



Self-Study Report

For

Provisional Accreditation of a Sleep Disorders Specialist (SDS) Program Option for Entry into RC Professional Practice

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) SDS ENTRY INTO RC PROFESSIONAL PRACTICE

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 Standards for Entry into Respiratory Care Professional Practice* ("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 and include an Application for Accreditation Services, include the appropriate fees, and **three (3) flash drive (USB drive) copies** of the completed PSSR in the appropriate format. 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 check for the amount invoiced upon receiving the Provisional Accreditation Self Study Report (PSSR) template.

(For a complete list of all accreditation fees, please visit <http://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:

Media: flash drive (USB drive) only

File Formats for Attachments: Adobe Portable Document Format (.pdf); Microsoft Word (.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.

Label and date all media: Label flash drives (USB drives) to make them easy to identify once they have been removed from their cases or packaging. Labels should minimally include the name of the sponsor, CoARC program number, and the date that the information was mailed.

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 (.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 evaluation should occur approximately 3-5 months following approval of the PSSR.

DUE DATE: The PSSR is due on the date communicated to the program by the Executive Office. Submit all USB drive copies of this report with appropriate fee to:

Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, Texas 76021-4244



Step-By-Step Instructions

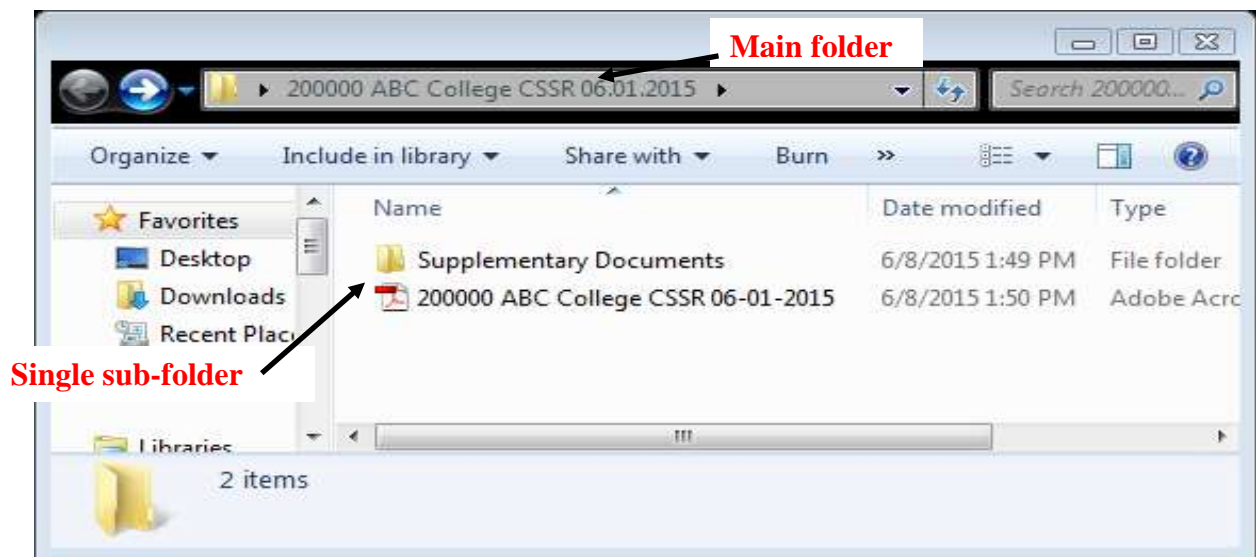
There are a few helpful tools that you will need available in your toolbar. Those are the hand tool, previous page view button, and bookmarks panel. All tools can be located by selecting View, Toolbars, and More Tools (**location may vary by software version**). The hand tool allows you to fill in the 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****

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.

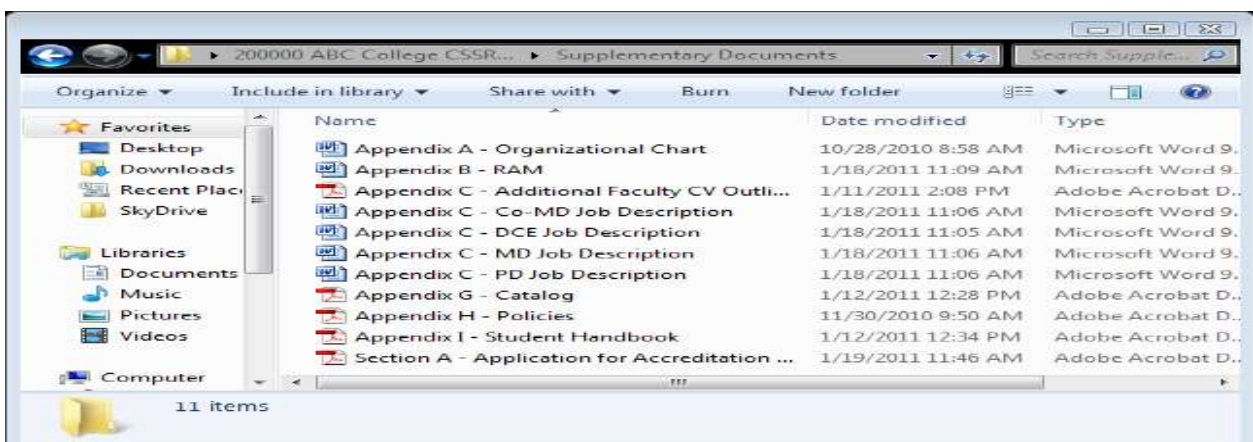


5. Open the saved template and complete the requested information on page 1 and read pages 2-4 prior to filling out any other information.
6. Skip the Table of Contents (pages 13-16) for now.

