



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE  
**CHANGE IN DIRECTOR OF CLINICAL EDUCATION**  
**Degree Advancement (DA) Program**

## CHANGE IN PROGRAM PERSONNEL (DA)

### DIRECTOR OF CLINICAL EDUCATION (DCE) STATUS

Permanent ☐ Temporary ☐ Acting ☐ Transitional ☐

\*Explanation of status is located in Accreditation Policies 6.0-Personnel

**Institution Name:**

**Program Number:**

**Degree Type (e.g. AS, BS, MS, etc.):**

### FORMER DIRECTOR OF CLINICAL EDUCATION

**Name:**

**Credentials:**

**Reason for Change:** ☐ Retiring ☐ Resigning ☐ Reassignment ☐ Other (reason)

### NEW DIRECTOR OF CLINICAL EDUCATION

**Name:**

**Credentials:**

**Same DCE as the base program or ADT?** ☐ Yes ☐ No ☐ Not applicable

**Address:**

**City:**

**State:**

**ZIP Code:**

**Work #:**

**Cell #:**

**E-mail:**

**Key Personnel Academy Completion Date (if required):**

**State License Number:**

**Expires:**

**RRT Credential Number:**

**Expires:**

**PLEASE NOTE:** As per Standards DA 2.8 & 2.9, the DCE of a DA program must have:

- a) earned at least a master's degree;
- b) hold a valid RRT credential;
- c) current professional license or certificate unless exempted from licensure under state/federal law;
- d) minimum of four (4) years' experience as an RRT of which at least two (2) years must include experience in clinical respiratory care; and a
- e) minimum of two (2) years teaching experience in clinical respiratory care, research, management, or education associated with an accredited respiratory care program.

### PREPARER CHECKLIST...

- ☐ Letter of Appointment / Acceptance
- ☐ Curriculum Vitae (showing required experience)
- ☐ Copy of State License with expiration date
- ☐ Copy of RRT Certificate/Credential verification w/ expiration date
- ☐ Copy of college transcript (highest degree completed)
- ☐ Copy of Key Personnel Academy certificate (if previously completed)
- ☐ This completed form

**Send documentation to:**

**CoARC**

**Shelley Christensen**

**[shelley@coarc.com](mailto:shelley@coarc.com)**

### FOR COARC EXECUTIVE OFFICE ONLY

- ☐ Approved
- ☐ Temporary/Acting/Transitional  
until

Signature: \_\_\_\_\_

Date:

- ☐ Confirmation of Change Sent to Program

- ☐ Updated Database

Signature: \_\_\_\_\_

Date: