

2020 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



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The CoARC is fully committed to maintaining transparency and advancing education in respiratory care by sharing the prior year's accreditation data with all interested parties. Each year, the CoARC Executive Office prepares this comprehensive report which provides a plethora of information about all CoARC accredited programs, including descriptive statistics of the programs, accreditation actions taken by CoARC during the previous year, and aggregate data on the number of enrollments and graduates, as well as an overview of the outcomes for all accredited programs. This Annual Report on Accreditation in Respiratory Care Education is posted on the CoARC website in PDF format. Access is unrestricted. When a third party includes any of these data in a separate publication, the CoARC requests that the publication include the following disclaimer:

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INTRODUCTION

It is my great pleasure to provide to you, on behalf of the Board and Executive Office Staff of the Commission on Accreditation for Respiratory Care (CoARC), the *2020 Report on Accreditation in Respiratory Care Education*. This report provides a synopsis of information on all CoARC accredited programs and summarizes all accreditation actions taken by the CoARC in 2020. This report provides critical data in the following four areas:

- Descriptive statistics for all CoARC Accredited Programs as of December 31, 2020.
- Accreditation actions taken in 2020; and
- The total number of applications, graduates, enrollments for all accredited programs as well as an overview of outcomes data derived from the 2020 Reports of Current Status submitted on or before the deadline (July 1, 2020).

There were 26 accreditation site visits in 2020 involving 28 volunteers. Because of the pandemic, these were a combination of in-person and virtual site visits. The commitment level of these volunteers is remarkable and truly appreciated. The CoARC expresses its gratitude to each of them for sharing the time and talent necessary to assess the quality of all respiratory care programs.

The CoARC collected the data for this annual report using the reporting tool developed and maintained by KG Labs, LLC. The annual Report of Current Status (RCS) was completed by the personnel overseeing 410 programs and program options and submitted on or before the July 1 deadline. We truly appreciate your patience and cooperation this past year as modifications were made to the new RCS system, and we would like to acknowledge the considerable time and effort consumed in the provision of the data required for the RCS. The charts included in this report are derived from these data and other data sets used by the CoARC and are designed to provide aggregate information related to both accredited respiratory care educational programs and their graduates. This information can be used by the CoARC's communities of interest in their evaluations of the profession's current state, both locally and nationally. In addition to this report, there is an interactive map of programmatic outcomes.

Please feel free to share suggestions for improvements or changes by contacting our Chief Executive Officer, Tom Smalling, Ph.D., RRT, RRT-SDS, RPFT, RPSGT, FAARC, at tom@coarc.com.

Thank you for your support,

A handwritten signature in blue ink that reads "Pat Munzer". The signature is fluid and cursive, with the first name "Pat" being more prominent than the last name "Munzer".

Pat Munzer, DHSc, RRT, FAARC
President

EXECUTIVE SUMMARY

PROGRAMS BY PROGRAM TYPE

As of December 31, 2020, there were 448 programs and program options under accreditation review by the CoARC. These include 416 Entry into Respiratory Care Professional Practice (Entry) programs/program satellites, four sleep specialist programs, 27 Degree Advancement programs, and 1 Advanced Practice Respiratory Therapist program.

PROGRAMS BY DEGREE OFFERED

As of December 31, 2020, 82% of the 416 accredited Entry programs were associate degree, and 17% were baccalaureate degree. Five programs (1% of total) offered a master's degree. Compared to data from the 2019 Report on Accreditation, the number of associate degree programs decreased by 4, the number of baccalaureate programs increased by 2, and the number of master's degrees remained the same. The AAS degree accounted for the largest (51%) of all degree types, a slight decrease from the previous 2 years. There has been a 42% decrease in AS programs since 2014.

PROGRAMS BY INSTITUTIONAL TYPE

As of December 31, 2020, 58% of Entry programs and satellites were offered at a community/junior college, and 24% of programs were offered at a four-year college/university; 14% of accredited programs were offered at a technical/vocational school; 2% at an academic HSC/medical center; 1% at a career/technical college, and <1% of programs were offered by the U.S. military. Interestingly, 37 of the associate degree programs (9% of total) are offered at four-year colleges/universities. Three community colleges confer the baccalaureate degree.

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

As of December 31, 2020, 81% of the sponsors were operating under a public/not-for-profit status; 10% were operating under a private/for-profit (proprietary) status; 9% were operating under a private/not-for-profit status, and <1% were controlled and funded by the federal government. Associate degree programs offered by sponsors operating under a public/not-for-profit status accounted for the largest (68%) group.

PROGRAMS BY STATE, D.C., AND PUERTO RICO

There are CoARC-accredited respiratory care programs in every state except Alaska. California remains the state with the largest number of programs and satellites, with 36. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, the District of Columbia, and Puerto Rico. As of December 31, 2020, the associate degree is offered in 48 states and the District of Columbia (North Dakota, Alaska, and Puerto Rico are the exceptions). In 23 states and the District of Columbia, the associate degree is the only degree offered. The baccalaureate degree is offered in 27 states and Puerto Rico. The master's degree is offered in five states. Sixteen states have a CoARC-accredited DA program. Thirty-one states, including Puerto Rico, have either a CoARC-accredited Entry into Practice (or Entry) baccalaureate/graduate program or DA program.

ACCREDITATION ACTIONS

In 2020 there were 26 site visits, 86 accreditation actions taken by the Board and 51 accreditation actions processed by the Executive Office.

Applications for Substantive Change

Of the 39 applications for substantive change processed by the CoARC in 2020, 9 were increases in enrollment, 14 were changes in curriculum or delivery methods, including changes in the number of clock or credit hours and/or other changes in the length of the program, and 10 were changes in degree.

Changes in Program Information and Personnel

Of the 63 permanent changes in Program Director in 2020, 23 were due to retirement, 12 due to resignation, 15 due to re-assignment, and 13 were for other reasons.

2020 ANNUAL REPORT OF CURRENT STATUS (RCS)

A total of 401 annual reports for respiratory programs were used to generate the aggregate data (January 1, 2017, through December 31, 2019) from the 2020 RCS reports.

Total Applications

Total applications for Entry into Practice programs reached a peak of 23,430 in 2011 and then decreased by 41% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. There were 15,760 applications in 2019 (a 4.0% decrease compared to 2018). The mean number of applications per program was 39 in 2019.

RC Applications by Degree Offered

Compared to 2018, applications in 2019 decreased by 4.9% for associate degree programs and by 2.6% for baccalaureate degree programs; applications increased by 42% for master's programs.

RC Applications by Institutional Type

Compared to 2018, in 2019 applications decreased by 4% for community/junior colleges, by 14.9% for U.S. military programs, by 16.9% for career/technical colleges; and by 4.1% for four-year colleges/universities. Applications increased by 1.9% for technical/vocational schools and by 1.6% for academic HSC/medical centers.

RC Applications by Institutional Control/Funding

Compared to 2018, in 2019 applications decreased by 3.3% in the public/not-for-profit sector; by 20.3% in the private/not-for-profit sector; and by 14.9% for federal government (military) programs. Applications increased by 4.2% in the private/for-profit (proprietary) sector.

Applications by State (including D.C. and PR) and Degree

California continues to have the largest (16.4% of the total in 2019) number of applications.

Total New Enrollments

For 2019, there were 7,819 new students enrolled in Entry into Practice programs, reaching 63% of capacity. The mean maximum annual enrollment capacity per program was 31, and the mean number of new enrollments per program was 19. There was a 2.6% decrease in new enrollments compared to 2018. For 2019, 10% (41 of the 402) programs reported new enrollments reaching maximum annual enrollment capacity. Of these 41 programs, 19 offered the AAS degree, 13 offered the AS degree, and 9 offered the BS degree. The 41 programs were located in 23 different states.

New RC Enrollments by Degree Offered

Associate degree Entry into Practice (or Entry) programs accounted for 87% of the 7,803 new enrollments in 2019. Compared to 2018, new enrollments in 2019 decreased by 2.8% for associate degree programs; and by 3.6% for baccalaureate programs. New enrollments increased by 43.5% for master's programs.

New RC Enrollments by Institutional Type

Compared to 2018, new enrollments in 2019 decreased by 0.7% for community/junior colleges; by 9.8% for four-year colleges/universities; by 6.4% for academic HSC/medical centers; by 13.9% for U.S. military programs; and by 26.2% for career/technical colleges. New enrollments increased by 6.3% for technical/vocational schools.

New RC Enrollments by Institutional Control/Funding

Compared to 2018, in 2019 new enrollments decreased by 19.1% in the private/not-for-profit sector, by 13.9% in the federal government sector; and by 1.5% in the public/not-for-profit sector. New enrollments increased by 2.3% in the private/for-profit (proprietary) sector.

New RC Enrollments by State (including D.C. and PR) and Degree

California had the largest number of enrollments (17% of total) in 2019.

Total Graduates

There were 6,589 graduates from Entry into Practice (or Entry) programs in 2019. This is a 5.9% increase compared to 2018, but a 19.0% decrease compared to its peak in 2012. The mean number of graduates per program was 17.

RC Graduates by Degree Offered

Compared to 2018, in 2019 the number of graduates increased by 4.9% for associate degree programs; and by 15% for baccalaureate degree programs. Master's degree program graduates decreased by 16.4%.

RC Graduates by Institutional Type

Compared to 2018, in 2019 the number of graduates increased by 2.4% in community/junior colleges; by 11.2% in technical/vocational schools; by 16% in U.S. military programs; by 11.5% in 4-year colleges/universities, and by 7.2% in career/technical colleges. Applications decreased by 8.9% in academic HSC/medical centers.

RC Graduates by Institutional Control/Funding

Compared to 2018, in 2019 the number of graduates increased by 1.9% in the public/not-for-profit sector, by 18.2% in the private/for-profit (proprietary) sector, by 10% in the private/not-for-profit sector; and by 16% in the federal government sector.

RC Graduates by State (including D.C. and PR) and Degree

California had the largest number of graduates (15.8% of total) in 2019.

Programmatic Retention

In the 2020 RCS, programs reported a mean retention rate of 92%. This was a one percent increase compared to the 2019 RCS. Two programs (0.5% of total) reported retention rates below the CoARC-established threshold of 70%.

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

In the 2020 RCS, associate and baccalaureate degree programs had the lowest mean retention rate (91%), and master's degree programs had the highest (97%). Programs located in Career or Technical Colleges had the highest mean (93%). U.S. military programs had the lowest (85%). Programs controlled/funded by the private/not-for-profit sector had the highest mean retention at 94%, while programs controlled/funded by the federal government had the lowest, at 85%.

Job Placement

In the 2020 RCS mean placement rate was 87%. This is a 1% decrease when compared to the 2019 RCS. The highest placement rate was 100% (n = 53) and the lowest rate was 18% (n=1).

Job Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

In the 2020 RCS, associates and master's degree programs showed a one percent decrease in mean placement rate, while baccalaureate degree programs showed no change when compared to the 2019 RCS. Baccalaureate degree programs had a higher mean (89%) than associate degree programs (86%); however, master's degree programs had the highest (97%). Academic HSC/Medical Center programs had the highest mean (95%). Programs controlled/funded by the federal government had the highest mean (89%).

TMC Exam High Cut Score Success

In the 2020 RCS, the mean TMC High Cut Score success was 87%, with the highest at 100% (n=58) and the lowest at 43% (n=1). A total of 16 programs (4% of total) reported success rates below the CoARC established threshold of 60%.

TMC High Cut Score Success by Degree Offered, Institutional Type, and Institutional Control/Funding

TMC High Cut Score success for Entry into Practice (or Entry) baccalaureate degree programs was higher (91%) than that of associate degree programs (85%). Master's degree programs had the highest (98%). Fifteen of the 16 programs with outcomes below the CoARC established threshold conferred the associate degree (9 AAS degree, 5 AS degree, and 1 AST degree); the remaining program offered the baccalaureate degree. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean TMC High Cut Score success at 93%. Mean TMC High Cut Score success in public/not-for-profit institutions was highest, at 87%.

RRT Credentialing Success

The states that currently require the RRT credential for a license to practice are: New Mexico, Oregon, Arizona, California, Ohio, West Virginia, and New Jersey. The mean RRT credentialing success for the 2020 RCS was 78.0% with the highest at 100% (n=29) and the lowest at 14% (n=1). When compared to 2019 RCS data, the mean RRT credentialing success rate decreased 2.0%, with an overall increase of 14.6% since the 2013 RCS. The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 in the 2012 RCS to 29 in 2020.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

In the 2020 RCS, associate degree programs had the lowest mean RRT success (77%) followed by baccalaureate programs at 85%. Master's programs had the highest at 95%. Baccalaureate and master's degree programs demonstrated an increase in mean RRT credentialing success when compared to 2019 RCS data. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean at 88%. By funding criteria, the public/not-for-profit sector continued to demonstrate the highest mean (80%).

PROGRAMMATIC DATA RELATED TO THE AARC 2015 AND BEYOND PROJECT

Data and results for this section will be published separately in late Spring 2021.

MISSION AND SCOPE

The CoARC accredits Entry into Professional Practice respiratory care programs at the Associate, Baccalaureate, and Master's degree levels, as well as post-professional Degree Advancement respiratory care programs at the Baccalaureate and Master's degree levels and Advanced Practice respiratory care programs at the graduate level. The CoARC also accredits certificate programs that train sleep disorders specialists offered by any of its accredited respiratory care programs. CoARC accreditation is limited to programs physically located in the United States and its territories.

THE VALUE OF PROGRAMMATIC ACCREDITATION

Accreditation provides consumer protection, advances and enhances the profession of Respiratory Care, and protects against compromise of educational quality. Accreditation also supports the continuous improvement of these educational programs by mandating continuing reassessment of resources, educational processes, and outcomes. The CoARC is responsible for evaluating respiratory care educational programs and publicly recognizing those which meet agreed-upon accreditation standards. Respiratory therapists are members of a team of health care professionals working in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders.

HISTORICAL BACKGROUND

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the American Medical Association (AMA) adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (American Association for Inhalation Therapy [AAIT], American College of Chest Physicians [ACCP], American Medical Association [AMA], and American Society of Anesthesiologists [ASA]) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education (JRCRTE), the successor group to the Board of Schools, came into being on January 15, 1970, as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA) of the AMA. The JRCRTE was dissolved in 1996, and the Committee on Accreditation for Respiratory Care became its successor organization as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: The Commission on Accreditation for Respiratory Care (CoARC). The CoARC became a freestanding accreditor of respiratory care programs on November 12, 2009, and in September 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC.

Since 1986, the CoARC has used an outcomes-centered approach to its accreditation review process. This approach focuses on a specific set of outcomes that include but are not limited to: a) Graduate performance on national credentialing examinations; b) Programmatic retention; c) Graduate and employer satisfaction with the program; and d) Job placement. The CoARC routinely monitors the program's outcomes results in relation to the thresholds via an Annual Report of Current Status (RCS). Any program not meeting all the thresholds must document in the RCS a detailed analysis of each deficiency and provide a specific action plan to address that deficiency.

PROGRAMS BY PROGRAM TYPE

Programs are grouped into three categories and are assigned a unique 6-digit number based on the category to which they are assigned:

1. **(200-level):** Programs that prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Registered Respiratory Therapists (RRTs). 200-level program graduates can earn both the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) and RRT credentials. Programs in this category are subcategorized as Entry into Professional Practice base programs (200-level), Entry into Professional Practice Additional Degree Track (ADT), baccalaureate (210-level), and Entry into Professional Practice Additional Degree Track (ADT) Master's (220-level).
2. **(300-level or Satellite programs):** These are programs offered by a base program at a location separate from the base program but within the U.S. and its Territories, at which all core Respiratory Care didactic and laboratory courses are available. This does not pertain to sites used by a completely online/distance education program for individual students or to base programs with students attending one or more classes via distance learning technologies. Satellite location(s) function under the direction of the Key Personnel of the base program.
3. **(400-level or Sleep Disorders Specialist programs):** Programs that prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS). 400-level program graduates have the opportunity to earn both the NBRC SDS credential and Board of Registered Polysomnographic Technologists (BRPT) Registered Polysomnographic Technologist (RPSGT) credential.
4. **(500-level):** Degree Advancement (DA) programs meet the needs of practicing respiratory therapists with an RRT who, having already completed an accredited respiratory care program with an Entry into Respiratory Care Professional Practice degree, wish to obtain advanced training in Respiratory Care. Advanced educational experiences designed to enhance a respiratory therapist's ability to function in clinical, teaching, administrative, or research environments, are essential components of DA programs.
5. **(600-level):** Advanced Practice Respiratory Therapist (APRT) programs train Registered Respiratory Therapists (RRTs) to provide advanced, evidence-based, diagnostic and therapeutic clinical practice and disease management. All APRT students must be graduates of a CoARC-accredited Entry into Respiratory Care Professional Practice degree program and hold the Registered Respiratory Therapist (RRT) credential prior to entry into the program.

As of December 31, 2020, there were a total of 448 programs and program options under accreditation review by the CoARC. Most of these programs are sponsored by public or private higher education institutions. Two programs are sponsored federally: one by the U.S. Army and one by the U.S. Air Force.

Of the 448 programs, 0 have applied for accreditation review, 12 hold an Approval of Intent (approval of their Letter of Intent applications to start developing an accredited program). Forty-seven (47) programs hold Provisional Accreditation which is the term used by the CoARC to signify that a program has demonstrated sufficient compliance with the Standards to initiate a program and admit students. These include 19 DA programs and one APRT program. The CoARC also accredits four sleep disorders specialist programs as add-on program options to accredited respiratory care programs. There were eight domestic satellite campuses.

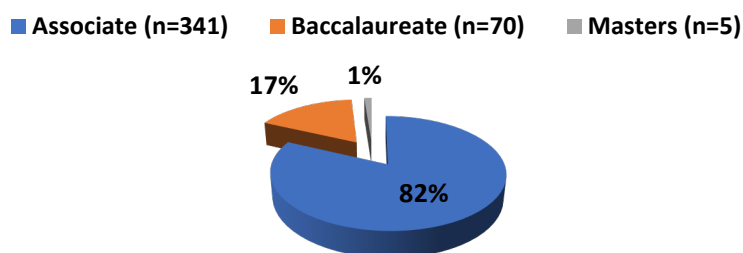
Table 1 (below) provides a breakdown of program numbers by program type.

Table 1 – Program Numbers by CoARC Level as of December 31, 2020 (N=448)							
	200-level (Entry Base)	210-level (Entry ADT Baccalaureate)	220-level (Entry ADT Master's)	300-level (U.S. Satellite)	400-level (SDS Certificate)	500-level (Degree Advancement)	600-level (APRT)
Continuing Accreditation	374	2	3	7	3	0	0
Probationary Accreditation	0	0	0	0	0	0	0
Provisional Accreditation	22	2	1	1	1	19	1
Inactive Accreditation	0	0	0	0	0	0	0
Approval of Intent	4	0	0	0	0	8	0
Letter of Intent	0	0	0	0	0	0	0

PROGRAMS BY DEGREE OFFERED

Programs accredited by the CoARC are in institutions which are accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education (USDE) and authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree (CoARC Entry into Practice Standard 1.01). *Note: The data in this section are from Entry into Practice programs only.* **Figure 1a**, below, provides a graphic representation of degrees offered.

**Figure 1a - Entry RC programs & Satellites
by Degree Offered as of 12/31/20
(N=416)**



As of December 31, 2020, there were 416 Entry into Respiratory Care Professional Practice programs/program satellites. Of these, 341 (82% of total) confer the associate degree upon graduation and 70 (17% of total) programs confer the baccalaureate degree. Five programs (1% of total) confer the master's degree. Compared to data from the 2019 Report on Accreditation, the number of associate degree programs decreased by 4, the number of baccalaureate programs and the number of master's degrees remained the same. **Figure 1b** (next page) shows the program numbers by degree over the past decade.