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

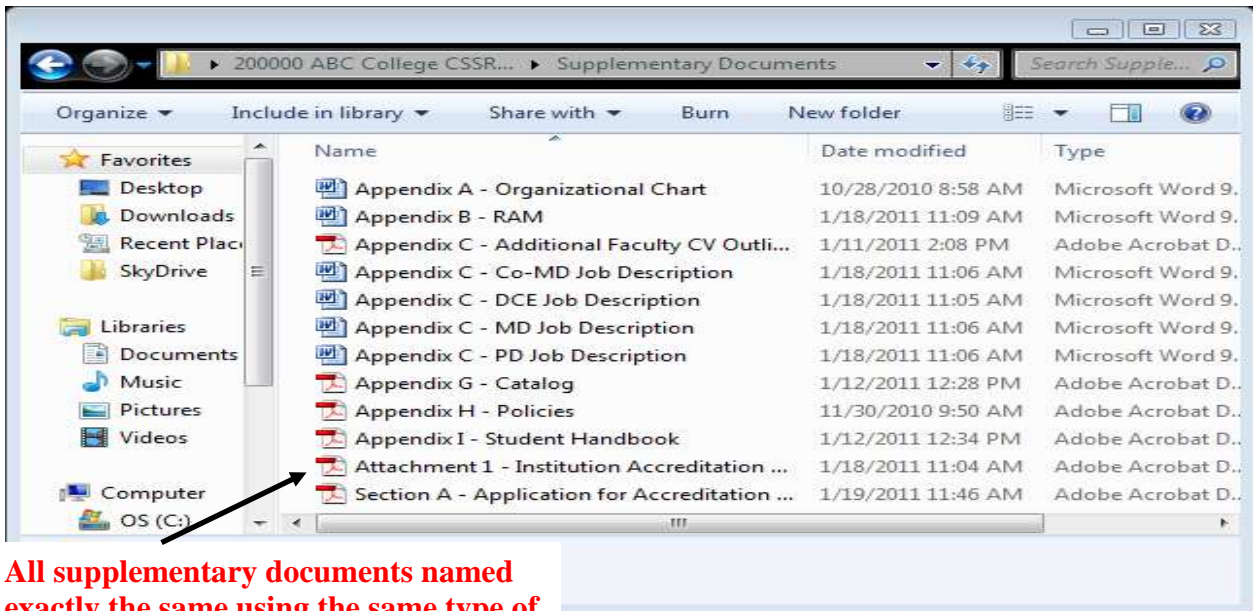


8. Skip Sections B-F (pages 16-47) for now.
9. Place all documentation requested for Appendices A-C & G-I (pages 48-60 & 86-88) in the **Supplementary Documents** folder. Each of the supplementary documents should be named exactly as listed on each of the appendices pages. Once you have finished, the inside of your **Supplementary Documents** folder should look like the example below. However, you may not have a Co-Medical Director.



10. Part of Appendix C (pages 61-66) and all of Appendices D, E, and F (pages 67-85) 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. All Appendices should be completed at this point.

11. Go back to Sections B-F (pages 17-56).
12. The first item in Section B on page 17 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).

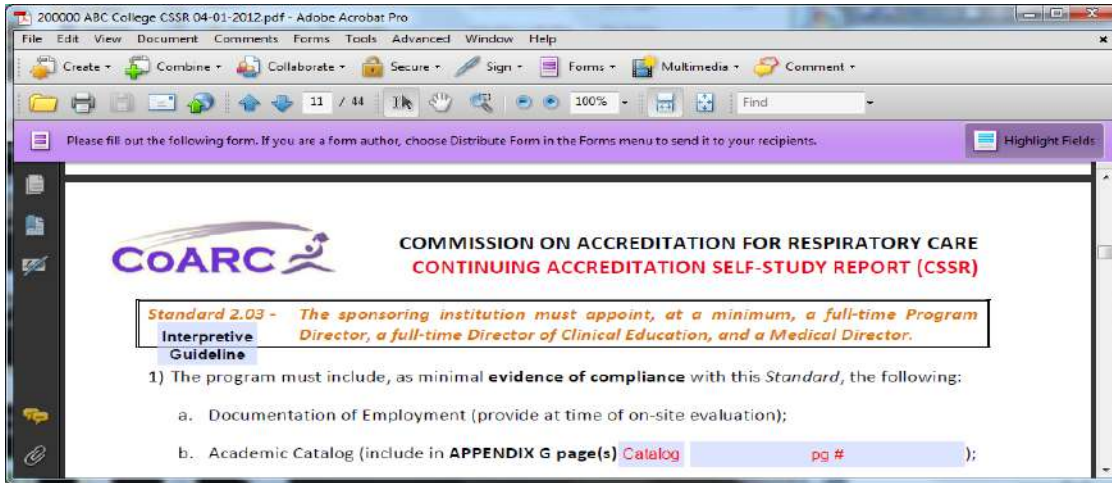


All supplementary documents named exactly the same using the same type of file format

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 (page 14-15). 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 (17-56). **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 2.03 on page 25 (**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 (pages 7-10). You will notice that pages 7-8 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 on pages 9-10. Double-check to be sure you placed the attachments in the Supplementary Documents folder.
16. Once everything has been reviewed, save the entire main folder to each of the flash drives (USB drives).
17. **CONGRATULATIONS!!** You should have all fields completed and all required documents included in the Supplementary Documents folder. The USB drives should now be mailed to the CoARC Executive Office.

BE SURE TO SAFEGUARD YOUR WORK WHEN SHIPPING BY USING A TRACKING NUMBER.

