



## COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE LETTER OF INTENT APPLICATION BASE PROGRAM

Sponsor Name:

The accreditation process of the Commission on Accreditation of Respiratory Care (“the CoARC”) is initiated or continued at the request of the institution sponsoring an educational program in respiratory care – base program. This Letter of Intent application, signed by the chief executive officer and chief academic officer constitutes the formal request for an Approval of Intent, the first step in the accreditation process.

The CoARC accreditation process provides peer review of the program’s educational content and process based on national education standards published as the CoARC

The Letter of Intent process includes: (1) A clear statement of educational objectives established by the Sponsor; (2) Submission of this completed application and required documentation; (3) Evaluation by an independent body that the program does or does not comply with the *Standards* of accreditation. Volunteers from the educational and professional communities provide their time and experience to support this process.

The undersigned hereby apply to the CoARC for accreditation of

(the “Program”) in accordance with and subject to the procedures and regulations of the CoARC. The undersigned have read and agree to the conditions set forth in the CoARC’s *Standards*, Accreditation Policies and Procedures Manual, and other policy documents describing accreditation and the accreditation process. The undersigned understand and agree that the Program will be subject to denial of accreditation; to withdrawal of accreditation and forfeiture and redelivery of any status of public recognition indicating accreditation granted by the CoARC; and to denial of future eligibility for accreditation in the event that any of the statements or answers made in this application are false or in the event that the Program violates any of the rules or regulations governing accredited programs.

The undersigned authorize the CoARC to make whatever inquiries and investigations it deems necessary to verify the contents of this application. The undersigned understand that this application and any non-public information or material received or generated by the CoARC in connection with the accreditation process will be kept confidential and will not be released unless the Program has authorized such release or such release is required by law, except when required to meet recognition criteria of the Council for Higher Education Accreditation (CHEA). Information identified in CoARC Policy 14.03 will not be treated as confidential and may be released to the public. The CoARC may use other information from this application for the purpose of statistical analysis, provided that the Program’s identification with that information has been deleted.

To the extent permitted by relevant state law, the undersigned hereby agree to hold the CoARC, its officers, commissioners, employees, and agents harmless from any and all actions, suits, obligations, complaints, claims, or damages including, but not limited to, reasonable attorneys’ fees, arising out of any action or omission by any of them in connection with this application; the application process; or the denial or withdrawal of the Program’s accreditation or eligibility for accreditation.

The Sponsor agrees not to admit students into an Entry and APRT program until it receives Provisional Accreditation. Students matriculated in a Degree Advancement (DA) program that graduate on or after the conferral date of Provisional Accreditation will be considered graduates of a CoARC-accredited program.



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
LETTER OF INTENT APPLICATION BASE PROGRAM**

This application may be withdrawn by the Sponsor at any time and for any reason before final action is taken by the CoARC. The Sponsor may submit another application at any subsequent time without prejudice. The Sponsor affirms that, should the proposed program receive Provisional Accreditation, the stated maximum number of students per cohort and number of cohorts admitted annually shall not be increased until Continuing Accreditation is granted. The Sponsor also affirms that after Continuing Accreditation is granted, should the sponsor wish to increase the maximum number of students, it will follow the procedures delineated in Section 9 of the CoARC Accreditation Policies and Procedures Manual.

Notwithstanding the above, should the Sponsor file suit against CoARC, the undersigned agrees that any such action shall be governed by and construed under the laws of the State of Texas without regard to conflicts of law. The undersigned further agrees that any such action shall be brought in the District Court of Tarrant County in the State of Texas, or the Federal District Court for the Northern District of Texas; consents to the jurisdiction of such state and federal courts; and agrees that the venue of such courts is proper. The undersigned further agrees that, should the Sponsor not prevail in any such action, CoARC shall be entitled to and, to the extent permitted by relevant state law shall be reimbursed for, all costs, including reasonable attorneys' fees incurred in connection with the litigation.

