ACCREDITATION POLICIES AND PROCEDURES MANUAL

Policies in Effect as of January 1, 2020

Clarifications 12/13/2019
With clarifying changes to Mission Statement, Section 6, Policy 6.011I Transitional Replacement; Section 10 Policy Complaint Procedure; and removal of On-Time Graduation Rate

Clarifications 7/19/2019
With clarifying changes to Section 1, Policy 1.15 Introduction; and Section 11, Policy 11.01 Disclosure of Accreditation

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ACCREDITATION POLICIES

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Note: Throughout the document, there are hyperlinks of words and phrases to the Glossary and Sections of the manual.

"In Writing" is defined as a written notification, sent via regular mail, certified mail, overnight carrier, fax, and/or email, which provides specific information, instructions, facts, and/or warnings. Written notifications are official announcements or statements which are addressed to the responsible individual(s) at the program and/or sponsor; are signed and dated by the proper individual(s) at the CoARC; and identify the specific periods of time to which the notification applies both with regards to the content of the notification and the required response.

Please Note: Unless specified otherwise, the term '*Standards*' refers to the CoARC's most recently approved Accreditation Standards (*Entry into Respiratory Care Professional Practice* or Accreditation Standards for *Degree Advancement Programs)* and Accreditation Standards for *Advanced Practice Programs in Respiratory Care*, as applicable to the program offered.

The term 'program' in this document refers to all base programs and program options (i.e., additional degree track programs, sleep disorders specialist programs, and satellite programs) unless specified otherwise.

SECTION 1.0: INTRODUCTION

Additional information and guidance regarding the accreditation process and accreditation *Standards* are available from the Executive Office staff. Questions regarding the accreditation *Standards* or policies and procedures described in this CoARC Accreditation Manual should be referred to this Office.

1.01 Mission Statement

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research, and service.

1.02 Purpose

The purpose of these Policies is to provide directions for, and detailed information regarding, the accreditation process for Respiratory Care educational programs and program options.

1.03 Scope of Accreditation

The CoARC accredits entry into professional practice programs in respiratory care at the Associate, Baccalaureate, and Master's Degree levels as well as degree advancement programs in respiratory care at the undergraduate and graduate levels. The CoARC also accredits polysomnography programs offered by these programs. CoARC accreditation activities are limited to programs in the United States and its territories.

The CoARC and its collaborating organizations cooperate to establish, maintain, and promote high quality educational standards for programs that prepare individuals for respiratory care practice, and to provide recognition for degree-granting, postsecondary educational programs that meet the requirements outlined in the *Standards*. The accreditation process is voluntary and is initiated only at the request of an institution that meets the criteria for program sponsorship, as identified in the *Standards*. Upon receiving such a request the CoARC conducts a comprehensive review of the program, including information contained in the accreditation application and self-study report, the report of the site visit evaluation team, the program's annual report, and any requested reports or additional relevant documentation submitted by the program. Accreditation decisions are based on the CoARC's determination of the extent to which the program meets the *Standards*. Programs that have successfully undergone the review process are granted accreditation status by the CoARC, which provides public recognition of that achievement. The CoARC delegates to its Commissioners the responsibility for ensuring that accreditation actions follow fair and objective procedures and are in full compliance with the accreditation *Standards.* The CoARC has full and final decision-making authority for all accreditation actions.

1.04 Good Faith

The CoARC requires each program seeking accreditation, or currently holding an accreditation status, to engage in the accreditation process in good faith. Programs must provide accurate and truthful information throughout the accreditation process. Any program that fails to participate in good faith by falsifying information presented in the accreditation process may be subject to a decision by the CoARC to either withhold or withdraw accreditation.

Falsification is defined as the provision by a program/sponsor to the CoARC of incorrect information, in whole or in part, through commission or omission. This includes, but is not limited to: providing false or misleading data related to a sponsor's accreditation status; providing false or misleading programmatic information; providing false or misleading outcomes data; providing false or misleading information in an effort to receive a postponement or an extension on an

accreditation action; forging signatures of authorization; or engaging in any false or misleading advertising with respect to accreditation status.

If a program has submitted such information accidently, it may submit additional material that modifies, corrects, or otherwise explains the original submission. These additional materials must be properly identified (including an explanation for any errors related to the original submission), dated, and accompanied by copies of the original documents.

1.05 Statuses of Public Recognition

The CoARC confers the following Statuses of Public Recognition as they apply to the *Standards* and these Policies:

1) Provisional Accreditation
2) Continuing Accreditation
3) Probationary Accreditation
4) Administrative Probation*
5) Withhold of Accreditation
6) Withdrawal of Accreditation – Voluntary*
7) Withdrawal of Accreditation – Involuntary
8) Inactive Accreditation – Voluntary*

*The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation and Voluntary Inactive Accreditation do not require a vote by the CoARC Board.

1.050 Accreditation Process and Cycle

The accreditation process begins with submission of the *Accreditation Services Application*, completion and submission of a self-study report, payment of appropriate fees, and agreement to an on-site evaluation to be conducted after review of these data, all of which need to occur prior to the conferral of either Provisional and/or Continuing Accreditation. Which of these applies depends upon each program's location in the accreditation cycle. Please refer to Policy 2.0 for more details on the process as well as Appendix A which provides an overview of the accreditation process from the initiation of accreditation through the reaffirmation phase.

Programs whose applications for accreditation have been approved and have been granted Provisional Accreditation retain this status until three (3) years of outcomes data have been submitted and evaluated by the CoARC. If these data meet the *Standards*, the CoARC will confer Continuing Accreditation. An accredited base program must have this status reaffirmed no more than five (5) years after it is initially conferred, and no more than ten (10) years following each subsequent reaffirmation. Additional Degree Track programs, Sleep Disorders Specialist programs, and Satellite programs (see definitions in Section 2) will assume the reaffirmation cycle of their base programs after their continuing accreditation is initially affirmed – i.e. the initial 5 year cycle noted above.

Accreditation does not end merely because a certain length of time has elapsed. A program remains accredited until it formally requests termination of its accreditation status or the CoARC officially terminates the program's accreditation for its failure to meet the *Standards*. When the CoARC withdraws or withholds accreditation, the letter transmitting that decision will specify the date on which accreditation will terminate.

1.051 Provisional Accreditation

This status signifies that, following the granting of an Approval of Intent, a program has,

through the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and any other documentation required by the CoARC, as well as the completion of a satisfactory initial on-site visit, demonstrated sufficient compliance with the *Standards* to initiate a program. The program will remain on Provisional Accreditation until it achieves Continuing Accreditation. Programs with the Provisional Accreditation classification may be placed on Probationary Accreditation or have accreditation withdrawn if the program does not provide continuing evidence of progress toward meeting all *Standards*.

Only students graduating after the date of conferral of Provisional Accreditation are considered graduates of a CoARC accredited program. Provisional Accreditation status is recognized by the National Board for Respiratory Care (NBRC) as providing program graduates with eligibility for the Respiratory Care Credentialing Examination(s).

When at least three (3) reporting years of outcomes have been collected and analyzed, a provisionally accredited program with satisfactory outcomes may apply for Continuing Accreditation. This will require the completion of a Continuing Accreditation Self Study report and a second on-site evaluation. Based on its evaluation of this information the CoARC will confer either Continuing Accreditation or Withhold of Continuing Accreditation (see 1.054). Programs on Provisional Accreditation that reported one or more outcomes below threshold during these three years, and/or have submitted one or more progress reports, may be subject to Withhold of Continuing Accreditation. Enrolled students satisfactorily completing a program under Provisional Accreditation are considered graduates of a CoARC accredited program.

1.052 Continuing Accreditation

Continuing Accreditation is conferred when: 1) an established program with Continuing Accreditation demonstrates ongoing compliance with the *Standards* determined by a satisfactory Continuing Accreditation self-study report and on-site visit, or 2) a program holding Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional Accreditation period. Continuing Accreditation remains in effect until the program withdraws from the accreditation process or until accreditation is withdrawn by the CoARC for failure of the program to comply with the *Standards*.

1.053 Probationary Accreditation

Probationary Accreditation is a temporary status of accreditation (maximum duration of two (2) years) conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies, and progress reports submitted do not demonstrate correction of these deficiencies. Probationary Accreditation can also be conferred when a sponsor receives an adverse action, as described in CoARC Policy 1.07. Following conferral of Probationary Accreditation, the program must file a Probation Report as directed by the CoARC Executive Office. If/when, to the satisfaction of CoARC, the program is able to rectify all the deficiencies that resulted in Probationary Accreditation, and thereby achieve compliance with the *Standards*, the CoARC will remove probationary status.

If the program remains out of compliance with the *Standards* at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless the CoARC determines that the program is making a good faith effort to come into compliance with the *Standards.* The CoARC defines a “good faith effort” as: 1) a completed comprehensive assessment of the non-compliant *Standard(s)* under review; 2) development of an appropriate plan for achieving *Standards’* compliance within a reasonable time frame (not to exceed the two year probationary period); 3) a detailed timeline for completion of the plan; 4) evidence that the plan has been implemented

according to the established timeline; and, 5) evidence that the program is making progress toward achieving compliance as stated in the plan. It is the program's responsibility to make the case that a good faith effort has been made. If compliance with all *Standards* is not demonstrated within the two (2) years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probation status exceed 2 years. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed.

A program on probation maintains the accreditation status existing prior to conferral of probation and is therefore required to adhere to all applicable policies, including the submission of the Annual Report of Current Status (RCS) on or before the due date. However, review and approval of the RCS per se does not affect the probationary status. Because probation is not a part of the accreditation cycle, the applicable accreditation cycle dates remain in effect. When related to probation, a decision to Withdraw Accreditation is subject to reconsideration but cannot be appealed (See Policy 1.06).

The CoARC requires a sponsor to complete a teach-out plan when a program is placed on probation, requests inactive status or when accreditation is withdrawn either voluntarily or involuntarily (see Policy 1.13). Enrolled students graduating from a program under Probationary Accreditation are considered graduates of a CoARC accredited program.

1.054 Withhold of Accreditation

A program seeking Provisional Accreditation or Continuing Accreditation may have such accreditation status withheld if, following submission of a self-study and completion of an on-site evaluation, the accreditation review process reveals that the program is not in compliance with the Standards. A program that has had its accreditation status withheld is no longer allowed to admit students. The CoARC requires a sponsor to complete a teach-out plan when the CoARC takes action to withhold or withdraw a program's accreditation (see Policy 1.13). Enrolled students who complete such a program are considered graduates of a CoARC accredited program (See Section 1.06 for Reconsideration and Appeal Policy).

1.055 Administrative Probation

Administrative Probation is automatically conferred when a program, or any program option with a separate CoARC ID number, does not comply with administrative requirements. Administrative Probation status does not affect the eligibility for the NBRC Examinations of students in the program. Substantive Change requests will not be considered while a program is on Administrative Probation.

The CoARC's initial administrative request (related to documentation, fees, personnel problems, etc.) will include the warning that should the response to the request not be submitted prior to the applicable deadline, the program will be considered for Administrative Probation. The initial request will be sent by email to the Program Director only. If the Executive Office doesn't receive the program's response by the deadline outlined in the email communication, a second request will be sent by email to the Dean of the program, as well as to the Program Director, again informing the program that failure to submit the required material by the deadline outlined in the communication will result in the program's being placed on Administrative Probation. Should the material/fees etc. not be received in the Executive Office by the deadline outlined in the second email communication, a third request will be sent by certified mail, return receipt requested, to the responsible individuals at the program's sponsor as well as to the Program Director, informing the program that failure to submit the required material within ten (10) calendar days of the date on the return receipt will result in the program's being placed on

Administrative Probation. If, following conferral of Administrative Probation, the program's failure to provide the requested material/fees etc. continues, the program will be placed on the agenda at the next scheduled CoARC meeting for consideration of conferring Probation, Withhold, or Withdrawal of Accreditation (see CoARC Accreditation Policies 1.053, 1.054, 1.057. See Policy 6.011 for personnel deficiencies). While it is on Administrative Probation, all listings of a program's accreditation status must include the words "Administrative Probation."

Administrative requirements include:

1) Filing all required documents in a timely and truthful manner (e.g., Self-Study Report, Annual Report of Current Status, Progress Reports, Substantive Changes). The due date determined by the CoARC will be communicated electronically or in writing to the program.
2) Agreeing to reasonable on-site review dates within the time frame established by the Executive Office.
3) Payment of fees within the time frame established by the Executive Office.

1.056 Withdrawal of Accreditation - Voluntary

A. Programs may notify the CoARC of a request for Voluntary Withdrawal of Accreditation at any time, The Withdrawal request may be for all activities of the program or for program options.

   The CoARC requires a sponsor to complete a teach-out plan when a program is placed on probation, requests inactive status, or when accreditation is voluntarily or involuntarily withdrawn (see Policy 1.13). Enrolled students who complete these programs are, accordingly, considered graduates of a CoARC accredited program (See Section 1.06 for Reconsideration and Appeal Policy).

B. A Request for Voluntary Withdrawal of Accreditation (template available at www.coarc.com), signed by the Chief Executive Officer (or an officially designated representative) must be submitted to the Executive Office.

C. Annual fees will not be prorated for the year in which voluntary withdrawal occurs.

D. A sponsor that has submitted a letter of Voluntary Withdrawal of Accreditation can rescind that request up to the effective date of withdrawal. Following submission, the sponsor is eligible to request a one-time extension of the effective date of withdrawal, not to exceed six (6) months. If the sponsor wishes to apply for a new respiratory care program after the effective date of voluntary withdrawal, the sponsor must comply with CoARC Policy 1.068 prior to submitting a new application.

1.057 Withdrawal of Accreditation - Involuntary

The CoARC may withdraw accreditation of a program, regardless of its current accreditation status, under the following circumstances:

- A program on probation has failed to bring itself into substantial compliance with the *Standards* within the prescribed timeline.
- The sponsor has had its institutional accreditation or legal authority to provide postsecondary education terminated.
- The program has failed to comply with one or more CoARC accreditation actions or procedures, including failure to:
  1. undergo a site visit within the required timeline
  2. follow directives associated with an accreditation action
  3. correct deficiencies defined in the conferral of Administrative Probation (see 1.055).

- The program has submitted false or misleading information to the CoARC.
- The program has demonstrated grossly unethical business or educational practices such that the health, welfare, and/or safety of its students and/or the public are in jeopardy.
- The program has been inactive for more than two years.
- Determination by the CoARC that the program is a new program because of a Change of Ownership/Sponsorship/Legal Status or Change in Control (see Policy 1.08).
- The CoARC has determined that the program is no longer in compliance with the *Standards* because of a major change in resources, e.g., faculty, facilities, sponsorship, or funding, etc.

A program that has had its accreditation status withdrawn is no longer allowed to admit students.

The CoARC requires a sponsor to complete a teach-out plan when the CoARC takes action to withhold or withdraw a program's accreditation (see Policy 1.13). Accordingly, students enrolled in such programs who satisfactorily complete the program teach-out are considered graduates of a CoARC accredited program (See Section 1.06 for Reconsideration and Appeal Policy).

1.058 Inactive Accreditation – Voluntary

Base programs and program options on Administrative Probation or with a status of Continuing Accreditation without any pending Progress Reports are eligible to request inactive status for up to two years. During this time the program is required to pay full CoARC fees. No students may be enrolled in the program after the CoARC approves the request. Programs offering additional options (polysom, etc.) may request voluntary inactive status for these program options without affecting the accreditation status of the base program. Inactive status does not affect the date of the next scheduled site visit. During inactive status, programs must continue to submit documents (e.g., annual reports) and pay fees due during that time, unless otherwise directed by the CoARC. To request inactive status a program must submit the appropriate CoARC "Request for Inactive Status letter". The CoARC requires a sponsor to complete a teach-out plan when a program is placed on probation, requests inactive status, or voluntarily or involuntarily withdraws (see Policy 1.13).

A. A request for inactive status, (Inactive Status Request Template available at http://www.coarc.com) signed by the Chief Executive Officer (or an officially designated representative) must be submitted to the CoARC Executive Office.

   This letter must contain:
   1. the program number(s) for which inactive status is being requested;
   2. the desired effective date of the inactive status;
   3. the last date on which currently enrolled students are expected to graduate;
   4. the most recent date on which students were enrolled;
   5. a stipulation that no new students will be matriculated in the program during the time of inactive status;
   6. the location where all records will be kept for students who completed the program teach-out during such time;
   7. a list of all students enrolled in the program as of the effective date of the inactive status that includes their name, address, phone number, and unique student identification number;
   8. an explanation of how prospective and students still enrolled in the program as of the effective date will be informed of the program's inactive status.

B. To reactivate the program during the two (2) year period, the Chief Executive Officer (or an officially designated representative) of the sponsor must send the CoARC a written request for a change in status (Request for Reactivation). An updated Annual Report of Current Status will be required before the program can admit students. The sponsor will be notified by the CoARC of any additional requirements, including a focused site visit, that must be met prior to restoration of active status.

C. If the program has not been reactivated by the end of the two-year period, the CoARC will withdraw accreditation.

D. If a sponsor wishes to voluntarily withdraw at any time during the two (2) year period, it must follow the procedures outlined in Policy 1.056.

1.06 Reconsideration and Appeal Policy

The following adverse accreditation actions by the CoARC are subject to reconsideration and appeal:

1. Withhold of Provisional Accreditation
2. Denial of a Request for Reactivation
3. Probation (subject to Reconsideration only)
4. Withhold of Continuing Accreditation
5. Withdraw Accreditation (Involuntary)

All other CoARC decisions, including Administrative Probation and Denial of a Request for Substantive Change, are final and not subject to reconsideration or appeal.

Adverse accreditation decisions may be appealed only if the sponsor has exercised its option to request reconsideration of the adverse decision and the reconsideration process has been completed.

Programs will be notified of these accreditation actions (1 through 5 above) in writing via certified mail, return receipt requested, or by other means that provide verification of receipt by the program's sponsor. The basis for the adverse action and the sponsor's right to request reconsideration and/or to appeal the decision will be clearly stated in the notification.

An adverse action by the CoARC doesn't become final until the reconsideration and/or appeal process is complete. If the sponsor does not initiate the reconsideration/appeal process prior to the deadline specified in the CoARC's initial notification of the adverse action, the sponsor's rights to reconsideration or appeal are terminated.

During the reconsideration period, the accreditation status of the program shall remain the same as it was prior to the adverse action. If the adverse action is sustained or not substantially modified on reconsideration, the program's accreditation status will be as determined in the initial adverse action. If the CoARC reverses an adverse action on appeal, the effective date of this reversal will be the date on which the initial adverse action was taken.