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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APPENDICES		Same as Base?	Page #
A	ORGANIZATIONAL CHART	<input type="checkbox"/>	
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C	PROGRAM FACULTY CV OUTLINES AND SUPPORTING DOCUMENTATION	<input type="checkbox"/>	
D	PROGRAM DIRECTOR/DIRECTOR OF CLINICAL EDUCATION TEACHING AND ADMINISTRATIVE WORKLOAD FORMS	<input type="checkbox"/>	
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H	PROGRAM POLICY AND PROCEDURE MANUAL	<input type="checkbox"/>	
I	STUDENT HANDBOOK	<input type="checkbox"/>	
J	FACULTY EVALUATION SSR QUESTIONNAIRES		

ATTACHMENT TITLE	ATTACHMENT #
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Program Number:

Program Name:

SECTION A: APPLICATION FOR ACCREDITATION SERVICES
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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: ____/____/____



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SECTION B:
STANDARD I – PROGRAM ADMINISTRATION AND SPONSORSHIP

Standard 1 .01 - *Except as provided in the following sentence, an educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must award graduates of the program a baccalaureate or graduate degree upon completion of the program. For associate degree programs that applied for accreditation or were accredited prior to January 1, 2018, an educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the USDE. These programs may continue to award graduates of the program an associate degree as long as they remain accredited by the CoARC.*

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

- a. Documentation of current institutional 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) #).



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Standard 1.02 - When more than one institution (e.g., consortium) is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard 1.01. 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 OR

If Evidence of Compliance is the same as the base program, check here ☐ and proceed to next Standard. If different than the base program, complete the following:

- 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 1.03 - The sponsor must be capable of providing required general education courses or have a process for accepting transfer credit from other regionally or nationally accredited institutions for these courses, and must be capable of providing the didactic and laboratory instruction, as well as the clinical experience requisite to respiratory care education.

If not applicable, check here ☐ and proceed to next Standard OR
If Evidence of Compliance is the same as the base program, check here ☐ and proceed to next Standard. If different than the base program, complete the following:

- 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) #**).



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Standard 1 .04 - The sponsor is responsible for:

- a) curriculum planning, course selection and coordination of instruction by program faculty;**
- b) continued professional growth of faculty.**

If Evidence of Compliance is the same as the base program, check here ☐ and proceed to next Standard. If different than the base program, complete the following:

- 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) #**).



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Standard 1.05 - For students and faculty at satellite locations, the sponsor must provide access to academic support services and resources equivalent to those on the main campus.

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

Standard 1.06 - Program academic policies must apply to all students and faculty regardless of location of instruction.

If Evidence of Compliance is the same as the base program, check here ☐ and proceed to next Standard. If different than the base program, complete the following:

- 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 **APPENDIX I** page(s))



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- Standard 1.07 -** *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:*
- a) Change of Ownership/Sponsorship/Legal status or Change in Control*
 - b) Change in the degree awarded*
 - c) Addition of an Entry into Respiratory Care Professional Practice degree track*
 - d) Change in program goal(s)*
 - e) Change in the curriculum or delivery method*
 - f) Addition of the Sleep Disorders Specialist Program Option*
 - g) Request for Inactive Accreditation Status*
 - h) Voluntary Withdrawal of Accreditation*
 - i) Addition of (a) Satellite location(s)*
 - j) Requests for increases in Maximum Enrollment*
 - k) Change in Program Location*
 - l) Vacancy in Key Personnel positions*
 - m) Change in Key Personnel*
 - n) Change in institutional accreditor*

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



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SECTION C:
STANDARD II – INSTITUTIONAL AND PERSONNEL RESOURCES

Standard 2.01 - The sponsor must ensure that fiscal, academic and physical resources are sufficient to achieve the program's goals and objectives, as defined in Standard III, for 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) for the SDS program option (include in **APPENDIX B – SDS-ENTRY RAM**).

2) **[OPTIONAL]**

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

(submitted as **attachment #**).

Standard 2.02 - The sponsor must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

If key personnel is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

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** **DCE Job Description**

MD Job Description

Co-MD(s) Job Description (only if applicable).



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Standard 2.03 - 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.

If PD is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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 2.04 - *The PD of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) ¹.*

The PD of a program offering a bachelor's or master's degree 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.

¹*Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new program director is appointed; (2) the program requests a change in degree; and (3) the program requests an additional degree track.*

If PD is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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 2.05 - *The PD must:*

- a) *hold a valid Registered Respiratory Therapy (RRT) credential and current state license;*
- b) *have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;*
- c) *have a minimum of two (2) years' experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.*

If PD is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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
(Complete Program Faculty CV Outline in **APPENDIX C – PD Faculty CV Outline**).



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Standard 2.06 - 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.

Standard 2.07 - 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 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.

If DCE is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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 DCE Workload Form in **APPENDIX D – DCE Workload Form**);
 - b. Institutional job description (include in **APPENDIX C - DCE 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 2.08 - *The DCE of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) ².*

The DCE of a program offering a bachelor's or master's degree 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) ².

¹*Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new director of clinical education is appointed; (2) the program requests a change in degree, and (3) the program requests an additional degree track.*

If DCE is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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 2.09 - *The DCE must:*

- a) *hold a valid RRT credential and current state license;*
- b) *have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;*
- c) *have a minimum of two (2) years' experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.*

If DCE is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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**).



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Standard 2.10 - 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 2.11 - A Medical Director (MD) 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 MD 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.

If MD or Co-MD is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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. Copy of state license and board certificate(s)
(submit as **attachment #**);
 - b. Curriculum Vitae
(complete Program Faculty CV Outline in **APPENDIX C - MD 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 - SDS-ENTRY RAM**).

4) **[OPTIONAL]**

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

(submitted as **attachment #**).

Standard 2.12 - *For programs offering the sleep specialist program option, there must be a faculty member designated as the primary instructor for that portion of the program. In addition to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must have a minimum of an associate degree, at least three (3) years of clinical experience in sleep technology, and at least one (1) year of experience in an appropriate teaching position.*

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Valid credential as a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered Polysomnographic Technologist (RPSGT) (submit as **attachment #**);
 - b. Curriculum Vitae
(complete Program Faculty CV Outline in **APPENDIX C – Primary Sleep Instructor CV Outline**);
 - c. Appointment Letter/Contractual Agreement
(submit as **attachment #**);
 - d. Academic transcript denoting the highest degree earned
(submit as **attachment #**).