**THE UNDERSIGNED FORMALLY DECLARE OUR INTENT TO DEVELOP AND SEEK ACCREDITATION FOR**

**AND REQUEST INITIAL REVIEW OF THE PROPOSED PROGRAM.**

**THE UNDERSIGNED UNDERSTAND THAT THE DECISION AS TO WHETHER THE PROGRAM QUALIFIES FOR ACCREDITATION RESTS SOLELY AND EXCLUSIVELY WITH THE COARC AND THAT THE DECISION(S) OF THE COARC ARE FINAL.**

**THE UNDERSIGNED HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE SPONSOR, AS INDICATED BELOW.**

**THE UNDERSIGNED HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND INTEND FOR THE PROGRAM AND INSTITUTION TO BE LEGALLY BOUND BY THEM.**

**INSTITUTION  
(CEO/President)**

**(Chief Academic Administrator/Dean)**

Date:

Date:

Name:

Name:

Title:

Title:

Signature:

Signature:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

**The following are requirements for the submission of a Letter of Intent Application:**

1. This application is to be completed for all applicant programs. All information is required unless otherwise indicated and must be typed, scanned, and submitted electronically **by emailing to [bonnie@coarc.com](mailto:bonnie@coarc.com)**.
2. The application must include complete contact information. If the application is prepared by a representative on behalf of an institution, the preparer's contact information must also be included.
3. A nonrefundable Letter of Intent Application fee (see <http://www.coarc.com>) must be submitted with this application.
4. The application will be reviewed when all required components, including any necessary state approval and all applicable fees, have been received and the application is determined to be complete. This application must be received in electronic format. Applications that are incomplete or improperly assembled will not be processed, and applicant programs will be required to resubmit the application. If the required documentation is not received by the Executive Office within twelve (12) months following submission of the Letter of Intent Application, the application will be rejected and the Letter of Intent fee will be forfeited. Should the sponsor decide to proceed with the application a new application and fee will be required (see Policy 2.021).
5. The Approval of Intent will expire two (2) years from the date of issue. Applicant programs that fail to submit a Provisional Self Study Report (PSSR) within six (6) months of receiving the Approval of Intent must reapply for accreditation following the process outlined in *CoARC Policy Section 2.0: Initiation and Reaffirmation of Accreditation* and be required to submit all applicable fees.
6. The sponsor must adhere to the submission deadlines as described in Policy 1.11 of the CoARC Accreditation Policies and Procedures Manual.
7. All submissions must use the most current version of this application. Previous versions of this application will not be accepted. Please check with the CoARC Executive Office.
8. Follow the **step-by-step instructions** on the next page to help assemble the required documentation for this Letter of Intent.

## Step-By-Step Instructions

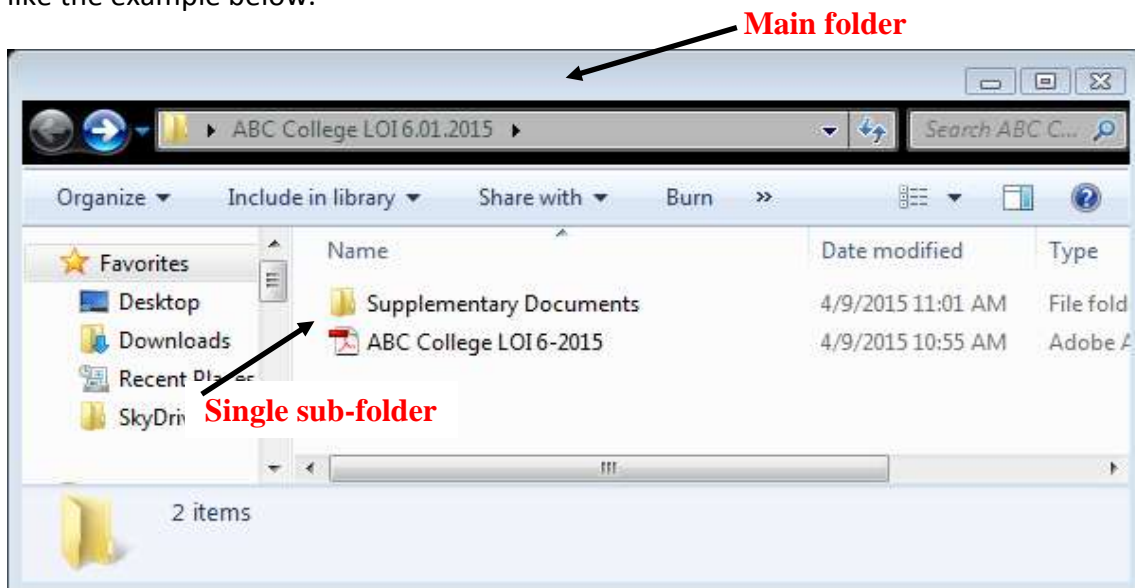
The Letter of Intent Application is an interactive Adobe Acrobat Document (PDF) that is compatible with Adobe Acrobat Software 8.0 and later. If using only Adobe Reader/Viewer, then all preset links for the required supplementary documentation will work providing the document is named exactly as listed and the same type of file format has been used.

