDF format is unavailable, the program can provide any of the following formats: snapshots, or Print Screen views. [It must not link to information on the Internet](#). It remains the responsibility of the program to provide this information in an electronic format.

It is best to have 1 document represent Appendix G. If you have evidence in an additional document, you can file it as an Attachment. Contact Bonnie Marrs for assistance - bonnie@coarc.com

Exact name of document: Appendix G – Catalog

Type of File: Adobe Portable Document (.pdf)





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APPENDIX H – PROGRAM POLICIES AND PROCEDURES MANUAL

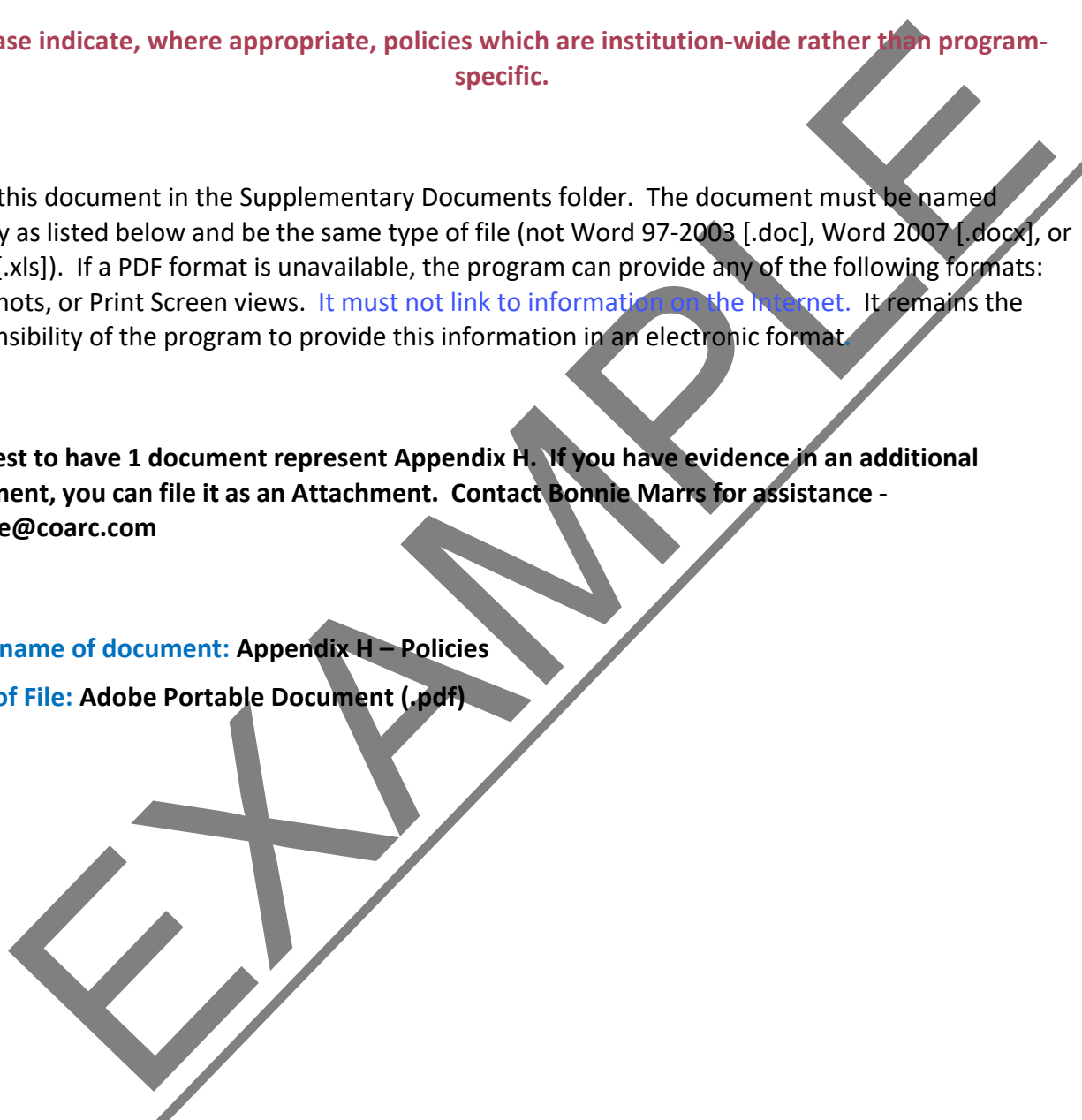
Please indicate, where appropriate, policies which are institution-wide rather than program-specific.

Place this document in the Supplementary Documents folder. The document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If a PDF format is unavailable, the program can provide any of the following formats: snapshots, or Print Screen views. [It must not link to information on the Internet.](#) It remains the responsibility of the program to provide this information in an electronic format.