Standard 2.13 - *In addition to the key personnel, there must be sufficient personnel resources to provide effective instruction in the didactic, laboratory, and clinical setting. In clinical rotations, the student to faculty ratio cannot exceed 6:1.*

- 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 (first 3 columns submitted in **APPENDIX B – SDS-ENTRY RAM**);
 - b. Student surveys of faculty performance (e.g., course evaluation)
(**Not applicable to programs submitting a PSSR**);
 - c. Course class lists and faculty teaching schedules
(Complete Program Course Requirements Table in **APPENDIX – Course Requirements Table**).



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2) [OPTIONAL]

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

(submitted as **attachment #**).

Standard 2.14 - For programs with satellite location(s), the program must assign a faculty member who is a Registered Respiratory Therapist to be site coordinator at each location. This individual is responsible for ensuring uniform implementation of the program on that site and for ongoing communication with the Program Director and Director of Clinical Education of the program.

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

Standard 2.15 - There must be sufficient administrative and clerical support staff to enable the program to meet its goals and objectives as defined in Standard III.

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 – SDS-ENTRY 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 2.16 - The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard II. 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 - SDS -ENTRY RAM**).

2) **[OPTIONAL]**

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

(submitted as **attachment #**).



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SECTION D:
STANDARD III – PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Standard 3.01 - The program must have the following goal defining minimum expectations: “To 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).” For programs offering the sleep specialist program option, the program must have the following additional goal defining minimum expectations: “To 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).”

For programs offering a bachelor’s or master’s degree, the program must have the following additional goal defining minimum expectations: “To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to acquisition of skills in one or more of the following: management, education, research, AND/OR advanced clinical practice (which may include an area of clinical specialization)”.

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



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Standard 3.02 - Program goal(s) must form the basis for ongoing program planning, implementation, evaluation, and revision. In addition, optional program goal(s) and outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsoring educational institution.

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 #**).



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Standard 3.03 - *Optional program goals and expected student learning outcomes must be compatible with nationally accepted standards of roles and functions of registered respiratory therapists and with those of registered sleep disorders specialists for programs offering the sleep specialist program option.*

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:
- Documented comparison of optional program goals and expected student learning outcomes with the periodic current detailed content outline published by the national credentialing agency (complete comparison of curriculum with current national credentialing agency in **APPENDIX F – Detailed Content Outline Comparison**).

Standard 3.04 - *The communities of interest served by the program 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.*

If advisory committee is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

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

Standard 3.05 - *The program must formulate a systematic assessment process to evaluate the achievement of its goal(s) and expected student learning outcomes.*

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

Standard 3.06 - *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 and document evaluations equitably and with sufficient frequency, to keep students apprised of their progress toward achieving the expected competencies, and to allow 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 that testing assures academic integrity. Program faculty must demonstrate evidence of review of academic integrity processes for quality and fairness.*

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

- a. 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.];

- b. Student evaluations performed by faculty (**Not applicable to programs submitting a PSSR**);
- c. Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation (**Not applicable to programs submitting a PSSR**);
- d. Student evaluations performed by faculty, supporting the equitable administration of the evaluations (**Not applicable to programs submitting a PSSR**);
- e. Evaluations of instruction by students documenting satisfaction with the equitable administration of the evaluations (**Not applicable to programs submitting a PSSR**);
- f. Records of student academic counseling (**Not applicable to programs submitting a PSSR**);
- g. 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**);
- h. 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 #**).



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Standard 3.07 - The program must develop and implement processes that reduce inconsistency among individuals who perform clinical evaluations.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Documentation of an inter-rater reliability plan that includes a description of evaluator training and records of training participation by clinical evaluators (proposed plan submitted as **attachment #**);
 - b. Documentation of review and analysis of clinical evaluations completed by individuals performing clinical evaluations (**Not applicable to programs submitting a PSSR**);
 - c. Documentation of implementation of an action plan to reduce inconsistency when variability is identified (**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 3.08 - Program outcomes must be assessed annually, using the standardized CoARC surveys of employers and graduates.

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

Standard 3.09 - 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 3.10 - The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC. The Report must contain an appropriate analysis and action plan for all sub-threshold outcomes.



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

Standard 3.11 - Programs not meeting the established CoARC outcomes assessment thresholds must develop an appropriate plan of action for program improvement that includes addressing the identified shortcomings.

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

Standard 3.12 - 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
(**Must submit plan. Results 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 Student-Program and Personnel-Program Resource Surveys
(**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 #**).



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SECTION E:
STANDARD IV – CURRICULUM

Standard 4.01 - The curriculum must include content in the following areas: oral and written communication skills, social/behavioral sciences, biomedical/natural sciences, and respiratory care. This content must be integrated in a manner that promotes achievement of the curriculum's defined competencies.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Course syllabi for all respiratory care and SDS courses (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.]

2) **[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 4.02 - The curriculum must include preparation for practice as a respiratory therapist with exposure to a broad variety of practice settings (e.g., hospital, long-term care, home care, clinic/physician office).

For programs offering a bachelor's or master's degree, the program must include content related to leadership development in management, education, research AND/OR advanced clinical practice (which may include an area of clinical specialization).

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Course syllabi for all respiratory care and SDS courses which include 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. Written documentation of the comparison of the program curriculum to the current national credentialing agency content outline
(complete Detailed Content Outline Comparison in **APPENDIX F – Detailed Content Outline Comparison**).
- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as **attachment #**).