All correspondence referred to herein, by both the CoARC and the program/sponsor, must be sent by certified mail, return receipt requested, or other means agreed to by the CoARC in writing. All days refer to calendar days. Under extenuating circumstances, with the mutual consent of the President or Chief Executive Officer of the CoARC and the President of the program's sponsor (or his/her designee), the specified time limits and/or procedures for the reconsideration or appeal processes may be adjusted.

1.061 Reconsideration Process

Reconsideration is the process that allows the sponsor to request that the CoARC review an adverse accreditation decision to determine whether (a) the procedures described in the CoARC Accreditation Policies and Procedures Manual were followed, and/or (b) substantive matters related to the adverse accreditation action were decided correctly based on the accreditation record at the time of the initial adverse decision.

Request for Reconsideration

The program/sponsor must submit a Request for Reconsideration to the CoARC Executive Office within thirty (30) calendar days of its receipt of the adverse decision notification.

If a Request for Reconsideration is not received by the CoARC within thirty (30) calendar days, the CoARC's initial adverse action will be final and effective immediately.

At a minimum, the Request for Reconsideration must include:

1. Specification of the accreditation decision to be reviewed,
2. A description of the modification or reversal sought by the sponsor,
3. A complete and concise description of any erroneous fact(s) or what the sponsor believes was an incorrect interpretation of the *Standards* and/or *Accreditation Policies* on which the decision was based,
4. A description of any CoARC procedures which the sponsor believes were not followed,
5. New evidence demonstrating compliance with cited Standards/Policies,
6. Pertinent, detailed supporting documentation for items 3 through 5 above,
7. Payment of the Reconsideration Fee.

The sponsor must submit its request electronically to the Chief Executive Officer of the CoARC as an attachment to an email (**tom@coarc.com).**

Following administrative review by the CoARC Chief Executive Officer, the Request for Reconsideration will be considered by the CoARC Board at its next scheduled meeting.

A board member who is currently serving as the program's Referee or participated in the site visit that triggered the adverse action may be asked to participate in the Board's discussion of the request but will not participate in voting.

The program sponsor and each member of the CoARC Board will be provided with a copy of the following materials, which shall constitute the Reconsideration Record: relevant portions of the minutes and other pertinent documentation from the appropriate CoARC meeting; the CoARC letter informing the sponsor of the adverse action; and the sponsor's Request for Reconsideration. The sponsor shall be responsible for any costs related to Reconsideration.

Board members will consider the materials independently before discussing the matter at the meeting. Executive Office staff may consult with the program director, program Referee, or site visit team members to verify, validate or clarify the above information. The CoARC Board may also consult with its staff or legal counsel regarding CoARC policy and procedural issues.

Reconsideration Decision

Based on its review of the Reconsideration Record, the CoARC Board will make one of the following decisions:

1. Affirm the initial adverse action;
2. Modify the initial adverse action in whole or in part; or
3. Reverse the initial adverse action.

The CoARC Board's determination shall be made by majority vote.

Following the meeting, the Executive Office staff will develop a written report to include the following:

1. Activities: The dates of the meetings and minutes of the discussion related to the Reconsideration.
2. Findings: A statement responding to each of the issues brought forward in the reconsideration request, including a brief description of reasons for the CoARC Board's determination regarding each issue.
3. Decision: The Board's decision.
4. Signature: The report will be signed by the CoARC President.

The CoARC will notify the sponsor of its decision no more than ten (10) calendar days following the Board meeting.

If the adverse action being reconsidered is probation, the decision of the CoARC Board will be final, effective immediately. The Program may not request an Appeal.

If the program disagrees with a decision relating to Withhold of Provisional Accreditation, Denial of a Request for Reactivation, Withhold of Continuing Accreditation or Withdrawal of Accreditation, it may request an Appeal hearing.

1.062 Appeal Procedure

Criteria for Appeal

The grounds for requesting an appeal are limited to the following: (a) a departure by the CoARC from its established procedures which is of such significance as to have affected materially the CoARC's adverse decision; or (b) the citing by the CoARC, as the basis for its decision, of factually incorrect information of such significance as to have affected the CoARC's adverse decision.

Initiation of an Appeal

The Sponsor must submit a written Request for Appeal to the CoARC Executive Office (certified mail, return receipt requested) within thirty (30) calendar days following its receipt of the CoARC Board's decision regarding Reconsideration. If a Request for Appeal is not received by the CoARC within thirty (30) calendar days of the notification, the Board's decision shall be final.

The Notice of Appeal must include:

1. A copy of the decision which is being appealed,
2. A complete and concise description of any departure by the CoARC from its established procedures which is of such significance as to have affected materially the CoARC's decision,
3. A complete and concise description of any factually incorrect information, cited by the CoARC as the basis for its decision, which is of such significance as to have affected materially the CoARC's decision,
4. A description of the modification or reversal sought by the sponsor,
5. Pertinent, detailed supporting documentation, for items 2, 3 and 4 above,
6. Payment of the Appeal Fee.

The Appeal must be based upon the action or process that triggered the CoARC's adverse action (e.g., a site visit, progress report, etc.). Actions taken or changes made subsequent to the Board's decision on a request for reconsideration will not be considered.

Any new documentation submitted must address the departure by the CoARC from its established procedures and/or relate to incorrect information utilized by the CoARC to make its reconsideration decision.

The sponsor should submit its Request electronically as an attachment to an email addressed to the CoARC Chief Executive Officer (**tom@coarc.com).**

Composition of an Appeal Panel

The CoARC Executive Office staff shall maintain a list of at least 20 individuals who are qualified by service to the CoARC (e.g., former Commissioners, current site visitors) to serve on ad hoc Appeal Panels. Qualified individuals must be familiar with the accreditation process, have a working knowledge of current CoARC Accreditation *Standards* and Policies, and an understanding of the functional components of the specific type of institution sponsoring the educational program under review (e.g., community college, career-college, or university). This list shall be reviewed and modified, as appropriate, on an annual basis by the CoARC Chief Executive Officer in consultation with the President of the CoARC. All members of ad hoc Appeal Panels shall be selected from that list.

An individual will not serve on an Appeal Panel if: s/he participated in the site visit that triggered the adverse action; has been previously involved with the sponsor; was involved in the accreditation review activity that led to the specific CoARC action; is a current Commissioner; or has any other potential conflict of interest as determined by the CoARC Conflict of Interest Policy.

Process for Selecting an Appeal Panel

Five (5) individuals qualified to serve as members of an Appeal Panel shall be selected by the President of the CoARC from the above list. If the President of the CoARC has a conflict of interest with the sponsor, the President-Elect of the CoARC shall be designated to make the selections for the appeal panel.

After determining the willingness of these persons to serve, the Chief Executive Officer will send the list of potential panel members to the sponsor (certified mail, return receipt requested). Within ten (10) calendar days of receipt of the list, the sponsor shall select three (3) individuals from the list to constitute the Appeal Panel and shall notify the CoARC Executive Office by email of the names of the persons selected. If the sponsor does not provide its selections within the 10-day period, the President/President-Elect of the CoARC shall make that determination.

Appeal Hearing Date and Participants

The hearing must be held no sooner than forty-five (45) or later than one hundred and twenty (120) calendar days after the Appeal Panel has been selected. This time may be extended for good cause upon mutual agreement of the sponsor and the CoARC's Chief Executive Officer or President (or the President's designee)**.** After consultation with the Chief Executive Officer (CEO) of the sponsor and the Appeal Panel members, the CoARC Chief Executive Officer shall establish the date, time, and place for the hearing, and shall provide this information to the sponsor's CEO and the Appeal Panel members, in writing at least forty-five (45) calendar days prior to the hearing. The notice shall advise the sponsor that it:

1. Should send representatives to appear before the Appeal Panel;
2. May, in addition, be represented by legal counsel; and
3. Will have the opportunity to make a presentation before the Appeal Panel.

The Sponsor must provide written notification of its intent to send legal counsel to appear before the panel, and must provide the CoARC Chief Executive Officer with the names of its representatives (and legal counsel if applicable) no later than twenty-one (21) calendar

days before the scheduled date of the hearing.

The CoARC Chief Executive Officer or his/her designee shall serve as staff for the Appeal Panel. The Appeal Panel may request that CoARC representatives familiar with the issue on appeal testify at the hearing to provide information.

Once an appeal is filed, the sponsor may communicate with the Appeal Panel only at the hearing or in writing through the CoARC Chief Executive Officer or the CoARC legal counsel.

Individuals having a close relationship to the program, its sponsor, or to a competing program or sponsor shall not, under any circumstances, contact or communicate with members of the Appeal Panel. Violation of this requirement may result in denial of the Appeal.

Preparation for the Hearing

The CoARC Chief Executive Officer shall send to the sponsor names of any individuals related to the CoARC who will participate in the hearing as well as copies of the following materials, which shall be included in the Appeal Record: relevant portions of the minutes from the CoARC Board meeting resulting in the original adverse action; relevant portions of the minutes of the CoARC Board meeting related to its decision regarding Reconsideration; and the sponsor's Request for Appeal. The CoARC President may choose to submit a written statement further explaining the CoARC's accreditation decision. Copies of the Appeal Record shall be provided to all individuals involved in the hearing at least fourteen (14) calendar days prior to the scheduled hearing date.

The CoARC will provide all Appeal Panel members with instructions regarding the duties and functions of the Appeal Panel;

1. The Panel will elect a chair from its members (if one was not appointed previously by the President/President's designee).
2. The CoARC Chief Executive Officer and legal counsel will review CoARC policies and procedures related to the hearing process, CoARC accreditation policies, and all correspondence and documents related to the issues at hand. They will also respond to questions from panel members.
3. The Panel chair shall prepare an introductory statement which shall be reviewed by the panel. The introductory statement will outline the appeal request, the CoARC decision that is being appealed, and the evidence used by the CoARC to justify the decision.

Hearing Format

The hearing shall be limited to consideration of the action or process that triggered the initial adverse action.

The sponsor may not present, and the Appeal Panel shall not consider, programmatic changes or evidence that was not reviewed during the Reconsideration process.

While strict adherence to the formal rules of evidence is not required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall adhere to the following general format:

1. Introductory statement by the Appeal Panel Chair.
2. Each person present will be identified and the Chair will describe the procedures.
3. An oral presentation by the sponsor's representative, not to exceed sixty (60) minutes in length. This shall be limited to clarification of the record, presentation of evidence supporting programmatic compliance with the accreditation *Standards/Policies* cited in the adverse accreditation action, and review of any administrative procedures with which the sponsor has concerns.

4. The sponsor's presentation must be relevant to the issues to be decided by the panel (i.e., the cited areas of programmatic noncompliance with the *Standards* and/or the CoARC's failure to observe proper accreditation policies and procedures).
5. Although the sponsor's legal counsel may participate in the proceedings, witnesses may not be cross-examined, and objections to testimony are not permitted.
6. Following the sponsor's presentation, a representative from the CoARC will have an opportunity to reply. The CoARC may be represented by legal counsel.
7. Closing statement by the sponsor (up to 15 minutes).
8. Closing statement by the CoARC (up to 15 minutes).
9. Following the CoARC's reply, members of the Appeal Panel will have the opportunity to ask questions of all representatives of either party.
10. Adjournment.

An electronic record of the above hearing proceedings will be made. At its own cost, either party may hire a certified court reporter to make a record of the hearing.

If the sponsor, without good cause, fails to appear before the panel and has failed to advise the CoARC Chief Executive Officer, in writing, more than five (5) calendar days before the scheduled date of the hearing that it will not appear, the CoARC may elect to notify the sponsor that no further opportunity for a personal appearance before the Panel will be provided. Any costs related to the sponsor's failure to appear or to postponement of the hearing will be billed to the sponsor.

Appeal Panel Decision

At the conclusion of the hearing, the Appeal Panel members will meet in executive session to review the proceedings and to reach a decision. The decision of the Panel shall be based on the Appeal Record and the oral and written presentations at the hearing. The Panel will only consider those factors that existed at the time of the Reconsideration decision.

The Panel shall determine whether each of the cited areas of noncompliance with the *Standards* is supported by substantive evidence, and whether the initial adverse action was in accordance with the CoARC's policies and procedures as follows:

1. The Panel shall determine: whether the procedures used to reach the adverse action were consistent with established CoARC procedures, policies, or practices; and whether there were any procedural errors that potentially prejudiced the CoARC's consideration.
2. The Panel will consider each cited area of noncompliance separately to determine whether each concern/citation is supported by substantial evidence.
3. The Panel shall determine whether this is sufficient evidence to support the adverse action(s) by the CoARC.
4. The Panel shall determine whether the initial adverse action should be affirmed, modified or reversed.

The Panel's determination shall be made by majority vote and shall constitute final action by the CoARC, effective immediately.

The Appeal Panel shall issue its findings in a Report submitted to the CoARC Executive Office. The Report will include the Panel's decision together with the reasoning on which the decision was based, along with any additional information it deemed pertinent. A copy of the Report of the Appeal Panel will be sent to the sponsor by certified mail, return receipt requested, within ten (10) calendar days of the CoARC's receipt of the Report.

1.063 Within thirty (30) calendar days of completion of the reconsideration and/or appeals process, the sponsor will be notified of the CoARC's final decision on its accreditation status. If the decision is to Withhold of Continuing Accreditation or Withdrawal of Accreditation, a letter of response to the decision, signed by the Chief Executive Officer

of the Sponsor (or her/his officially designated representative) must be submitted to the CoARC Executive Office.

This letter must contain:

1. The program number(s) for which the accreditation decision applies;
2. The date by which all currently enrolled students are expected to graduate (complete the teach-out);
3. The most recent date on which students were enrolled;
4. Confirmation that, as of the effective date of the final accreditation decision, no new students will be matriculated in the program;
5. The location where all records will be kept for students who complete the program teach-out; and
6. The names, addresses, phone numbers, and unique student identification numbers of all students, enrolled in the program on the effective date of the decision.

Annual fees will not be prorated for the year in which Withhold of Continuing Accreditation, or Withdrawal of Accreditation occurs.

1.064 Sponsor Responsibilities Following Notification of Final Accreditation Status

If the CoARC's final action is to assign probationary status, Withhold of Provisional Accreditation, Withdrawal of Accreditation, or Withhold of Accreditation, the program must notify, in writing, all currently enrolled students, those accepted for enrollment, and those seeking enrollment, of its accreditation status. The program must provide copies of these notifications to the CoARC Executive Office no later than seven (7) calendar days after receiving notice of the final action by the CoARC. The program must also respond to all other requests regarding its accreditation status. The CoARC will notify the U.S. Department of Education, the appropriate state regulatory authority, and the appropriate institutional accrediting agency of the final decision at the same time as the sponsor. The public will be notified of a final adverse action via the CoARC's web site within twenty-four (24) hours of confirmation that the sponsor has received notification of the CoARC's final decision.

1.065 Public Release of Accreditation Status

If the CoARC is requested or required to provide information to a third party regarding the accreditation status of a program that is pursuing the reconsideration and/or appeal process, the CoARC will advise those inquiring that the program's accreditation status remains as it was prior to the reconsideration and/or appeal. The accreditation status of the program shall not change until all rights of reconsideration and/or appeal pursuant to these Policies and Procedures are exhausted or the program withdraws its request for reconsideration or appeal.

Final decisions to place a program on Probationary Accreditation, Withhold of Accreditation, or Withdrawal of Accreditation will be publicly disclosed via a Public Disclosure Notice consistent with the CoARC Policies 11.06 and 14.03.

1.066 Limitations

If a sponsor fails to file its Request for Reconsideration or Appeal, or to pay required fees, within the times specified, the reconsideration or appeal process shall terminate and the CoARC's initial adverse decision shall be considered final.

A sponsor may withdraw its request for a reconsideration/appeal at any time during the process; however it will be responsible for any expenses in excess of the applicable fee

(required in 1.061 and 1.062 above), including attorney fees, incurred by the CoARC as of the date of withdrawal.

1.067 Notice and Filings with the CoARC Chief Executive Officer

Whenever, under any of the provisions of this procedure, there is a requirement for anything to be sent to the CoARC in writing it must be sent electronically [with confirmation of delivery] to tom@coarc.com (preferred method or delivery) or mailed to the following address [with confirmation of delivery]:

Thomas Smalling
Chief Executive Officer
Commission on Accreditation for Respiratory Care
264 Precision Blvd
Telford, TN 37690

1.068 Reaccreditation Following Withhold of Accreditation or Withdrawal of Accreditation (Voluntary or Involuntary)

Institutions applying for reaccreditation must follow the procedures outlined in Section 2 of this document. The CoARC will not consider an application from an institution/program that has had accreditation withheld or withdrawn (voluntary or involuntary) until the following have been met:

1. All information requested in Policies 1.056, 1.057, 1.058 and 1.063 has been submitted to the CoARC Executive Office;
2. At least 12 months have elapsed since the effective date of Withhold or Withdraw (voluntary or involuntary) and all students listed in the teach-out plan have completed the program or transferred to another accredited program.

The CoARC will not consider an application for reaccreditation from a sponsor failing to execute an approved teach-out agreement (see Policy 1.13).

1.07 Program Status in Relation to Adverse Actions by Governmental and other Accrediting Agencies

1.071 An adverse action is defined as any formal action taken by such an agency to withdraw, prohibit, or restrict the continuation and/or operation of the programs and services offered by an accredited program's sponsoring institution.

1.072 A. The sponsor of a CoARC accredited program must notify the CoARC in writing (certified mail, return receipt requested) within ten (10) calendar days of the official notification date of any such adverse action.

B. Failure to provide the required notification will result in the CoARC's placing the sponsor on Administrative Probation.

1.073 When a sponsor has received an Adverse Action, the CoARC Board will assess the action in the context of the CoARC *Standards* and these Policies at the next scheduled Board meeting. The CoARC may:

1. determine that the matter is resolved and no further action is required;
2. request that the sponsor provide additional information and/or documentation;
3. confer Probationary Accreditation; or
4. confer Withdrawal of Accreditation.

1.074 The CoARC will not grant Approval of Intent, Provisional Accreditation, or Continuing Accreditation status to a program when the sponsor or an educational member of the sponsoring consortium has been:

1. Subject to an Adverse Action by an institutional accrediting agency;
2. Subject to an Adverse Action by a state agency;
3. Subject to an Adverse Action by the U.S. Department of Education.

1.075 A program whose sponsor has received an Approval of Intent will not be permitted to submit a Provisional Accreditation Self Study Report (PSSR) or undergo a site visit until the Adverse Action is resolved.

1.08 Change in Ownership/Sponsorship/Legal Status or Change in Control

This includes but is not limited to:

a. Change in membership of a consortium.
b. For non-profit institutions: a change in the sponsorship of the institution or affiliation or merger with another/other institution(s). *[Focused site visit required within 6 months of the effective date of the change in ownership.]*
c. For proprietary or for-profit institutions: the sale of, or change in, equity; change in the majority ownership of stock; affiliation or merger with another institution(s); any other matter that affects ownership or control. *[Focused site visit required within 6 months of the effective date of the change in ownership.]*
d. Change in the tax status (e.g., for-profit to non-profit or vice versa) of the institution.

A request for Change of Ownership/Sponsorship/Legal status or Change in Control at the institutional level will only be considered as a substantive change (Section 9.01) if most of the significant aspects of the program will be unaffected. Otherwise, the program will be considered a new program. Significant aspects include, but are not limited to: change in institutional/program location; change in institutional administration (particularly when related to supervision of the program); changes in program key personnel; or change in curriculum delivery methods. If a change in most of these significant aspects occurs, or is planned to occur, within the year following the Change of Ownership/Sponsorship/Legal Status or Change in Control, the CoARC will consider the program offered by the new sponsor to be a new program. An exception to this determination would be if the changes in Administration personnel or in program Key Personnel were unrelated to the Change of Ownership/Sponsorship/Legal status or Change in Control and adequate documentation was provided to support this contention.

If the CoARC determines that the program is new, the sponsor will be required to complete the process for Initiation of Accreditation - Base Program, as per Policy 2.02 and the accreditation status of the previous program will be involuntarily withdrawn as per Policy 1.057.

Programs requesting Ownership/Sponsorship/Legal status or Change in Control must follow the procedure in Section 9.01.

1.09 Assignment of Program Referee

A. The Executive Office will assign a Referee (current Commissioner) when a program has submitted:

1. A Letter of Intent Application;
2. An Application for Accreditation Services;
3. An Annual Report of Current Status revealing that the program has not met one or more *Standards*;
4. Application for the addition of a Satellite Program Option.

B. A Referee may also be assigned to a program that submits an Application for Substantive Change (see CoARC Policy 9.0).

C. Assignment will be made so as to distribute programs evenly amongst available referees with the following considerations:
   1. Whenever possible, the Referee assigned to a program will have had previous experience with that program as a Referee.
   2. A Referee will not be assigned to a program if there are any conflicts of interest. The sponsor/program may request a change in Referee if it perceives a potential conflict of interest. Conflicts of interest include, but are not limited to:
      a) A potential referee's having had a professional relationship with the program or the program's sponsor at any time prior to the assignment (graduate, employee, advisory committee member, paid consultant,);
      b) Residence or employment of a potential referee in the same state as the program or within a 50-mile radius of the location of the base program or satellite program option(s).

D. Referees shall not meet face-to-face with program personnel to provide consultative services to assigned programs. This policy does not apply to the CoARC's Meet the Referee sessions.

1.10 Applying for Accreditation

A. The accreditation review process is initiated upon submission of a *CoARC Accreditation Services Application* by the chief executive officer of the program's sponsor (or his/her officially designated representative). The *CoARC Accreditation Services Application* is available online at www.coarc.com***.***

B. In addition to the *Accreditation Services Application,* initiation of the accreditation process requires the completion and submission of self-study reports, payment of appropriate fees, and agreement to an on-site evaluation.

C. The sponsor may voluntarily withdraw from the accreditation process at any time (see Policy 1.056).

D. All communication and correspondence with the CoARC must be conducted in the English language.

1.11 Submission Deadlines

The CoARC Board makes accreditation decisions at its meetings, held three times per year. Meeting dates are established a year in advance and are posted on the CoARC's website. The Submission Deadline dates below are applicable to submission of all materials (e.g. Progress Reports, LOIs, SSRs, and Site Visit Reports) for each meeting, unless otherwise specified. Submission of these materials by the deadline does not guarantee their consideration at the corresponding CoARC meeting as there are many variables involved in the review process, including the time required for both administrative and Referee reviews, the time required for programs to respond to requests for clarification or missing information, and/or the time required for review of these responses. To ensure that the CoARC has adequate time to review and validate this information, changes to documentation submitted on or before the Submission Deadline will only be accepted up to a meeting's Closing Date, which is 21 calendar days after the Submission Deadline. The CoARC will not consider any documentation submitted after the Closing Date for a given meeting.

Submission Deadline	Closing Date	Earliest possible CoARC Meeting for consideration
January 20	February 11	March/April
May 20	June 10	June/July
September 20	October 11	November/December

All programs are subject to the deadlines noted above, unless specified otherwise in written correspondence from the CoARC. Failure of the program to meet any of the established deadlines, including submission of incomplete materials, will result in postponement of the process to the next scheduled CoARC meeting. If required documentation was incomplete or submitted after the above deadlines, such failures may result in Administrative Probation (see Policy 1.055).

For those programs involved in Initiation of Accreditation, it should be noted that Provisional Accreditation status must be granted prior to student enrollment. Accordingly, postponement of the review process to the next CoARC meeting is likely to require the program to defer the planned dates for enrollment/matriculation of students and the graduation date of the first cohort. Pushing back the graduation date will also affect the timing of the On-Site Visit for Continuing Accreditation and is very likely to affect the timing of the CoARC's decision to confer Continuing Accreditation.

1.12 Third-Party Comments

The CoARC welcomes third-party comment regarding sponsoring institutions undergoing an evaluation for Approval of Intent and Provisional, or Continuing Accreditation. The CoARC's review of program sponsors is limited to assessing the institution's ability to meet its Accreditation Policies and *Standards;* accordingly, comments should relate to those areas. Third Party comments must be written and signed (i.e., not anonymous) and must include the writer's contact information. Submission of a comment grants permission for the comment to be shared with the program.

Although the CoARC invites third party comments during the self-study process, such comments submitted at other times will be considered during the next scheduled CoARC Board meeting.

Programs are encouraged to publicize self-study activities and invite third party comments to assist them in the self-study process.

1.121 Notification and Invitation by the CoARC

The CoARC publishes on its website a list of programs seeking an Approval of Intent, as well as programs in the Provisional or Continuing Accreditation process that are scheduled for an on-site evaluation within 12 months. The CoARC's website notice will include at least: the name of the sponsor and program; the academic year in which the on-site evaluation is scheduled; and the address to which comments and information related to such programs should be sent. The CoARC welcomes comments regarding such programs, but the comments must be submitted at least six weeks prior to the visit: contact the CoARC office for exact visit dates. Comments received after this deadline will not be reviewed.

The CoARC may also invite comments through other means, such as letters or announcements to specific groups, including federal or state agencies and regional or national accrediting organizations.

1.122 Review and Response

The CoARC Executive Office will review all third party comments received prior to the deadline (as specified in 1.121) and forward to the program those comments that pertain to the Accreditation *Standards* or Policies. Comments that may be defamatory, in restraint of trade, or address matters not pertaining to the accreditation or application status of the program will not be shared with the program or the program's CoARC Referee.

Because third-party comments may provide information or evidence regarding a program's ability to meet the Accreditation Policies/*Standards*, the sponsor will be afforded the opportunity to respond. Accordingly, submission of a comment grants permission for the comment to be shared with the program.

The program will be required to respond, prior to the site visit, to those comments the CoARC has determined to be pertinent to the Standards/Policies.

1.13 Teach-Out Plans and Agreements

The CoARC requires submission, and subsequent CoARC approval of, a completed Programmatic Teach-out Plan Form (available at www.coarc.com) or a formal Teach-Out Agreement (with required attachments) from any program in jeopardy of losing accreditation or when a sponsor voluntarily withdraws accreditation. Such a plan must detail how the sponsor will ensure that those students still enrolled in the plan on the date of withdrawal of accreditation will be afforded the opportunity to complete their training. If the program fails to submit this documentation in a timely fashion, the CoARC will notify both the administration of the program's sponsor and the sponsor's institutional accreditor.

1.131. The CoARC requires a sponsor to complete a teach-out plan when:

a. a program or program option is placed on probation, requests inactive status or voluntarily withdraws;
b. the sponsor receives notice that its license or legal authorization to operate will be or has been revoked;
c. the CoARC takes action to withhold or withdraw the accreditation of a program or program option;
d. the sponsor receives notice from its institutional accreditor that an action has been initiated to suspend, revoke, or terminate the sponsor's accreditation status;
e. the sponsor receives notice from the U.S. Department of Education that an action has been initiated to limit, suspend, or terminate a sponsor's participation in any Title IV program under the Higher Education Act and that a Teach-Out Plan is required pursuant to federal regulations;
f. the sponsor receives notice from the U.S. Department of Education that an emergency action has been initiated; or
g. the CoARC otherwise determines that the submission of a Teach-Out Plan is appropriate.

1.132 If the sponsor chooses not to execute its own teach-out plan, it must enter into an agreement with a CoARC accredited program (Continuing Accreditation status only) that will permit students to complete their education in that program (Teach-out Agreement). A copy of the agreement and a completed Teach-Out Agreement Form (available at www.coarc.com) must be provided to the CoARC for approval prior to its implementation.

1.133 Enrolled students who complete the program under a CoARC-approved teach-out agreement are considered graduates of a CoARC accredited program. Students taught out by an institution that does not hold CoARC accreditation will not be considered graduates of a CoARC-accredited program.

1.134 The CoARC will not consider a re-application for accreditation from a sponsor (educational institution or consortium) that failed to execute an approved teach-out plan or agreement or failed to submit all required documentation in a timely fashion.

1.14 Conflict between Standards and State or Local Laws

If, during the process of accreditation, a conflict exists between the CoARC Standards and state or local laws governing either the respiratory care program or the sponsor, the state or local laws will usually take precedence over the CoARC Standards. When such a conflict is identified, the sponsor must provide appropriate documentation of the conflict. If, in the judgment of the CoARC, the applicable state or local law(s) constrain(s) the ability of the sponsor to offer a program which can prepare graduates to attain the RRT credential and achieve future employment, the CoARC reserves the right to require the program to comply with the Standard(s).

1.15 CoARC conducts its business in English. This includes, but is not limited to, meetings, workshops, trainings, and on-site evaluations.

During an on-site evaluation, a program under review for accreditation must, at its own expense, provide professional translation services, if necessary, as all interactions and interviews between the CoARC evaluation team and program constituents are conducted in English.

All materials, reports, third-party comments, complaints, and other documents that are submitted to CoARC must be presented in English. This includes, but is not limited to, correspondence with the CoARC staff, the self-study document and any appendices, the program's response to the team report, and materials/resources that are provided for review.

SECTION 2.0: INITIATION AND REAFFIRMATION OF ACCREDITATION

2.01 Description

This section describes the process sponsors must use to initiate accreditation review for proposed programs, as well as those to be used for reaffirming accreditation once Continuing Accreditation has been conferred. Subsection 2.02 describes the processes for initiating and reaffirming accreditation for a base program, Subsection 2.03 for an additional degree track program option, Subsection 2.04 for a sleep disorders specialist program option, Subsection 2.05 for a satellite program option, and Subsection 2.06 for transitioning an accredited program option to a new base program.

All accreditation reviews require the submission of an *Accreditation Services Application*, completion and submission of the applicable self-study report, payment of appropriate fees, and the scheduling of an on-site evaluation, as required.

No students shall be admitted into an Entry into Respiratory Care Professional Practice (Entry) program or a program option 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. Entry programs with Provisional Accreditation status may admit no more than two (2) cohorts per calendar year. The maximum number of students per cohort and number of cohorts admitted annually cannot be increased until Continuing Accreditation is conferred. Following conferral of Continuing Accreditation, should the sponsor wish to increase the maximum number of students, it must follow the procedures delineated in Section 9 of this Policy Manual.

2.02 Initiation and Reaffirmation of Accreditation – Base Program

The CoARC defines a base program as the primary, degree-granting respiratory care program established by the sponsor. A sponsor's base program can be either an Entry into Respiratory Care Professional Practice (Entry) or a Degree Advancement Program (DA); or (3) Advanced Practice Respiratory Care Program (APRT).

Sponsors can offer only one base program. The sponsor of a base program without any pending progress reports can expand its offerings by adding one or more of the following program options: (1) additional degree track(s); (2) sleep disorders specialist; and (3) satellite. Only base programs can offer a program option.

2.021 Letter of Intent (LOI) Application- Base Program

To initiate the accreditation process, an LOI Application – Base Program (available at www.coarc.com), signed by the Chief Executive Officer (CEO) of the sponsor and the academic administrator (e.g. Dean) who will be directly overseeing the proposed program, along with applicable, non-refundable fees (see Fee Schedule at www.coarc.com), must be sent to the CoARC. If the sponsor is a consortium, the application must be signed by the Chief Executive Officers of all consortium members. If the required additional documentation (described in the LOI – Base Application) is not received by the Executive Office within twelve (12) months following receipt by the CoARC of the LOI-Base Application, the application will be rejected and the application fee forfeited. Should the sponsor decide to reinitiate the process, a new application and fee will be required.

2.022 Approval of Intent (AOI) – Base Program

The Executive Office will conduct an administrative review of submitted materials and may request that the sponsor provide additional information. When it has been determined that the application is complete (LOI-Base Application and all other requested documentation, applicable fee) the Executive Office will forward to the assigned Referee copies of all pertinent documentation. Following review of this documentation, the Referee will submit a recommendation, for action at the next scheduled CoARC meeting. The CoARC will either grant or deny the AOI. The sponsor will be notified of the CoARC's decision following the meeting. If the decision is to deny the AOI, the CoARC will include in its correspondence to the sponsor the rationale for its decision and the documentation/evidence required from the sponsor to receive an AOI. Once the AOI has been granted, the program will be assigned a unique program identification number by the CoARC Executive Office.

The conferral of an AOI does not authorize the sponsor of an Entry into Respiratory Care Professional Practice (Entry) program to admit students, nor does it guarantee conferral of Provisional Accreditation. To advance the process AOI programs must submit a Provisional Self Study Report – Base Program (PSSR-Base) within six (6) months of receiving the AOI. Failure to do so terminates the application and requires the sponsor to reapply for accreditation following the process outlined in Section 2.021.

2.023 Provisional Accreditation Comprehensive Review – Base Program

Provisional Accreditation Self Study Report (PSSR-Base)
Following the AOI, the CoARC Executive Office will direct the Program Director to a PSSR-Base template. The completed PSSR-Base (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the PSSR-Base Fee, within six (6) months of receiving the AOI (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withhold of Provisional Accreditation. A PSSR-Base submitted prior to the AOI will not be reviewed until AOI is granted.

A. Appointment of Key Personnel and Program Advisory Committee
Prior to submitting the PSSR-Base, the sponsor must employ the program's key personnel and appoint an advisory committee. Copies of signed letters of agreement/appointment must be included with the PSSR-Base.

1. Appointment of Permanent Full-Time Program Director
A qualified, permanent full-time Program Director (*see applicable Standards*) should be appointed as early as possible to help the sponsor's application process meet established timelines. However, the appointment must occur no later than the effective date of the AOI. The Program Director will be the primary contact between the CoARC and the program and is responsible for preparing and submitting the PSSR-Base.
2. Appointment of Permanent Full-Time Director of Clinical Education and Permanent Medical Director/Advisor
A qualified, permanent full-time Director of Clinical Education (*see applicable Standards*) and Medical Director/Advisor (if applicable) should be appointed as early as possible to help the sponsor's application process meet established timelines. However, their appointment must begin no later than the proposed start date of the first class. Copies of signed letters of agreement/faculty contracts with Key Personnel must be included with the PSSR-Base.
3. Appointment of Program Advisory Committee
Representatives from all communities of interest listed in the applicable *Standard* (except students and graduates) along with the Study Group members (or a representative from his or her respective employer), as stated in the LOI-Base application, must be appointed to the program's Advisory Committee. The Advisory Committee must meet prior to the admission of the program's first class and document its validation of the program's proposed goal(s) in the minutes of this meeting.

B. Review of PSSR-Base

1. Following administrative review, a copy of the PSSR-Base and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the PSSR-Base is acceptable.

C. Provisional On-Site Visit and Subsequent CoARC Action

1. When the Referee deems that the PSSR-Base is acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a comprehensive On-Site Visit, which must occur within six (6) months following Referee approval of the PSSR-Base. If an on-site visit is not completed within this period of time, such failure may result in a Withhold of Provisional Accreditation.
    a. The Program Director must be in attendance and available to the on-site review team throughout the visit. If the start date of the DCE's employment (see #2 above) occurs prior to the visit, the DCE must also be in attendance throughout the visit. If the start date will occur after the visit, the DCE must be available by phone (or other means) at a time to be determined by the site visitors. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the on-site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/ unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible

during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.

b. The Medical Director/Advisor should also be available for an either face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.

c. At least one representative from the sponsor's administration is also required to be available during the on-site review.

3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.

4. Following review of the On-Site evaluation report, the Referee will recommend to the Commission at its next scheduled meeting to either confer or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy 1.06. A conferral of Provisional Accreditation gives the sponsor of an Entry into Respiratory Care Professional Practice (Entry) program the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of 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.

5. Following the conferral of Provisional Accreditation, programs are responsible for all programmatic reporting and disclosure requirements (Policy 11.0) and are subject to ongoing review as described in CoARC Policy 3.0.

2.024 Continuing Accreditation Comprehensive Review – Initial Affirmation of Base Programs*

*The process outlined in this subsection applies to base programs on Provisional Accreditation undergoing their first comprehensive review after reporting three (3) years of outcomes on their Report of Current Status (RCS). Subsequent comprehensive reviews will follow Policy 2.026.

A. Continuing Accreditation Self Study Report (CSSR-Base)

1. Within the six (6) month period following the deadline date for submission of the first Annual RCS with three (3) years of program outcomes, the CoARC Executive Office will direct the Program Director to a CSSR-Base template (www.coarc.com). The completed CSSR-Base (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-Base Fee (see Policy 1.11 Submission Deadlines) within six (6) months of receipt of the template. Failure to do so will result in a Withhold of Continuing Accreditation.

B. Review of CSSR-Base

1. Following administrative review, a copy of the CSSR-Base and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-Base is acceptable.

C. Comprehensive Continuing On-Site Visit and Subsequent CoARC Action

1. When the Referee deems the CSSR-Base to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.

2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a comprehensive On-Site Visit, which must occur within six (6) months following Referee approval of the CSSR-Base. If an on-site visit is not completed within this period of time, such failure may result in a Withhold of Continuing Accreditation.
3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the CoARC, at its next scheduled meeting, to either confer or withhold Continuing Accreditation. A CoARC decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the approximate reaffirmation date.

