



Commission on Accreditation for Respiratory Care

PROVISIONAL ACCREDITATION SELF-STUDY REVIEW REPORT (BASE DEGREE ADVANCEMENT PSSR)

Program Name: _____ Program #: _____

CoARC Executive Office Review Check List:

- Self-Study Report submitted in the correct format with correct number of flash drives.
Comments: _____
- All information and sections filled in correctly.
Comments: _____
- Responses are provided for each question.
Comments: _____
- Appendices include all requested documentation.
Comments: _____
- Administrative Reviews completed by Site Visit Coordinator:
Date(s): ____/____/____ ____/____/____ ____/____/____
- Administrative Reviews completed by Executive Director:
Date(s): ____/____/____ ____/____/____ ____/____/____

Following Initial Review of the Self-Study by the Referee:

- Program Response to this Report submitted to the Executive Office
on ____/____/____ (a copy of the response is attached).
- Program Response to this Report submitted to the Executive Office
on ____/____/____ (a copy of the response is attached).
- Program Response to this Report submitted to the Executive Office
on ____/____/____ (a copy of the response is attached).



Base DA PSSR Self-Study Review Report

FORM A

Form A to be completed by CoARC Executive Office Staff:

Program #: _____ Accreditation Status: Select Status as of _____/_____/_____

Name of Program: _____

Program Address: _____

City, State, Zip: _____

Program Website URL: _____

Program Director's Name: _____

PD's email: _____ PD's phone number: _____

Director of Clinical Education: _____

DCE's email: _____ DCE's phone number: _____

Medical Advisor: _____

MA's email: _____ MA's phone number: _____

Referee: _____

Instructions to the Program Referee

The review of this program is based on the 2015 *Accreditation Standards for Degree Advancement Programs in Respiratory Care ("Standards")*. Please assess the report and accompanying documentation with respect to the degree to which they appear to meet the *Standards*.

Form B: Make sure each Standard is checked with either "Appears Met" or "Appears Not Met." For each Standard "Appears Not Met" be sure to include an appropriate rationale. If compliance cannot be determined at this time, check the appropriate box. Some boxes are pre-checked because some evidence is only available on-site. The Site Visit Team will follow-up.

Form C: Include general comments. Do not include any citations.

Form X: Provide specific instructions to on-site evaluators as appropriate. Include negative findings from Faculty Evaluation SSR Questionnaires.

Form D: Ensure each citation includes a rationale (from Form B) and list the evidence required to achieve compliance with each Standard.



Base DA PSSR Summary Checklist

FORM B

Program Name:

Program #:

Instructions: Check the appropriate box indicating the team’s judgment of the compliance with each of the Standards based on the review of the evidence obtained from the on-site review. After the report is submitted to CoARC, the program Referee may add, delete, or modify the content of the report prior to sending the report to the program. The program is then allowed the opportunity to respond in writing before final action is taken by the CoARC Board.

Note: Evidence for compliance with **highlighted Standards** must be made available to on-site review team.

| Standard | Standard Description | Standard Appears Met | Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .) | Compliance determined at time of self-study submission |
|----------|--|--|---|--|
| 1 | PROGRAM ADMINISTRATION AND SPONSORSHIP | | | |
| | Institutional Accreditation | | | |
| DA1.1 | Sponsor is accredited and authorized to award a minimum of a Baccalaureate degree. | Evidence of Compliance Previously Evaluated with Submission of LOI Application | | |
| | Consortium | | | |
| DA1.2 | Responsibilities of consortium formally documented. <input type="checkbox"/> check if not applicable | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Sponsor Responsibilities | | | |
| DA1.3 | Required gen ed/transfer credit/didact/lab/clinical. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA1.4 | Curric planning/course selection/faculty growth. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA1.5 | Academic policies apply to all students and faculty regardless of location of instruction. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Substantive Changes | | | |
| DA1.6 | Substantive Changes reported according to CoARC Policy 9.0 . | | | |