Standard 4.03 - *Curricular content in respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists entering the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the sleep specialist program option, curricular content must also be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications. These nationally accepted standards must be the basis for formulating the objectives and competencies of the program's curriculum. In addition to the annual reviews related to outcomes on the credentialing exams, an extensive review of curricular content must be conducted after any revision in the national credentialing agency content outline.*

For programs offering a bachelor's or master's degree, curricular content must also be periodically reviewed and revised to ensure its consistency with the stated leadership goal(s) of the program.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Course syllabi for all respiratory care and SDS courses which include course description, general and specific course objectives, methods of evaluation, content outline, criteria for successful course completion (provide at time of on-site evaluation);
 - b. Written documentation of the comparison of the program curriculum to the most current national credentialing agency content outline
(complete Detailed Content Outline Comparison in **APPENDIX F - Detailed Content Outline Comparison**);
 - c. Annual written review of the national credentialing agency school score report that is reported to the advisory committee. For each content area where scores fall below the national mean, an action plan must be developed and implemented for curriculum improvement (**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 #**).



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Standard 4.04 - Graduates must be competent to perform all respiratory care diagnostic and therapeutic procedures required of a respiratory therapist entering the profession.

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

Standard 4.05 - Graduates must be able to function within inter-professional teams and communicate effectively with diverse populations. The curriculum must prepare students to work with a variety of populations including, but not limited to, individuals of various ages, abilities, and ethnicities.

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

Standard 4.06 - Graduates must be competent in the application of problem solving strategies in the patient care setting.

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

Standard 4.07 - Graduates must be competent in the application of ethical decision making and professional responsibility.

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

Standard 4.08 - The minimum length of the program must be two academic years of full-time instruction, or its equivalent. The program must ensure that the duration of the learning experiences (didactic, laboratory, and clinical) are sufficient for students to acquire the expected knowledge and 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 achievements that meet thresholds (**Not applicable to programs submitting a PSSR**);
 - b. Annual Report of Current Status accepted by CoARC documenting the satisfaction of faculty, graduates and employers with the program (**Not applicable to programs submitting a PSSR**);
 - c. Published curriculum outline in the academic catalog documenting the length of study required for graduation from the SDS program option
(provided in **APPENDIX E – Program Course Requirement Table**);

- d. Clinical evaluation mechanisms that will document the progressive independence of the student in the clinical setting
(provide at time of on-site evaluation);
- e. Clinical syllabi detailing student competencies
(provide at time of on-site evaluation);
- f. Results of CoARC Student and Personnel-Program Resource Surveys
(first 3 columns submitted in **APPENDIX B – SDS -ENTRY RAM**);
- g. Results of CoARC Graduate and Employer Surveys
(**Not applicable to programs submitting a PSSR**).

Standard 4.09 - The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are equivalent for each student regardless of where that experience was acquired.

- 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 student exposure to clinical experiences is equivalent regardless of the clinical locations attended (**Not applicable to programs submitting a PSSR**);
- b. Results of CoARC Student-Program Resource Surveys
(first 3 columns included in **APPENDIX B – SDS -ENTRY RAM**);
- c. Results of student evaluation of the clinical sites and preceptors
(**Not applicable to programs submitting a PSSR**);
- d. Program action plan and follow-up when results of these evaluations warrant intervention
(**Not applicable to programs submitting a PSSR**);
- e. Results of student clinical course evaluations
(**Not applicable to programs submitting a PSSR**);
- f. Evidence of procedures to ensure inter-rater reliability for clinical experiences
(**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 4.10 - 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.

If clinical affiliates are the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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 4.11 - 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 site; 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);
 - b. Formal written clinical affiliation agreements or memoranda of understanding (provide at time of on-site evaluation if Standard 4.10 is completed);
 - c. Results of CoARC Graduate Surveys (Not applicable to programs submitting a PSSR).

SECTION F:
STANDARD V – FAIR PRACTICES AND RECORDKEEPING

Standard 5.01 - 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:

- a. 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 5.02 - At least the following must be defined, published, and readily available to all prospective and enrolled students:

- a) The accreditation status of both the sponsor (including consortial members where appropriate) and the program, along with the name and contact information of the accrediting agencies;**
- b) Admission and transfer policies;**
- c) Policies regarding advanced placement;**
- d) Required academic and technical standards;**
- e) All graduation requirements;**
- f) Academic calendar;**
- g) Academic credit required for program completion;**
- h) Estimates of tuition, fees and other costs related to the program;**
- i) Policies and procedures for student withdrawal, probation, suspension, and dismissal;**
- j) Policies and procedures for refunds of tuition and fees;**
- k) Policies and procedures for processing student grievances;**
- l) 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:

- a. 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 5.03 - *A link to the CoARC published URL, where student/graduate outcomes for all programs can be found, must appear on the program's website and must be available to all applicants and to the public.*

If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

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

Standard 5.04 - *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.*

If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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 5.05 - *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.*

If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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)**



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- 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.]

Standard 5.06 - Faculty grievance procedures must be applicable to, and made known to, all faculty in the program.

If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

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

- a. Sponsor's institutional faculty grievance policy and procedures
(include in **APPENDIX H** page(s)).

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

2) **[OPTIONAL]**

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

(submitted as **attachment #**).

Standard 5.07 - Programs granting advanced placement must document that students receiving advanced placement have: a) Met program-defined criteria for such placement; b) Met sponsor defined criteria for such placement, and c) Demonstrated appropriate competencies for the curricular components in which advanced placement is given.

If not applicable, check here ☐ and proceed to next Standard OR
If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

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

- a. 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.]

- b. Student advanced placement and course equivalency documentation
(Not applicable to programs submitting a PSSR).

Standard 5.08 - The health, privacy, and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.

If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Compliance with requirements of all clinical sites as outlined in clinical agreements/memoranda of understanding (provide at time of on-site evaluation);
 - b. Published policies, from both the program and the clinical sites, showing that information addressing student exposure to infectious and environmental hazards is provided to students before they undertake any educational activities that would place them at risk (include proposed documentation in **APPENDIX H page(s)** and/or **APPENDIX I page(s)** [Please reference the exact page number(s) within the appendix.];
 - c. Program policy on immunization of students based on current Centers for Disease Control recommendations for health professionals (include in **APPENDIX H page(s)** and/or **APPENDIX I page(s)**).
[Please reference the exact page number(s) within the appendix.]