2.025 Continuing Accreditation Comprehensive Review – Reaffirmation of Base Programs

A. Continuing Accreditation Self Study Report (CSSR-Base)
1. Approximately two (2) calendar years prior to the reaffirmation date for Continuing Accreditation, the CoARC Executive Office will notify the Program Director of the deadline date and direct him/her to a CSSR-Base template (See www.coarc.com). The completed CSSR-Base (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-Base Fee, within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.

B. Review of CSSR-Base
1. Following administrative review, a copy of the CSSR-Base and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-Base is acceptable.

C. Comprehensive Continuing On-Site Visit and Subsequent CoARC Action
1. When the Referee deems the CSSR-Base to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a comprehensive On-Site Visit, which must occur within six (6) months following Referee approval of the CSSR-Base. If an on-site visit is not completed within this period of time, such failure may result in a Withdraw of Continuing Accreditation.
3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the CoARC, at its next scheduled meeting, to either confer (reaffirm) or withdraw Continuing Accreditation. A CoARC decision to withdraw Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the next approximate reaffirmation date.

2.03 Initiation and Reaffirmation of Accreditation - Additional Degree Track (ADT) Program Option

The CoARC defines an additional degree track (ADT) program option as a degree-granting respiratory care program offered concomitantly with the base program. The sponsor of a base program without any pending progress reports can expand its offerings by adding one or more of the following additional degree tracks: (1) Entry into Respiratory Care Professional Practice (Entry); (2) Degree Advancement Program (DA). Sponsors cannot offer a program option independent of a base program.

2.031 Letter of Intent (LOI) Application- ADT Program Option

To initiate the accreditation process, an LOI Application – ADT Program (available at www.coarc.com), signed by both the administrator (e.g. Dean) who will be directly overseeing the proposed program and the Program Director, along with the appropriate non-refundable fee (see Fee Schedule at www.coarc.com), must be sent to the CoARC. If all additional required documentation described in the LOI-ADT application is not received by the Executive Office within twelve (12) months of the CoARC's receipt of the LOI-ADT application, the application will be rejected and the application fee will be forfeited. Should the sponsor decide to reinstate the process, a new application and fee will be required. A separate LOI-ADT application and a separate fee must be submitted for each additional proposed ADT program.

2.032 Approval of Intent (AOI) – ADT Program Option

The Executive Office will conduct an administrative review of submitted materials and may request that the sponsor provide additional information for clarification. When the application process is complete, the Executive Office will forward to the assigned Referee copies of all pertinent documentation. Following review of this documentation, the Referee will submit a recommendation to the Commission for action at the next scheduled CoARC Board meeting. The sponsor will be notified of the CoARC's decision to grant or deny the AOI following the meeting. If the decision is to deny the AOI, the CoARC will include in its correspondence to the sponsor the rationale for its decision and the documentation/evidence required from the sponsor to receive an AOI.

Upon receipt of an AOI, the program will be assigned a unique program identification number by the CoARC Executive Office. The conferral of an AOI does not authorize the sponsor of an ADT program option to admit students nor does it guarantee conferral of Provisional Accreditation. AOI programs must submit a complete Provisional Self Study Report – ADT Program Option (PSSR-ADT) (see www.coarc.com) within six (6) months of receiving the AOI. Failure to do so will require reapplication for accreditation following the process outlined in Section 2.031.

2.033 Appointment of Permanent Full-time Program Director

If a separate Program Director for the ADT Option is deemed necessary, the sponsor must appoint one (see applicable *Standards*). To help the sponsor's application meet established timelines the appointment should occur as early as possible, but it must occur prior to the effective date of the AOI for the accreditation process to continue.

2.034 Provisional Accreditation Streamlined Review – ADT Program Option

A. Provisional Accreditation Self Study Report (PSSR-ADT)
   1. Following the AOI, the CoARC Executive Office will provide the Program Director with access to a PSSR-ADT template (see www.coarc.com). The completed PSSR-ADT (instructions in the self-study document), along with a completed *CoARC Accreditation Services Application* and the PSSR-ADT Fee, must be sent

to the CoARC Executive Office within six (6) months of receiving the AOI (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withhold of Provisional Accreditation. A PSSR-ADT submitted prior to the AOI will not be reviewed until AOI is granted.

2. If the remaining Key Personnel (Director of Clinical Education [if applicable], Medical Director/Advisor) for the ADT will be different than for the base program, the sponsor must arrange for their employment in accordance with applicable *Standards*. Copies of signed letters of agreements/faculty contracts, as applicable, must be included with the PSSR-ADT. The employment of the DCE and the appointment of the Medical Advisor or Director must begin no later than the starting date of the first class.
3. Representatives of all communities of interest listed in the applicable *Standard* (except students and graduates) along with the Study Group members (or a representative from his or her respective employer) as stated in LOI-ADT application, must be appointed to the program's Advisory Committee (AC). These individuals need not be different than those of the AC of the base program, provided that all requirements of the applicable Standard are met. The AC must meet prior to the admission of the program's first class and must document its validation of the program's proposed goal(s) in the meeting minutes.

B. Review of PSSR-ADT
   1. Following administrative review, a copy of the PSSR-ADT and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the PSSR-ADT is acceptable.

C. Provisional On-Site Visit and Subsequent CoARC Action
   1. When the Referee deems that the PSSR-ADT is acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
   2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, to occur within six (6) months following Referee approval of the PSSR-ADT. If an on-site visit is not completed within this period of time, such failure may result in a Withhold of Provisional Accreditation.
   3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
   4. Following review of the On-Site evaluation report, the Referee will recommend to the CoARC Board, at its next scheduled meeting, to either confer or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy 1.06. A conferral of Provisional Accreditation gives the sponsor of an ADT program option the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of Provisional Accreditation. Students matriculated in a Degree Advancement (DA) program who graduate on or after the conferral date of Provisional Accreditation will be considered graduates of a CoARC-accredited program.
   5. Following the conferral of Provisional Accreditation, programs are responsible for all reporting and disclosure requirements and are subject to ongoing review as described in CoARC Policy 3.0.

2.035 Continuing Accreditation Streamlined Review – Initial Affirmation of ADT Program Options*

*The process outlined in this subsection applies to ADT programs on Provisional Accreditation undergoing their first streamlined review after reporting three (3) years of

outcomes on their Annual Report of Current Status (RCS). Subsequent streamlined reviews will follow Policy 2.036.

A. Continuing Accreditation Self Study Report (CSSR-ADT)
   1. Within the six (6) month period following the deadline date of the first Annual RCS showing three (3) years of outcomes, the CoARC Executive Office will provide the Program Director with access to a CSSR-ADT template (www.coarc.com). The completed CSSR-ADT (instructions in the self-study document), along with a completed *CoARC Accreditation Services Application* and the CSSR-ADT Fee, must be sent to the CoARC Executive Office within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withhold of Continuing Accreditation.
   2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and ADT program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-ADT template.

B. Review of CSSR-ADT
   1. Following administrative review, a copy of the CSSR-ADT and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-ADT is acceptable.

C. Streamlined Continuing On-Site Visit and Subsequent CoARC Action
   1. When the Referee deems the CSSR-ADT to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
   2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, to occur within six (6) months following Referee approval of the CSSR-ADT. If an on-site visit is not completed within this period of time, such failure may result in a Withhold of Continuing Accreditation.
   3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
   4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the CoARC Board, at its next scheduled meeting, to either confer or withhold Continuing Accreditation. A CoARC decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
   5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the approximate reaffirmation date.

2.036 Continuing Accreditation Streamlined Review – Reaffirmation of ADT Program Options

A. Continuing Accreditation Self Study Report (CSSR-ADT)
   1. Approximately two (2) calendar years prior to the reaffirmation date for Continuing Accreditation, the CoARC Executive Office will notify the Program Director of the deadline date and direct him/her to a CSSR-ADT template (see www.coarc.com). The completed CSSR-ADT (instructions in the self-study document), along with a completed *CoARC Accreditation Services Application* and the CSSR-ADT Fee, must be sent to the CoARC Executive Office within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.

2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and ADT program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-ADT template.

B. Review of CSSR-ADT
   1. Following administrative review, a copy of the CSSR-ADT and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-ADT is acceptable.

C. Streamlined Continuing On-Site Visit and Subsequent CoARC Action
   1. When the Referee deems the CSSR-ADT to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
   2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, to occur within six (6) months following Referee approval of the CSSR-ADT. If an on-site visit is not completed within this period of time, such failure may result in a Withdraw of Continuing Accreditation.
   3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
   4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the CoARC Board, at its next scheduled meeting, to either confer (reaffirm) or withdraw Continuing Accreditation. A CoARC decision to withdraw Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
   5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the next approximate reaffirmation date.

2.04 Initiation and Reaffirmation of Accreditation - Sleep Disorders Specialist (SDS) Program Option

The CoARC defines a sleep disorders specialist (SDS) program as a certificate program, offered concomitantly with the Respiratory Care base program, that prepares respiratory therapy graduates with the additional competencies of polysomnography practice as performed by sleep disorder specialists. The sponsor of a base program holding Continuing Accreditation without pending progress reports can expand its offerings by adding an SDS program. Eligibility for the Board of Registered Polysomnographic Technologists (BRPT) Registered Polysomnographic Technologist (RPSGT) Credentialing Exam and the National Board for Respiratory Care (NBRC) Sleep Disorders Specialist (SDS) Exam is restricted to graduates of CoARC accredited SDS programs who are also graduates of a CoARC accredited respiratory care program. SDS program options function under the direction of the Key Personnel of the base program.

2.041 Letter of Intent (LOI) Application- SDS Program Option

To initiate the accreditation process, a Letter of Intent Application – SDS Program (available at www.coarc.com), signed by both the administrator (e.g. Dean) who will be directly overseeing the program and the Program Director, along with the non-refundable fee (See Fee Schedule www.coarc.com), must be sent to the CoARC Executive Office. If the required additional documentation described in the LOI-SDS application is not received by the Executive Office within twelve (12) months following CoARC's receipt of the LOI-SDS application, the application will be rejected and the application fee will be

forfeited. Should the sponsor decide to reinitiate the process, a new application and fee will be required.

2.042 Approval of Intent (AOI) – SDS Program Option

The Executive Office will conduct an administrative review of submitted materials and may request that the sponsor provide additional information for clarification. When the application process is complete, the Executive Office will forward to the assigned Referee, copies of all pertinent documentation. Following review of this documentation, the Referee will submit a recommendation to the Commission for action at the next scheduled CoARC Board meeting. The CoARC Board will either grant or deny the AOI. The sponsor will be notified of the CoARC's decision following the meeting. If the decision is to deny the AOI, the CoARC will include in its correspondence to the sponsor the rationale for its decision, and the documentation/evidence required from the sponsor to receive an AOI. Upon receipt of an AOI, the program will be assigned a unique program identification number by the CoARC Executive Office.

The conferral of an AOI does not allow the program to admit students nor does it guarantee conferral of Provisional Accreditation. AOI programs must submit a Provisional Self Study Report – SDS Program Option (PSSR-SDS) within six (6) months of receiving the AOI. Failure to do so will require reapplication for accreditation following the process outlined in Section 2.041.

2.043 Appointment of Permanent Full-time Program Director

The Program Director of the base program retains his/her roles and responsibilities for the SDS program option as per the applicable *Standards*.

2.044 Provisional Accreditation Streamlined Review – SDS Program

A. Provisional Accreditation Self Study Report (PSSR-SDS)
    1. Following Commission approval of the AOI, the CoARC Executive Office will provide the Program Director with a PSSR-SDS template. The completed PSSR-SDS (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the PSSR-SDS Fee, within six (6) months of receiving the AOI (see Policy 1.11 Submission Deadlines). Failure to submit the PSSR-SDS, *CoARC Accreditation Services Application* and appropriate fees within this time limit will result in a Withhold of Provisional Accreditation. A PSSR-SDS submitted prior to the AOI will not be reviewed until AOI is granted.
    2. The Director of Clinical Education of the base program retains his/her roles and responsibilities for the SDS program option as per the applicable *Standards*.
    3. The sponsor must arrange for employment of a Primary Instructor for the SDS program, and for the services of a Co-Medical Director, if needed, in accordance with applicable *Standards*. Copies of signed letters of agreements/faculty contracts with Key Personnel must be included with the PSSR-SDS. The employment of the Primary SDS Instructor and the appointment of the Co-Medical Director must begin no later than the starting date of the first class.
    4. Representatives of all communities of interest listed in the applicable *Standard* (except students and graduates), as well as each Study Group member (or a representative from his or her respective employer) as stated in LOI-SDS application, must be appointed to the program's Advisory Committee (AC). These individuals need not be different from those on the AC of the base program provided that all requirements of the applicable *Standard* are met. The Advisory Committee must validate the program's proposed goal(s), and must document such approval in its meeting minutes.

B. Review of PSSR-SDS
    1. Following administrative review, a copy of the PSSR-SDS and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the applicable *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the PSSR-SDS is acceptable.

C. Provisional On-Site Visit and Subsequent CoARC Action
    1. When the Referee deems the PSSR-SDS to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
    2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, which must occur within six (6) months following Referee approval of the PSSR-SDS. Failure to complete an On-site visit within this period of time may result in a Withhold of Provisional Accreditation.
    3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
    4. Following review of the On-Site evaluation, the Referee will recommend to the CoARC Board, at its next scheduled meeting, to either confer or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy 1.06. A conferral of Provisional Accreditation gives the program the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of Provisional Accreditation.
    5. Following the conferral of Provisional Accreditation, programs are responsible for all reporting and disclosure requirements and are subject to ongoing review as described in CoARC Policy 3.0.

2.045 Continuing Accreditation Streamlined Review – Initial Affirmation of SDS Program Options*

*The process outlined in this section will occur for SDS programs on Provisional Accreditation undergoing their first streamlined review after obtaining three (3) years of outcomes. Subsequent streamlined reviews will follow Policy 2.046.

A. Continuing Accreditation Self Study Report (CSSR-SDS)
    1. No later than six (6) months following the deadline date for submission of the first Annual Report of Current Status (RCS) showing three (3) reporting years of outcomes, the CoARC Executive Office will provide the Program Director with a CSSR-SDS template. The completed CSSR-SDS (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-SDS Fee within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withhold of Continuing Accreditation.
    2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and SDS program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-SDS template.

B. Review of CSSR-SDS
    1. Following administrative review, a copy of the CSSR-SDS and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the applicable *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-SDS is acceptable.

C. Streamlined Continuing On-Site Visit and Subsequent CoARC Action

1. When the Referee deems the CSSR-SDS to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, which must occur within six (6) months following Referee approval of the CSSR-SDS. Failure to complete an On-site visit within this period of time may result in a Withhold of Continuing Accreditation.
3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the Commission, at its next scheduled meeting, to either confer or withhold Continuing Accreditation. A CoARC Board decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the approximate reaffirmation date.

2.046 Continuing Accreditation Streamlined Review – Reaffirmation of SDS Program Options

A. Continuing Accreditation Self Study Report (CSSR-SDS)

1. Approximately two (2) calendar years prior to the reaffirmation date for Continuing Accreditation, the CoARC Executive Office will provide the Program Director with a CSSR-SDS template. The completed CSSR-SDS (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-SDS Fee, within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.
2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and SDS program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-SDS template.

B. Review of CSSR-SDS

1. Following administrative review, a copy of the CSSR-SDS and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the applicable *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-SDS is acceptable.

C. Streamlined Continuing On-Site Visit and Subsequent CoARC Action

1. When the Referee deems the CSSR-SDS to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, which must occur within six (6) months following Referee approval of the CSSR-SDS. Failure to complete an On-site visit within this period of time may result in a Withdrawal of Continuing Accreditation.
3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the Commission at its next scheduled meeting to either confer (reaffirm) or withdraw Continuing Accreditation. A CoARC Board decision to withdraw Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.

5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the next approximate reaffirmation date.

2.05 Initiation and Reaffirmation of Accreditation - Satellite Program Option

The CoARC defines a Satellite Program as an extension of the base program at a geographically separate location from the base program, but within the 50 U.S. States and its Territories, at which all Respiratory Care core didactic and laboratory courses of the program are offered. This definition does not pertain to sites used by a completely on-line/distance education program for individual students or to base program students attending one or more classes via distance learning technologies. The satellite's location must be advertised or otherwise made known to prospective students. Satellite program options function under the direction of the Key Personnel of the base program along with a site coordinator at the satellite location.

The sponsor of a base program holding Continuing Accreditation without pending progress reports can expand its offerings by adding a maximum of two (2) satellite program options. Each satellite program option shall not exceed an aggregate enrollment of twenty (20) students. Aggregate enrollment is defined as the total number of students enrolled in the program satellite at any point in time. (As of June 1, 2010, no applications will be accepted for satellite program options with more than twenty 20) students (aggregate enrollment).

2.051 Letter of Intent (LOI) Application- Satellite Program Option

To initiate the accreditation process, a Letter of Intent Application – Satellite Program (available at www.coarc.com), signed by both the administrator (e.g. Dean) who will be directly overseeing the program and the Program Director, along with the non-refundable fee (See Fee Schedule www.coarc.com) must be sent to the CoARC Executive Office. If the additional required documentation (as described in the LOI- Satellite application) is not received by the Executive Office within twelve (12) months following submission of the LOI- Satellite application, the application will be rejected and the application fee forfeited. Should the sponsor decide to reinstate the process, a new application and fee will be required.

2.052 Approval of Intent (AOI) – Satellite Program Option

The Executive Office will conduct an administrative review of submitted materials and may request the sponsor to provide addition information for clarification. When this process is complete, the Executive Office will forward to the assigned Referee copies of all pertinent documentation. Following review of this documentation, the Referee will submit a recommendation to the Board for action at the next scheduled CoARC Board meeting. The sponsor will be notified of the CoARC's decision following the meeting. If the decision is to deny the AOI, the CoARC will include in its correspondence to the sponsor the rationale for its decision, and the documentation/evidence required from the sponsor to receive an AOI.

Upon receiving an AOI, the program satellite option will be assigned a unique program identification number by the CoARC Executive Office. The conferral of an AOI does not allow the program to admit students to the satellite option, nor does it guarantee a conferral of Provisional Accreditation. AOI programs must submit a Provisional Self Study Report – Satellite Program Option (PSSR- Satellite) within six (6) months of receiving the AOI. If the program fails to do so it will be required to reapply for accreditation of the satellite option following the process outlined in Section 2.051.

2.053 Appointment of Permanent Full-time Program Director

The Program Director of the base program assumes these roles and responsibilities for the Satellite program option as per the applicable *Standards*.