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. However, software versions differ so you may have to use the 'Help' tab in order to locate a particular tool. 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 set pages quickly within the document and is located in the navigation pane.

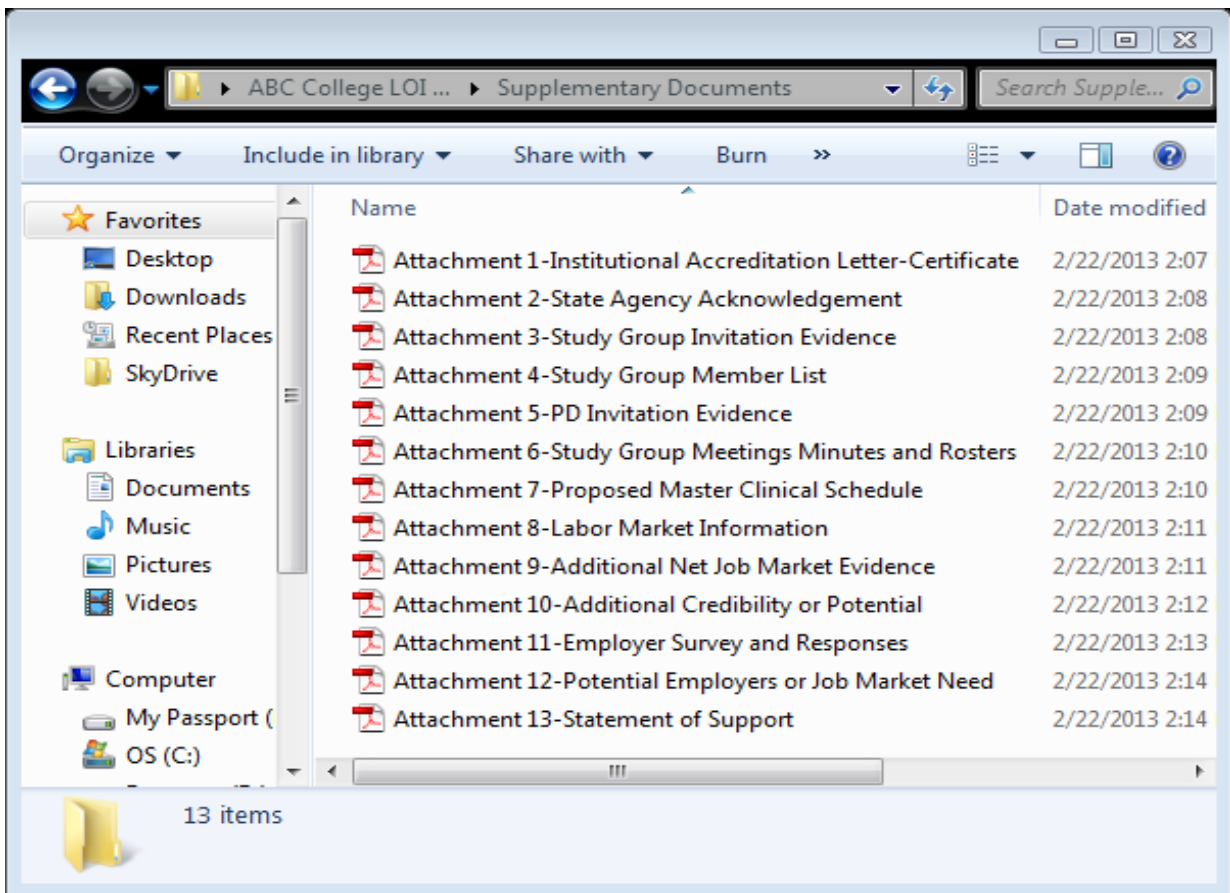
Please be sure that documents are positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents is not restricted.