Standard 5.09 - 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. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

- 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 (provide at time of on-site evaluation, if applicable);
 - 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).



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Standard 5.10 - Students must not complete clinical coursework while in an employee status at a clinical affiliate.

If Evidence of Compliance is the same as the base program, check here ☐
and proceed to next Standard. If different than the base program, complete the following:

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

Standard 5.11 - The program must ensure that students have timely access to faculty and academic support services for assistance regarding their academic concerns and problems, regardless of location of instruction.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program/institutional policies and procedures
(Include in **APPENDIX H** page(s)
and/or **APPENDIX I** page(s)
[Please reference the exact page number(s) within the appendix.]
 - b. Documentation of advising sessions (Not applicable to programs submitting a PSSR);
 - c. Faculty office hours schedules (submitted as **attachment #**);
 - d. Results of CoARC Student-Program Resource Surveys
(include first 3 columns in **APPENDIX B – SDS -ENTRY RAM**).

Standard 5.12 - Records of student evaluations must be maintained securely, confidentially, and in sufficient detail to document 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 5.13 - 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.



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APPENDIX A –Organizational Chart

If organizational chart is the same as the base program, check here ☐
and proceed to next Appendix.

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)



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APPENDIX B - Resource Assessment Matrix (RAM)

Note: Do NOT submit the RAM for the base program. This is the RAM under the SDS program number.

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 –SDS-ENTRY RAM

Type of File: Adobe Portable Document (.pdf)



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APPENDIX C – Program Personnel CVs and Supporting Documentation

If Program Personnel CVs and supporting documentation are the same as the base program, check here ☐ and proceed to next Appendix.

Program Faculty CV Outline Forms for the PD, DCE, MD, and Primary Sleep Instructor have been included in the self-study following this page. Place the written job descriptions (that include minimal qualifications) for the PD, DCE, MD, and Primary Sleep Instructor 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

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

Exact name of document: Appendix C – MD Job Description

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

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

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

Exact name of document: Appendix C – Primary Sleep Instructor Job Description

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)

Exact name of document: Appendix C – Primary Sleep Instructor CV Outline

Type of File: Adobe Acrobat Document (.pdf)



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

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

For the PD include:

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

For the DCE include:

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

For the Medical Director include:

- ☐ Program Faculty Curriculum Vitae Outline
- ☐ Written job description(s) (that include 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 Director (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*

For the Primary Sleep Instructor include:

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

*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 on page 60.

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 II Directions:

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 on page 60.

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:

Complete the following section for the **Medical Director. For Co-Medical Director(s), include additional CV Outline Form(s) as directed on page 60.**

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

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

Name of the program clinical affiliate where you are credentialed:

MD Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:



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Training/Experience in the management of respiratory disease and in respiratory care practices:

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): -



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SECTION IV Directions:

Complete the following section for the **Primary Sleep Instructor**. Include additional paid full- or part-time program instructional faculty CV Outline Forms as directed on page 60.

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 CRT-SDS or RRT-SDS Number:

Date NBRC SDS credential earned:

BRPT RPSGT Number:

Date BRPT RPSGT credential earned:

RT or Sleep Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:

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

A. RT Degree (if applicable):

Institution:

Month/Year Earned:

B. Other:

Institution:

Month/Year Earned:



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Work experience in sleep disorders testing:

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 or accredited sleep 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.):

APPENDIX D – Teaching and Administrative Workload Forms

If Teaching and Administrative Workload Form for PD is the same as the base program, check here ☐ and proceed to next Appendix.

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)

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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Other teaching-related activities:

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

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:	



Overall length of program in months = Or in years = Type of credits is: Semester
Length of semester/quarter in weeks = Quarter
 Other

[illegible]