It is best to have 1 document represent Appendix H. If you have evidence in an additional document, you can file it as an Attachment. Contact Bonnie Marrs for assistance - bonnie@coarc.com

Exact name of document: Appendix H – Policies

Type of File: Adobe Portable Document (.pdf)





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APPENDIX I – STUDENT HANDBOOK

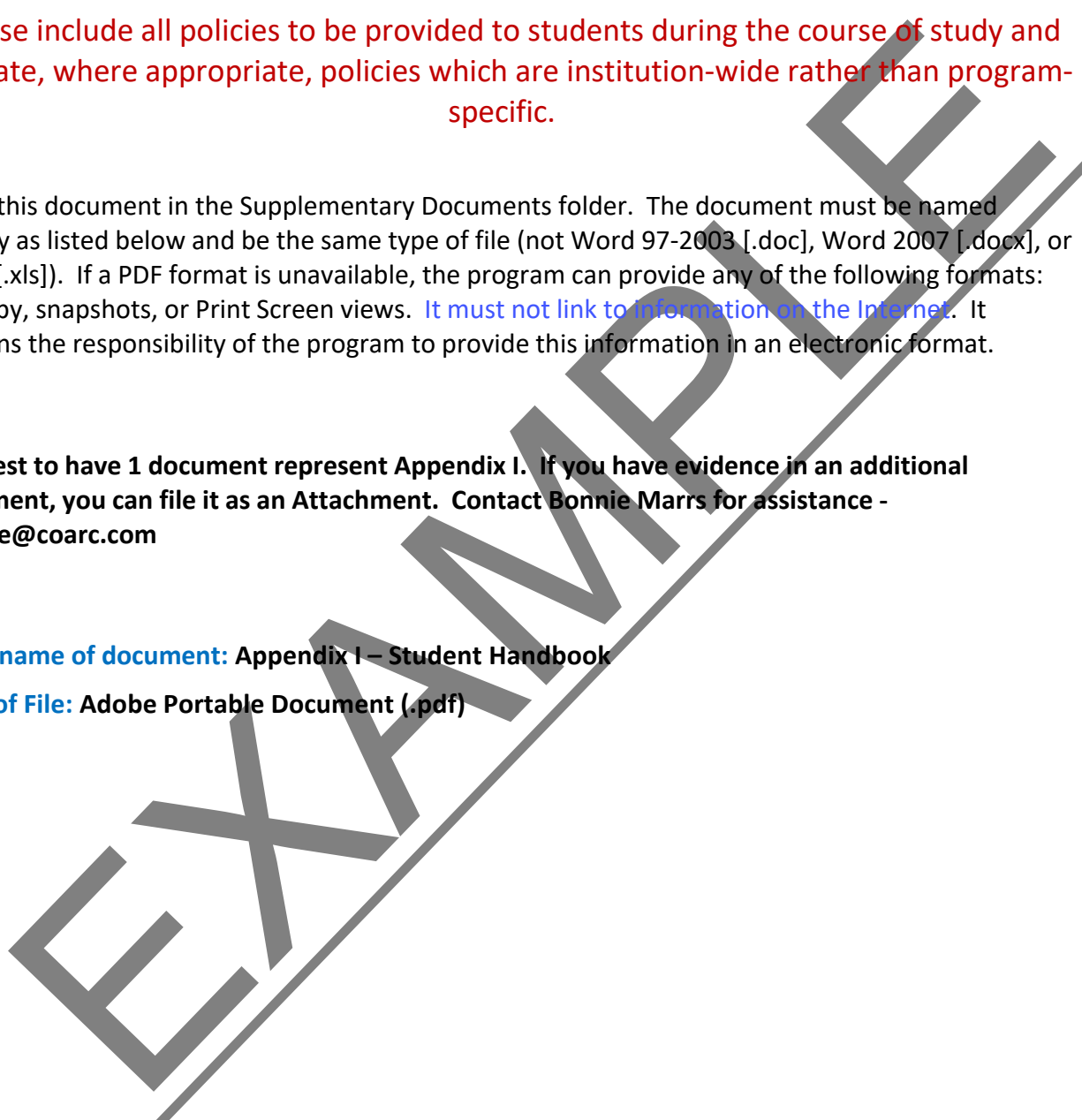
Please include all policies to be provided to students during the course of study and indicate, where appropriate, policies which are institution-wide rather than program-specific.

Place this document in the Supplementary Documents folder. The document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If a PDF format is unavailable, the program can provide any of the following formats: CD copy, snapshots, or Print Screen views. [It must not link to information on the Internet](#). It remains the responsibility of the program to provide this information in an electronic format.

It is best to have 1 document represent Appendix I. If you have evidence in an additional document, you can file it as an Attachment. Contact Bonnie Marrs for assistance - bonnie@coarc.com

Exact name of document: Appendix I – Student Handbook

Type of File: Adobe Portable Document (.pdf)





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APPENDIX J – FACULTY SSR QUESTIONNAIRES

Detailed instructions for accessing both of the on-line questionnaires were sent with the PSSR template in the ‘Provisional Accreditation Self Study Report Due’ email.

Hardcopies of the surveys should not be provided.

The anonymous **Faculty Evaluation SSR Questionnaires** are required to be completed by **each paid faculty member** (didactic, laboratory, and clinical) and the Medical Advisor(s) as part of the self study process. The link to complete the on-line questionnaires was sent with the PSSR template in the ‘Provisional Accreditation Self Study Report Due’ email.

PROGRAM DIRECTOR: Please provide the total number of Faculty Evaluation SSR Questionnaires to be completed on-line by each of the following personnel categories:

- Program Director
- Director of Clinical Education (if applicable)
- Medical Advisor/Co-Medical Advisor(s) (if applicable)
- All full-time paid program faculty (if applicable)
- All part-time/adjunct paid program faculty (if applicable)
- Total number of Faculty Evaluation SSR Questionnaires

Referees please use the following links to view the responses collected on-line:
(The links below will be set up by the CoARC Executive Office once the self-study has been submitted and the questionnaires have been completed)

Faculty Evaluation SSR Questionnaires
(Base-DA Program)

Faculty Evaluation SSR Questionnaires
(Base-DA Program)



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INCLUDE ATTACHMENTS

Place all attachments in the **Supplementary Documents folder** (see pages 9-10 for an example).
Contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

EXAMPLE