Please use the steps on the following pages as a guide in completing the Letter of Intent Application.

1. Create a main folder on your desktop that is labeled with the "Sponsor Name, Letter of Intent (LOI), Submission Date" (i.e., ABC College LOI 03.01.2013).
2. Open the main folder and create **one** sub-folder for the supplementary documents/attachments named **Supplementary Documents**.
3. Save the Letter of Intent Application to the main folder you created on the desktop.
4. Name the Letter of Intent Application the same as the main folder "Sponsor Name, LOI, Submission Date" (i.e., ABC College LOI 03.01.2013). If you open your main folder it should look like the example below.



5. Open the saved template and complete the requested information along with the appropriate signatures.
6. Place all documentation requested to **'include as attachment'** throughout the application in the Supplementary Documents folder. All of the attachments have been preset to automatically link as Adobe Portable Documents (PDF or .pdf). In order for the automatic link to work, the document must be named exactly as listed and must be a PDF type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If the document is in a different file format, you will need to convert the document into a PDF. In the event that more than one document is required for an attachment, all requested documents should be combined (i.e., scanned or PDF portfolio) to create a single PDF attachment. The example below is how the Supplementary Documents folder will look once all the attachments have been included.



7. Please verify that the attachments have linked correctly. To do this, click on any of the **bolded** areas requesting to **'include as attachment'**. If linked correctly, the assigned attachment for the selected highlighted area should open. If it does not open, then more than likely the name or file format is incorrect.

**It remains the responsibility of the program to provide this information as requested and in an electronic format. Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.**



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

**General Information - Sponsor**

1. Name and contact information of the sponsor:

Name:

Address:

City:

State:

Zip:

Main

Phone:

FAX:

2. Is the Sponsor part of a consortium?   Yes  No

(If "YES" please list the names of each consortium member)

3. Complete the following for the sponsoring educational institution

(If a consortium, complete the following for the primary sponsor –see *CoARC Standard 1.02/DA1.2/A2*):

a. Sponsoring Educational Institution Type:

b. Sponsoring Educational Institution Control / Ownership:

c. If the sponsor (or any member of the consortium) is privately owned, please indicate the name of the owner(s), contact information, and the percent ownership:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

d. Sponsoring Educational Institution Accreditation

I. Name of Institutional Accrediting Agency:

II. Current Accreditation Status\*:

Year of Last Accreditation Review:

Year of Next Accreditation Review:

III. Is the sponsoring educational institution legally authorized under applicable state laws to provide postsecondary education\*\*?  Yes  No

Comments:

*\*The sponsor must **include as an attachment** a copy of the most recent institutional accreditation letter/certificate with this application. For consortium sponsors, this information must be provided for each member of the consortium.*

*Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 1-Institutional Accreditation Letter-Certificate**.*

*\*\* The sponsor must **include as an attachment** a copy of the most recent approval from or registration with the appropriate state agency (if applicable). For consortium sponsors, this information must be provided for each member of the consortium.*

*If approval from CoARC is required **BEFORE** state agency/institutional accreditor approval, please indicate this by checking the box.*

*If this documentation is applicable, the file type must be PDF and the exact name of the document should be **Attachment 2-State Agency Acknowledgement**.*



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
LETTER OF INTENT APPLICATION BASE PROGRAM

4. Proposed Program Name:

5. Type of degree to be offered (BS, MS, etc.):

6. Institutional Website URL (i.e., http://www.institution.edu):

**7a. For Entry and APRT Program Options Only:**

The requested target date for admission of the first class of students\*:

*Note: A Provisional Accreditation status is required prior to student enrollment, thus any postponements to the next Board meeting is likely to require the program to postpone the planned date for enrollment/matriculation of students and the planned graduation date of the first cohort.*