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[illegible]Page 65 of 84

APPENDIX F –Detailed Content Outline Comparison

NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
I. PATIENT DATA EVALUATION AND RECOMMENDATIONS	
A. Evaluate Data in the Patient Record	
1. Patient history e.g., • admission data • orders • medications • progress notes • DNR status / advance directives • social history	
2. Physical examination relative to the cardiopulmonary system	
3. Drainage and access devices e.g., • chest tube • artificial airway	
4. Laboratory results e.g., • CBC • electrolytes • coagulation studies • culture and sensitivities • sputum Gram stain • cardiac enzymes	
5. Blood gas analysis results	
6. Pulmonary function testing results	
7. 6-minute walk test results	
8. Cardiopulmonary stress testing results	
9. Imaging study results e.g., • chest radiograph • CT • ultrasonography • MRI • PET • ventilation / perfusion scan	
10. Maternal and perinatal / neonatal history e.g., • APGAR scores • gestational age • L / S ratio • social history	
11. Metabolic study results e.g., • O ₂ consumption / CO ₂ production • respiratory quotient • energy expenditure	
12. Sleep study results	
13. Trends in monitoring results	
a. fluid balance	
b. vital signs	
c. intracranial pressure	
d. weaning parameters	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
e. pulmonary compliance, airways resistance, work of breathing	
f. noninvasive e.g., • pulse oximetry • capnography • transcutaneous O ₂ / CO ₂	
14. Trends in cardiac monitoring results	
a. ECG	
b. hemodynamic parameters	
c. cardiac catheterization	
d. echocardiography	
B. Gather Clinical Information	
1. Interviewing a patient to assess	
a. level of consciousness and orientation, emotional state, and ability to cooperate	
b. level of pain	
c. presence of dyspnea, sputum production, and exercise tolerance	
d. smoking history	
e. environmental exposures	
f. activities of daily living	
g. learning needs, e.g., • literacy • culture • preferred learning style	
2. Performing inspection to assess	
a. general appearance	
b. characteristics of the airway, e.g., • patency	
c. cough, sputum amount and character	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
d. status of a neonate, e.g., • Apgar score • gestational age	
3. Palpating to assess	
a. pulse, rhythm, force	
b. accessory muscle activity	
c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, secretions in the airway, and tracheal deviation	
4. Performing diagnostic chest percussion	
5. Auscultating to assess	
a. breath sounds	
b. heart sounds and rhythm	
c. blood pressure	
6. Reviewing lateral neck radiographs	
7. Reviewing a chest radiograph to assess	
a. quality of imaging e.g., • patient positioning • penetration	
b. presence and position of tubes and catheters	
c. presence of foreign bodies	
d. heart size and position	
e. presence of, or change in	
(i) cardiopulmonary abnormalities e.g., • pneumothorax • pleural effusion • consolidation • pulmonary edema	
(ii) hemidiaphragms, mediastinum, or trachea	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
C. Perform Procedures to Gather Clinical Information	
1. 12-lead ECG	
2. Noninvasive monitoring, e.g., • pulse oximetry • capnography • transcutaneous	
3. Peak flow	
4. Tidal volume, minute volume, and vital capacity	
5. Screening spirometry	
6. Blood gas sample collection	
7. Blood gas analysis / hemoximetry	
8. 6-minute walk test	
9. Oxygen titration with exercise	
10. Cardiopulmonary calculations, e.g., • P(A-a)O ₂ • V _D / V _T • P / F • oxygenation index	
11. Hemodynamic monitoring	
12. Pulmonary compliance and airways resistance	
13. Maximum inspiratory and expiratory pressures	
14. Plateau pressure	
15. Auto-PEEP determination	
16. Spontaneous breathing trial	
17. Apnea monitoring	
18. Overnight pulse oximetry	
19. CPAP / NPPV titration during sleep	
20. Tracheal tube cuff pressure and / or volume	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
21. Sputum induction	
22. Cardiopulmonary stress testing	
23. Pulmonary function testing	
D. Evaluate Procedure Results	
1. 12-lead ECG	
2. Noninvasive monitoring, e.g., • pulse oximetry • capnography • transcutaneous	
3. Peak flow	
4. Tidal volume, minute volume, and vital capacity	
5. Screening spirometry	
6. Blood gas sample collection	
7. 6-minute walk test	
8. Oxygen titration with exercise	
9. Cardiopulmonary calculations, e.g., • P(A-a)O ₂ • V _D / V _T • P / F • oxygenation index	
10. Hemodynamic monitoring	
11. Pulmonary compliance and airways resistance	
12. Maximum inspiratory and expiratory pressures	
13. Plateau pressure	
14. Auto-PEEP determination	
15. Spontaneous breathing trial	
16. Apnea monitoring	
17. Overnight pulse oximetry	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
18. CPAP / NPPV titration during sleep	
19. Tracheal tube cuff pressure and / or volume	
20. Sputum induction	
21. Cardiopulmonary stress testing	
22. Pulmonary function testing	
E. Recommend Diagnostic Procedures	
1. Skin testing e.g., • TB • allergy	
2. Blood tests e.g., • electrolytes • CBC	
3. Imaging studies	
4. Bronchoscopy	
5. Bronchoalveolar lavage (BAL)	
6. Sputum Gram stain, culture and sensitivities	
7. Pulmonary function testing	
8. Noninvasive monitoring e.g., • pulse oximetry • capnography • transcutaneous	
9. Blood gas analysis	
10. ECG	
11. Exhaled gas analysis e.g., • CO ₂ • CO • NO (FeNO)	
12. Hemodynamic monitoring	
13. Sleep studies	
14. Thoracentesis	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
II. TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT AND INFECTION CONTROL	
A. Assemble and Troubleshoot Equipment	
1. Oxygen administration devices	
2. CPAP devices	
3. Humidifiers	
4. Nebulizers	
5. Metered-dose inhalers (MDI), spacers, and valved holding chambers	
6. Dry powder inhalers	
7. Resuscitation devices	
8. Mechanical ventilators	
9. Intubation equipment	
10. Artificial airways	
11. Suctioning equipment e.g., • regulator • canister • tubing • catheter	
12. Gas delivery, metering, and clinical analyzing devices e.g., • concentrator • liquid system • flow meter • regulator • gas cylinder • blender • air compressor	
13. Blood analyzer e.g., • hemoximetry • point-of-care • blood gas	
14. Patient breathing circuits	
15. Incentive breathing devices	
16. Airway clearance devices e.g., • high-frequency chest wall oscillation • vibratory PEP • intrapulmonary percussive ventilation • insufflation / exsufflation device	
17. Heliox delivery device	
18. Nitric oxide (NO) delivery device	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
19. Spirometers – hand-held and screening	
20. Pleural drainage devices	
21. Noninvasive monitoring devices e.g., • pulse oximeter • capnometer • transcutaneous	
22. Gas analyzers	
23. Bronchoscopes and light sources	
24. Hemodynamic monitoring devices	
a. pressure transducers	
b. catheters e.g., • arterial • pulmonary artery	
B. Ensure Infection Control	
1. Using high-level disinfection techniques	
2. Selection of appropriate agent and technique for surface disinfection	
3. Monitoring effectiveness of sterilization procedures	
4. Proper handling of biohazardous materials	
5. Adhere to infection control policies and procedures e.g., • Standard Precautions • isolation	
C. Perform Quality Control Procedures	
1. Gas analyzers	
2. Blood gas analyzers and hemoximeters	
3. Point-of-care analyzers	
4. Pulmonary function equipment	
5. Mechanical ventilators	
6. Gas metering devices e.g., flowmeter	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
7. Noninvasive monitors e.g., • transcutaneous	
III. INITIATION AND MODIFICATION OF INTERVENTIONS	
A. Maintain a Patient Airway Including the Care of Artificial Airways	
1. Proper positioning of a patient	
2. Recognition of a difficult airway	
3. Establishing and managing a patient's airway	
a) nasopharyngeal airway	
b) oropharyngeal airway	
c) laryngeal mask airway	
d) esophageal-tracheal tubes / supraglottic airways e.g., • Combitube® • King®	
e) endotracheal tube	
f) tracheostomy tube	
g) laryngectomy tube	
h) speaking valves	
4. Performing tracheostomy care	
5. Exchanging artificial airways	
6. Maintaining adequate humidification	
7. Initiating protocols to prevent ventilator associated pneumonia (VAP)	
8. Performing extubation	
B. Perform Airway Clearance and Lung Expansion Techniques	
1. Postural drainage, percussion, or vibration	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
2. Suctioning e.g., • nasotracheal • oropharyngeal	
3. Mechanical devices e.g., • high-frequency chest wall oscillation • vibratory PEP • intrapulmonary percussive ventilation • insufflation / exsufflation device	
4. Assisted cough e.g., • huff • quad	
5. Hyperinflation e.g., • incentive spirometry • IPPB	
6. Inspiratory muscle training techniques	
C. Support Oxygenation and Ventilation	
1. Initiating and adjusting oxygen therapy e.g., • low-flow • high-flow	
2. Minimizing hypoxemia e.g., • patient positioning • suctioning	
3. Initiating and adjusting mask or nasal CPAP	
4. Initiating and adjusting mechanical ventilation settings	
a) continuous mechanical ventilation	
b) noninvasive ventilation	
c) high-frequency ventilation	
d) alarms	
5. Correcting patient-ventilator dyssynchrony	
6. Utilizing ventilator graphics e.g., • waveforms • scales	
7. Performing lung recruitment maneuvers	
8. Liberating patient from mechanical ventilation (weaning)	
D. Administer Medications and Specialty Gases	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
1. Aerosolized preparations e.g., • MDI • SVN	
2. Dry powder preparations	
3. Endotracheal instillation	
4. Specialty gases e.g., • heliox • NO	
E. Ensure Modifications are Made to the Respiratory Care Plan	
1. Treatment termination e.g., • life-threatening adverse event	
2. Recommendations	
a. starting treatment based on patient response	
b. treatment of pneumothorax	
c. adjustment of fluid balance	
d. adjustment of electrolyte therapy	
e. insertion or change of artificial airway	
f. liberating from mechanical ventilation	
g. extubation	
h. discontinuing treatment based on patient response	
3. Recommendations for changes	
a. patient position	
b. oxygen therapy	
c. humidification	
d. airway clearance	
e. hyperinflation	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
f. mechanical ventilation parameters and settings	
4. Recommendations for pharmacologic interventions	
a. pulmonary vasodilators e.g., • sildenafil • prostacyclin • inhaled NO	
b. bronchodilators	
c. anti-inflammatory drugs	
d. mucolytics and proteolytics	
e. cardiovascular drugs	
f. antimicrobials	
g. sedatives and hypnotics	
h. analgesics	
i. neuromuscular blocking agents	
j. diuretics	
k. surfactants	
l. vaccines	
m. changes to drug, dosage, or concentration	
F. Utilize Evidence-Based Medicine Principles	
1. Determination of a patient's pathophysiological state	
2. Recommendations for changes in a therapeutic plan when indicated	
3. Application of evidence-based or clinical practice guidelines e.g., • ARDSNet • NAEPP	
G. Provide Respiratory Care Techniques in High-Risk Situations	
1. Emergency	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
a. cardiopulmonary emergencies e.g., • cardiac arrest • tension pneumothorax • obstructed / lost airway	
b. disaster management	
c. medical emergency team (MET) / rapid response team	
2. Patient transport	
a. land / air between hospitals	
b. within a hospital	
H. Assist a Physician / Provider in Performing Procedures	
1. Intubation	
2. Bronchoscopy	
3. Thoracentesis	
4. Tracheostomy	
5. Chest tube insertion	
6. Insertion of arterial or venous catheters	
7. Moderate (conscious) sedation	
8. Cardioversion	
9. Cardiopulmonary exercise testing	
10. Withdrawal of life support	
I. Initiate and Conduct Patient and Family Education	
1. Safety and infection control	
2. Home care and equipment	
3. Smoking cessation	