Figure 1b - Entry RC programs & Satellites by Degree Offered Between 12/31/11 and 12/31/20

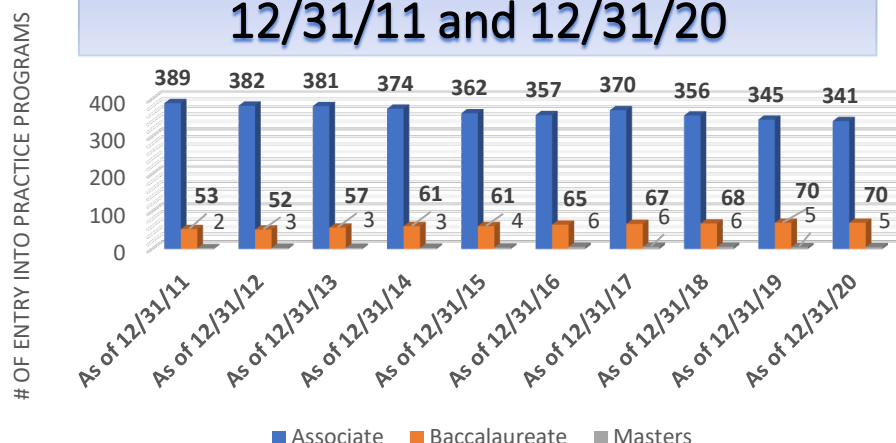


Table 2 itemizes programs by degree type. The Associate of Applied Science (AAS) degree continued to account for the largest (51%) of all Entry into Practice (or Entry) degree types offered in 2020, but this is a decrease from the previous 2 years. In 2015, AAS degree programs began outnumbering AS degree programs. In 2018, the number of AAS programs reached the majority of all degree types. The Associate of Science (AS) degree accounted for 27% of all degree types offered in 2020. This is unchanged compared to 2019 and but is a 42% decrease since 2014. The increase in AAS degrees between 2014 and 2018 is due in part to the increase in state-mandated limits on the number of credit hours for associate degree programs. The Bachelor of Science (BS) degree accounted for 17% of all degree types offered in 2020.

Table 2 – RC Programs and Satellites by Degree for 2014 through 2020

	as of 12/31/14 (N=438)	as of 12/31/15 (N=427)	as of 12/31/16 (N=428)	as of 12/31/17 (N=443)	as of 12/31/18 (N=430)	as of 12/31/19 (N=420)	as of 12/31/20 (N=416)
Associate of Science (AS)	196	172	153	136	122	113	113
Associate of Applied Science (AAS)	174	186	198	227	228	226	215
Associate of Specialized Technology (AST)	2	2	3	4	4	4	4
Associate of Occupational Studies (AOS)	2	2	3	3	2	2	9
Bachelor of Science (BS)	60	60	64	65	66	67	67 Entry (23 DA)
Bachelor of Applied Science (BAS)	1	1	1	2	2	3	3 Entry
Master of Science (MS)	3	4	6	6	6	5	5 Entry (4 DA) (1 APRT)

PROGRAMS BY INSTITUTIONAL TYPE

The CoARC assigns programs to one of six categories that define the type of institution sponsoring the respiratory care program. These categories are (1) Academic HSC/Medical Center; (2) Career or Technical College; (3) Community College or Junior College; (4) Four-Year College or University; (5) Technical or Vocational School, and (6) U.S. Military. As of December 31, 2020, there were 242 respiratory care programs and satellites offered at a community or junior college. This was the largest (58%) of the categories and a decrease of 1 compared to 2019. One hundred and one (24%) programs were offered at a four-year college or university, which is a decrease of 4 compared to 2019. Fifty-seven (14%) programs were offered at a technical or vocational school. Ten (2%) programs were offered at an academic health sciences or medical center. Four (1%) programs were offered at a career/technical college. Two programs (<1%) were offered at a U.S. military. The numbers in the bottom three categories did not change when compared to 2019 data.

Figure 2 illustrates these categories.

Figure 2 - Entry into Practice RC Programs and Satellites by Institutional Type (N=416)

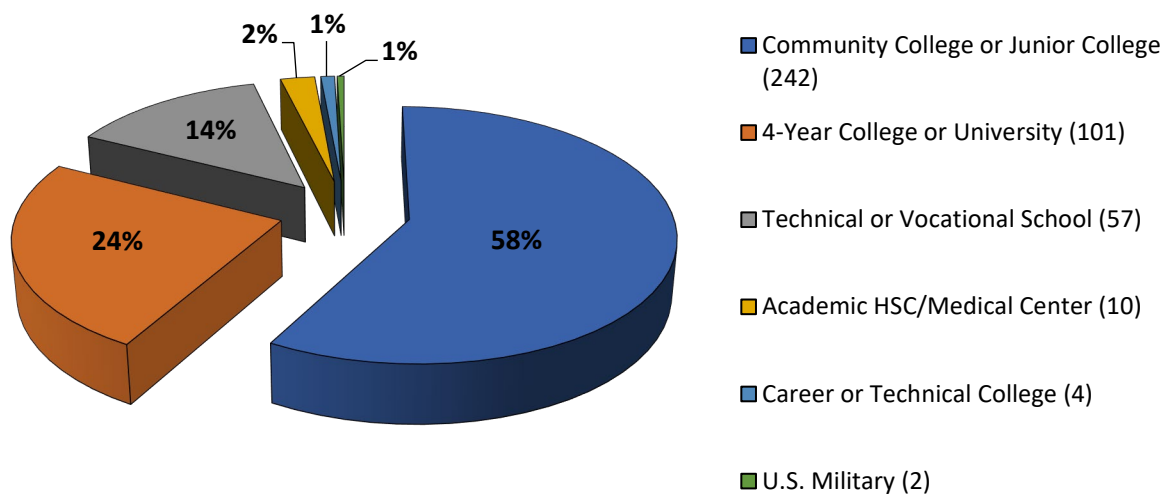


Table 3 provides a comparison of programs by institutional type and degree. As of December 31, 2020, the majority (57%) of programs conferring the associate degree are offered at community or junior colleges. Interestingly, 37 programs (9% of total) conferring the associate degree were offered at four-year colleges or universities. Three Baccalaureate of Applied Science Entry into RC Professional Practice programs offered by a community college are Spokane Community College, WA, Highline College, WA, and Seattle Central College, WA.

Table 3 – Entry RC Programs and Satellites by Institutional Type and Degree (2018 thru 2020)

	Associate			Baccalaureate			Masters		
	as of 12/31/18 (N=430)	as of 12/31/19 (N=420)	as of 12/31/20 (N=416)	as of 12/31/18 (N=430)	as of 12/31/19 (N=420)	as of 12/31/20 (N=416)	as of 12/31/18 (N=430)	as of 12/31/19 (N=420)	as of 12/31/20 (N=416)
Community or Junior College	251	240	239	3	3	3	0	0	0
Technical or Vocational School	55	57	57	0	0	0	0	0	0
Four-Year College or University	41	40	37	58	60	60	2	4	4
Career or Technical College	10	4	4	0	0	0	0	0	0
Academic HSC/Medical Center	3	2	2	5	7	7	1	1	1
U.S. Military	2	2	2	0	0	0	0	0	0

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

The CoARC assigns programs to one of four categories based on the governance of its sponsor: by publicly elected/appointed officials, with its major source of funds from public sources (Public/Not-For-Profit); by privately elected or appointed officials, with its major source of funds from private sources (Private/Not-For-Profit or Private/For-Profit); or by a branch of the Armed Forces, with its major source of funds from federal appropriations (Federal Government). As of December 31, 2020, 337 (81%) institutions sponsoring a respiratory care program were operating under a public/not-for-profit status (no change compared to 2019). Forty-one (10%) institutions were operating under a private/for-profit (proprietary) status (a decrease by two compared to 2019). Thirty-six (9%) institutions were operating under a private/not-for-profit status (a decrease by two compared to 2019). Two (<1%) institutions were controlled and funded by the federal government. **Figure 3** illustrates these categories.

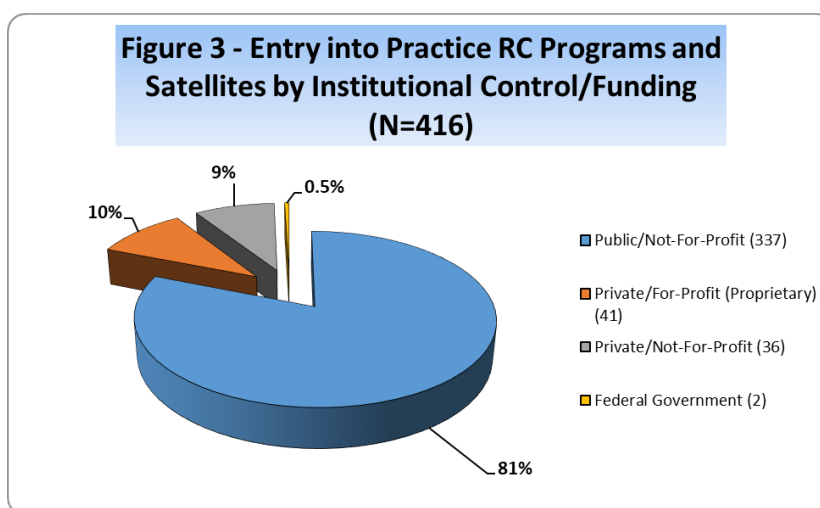


Table 4 provides a comparison of programs by institutional control and degree offered. As of December 31, 2020, the majority (68%) of programs conferring the associate degree are sponsored by public/not-for-profit institutions. Compared to 2019 data, the number of entry into practice baccalaureate programs sponsored by public sector institutions increased by 10 and the number of entry into practice baccalaureate programs sponsored by private sector institutions decreased by 6.

Table 4 – Entry RC Programs and Satellites by Institutional Control and Degree (2018 thru 2020)									
	Associate			Baccalaureate			Masters		
	As of 12/31/18 (N=430)	As of 12/31/19 (N=420)	As of 12/31/20 (N=416)	As of 12/31/18 (N=430)	As of 12/31/19 (N=420)	As of 12/31/20 (N=416)	As of 12/31/18 (N=430)	As of 12/31/19 (N=420)	As of 12/31/20 (N=416)
Public-Not-For-Profit	288	285	283	42	50	52	2	2	2
Private/For-Profit (Proprietary)	42	43	41	3	0	0	0	0	0
Private-Not-For-Profit	23	15	15	24	20	18	4	3	3
Federal Government	2	2	2	0	0	0	0	0	0

PROGRAMS BY STATE, D.C., AND PUERTO RICO

Figure 4 displays the number of respiratory care programs and satellites in each state, the District of Columbia, and Puerto Rico. CoARC-accredited respiratory care programs are in every state except Alaska. As of December 31, 2020, California remains the state with the largest number of programs and satellites, with 36. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, the District of Columbia, and Puerto Rico. Alaska has no accredited programs.

Figure 4 - Entry RC Programs and Satellites by State, D.C., and PR as of 12/31/20 (N=416)

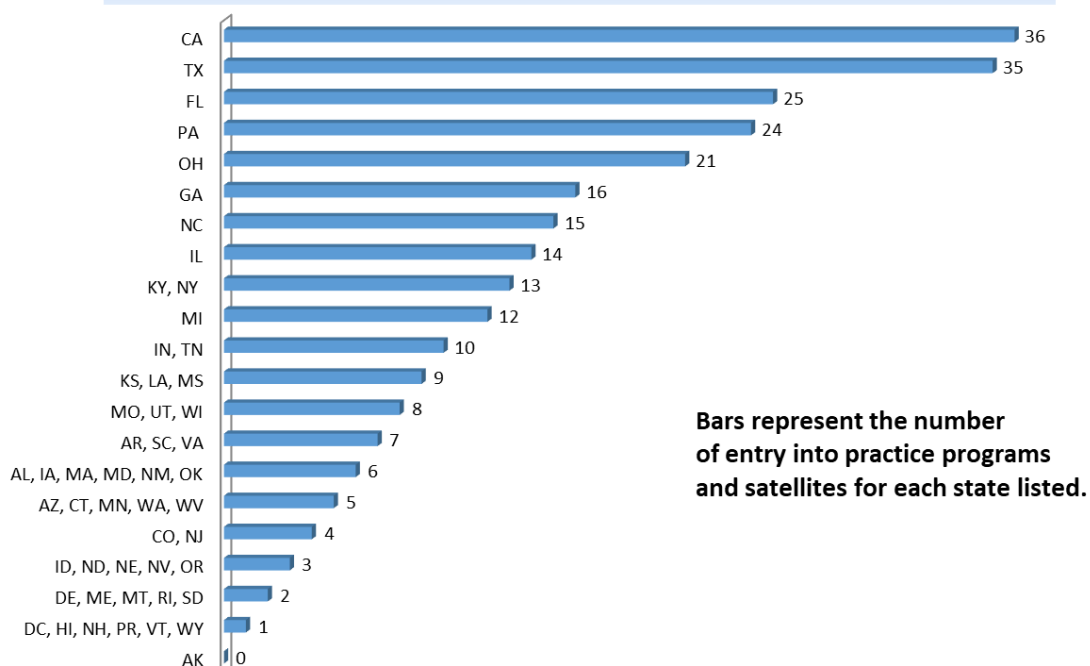


Table 5 (next two pages) provides a comparison of entry into practice programs by state (including District of Columbia and Puerto Rico) and degree. As of December 31, 2020, the associate degree is offered in 48 states and the District of Columbia (North Dakota, Alaska, and Puerto Rico are the exceptions). In 23 states and the District of Columbia, the associate degree is the only degree offered. The baccalaureate degree is offered in 27 states and Puerto Rico. The master's degree is offered in five states (GA, IL, KY, ND, and TX).

Table 5 –Entry into Practice RC Programs and Satellites by State, D.C., and PR and Degree (N=416) as of 12/31/20

	Associate	Baccalaureate	Masters
Alabama (n=6)	5	1	0
Alaska (n=0)	0	0	0
Arkansas (n=7)	6	1	0
Arizona (n=5)	5	0	0
California (n=36)	35	1	0
Colorado (n=4)	4	0	0
Connecticut (n=5)	4	1	0
District of Columbia (n=1)	1	0	0
Delaware (n=2)	2	0	0
Florida (n=25)	23	2	0
Georgia (n=16)	11	4	1
Hawaii (n=1)	1	0	0
Iowa (n=6)	6	0	0
Idaho (n=3)	2	1	0
Illinois (n=14)	12	1	1
Indiana (n=10)	8	2	0
Kansas (n=9)	8	1	0
Kentucky (n=13)	10	2	1
Louisiana (n=9)	6	3	0
Massachusetts (n=6)	6	0	0
Maryland (n=6)	5	1	0
Maine (n=2)	2	0	0
Michigan (n=12)	12	0	0
Minnesota (n=5)	3	2	0
Missouri (n=8)	6	2	0
Mississippi (n=9)	9	0	0
Montana (n=2)	2	0	0
North Carolina (n=15)	14	1	0
North Dakota (n=3)	0	2	1
Nebraska (n=3)	3	0	0
New Hampshire (n=1)	1	0	0
New Jersey (n=4)	4	0	0
New Mexico (n=6)	6	0	0
Nevada (n=3)	3	0	0
New York (n=13)	9	4	0
Ohio (n=21)	14	7	0
Oklahoma (n=6)	6	0	0
Oregon (n=3)	2	1	0
Pennsylvania (n=24)	15	9	0
Puerto Rico (n=1)	0	1	0

Rhode Island (n=2)	2	0	0
South Carolina (n=7)	7	0	0
South Dakota (n=2)	2	0	0
Tennessee (n=10)	7	3	0
Texas (n=35)	29	5	1
Utah (n=8)	3	5	0
Virginia (n=7)	5	2	0
Vermont (n=1)	1	0	0
Washington (n=5)	2	3	0
Wisconsin (n=8)	7	1	0
West Virginia (n=5)	4	1	0
Wyoming (n=1)	1	0	0

Figure 5 illustrates the number of CoARC accredited Entry into Practice baccalaureate and graduate base programs and satellite options as of December 31, 2020. Twenty-seven states and Puerto Rico have an Entry program at the baccalaureate or master's level. Twenty-three states and the District of Columbia do not have an Entry program at the baccalaureate or master's level.

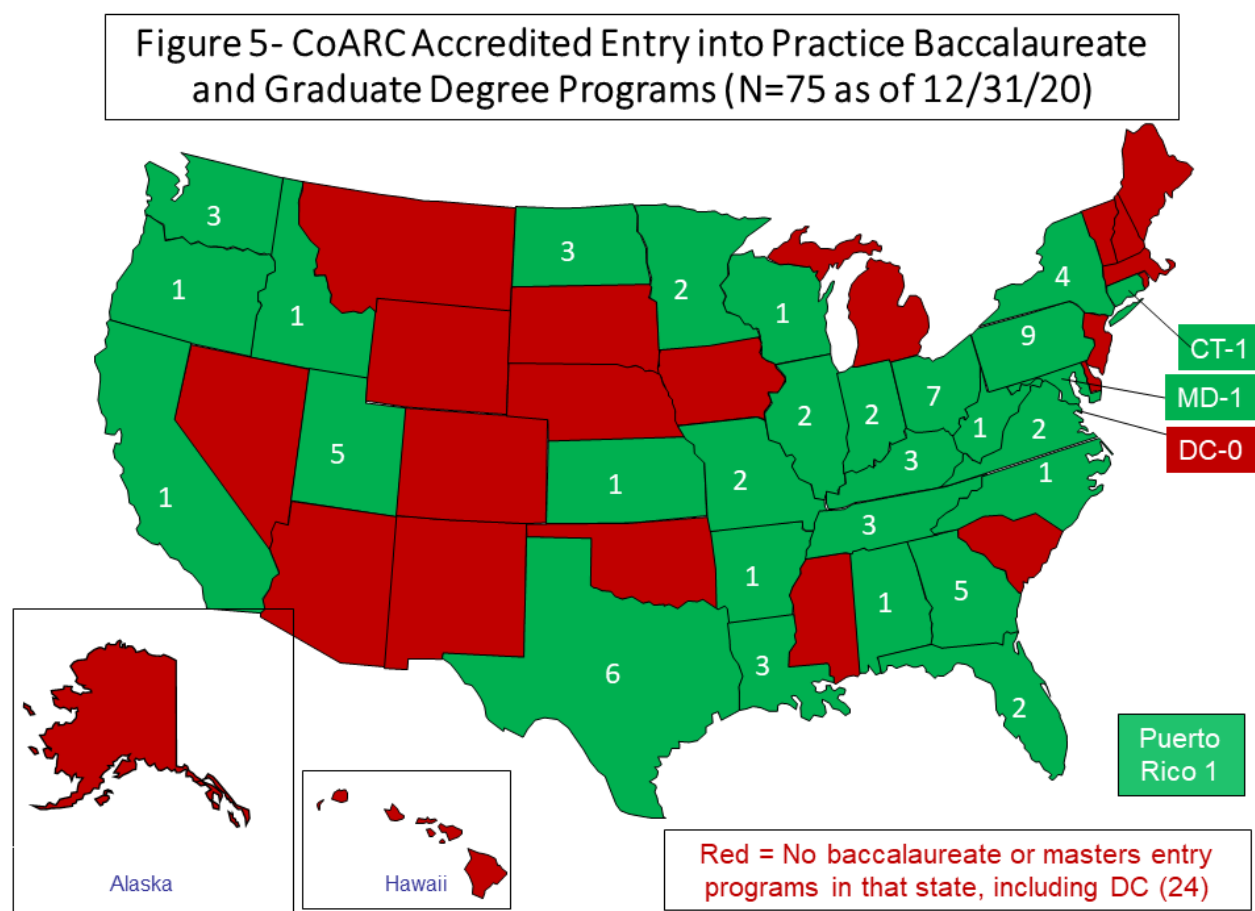


Figure 6 illustrates the number of CoARC accredited Degree Advancement (DA) baccalaureate and graduate base programs and additional degree track (ADT) options as of December 31, 2020. Sixteen states have a CoARC-accredited DA program. Thirty-six states including the District of Columbia and Puerto Rico do not have a CoARC-accredited DA program.