**7b. For DA Program Options (answer only one of the following):**

The original date for admission of the first class of students:

OR

The requested target date for admission of the first class of students:

**CoARC Policy 2.021 – REQUIRED DOCUMENTATION**

*If this application is a request to transition a program option to a new base program (see CoARC Policy 2.06), please indicate this by checking the box.*

1. The sponsor must assemble a Study Group composed of individuals from an independent, external, community of interest (employers) for the purpose of evaluating the need for a new educational program. Employees of or consultants for the sponsor are not considered members of the Study Group. This Study Group must include representatives from a majority of institutions under consideration as sites for clinical training of future students of the program. It is recommended that other potential employers of future program graduates be included. Invitations to the Study Group must be sent thirty (30) days in advance of the scheduled meeting. If the meeting time or location changes, at least two weeks' notice must be provided.

***If the degree advancement program is already established with an existing advisory committee, please indicate this by checking the box and proceed to question #4:***

The sponsor **includes as an attachment** evidence of compliance with this policy (i.e., electronic mail or USPS, FedEx, UPS, etc. mail correspondence of invitations to the Study Group participants). Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 3-Study Group Invitation Evidence.**





**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

**List of Members of Study Group:** The sponsor *includes as an attachment* a list of study group members, including their job titles and contact information, as well as their affiliations. An accompanying explanation should make clear that they represent those within the community who would hire graduates of the proposed program. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 4-Study Group Member List**.

**Comments:**

2. A Chair with neither present nor past affiliation with the program sponsor(s) must be elected by the Study Group. This individual will oversee all responsibilities of the Study Group.

*Please Note: The Chair may have past affiliation with the program sponsor(s) if the program is reapplying following Withhold or Withdraw of Accreditation (voluntary or involuntary).*

Study Group Chair Information:

Name:

Job Title:  
(primary employer)

Email:

Phone#:

Comments:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

3. The sponsor must provide evidence that more than one Program Director from an accredited, unaffiliated respiratory care educational program from the groups listed below was invited to participate in the Study Group.

- Any program within a 50-mile radius (regardless of state jurisdiction) of the proposed program or in the area from which the proposed program expects to draw a majority of its students (whichever is larger);
- Any clinical site that the new program proposes to use which is currently being used by another respiratory care program;
- A program whose qualified graduates could expect to become employees of any of the employers represented on the Study Group.

*The following is a list of all Respiratory Care programs in the groups defined above:*

Respiratory Care Program Name*	Program Director's Name	City	State	Distance (one-way in miles) from main campus of Proposed Program

(\*Note: Information regarding locations of accredited educational programs in Respiratory Care may be obtained from the CoARC web site, <http://www.coarc.com>).

- a) The sponsor must provide evidence that all respiratory care programs in the drawing area have been notified of its intention to develop and seek accreditation for an educational program in Respiratory Care.
- b) This notification of intent must be sent at least thirty (30) days prior to the first scheduled meeting of the Study Group and must include the names of the program directors that were invited.



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

The sponsor **includes as attachment** evidence of compliance with this policy (i.e., electronic mail, Certified mail with return receipt, USPS, FedEx, UPS, etc. or other carrier delivery receipt mail correspondence to Program Directors from the respiratory care programs listed in the table above inviting them to participate in the Study Group. Note: An agreement by a program director to participate is **NOT** a requirement; however, the invitation to participate **IS** a requirement.) Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 5- PD Invitation Evidence**.

Comments:

4. A quorum (defined as a majority of the members of the Study Group or Advisory Committee) must be present at all meetings. Minutes from the four most recent meetings must be included in the application along with a signed roster which identifies the Chair and the names, affiliations, job titles, and email addresses of all the members who were present at each meeting.

Meeting Date:

Meeting Date:

Meeting Date:

Meeting Date:

The sponsor **includes as attachment** meeting minutes, attendance roster, and information described above for each meeting.

Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 6- Study Group/Advisory Committee Meetings Minutes and Rosters**.