2.054 Provisional Accreditation Streamlined Review – Satellite Program Option

A. Provisional Accreditation Self Study Report (PSSR- Satellite)
   1. Following the AOI, the CoARC Executive Office will provide the Program Director with a PSSR- Satellite template. The completed PSSR- Satellite (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the PSSR- Satellite Fee, within six (6) months of receipt of the AOI (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withhold of Provisional Accreditation. A PSSR- Satellite submitted prior to the AOI will not be reviewed until AOI is granted.
   2. The Director of Clinical Education of the base program assumes these roles and responsibilities for the Satellite program option as per the applicable *Standards*.
   3. The sponsor must assign a faculty member who is a Registered Respiratory Therapist to be Site Coordinator at each satellite location. The sponsor must also arrange for the services of a Co-Medical Director, if needed, in accordance with applicable *Standards*. Copies of signed letters of agreements/faculty contracts with Key Personnel must be included with the PSSR- Satellite. The assignment of the Site Coordinator(s) and the appointment of the Co-Medical Director(s) must begin no later than the starting date of the first class.
   4. Representatives of all communities of interest listed in the applicable *Standard* (except students and graduates) along with each Study Group member (or a representative from his or her respective employer) as stated in LOI-Satellite application must be appointed to the program's Advisory Committee (AC). These individuals need not be different from those on the AC of the base program provided that all requirements of the applicable *Standard* are met. The AC must validate the program's proposed goal(s) prior to admission of the program's first class, and must document such approval in the minutes of this meeting.

B. Review of PSSR- Satellite
   1. Following administrative review, a copy of the PSSR-Satellite and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the PSSR- Satellite is acceptable.

C. Provisional On-Site Visit and Subsequent CoARC Action
   1. When the Referee deems the PSSR- Satellite to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
   2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, which must occur within six (6) months following Referee approval of the PSSR- Satellite. Failure to complete an On-site visit within this period of time may result in a Withhold of Provisional Accreditation.
   3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
   4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the Commission, at its next scheduled meeting, to either confer or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy 1.06. A conferral of Provisional Accreditation gives the program the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of Provisional Accreditation.

5. Following the conferral of Provisional Accreditation, programs are subject to ongoing review and are responsible for all reporting and disclosure requirements as described in CoARC Policy 3.0.

2.055 Continuing Accreditation Streamlined Review – Initial Affirmation of Satellite Program Options*

*The process outlined in this section will occur for Satellite programs on Provisional Accreditation undergoing their first review after reporting three (3) years of outcomes in the Annual Report of Current Status (RCS). Subsequent streamlined reviews will follow Policy 2.056.

A. Continuing Accreditation Self Study Report (CSSR-Satellite)
   1. No later than six (6) months following the deadline date for submission of the first Annual RCS showing three (3) reporting years of outcomes, the CoARC Executive Office will provide the Program Director with a CSSR-Satellite template. The completed CSSR-Satellite (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-Satellite fee within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withhold of Continuing Accreditation.
   2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and Satellite program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-Satellite template.

B. Review of CSSR-Satellite
   1. Following administrative review, a copy of the CSSR-Satellite and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-Satellite is acceptable.

C. Streamlined Continuing On-Site Visit and Subsequent CoARC Action
   1. When the Referee deems the CSSR-Satellite to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
   2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, which must occur within six (6) months following Referee approval of the CSSR- Satellite. Failure to complete an On-site visit within this period of time may result in a Withhold of Continuing Accreditation.
   3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
   4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the Commission at its next scheduled meeting to either confer or withhold Continuing Accreditation. A CoARC Board decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
   5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the approximate reaffirmation date.

2.056 Continuing Accreditation Streamlined Review – Reaffirmation of Satellite Program Options

A. Continuing Accreditation Self Study Report (CSSR-Satellite)

1. Approximately two (2) calendar years prior to the reaffirmation of Continuing Accreditation, the CoARC Executive Office will provide the Program Director with a CSSR-Satellite template. The completed CSSR-Satellite (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-Satellite Fee, within six (6) months following the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.
2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and Satellite program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-Satellite template.

B. Review of CSSR-Satellite
1. Following administrative review, a copy of the CSSR-Satellite and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-Satellite is acceptable.

C. Streamlined Continuing On-Site Visit and Subsequent CoARC Action
1. When the Referee deems the CSSR-Satellite to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined On-Site Visit, which must occur within six (6) months following Referee approval of the CSSR- Satellite. Failure to complete an On-site visit within this period of time may result in a Withdrawal of Continuing Accreditation.
3. The On-Site review team will submit a written report to the Executive Office after completion of the site visit.
4. Following review of the On-Site evaluation report and accreditation record, the Referee will recommend to the Commission at its next scheduled meeting to either confer (reaffirm) or withdraw Continuing Accreditation. A CoARC Board decision to withdraw Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the next approximate reaffirmation date.

2.06 Transition of a Program Option to a New Base Program

The sponsor of an ADT program option or Satellite program option holding Continuing Accreditation without pending progress reports can request transition of its program option to a new base program. An SDS program option cannot be transitioned to a new base program since this program option is not a degree-granting respiratory care program.

2.061 To initiate a transition request, the sponsor of the program option must notify the CoARC Executive Office in writing to ascertain eligibility to transition. The CoARC Executive Office will conduct an administrative review to determine eligibility of the program option for transition. If the CoARC Executive Office confirms eligibility, the sponsor will be instructed to follow the procedures for initiating a base program as per CoARC Policy 2.02.

2.062 Once Provisional Accreditation is granted for the new base program, the accreditation of the existing program option will be withdrawn and all students currently matriculated in the existing program option must be transferred into the new base program.

SECTION 3.0: ONGOING REVIEW

3.01 Ongoing Review

3.011 "Ongoing review" means that all programs and program options are reviewed annually by means of their Annual Report of Current Status (RCS), due July 1st of each year, and such other reporting requirements as the CoARC may establish. The CoARC reserves the right to consider other factors besides the RCS in making its accreditation decisions and may, at its discretion, request a Self-Study, other data and/or perform a site visit.

3.012 Outcomes Assessments for each applicable three-year reporting period include but are not limited to: performance on national credentialing examinations, programmatic retention, graduate satisfaction, employer satisfaction, and job placement (*Standard 3.09/DA3.9/C9*).

- Credentialing exam performance is evaluated by what CoARC has defined as 'NBRC CRT credentialing success' and 'NBRC RRT credentialing success', which is the percentage of program graduates (not the percentage of those taking the test) earning the NBRC's CRT and RRT credential, respectively. Credentialing exam performance is applicable to all accredited educational programs in Respiratory Care regardless of the Entry into Respiratory Care Professional Practice (Entry) degree awarded. Programs must also submit a copy of their NBRC Annual School Summary Report. Programs offering the Sleep Disorders Specialist Program Option must document BRPT/RPSGT credentialing success and/or NBRC SDS credentialing success. The established threshold for CRT credentialing success is 80%. There is no threshold for RRT Credentialing Success; however programs are still required to provide RRT outcomes data on annual reports. Consequent to the introduction of the Therapist Multiple Choice (TMC) examination by the NBRC in 2015, the CoARC is in the process of developing a threshold for the high cut score on this examination. Achievement of this cut score makes graduates of accredited Entry level programs eligible to take the CSE. This threshold will apply to Outcomes Assessments beginning with the RCS due in July, 2018.

- Programmatic Retention is defined as the number of students enrolled* in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class. The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.)

  *'Programmatic enrollment begins when a student enrolls in the first core respiratory care course (non-survey, non-prereq) available only to students matriculated in the respiratory care program. This may differ from the institutional definition of the enrollment or matriculation dates.

- Graduate and employer satisfaction surveys shall be administered six (6) to twelve (12) months after graduation. The established threshold for these surveys is that, for each question, at least 80% of returned graduate and employer surveys rate overall satisfaction 3 or higher on a 5-point Likert scale.

- Job Placement is defined as a graduate who is employed in the respiratory care profession (full time, part-time, or per diem) utilizing skills within the Respiratory Care scope of practice. There is no threshold for Job Placement; however, programs are still required to provide job placement outcomes data on annual reports.

3.013 All outcomes assessment data/documentation must be maintained (electronic or hardcopy) for at least five (5) years.

3.014 The CoARC has established minimum performance criteria (thresholds) for each of the outcomes assessments (See www.coarc.com). If a program doesn't meet all the outcomes assessment thresholds, as documented in the RCS, it will be required to begin a dialogue with the CoARC.

3.015 Resource assessment must be performed annually using the CoARC's Student and Program Personnel Resource Assessment (RAM) surveys (www.coarc.com). Resource Assessment data from any portion of the program with a separate ID number (base and program options) must be derived separately, using evaluation instruments that are appropriately modified (e.g., CoARC Polysomnography Resource Assessment Surveys), or specially developed for this purpose. Program developed surveys for program options must include the purpose, measurement system, dates of measurement, results and analysis, action plans and follow-up for each resource, and each resource must be assessed using a minimum of two evaluation instruments. RAM data must be maintained for at least five (5) years.

3.016 Periodically the CoARC may verify data/documentation related to outcomes and resource assessment through an audit and/or unannounced on-site review.

3.017 Each program and program option with full Continuing Accreditation status must undergo a comprehensive evaluation (i.e. a Continuing Accreditation Self Study and On-Site Review) at least every ten (10) years. Two (2) years prior to the reaffirmation date, the program will receive notification to prepare a Continuing Accreditation Self Study Report (CSSR), which must be completed and submitted to the Executive Office within six (6) months. A completed *CoARC Accreditation Services Application* and CSSR Fee must be included with the CSSR. Failure to do so, or failure to comply with any other aspect of these Accreditation Policies, will result in Administrative Probation and may lead to Withdrawal of Accreditation.

3.018 A program option with a CoARC ID number separate from the base program is treated as a separate entity for accreditation decisions by the CoARC. An adverse accreditation decision for a program option will not necessarily affect the accreditation status of the base program. However, a conferral of Probationary Accreditation or Withdrawal of Accreditation on the base program will trigger an automatic conferral of the same accreditation status on all program options.

SECTION 4.0: ACCREDITATION REMEDIATION

4.01 Remediate Deficiencies

The CoARC stands ready to help programs identify deficiencies and to assist in the development and implementation of action plans to remediate these deficiencies. Effective and appropriate remediation will enable the program to achieve outcome thresholds and meet the *Standards*. The CoARC may change a program's accreditation status based on the program's ability to remediate deficiencies in a timely manner.

Review of the compliance of programs and program options with the *Standards* will occur annually using their Reports of Current Status (RCS). Programs and program options with sub-threshold results will be required to engage in an accreditation dialogue which may include progress report(s), resource assessment, and/or a focused on-site evaluation. The specific process and the deadline for submission of these documents will be communicated to the program by the CoARC Executive Office.

4.02 Remediation may include:

A. Annual Report of Current Status (RCS) with Analyses and Action Plans
The RCS presents the program's outcomes in relation to the thresholds over a three year time period. Any program not meeting all the thresholds in the RCS must document a detailed analysis of each deficiency and provide a specific action plan to address that deficiency in the corresponding text boxes.

B. Progress Report
When a program fails to meet any of the *Standards* the CoARC issues a citation which requires it to submit a progress report. A Standardized Progress Report (responses to a series of questions developed by the CoARC) may be requested by the CoARC for a variety of deficiencies including sub-threshold outcomes (for retention, job placement, credentialing success, etc. (www.coarc.com)). The decision to request a progress report is made by the Program Referee or CoARC Board after review of the documents associated with the accreditation review process. The progress report must be submitted within the specified time period. The progress report will constitute the basis for further action by the CoARC. If the progress report demonstrates that the program is now in compliance with all the CoARC Standards, the citation will be rescinded. If the progress report does not demonstrate compliance with the *Standards* or isn't submitted within the time frame specified on the citation, the CoARC may either: (1) request an additional progress report; or (2) confer a Probationary Accreditation status.

C. Focused On-Site Review
When a program has not made timely and/or sufficient progress in addressing citation(s) or if an RCS shows substantial sub-threshold performance, the CoARC may conduct an on-site review focusing on those deficiencies.

D. Comprehensive Review
For programs with substantial or multiple failure(s) to meet the *Standards* and/or outcome thresholds, the CoARC may conduct a comprehensive review prior to the ten (10) year reaffirmation date.

4.03 Submission of Necessary Documentation

To ensure that the CoARC has adequate time to review and validate submitted information, all requested documentation described in the Program Action Letter must be submitted to the Executive Office by the due date specified in the Letter requesting such documentation (see Policy 1.11).

Failure to submit necessary information within the time frame established by the Executive Office will result in administrative probation.

4.04 Correspondence to Programs

General correspondence from the Executive Office/Referee will be directed to the Program Director or to the author of an inquiry. When appropriate, the response to an inquiry will be directed to the Chief Executive Officer. By CoARC Board action or Executive Committee directive, the CoARC may address correspondence to specific individuals.

SECTION 5.0: SITE VISITS

Please refer to the Site Visitor Manual (www.coarc.com).

SECTION 6.0: PERSONNEL

6.01 Key Personnel

6.011 Key Personnel are the Program Director, the Director of Clinical Education, and the Medical Director.
[Note: as of January 1, 2002 all Program Directors and Directors of Clinical Education assuming new positions must possess a minimum of a baccalaureate degree. Program Directors and Directors of Clinical Education with an Associate Degree who were hired prior to January 1, 2002 may retain their positions, but only in that program.]

A. Program Director: Programs must have a Program Director who is full-time and qualified as defined by the applicable *Standards*.

B. Director of Clinical Education: Programs must have a Director of Clinical Education who is full-time and qualified as defined by the applicable *Standards.*

C. Medical Director**:** Programs must have a Medical Director who is an appropriately licensed physician with qualifications as defined by the applicable *Standards.*

D. An individual cannot concurrently hold more than one key personnel position. This prohibition does not apply to a given program's accredited options (Satellite, ADT, SDS etc.).

E. Sleep Disorders Specialist Program Option: For those programs offering the Sleep Disorders Specialist Program Option, there must be a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered Polysomnographic Technologist (RPSGT), (who is preferably also a Registered Respiratory Therapist), 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 possess at least an Associate Degree, and have at least two (2) years of clinical experience in sleep technology. It is recommended that the individual should have at least one (1) year's' experience in an appropriate teaching position.

While this individual may be either of the program's two Key Personnel noted above, (should s/he meet the qualifications of a sleep disorders specialist), under those circumstances the program must show that these additional responsibilities are not adversely affecting the education of those students enrolled in the base Respiratory Care program.

F. Absences and Vacancies of Key Personnel:
1. Definition of an absence: the permanent employee holding the position is on approved leave (e.g., sabbatical, illness).

2. Definition of a vacancy: the permanent loss of an individual in a key personnel position, such as a resignation, or a situation in which the Program Director or Director of Clinical Education has accepted or assumed the duties of another full-time position at the educational institution or consortium.
3. The Executive Office must be notified of the absence or vacancy as soon as possible, but in no event later than fifteen (15) calendar days following the effective date of the absence or vacancy.
4. Key Personnel absences or vacancies must be filled within sixty (60) calendar days following the effective date of the absence or vacancy. Accredited programs may use temporary, acting or permanent personnel for this purpose.
    a. For the purposes of this section, the individual responsible for the sleep disorders specialist program option in programs offering that option shall be considered a 'key person'.

G. Temporary Replacement:
1. For vacancies or absences of key personnel, a temporary replacement may be named to fulfill all of the duties and responsibilities of the position being replaced as outlined in the applicable *Standards*.
2. Temporary personnel must possess a current license and a valid registered respiratory therapist (RRT) credential.
3. Temporary personnel may not meet all of the other qualifications required by the *Standards*.
4. Temporary personnel must fulfill all of the duties and responsibilities of the vacated position. A full-time appointment is recommended but not required.
5. Programs may have a key personnel position filled on a "Temporary" basis for a maximum of seven (7) months. This seven (7) month period begins from the date of the vacancy and cannot be extended. An individual occupying the temporary position can only be replaced by someone who meets all of the *Standards* qualifications for the vacated position.

H. Acting Replacement:
1. "Acting" means that the replacement's qualifications meet the *Standards*, but the individual is filling in for the person permanently appointed to that key personnel position.
2. Programs may have a key personnel position absence filled on an "Acting" basis for up to six (6) months. This six (6) month period begins when the vacancy or absence commences.
3. If it appears that the absence of the permanent key person is going to exceed six (6) months, the program may request prior approval from the Executive Office for an additional six (6) months.
4. If it appears that the absence of the permanent key person is going to exceed twelve (12) months, a request for approval of a second extension of up to six (6) months may be submitted to the Executive Office for consideration. However, in no event may a key personnel position be held by an acting replacement for more than eighteen (18) months.
5. The Executive Office must confer with the President of the CoARC prior to approving any extension beyond the initial six (6) month period.

Failure of the program to meet any of the above notification requirements (6.011) will result in Administrative Probation. In addition, the deficiency will be brought before the CoARC Board and may result in an adverse accreditation decision.

I. Transitional Replacement

1. For vacancies or absences of key personnel, a transitional replacement may be named to fulfill all of the duties and responsibilities of the position being replaced as outlined in the applicable *Standards.*
2. Transitional personnel must meet all of the qualifications required by the *Standards*, except for the academic degree.
3. Transitional personnel must be enrolled in a degree program, successful completion of which will result in their meeting the academic degree requirements for the Program Director or Director of Clinical Education.
4. Transitional personnel must fulfill all of the duties and responsibilities of the vacated position. A full-time appointment is required.
5. Programs may have a key personnel position filled on a "Transitional" basis for a maximum of two (2) years. This two (2) year period begins from the date of initial appointment and cannot be extended. An individual occupying the transitional position can only be replaced by someone who meets all of the *Standards* qualifications for the vacated position

J. Programs with an Approval of Intent are not eligible for temporary, acting, or transitional replacements.

6.012 Replacement Notification:

A. When there is a change in key personnel (Medical Director, Program Director, Director of Clinical Education, or Primary Polysomnography Instructor), permanent, temporary, or acting, the following information relating to the replacement must be forwarded to the Executive Office no later than fifteen (15) calendar days following the effective date of replacement.
   1. New Program Director, Director of Clinical Education, and Primary Polysomnography Instructor:
      a. Copy of the institution's *Letter of Appointment*, signed by both the President/CEO and the appointee, describing the position being offered, effective (start) date, and guarantee of a full time faculty appointment;
      b. Copy of the individual's college transcript (baccalaureate degree or higher for permanent or acting PD and DCE; associates degree or higher for Primary Polysomnography Instructor or Temporary Replacement) and
      c. Current CV.
   2. Medical Director:
      a. Copy of letter of acceptance and
      b. Copy of current CV.