Figure 6 - CoARC Accredited Respiratory Care
Degree Advancement Programs (N=27 as of 12/31/20)

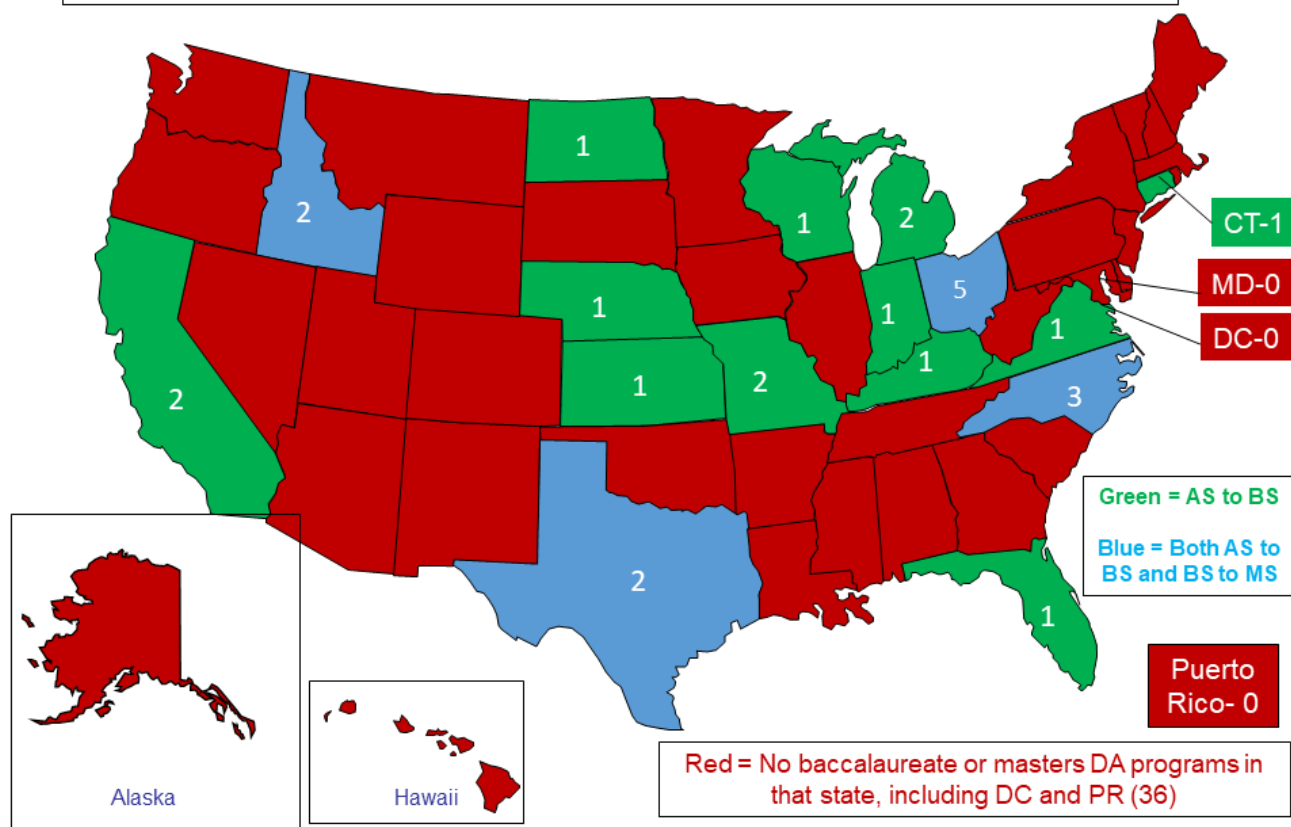
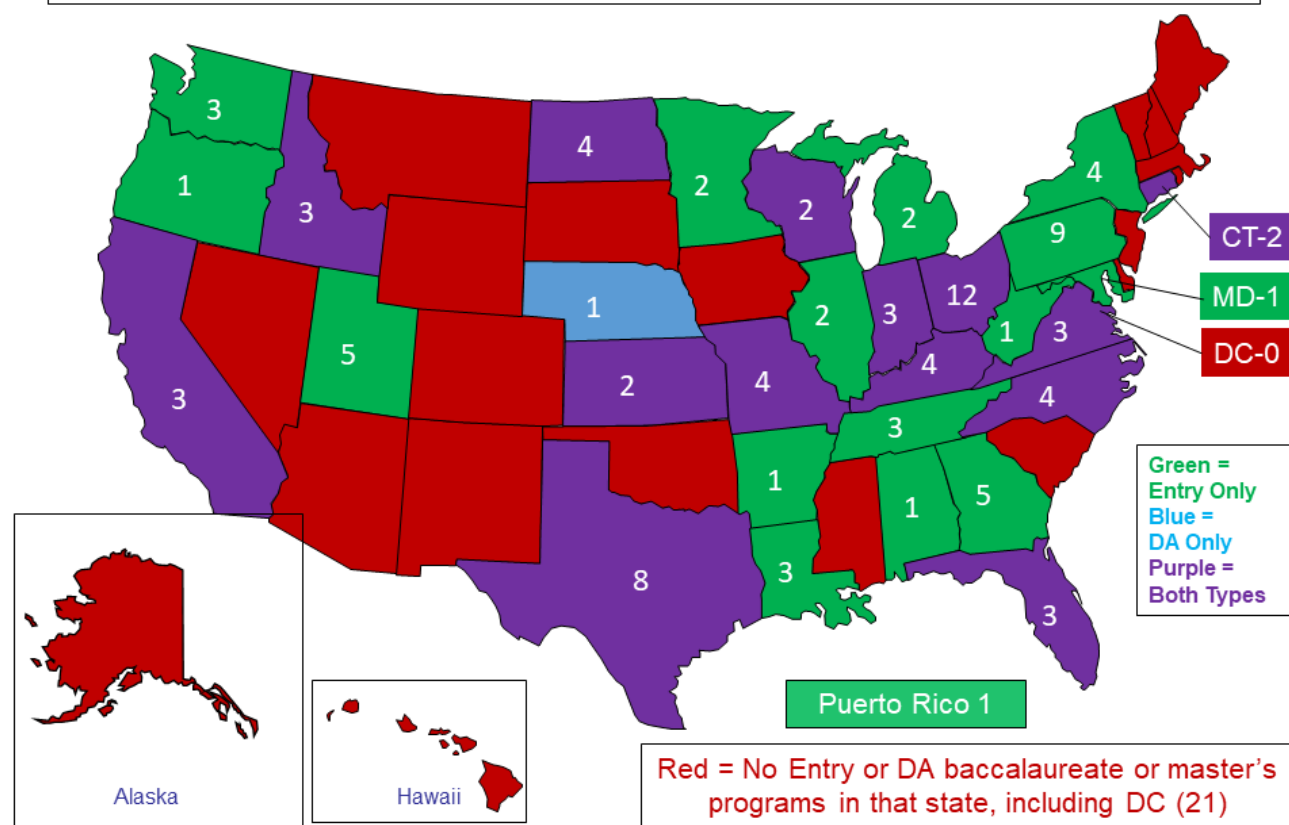


Figure 7 illustrates the number of CoARC accredited Entry into Practice (Entry) and Degree Advancement (DA) baccalaureate and graduate base programs, satellites, and additional degree track (ADT) options as of December 31, 2020 (i.e., Figures 5 and 6 combined). Thirty-one states including Puerto Rico have either a CoARC-accredited Entry baccalaureate/graduate program or DA program. Twenty-one states including the District of Columbia do not have either type of program.

Figure 7 - Combined CoARC Accredited Entry into Practice and DA Baccalaureate and Graduate Programs (N=102 as of 12/31/20)



RC Program Consortia

In its accreditation *Standards*, the CoARC defines a consortium as “a legally binding contractual partnership of two or more sponsoring institutions (at least one of which is a duly accredited degree-granting institution of higher education) that come together to offer a program. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.” CoARC Entry Standard 1.02, DA Standard 1.2, and APRT Standard A2 state that “the responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority.” **Table 6** (next 2 pages) provides a listing of 32 consortium programs as of December 31, 2020 according to the CoARC’s database.

Table 6 – RC Program Consortia as of December 31, 2020

Program #	Consortium Name	City	State	Degree
200014	Millersville University	Millersville	PA	BS
200019	Mansfield University	Mansfield	PA	AAS
200039	Indiana Respiratory Therapy Ed Consortium	Indianapolis	IN	BS
200088	Delaware Co CC/Crozer-Chester Med Ctr.	Upland	PA	AAS
200102	East Los Angeles College/Santa Monica	Monterey Park	CA	AS
200133/220133	St. Alexius Medical Center/University of Mary	Bismarck	ND	BS/MS
200138	Hudson Valley Community College	Troy	NY	AAS
200143	CHI Health/Midland University	Omaha	NE	BS
200172	Mayo Clinic College of Medicine School	Rochester	MN	BS
200260	Cincinnati State Tech-Community College	Cincinnati	OH	AAS
200299	Delaware Technical and Community College	Wilmington	DE	AAS
200313	West Chester University/Bryn Mawr Hospital	Bryn Mawr	PA	BS
200367	North Dakota State University/Sanford	Fargo	ND	BS
200392	Bossier Parish Community College	Bossier City	LA	AAS
200397	Frederick Community College	Frederick	MD	AAS
200430	Carver Career Center/Bridge Valley CTC	Charleston	WV	AS
200431	Pickens Technical College	Aurora	CO	AAS
200432	Missouri Southern State University	Joplin	MO	AS
200450	Collins Career Technical Center	Chesapeake	OH	AAS
200454	Francis Tuttle	Oklahoma City	OK	AS
200461	Northeast Kentucky Consortium	Morehead	KY	AAS
200463	Autry Technology Ctr/Northern OK College	Enid	OK	AAS
200490	Stevens-Henager College	Salt Lake City	UT	AAS
200497	Cape Girardeau Career & Technology Center	Cape Girardeau	MO	AS
200504	University of Rio Grande/Rio Grande CC	Rio Grande	OH	AS
200506	Marshall University/St. Mary's Med Ctr.	Huntington	WV	BS
200531	Cameron University	Lawton	OK	AAS
200585	US Army Med Ed & Training Campus	Fort Sam Houston	TX	AAS
200586	Simi Institute/Excelsior	Simi Valley	CA	AS
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake	NY	AAS
210273	York College of PA	York	PA	BS
300025	Monroe City Hall Annex	West Monroe	LA	AAS

ACCREDITATION ACTIONS

The CoARC makes most accreditation decisions during its Board meetings (which occur three times per year, typically in March, July, and December), based on an accreditation review cycle described in Section 1 of the *CoARC Accreditation Policies and Procedures Manual* (revised version available at <https://coarc.com/Accreditation-Resources.aspx>.) The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation, and Voluntary Inactive Accreditation do not require a vote by the CoARC Board and are processed by the Executive Office throughout the year. **Table 7** is a summary of accreditation actions taken by both the CoARC Board and the Executive Office in 2020. The three columns (March, July, and December) relate to specific actions taken by the Commission at Board meetings.

Table 7 – CoARC Accreditation Actions for 2020					
		March 2020	July 2020	December 2020	Total
Approval of Intent		4	3	2	9
Provisional Accreditation		2	0	3	5
Continuing Accreditation	Base Program	11	9	3	23
	Additional Degree Track	0	0	0	0
	Satellite Option	0	0	0	0
	Sleep Specialist Program Option	0	0	0	0
Probationary Accreditation	Conferred	0	0	0	0
	Removed	5	0	0	5
	Reviewed	0	0	0	0
Progress Report Reviewed	Accepted as Final	22	3	11	36
	Additional PR Requested	5	1	2	8
Withdrawal of Accreditation – Involuntary		0	0	0	0
Withhold of Accreditation		0	0	0	0
Substantive Changes Reviewed by the Commission		0	0	0	0
Total Number of Accreditation Actions taken by the Commission in 2020					86
Letter of Intent Applications					7
Voluntary Inactive Accreditation					0
Voluntary Withdrawal Accreditation					5
Application for Substantive Change					39
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2020					51

The CoARC is required to keep the public informed about its accreditation actions. One of the ways the CoARC does this is to provide the public with information about the accreditation decision process, the nature and scope of CoARC accreditation activity, and the importance and value of accreditation (<https://coarc.com/>). The CoARC also provides the public with detailed descriptions of its accreditation policies and procedures by publishing its [Accreditation Policies and Procedures - CoARC - Commission on Accreditation for Respiratory Care](#). In addition, prior to each Board meeting, the CoARC provides a list of programs scheduled to be reviewed and, following each meeting, the accreditation actions taken ([Meetings and Events - CoARC - Commission on Accreditation for Respiratory Care](#)).

The following section lists the specific accreditation actions taken by the CoARC during 2020.

Letter of Intent Applications Submitted

The first step in the accreditation process is the submission of a Letter of Intent (LOI) application that declares the sponsor's intention to start a new program. The application, including supplementary materials, is reviewed by the CoARC Executive Office to ensure completeness, and subsequently by the Program Referee (a member of the CoARC Board who serves as the liaison between the program and the Commission). Further details regarding the Letter of Intent application process can be found in CoARC Policy 2.0.

Program Name	Type/Degree	Location	Date Application Received
Edgewood College	Entry BS	Madison, WI	1/21/2020
Southern Illinois University Carbondale	Entry BS	Carbondale, IL	1/29/2020
University of Missouri	DA BS	Columbia, MO	5/21/2020
UNC Wilmington	Entry BS	Wilmington, NC	6/2/2020
UNC Wilmington	DA BS	Wilmington, NC	6/2/2020
Southern Connecticut State University	DA BS	New Haven, CT	6/29/2020
Edgewood College	DA BS	Madison, WI	10/2/2020

Approval of Intent Granted

An Approval of Intent (AOI) is an action taken by the CoARC following the submission of a Letter of Intent (LOI) Application. An AOI indicates that a sponsoring institution's plan to start a program or program option is acceptable. An AOI authorizes the sponsor to submit a Provisional Accreditation Self-Study Report (PSSR) and to undergo a Provisional Accreditation site visit.

Program #	Program Name (date LOI application received)	Type/Degree	Location	Effective
200641	Edgewood College (1/21/2020)	Entry AS	Madison, WI	3/14/2020
200642	Southern Illinois University Carbondale (1/29/2020)	Entry BS	Carbondale, IL	3/14/2020
510019	Youngstown State University (12/16/2019)	DA BS	Youngstown, OH	3/14/2020
520019	Youngstown State University (12/16/2019)	DA MS	Youngstown, OH	3/14/2020
200643	UNC Wilmington (6/2/2020)	Entry BS	Wilmington, NC	7/11/2020
510020	University of Missouri (5/21/2020)	DA BS	Columbia, OH	7/11/2020
510021	UNC Wilmington (6/2/2020)	DA BS	Wilmington, NC	7/11/2020
500022	Southern Connecticut State University (7/1/2020)	DA BS	New Haven, CT	12/11/2020
510023	Edgewood College (10/2/2020)	DA BS	Madison, WI	12/11/2020

Provisional Accreditation Granted

Provisional Accreditation status signifies that a program has demonstrated sufficient compliance with the Standards to initiate a program. Such compliance includes the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and other documentation required by the CoARC and completion of the Provisional on-site visit. The program will remain on Provisional Accreditation until it achieves Continuing Accreditation. The conferral of Provisional Accreditation authorizes the sponsor to admit its first class of students and signifies that the program is recognized by the NBRC, thus providing graduates of these programs with eligibility to the Respiratory Care Credentialing Examination(s). After at least three (3) years of outcomes have been collected, reported, and analyzed, a provisionally accredited program may apply for Continuing Accreditation. If the program does not progress to Continuing Accreditation, enrolled students completing a program under Provisional Accreditation are still considered graduates of a CoARC accredited program.

Program #	Program Name (date AOI granted)	Location	Effective
200639	Marywood University (3/22/2019)	Scranton, PA	3/14/2020
500015	University of Cincinnati (3/22/2019)	Cincinnati, OH	3/14/2020
510012	University of Kansas School of Health (3/22/2019)	Kansas City, KS	12/11/2020
510016	Skyline College (7/19/2019)	San Bruno, CA	12/11/2020
510018	University of Mary (12/14/2019)	Bismarck, ND	12/11/2020

Continuing Accreditation Granted

Continuing Accreditation is conferred when 1) an established program with Continuing Accreditation demonstrates compliance with the *Standards* following submission of an acceptable continuing accreditation self-study report and completion of an 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 it is withdrawn either voluntarily - the program withdraws from the accreditation process, or involuntarily - accreditation is withdrawn by the CoARC because of the program's failure to comply with the *Standards*.

Program #	Program Name	Location	Next Re-evaluation
200109	Miami Dade College	Miami, FL	2030
200132	Crafton Hills College	Yucaipa, CA	2030
200194	American River College	Sacramento, CA	2030
200207	Victor Valley Community College	Victorville, CA	2030
200224	Augusta University	Augusta, GA	2030
200288	Southern Maine Community College	South Portland, ME	2030
200350	Northeast Wisconsin Technical College	Green Bay, WI	2030
200352	Ivy Tech Community College-Central IN	Indianapolis, IN	2030
200530	Northwest Kansas Technical College	Goodland, KS	2030
200536	Carrington College – Las Vegas	Las Vegas, NV	2030
200545	Concorde Career Institute-Jacksonville	Jacksonville, FL	2030
200010	Community College of Allegheny County	Pittsburgh, PA	2030
200050	St. Louis Community College-Forest Park	St. Louis, MO	2030
200073	Kettering College	Kettering, OH	2030

200187	Bergen Community College	Paramus, NJ	2030
200228	Prince George's Community College	Largo, MD	2030
200306	Tacoma Community College	Tacoma, WA	2030
200331	Seward County Community College	Liberal, KS	2030
200534	Ivy Tech Community College-Region 14	Bloomington, IN	2030
200540	Ivy Tech Community College-South Bend	Goshen, IN	2030
200071	Macomb Community College	Clinton Township, MI	2030
200298	Madisonville Community College	Madisonville, KY	2030
200591	Shelton State Community College	Tuscaloosa, AL	2030

Probationary Accreditation Conferred

Probationary Accreditation is a temporary status* of accreditation 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 accreditation action as described in CoARC Policy 1.07. Following the conferral of Probationary Accreditation, the program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time the program can rectify all the deficiencies that resulted in Probationary Accreditation, supported by CoARC's review of the Probation Report, and thereby achieve compliance with the *Standards*, the CoARC will consider removing probationary status. If compliance with all *Standards* is not demonstrated within two (2) consecutive years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probationary status exceed two years. 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 it determines that the program is making a good faith effort to come into compliance with the *Standards*. A decision to confer probation is subject to reconsideration but cannot be appealed (See CoARC Policy 1.06). Enrolled students completing a program that is 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. The CoARC requires the sponsor to complete a teach-out plan when: a program is placed on probation, requests inactive status, or when accreditation is withdrawn - voluntarily/involuntarily (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective
	N/A		

*This action does not become final until after the program has exhausted its rights to seek reconsideration (see CoARC Policy 1.07 – Reconsideration and Appeal).

Probationary Accreditation Removed**

**Following review of the Probation Report, Probationary Accreditation was removed, and the programs listed below resumed their previous accreditation status.