Additional comments, if applicable:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
LETTER OF INTENT APPLICATION BASE PROGRAM**

5. The sponsor must ensure that the appropriate administrative officer and the Director/Manager of Respiratory Care of each proposed clinical site affirms, in writing, that her/his institution has sufficient clinical resources to support its share of the clinical activities of the proposed program without adversely affecting the clinical activities of any existing respiratory programs at that clinical site. Signed affirmation letters from each proposed clinical site stating the maximum number of clinical slots available for students from the proposed new program must be mailed or faxed directly to the CoARC Executive Office. Sponsors must use the CoARC-approved Clinical Site Affirmation Form available at [www.coarc.com](http://www.coarc.com). The Clinical Site Affirmation Forms required with the Letter of Intent Application must be received by the CoARC Executive Office within thirty (30) days after the date of the receipt of the Letter of Intent Application. Failure to meet this deadline may result in a delay of consideration of approval.

***If the degree advancement program does not offer a clinical component, please indicate this by checking the box and proceed to question #6:***

*The following is a list of all proposed clinical affiliates that have been sent a Clinical Affirmation Form\*:*

	<b>Name of Proposed Clinical Affiliate</b>	<b>City</b>	<b>State</b>	<b>Date Form Sent To Affiliate</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

*\*Programs must use the Clinical Site Affirmation Form available at [www.coarc.com](http://www.coarc.com).*



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
LETTER OF INTENT APPLICATION BASE PROGRAM

Comments:

6. The sponsor of the proposed program must:

- a) State the maximum number of students it intends to admit per cohort and the maximum number of cohorts it intends to admit annually (defined as January 1 through December 31) should it receive CoARC approval. Programs seeking Provisional Accreditation may admit no more than two (2) cohorts per calendar year which shall not be increased until Continuing Accreditation is granted.

***Proposed maximum # of cohorts (classes) to be admitted annually:***

***Proposed maximum # of students to be admitted per cohort (class):***

Comments:

- b) Explain how the clinical slots guaranteed by the administrators of the clinical sites (listed above) will be used to schedule the first and second year students in the clinical courses. The sponsor must also include a description of any overlaps in clinical schedules with multiple cohorts.

*The sponsor **includes as an attachment** a proposed master clinical schedule (in table format) showing aggregate information provided on pages 1 and 2 of the clinical affirmation form for each of the proposed clinical affiliates listed in #3. The master clinical schedule should list the proposed clinical courses in the sequence in which the students would typically enroll in them. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 7-Proposed Master Clinical Schedule**.*

***If the degree advancement program does not offer a clinical component, please indicate this by checking the box and proceed to question #7B:***

Comments:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

7. The Study Group must complete a needs and clinical resources assessment as described below.

**Needs and Clinical Resources Assessment**

There must be a demonstrable need for a program that meets the stated goals and objectives in the drawing area the sponsor proposes to serve with the program. The Study Group must include responses to the following:

**Similar Programs at Other Institutions in Drawing Area:** (A) Describe all similar programs in institutions within the drawing area of the proposed program. (B) Explain concisely the similarities and differences, and why another program of this type is needed in this drawing area at this time. (C) Describe concisely the availability of resources within the community to provide adequate learning opportunities.

*Study Group's response to (A):*

*Study Group's response to (B):*

*Study Group's response to (C):*



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

**Workforce Demand Information:** Attach relevant Labor Market Information. The U.S. Department of Labor Occupational Employment Statistics (OES) Survey is conducted in each county in the country. The LMI system provides five-year occupational demand data by county on established occupations, i.e. those that have OES codes and that serve medium to large employers. This data includes respiratory therapists. Appropriate needs assessment documentation must also include data obtained from the state where the proposed program is located and should include surveys of local employers. Be specific to the state. Do not quote only national trends. When including data, provide the citation (e.g., website URL) for the information referenced. If a printout of data from the LMI system is attached, highlight the applicable lines with marker or another easily visible method. Do not include printouts showing job statistics for all occupations in a region; do not provide unneeded or irrelevant statistical printouts, or articles.