B. Failure of the program to meet any of the above notification requirements (6.012) will result in Administrative Probation. Failure to fill a vacancy in a timely manner, as defined in this section, will result in an adverse accreditation decision after the deficiency is identified.

6.013 Documentation on Key Personnel:
(For definition of 'key personnel', programs with the sleep disorders specialist program option - see Section 6.011.E).

All programs are required to have on site the most recent letter of appointment, letter of agreement, memorandum of agreement, or other such documentation describing the relationship between the sponsor and each of the key program personnel. Such documents must be signed by both parties, thus confirming offer and acceptance of the appropriate position.

SECTION 7.0: CLINICAL AFFILIATES

7.01 Educational programs in Respiratory Care must establish and maintain written affiliation agreements with all clinical sites. These agreements must delineate the relationship, role, and responsibilities of both parties, and address the conditions for renewal/cancellation. They must be signed by both parties and periodically reviewed to ensure that they are compatible with current practices. All clinical affiliation agreements must be available for inspection by site visitors during on-site evaluations.

7.02 The program must list its current clinical affiliates each year in the Annual Report of Current Status (RCS).

7.03 Programs and program options are prohibited from using clinical affiliates outside the U.S and its territories.

SECTION 8.0: FISCAL

8.01 The current Fee Schedule is available on the CoARC web site. Programs will be notified of changes in fees a minimum of twelve (12) months before implementation. All fees are non-refundable.

8.02 A fee (see www.coarc.com) will be charged for new programs at the time of the submission of the Letter of Intent Application (See Section 2.0). This fee will also be due when a program requests the Executive Office to establish a program option.

8.03 There will be an evaluation fee (See www.coarc.com) due with each Self-Study Report based on the date the report is due, not the date the report is received.

8.04 There will be an annual fee for accreditation services set by the CoARC (see www.coarc.com) including those for any program options. The fee(s) is/are billed for each program offering with a separate CoARC ID number. Effective August 1, 2018, annual fees for the first year will be prorated based on the month following the meeting where Provisional Accreditation is conferred.

8.05 Payment of accreditation fees and other charges must be made within a reasonable period of time as determined by the CoARC.

8.051 Invoices are e-mailed on or before December 1st of each year and are due by January 31st of following year. Included will be a notification stating that if the invoice is not paid by March 1st the program will be placed on Administrative Probation. Once all fees and/or penalties have been submitted the Administrative Probation status will be removed.

8.052 A program that has not paid the original invoice by March 1st will be assessed an additional 10% of the original invoice amount as a late fee and will be notified by certified mail, return receipt requested, that the program has been placed on Administrative Probation.

8.053 Programs that have not paid their annual fee (including late fees) by April 1st will be emailed an updated invoice assessing an additional 5% of the original invoice amount as a late fee.

8.054 Programs that have not paid their annual fee by May 1st will be e-mailed an updated invoice assessing an additional 5% of the original invoice amount as a late fee.

8.055 Programs that have not paid their annual fee (including late fees) by June 1st will be assessed an additional 5% of the original invoice amount as a late fee and will be placed on the agenda of the CoARC Board's next meeting with a recommendation for Withdrawal of Accreditation or Withhold of Accreditation. The sponsor's CEO will receive notification of this pending action by certified mail, return receipt requested, within 10 calendar days of the program's placement on the agenda.

8.06 Failure to pay Letter of Intent Application fees will result in the application being rejected (see Policy 2.02). Failure to pay Application for Accreditation Services/Self Study fees will result in conferral of Administrative Probation (see Policy 1.055).

SECTION 9.0: REQUEST FOR SUBSTANTIVE CHANGES

A substantive change is a programmatic change that the CoARC believes is significant enough to require the program to notify the CoARC of its occurrence. The sponsor must report substantive change(s) to the CoARC for approval prior to the intended date of implementation, with the exception of the unexpected absence/vacancy in a Key Personnel position (see Policy 6.01) or an adverse action by the program sponsor's institutional accrediting agency or a change in the sponsor's institutional accreditation status (see Policy 1.07),.

The CoARC Executive Office is responsible for reviewing all substantive changes that occur between regularly scheduled comprehensive on-site evaluations, to determine whether or not the change has the potential to affect the quality of the program and to assure the public that all aspects of the program continue to meet the *Standards*. While the decision to implement a substantive change is an institutional prerogative and responsibility, the CoARC is obligated to assess the effect of any substantive change on the program's ability to meet the *Standards* and Policies.

It is the responsibility of the sponsor to follow the CoARC's Substantive Change policies and procedures, and to notify the CoARC of such changes in accord with those procedures. In general, a program considering a substantive change should notify the CoARC early in the process. Such notification will provide an opportunity for the program to consult with CoARC Executive Office staff regarding the potential effect of the change on its accreditation status, and the procedures to be followed. If an accredited program is unclear as to whether a change is substantive in nature, it should contact the CoARC Executive Office.

If a program fails to follow this substantive change policy and its procedures, the program may be subject to an adverse accreditation action.

The information provided by the program must provide sufficient detail about the change so that the potential effect of the change on the accredited program can be assessed.

The CoARC Executive Office will review the substantive change application to ensure that compliance with the *Standards* and Policies will not be adversely affected by implementation of the change.

After reviewing the application and accompanying documentation, the CoARC Executive Office will notify the program of:

1. Approval of the change with no further documentation required.
2. The need for additional information or clarification;
3. The need to assign a Referee to conduct further review of the application;

4. A decision by the Referee to place the application on the agenda of the next scheduled meeting for the CoARC Board's consideration;

An Application for Substantive Change (available at www.coarc.com), along with a cover letter on institutional letterhead, must be sent to the Executive Office prior to implementing any of the substantive changes listed below. The cover letter should describe the nature of the change and the projected implementation date. In addition to the above, the sponsor must follow any additional procedures specified in the following list. Substantive Changes to be reported to the CoARC within the time limits prescribed include:

9.01 Change in Institutional Accreditor/Ownership/Sponsorship/Legal status or Change in Control
(See *Standards 1.01 and 1.02/DA1.1 and 1.2/A1 and A2*)

9.02 Change in degree and/or additional degree awarded

This includes a change in the Entry into Respiratory Care Professional Practice (Entry) degree awarded (e.g., AS to AAS or AS to BS) or the addition of another Entry degree (e.g., AS and BS or BS and MS). The documentation submitted must include evidence that these changes and/or additions have been approved by the program's Advisory Committee as well as an explanation of the new degree requirements. If the request is for a change in the degree awarded, there will be no change in program number following CoARC approval of the upgrade. Should the request be for an additional degree track, the CoARC will assign a separate program number for each additional degree track offered. The program maintains its current CoARC program number during a change in degree. Each Entry degree offered will be subject to ongoing review as described in Section 3.0 and accreditation fees as described in Section 8.0. The sponsor must not admit students into the additional degree program until the program obtains Provisional Accreditation (see Section 2.0).

9.03 Change in program goal(s)

This includes any change in the established mission or goals of the institution. The documentation submitted must include evidence that these changes have been approved by the program's Advisory Committee.

9.04 Change in the curriculum or delivery method

Curricular revisions that require a significant change in the following:

a. The number of clock or credit hours (change of 10% or more) required for successful completion of the program;
b. The length of the program (change of at least one academic term);
c. Introduction of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum (25% or higher).

The documentation submitted must also include evidence that these changes have been approved by the program's Advisory Committee.

9.05 Initiation of a Sleep Disorders Specialist Program
(See Accreditation Policy 2.04)

9.06 Request for Inactive Accreditation Status
(See Accreditation Policy 1.058)

9.07 Withdrawal of Accreditation – Voluntary
(See Accreditation Policy 1.056)

9.08 Key Personnel Vacancy/Replacement
(See Accreditation Policy 6.0)

9.09 Initiation of (a) Satellite location(s)
(See Accreditation Policy 2.05)

9.10 Increase in Enrollment Request

1. Maximum annual enrollments are established by the CoARC based upon the institution's available resources, as stated in the accreditation application, and is noted in each program's Annual Report of Current Status. To permit flexibility, a program's annual enrollment may occasionally be exceeded by 5 students or 10% of maximum enrollment, whichever is less. However this increased number is not the program's new maximum annual enrollment; repeatedly exceeding maximum enrollment may result in an adverse accreditation action.

2. Programs desiring to permanently increase the maximum annual enrollment stated in their Annual Report of Current Status must submit a Substantive Change request as described below. Only base programs and program options with a status of Continuing Accreditation without any pending Progress Reports and without Administrative Probation are eligible to request an increase in their maximum annual enrollment.

3. Base programs and program options that were eligible to request an increase but have exceeded maximum annual enrollment by more than the 5 students or 10% of the maximum allowed for temporary increases noted above, or have increased maximum annual enrollment without prior CoARC approval, will be placed on Administrative Probation (see CoARC Policy 1.055).

4. Base programs and program options that have increased maximum annual enrollments in spite of being ineligible to do so (#2 above) are in violation of CoARC Standard 1.07/DA1.6/C6 (Substantive Change) and CoARC Policy 9.10 (Increase in Enrollment Request). After having determined that maximum enrollment has been exceeded, CoARC will notify such programs in writing, informing them of the citation, the rationale for the citation, and the response required to demonstrate compliance with the cited *Standards*/Policies. Programs will be required to submit a progress report demonstrating that they have reduced enrollment to the CoARC approved maximum enrollment. Compliance will be determined by verifying enrollment via the Annual RCS. Failure to reduce the enrollment to the CoARC-approved level within the timeframe specified will result in an adverse accreditation action.

5. In addition (#3 above) programs that increase enrollment without prior approval may also be subject to a focused site visit to assess the program's ability to provide adequate resources for the currently enrolled students. If the CoARC determines that the program does not have the resources to support the increased enrollments, the program will be placed on Probationary Accreditation and may be required to reduce subsequent admissions below the maximum annual enrollment so that student enrollment matches program resources. The reduced maximum enrollment will remain in place until the deficiencies have been corrected

and approved by the CoARC. Students who have already been enrolled in the program will be allowed to continue (see definition Programmatic Enrollment).

9.11 Change in Program Location

When the program changes its campus location and/or the location of its teaching facilities (i.e. lab, classrooms, etc.)

9.12 Initiation of (a) Additional Degree Track Program(s)

(See Accreditation Policy 2.03)

9.13 Transition of a Program Option to a Base Program

(See Accreditation Policy 2.06)

SECTION 10.0: COMPLAINT PROCEDURE

10.01 It is the policy of the CoARC to review all complaints against an accredited program received from any source, including students, (a) provided that the complainant identifies himself or herself by name and contact information and (b) provided further that the complaint is related to programmatic compliance with the CoARC's *Standards*, Policies, and Procedures. The CoARC will endeavor to resolve complaints in a fair and timely manner. Furthermore, it is the policy of the CoARC to retain all documentation associated with any complaint for a period of not less than one accreditation cycle (typically ten years). For those complaints not based on programmatic compliance with CoARC *Standards,* Policies, or Procedures, the retention will be for at least five (5) years.

10.02 The CoARC will not become involved unless the complaint meets the requirements in 10.01. The CoARC will not intervene on behalf of individuals or become involved on behalf of faculty members or students in matters of admission, grades, appointment, promotion, or dismissal. The CoARC cannot assume authority for enforcing the policies of programs or institutions regarding faculty, professional staff, or student rights. The CoARC's role is to ensure that institutional/ program policies and procedures governing complaints are implemented fairly and as written or, if policies are not present, to require the program to develop and implement such policies and procedures.

Should a complainant invoke the aid of a court or other entity to adjudicate or mediate his/her allegation(s), the CoARC will await the outcome of these processes before determining whether to take action. If this process concludes that the program has acted appropriately, the CoARC will not second guess that judgment and will consider the complaint closed; no further action will be taken. If the process results in findings (a) that there have been violations of program, institutional, or CoARC policies or (b) that the program has engaged in conduct that would violate such policies, the CoARC will take these findings into account in its review of the complaint. Copies of the CoARC *Standards,* Policies and Procedures may be obtained through the CoARC Web site (www.coarc.com) or by contacting the CoARC Executive Office.

10.03 Before submitting a complaint related to program compliance with CoARC *Standards,* Policies or Procedures, the complainant should attempt to resolve the complaint directly with program/ institution by following the applicable grievance procedures provided by the program/institution. However, if the complainant believes that attempting to resolve the complaint with the program/

institution would either be unavailing or otherwise not appropriate, the complainant may submit the allegations of non-compliance to the CoARC. In submitting a complaint to the CoARC, the complainant should either (a) state that attempts to resolve the complaint with the program/ institution were unavailing or (b) briefly describe why attempting to resolve the complaint in that matter would have been unavailing or otherwise not appropriate.

10.04 To receive formal consideration, all complaints must be submitted in writing to the CoARC Executive Office using the Complaints Reporting Form (available on the CoARC website). The formal complaint must:

a. describe the allegation in detail and cite the CoARC *Standards*, Policies or Procedures pertaining to the complaint;
b. document that the complainant has made reasonable efforts to resolve the complaint, or alternatively that such efforts would either be unavailing or otherwise not appropriate;
c. be signed and dated by the complainant; and
d. include the complainant's postal address, email, and phone number.

The complaint documents should be either submitted electronically, or mailed to the CoARC at the following address:

Chief Executive Officer
Commission on Accreditation for Respiratory Care
264 Precision Blvd, Telford, TN 37690
Ph: (817) 283-2835 Fax: (817) 354-8519
E-mail: tom@coarc.com

10.05 If the complaint describes circumstances which, if substantiated, would denote noncompliance with CoARC *Standards,* Policies, or Procedures, the Chief Executive Officer will contact the complainant to obtain additional documentation or corroboration, as needed. If the complainant does not comply with such a request, the file may be closed and no further action may be taken.

10.06 To the extent possible, the CoARC shall attempt to maintain the confidentiality of complaints and any corroborating material. However, the CoARC cannot guarantee confidentiality. The complainant will be required to sign an authorization that will allow the CoARC, once it has determined that the complaint meets its requirements, to forward the written complaint and corroborating materials to the program sponsor – without including the name or contact information of the complainant unless authorized by the complainant to provide such information. The CoARC will also make the complaint and corroborating materials available to CoARC staff and Commission members, their respective attorneys, and appropriate outside parties, as required by law or as necessary to fully investigate the complaint.

10.07 The CoARC will not accept complaints that are submitted anonymously. It will take whatever action it deems appropriate regarding complaints in which the complainant has not given consent to being identified. Receipt of all written complaints in which the name and contact information of the complainant are identified will be acknowledged within ten (10) business days.

10.08 Process for a Complaint against a Respiratory Care Program

Procedure	Timeline

The complaint is submitted to the CoARC Executive Office as a written, signed, and dated statement using the method specified in Policy 10.04. The CoARC Chief Executive Officer will determine whether the complaint relates to the program's compliance with accreditation *Standards*, Policies, or Procedures. (10.01)	
If the CoARC Chief Executive Officer determines that the complaint relates to CoARC Standards, Policies, or Procedures, the CEO will notify the complainant in writing that a copy of the complaint, with identification of the complainant deleted to the extent practical, is being forwarded to the program director and the chief executive officer of the program/institution for a response. The complainant will be notified only whether or not an investigation will be undertaken. The complainant will not be informed of the result of any such investigation.	Within ten (10) business days of receipt of the complaint.
The CoARC Executive Office will send a copy of the complaint to the Program Director and the institution's chief executive officer, with the name of the complainant deleted, for a response.	Within ten (10) business days of receipt of the complaint.
The institution will be required to submit a response to the complaint to the CoARC Executive Office. This will be reviewed by the CoARC Executive Committee.	Within thirty (30) calendar days following the CoARC's mailing of the complaint.
If the CoARC Executive Committee determines that CoARC *Standards,* Policies, and Procedures have not been violated, the CoARC Executive Office will complete the file by sharing this finding in writing with the institution.	Within ten (10) business days.
If the CoARC Executive Committee finds that one or more CoARC *Standards,* Polices, or Procedures were violated, the complaint will be submitted to the CoARC Board for further action. The program will be informed of the Executive Committee's findings and will be required to provide a written response within 30 calendar days, to include any corrective action the program has taken and/or plans to address the findings.	Within ten (10) business days.
The CoARC can (a) accept the corrective action, (b) request additional documentation regarding the corrective action, (c) request a focused site visit, and/or (d) place the program	At the next scheduled meeting occurring at least thirty (30) days after receipt of the written response.

on probationary accreditation. Unless otherwise indicated, the decision or the CoARC Board shall be final. The CoARC reserves the right to notify the appropriate institutional accreditor, the appropriate state agency, and/or the NBRC of the final action taken.	

10.09 Process for a Complaint against the CoARC

A. Complaints made against the CoARC staff, Commissioners, program referees, or site visitors with respect to the CoARC's monitoring of a program's compliance with the CoARC *Standard*s or its adherence to CoARC Accreditation Policies or procedures will be under the jurisdiction of the Executive Committee of the CoARC Board. When such a complaint is received, the Executive Committee will, subject to the Conflict of Interest Policy, appoint a special committee to investigate the complaint in a fair and timely manner. Commissioners shall not participate in any capacity on the special committee.

B. The CoARC is dedicated to providing high quality programmatic evaluation and review. Established procedures must be followed when the CoARC receives complaints related to the behavior of its on-site evaluation team members or alleging that the CoARC has not complied with established accreditation practices including noncompliance with its *Standards*, Policies, and Procedures, or that it is exceeding its mandate as defined by the *Standards*. The CoARC will not include in this process complaints pertaining to an adverse accreditation action or to actions related to program/sponsor noncompliance with CoARC *Standards,* Policies, or Procedures. If a program wishes to appeal such an adverse action, it should refer to the Requests for Reconsideration and Appeal in Section 1.06.

The CoARC will not harass, take an adverse accreditation action against, or otherwise retaliate, against an institution or person who, in good faith, has submitted a complaint about the CoARC, its members, agents, or staff.

C. Procedure and Timeline

Procedure	Timeline
The complaint is submitted to the CoARC Executive Office. It must be in writing, identify the name and contact information of the complainant, be signed and dated, and include supporting evidence.	
The CoARC Executive Office shall forward the complaint to the CoARC Executive Committee along with any relevant information from CoARC records.	Within ten (10) business days of receipt of the complaint.
The CoARC Executive Committee shall review the complaint and may request additional information from the complainant or the CoARC staff.	Within ten (10) business days of receipt of the complaint.
The President will appoint a special committee of three persons composed of:	Within thirty (30) calendar days.