Program #	Program Name	Location	Effective
200343	Southern University at Shreveport	Shreveport, LA	3/14/2020
200438	McLennan Community College	Waco, TX	3/14/2020
200602	American College for Medical Careers	Orlando, FL	3/14/2020
200605	Arkansas State University Mid-South	West Memphis, AR	3/14/2020
320276	Independence University	Salt Lake City, UT	3/14/2020

Probation Report Reviewed*

* Following a review of the Probation Report, Probationary Accreditation remains for the program listed below.

Program #	Program Name	Location	Effective
	N/A		

Progress Reports Reviewed*

*All programs listed below are required to submit an additional Progress Report (PR).

For general information about progress reports, please visit [Progress Reports - CoARC - Commission on Accreditation for Respiratory Care](#). For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document <https://coarc.com/news-and-events/meetings-and-events/> for the specific Board meeting date.

Program #	Program Name	Location	Next CoARC Mtg
200107	Cuyahoga Community College	Parma, OH	12/2020
200223	Florida State College at Jacksonville	Jacksonville, FL	12/2020
200258	Saint Paul College	Saint Paul, MN	12/2020
200476	Chippewa Valley Technical College	Eau Claire, WI	12/2020
200533	University of Arkansas – Pulaski Tech	North Little Rock, AR	12/2020
200342	Tennessee State University	Nashville, TN	12/2020
200342	Tennessee State University	Nashville, TN	3/2021
200448	Baptist Health Sciences University	Memphis, TN	3/2021

Progress Report Reviewed (Final)*

The CoARC requires a program to submit documentation addressing any *Standard* not met (i.e., a citation) as a progress report. The CoARC may request a Standardized Progress Report (series of questions developed by the CoARC) for a variety of deficiencies, including failing to meet thresholds for the following outcomes: retention, credentialing success, graduate and employer satisfaction, and on-time graduation rate. The decision to request a progress report is made by the Program Referee or the Executive Office during the accreditation review process. The progress report addressing the standard(s) with which the program has been found to be in non-compliance must be submitted before the specified deadline. The progress report will

constitute the basis for subsequent Commission action. If the program comes into compliance with all the CoARC *Standards*, the action will be to accept the report. If the report does not demonstrate compliance with the *Standards*, or if it was not submitted within the time frame specified in the request for the progress report, the Commission may either (1) request an additional progress report or (2) confer a Probationary Accreditation status.

*All Progress Reports were accepted as final for the programs listed below.

Program #	Program Name	Location	Next Re-evaluation
200084	Nassau Community College	Garden City, NY	2021
200117	Newman University	Wichita, KS	2029
200276	California College San Diego	San Diego, CA	2025
200302	Tallahassee Community College	Tallahassee, FL	2022
200326	Eastern Gateway Community College	Steubenville, OH	2021
200329	Muskegon Community College	Muskegon, MI	2029
200342	Tennessee State University	Nashville, TN	2029
200344	Seattle Community College	Seattle, WA	2029
200360	Modesto Junior College	Modesto, CA	2029
200378	Robeson Community College	Lumberton, NC	2021
200385	Pittsburgh Career Institute	Pittsburgh, PA	2026
200388	College of DuPage	Glen Ellyn, IL	2029
200450	Collins Career Technical Center	Chesapeake, OH	2026
200490	Stevens-Henager College	Salt Lake City, UT	2026
200506	Marshall University/St. Mary's Medical Center	Huntington, WV	2029
200510	Concorde Career College-Denver	Aurora, CO	2029
200528	Southeast Arkansas College	Pine Bluff, AR	2028
200586	Simi Institute/Excelsior College	Simi Valley, CA	2029
200597	Concorde Career College-Dallas	Dallas, TX	2022
200598	Hutchinson Community College	Hutchinson, KS	2022
210290	Gannon University	Erie, PA	2022
300009	Bowling Green State University-Firelands	Elyria, OH	2021
200223	Florida State College at Jacksonville	Jacksonville, FL	2029
200455	Eastern New Mexico University-Roswell	Roswell, NM	2029
200545	Concorde Career Institute-Jacksonville	Jacksonville, FL	2030
200107	Cuyahoga Community College	Parma, OH	2025
200224	Augusta University	Augusta, GA	2030
200292	Itawamba Community College	Tupelo, MS	2029
200343	Southern University at Shreveport	Shreveport, LA	2021
200392	Bossier Parish Community College	Bossier City, LA	2021
200417	Kennebec Valley Community College	Fairfield, ME	2022
200476	Chippewa Valley Community College	Oil City, PA	2029
200507	Pima Medical Institute-Las Vegas	Las Vegas, NV	2029
200517	Clarion University	Oil City, PA	2029
200533	University of Arkansas-Pulaski Tech	N Little Rock, AR	2028
200534	Ivy Tech Community College-Region 14	Bloomington, IN	2030

Withhold 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 confirms that the program is not in compliance with the Standards. A program that has had its accreditation status withheld can no longer admit students. The CoARC requires a sponsor to formulate and complete a teach-out plan when the CoARC acts to withhold/withdraw a program's accreditation (see Policy 1.13). Enrolled students who satisfactorily complete the program during the teach-out are considered graduates of a CoARC accredited program. *This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Program #	Program Name	Location	Effective
	N/A		

Withdrawal Accreditation – Involuntary*

This status is conferred when an accredited program is not in compliance with the Accreditation Standards and has failed to address cited deficiencies to the satisfaction of the CoARC. Specific circumstances warranting a withdrawal of accreditation are described in CoARC Policy 1.057. A program that has had its accreditation status withdrawn cannot admit students. When the CoARC confers Withdrawal of Accreditation, the CoARC requires the sponsor to formulate and complete a teach-out plan for any students remaining in the program (see CoARC Policy 1.13). For programs that receive a Withdrawal of Accreditation status, enrolled students who satisfactorily complete the program teach-out are considered graduates of a CoARC accredited program.

Program #	Program Name	Location	Effective
	N/A		

*This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Withdrawal Accreditation - Voluntary

This status is conferred when a sponsor notifies the CoARC that it wants its program(s) to be removed from the accreditation process. Sponsoring institutions may notify the CoARC of Voluntary Withdrawal of Accreditation, at any time, either for all activities of the program or for any program options. For programs that receive a 'Withdrawal of Accreditation – Voluntary' status, enrolled students who satisfactorily complete the teach-out are considered graduates of a CoARC accredited program (See CoARC Policy 1.06 for Reconsideration and Appeal Policy).

Program #	Program Name	Degree Conferred	Location	Effective
200290	Gannon University	AS	Erie, PA	3/31/2020
210620	Samford University	BS	Birmingham, AL	5/9/2020
200267	University of South Alabama	BS	Mobile, AL	6/1/2020
200581	Sullivan University	AS	Louisville, KY	6/30/2020
200143	CHI Health / Midland University	BS	Omaha, NE	7/17/2020

Inactive Accreditation

Base programs and/or 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. No students may be enrolled or matriculated in the program while the program is on inactive status. Programs offering additional options may request voluntary inactive status for these program options without affecting the accreditation status of the base program. The 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 applicable fees unless otherwise directed by the CoARC. The CoARC requires a sponsor to formulate and complete a teach-out plan when a program requests inactive status (see CoARC Policy 1.13).

Program #	Program Name (date Admin Pro Conferred)	Location	Reason	Date Admin Pro Removed
	N/A			

Administrative Probation

Administrative Probation is conferred when a program, or any program option with a separate CoARC ID number, does not comply with any of the CoARC's administrative requirements. Administrative Probation status will not affect the eligibility of its students for the NBRC Examinations. During a period of Administrative Probation, all listings of a program's accreditation status must include the words "Administrative Probation." Following the conferral of Administrative Probation, failure of the program to provide requested material/fees, etc., will result in the program's being placed on the agenda of the next scheduled CoARC meeting for consideration of Withhold or Withdrawal of Accreditation (see CoARC Accreditation Policy 1.054 and 1.057). If the conferral of Administrative Probation was for failure to meet personnel requirements, the deficiency will be brought before the CoARC Board at its next meeting and may result in an adverse accreditation decision (see CoARC Accreditation Policy 6.011I).

Program #	Program Name (date Admin Pro Conferred)	Location	Reason	Date Admin Pro Removed
	N/A			

Site Visits Conducted

A site visit is the most complex aspect of the accreditation process. It is also the most visible function of the CoARC. Site visitation teams usually have two members, one of whom may (and in some cases, must) be a physician. Site visitors are trained to be objective on-site observers and gatherers of data, which are then reported back to the CoARC Referee. During the campus visit, site visitors interact with all the communities of interest, review pertinent documents, and, when appropriate, inspect program facilities. Through this process, the CoARC ensures that the documentation provided to the CoARC prior to the visit-supports the program's analysis and action plans related to its resources and outcomes. Further, the visit offers an opportunity to confirm the extent to which the program meets the Standards. Further details regarding the site visit process can be found at [Site Visitor Resources - CoARC - Commission on Accreditation for Respiratory Care](#). In 2020, there were a total of 26 site visits listed below.

Program #	Program Name	Location	Dates of Site Visit in 2020
200010	Community College of Allegheny County	Pittsburgh, PA	2/24/2020
200044	Manchester Community College	Manchester, CT	12/15/2020 *

200050	St. Louis Community College - Forest Park	St. Louis, MO	2/27/2020
200071	Macomb Community College	Clinton Township, MI	10/15/2020 *
200073	Kettering College	Kettering, OH	2/17/2020
200090	Norwalk Community College	Norwalk, CT	10/1/2020 *
200133	CHI St. Alexis Health/ University of Mary	Bismarck, ND	11/30/2020 *
200187	Bergen Community College	Paramus, NJ	3/2/2020
200202	Pima Community College	Tucson, AZ	2/13/2020
200228	Prince George's Community College	Largo, MD	3/5/2020
200233	The University of Akron	Akron, OH	12/3/2020 *
200298	Madisonville Community College	Madisonville, KY	11/3/2020 *
200306	Tacoma Community College	Tacoma, WA	1/16/2020
200331	Seward County Community College	Liberal, KS	3/5/2020
200357	Metropolitan Community College	Omaha, NE	10/27/2020 *
200359	Seminole State College of Florida	Altamonte Springs, FL	11/19/2020 *
200396	Northeast Iowa Community College	Peosta, IA	12/7/2020 *
200534	Ivy Tech Community College - Region 14	Bloomington, IN	2/3/2020
200540	Ivy Tech Community College - North Central	Goshen, IN	1/13/2020
200591	Shelton State Community College	Tuscaloosa, AL	11/12/2020 *
200639	Marywood University	Scranton, PA	1/23/2020
220133	University of Mary	Bismarck, ND	11/30/2020 *
500015	University of Cincinnati	Cincinnati, OH	1/30/2020
510012	University of Kansas School of Health	Kansas City, KS	9/10/2020 *
510016	Skyline College	San Bruno, CA	11/19/2020 *
510018	University of Mary	Bismarck, ND	11/5/2020 *
TOTAL 26	SAT -0 ADT - 2 DA - 4 APRT - 1	Provisional 5 (4 DA)	* Virtual Visits - 14

Applications for Substantive Change

A substantive change is any modification, affecting either the program or the program's sponsor, that the CoARC has determined to have the potential to affect program outcomes and thus requires the program to notify the CoARC prior to its occurrence ([Substantive Changes - CoARC - Commission on Accreditation for Respiratory Care](#)). The sponsor must report substantive change(s) to the CoARC for approval prior to the intended date of implementation, except for either an adverse action by the sponsor's institutional accrediting agency, a change in the program sponsor's institutional accreditation status or changes that are emergent or unexpected (see Accreditation Policy 1.07). While the decision to implement a substantive change is an institutional prerogative and/or responsibility, the CoARC is obligated to assess the potential of any substantive change to adversely affect the program's ability to meet the *Standards* and *Policies*.

Program #	Program Name	State	Policy #	Date Approved
200611	Mandl School College of Allied Health	NY	9.10	1/6/2020
200398	East Tennessee State University	TN	9.11	1/17/2020
520001	UNC Charlotte	NC	9.04	1/22/2020
200567	Laurel Technical Institute	PA	9.11	1/29/2020
200458	Weatherford College	TX	9.02	1/29/2020
200624	Southeast Kentucky Community & Tech	KY	9.04	1/29/2020
200574	Kent State University at Ashtabula	OH	9.04	3/5/2020
200400	Southeast Kentucky Community & Tech	KY	9.04	3/6/2020
500001	UNC Charlotte	NC	9.04	3/23/2020
300009	Bowling Green State University-Firelands	OH	9.03	5/7/2020
200339	Bowling Green State University-Firelands	OH	9.03	5/7/2020
200602	American College for Medical Careers	FL	9.01	6/17/2020
200070	South Dakota State University	SD	9.01	7/1/2020
200543	METC Branch Campus-Air Force	TX	9.01 & 9.02	7/2/2020
200384	Pima Medical Institute-Mesa	AZ	9.02	7/7/2020
200328	Illinois Central College	IL	9.10	7/15/2020
300030	Weber State University-University of Utah	UT	9.11	7/17/2020
200565	Dixie State University	UT	9.02	7/22/2020
200383	Pima Medical Institute-Denver	CO	9.02 & 9.04	7/24/2020
200019	Mansfield University	PA	9.02 & 9.03	8/1/2020
200102	East Los Angeles College/Santa Monica	CA	9.10	8/18/2020
200022	Mt. San Antonio College	CA	9.04 & 9.10	9/11/2020
200585	Medical Education and Training Campus	TX	9.01 & 9.02	9/15/2020
200552	Pima Medical Institute-Renton	WA	9.02	9/22/2020
200336	Pima Medical Institute-Tucson	AZ	9.02	9/30/2020
200103	Dallas College	TX	9.01	9/30/2020
200354	Stark State College	OH	9.04	9/30/2020
200483	Pima Medical Institute-Albuquerque	NM	9.03	10/15/2020
200494	Pima Medical Institute-San Marcos	CA	9.03	10/15/2020
200608	YTI Career Institute-Altoona	PA	9.04	10/16/2020
200218	Des Moines Area Community College	IA	9.04	10/16/2020
200390	Carrington College-Phoenix East	AZ	9.04	10/19/2020
200536	Carrington College-Las Vegas	NV	9.04	10/19/2020
200542	Carrington College	CA	9.04	10/19/2020
200358	Florence-Darlington Technical College	SC	9.03	10/26/2020
200327	Great Falls College-Montana State	MT	9.04	10/26/2020
200276	California College San Diego	CA	9.11	11/10/2020
200573	Concorde Career Institute-Tampa	FL	9.10	11/19/2020
200507	Pima Medical Institute-Las Vegas	NV	9.02	12/16/2020

Changes in Program Information and Personnel

The CoARC Executive Office is responsible for maintaining accurate programmatic information. Programs are required to report changes in a program name, address, and certain personnel to the CoARC in a timely manner. The following is a list of reported changes from January 1, 2016, through December 31, 2020:

Type of Change Reported		Number Reported in 2016	Number Reported in 2017	Number Reported in 2018	Number Reported in 2019	Number Reported in 2020
Change in Program Name		4	5	1	1	2
Change in Program Address		1	1	4	2	2
Change in Billing Contact		38	46	26	19	25
Change in President/CEO		61	60	40	75	67
Change in Dean		104	109	73	94	89
Change in Program Director	Permanent	55	72	55	60	63
	Transitional	-	-	-	-	1
	Temporary	11	3	11	15	14
	Acting	5	10	5	5	4
Change in Director of Clinical Education	Permanent	91	87	91	107	69
	Transitional	-	-	-	-	7
	Temporary	20	21	20	31	27
	Acting	3	5	3	5	1
Change in Medical Director	Permanent	42	40	42	39	32
	Temporary	0	1	0	2	3
Change in Co-Medical Director		2	5	7	6	6
Change in Primary Sleep Specialist Instructor		0	0	2	0	0
Total # of Changes Reported		405	453	392	461	412

Of the 63 permanent changes in Program Director in 2020, 23 were due to retirement, 12 to resignation, 15 to re-assignment, and 13 were due to other reasons.

2020 ANNUAL REPORT OF CURRENT STATUS (RCS)

Overview

The CoARC defines program outcomes as “*performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Outcomes include but are not limited to program completion rates, job placement rates, certification pass rates, and program satisfaction*” (2020 Standards, p.50). Outcomes measures used by the CoARC reflect metrics of program effectiveness and student achievement. The CoARC uses an outcomes-centered approach in its accreditation review process. This approach focuses on a specific set of outcomes which include the following: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention; c) Graduate satisfaction with the program; d) Employer satisfaction with program graduates, and e) Job placement.

The CoARC believes that continuous assessment of the educational quality of a respiratory care program (inclusive of distance education modalities and program options) will maximize the academic success of the enrolled students in an accountable and cost-effective manner. To achieve this outcome, the assessment must be broad-based, systematic, and designed to promote the achievement of program goals. The CoARC routinely monitors programmatic outcomes in relation to the CoARC thresholds via program submission of an Annual Report of Current Status (RCS). The CoARC provides definitions of each of the minimum performance criteria in Standard 3.09, its *Accreditation Policies & Procedures Manual*, and on its website ([CoARC Outcomes Thresholds - CoARC - Commission on Accreditation for Respiratory Care](#)).

In May 2011, the CoARC launched its online Annual RCS system with a deadline for submission of July 1, 2011. In preparation for this launch, the CoARC redesigned its reporting tool. The focus of this redesign was to simplify and increase the accuracy of data entry for programs. To achieve this goal, the CoARC adopted a reporting system that is *driven by student data*. Programs can now capture and record cohort information that includes individual student data throughout their enrollment in the program. Once a cohort has been created, and students for that cohort have been entered into the reporting system, the program can update student data, such as graduation, retention, credentials earned, and job placement, at any time. This student-specific information is then used to automatically generate aggregate programmatic outcomes data.

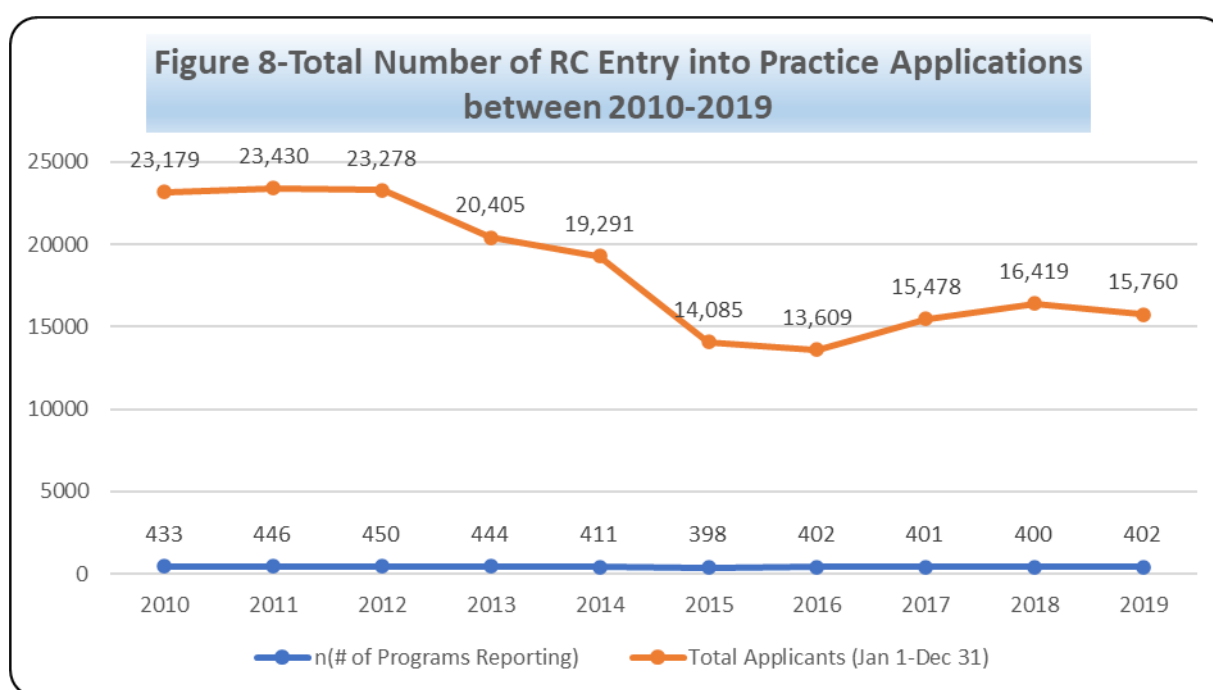
Outcomes are updated on an annual basis with the submission of each program's Annual RCS. The CoARC works with programs throughout the data submission and validation phases to ensure that these performance data are accurate.