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NBRC Therapist Multiple Choice Detailed Content Outline Comparison with Curriculum (Program #)	List Didactic/Lab/Clinical Course Number(s)
4. Pulmonary rehabilitation	
5. Disease management	
a. asthma	
b. COPD	
c. sleep disorders	

APPENDIX G –INSTITUTIONAL ACADEMIC CATALOG

(Including proposed program information to be published in catalog)

Place this document in the Supplementary Documents folder (see pages 8-10 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]). 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. Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

If your institution uses more/less than the three documents listed in Appendices G, H, and I (Catalog, Policies and Procedures, and Student Handbook), please contact Bonnie Marrs for help.

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

**If Program Policies and Procedures Manual is the same as the base program,
check here ☐ and proceed to next Appendix.**

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

Place this document in the Supplementary Documents folder (see pages 8-10 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]). 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. Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

If your institution uses more/less than the three documents listed in Appendices G, H, and I (Catalog, Policies and Procedures, and Student Handbook), please contact Bonnie Marrs for help.

Exact name of document: Appendix H – Policies

Type of File: Adobe Portable Document (.pdf)



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APPENDIX I – STUDENT HANDBOOK

**If Student Handbook is the same as the base program,
check here ☐ and proceed to next Appendix.**

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 (see pages 8-10 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]). 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. Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

If your institution uses more/less than the three documents listed in Appendices G, H, and I (Catalog, Policies and Procedures, and Student Handbook), please contact Bonnie Marrs (bonnie@coarc.com) for help.

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 Director(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

Medical Director/Co-Medical Director(s)

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
(SDS-Entry Program)

Faculty Evaluation SSR Questionnaires
(SDS-Entry 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.