| Standard | Standard Description | Standard Appears Met | Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .) | Compliance determined at time of self-study submission |
|----------|--|--------------------------|---|--|
| 2 | INSTITUTIONAL AND PERSONNEL RESOURCES | | | |
| | Institutional Resources | | | |
| DA2.1 | Sponsor ensures that resources are sufficient to achieve program goals regardless of location. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Key Program Personnel | | | |
| DA2.2 | Sponsor appoints FT PD (DCE and MA if clinicals). | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Program Director | | | |
| DA2.3 | Responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA2.4 | Minimum degree qualifications. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA2.5 | Minimum/valid credentials and experience. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA2.6 | Regular/consistent contact w/faculty and students. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Instructional Faculty | | | |
| DA 2.7 | Sufficient faculty; designated supervisor at each site. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Administrative Support Staff | | | |
| DA 2.8 | Sufficient administrative and clerical support. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Assessment of Program Resources | | | |
| DA2.9 | Documented/assessed annually by using RAM. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |

| 3 PROGRAM GOALS, OUTCOMES, AND ASSESSMENT | | | | |
|---|---|-----------------------------|---|--------------------------|
| Statement of Program Goals | | | | |
| DA3.1 | Statements define minimum expectations. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Standard | Standard Description | Standard Appears Met | Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.) | Standard |
| DA3.2 | Review/analysis of goals and outcomes. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA3.3 | Advisory committee composition & responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Student Evaluation | | | | |
| DA3.4 | Define and distribute ESLOs/competencies. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA3.5 | Formulate assess process/rubrics/annual review. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA3.6 | Outcomes must be assessed annually, using CoARC Graduate Surveys. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA3.7 | Academic integrity process for distance education to include: plagiarism, safeguards, and grading rubrics. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Assessment of Program Outcomes | | | | |
| DA3.8 | The program must, at a minimum, meet the outcome thresholds established by CoARC as related to programmatic ESLOs | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Reporting of Program Resources | | | | |
| DA3.9 | CoARC Annual RCS reporting tool submitted. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA3.10 | Action plan developed for sub-threshold outcomes. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |

| Standard | Standard Description | Standard Appears Met | Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .) | Compliance determined at time of self-study submission |
|----------|---|--------------------------|---|--|
| 4 | CURRICULUM | | | |
| | Course Content | | | |
| DA4.1 | Integrated to attain expected competencies/goals. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA4.2 | Periodically reviewed/revised to ensure consistency with goals and competencies. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Competencies | | | |
| DA4.3 | Practice-Specific Knowledge and Skills | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA4.4 | Clinical Knowledge <input type="checkbox"/> check if not applicable | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA4.5 | Professional Attributes | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA4.6 | Interpersonal and Inter-professional Communication | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA4.7 | Practice-Based Research | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA4.8 | Professional Leadership | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Length of Study | | | |
| DA4.9 | Sufficient to acquire expected competencies | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Equivalency | | | |
| DA4.10 | Course content, learning experiences, and access to learning materials for all students in a given track. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |

| Standard | Standard Description | Standard Appears Met | Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .) | Compliance determined at time of self-study submission |
|----------|--|--------------------------|---|--|
| 5 | FAIR PRACTICES AND RECORDKEEPING | | | |
| | Disclosure | | | |
| DA5.1 | Published info accurately reflects program offered. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA5.2 | Required info made known to applicants & students. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Public Information on Program Outcomes | | | |
| DA5.3 | CoARC URL on program website/known to public. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Non-discriminatory Practice | | | |
| DA5.4 | Program activities are non-discriminatory and lawful. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA5.5 | Appeal procedures ensure fairness/due process. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA5.6 | Faculty grievance procedure made known to faculty. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA5.7 | Advanced placement policies documented. <input type="checkbox"/> Check if not applicable | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Academic Guidance | | | |
| DA5.8 | Timely access to faculty for assistance/counseling | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| | Student and Program Records | | | |
| DA5.9 | Student evaluation records maintained securely, confidentially, and in sufficient detail/5 year min. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| DA5.10 | Program records maintained in sufficient detail/5 year min. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |

| 6 | FOR PROGRAMS THAT HAVE A CLINICAL COMPONENT; OTHERWISE, TO BE LEFT BLANK | | | |
|---------------------------------------|--|--------------------------|-------------------------------------|--------------------------|
| Key Program Personnel | | | | |
| 6.1 | The sponsor must appoint a full time Director of Clinical Education (DCE) and MD. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Director of Clinical Education | | | | |
| 6.2 | DCE Responsibilities | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| 6.3 | DCE Educational Requirements (Master's degree or higher required) | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| 6.4 | DCE-minimum valid credentials and experience | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| 6.5 | DCE-regular/consistent contact with clinical faculty sites and students | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Medical Advisor | | | | |
| 6.6 | Medical Advisor Responsibilities/Valid Credentials and Qualifications | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Clinical Faculty | | | | |
| 6.7 | Sufficient Faculty; Student to Faculty Ratio 6:1 | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Clinical Practice | | | | |
| 6.8 | Clinical Affiliation Agreements/MOUs for each site | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| 6.9 | Sufficient quality/duration to meet program goals; Students not responsible for site selection/ determining competencies/acquiring preceptors. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Clinical Site Evaluations | | | | |
| 6.10 | Processes consistent, effective, and ongoing; Student supervision at each site is sufficient. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
| Safeguards | | | | |
| 6.11 | Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff during clinical rotations. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |

| | | | | |
|------|--|--------------------------|-------------------------------------|--------------------------|
| 6.12 | 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. | <input type="checkbox"/> | <input type="checkbox"/> Rationale: | <input type="checkbox"/> |
|------|--|--------------------------|-------------------------------------|--------------------------|

EXAMPLE



Additional Comments

FORM C

Program Name: _____

Program #: _____

| <p align="center">Write Additional Comments, if any.</p> <p align="center">(Note: Programs are not required to respond to Additional Comments).</p> | |
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*Duplicate as Necessary

EXAMPLE



Confidential to Site Visit Team

FORM X

Referee: Please complete this form following review of the program's response to your initial report. Were there negative findings from the respondents (Faculty Evaluation SSR Questionnaires) that the site visit team should address? No Yes *

***If Yes, list below with Standard reference.**

Site visitors: Please respond to each of the special instructions from the Referee and return this page to the CoARC Executive Office with your site visit report. Also, please do not leave a copy of the site visit report with the program. The Referee will finalize the findings of the site visit report after it is returned to CoARC and arrange for a copy to be sent to the program.

Program Name: _____

Program #: _____

| Standards (Reference) | Site Visitors should pay particular attention to the following: (Note: Do NOT present this information to the program. For CoARC use ONLY). |
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Duplicate as Necessary

Note to CoARC – remove Form X when preparing the report to be sent to the program.



CoARC Referee's Analysis of the Base DA PSSR

FORM D

Program Name: _____

Program #: _____

Dear Sponsor and Program Director,

I have reviewed the findings from your self-study report. Please review this entire report, particularly Forms B & D for apparent citations. Stated below are means by which the program must demonstrate compliance with the Standards cited.

CoARC has informed you of the opportunity and deadline to verify/challenge the accuracy of this report as well as the deadline by which you may submit new information indicating the manner in which the Standards listed below have been addressed.

If you have any questions, please feel free to contact me or the Executive Director.

| Standard (from Form B) | Rationale for Citation | Documentation to Address Compliance with Standard |
|---------------------------|------------------------|--|
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Duplicate as Necessary



CoARC Referee's Analysis of the Base DA PSSR

FORM D

Referee Signature Following Initial Review
(Signifying Approval of Document Release to the Program):

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Referee Signature Following Review of Program's Response
(Signifying Approval of Document Release to the Program):

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Referee Signature Following Review of Program's Additional Response (if applicable)
(Signifying Approval of Document Release to the Program):

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Referee Signature authorizing release of the self-study and this document
to the on-site evaluation team.

Note: Typing in the Referee's name represents an electronic signature of this document.

Date: ____/____/____

Associate Executive Director's Signature authorizing release of the self-study and this document
to the on-site evaluation team.

Note: Typing in the Associate Executive Director's name represents an electronic signature of this document.

Date: ____/____/____

EXAMPLE