The CoARC completed its verification of the outcomes data from the 2020 Annual Report of Current Status (RCS) in July 2020. A total of 410 entry into practice program and program option annual reports were used to generate the data in this section. Programs under accreditation review (i.e., Approvals of Intent and some Provisionally Accredited) were not included in the data analysis since they did not have outcomes data to report.

These data are reported by program personnel to the CoARC and reflect the aggregate data for the three-year period being reported (January 1, 2017, through December 31, 2019, for the 2020 RCS reports accepted by the CoARC Executive Office). *Note: The data do not reflect any changes made to the RCS data after the 2020 RCS reports were accepted. Any such changes will be reported in the 2021 RCS reports.*

Total Applications

Each year, programs are required to report the number of applications they received. **Figure 8** shows the total number of applications to entry into practice RC programs from 2010 through 2019. Total applications reached a peak of 23,430 in 2011 and then decreased by 41% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. The most recent year, 2019, showed a 4.0% decrease compared to 2018. The mean number of applications per program was 39 in 2019, 41 in 2018, 39 in 2017, 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, and 52 from 2010 through 2012. The median number of applications per program was 30 in 2019 and 2018, 30 in 2017, 27 in 2016, 35 in 2015, 32 in 2014, 34 in 2013, 38 in 2012, 40 in 2011, and 38 in 2010.



RC Applications by Degree Offered

Table 8 –RC Entry into Practice Applications by Degree Offered between 2015 and 2019										
Degree Offered	2019 Applications (N=402)		2018 Applications (N=400)		2017 Applications (N= 401)		2016 Applications (N= 402)		2015 Applications (N=398)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	13,495	40	14,184	42	13,399	40	12,221	40	17,372	49
Baccalaureate	1,987	32	2,039	33	1,910	32	1,796	32	1,708	31
Masters	278	70	196	49	169	28	68	28	211	70

Table 8 shows the annual respiratory care applications in relation to the degree offered. There were 15,760 applications in 2019. The 336 programs offering associate degrees accounted for 85.6% of the total number of applications in 2018. This is a 4.9% decrease compared to 2018 for this category and a 22.3% decrease when compared to 2015. The mean number of applications per program for this category was 40 in 2019, 42 in 2018, 40 in 2017, 34 in 2016, and 36 in 2015.

The 62 programs offering baccalaureate degrees accounted for 12.6% of the total number of applications in 2019. This is a 2.6% decrease when compared to 2018 for this category, but a 16.3% increase when compared to 2015. The mean number of applications per program for this category was 32 in 2019, 33 for 2018, 32 in 2017, 34 in 2016, and 32 in 2015.

The four programs offering master's degrees accounted for 1.8% of the total number of applications in 2019. This is a 42% increase compared to 2018 for this category and a 32% increase when compared to 2015. The mean number of applications per program for this category was 70 in 2019, 49 for 2018, 28 in 2017, 30 in 2016, and 34 in 2015.

RC Applications by Institutional Type

Table 9 – RC Entry into Practice Applications by Institutional Type between 2015 and 2019										
Institutional Type	2019 Applications (N=402)		2018 Applications (N=400)		2017 Applications (N= 401)		2016 Applications (N= 402)		2015 Applications (N=398)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	9,673	40	10,078	43	9,501	41	8,746	39	9,411	41
Four-Year College or University	2,959	33	3,085	34	2,933	31	2,956	31	2,654	29
Technical or Vocational School	2,352	44	2,309	44	2,299	43	1,394	23	1,615	27
Academic HSC/ Medical Center	188	24	185	23	213	27	249	36	191	21
Career or Technical College	394	44	474	47	305	31	240	27	192	24
U.S. Military	194	97	228	144	227	114	25	13	22	11

Table 9 shows the annual applications for respiratory care programs by institutional type. The 239 programs offered in community or junior colleges accounted for 61.4% of the 15,760 applications in 2019. This is still the largest category. There was a 4% decrease in applications to such institutions compared to 2018, but a 2.8% increase compared to 2015. The mean number of applications per program for this category was 40 in 2019, 43 in 2018, 41 in 2017, 39 in 2016, and 41 in 2015.

The 90 programs offered in four-year colleges or universities accounted for 18.8% of the total number of applications in 2019. This is a 4.1% decrease compared to 2018, but an 11.5% increase compared to 2015. The mean number of applications per program for this category was 33 in 2019, 34 in 2018, 31 in 2017, 31 in 2016, and 29 in 2015.

The 54 programs offered in technical or vocational schools accounted for 14.9% of the total number of applications in 2019. This is a 1.9% increase compared to 2018 and a 45.6% increase compared to 2015. The mean number of applications per program was 44 in 2019 and 2018, 43 in 2017, 23 in 2016, and 27 in 2015.

The eight programs offered in academic HSC/medical centers accounted for 1.2% of the total number of applications in 2019. This is a 1.6% increase compared to 2018, but a 1.6% decrease compared to 2015. The mean number of applications per program was 24 in 2019, 23 in 2018, 27 in 2017, 36 in 2016, and 21 in 2015.

The nine programs offered in career or technical colleges accounted for 2.5% of the total number of applications in 2019. This is a 16.9% decrease compared to 2018, but a 105% increase compared to 2015. The mean number of applications per program was 44 in 2019, 47 in 2018, 31 in 2017, 27 in 2016, and 24 in 2015.

The two programs offered in the U.S. military accounted for 1.2% of the total number of applications in 2019. This is a 14.9% decrease compared to 2018, but a 782% increase compared to 2015. The mean number of applications per program was 97 in 2019, 144 in 2018, 25 in 2017, 13 in 2016, and 11 in 2015.

RC Applications by Institutional Control/Funding

Table 10 – RC Entry into Practice Applications by Institutional Control/Funding between 2015 and 2019

Institutional Control/Funding	2019 Applications (N=402)		2018 Applications (N=400)		2017 Applications (N= 401)		2016 Applications (N= 402)		2015 Applications (N=398)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	11,967	37	12,381	39	11,928	39	11,695	38	12,172	39
Private/For-Profit (Proprietary)	2,597	62	2,492	59	2,067	47	1,081	28	1,217	26
Private/Not-For-Profit	1,002	26	1,258	33	1,256	26	809	22	674	20
Federal Government	194	97	288	144	227	114	25	13	22	11

Table 10 shows the annual applications to respiratory care programs in relation to institutional control/funding. The 320 programs controlled/funded by public/not-for-profit institutions accounted for 75.9% of the 15,760 applications in 2019. This is still the largest category. There was a 3.3% decrease compared to 2018 and a 1.7% decrease compared to 2015. The mean number of applications per program for this category was 37 in 2019, 39 in 2018, 39 in 2017, 38 in 2016, and 39 in 2015.

The 42 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 16.5% of the total number of applications in 2019. This is a 4.2% increase compared to 2018 and a 113.4% increase compared to 2015. The mean number of applications per program for this category was 62 in 2019, 59 in 2018, 47 in 2017, 28 in 2016, and 26 in 2015.

The 38 programs controlled/funded by private/not-for-profit institutions accounted for 6.4% of the total number of applications in 2019. This is a 20.3% decrease compared to 2018, but a 48.7% increase compared to 2015. The mean number of applications per program for this category was 26 in 2019, 33 in 2018, 26 in 2017, 22 in 2016, and 20 in 2015.

The two programs controlled/funded by the federal government accounted for 1.2% of the total number of applications in 2019. This is a 14.9% decrease compared to 2018, but a 782% increase compared to 2015. The mean number of applications per program was 97 in 2019, 144 in 2018, 25 in 2017, 13 in 2016, and 11 in 2015.

RC Entry into Practice Applications by State (including D.C. and PR) and Degree

Table 11 provides data on applications to respiratory care programs for 2014-2019 by state and degree offered. California continues to have the largest (16.4% of total in 2019) number of applications.

Table 11 –Applications by State (including D.C. and PR) and Degree between 2014 and 2019							
State (# of programs reporting)	Degree	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)
AL (n=6)	Total	249	341	288	246	335	290
5	Associate	202	255	214	218	300	260
1	Baccalaureate	47	86	73	27	35	30
0	Masters	N/A	N/A	1	1	N/A	N/A
AR (n=7)	Total	257	154	215	291	252	251
6	Associate	231	140	208	267	240	225
1	Baccalaureate	26	14	7	24	12	26
AZ (n=5)	Total	325	471	315	147	170	522
5	Associate	325	471	315	147	170	522
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=35)	Total	2,582	2,530	2,314	1,673	1,819	3,349
34	Associate	2,532	2,488	2,269	1,623	1,765	3,317
1	Baccalaureate	50	42	45	50	54	32
CO (n=4)	Total	262	362	268	87	77	168
4	Associate	262	362	268	87	77	168
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	233	150	156	154	240	235
4	Associate	204	130	142	139	215	205
1	Baccalaureate	29	20	14	15	25	30
DC (n=1)	Total	12	6	12	13	15	12
1	Associate	12	6	12	13	15	12
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	35	40	64	60	72	95
2	Associate	35	40	64	60	72	95
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=25)	Total	1,027	987	1,004	884	905	1,092
23	Associate	955	930	963	830	858	1,057
2	Baccalaureate	72	57	41	54	47	35
GA (n=16)	Total	416	383	382	458	391	585
11	Associate	250	217	242	272	222	451
4	Baccalaureate	149	155	127	170	161	123
1	Masters	17	11	13	16	8	11
HI (n=1)	Total	25	30	30	30	18	25
1	Associate	25	30	30	30	18	25
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=402)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)
IA (n=6)	Total	212	187	164	132	189	233
6	Associate	212	187	164	132	189	233
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=3)	Total	79	115	93	54	65	77
2	Associate	38	40	42	21	25	26
1	Baccalaureate	41	75	51	33	40	51
IL (n=13)	Total	455	377	394	406	402	643
12	Associate	406	350	362	361	402	488
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	15
1	Masters	49	27	32	45	N/A	140
IN (n=10)	Total	374	411	382	218	317	310
8	Associate	313	330	321	176	236	270
2	Baccalaureate	61	81	61	42	81	40
KS (n=9)	Total	237	260	196	191	155	203
8	Associate	201	224	176	165	147	181
1	Baccalaureate	36	36	20	26	8	22
KY (n=11)	Total	286	332	335	364	343	397
8	Associate	230	295	298	317	313	354
2	Baccalaureate	49	29	31	47	30	43
1	Masters	7	8	1	N/A	N/A	N/A
LA (n=9)	Total	181	208	158	198	212	225
6	Associate	149	176	119	168	168	203
3	Baccalaureate	32	32	39	30	44	22
MA (n=5)	Total	142	167	188	163	285	245
5	Associate	142	167	188	163	285	245
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	228	243	245	268	277	310
5	Associate	188	193	195	208	207	250
1	Baccalaureate	40	50	50	60	70	60
ME (n=2)	Total	84	43	40	40	69	78
2	Associate	84	43	40	40	69	78
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=12)	Total	351	363	454	425	411	404
12	Associate	351	363	454	425	411	404
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MN (n=4)	Total	88	137	118	122	144	185
2	Associate	44	92	85	85	115	137
2	Baccalaureate	44	45	33	37	29	48

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)
MO (n=7)	Total	170	195	128	151	192	242
6	Associate	157	170	103	132	164	219
1	Baccalaureate	13	25	25	19	28	23
MS (n=9)	Total	413	382	382	387	383	393
9	Associate	413	382	382	387	383	393
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	19	26	33	30	35	32
2	Associate	2	2	33	30	35	32
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=14)	Total	571	640	600	617	618	703
14	Associate	571	371	600	603	618	703
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ND (n=2)	Total	20	26	23	29	22	21
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	20	26	21	28	22	21
0	Masters	N/A	N/A	2	1	N/A	N/A
NE (n=3)	Total	76	85	85	108	76	100
3	Associate	76	81	79	98	66	95
0	Baccalaureate	N/A	4	6	10	10	5
NH (n=1)	Total	8	10	16	11	18	25
1	Associate	8	10	16	11	18	25
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=4)	Total	144	142	128	243	240	364
4	Associate	144	142	128	184	170	336
0	Baccalaureate	N/A	N/A	N/A	9	70	28
NM (n=6)	Total	111	126	123	78	120	115
6	Associate	111	126	123	78	120	115
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=2)	Total	205	205	154	83	59	194
2	Associate	205	205	154	83	59	194
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NY (n=13)	Total	738	791	705	890	878	948
10	Associate	644	699	618	829	815	847
3	Baccalaureate	94	92	87	61	63	101
OH (n=21)	Total	596	672	730	691	667	847
14	Associate	418	506	574	519	516	676
7	Baccalaureate	178	166	156	172	151	171

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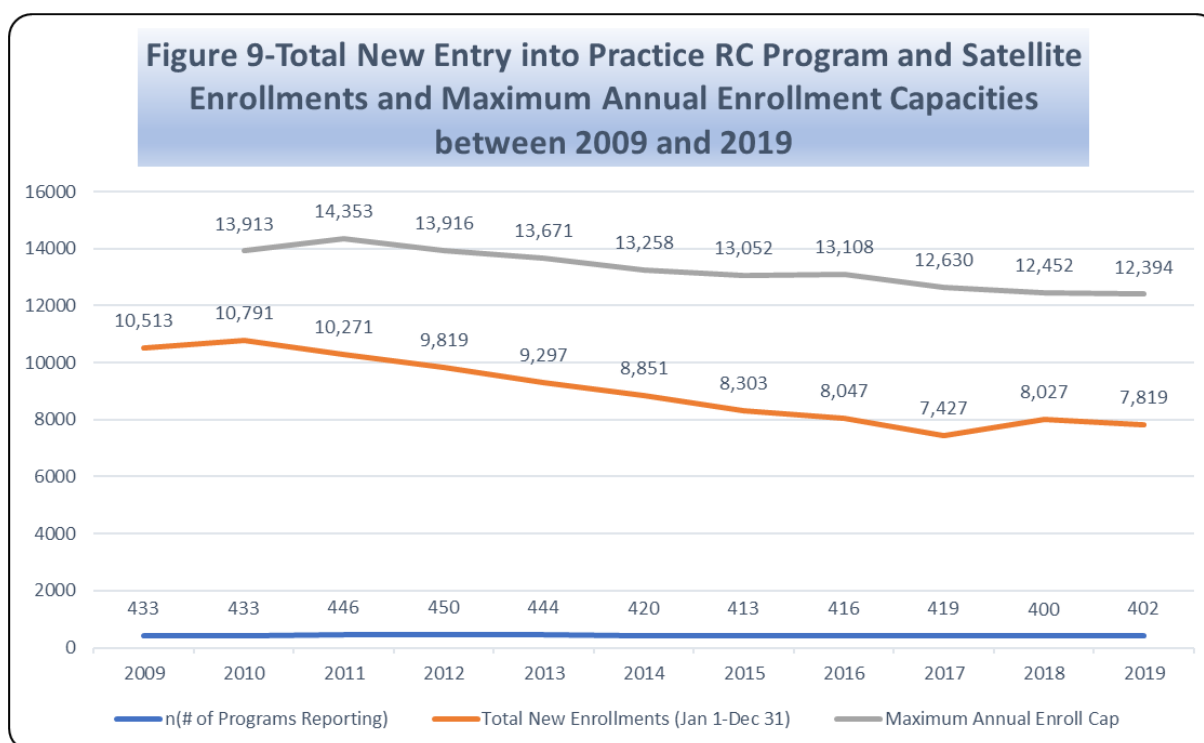
State (# of programs reporting)	Degree	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)
OK (n=6)	Total	247	241	149	126	110	185
6	Associate	247	241	149	126	110	185
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	134	125	110	112	158	142
2	Associate	114	105	95	90	128	120
1	Baccalaureate	20	20	15	22	30	22
PA (n=22)	Total	897	904	864	737	732	937
15	Associate	522	509	504	467	453	677
7	Baccalaureate	375	395	360	270	279	260
PR (n=1)	Total	7	13	17	N/A	N/A	N/A
1	Baccalaureate	7	13	1	N/A	N/A	N/A
RI (n=2)	Total	55	61	79	35	48	88
2	Associate	55	61	79	35	48	88
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	143	149	175	187	168	186
7	Associate	143	149	175	187	168	186
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	32	24	30	32	34	29
2	Associate	32	24	30	32	34	29
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	410	454	403	378	390	521
7	Associate	329	353	300	258	268	409
3	Baccalaureate	81	101	103	120	122	112
TX (n=35)	Total	1,430	1,588	1,622	1,147	982	1,515
29	Associate	964	1,189	1,202	843	744	1,265
5	Baccalaureate	261	249	300	214	178	190
1	Master's	205	150	120	90	60	60
UT (n=7)	Total	279	369	224	131	91	520
4	Associate	158	240	124	29	3	448
3	Baccalaureate	121	129	100	102	88	72
VA (n=7)	Total	210	206	246	250	285	457
5	Associate	175	181	174	190	217	377
2	Baccalaureate	35	25	72	60	68	80
VT (n=1)	Total	25	44	40	1	33	40
1	Associate	25	44	40	35	33	40
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WA (n=5)	Total	194	195	184	175	193	179
2	Associate	98	133	144	144	156	163
3	Baccalaureate	96	62	40	40	19	30

State (# of programs reporting)	Degree	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N= 401)	2016 Applications (N= 402)	2015 Applications (N=398)	2014 Applications (N=411)
WI (n=7)	Total	253	233	212	237	255	296
7	Associate	253	233	212	237	255	296
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=5)	Total	221	205	186	76	119	268
4	Associate	211	195	170	65	98	250
1	Baccalaureate	10	10	16	11	21	18
WY (n=1)	Total	12	11	15	14	16	10
1	Associate	12	11	15	14	16	10
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

Total New Enrollments

Programmatic enrollment is deemed by the CoARC to occur when a student enrolls in the first core respiratory care course, i.e., a non-survey/non-prerequisite course available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used for calculating programmatic retention and maximum annual enrollment. **Figure 9** shows total new enrollments from 2009 through 2019. Enrollments for 2010 through 2019 are compared to the total maximum annual enrollment capacity¹. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 63% of maximum annual enrollment capacity in 2019, 65% of maximum annual enrollment capacity in 2018, 59% of maximum annual enrollment capacity in 2017, 61% of capacity in 2016, 64% in 2015, 67% of capacity in 2014, 68% of capacity in 2013, 71% of capacity in 2012, 72% of capacity in 2011, and 78% of capacity in 2010. For 2019, 10% (41 of the 402) programs reported new enrollments reaching maximum annual enrollment capacity, which was a 1% increase from the previous year. Of these 41 programs, 19 offered the AAS degree, 13 offered the AS degree, and 9 offered the BS degree. The 41 programs were located in 23 different states.

The mean maximum annual enrollment capacity per program was 31 in 2019 and 2018, 30 in 2017, 31 in 2016, 32 in 2015 and 2014, 31 in 2013 and 2012, and 32 in 2011 and 2010. The mean number of new enrollments per program was 19 in 2019, 20 in 2018, 18 in 2017, 19 in 2016, 20 in 2015, 21 in 2014 and 2013, 22 in 2012, 23 in 2011, 24 in 2010, and 24 in 2009. The median number of new enrollments per program was 17 in 2019 and 2018, 16 in 2017, 17 in 2016, 18 in 2015, 25 in 2014, 18 in 2013, 19 in 2012 and 2011, 20 in 2010, and 19 in 2009. There was a 2.6% decrease in new enrollments compared to 2018. There was an 8.1% increase in new enrollments in 2018 compared to 2017. Since its peak in 2010, there has been a 27.5% decrease in new enrollments.



¹ The *maximum annual enrollment capacity* is defined as the maximum number of new students that could be enrolled in a calendar year (defined as January 1 through December 31). This number is established by the CoARC based on information provided by the program and can only be increased upon approval of a request for a substantive change (see CoARC Policy 9.10).

New RC Enrollments by Degree Offered

Table 12 – RC Entry into Practice New RC Enrollments by Degree Offered between 2015 and 2019												
Degree Offered	2019 Max Annual Enrollment Capacity		2019 New Enrollments (N=402)		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	10,772	32	6,793	20	6,989	21	6,442	19	7,089	20	7,289	21
Baccalaureate	1,510	24	956	15	992	16	934	15	903	16	948	16
Masters	96	24	66	17	46	12	51	9	55	13	66	22

Table 12 shows the new annual enrollments in respiratory care in relation to the degree offered. The 336 programs offering associate degrees accounted for 86.9% of the 7,819 new enrollments in 2019. This is a 2.8% decrease compared to 2018 for this category and a 6.8% decrease compared to 2015. New enrollments in associate degree programs reached 63% of maximum capacity in 2019. The mean number of new enrollments per program for this category was 20 in 2019, 21 for 2018, 19 for 2017, 20 in 2016, and 21 in 2015.

The 62 programs offering baccalaureate degrees accounted for 12.21% of the total number of new enrollments in 2018. This is a 3.6% decrease compared to 2018 for this category, but a 0.9% decrease compared to 2015. New baccalaureate degree enrollments reached 63% of maximum capacity in 2019. The mean number of new enrollments per program for this category was 15 in 2019, 16 in 2018, 15 in 2017, and 16 in 2016 and 2015.

The four programs offering master's degrees accounted for 0.8% of the total number of new enrollments in 2018. This is a 43.5% increase compared to 2018, but no change compared to 2015. New enrollments in these programs reached 69% of the maximum capacity in 2019. The mean number of new enrollments per program for this category was 17 in 2019, 12 in 2018, 9 in 2017, 13 in 2016, and 22 in 2015.

New RC Enrollments by Institutional Type

Table13 – RC Entry into Practice New Enrollments by Institutional Type between 2015 and 2019												
Institutional Type	2019 Max Annual Enroll Capacity		2019 New Enrollments (N=402)		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	6,436	27	4,561	19	4,595	20	4,337	18	4,473	20	4,522	19
Four-Year College or University	2,522	28	1,452	16	1,610	18	1,461	15	1,667	17	1,846	19
Technical or Vocational School	2,593	48	1,394	26	1,312	25	1,197	23	1,380	23	1,425	23
Academic HSC/ Medical Center	187	23	88	11	94	12	101	11	98	12	134	12
Career or Technical College	412	46	206	23	279	28	195	20	272	27	210	26
U.S. Military	228	114	118	59	137	69	136	68	157	79	166	83

Table 13 shows the new enrollments in respiratory care programs in relation to institutional type. The 239 programs offered in community or junior colleges are the largest category and accounted for 58.3% of the 7,819 new enrollments in 2019. This is a 0.7% decrease in enrollments compared to 2018, but an 0.9% increase compared to 2015. New enrollments reached 71% of the maximum capacity in 2019. The mean number of new enrollments per program was 19 in 2019, 20 in 2018, 18 in 2017, 20 in 2016, and 19 in 2015.

The 90 programs offered in four-year colleges or universities accounted for 18.6% of the total number of new enrollments in 2019. This is a 9.8% decrease compared to 2018 and a 21.3% decrease compared to 2015. New enrollments reached 57.6% of maximum capacity in 2019. The mean number of new enrollments per program was 16 in 2019, 18 in 2018, 15 in 2017, 17 in 2016, and 19 in 2015.

The 54 programs offered in technical or vocational schools accounted for 17.9% of the total number of new enrollments in 2019. This is a 6.3% increase compared to 2018, but a 2.2% decrease compared to 2015. New enrollments reached 53.8% of the maximum capacity in 2019. The mean number of new enrollments per program was 26 in 2019, 25 in 2018, and 23 in 2017, 2016, and 2015.

The eight programs offered in academic HSC/medical centers accounted for 1.1% of the total number of new enrollments in 2019. This is a 6.4% decrease compared to 2018 and a 34.3% decrease compared to 2015. New enrollments reached 47.1% of maximum capacity in 2019. The mean number of new enrollments per program was 11 in 2019, 12 in 2018, 11 in 2017, and 12 in 2016 and 2015.

The nine programs offered in career or technical colleges accounted for 2.6% of the total number of new enrollments in 2019. This is a 26.2% decrease compared to 2018 and a 1.9% decrease compared to 2015. New enrollments reached 50% of the maximum capacity in 2019. The mean number of new enrollments per program was 23 in 2019, 28 in 2018, 20 in 2017, 27 in 2016, and 26 in 2015.

The two programs offered in the U.S. military accounted for 1.5% of the total number of new enrollments in 2019. This is a 13.9% decrease compared to 2018 and a 28.9% decrease compared to 2015. New enrollments reached 51.8% of the maximum capacity in 2019. The mean number of new enrollments per program was 59 in 2019, 69 in 2018, 68 in 2017, 79 in 2016, and 83 in 2015.

New RC Enrollments by Institutional Control/Funding

Table 14 – RC Entry into Practice New Enrollments by Institutional Control/Funding between 2015 and 2019

Institutional Control/Funding	2019 Max Annual Enroll Capacity		2019 New Enrollments (N=402)		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	8,122	25	5,575	17	5,656	18	5,341	16	5,715	18	5,924	18
Private/For-Profit (Proprietary)	2,579	61	1,524	36	1,490	35	1,259	31	1,506	30	1,467	29
Private/Not-For-Profit	1,449	38	602	16	744	20	691	14	669	16	746	21
Federal Government	228	114	118	59	137	69	136	68	157	79	166	83

Table 14 shows the new enrollments in respiratory care programs in relation to institutional control/funding. The 320 programs controlled/funded by public/not-for-profit institutions are the largest category and accounted for 71.3% of the 7,819 new respiratory care enrollments in 2019. This is a 1.5% decrease compared to 2018 and a 5.9% decrease compared to 2015. New enrollments were at 68.6% of maximum capacity in 2019 for programs in this category. The mean number of new enrollments per program was 17 in 2019, 18 in 2018, 16 in 2017, and 18 in 2016 and 2015.

The 42 programs controlled /funded by private/for-profit (proprietary) institutions accounted for 19.5% of the total number of new enrollments in 2019. This is a 2.3% increase compared to 2018 and a 3.9% increase compared to 2015. New enrollments reached 59.1% of maximum capacity in 2018 for programs in this category. The mean number of new enrollments per program was 35 in 2019, 35 in 2018, 31 in 2017, 30 in 2016, and 29 in 2015.

The 38 programs controlled/funded by private/not-for-profit institutions accounted for 7.7% of the total number of new enrollments in 2019. This is a 19.1% decrease compared to 2018 and a 19.3% decrease compared to 2015. New enrollments reached 41.5% of the maximum capacity in 2019 for programs in this category. The mean number of new enrollments per program was 16 in 2019, 20 in 2018, 14 in 2017, 16 in 2016, and 21 in 2015.

The two programs controlled/funded by the federal government accounted for 1.5% of the total number of new enrollments in 2019. This is a 13.9% decrease compared to 2018 and a 28.9% decrease compared to 2015. New enrollments reached 51.8% of the maximum capacity in 2019. The mean number of new enrollments per program was 59 in 2019, 69 in 2018, 68 for 2017, 79 in 2016, and 83 in 2015.

New RC Enrollments by State (including D.C. and PR) and Degree

Table 15 provides data on new enrollments in respiratory care programs for 2014-2019 by state and degree offered. California had the largest (17% of total) enrollments of any state in 2019.

Table 15 – New RC Enrollments by State (including D.C. and PR) and Degree between 2014 and 2019								
State (# of programs reporting)	Degree	2019 Maximum Annual Enroll Capacity	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)
AL (n=6)	Total	195	131	156	133	147	134	143
5	Associate	165	105	106	92	127	108	122
1	Baccalaureate	30	26	50	40	19	26	21
0	Masters	N/A	N/A	N/A	1	1	N/A	N/A
AR (n=7)	Total	148	95	74	69	100	90	117
6	Associate	124	78	64	64	90	74	100
1	Baccalaureate	24	17	10	5	10	16	17
AZ (n=5)	Total	353	144	207	165	176	194	229
5	Associate	353	144	207	165	176	194	229
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=35)	Total	1,784	1,329	1,222	1,163	1,184	1,180	1,429
34	Associate	1,766	1,317	1,208	1,156	1,169	1,174	1,420
1	Baccalaureate	22	12	14	7	15	6	9
CO (n=4)	Total	227	111	129	93	119	97	105
4	Associate	227	111	129	93	119	97	105
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	118	82	77	72	75	85	90
4	Associate	100	66	67	65	62	67	76
1	Baccalaureate	18	16	10	7	13	18	14
DC (n=1)	Total	24	8	4	7	4	4	7
1	Associate	24	8	4	7	4	4	7
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	35	18	17	19	25	25	25
2	Associate	35	18	17	19	25	25	25
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=25)	Total	745	503	495	482	511	486	482
23	Associate	690	473	456	450	479	449	454
2	Baccalaureate	55	29	39	32	32	37	28
GA (n=16)	Total	380	223	241	188	260	260	276
11	Associate	223	142	142	103	248	177	179
4	Baccalaureate	137	71	89	72	65	78	86
1	Masters	20	10	10	13	12	5	11
HI (n=1)	Total	16	14	16	14	13	16	17
1	Associate	16	14	16	14	13	16	17
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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State (# of programs reporting)	Degree	2019 Maximum Annual Enroll Capacity	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)
IA (n=6)	Total	123	70	62	47	71	80	84
6	Associate	123	70	62	47	71	80	84
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=3)	Total	80	51	58	54	53	43	45
2	Associate	55	26	32	30	28	21	23
1	Baccalaureate	25	25	26	24	25	22	22
IL (n=13)	Total	388	239	241	220	234	248	263
12	Associate	364	222	234	211	223	232	238
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	3	3
1	Masters	24	17	7	9	11	13	22
IN (n=10)	Total	235	206	190	209	155	200	207
8	Associate	189	166	144	161	129	155	177
2	Baccalaureate	46	40	46	48	26	45	30
KS (n=9)	Total	192	121	132	101	118	104	122
8	Associate	168	106	110	90	100	98	101
1	Baccalaureate	24	15	22	11	16	6	21
KY (n=11)	Total	215	147	173	151	202	175	164
8	Associate	170	115	140	133	178	150	131
2	Baccalaureate	35	25	25	17	34	25	33
1	Masters	10	7	8	1	NA	NA	NA
LA (n=9)	Total	183	99	98	104	115	112	106
6	Associate	116	75	76	78	83	78	87
3	Baccalaureate	67	24	22	26	32	34	19
MA (n=5)	Total	102	78	79	93	83	91	110
5	Associate	102	78	79	93	83	91	110
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	153	116	98	88	113	122	146
5	Associate	113	92	76	63	89	88	107
1	Baccalaureate	40	24	22	25	24	34	39
ME (n=2)	Total	34	39	17	16	15	32	30
2	Associate	34	39	17	16	15	32	30
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=12)	Total	317	216	235	238	232	271	233
12	Associate	317	216	235	238	232	271	233
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MN (n=4)	Total	93	56	89	79	74	87	101
2	Associate	53	24	58	52	46	64	68
2	Baccalaureate	40	32	31	27	28	23	33

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State (# of programs reporting)	Degree	2019 Maximum Annual Enroll Capacity	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)
MO (n=7)	Total	259	127	145	100	96	141	160
6	Associate	243	119	126	78	86	120	145
1	Baccalaureate	16	8	19	22	10	21	15
MS (n=9)	Total	182	127	123	100	125	126	112
9	Associate	182	127	123	100	125	126	112
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	31	16	17	21	18	17	22
2	Associate	31	16	17	21	18	17	22
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=14)	Total	299	215	203	198	208	217	239
14	Associate	299	215	203	198	208	217	239
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ND (n=2)	Total	24	19	24	16	24	20	18
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	24	19	24	14	23	20	18
0	Masters	N/A	N/A	N/A	2	1	N/A	N/A
NE (n=3)	Total	83	58	65	54	76	51	71
3	Associate	83	58	63	50	72	46	63
0	Baccalaureate	N/A	N/A	2	4	4	5	8
NH (n=1)	Total	16	8	9	11	11	10	16
1	Associate	16	8	9	11	11	10	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=4)	Total	160	92	84	76	115	124	119
4	Associate	160	92	84	76	94	112	108
0	Baccalaureate	N/A	N/A	N/A	N/A	21	12	11
NM (n=6)	Total	171	82	84	98	85	112	83
6	Associate	171	82	84	98	85	112	83
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=2)	Total	162	57	78	87	82	89	94
2	Associate	162	57	78	87	82	89	94
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NY (n=13)	Total	506	300	336	311	322	327	373
10	Associate	400	249	263	249	263	266	310
3	Baccalaureate	106	51	73	62	59	61	63
OH (n=21)	Total	565	345	358	351	366	348	388
14	Associate	409	235	265	263	285	273	295
7	Baccalaureate	156	110	93	88	81	75	93

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State (# of programs reporting)	Degree	2019 Maximum Annual Enroll Capacity	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=420)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)
OK (n=6)	Total	142	105	122	89	101	71	102
6	Associate	142	105	122	89	101	71	102
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	89	59	73	59	74	98	80
2	Associate	64	42	54	48	58	76	59
1	Baccalaureate	25	17	19	11	16	22	21
PA (n=22)	Total	528	313	326	262	310	371	434
15	Associate	412	222	236	175	223	289	347
7	Baccalaureate	116	91	90	87	87	82	87
PR (n=1)	Total	20	7	14	N/A	N/A	N/A	N/A
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	20	7	14	N/A	N/A	N/A	N/A
RI (n=2)	Total	64	39	47	62	51	53	55
2	Associate	64	39	47	62	51	53	55
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	161	104	110	107	119	114	108
7	Associate	161	104	110	107	119	114	108
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	24	16	14	14	16	22	20
2	Associate	24	16	14	14	16	22	20
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	313	219	207	201	228	204	212
7	Associate	254	169	155	143	175	147	156
3	Baccalaureate	59	50	52	58	53	57	56
TX (n=35)	Total	1,225	755	763	829	846	838	843
29	Associate	1,042	616	644	681	704	684	732
5	Baccalaureate	141	107	98	123	112	106	93
1	Masters	42	32	21	25	30	48	18
UT (n=7)	Total	547	195	270	141	217	304	284
3	Associate	433	131	221	105	190	259	251
4	Baccalaureate	114	64	49	36	27	45	33
VA (n=7)	Total	223	125	126	128	134	170	164
5	Associate	155	108	114	101	109	136	121
2	Baccalaureate	68	17	12	27	25	34	43
VT (n=1)	Total	27	10	16	19	16	15	17
1	Associate	27	10	16	19	16	15	17
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

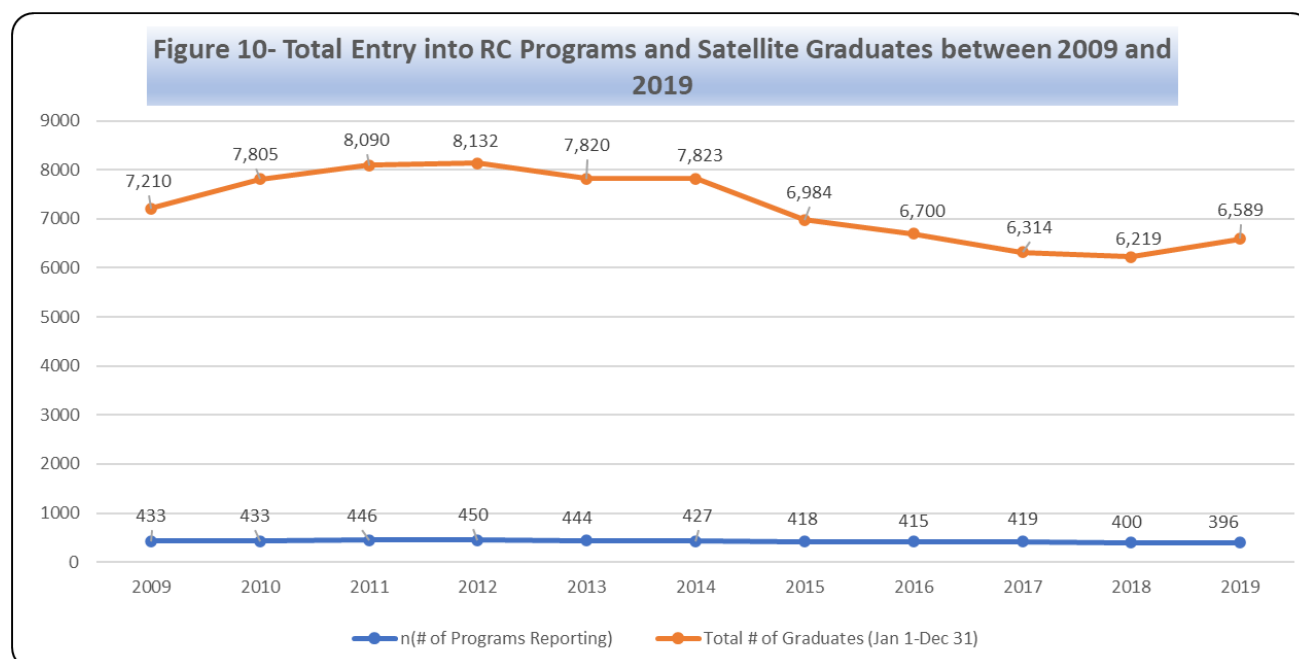


State (# of programs reporting)	Degree	2019 Maximum Annual Enroll Capacity	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=420)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)
WA (n=4)	Total	152	110	108	104	106	120	93
2	Associate	70	57	77	69	91	101	78
2	Baccalaureate	82	53	31	35	15	19	15
WI (n=7)	Total	156	140	134	120	154	142	136
7	Associate	156	140	134	120	154	142	136
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=5)	Total	94	67	50	43	57	49	66
4	Associate	74	57	40	24	48	33	49
1	Baccalaureate	20	10	10	19	9	16	17
WY (n=1)	Total	15	13	11	14	15	15	11
1	Associate	15	13	11	14	15	15	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Total Graduates

Figure 10 provides the total number of graduates during the time period reported (i.e., January 1, 2009, through December 31, 2019). Graduation numbers include both students that graduated on time and students graduating after their expected graduation date. CoARC defines the graduation date as 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.

There were 6,589 graduates in 2019. This is a 5.9% increase compared to 2018, but a 19.0% decrease compared to its peak in 2012. The mean number of graduates per program was 17 in 2019, 16 in 2018, 15 in 2017, 16 in 2016, 17 in 2015, 18 in 2014 through 2010, and 16 in 2009. The median number of graduates per program was 14 in 2019 and 2018, 13 in 2017, 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, 15 in 2012, 14 in 2011, 13 in 2010, and 14 in 2009.