• 2 representatives from CoARC accredited programs; • 1 public member.	
If the analysis by the CoARC Special Committee finds that the policies and procedures have been implemented fairly and as written, the Special Committee will complete the file by sharing this finding in writing with the complainant and the program director.	Within ten (10) business days.
The special committee presents its findings/ recommendations to the CoARC Board. The special committee will: (a) Affirm that policies and procedures have been applied appropriately; or (b) Affirm that policies and procedures have been violated. It will also recommend a course of action.	At the next scheduled CoARC meeting occurring at least thirty (30) days after the findings of the special committee are presented to the Board.
The complainant will be notified of the committee's decision and the action (if any) to be taken by the CoARC.	Within thirty (30) calendar days of the CoARC meeting.

SECTION 11.0: DISCLOSURE OF ACCREDITATION

11.01 The CoARC requires institutions and programs to be accurate in reporting a program's accreditation status to the public.

A. Programs must inform all current students and applicants in writing of any changes in the program's accreditation status.

B. If an institution is seeking CoARC accreditation for a program and has submitted a Letter of Intent Application or has received an Approval of Intent, the institution must make the following disclosure:

> *"[Name of sponsor] is currently in the process of seeking CoARC accreditation for a respiratory care program. However, [Name of sponsor] can provide no assurance that accreditation will be granted by the CoARC."*

C. If accreditation has been withdrawn (Voluntary or Involuntary Withdrawal), the sponsor must no longer refer to the program as being accredited.

D. Use of language relating to accreditation other than what is designated by the CoARC requires prior written permission from the CoARC.

E. Any communication source that provides information to the public regarding the program must accurately reflect current accreditation status. The failure of a program to do so is a violation of *Standards 5.01 and 5.02; DA5.1 and 5.2; E1 and E2.*

11.02 If a program holds Provisional Accreditation status, the program's sponsor, in at least one of the comprehensive publications customarily used to convey official institutional information, must use the following language when referring to that status:

> *"The [name of program, CoARC program number(s), degree(s) awarded, and campus location holds Provisional Accreditation from the Commission on Accreditation for Respiratory Care (www.coarc.com).*
>
> *This status signifies that a program with an Approval of Intent has demonstrated sufficient compliance with the Standards (through submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and any other documentation required by the CoARC, as well as satisfactory completion of an initial on-site visit), to be allowed to admit students. It is recognized as an accredited program by the National Board for Respiratory Care (NBRC), which provides enrolled students who complete the program with eligibility for the Respiratory Care Credentialing Examination(s). The program will remain on Provisional Accreditation until it achieves Continuing Accreditation."*

11.03 Public use of CoARC Accreditation Status by Programs and Sponsor

A. If a program holds Continuing Accreditation with the CoARC, the sponsor must use the following language when referring to that accreditation:

1. In at least one of the comprehensive publications customarily used to officially convey institutional information (e.g., program website), it must state:

> *"The [name of program, CoARC program number(s), degree(s) awarded, and campus location] is accredited by the Commission on Accreditation for Respiratory Care (www.coarc.com)."*

2. Provided the requirements of paragraph A.1 have been met, the sponsor may choose, but is not required, to include the program accreditation statement in small publications such as newspaper ads, flyers, pamphlets, etc.

B. When a program has been placed on Probationary Accreditation by the CoARC and the action is final, the program must inform all students and applicants, in writing, within thirty (30) calendar days of the CoARC action. The sponsor must disclose this sanction on the program website and whenever reference is made to its accreditation status, by including the statement:

> *"[Name of Program, CoARC program number(s), degree(s) awarded, and campus location] is accredited by the Commission on Accreditation for Respiratory Care (CoARC) (www.coarc.com). The program has been placed on Probationary Accreditation as of [date of Probation action]".*

Since ***Probationary Accreditation*** is a temporary status, publications that are published less frequently (e.g., catalogues) are not required to carry the above wording. However, whenever such publications are distributed to the program's current students or potential applicants, they must include an insert containing the above language. Any promotional pieces, print advertisements or areas on the program's website that make reference to accreditation status must include the above language about ***Probationary Accreditation."***

C. If accreditation has been withdrawn by the CoARC, or the program has voluntarily withdrawn accreditation, the program must publicize this status to its students, faculty, administration, and to program applicants. Such publication must occur within thirty (30) calendar days of

the CoARC action to withdraw accreditation or within thirty (30) calendar days of the unfavorable disposition of the program's request for reconsideration or appeal, if either is filed, whichever occurs later. After all students have completed the program teach-out following withdrawal of accreditation (voluntary or involuntary) all references and claims to CoARC accreditation in electronic format must be deleted within thirty (30) days, and printed publications must be amended to remove references to CoARC accreditation status prior to the printing of future editions.

11.04 Public Notice of Program Information

The current CoARC accreditation status of a program is available to any interested party upon request to the Executive Office, and is also accessible via a directory of accredited programs on the CoARC website. The current accreditation status, contact information for the program director, the program website address, and information regarding degree(s) granted are documented on the website for each program.

11.05 Public Notice of Accreditation Actions

A. A notification letter will be sent to the President/CEO of the sponsor and copies are mailed to the Dean and Program Director.

B. Public Notice of: Approval of Intent, Provisional Accreditation, and Continuing Accreditation
   1. The CoARC endeavors to notify institutions of applicable accreditation decisions within thirty (30) calendar days following a CoARC meeting. Once an accreditation action is final, information regarding these actions is available to the public within thirty (30) calendar days on the CoARC website.

C. Public Notice of Voluntary Withdrawal or Inactive Accreditation
   1. The CoARC will notify the public through its website after receiving the required documentation for voluntary withdrawal (see Policy 1.056) from a sponsor of its intent to withdraw a program from the accreditation process.

D. Public Notice of Probationary Accreditation, Withhold of Accreditation, or Involuntary Withdrawal of Accreditation
   1. The CoARC notifies institutions of Probationary Accreditation, Withhold of Accreditation, or Involuntary Withdrawal of Accreditation decisions within thirty (30) calendar days following the CoARC meeting at which this action occurred. Final decisions (following the reconsideration/appeal process) to place a program on Probationary Accreditation, Withhold of Accreditation, or Withdrawal of Accreditation will be publicly disclosed via a posting on the CoARC website.
   2. The CoARC also makes available a statement, called a Public Disclosure Notice, summarizing the reasons for final decisions for adverse accreditation actions; and the official comments, if any, that the institution may wish to make with regard to that decision. If there are no official comments from the institution, then evidence that the institution has been offered the opportunity to provide official comment will be included in the Notice.
      a. The Public Disclosure Notice will be drafted and sent to the sponsor for review at the same time as the notification letter. This statement will contain:
         1. The accreditation status conferred on the program;
         2. The effective date of the accreditation status;
         3. *Standards* with which the program is not in compliance;
         4. Specific reasons why the adverse accreditation action was taken;
         5. Future options available to the program.
      b. Institutions that wish to respond to the notification letter must do so within fifteen (15) business days. Responses are limited to agreement with the conferred status, or identification of any factual inaccuracies and/or potentially misleading comments in the

notification. If the response from the institution identifies problems with the letter, the letter will be revised, so long as the revision accurately reflects the decision made by the CoARC. Lacking a response from the institution, the Public Disclosure Notice will indicate that no response was received.

E. Final accreditation actions will be disclosed on the 'Summary of Meeting Actions' listing on the CoARC website, and in written responses to written or verbal inquiries. Notification of final accreditation actions is also conducted through the Annual Report of Accreditation prepared and distributed annually to the communities of interest and posted on the CoARC website.

F. The CoARC continually updates its website directory of accredited programs to reflect recent actions and current accreditation status.

G. The CoARC reserves the right to disclose any adverse action to the public or to relevant state, federal, or accrediting agencies prior to final action.

11.06 Misrepresentation of CoARC Actions

A. It is expressly against CoARC policy for programs, or their sponsor, to mislead the public regarding program outcomes or accreditation status. If the CoARC becomes aware that the institution/program has released information that is misleading, the institution/program will be notified that corrective action must be taken within a specified time period. If corrective action is not taken within the time specified, the program will be in violation of Standard 5.01/DA5.1/E1. The CoARC may release a public statement providing the correct information.

B. If programs notice an inaccurate or misleading accreditation status in any CoARC printed or electronic medium, this should be reported to the CoARC Executive Office immediately. The Chief Executive Officer will verify the inaccuracy and publish a correction on the CoARC website as soon as possible.

SECTION 12.0: ACCREDITED ENTRY AND DEGREE ADVANCEMENT PROGRAMS

12.01 Institutions Offering both Accredited Entry and Degree Advancement Programs in Respiratory Care

Institutions offering both accredited Entry into Respiratory Care Professional Practice degree programs and degree advancement programs (other than continuing education programs) have an obligation to explain program differences to potential students and to the community. Therefore, any information publicizing the institution's programs should indicate which programs are accredited by the CoARC and which are not. Because establishment of a degree advancement program may dilute the instructional resources available to students in the accredited program, the CoARC reserves the right to request information about such a program and its relationship to the accredited program. Institutions currently offering a degree advancement program must provide information related to the program as requested.

Institutions planning to offer such a program must provide information about the program and its relationship to the accredited program, in compliance with the CoARC's policy on reporting substantive changes (see Section 9.0).

12.02 Entry into Respiratory Care Professional Practice Programs

An *Entry into Respiratory Care Professional Practice (Entry) Degree Program* is an educational program designed to provide students who have no prior training in respiratory care with the knowledge and clinical skills required to function competently as a registry-eligible respiratory therapist. Conferral of an Entry degree requires the following: completion of the academic prerequisites to be admitted to an accredited program and at least two years of college-level study which is equivalent to the level required of an Associate degree and includes all didactic, laboratory and clinical training necessary for graduates to function as a registered respiratory therapist. An Entry degree program must adhere to the CoARC Accreditation *Standards* for the Profession of Respiratory Care. An Entry degree in respiratory care is required by law or custom to practice the profession in most locations within the U.S.

OJTs and graduates of 1-year programs who subsequently enroll in an Entry program for degree completion purposes are considered to be Entry degree students and must be included when the program is assessing enrollment for CoARC reporting purposes.

12.03 Degree Advancement Programs

A *Degree Advancement (DA) Program* (DAP) is an educational program designed especially to meet the needs of the practicing respiratory therapist who, having earned an Entry into Respiratory Care Professional Practice (*Entry*) degree by completing an accredited respiratory care program, is returning to school to obtain a higher degree.

DAPs in respiratory care should only admit students who have already completed an accredited Entry program in respiratory care. The curriculum of DAPs should not include respiratory care coursework designed to prepare graduates to be eligible for either the NBRC CRT or RRT examinations but should teach professional skills at an advanced level. Sponsors that offer both DAPs and *Entry* programs must not include data for the DAP when reporting outcomes data for their *Entry* program. Such a sponsor must also provide the CoARC with an explanation of any discrepancies between the NBRC Annual School Summary and the CoARC Annual Report of Current status that may be related to the simultaneous offering of both programs.

12.04 CRT to RRT Completion Programs

A *CRT to RRT Completion Program* is an educational program designed to meet the needs of the practicing respiratory therapist who, having completed an accredited (100-level) respiratory care program is returning to school to complete a 200-level program in order to meet eligibility requirements for the NBRC RRT examination. The emphasis in CRT to RRT completion programs is on teaching the didactic, laboratory, and clinical competencies required of a registered respiratory therapist (RRT). CRT to RRT students must be classified as Advanced Placement (AP) in the CoARC Annual Report of Current Status and must be included when assessing the program's annual enrollment.

A sponsor that offers a CRT to RRT completion program AND an *Entry* program must provide the CoARC with an explanation of any discrepancies between the program's NBRC Annual School Summary and the CoARC Annual Report of Current status that may be related to the program's offering both programs. The CoARC may request a Credential Verification letter from the NBRC, a copy of the CRT certificate issued by the NBRC or a report from the NBRC showing the name and date when each individual student received the CRT credential to confirm which students attained the CRT credential prior to enrollment in the program.

SECTION 13.0: SPECIAL CERTIFICATE OF COMPLETION FOR CRT/RRT ELIGIBILITY

On January 15, 2014, the CoARC and the National Board for Respiratory Care (NBRC) issued a joint announcement that CoARC Policy 13 and related admissions policies would be discontinued as of January 1, 2015.

To avoid penalizing students who were at that time matriculated in a program holding a Special Certificate of CRT/RRT Eligibility (Special Certificate), the NBRC Board of Trustees determined that the Special Certificate would continue to be a route for admission to the Therapist Multiple-Choice and Clinical Simulation Examinations (NBRC Exams) until December 31, 2015 for those individuals issued such a certificate by an authorized program. After this date, all candidates must be graduates of a CoARC accredited respiratory therapy education program to be eligible to take the NBRC Exams.

SECTION 14.0: ETHICAL STANDARDS OF PRACTICE

14.01 Ethical Standards

CoARC Commissioners, staff and volunteers are required to adhere to ethical standards of practice in all CoARC related activities. The CoARC is a member of the Association of Specialized and Professional Accreditors (ASPA) and, accordingly, subscribes to the ASPA code of ethics, (posted on the ASPA web site http://www.aspa-usa.org/).

14.02 Conflict of Interest

Conflict of interest refers to any situation in which a Commissioner, staff member, or site visitor of the CoARC stands to gain materially from his or her association with the CoARC.

A. A conflict of interest exists when any CoARC Commissioner, staff member or volunteer (or his/her immediate family) stands to realize financial or tangible personal or proprietary gain as a result of any action of the CoARC in which s/he participates.

B No Commissioner, staff member, or volunteer may enter into an employment relationship with persons or activities directly or indirectly detrimental to the CoARC.

C. All Commissioners and committee members of the CoARC will sign, annually, a statement that acknowledges they have read and understand the CoARC's Conflict of Interest and Confidentiality Statements [See Appendices]. Site visitors are required to sign a similar statement. Current, signed statements are kept in the Executive Office.

14.03 Confidentiality

All information generated or received by the CoARC that relates to programmatic accreditation status (including but not limited to accreditation letters, survey reports and progress reports) is confidential and will not be released unless authorized by the program involved, except when required to meet the recognition criteria of the Council for Higher Education Accreditation (CHEA), or as required by law. All records pertaining to a program may be made available to its sponsor's institutional accrediting agency, its state education and/or respiratory therapy licensing agency, and the U.S. Department of Education, as deemed appropriate by the CoARC. The following information will not be treated as confidential and may be released to the public:

- Program Director contact information

- Total number of current program enrollees
- Maximum annual enrollment
- Total number of program graduates per year
- Accreditation Cycle including year of next review
- Current Status of Public Recognition (see Policy 1.05) including any *Standard* citations
- Programs that have submitted a Letter of Intent application
- Programs holding an Approval of Intent
- Approved Substantive Changes
- Programs scheduled for review at a CoARC meeting
- Accreditation actions, consistent with the CoARC's Policy on Public Notice of Accreditation Actions (11.06)
- List of anticipated site visits for the upcoming calendar year
- CRT credentialing success (*most recent 3-yr average)
- RRT credentialing success (*)
- Retention (*)
- Job Placement (*)
- Overall graduate satisfaction (*)
- Overall employer satisfaction (*)

* Available on the CoARC website under 'Accredited Program Outcomes'

14.04 Discrimination

As a national accreditor of respiratory care education programs, the CoARC prohibits, and does not engage in, the discrimination or harassment of individuals on the basis of race, color, religion, national origin, gender, age, sexual orientation, disability, status as a veteran or disabled veteran; nor does it discriminate against programs/institutions on the basis of affiliation, status, size or fiduciary resources.

14.05 Ownership of Records

All materials submitted to the CoARC (e.g. Self-Study documents, Progress Reports, Annual Reports, and Reconsideration or Appeals materials) shall become the property of the CoARC.

14.06 Cost of Compliance with Third-Party Discovery Requests

Costs to the CoARC related to compliance with third-party discovery requests regarding its accredited programs cannot be reasonably anticipated for budgeting purposes. When reimbursement for copying and delivery costs is not offered to the CoARC by the party serving the subpoena or document request, the CoARC may charge the accredited program at a reasonable rate for these costs.

14.07 Policy Statement on CoARC Access to School Graduate/Student Certification Licensure Examination Data

As an integral part of its review of programs for compliance with the *Standards* and determination of accreditation status, the CoARC must assess program outcome data that provide appropriate measures for assessing the quality of education provided. One of the most critical outcome measures is certification and licensure examination pass rate data, which is used in calculating credentialing success. Accordingly, as a condition of continued participation in CoARC's accreditation review process, programs explicitly acknowledge CoARC's right to receive such

data directly from the National Board for Respiratory Care. Programs agree, as a condition of continued participation in CoARC's accreditation process, to execute the "Certification and Licensing Examination Authority Acknowledge and Release" form contained in the CoARC's annual Report of Current Status, and the Application for Accreditation Services, both of which expressly permit relevant certification and licensing examination authorities to provide CoARC direct access to these data.

SECTION 15.0: RESEARCH USING PUBLISHED COARC DATA

To maintain transparency and advance education in respiratory care, the CoARC is fully committed to sharing its accreditation data. Annually, the CoARC Executive Office prepares a comprehensive report that provides a plethora of information about all CoARC accredited programs including: descriptive statistics of the programs, the accreditation actions taken by CoARC over the previous year, and aggregate data on graduates, enrollments, and outcomes. This Annual Report on Accreditation in Respiratory Care Education is posted on the CoARC web site in PDF format. Access is unrestricted. When CoARC-published data is used by a third party as part of a separate publication, the CoARC requests that the publication include the following disclaimer:

"The analysis and opinions contained in this publication are those of the author(s). All compilations of data from these records were prepared by the author(s), who is/are solely responsible for their accuracy and completeness. The CoARC is not a party to, nor does it sponsor or endorse, this publication."

SECTION 16.0: USE OF COARC LOGO

16.01 The CoARC® logo is the exclusive property of the CoARC and is protected by law. Except for the authorized uses listed below, it may not be reproduced or published without prior written approval from the Commission on Accreditation for Respiratory Care.