*Study Group's comments regarding LMI information:*

**Include as an attachment**, projections from LMI for the geographical region to be served by the proposed program. If these projections do not appear to suggest adequate job openings to provide employment for all program graduates, then explain what other factors may make the LMI figures misleading. Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 8-Labor Market Information.**

**Workforce Demand Analysis:** Indicate the relation of the proposed program to a job market analysis. The job market analysis should present evidence that there is a viable job market that will preferentially hire those graduating with the proposed degree. In completing this section, consider the following:

- A. Net Job Market -- Are there enough openings locally to permit placement of the expected number of graduates and has the job market been growing or declining?

*Study Group's response to (A):*



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
LETTER OF INTENT APPLICATION BASE PROGRAM

If applicable, the Study Group **includes as attachment** additional evidence in response to (A).

If this documentation is not applicable, please indicate this by checking the box. **N/A**

If this documentation is applicable, the file type must be PDF and the exact name of the document should be **Attachment 9-Additional Net Job Market Evidence**.

B. Program Credibility/Career Potential -- Is there sufficient evidence that employers would preferentially hire or promote graduates with this education and will this preparation permit students to stay current in their profession?

Study Group's/Advisory Committee's response to (B):

If applicable, **include as attachment** additional evidence in response to (B).

If this documentation is not applicable, please indicate this by checking the box. **N/A**

If this documentation is applicable, the file type must be PDF and the exact name of the document should be **Attachment 10-Additional Credibility or Potential**.

**Degree advancement programs proceed to question # 8**

**C. Employer Survey/Other Evidence of Need:** A survey of prospective employers in the drawing area within which students will be seeking employment should address to what extent the proposed applicant program will be valued by prospective employers. In addition, provide a narrative on the following:

- When the survey was taken, and by what methodology (mail, telephone);
- How many employers were surveyed and how many responded;
- The specific title(s) of the positions covered by the survey;
- How many openings the employer anticipates, due to separations and new jobs (growth), in the next full year and over the next full five years;
- Whether the employer believes the applicant program as described would qualify students for the specific positions;
- Whether the employer would preferentially hire students who have completed the program.





## COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE LETTER OF INTENT APPLICATION BASE PROGRAM

*Include as an attachment*, a copy of the questions asked in the survey and a full summary of responses. Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 11-Employer Survey and Responses**.

*Include as an attachment*, any letters of support from potential employers in the drawing area. Other evidence of job market need may be included if available. Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 12-Potential Employers or Job Market Need**.

*Additional comments, if applicable:*

8. The Study Group/Advisory Committee must generate a Statement of Support that outlines the need for the program. The Statement of Support must be signed and dated by a majority of the members, including the Chair.

*Statement of Support: The sponsor includes as an attachment a Statement of Support outlining the need for the proposed program. The Statement of Support must be signed and dated by the Chair and the members. A Statement of Support template can be located on the CoARC website ([www.coarc.com](http://www.coarc.com)). For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 13-Statement of Support**.*

*The Statement of Support must also include the following four statements:*

- a. *"The undersigned affirm that all required documentation was reviewed."*
- b. *"No individuals representing the sponsor of the potential program were involved in the writing of the Statement of Support."*
- c. *"Members of the study group/advisory committee were not paid with the exception of meals during the meeting and reimbursement of mileage expenses using the current IRS guidelines for business travel."*
- d. *"With the exceptions of Program Director(s) from the neighboring Respiratory Care Educational Program(s) and non-clinical site employer representatives, the undersigned do hereby agree to be included as initial appointments to the program's Advisory Committee should the proposed program receive Provisional Accreditation."*

Comments:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**LETTER OF INTENT APPLICATION BASE PROGRAM**

Name and contact data for person responsible for the preparation and submission of this application:

Name:

Credentials:

Title:

Voice:

FAX:

Email:

**Prior to mailing, double-check to be sure all fields in the application have been completed, appropriate signatures obtained, all required documents are included in the Supplementary Documents folder, and the attachment links work.**

**Submit this completed application to [bonnie@coarc.com](mailto:bonnie@coarc.com). Mail appropriate fee to:**

**Commission on Accreditation for Respiratory Care (CoARC)**

264 Precision Blvd  
Telford, TN 37690  
817-283-2835  
817-510-1063 Fax  
[www.coarc.com](http://www.coarc.com)