RC Graduates by Degree Offered

Table 16 – RC Entry into Practice Graduates by Degree Offered between 2015 and 2019										
Degree Offered	2019 Graduates (N=396)		2018 Graduates (N=400)		2017 Graduates (N=419)		2016 Graduates (N=415)		2015 Graduates (N=418)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	5,660	17	5,396	16	5,457	16	5,839	17	6,123	17
Baccalaureate	883	14	768	13	792	12	815	15	818	14
Masters	46	9	55	11	65	11	46	15	43	11

Table 16 shows the number of respiratory care graduates in relation to the degree offered. There were 6,589 graduates in 2019. The 330 programs offering associate degrees are the largest category and accounted for 85.9% of the total number of graduates in 2019. This is a 4.9% increase compared to 2018, but a 7.6% decrease compared to 2015. The mean number of graduates per program for this category was 17 in 2019, 16 in 2018, 16 in 2017, and 17 in 2016 and 2015.

The 61 programs offering baccalaureate degrees accounted for 13.4% of the total number of graduates in 2019. This is a 15% increase compared to 2018 and a 7.9% increase in graduates for this category compared to 2015. The mean number of graduates per program for this category was 14 in 2019, 13 in 2018, 12 in 2017, 15 in 2016, and 14 in 2015.

The five programs offering master's degrees accounted for 0.7% of the total number of graduates in 2019. This is a 16.4% decrease compared to 2018, but a 7% increase in graduates for this category compared to 2015. The mean number of graduates per program for this category was 9 in 2019, 11 in 2018, 11 for 2017, 15 in 2016, and 11 in 2015.

RC Graduates by Institutional Type

Table 17 –RC Entry into Practice Graduates by Institutional Type between 2015 and 2019										
Institutional Type	2019 Graduates (N=396)		2018 Graduates (N=400)		2017 Graduates (N=419)		2016 Graduates (N=415)		2015 Graduates (N=418)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	3,615	16	3,532	15	3,508	14	3,486	15	3,701	15
Four-Year College or University	1,398	15	1,254	13	1,354	13	1,513	16	1,487	16
Technical or Vocational School	1,150	21	1,034	20	1,041	19	1,226	21	1,338	22
Academic HSC/Medical Center	72	10	79	10	96	11	102	13	116	10
Career or Technical College	209	23	195	20	144	14	205	20	192	21
U.S. Military	145	73	125	63	171	85	168	84	150	75

Table 17 shows the number of respiratory care graduates in relation to institutional type. The 232 programs offered in community or junior colleges are the largest category and accounted for 54.9% of the 6,589 respiratory care graduates in 2019. This is a 2.4% increase compared to 2018, but a 2.3% decrease compared to 2015. The mean number of graduates per program for this category was 16 in 2019, 15 in 2018, 14 in 2017, and 15 in 2016 and 2015.

The 92 programs offered in four-year colleges or universities accounted for 21.2% of the total number of graduates in 2019. This is a 11.5% increase compared to 2018, but a 6.0% decrease compared to 2015. The mean number of graduates per program was 15 in 2019, 13 in 2018, 13 in 2017, and 16 in 2016 and 2015.

The 54 programs offered in technical or vocational schools accounted for 17.4% of the total number of graduates in 2019. This is an 11.2% increase compared to 2018, but a 14.1% decrease compared to 2015. The mean number of graduates per program was 21 in 2019, 20 in 2018, 19 in 2017, 21 in 2016, and 22 in 2015.

The seven programs offered in academic HSC/Medical Centers accounted for 1.1% of the total number of graduates in 2019. This is an 8.9% decrease compared to 2018 and a 37.9% decrease compared to 2015. The mean number of graduates per program was 10 in 2019, 10 in 2018, 11 in 2017, 13 in 2016, and 10 in 2015.

The nine programs offered in career or technical colleges accounted for 3.2% of the total number of graduates in 2019. This is a 7.2% increase compared to 2018 and an 8.9% increase compared to 2015. The mean number of graduates per program was 23 in 2019, 20 in 2018, 14 in 2017, 20 in 2016, and 21 in 2015.

The two programs offered in the U.S. military accounted for 2.2% of the total number of graduates in 2019. This is a 16.0% increase compared to 2018, but a 3.3% decrease compared to 2015. The mean number of graduates per program was 73 in 2019, 63 in 2018, 85 for 2017, 84 in 2016, and 75 in 2015.

RC Graduates by Institutional Control/Funding

Table 18 –RC Entry into Practice Graduates by Institutional Control/Funding between 2015 and 2019

Institutional Control/Funding	2019 Graduates (N=396)		2018 Graduates (N=400)		2017 Graduates (N=419)		2016 Graduates (N=415)		2015 Graduates (N=418)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	4,573	15	4,471	14	4,416	13	4,598	14	4,814	14
Private/For-Profit (Proprietary)	1,255	30	1,063	25	1,035	24	1,283	25	1,436	29
Private/Not-For-Profit	616	17	560	14	692	13	651	17	584	17
Federal Government	145	73	125	63	171	86	168	84	150	75

Table 18 shows the number of respiratory care graduates in relation to institutional control/funding. The 315 programs controlled/ funded by public/not-for-profit institutions are the largest category and accounted for 69.4% of the 6,589 respiratory care graduates in 2019. This is a 1.9% increase compared to 2018, but a 5.3% decrease compared to 2015. The mean number of graduates per program was 15 in 2019, 14 in 2018, 13 in 2017, and 14 in 2016 and 2015.

The 42 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 19.1% of the total number of respiratory care graduates in 2019. This is an 18.2% increase compared to 2018, but a 12.5% decrease compared to 2015. The mean number of graduates per program was 30 in 2019, 25 in 2018, 24 in 2017, 25 in 2016, and 29 in 2015.

The 37 programs controlled/funded by private/not-for-profit institutions accounted for 9.3% of the total number of respiratory care graduates in 2019. This is a 10% increase compared to 2018, but a 5.5% decrease compared to 2015. The mean number of graduates per program was 17 in 2019, 14 in 2018, 13 for 2017, and 17 in 2016 and 2015.

The two programs offered in the U.S. military accounted for 2.2% of the total number of graduates in 2019. This is a 16.0% increase compared to 2018, but a 3.3% decrease compared to 2015. The mean number of graduates per program was 73 in 2019, 63 in 2018, 85 for 2017, 84 in 2016, and 75 in 2015.

RC Graduates by State (including D.C. and PR) and Degree

Table 19 provides data on respiratory care graduates for 2014-2019 by state and degree offered. Programs in California had the largest number of graduates (15.8% of total) in 2019.

Table 19 –RC Graduates by State (including D.C. and PR) and Degree between 2014 and 2018							
State (# of programs reporting)	Degree	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N= 425)	2016 Graduates (N= 415)	2015 Graduates (N=418)	2014 Graduates (N=427)
AL (n=5)	Total	122	86	67	83	97	107
4	Associate	100	71	49	68	74	53
1	Baccalaureate	22	14	18	15	23	54
0	Masters	N/A	1	N/A	N/A	N/A	N/A
AR (n=7)	Total	69	59	53	64	83	113
6	Associate	60	50	43	58	71	93
1	Baccalaureate	9	9	10	6	12	20
AZ (n=5)	Total	168	163	185	150	156	201
5	Associate	168	163	185	150	156	201
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=35)	Total	1,037	907	933	1,043	1,138	1,424
34	Associate	1,029	895	929	1,035	1,129	1,405
1	Baccalaureate	8	12	4	8	9	19
CO (n=4)	Total	103	107	79	82	89	92
4	Associate	103	107	79	82	89	92
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	71	61	63	68	50	70
4	Associate	57	51	55	50	40	56
1	Baccalaureate	14	10	8	18	10	14
DC (n=1)	Total	7	3	4	7	8	12
1	Associate	7	3	4	7	8	12
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	9	20	17	16	17	23
2	Associate	9	20	17	16	17	23
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=25)	Total	405	374	397	379	434	421
23	Associate	374	352	373	361	409	400
2	Baccalaureate	31	22	24	18	25	21
GA (n=15)	Total	211	210	181	220	231	228
10	Associate	125	125	116	145	159	153
4	Baccalaureate	73	73	60	65	67	71
1	Masters	13	12	5	10	5	4

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State (# of programs reporting)	Degree	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)
HI (n=1)	Total	14	16	13	15	13	11
1	Associate	14	16	13	15	13	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
IA (n=6)	Total	52	55	39	67	67	68
6	Associate	52	55	39	67	67	68
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=3)	Total	52	33	37	40	29	50
2	Associate	27	16	20	18	6	34
1	Baccalaureate	25	17	17	22	23	16
IL (n=13)	Total	182	175	213	202	217	252
12	Associate	173	162	198	179	197	226
0	Baccalaureate	N/A	N/A	2	4	4	2
1	Masters	9	13	13	19	16	24
IN (n=10)	Total	157	120	153	157	164	176
8	Associate	114	99	116	117	122	153
2	Baccalaureate	43	21	37	40	42	23
KS (n=9)	Total	82	110	62	94	100	105
8	Associate	71	94	56	73	92	87
1	Baccalaureate	11	16	6	21	8	18
KY (n=13)	Total	147	147	146	87	165	147
10	Associate	122	126	124	78	140	118
2	Baccalaureate	24	21	22	9	25	29
1	Masters	1	N/A	N/A	N/A	N/A	N/A
LA (n=9)	Total	72	80	90	96	96	103
6	Associate	53	61	64	61	74	83
3	Baccalaureate	19	19	26	31	22	20
MA (n=5)	Total	59	85	73	67	69	73
5	Associate	59	85	73	67	69	73
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	92	96	99	116	121	128
5	Associate	71	69	70	81	85	90
1	Baccalaureate	21	27	29	35	36	38
ME (n=1)	Total	13	13	26	24	26	22
1	Associate	13	13	26	24	26	22
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=11)	Total	184	171	230	171	184	202
11	Associate	184	171	230	171	184	202
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)
MN (n=4)	Total	49	64	65	69	64	75
2	Associate	26	42	44	47	38	50
2	Baccalaureate	23	22	21	22	26	25
MO (n=8)	Total	132	106	112	111	129	121
6	Associate	112	98	92	96	118	110
2	Baccalaureate	20	8	20	15	11	11
MS (n=8)	Total	86	97	89	93	81	104
8	Associate	86	97	89	93	81	104
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	20	16	14	16	16	21
2	Associate	20	16	14	16	16	21
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=14)	Total	159	164	140	167	158	179
14	Associate	159	164	140	167	158	179
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ND (n=3)	Total	18	19	22	16	21	24
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	16	18	2	16	19	24
1	Masters	2	1	1	0	2	0
NE (n=3)	Total	41	43	44	57	51	48
3	Associate	41	39	42	53	48	43
0	Baccalaureate	N/A	4	2	4	3	5
NH (n=1)	Total	11	11	12	12	7	5
1	Associate	11	11	12	12	7	5
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=3)	Total	72	67	61	98	100	114
3	Associate	72	67	61	85	92	101
0	Baccalaureate	N/A	N/A	N/A	13	8	13
NM (n=6)	Total	95	75	109	64	86	64
6	Associate	95	75	109	64	86	64
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=3)	Total	55	79	37	71	89	61
3	Associate	55	79	37	71	89	61
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NY (n=13)	Total	233	230	222	254	243	256
10	Associate	178	178	164	194	187	192
3	Baccalaureate	55	52	58	60	56	64

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State (# of programs reporting)	Degree	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)
OH (n=21)	Total	240	282	279	286	315	414
14	Associate	155	195	207	200	235	321
7	Baccalaureate	85	87	72	86	80	93
OK (n=5)	Total	90	110	82	83	87	104
5	Associate	90	110	82	83	87	104
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	56	61	73	68	85	103
2	Associate	45	46	51	53	71	90
1	Baccalaureate	11	15	22	15	14	13
PA (n=22)	Total	263	238	236	324	321	310
15	Associate	187	173	181	258	258	251
7	Baccalaureate	76	65	55	66	63	59
PR (n=1)	Total	3	3	0	N/A	N/A	N/A
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	3	3	0	N/A	N/A	N/A
RI (n=2)	Total	48	42	32	44	43	37
2	Associate	48	42	32	44	43	37
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	82	79	66	85	87	81
7	Associate	82	79	66	85	87	81
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	8	11	12	19	17	17
2	Associate	8	11	12	19	17	17
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	165	150	163	183	163	180
7	Associate	114	99	115	137	115	135
3	Baccalaureate	51	51	48	46	48	45
TX (n=35)	Total	730	660	716	691	714	662
29	Associate	597	542	567	591	599	583
5	Baccalaureate	112	90	102	83	95	62
1	Masters	21	28	47	17	20	17
UT (n=7)	Total	264	183	196	253	185	403
3	Associate	196	148	161	221	154	356
4	Baccalaureate	68	35	35	32	31	47
VA (n=6)	Total	98	91	8	113	127	130
5	Associate	78	78	104	77	97	94
1	Baccalaureate	20	13	28	36	30	36
VT (n=1)	Total	14	13	9	11	6	13
1	Associate	14	13	9	11	6	13
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR
RESPIRATORY CARE



State (# of programs reporting)	Degree	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)
WA (n=4)	Total	93	73	95	92	84	89
2	Associate	57	43	64	77	62	73
2	Baccalaureate	36	30	32	15	22	16
WI (n=7)	Total	110	107	102	121	103	97
7	Associate	110	107	102	121	103	97
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=3)	Total	23	43	23	48	43	72
2	Associate	16	29	11	34	28	64
1	Baccalaureate	7	14	12	14	15	8
WY (n=1)	Total	12	11	11	7	5	11
1	Associate	12	11	11	7	5	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

Programmatic Retention

Programmatic enrollment, as defined by the CoARC, begins when the respiratory student enrolls in the first core (non-survey, non-prerequisite) respiratory care course, i.e., a course available only to students matriculated in the respiratory care program. This date may be different than the enrollment or matriculation date determined by the institution. However, it is this date, as defined by the CoARC, that must be used when calculating programmatic retention and maximum annual enrollment.

Beginning January 1, 2017, the CoARC Board stopped using the term “programmatic attrition” and began using the term “programmatic retention.” CoARC defines programmatic retention 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.

Students are not included in the retention definition who:

1. leave the program by the last day they are eligible for 100% tuition reimbursement within the first term of fundamental respiratory care core coursework².
2. are in good academic standing who leave the program due to: financial, medical, or family reasons, military deployment, a change in their course of study, relocation to a different community, or reasons other than those described under academic reasons;
3. are admitted to another educational program (same or different educational institution) prior to the scheduled graduation date of their RT class.

² 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.

Table 20 – RC Programmatic Retention for 2013 RCS through 2020 RCS

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Above/Below Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=442)	19.1% (10.9)	50.9%	0%	40%	14
2014 RCS Data from 1/1/11 to 12/31/13 (N=436)	19.1% (11.4)	62.5%	0%	40%	12
2015 RCS Data from 1/1/12 to 12/31/14 (N=437)	18.9% (10.9)	71.4%	0%	40%	9
2016 RCS Data from 1/1/13 to 12/31/15 (N=438)	18.5% (11.3)	75.0%	0%	40%	11
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	91.0% (.07)	100%	59%	70%	4
2018 RCS Data from 1/1/14 to 12/31/17 (N=419)	87.5% (16.9)	100%	60%	70%	20
2019 RCS Data from 1/1/16 to 12/31/18 (N=412)	91% (8)	100%	58%	70%	6
2020 RCS Data from 1/1/17 to 12/31/19 (N=410)	92% (7.1)	100%	65%	70%	2

2020 RCS data on programmatic retention (**Table 20**) show a total of 410 entry into practice programs reporting programmatic retention rates. The mean retention rate for the 2020 RCS increased to 92%, with the highest rate of 100% (n=52), which was 38 more programs compared to the 2019 RCS) and the lowest rate of 65% (n=1). Two programs (0.5% of total) reported retention rates below the CoARC-established threshold of 70%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 21 – RC Programmatic Retention by Degree Offered for 2017 RCS through 2020 RCS

Degree Offered (N=410)	2020 RCS Mean Retention (# of programs below CoARC threshold)	Degree Offered (N=412)	2019 RCS Mean Retention (# of programs below CoARC threshold)	Degree Offered (N=419)	2018 RCS Mean Retention (# of programs below CoARC threshold)	Degree Offered (N=420)	2017 RCS Mean Retention (# of programs below CoARC threshold)
Associate (n=340)	91% (1)	Associate (n=342)	91% (5)	Associate (n=349)	87% (17)	Associate (n=354)	91% (4)
Baccalaureate (n=65)	93% (1)	Baccalaureate (n=64)	91% (1)	Baccalaureate (n=64)	89% (3)	Baccalaureate (n=61)	93%
Masters (n=5)	97%	Masters (n=6)	98%	Masters (n=6)	98%	Masters (n=5)	99%

Table 21 compares programmatic retention data in relation to the degree offered for the 2017 through 2020 RCS. For the 2020 RCS, programs offering an entry into practice associate degree had a mean retention rate of 91%; baccalaureate degree programs had a mean retention rate of 93%, while programs offering the master's degree had the highest mean retention rate of 97%.

For the 2020 RCS, one of the two programs below the CoARC threshold of 70% offered the AAS degree, and the other one offered the BS degree.

Table 22 – RC Programmatic Retention by Institutional Type for 2017 through 2020 RCS

Institutional Type (N=410)	2020 RCS	Institutional Type (N=412)	2019 RCS	Institutional Type (N=419)	2018 RCS	Institutional Type (N=420)	2017 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)
Four-Year College or University (n=94)	92% (1)	Four-Year College or University (n=99)	91% (2)	Four-Year College or University (n=101)	90% (4)	Four-Year College or University (n=104)	93% (1)
Career or Technical College (n=9)	93%	Career or Technical College (n=10)	90%	Career or Technical College (n=10)	86%	Career or Technical College (n=10)	88%
Community or Junior College (n=243)	91% (1)	Community or Junior College (n=239)	91% (2)	Community or Junior College (n=244)	86% (12)	Community or Junior College (n=237)	90% (3)
Academic HSC/Medical Center (n=8)	92%	Academic HSC/Medical Center (n=8)	91%	Academic HSC/Medical Center (n=9)	87% (1)	Academic HSC/Medical Center (n=8)	91%
Technical or Vocational School (n=54)	92%	Technical or Vocational School (n=54)	90% (2)	Technical or Vocational School (n=53)	89% (3)	Technical or Vocational School (n=59)	92%
U.S. Military (n=2)	85%	U.S. Military (n=2)	87%	U.S. Military (n=2)	89%	U.S. Military (n=2)	89%

Table 22 compares programmatic retention data in relation to institutional type for the 2017 RCS through the 2020 RCS. For the 2020 RCS, entry into practice programs at Career or Technical Colleges had the highest mean retention rate (93%). The U.S. Military programs had the lowest mean retention rate of 85%.

For the 2020 RCS, one of the two programs below the CoARC threshold of 70% was located at a Four-Year College or University. The other program was located at a Community or Junior College.