16.02 This policy applies to CoARC accredited respiratory care programs and to other parties wishing to use the CoARC's logo, trademarks or images in promotional, advertising, instructional or reference materials, or on their web sites, products, labels or packaging. Any person or entity using a CoARC trademark, in whole or in part, acknowledges that the CoARC is the sole owner of the trademark and agrees that it will not interfere with the CoARC's rights in the trademark, including challenging the CoARC's use, registration of, or application to register such trademark, alone or in combination with other words, anywhere in the world, and that it will not harm, misuse, or bring into disrepute, any CoARC trademark. The goodwill derived from using any part of a CoARC trademark exclusively inures to the benefit of, and belongs to, the CoARC. Except for the limited right of use as expressly permitted under this policy, no other rights of any kind are granted hereunder, by implication or otherwise. Use of the logo is subject to revocation by the CoARC when, in its sole judgment, its continued use would not serve the best interests of the CoARC or the public.

16.03 A CoARC-accredited Entry into Respiratory Care Professional Practice degree program in respiratory care may use the CoARC logo in printed and electronic formats. Such use must always be in close conjunction with a prescribed statement identifying the name of institution's program and its accreditation status as defined in Section 11 of this document. The CoARC Logo shall display the appropriate registration designation; i.e, ®.

If there are any questions regarding this policy, or if any user would like to receive camera-ready or electronic copies of the CoARC logo, please contact the Executive Office at:

Commission on Accreditation for Respiratory Care
264 Precision Blvd
Telford, TN 37690
Tel: (817) 283-2835
Fax: (817) 354-8519

16.04 Link to the CoARC Website

Web sites that serve as noncommercial electronic informational forums concerning the CoARC policies, procedures and services may use the CoARC logo to indicate a link to the CoARC's web site at www.coarc.com. The area around the CoARC logo must be clean and uncluttered and the CoARC logo must not be altered, used as a design element or incorporated into any other design, graphic, illustration, or logo on the web site.

16.05 Unauthorized Use of CoARC Logo

CoARC logo: Programs shall not use the CoARC logo in connection with web sites, products, packaging, manuals, promotional/advertising materials, presentations, or for any other purpose except as authorized above, without prior written approval from the Commission on Accreditation for Respiratory Care. The CoARC logo may only be used by currently accredited respiratory care programs. The logo may NOT be used by programs that have applied for but not yet received accreditation.

Company, Product, or Service Name: Programs shall not use or register, in whole or in part, the CoARC logo, or an alteration thereof, as, or as part of, a company name, trade name, product name, or service name except as specifically noted in this policy.

Variations, Takeoffs or Abbreviations: Programs shall not alter or use the CoARC logo as design elements, or incorporate them into any other design, graphic or illustration for any purpose.

Disparaging Manner: Programs shall not use the CoARC logo in a disparaging manner or in any manner that would impinge upon the integrity of CoARC.

Endorsement or Sponsorship: Programs shall not use the CoARC logo in a manner that would indicate or imply the CoARC's affiliation with, or endorsement, sponsorship or support of, a third party product or service.

Merchandise Items: Programs shall not manufacture, sell or give-away merchandise items such as T-shirts and mugs, bearing the CoARC logo, except pursuant to express, prior written approval of the CoARC.

GLOSSARY

While the CoARC recognizes and supports the prerogative of institutions to use and adopt the terminology of their choice, it is necessary for the CoARC and staff to have a consistent understanding of terminology. With that purpose in mind, the CoARC will use the following basic definitions:

Academic Term: A portion of an academic year (e.g., semester, quarter, module, unit, etc.) as defined by the sponsor.

Accreditation: A status of public recognition granted when a program is in substantial compliance with the accreditation *Standards.* It remains in effect until due process has demonstrated cause for its withdrawal.

Accreditation Record: All written materials available to the CoARC when it formulated its status of public recognition.

Administrative Probation: A status of accreditation assigned when a program has not complied with administrative requirements.

Advanced Placement: A student who, upon entering a program on or after the initial enrollment date for a cohort, has received credit for: prior experience, transfer of respiratory care credits from another institution, and/or credentialing in health care that leads to transfer credit. The program must have an Advanced Placement policy in place for a student to be classified in this way. Examples of AP students include graduates of CoARC/JRCRTE accredited CRT-only programs (with or without the CRT credential), and graduates of accredited EMS/Paramedic programs (with or without the EMT/Paramedic credential).

Adverse Action: Assignment of accreditation statuses other than Continuing Accreditation, including: (1) Withhold of Provisional Accreditation, (2) Deny a Request for Reactivation, (3) Probation (subject to Reconsideration only), (4) Withhold of Continuing Accreditation, and (5) Withdrawal of Accreditation (Involuntary).

Approval of Intent: An authorization by the CoARC for a sponsor to move forward in the accreditation process. It indicates that the sponsor's plan to start a Respiratory Care program is acceptable and that the sponsor may submit a Provisional Accreditation Self Study Report (PSSR).

Base program: The Respiratory Care program established by the sponsoring educational institution where the Program Director and Director of Clinical Education are based.

Calendar year (also referred to as 'reporting year'): Defined as January 1 through December 31.

CHEA: The Council for Higher Education Accreditation.

Citation: A statement describing non-compliance with an accreditation Standard. The citation includes: the text of the relevant Standard; the Rationale used to determine non-compliance; and the Documentation required to confirm that the cited shortcoming(s) have been addressed.

Combined Review: Simultaneous administration of comprehensive and streamlined accreditation reviews. This occurs when the accreditation cycle of a program option is synchronized with the accreditation cycle of the base program, thus lessening the burden of preparation and associated costs when compared to having each review occur separately.

Comprehensive Review: A full accreditation review (requiring the submission of a continuing accreditation self-study and an on-site visit) to determine compliance of a base program with all applicable accreditation *Standards*. A comprehensive accreditation review is conducted during both the initiation of continuing accreditation (program moving from Provisional to Continuing Accreditation) and the reaffirmation of continuing accreditation for a base program, as well as during the conversion of a program option to a base program.

Continuing Accreditation: A status of accreditation conferred when 1) an established, currently accredited program demonstrates continued compliance with the *Standards* or 2) a program holding Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional

Accreditation period. Under both circumstances, compliance with the *Standards* is confirmed by a Comprehensive Review. Continuing Accreditation remains in effect until the program withdraws from the accreditation process or until accreditation is withdrawn for failure of the program to comply with the *Standards*.

Control: The possession, direct or indirect, of the power to regulate or command the management and policies of a corporation, partnership, or individual, whether through the ownership of securities, by contract, or otherwise.

Degree Advancement Program: An educational program designed especially to meet the needs of the practicing respiratory therapist with an Entry into Respiratory Care Professional Practice degree, who, having already completed an accredited respiratory care program is returning to school to obtain a higher degree.

Distance Education: Education that uses one or more technologies (i.e. internet, telecommunication, video link, or other electronic media) to deliver didactic instruction to students who are physically separated from the instructor, and to support regular and substantive interaction between these students and the instructor, either synchronously or asynchronously. Distance education technologies do not apply to laboratory education or student participation in clinical experiences.

Distance Learning Technologies: Technologies such as internet, telecommunication, or other electronic media through which didactic courses may be offered to students who are physically separated from their instructors.

Enrolled: Registered for, and participating, in academic course(s).

Focused Review: An accreditation review targeted on determining the compliance of a program (base or program option) with a limited number of accreditation *Standards*. Focused visits may be conducted at any time: to evaluate a specific *Standards*-related problem(s) identified by the CoARC; in response to a complaint received by the CoARC; related to unapproved increases in enrollments; and prior to reactivating a program. Programmatic requirements/responsibilities for the focused visit are conveyed to the sponsor in writing prior to the visit.

Fundamental respiratory care core coursework: Program coursework focused on the knowledge and skills required for certification of a program graduate as a respiratory care professional.

Graduation Date: The graduation date is the date on which the degree was conferred by the program's educational sponsor, not the date on which the student fulfilled all program requirements.

Inactive (Voluntary) Status: Programs with continuing accreditation may request a period of inactive status. Once current students have completed a teach-out, no students may be enrolled or matriculated in the program during the time period in which the program is inactive. A program may remain inactive for up to two years. Failure to reactivate the program prior to the end of the two year period will result in involuntary withdrawal of accreditation.

"In Writing": is defined as a written notification, sent via regular mail, certified mail, overnight carrier, fax, and/or email, which provides the program with specific information, instructions, facts, and/or warnings. Written notifications are official announcements or statements, addressed to a specific individual, signed and dated by the individual(s) responsible, which identify a specific period of time for the required response.

Letter of Intent Application: A written communication from a sponsor to the CoARC that declares the sponsor's intention to start a new Respiratory Care program. Supplementary materials, specified on the CoARC website, are required as part of the Letter of Intent Application process.

Matriculated: When a student is officially recognized by a post-secondary academic institution as formally admitted to, and pursuing, a degree or certificate in a particular course of study.

Maximum Aggregate Enrollment: The maximum number of first and second year students that may be enrolled simultaneously at any point in time.

Maximum Annual Enrollment: The maximum number of students that may be admitted during a calendar year (see definition for Programmatic Enrollment).

Ownership (or ownership interest): A legal or beneficial interest in an entity, or a right to share in the profits derived from the operation of an entity. The term does not include the interests of a publicly traded mutual fund, of an institutional investor, or of a profit-sharing plan in which all employees of an entity may participate. A change in ownership of an institution that results in a change of control may include, but is not limited to: merger of two or more eligible institutions; conversions of the institutions from a for-profit to a nonprofit status; sale of the institution; transfer of the controlling interest of stock of the institution or its parent corporation; transfer of the liabilities of an institution to its parent corporation; or transfer of assets that comprise a substantial portion of the educational business of the institution (except where the transfer consists exclusively in the granting of a security interest in those assets).

Probationary Accreditation: A temporary status of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies (*Standards*), and progress reports submitted do not demonstrate correction of the identified deficiencies. The program must then file a Probation Report as directed by the CoARC Executive Office. If at any time the program is able, to the CoARC's satisfaction, to rectify all the deficiencies that resulted in Probationary Accreditation and thereby achieve compliance with the *Standards*, the CoARC will consider removing probationary status. If the program remains out of compliance with the *Standards* at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless the CoARC judges the program to be making a good faith effort to achieve compliance. If compliance with all *Standards* is not demonstrated within two (2) years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probation status exceed two (2) years. A program on probation maintains the accreditation status existing prior to conferral of probation and is required to submit its Annual Report of Current Status (RCS) on the due date. However, review and approval of the RCS does not affect the probationary status. Because probation is not a decision to reaccredit, the original accreditation cycle remains in effect until the CoARC makes a decision, based on the Probation Report, to remove probation or to withhold/withdraw accreditation. A probation decision can be subject to reconsideration but cannot be appealed (See Policy 1.06). Enrolled students completing a program under Probationary Accreditation are considered graduates of a CoARC accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed.

Program: An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession. It includes the curriculum and the support systems required to implement the sequence of all required educational experiences. A sponsor must establish, at a minimum, a base program.

Program Options: Additional educational opportunities that may be offered by a base program holding continuing accreditation with no pending progress reports. Examples of program options include: Sleep Disorders Specialist, an additional Entry into Respiratory Care Professional Practice degree track, and a Satellite.

Program Outcomes: Performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Examples include but are not limited to: program completion rates, job placement rates, certification pass rates, and graduate and employer satisfaction.

Programmatic Retention: Defined as the number of students formally enrolled* in a respiratory care program during a three-year reporting period who graduated from the program after completing all

programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class. The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.)

Programmatic Enrollment: Programmatic enrollment begins when a student enrolls in the first core respiratory care course (non-survey, non-prereq) available only to students matriculated in the respiratory care program. This may differ from the institutional definition of the enrollment or matriculation dates.

Fundamental respiratory care coursework is defined as: Professional coursework, focused on the preparation of the student as a competent Respiratory Therapist, as defined in CoARC Standard 3.01.

Progress Report: A written report a program is required to submit in order to demonstrate that the program has addressed deficiencies specified previously by the CoARC.

Program Referee: The member of the CoARC Board assigned to a program to serve as the liaison between the program and the CoARC. The Referee will: provide consultation during the self-study process; analyze all submitted documents to assess program compliance with the *Standards* and Accreditation Policies and Procedures; help the program identify ways to meet the Standards; communicate with the program concerning clarification of program matters and concerns; and recommend appropriate accreditation action to the CoARC.

Provisional Accreditation: This status signifies that a program with Approval of Intent has demonstrated sufficient compliance with the *Standards,* through the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and other documentation required by the CoARC, and completion of a satisfactory initial on-site visit, to initiate a program and admit students. The program will remain on Provisional Accreditation until achieving Continuing Accreditation.

Reporting Year: (see Calendar Year).

Satellite Program Option: A program location geographically separate from the base program, (but within the 50 U.S. States), which functions under the direction of the Key Personnel of the base program, and at which all core Respiratory Care courses (didactic and laboratory) of the base program are offered. This definition does not pertain to sites used by a completely on-line/distance education program for individual students, or to base program students attending one or more classes via distance learning technologies. The satellite's physical location and relationship to the base program must be advertised or otherwise made known to prospective students.

Satisfaction (on Graduate & Employer Surveys): CoARC threshold for satisfaction requires at least 80% of returned graduate and employer surveys to rate overall satisfaction 3 or higher on a 5-point Likert scale.

Sponsor: The entity - a single sponsoring institution as defined in Standard 1.01/DA1.1/A1 or a consortium as defined in Standard 1.02/DA1.2/A2 - that provides the respiratory care program.

Standards: The most recently approved CoARC *Accreditation Standards for Entry into Respiratory Care Professional Practice* or *Accreditation Standards for Degree Advancement Programs,* whichever is applicable to the program offered.

Streamlined Review: A condensed accreditation review to assess compliance of a program option with all applicable accreditation *Standards*. The review is condensed because the option is supplemental to the base program to which more of the *Standards* apply

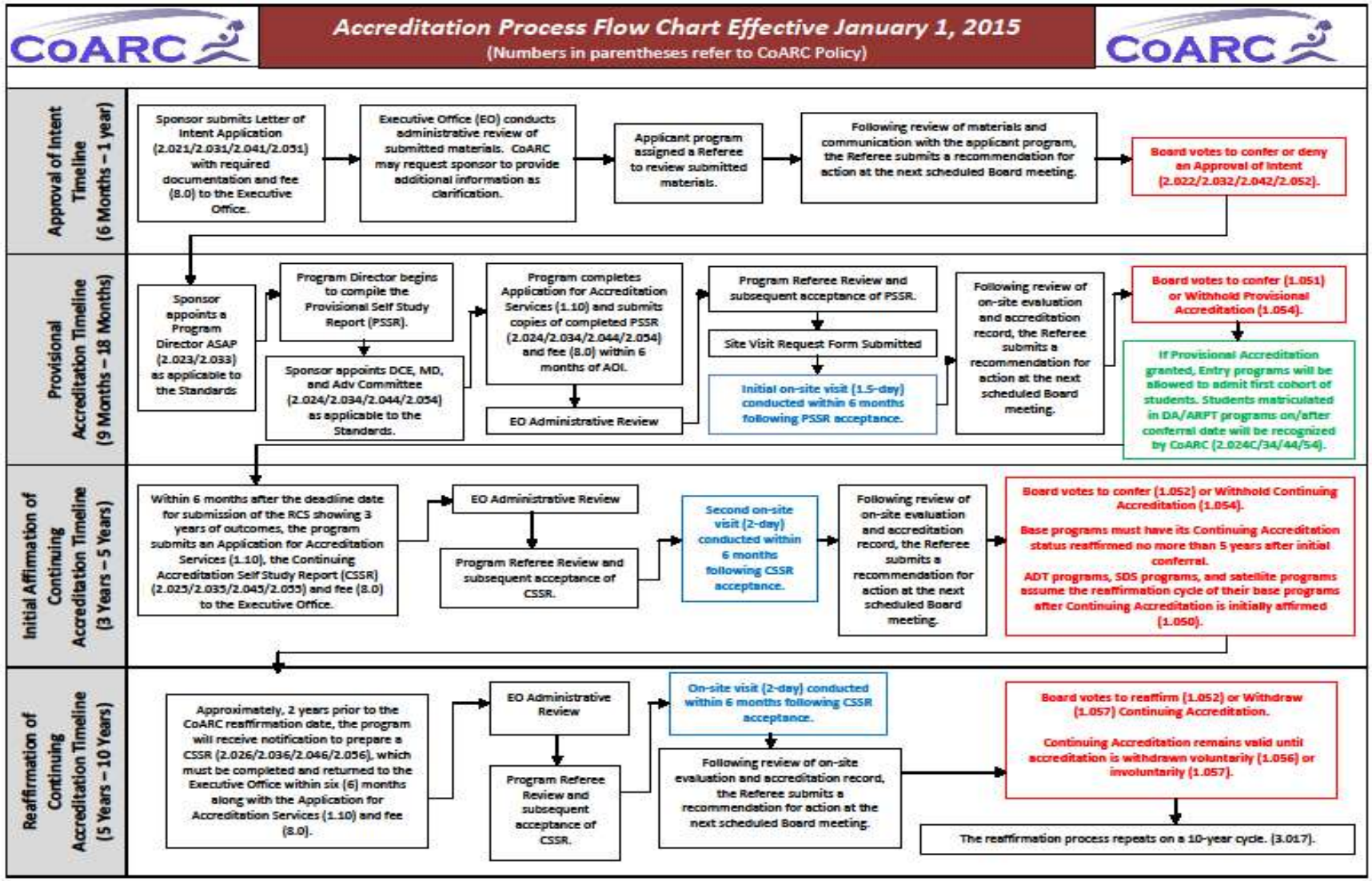
Teach-out plan: A written plan that provides for the completion of the education of enrolled students if an institution/program or program location that provides one hundred percent of the education for its

enrolled students ceases to operate before all students have completed their program of study. This may include, if required by the institution's (sponsor's) accrediting agency, a teach-out agreement with a different institution/sponsor.

Withdrawal of Accreditation-Involuntary: A status of accreditation conferred by the CoARC when a program is no longer in compliance with the accreditation *Standards* (See Section 1.06 for Reconsideration and Appeal Policy).

Withdrawal of Accreditation-Voluntary: A status of accreditation conferred when a program sponsor requests that the CoARC remove its program(s) from the accreditation process.

Withhold of Accreditation (Withhold): A program seeking Provisional Accreditation or Continuing Accreditation may have such accreditation status withheld if, following the accreditation review process (submission of a self-study and completion of an on-site evaluation), the CoARC determines that the program is not in compliance with the Standards. A program that has had its accreditation status withheld can no longer admit students. However, those students enrolled in the program when the Withhold was conferred, who successfully complete the program, are considered graduates of a CoARC accredited program. (See Section 1.06 for Reconsideration and Appeal Policy).

APPENDIX A - ACCREDITATION PROCESS FLOW CHART

Double click on chart below to see a full size view.