Table 23 – RC Programmatic Retention by Institutional Control for 2017 RC through 2020 RCS

Institutional Control (N=410)	2020 RCS	Institutional Control (N=412)	2019 RCS	Institutional Control (N=419)	2018 RCS	Institutional Control (N=420)	2017 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)
Public/Not-For-Profit (n=327)	92% (1)	Public/Not-For-Profit (n=325)	91% (5)	Public/Not-For-Profit (n=325)	87% (17)	Public/Not-For-Profit (n=327)	91 (4)
Private/For-Profit (Proprietary) (n=39)	91% (1)	Private/For-Profit (Proprietary) (n=43)	92%	Private/For-Profit (Proprietary) (n=41)	91%	Private/For-Profit (Proprietary) (n=49)	92%
Private/Not-For-Profit (n=42)	94%	Private/Not-For-Profit (n=42)	91% (1)	Private/Not-For-Profit (n=51)	89% (3)	Private/Not-For-Profit (n=42)	93%
Federal Government (n=2)	85%	Federal Government (n=2)	87%	Federal Government (n=2)	89%	Federal Government (n=2)	89%

Table 23 compares programmatic retention data in relation to institutional control/funding for 2017 through the 2020 RCS. For the 2020 RCS, entry into practice programs controlled/funded by the private/not-for-profit sector had the highest mean retention rate, at 94%. Programs controlled/funded by the federal government had the lowest mean retention rate at 85%.

For the 2020 RCS, one of the two programs below the CoARC threshold of 70% were controlled/funded by a Public/Not-For-Profit institution; the other program was funded by the private/ for-profit (proprietary) sector.

Job Placement

Job placement is defined by the CoARC as “a graduate who, within the 3-year reporting period, is employed utilizing skills within the scope of practice of the respiratory care profession (i.e., full- or part-time, or per diem).” In 2015, the CoARC eliminated the threshold but still requires programs to report the outcome. Data submitted with the 2015 RCS and prior reporting years reflect the previous job placement calculation.³

Table 24 – RC Job Placement for 2013 RCS through 2020 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	85.3% (11.7)	100%	1%	70%	41
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	84.6% (11.7)	100%	20.0%	70%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	85.5% (10.4)	100%	50.0%	N/A	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	84.3% (12.7)	100%	28.6%	N/A	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	86.0% (11.8)	100%	38.7%	N/A	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	84.8% (22)	100%	0%	N/A	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	88% (11)	100%	33%	N/A	N/A
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	87% (12.5)	100%	18%	N/A	N/A

2020 RCS data on job placement (**Table 24**) show a total of 399 entry into practice programs reporting job placement rates. The mean placement rate decreased to 87%, with the highest rate of 100% (n = 54) and the lowest rate of 18% (n=1). This is a 1.0% decrease when compared to the 2019 RCS. The number of programs reporting the lowest placement was one, while the number of programs reporting the highest placement rate (100%) increased from 39 (2016 RCS) to 40 (2017 RCS) to 58 (2018 RCS) to 50 (2019 RCS) to 54 (2020 RCS).

³ The definition in use at the time of the submission of the 2011 RCS was as follows: “A graduate who within ten (10) months after graduation is: a. employed in respiratory care (i.e. full- or part-time, per diem, etc.), or b. enrolled full- or part-time in another degree program, or c. serving in the military, or d. employed in the polysomnography field (i.e. full- or part-time, per diem, etc. for graduates of the polysomnography option of programs offering the same).”

Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 25 – RC Job Placement by Degree Offered for 2017 RCS through 2020 RCS

Degree Offered (N=400)	2020 RCS	Degree Offered (N=400)	2019 RCS	Degree Offered (N=419)	2018 RCS	Degree Offered (N=421)	2017 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Associate (n=332)	86%	Associate (n=335)	88%	Associate (n=349)	86%	Associate (n=360)	85%
Baccalaureate (n=63)	89%	Baccalaureate (n=60)	89%	Baccalaureate (n=64)	82%	Baccalaureate (n=57)	90%
Masters (n=5)	97%	Masters (n=5)	98%	Masters (n=6)	65%	Masters (n=4)	96%

Table 25 compares job placement data in relation to the degree offered for the 2017 through 2020 RCS. For the 2020 RCS, programs offering the master's degree had the highest mean placement rate (97%) in this category, while programs offering the associate degree demonstrating the lowest mean placement rate at 87%. When compared to 2019 RCS data, associate degree programs showed a 2% decrease, and master's degree programs showed a 1% decrease in mean placement rate, while baccalaureate degree programs showed no change.

Table 26 – RC Job Placement by Institutional Type for 2017 RCS through 2020 RCS

Institutional Type (N=400)	2020 RCS	Institutional Type (N=400)	2019 RCS	Institutional Type (N=419)	2018 RCS	Institutional Type (N=421)	2017 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Four-Year College or University (n=93)	88%	Four-Year College or University (n=94)	88%	Four-Year College or University (n=101)	83%	Four-Year College or University (n=99)	86%
Career or Technical College (n=9)	88%	Career or Technical College (n=10)	89%	Career or Technical College (n=10)	90%	Career or Technical College (n=10)	90%
Community or Junior College (n=235)	87%	Community or Junior College (n=233)	88%	Community or Junior College (n=244)	85%	Community or Junior College (n=240)	86%
Academic HSC/Medical Center (n=7)	95%	Academic HSC/Medical Center (n=8)	93%	Academic HSC/Medical Center (n=9)	96%	Academic HSC/Medical Center (n=8)	90%
Technical or Vocational School (n=54)	84%	Technical or Vocational School (n=53)	89%	Technical or Vocational School (n=53)	84%	Technical or Vocational School (n=62)	80%
U.S. Military (n=2)	89%	U.S. Military (n=2)	89%	U.S. Military (n=2)	88%	U.S. Military (n=2)	91%

Table 26 compares job placement data in relation to institutional type for the 2017 RCS through 2020 RCS. For the 2020 RCS, Academic HSC/Medical Centers had the highest mean placement rate (95%). Programs located in Technical or Vocational Schools demonstrated the lowest mean placement rate at 84%. Compared to the 2019 RCS, only programs at Academic HSC/Medical Centers showed an increase in mean placement rate.

Table 27 – RC Job Placement by Institutional Control for 2017 RCS through 2020 RCS

Institutional Control (N=400)	2020 RCS	Institutional Control (N=400)	2019 RCS	Institutional Control (N=419)	2018 RCS	Institutional Control (N=421)	2017 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Public/Not-For-Profit (n=319)	88%	Public/Not-For-Profit (n=315)	88%	Public/Not-For-Profit (n=325)	86%	Public/Not-For-Profit (n=329)	87%
Private/For-Profit (Proprietary) (n=42)	79%	Private/For-Profit (Proprietary) (n=43)	87%	Private/For-Profit (Proprietary) (n=41)	81%	Private/For-Profit (Proprietary) (n=51)	77%
Private/Not-For-Profit (n=37)	87%	Private/Not-For-Profit (n=40)	88%	Private/Not-For-Profit (n=51)	81%	Private/Not-For-Profit (n=39)	87%
Federal Government (n=2)	89%	Federal Government (n=2)	89%	Federal Government (n=2)	85%	Federal Government (n=2)	91%

Table 27 compares job placement data in relation to institutional control/funding for the 2017 RCS through the 2020 RCS. Programs controlled/funded by the Federal Government demonstrated the highest mean placement rate at 89%. Programs controlled/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest mean placement rate at 79%. When compared to 2019 RCS data, no categories showed an increase in the mean placement rate.

Therapist Multiple Choice (TMC) Exam High Cut Score Success

The National Board for Respiratory Care's (NBRC) Therapist Multiple Choice (TMC) Examination administered by the NBRC is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the Clinical Simulation Examination. With the advent of the TMC Exam in January of 2015, all graduates seeking to enter the profession need only take a single written examination. The TMC exam has two cut scores; graduates attaining the lower cut score will obtain the Certified Respiratory Therapist (CRT) credential. Achieving the high cut score means that a graduate both earns the CRT credential and is eligible to take the Clinical Simulation Exam (CSE). Graduates who successfully complete the TMC at the high cut score and pass the CSE earn the RRT credential.

In March 2020, the CoARC approved the elimination of CRT Credentialing Success as an outcome. Beginning with the 2020 RCS, CRT Credentialing Success (and its related threshold) has been replaced with an outcome for achievement of the high cut score on the TMC examination, with a threshold of 60%. TMC Exam High Cut Score Success is derived by dividing the total number of those achieving the high cut score (numerator) by the total number of graduates (denominator) in a three-year reporting period. *Note: This metric is not the same as the NBRC CRT or RRT pass rate, which measures the number of candidates passing the exam divided by the number of candidates attempting the exam.*

Table 28 – TMC High Cut Score Success for the 2020 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	87% (13)	100%	43%	60%	16

2020 RCS data on TMC High Cut Score Success (**Table 28**) show a total of 400 entry into practice programs reporting. The mean TMC High Cut Score Success was 87% with the highest rate of 100% (n=58) and the lowest rate of 43% (n=1). A total of 16 programs (4% of total) reported mean TMC High Cut Score Success rates below the CoARC-established threshold of 60%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

TMC High Cut Score Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 29 –TMC High Cut Score Success by Degree Offered for the 2020 RCS							
Degree Offered (n=400)	2020 RCS						
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)						
Associate (n=332)	85% (15)						
Baccalaureate (n=63)	91% (1)						
Masters (n=5)	98%						

Table 29 compares TMC High Cut Score Success data in relation to the degree offered for the 2020 RCS. RC Entry into Practice (or Entry) programs offering Master's degrees had the highest mean TMC High Cut Score Success (98%). RC programs offering associate degrees had the lowest mean (85%). RC programs offering the baccalaureate degree had a mean of 91%.

For the 2020 RCS, 15 out of the 16 programs below the CoARC threshold of 60% offered the Associate Degree (9 AAS degree programs, 5 AS degree programs, and 1 AST degree program). The remaining program offered the Baccalaureate degree.

Table 30 – TMC High Cut Score Success by Institutional Type for the 2020 RCS

Institutional Type (N=400)	2020 RCS						
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)						
Four-Year College or University (n=93)	89% (4)						
Career or Technical College (n=9)	88%						
Community or Junior College (n=235)	87% (9)						
Academic HSC/Medical Center (n=7)	93%						
Technical or Vocational School (n=54)	82% (3)						
U.S. Military (n=2)	76%						

Table 30 compares TMC High Cut Score data in relation to institutional type for the 2020 RCS. RC Entry into Practice (Entry) programs located in Academic HSC/Medical Centers demonstrated the highest mean TMC High Cut Score Success at 93%. RC Entry programs located in the U.S. Military have the lowest mean TMC High Cut Score Success at 76%.

For the 2020 RCS, nine of the 16 programs below the CoARC threshold of 60% were located at a Community or Junior College, three were at a Technical or Vocational School, and four programs were at a Four-Year College or University.

Table 31 – TMC High Cut Score Success by Institutional Control for the 2020 RCS

Institutional Control (N=400)	2020 RCS						
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)						
Public/Not-For-Profit (n=319)	87% (11)						
Private/For-Profit (Proprietary) (n=42)	81% (4)						
Private/Not-For-Profit (n=37)	85% (1)						
Federal Government (n=2)	76%						

Table 31 compares TMC High Cut Score Success success data in relation to institutional control/funding for the 2020 RCS. RC Entry into Practice (or Entry) programs controlled/funded by Public/Not-For-Profit sector demonstrated the highest mean TMC High Cut Score Success at 87%. Programs controlled/funded by the federal government demonstrated the lowest mean TMC High Cut Score Success at 76%.

For the 2020 RCS, 11 of the 16 programs below the CoARC threshold of 60% were controlled/funded by Public/Not-For-Profit institutions, four programs by Private/For-Profit (Proprietary) institutions, and one by a Private/Not-For-Profit institution.

RRT Credentialing Success

RRT Credentialing Success is defined by the CoARC as the percentage of graduates who earn the RRT credential by achieving the high cut score on the Therapist Multiple-Choice Examination (TMC) and then pass the Clinical Simulation Examination (CSE), regardless of the number of TMC or CSE exam attempts. RRT credentialing success is derived by dividing the total number of those achieving the RRT (numerator) by the # of graduates (denominator) in each three-year reporting period. Note: This metric is not the same as the NBRC RRT pass rate, which measures the number of candidates passing the exam divided by the number of candidates attempting the exam. The Therapist Multiple-Choice (TMC) Examination administered by the NBRC is designed to measure the essential knowledge, skills, and abilities acquired by graduates of entry-level respiratory therapy educational programs and determine their eligibility for the Clinical Simulation Examination. The RRT credential is required in Ohio, California, Oregon, Arizona, New Jersey, West Virginia, and New Mexico to enter practice. Accordingly, graduates of CoARC-accredited programs in the states that do not require the RRT can choose to forego the CSE examination after earning the CRT credential and still obtain a license to practice these states. While programs are required to provide RRT outcomes data on the RCS, no threshold for this outcome has been established by the CoARC. Accordingly, no accreditation actions are taken based on RRT credentialing success. For more information related to this outcome measure, download the CoARC's *Position Statement Regarding Exam-based Outcome Measures* available at www.coarc.com.

Table 32 – RRT Credentialing Success for 2013 RCS through 2020 RCS				
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	63.4% (22.1)	100%	0%	N/A
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	67.9% (21.3)	100%	0%	N/A
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	70.5% (20.4)	100%	11%	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	72.7% (20.0)	100%	16%	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	75.1% (19.0)	100%	14%	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	80.2% (17.6)	100%	0%	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	80.0% (18)	100%	0%	N/A
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	78.0% (19)	100%	14%	N/A

A total of 400 Entry into Practice programs reported data on RRT credentialing success in the 2020 RCS (**Table 32**). The mean RRT credentialing success was 78%, with the highest rate (100%) achieved by 28 programs and the lowest rate of 14% (n=1). Compared to the 2019 RCS data, the 2020 data showed a decrease in RRT credentialing success (2.0%), but an increase of 14.6% since the 2013 RCS. The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 for the 2012 RCS to 13 for the 2013 RCS, to 19 for the 2014 RCS, to 23 for the 2015 RCS, to 28 for the 2016 RCS, to 19 for the 2017 RCS, to 34 for 2018 RCS, and decreased to 32 for the 2019 RCS and then to 29 for the 2020 RCS.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 33 –RRT Credentialing Success by Degree Offered for 2017 RCS through 2020 RCS

Degree Offered (N=400)	2020 RCS	Degree Offered (N=400)	2019 RCS	Degree Offered (N=419)	2018 RCS	Degree Offered (N=421)	2017 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Associate (n=332)	77%	Associate (n=335)	80%	Associate (n=349)	79%	Associate (n= 361)	73%
Baccalaureate (n=63)	85%	Baccalaureate (n=60)	80%	Baccalaureate (n=64)	88%	Baccalaureate (n=56)	85%
Masters (n=5)	95%	Masters (n=5)	78%	Masters (n=6)	93%	Masters (n=4)	95%

Table 33 compares Entry into Practice (Entry) Program RRT credentialing success data in relation to the degree offered for the 2017 RCS through the 2020 RCS. For the 2020 RCS, RC programs offering master's degrees had the highest mean RRT credentialing success (95%). RC programs offering associate degrees had the lowest mean RRT credentialing success (77%). Baccalaureate and master's degree programs demonstrated an increase in mean RRT credentialing success compared to 2019 RCS data.

Table 34 – RRT Credentialing Success by Institutional Type for 2017 RCS through 2020 RCS

Institutional Type (N=400)	2020 RCS	Institutional Type (N=400)	2019 RCS	Institutional Type (N=419)	2018 RCS	Institutional Type (N=421)	2017 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Four-Year College or University (n=93)	81%	Four-Year College or University (n=94)	78%	Four-Year College or University (n=101)	80%	Four-Year College or University (n=98)	81%
Career or Technical College (n=9)	76%	Career or Technical College (n=10)	80%	Career or Technical College (n=10)	79%	Career or Technical College (n=10)	72%
Community or Junior College (n=235)	78%	Community or Junior College (n=233)	80%	Community or Junior College (n=244)	72%	Community or Junior College (n=241)	75%
Academic HSC/Medical Center (n=7)	88%	Academic HSC/Medical Center (n=8)	87%	Academic HSC/Medical Center (n=9)	88%	Academic HSC/Medical Center (n=8)	84%
Technical or Vocational School (n=54)	75%	Technical or Vocational School (n=53)	79%	Technical or Vocational School (n=53)	72%	Technical or Vocational School (n=62)	68%
U.S. Military (n=2)	42%	U.S. Military (n=2)	46%	U.S. Military (n=2)	41%	U.S. Military (n=2)	37%

Table 34 compares RRT credentialing success data in relation to institutional type for the 2017 RCS through the 2020 RCS. For the 2020 RCS, Entry into Practice (or Entry) programs located in Academic HSC/Medical Centers had the highest mean RRT credentialing success at 88%. Programs located at U.S. Military facilities had the lowest mean RRT credentialing success at 42%. Increases in mean RRT credentialing success occurred for Four-Year Colleges or Universities and Academic HSC/Medical Center facilities compared to 2019 RCS data.

Table 35 – RRT Credentialing Success by Institutional Control for 2017 RCS through 2020 RCS

Institutional Control (N=400)	2020 RCS	Institutional Control (N=400)	2019 RCS	Institutional Control (N=419)	2018 RCS	Institutional Control (N=421)	2017 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Public/Not-For-Profit (n=319)	80%	Public/Not-For-Profit (n=315)	80%	Public/Not-For-Profit (n=325)	82%	Public/Not-For-Profit (n=324)	77%
Private/For-Profit (Proprietary) (n=42)	73%	Private/For-Profit (Proprietary) (n=43)	78%	Private/For-Profit (Proprietary) (n=41)	70%	Private/For-Profit (Proprietary) (n=51)	65%
Private/Not-For-Profit (n=37)	74%	Private/Not-For-Profit (n=40)	79%	Private/Not-For-Profit (n=51)	80%	Private/Not-For-Profit (n=44)	73%
Federal Government (n=2)	42%	Federal Government (n=2)	46%	Federal Government (n=2)	41%	Federal Government (n=2)	37%

Table 35 compares RRT credentialing success data in relation to institutional control/funding for the 2017 RCS through the 2020 RCS. For the 2020 RCS, Entry into Practice (or Entry) programs controlled/funded by public/not-for-profit institutions demonstrates the highest mean RRT credentialing success (80%). Programs controlled/funded by the federal government demonstrated the lowest mean RRT credentialing success rate (42%). Decreases in mean RRT credentialing success occurred in Entry programs controlled/funded by private/not-for-profit institutions, private/for-profit (proprietary) institutions, and the federal government compared to 2019 RCS data.

Overall Graduate Satisfaction

The CoARC evaluates overall graduate satisfaction based on a CoARC developed survey which uses a 5-point Likert scale. Programs administer the survey to employed program graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing the subject, 80% of returned graduate surveys must rate overall satisfaction at three or higher on a 5-point Likert scale. A copy of the survey template can be accessed at <https://coarc.com/accreditation-resources/annual-reporting-tool/>.

Table 36 – RC Overall Graduate Satisfaction for the 2020 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=392)	99% (4)	100%	50%	80%	2

The 2020 RCS includes results on overall graduate satisfaction from 391 programs reporting data (**Table 36**). Mean overall graduate satisfaction was 99%, with the highest value of 100% (n=358) and the lowest value of 50% (n=1). Results from 2 programs (0.5% of total) were below the CoARC-established threshold of 80%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Overall Employer Satisfaction

The CoARC evaluates overall employer satisfaction based on a CoARC-developed survey which uses a 5-point Likert scale. Programs administer the survey to employers of their graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing this subject, 80% of returned surveys must rate overall employer satisfaction with program graduates at three or higher on a 5-point Likert scale. A copy of the survey template can be accessed at <https://coarc.com/accreditation-resources/annual-reporting-tool/>.

Table 37 – RC Overall Employer Satisfaction for the 2020 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=391)	99% (5)	100%	43%	80%	4

The 2020 RCS includes results on overall employer satisfaction from 390 programs reporting data (**Table 37**). Mean overall employer satisfaction was 99%, with the highest value of 100% (n=331) and the lowest value of 43% (n=1). Results from 4 programs (1.0% of total) were below the CoARC-established threshold of 80%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

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