COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
APPLICATION FOR ACCREDITATION SERVICES

The accreditation process of the Commission on Accreditation of Respiratory Care (CoARC) is initiated or continued at the request of the institution sponsoring an educational program in respiratory care. This application, signed by the chief executive officer and program official, constitutes the formal accreditation request.

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

Please Select:

This process includes: (1) A statement of educational objectives established by the institution; (2) Completion of a directed self-study focused on activities related to the objectives; (3) A site visit by a group of peers; and (4) Evaluation by an independent body as to whether the program complies with the standards for accreditation. Volunteers from the educational and professional communities provide their time and experience to support this process.

On behalf of (the "Institution")

and

(the "Program"), the undersigned hereby apply to the Commission on Accreditation for Respiratory Care ("the CoARC") for accreditation of the Program as an Educational Program for Respiratory Care in accordance with, and subject to, the procedures, Standards, and regulations of the CoARC. The Institution and Program have read and agree to the conditions set forth in the CoARC's Standards and other policy documents describing accreditation and the accreditation process. The Institution and Program understand and agree that the Program will be subject to denial of accreditation; to withdrawal of accreditation and forfeiture and redelivery of any status of public recognition indicating accreditation granted by the CoARC; and to denial of future eligibility for accreditation in the event that any of the statements or answers made in this application are false or in the event that the Institution or Program violates any rule or regulation of the CoARC governing accredited programs.

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

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

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

THE INSTITUTION AND PROGRAM UNDERSTAND THAT THE DECISION AS TO WHETHER THE PROGRAM QUALIFIES FOR ACCREDITATION RESTS SOLELY AND EXCLUSIVELY WITH THE COARC AND THAT THE DECISION(S) OF THE COARC IS FINAL AND BINDING.

THE UNDERSIGNED HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE PROGRAM AND THE INSTITUTION, AS INDICATED BELOW.

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

INSTITUTION **(CAO, CEO, or President)**	**PROGRAM** **(Dean or Program Director)**
Date:	Date:
Name:	Name:
Title:	Title:
Signature:	Signature:

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The following are guidelines for the submission of this Application:

1. All applications must include complete contact information. If this application is prepared by a corporate representative on behalf of an institution, the preparer's contact information must also be included.
2. All applicable fees (see www.coarc.com) associated with this application and any other required documentation must be submitted.
3. The application will not be reviewed until all required components, including any necessary state approval and all applicable fees, have been received and the application is determined to be complete. All applications must be received in electronic format. Applications that are incomplete will not be processed, and institutions will be required to resubmit the application.
4. All submissions must use the most current version of this application. Previous versions of this application will not be accepted.

Sponsor and Key Personnel Information

1. CoARC Program Number:

2. Sponsor Name:

3. Accreditation Service Requested: Please Select

4. Type of degree offered (AA, AS, BS, MS, etc.): Please select

5. Respiratory Program Website URL (i.e., http://www.institution.edu/respiratoryprogram):

6. Physicial address of the sponsor:

   Address:

   City: State: Zip:

   Main Phone: FAX:

7. Is the Sponsor part of a consortium? ☐ Yes ☐ No

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

8. Complete the following for the sponsoring educational institution
   (If a consortium, complete the following for the primary sponsor-*see CoARC Standard 1.02/DA1.2/A2*):

   a. Sponsoring Educational Institution Type: Please select

   b. Sponsoring Educational Institution Control / Ownership: Please select

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

   d. Sponsoring Educational Institution Accreditation

      1. Name of Institutional Accrediting Agency: Please select

      2. Current Accreditation Status:

         Date of Last Accreditation Review:

         Expected Date of Next Accreditation Review:

      3. Is the sponsoring educational institution legally authorized under applicable state laws to provide postsecondary education? ☐ Yes ☐ No

9. Describe any changes in program sponsorship since the last regular CoARC site visit
   (type 'N/A' if submitting a Provisional Self Study Report [PSSR]).

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President (to whom all official correspondence will be directed)

Name:

Credentials:

Title:

Address:

City: State: Zip:

Voice:

Email:

Dean or Comparable Administrator

Name:

Credentials:

Title:

Address:

City: State: Zip:

Voice: Cell:

Email:

Program Director

Name:

Credentials:

Title:

Address:

City: State: Zip:

Voice: Cell:

Email:

Is the Program Director employed full-time by the sponsor? ☐ Yes ☐ No

Director of Clinical Education

Name:

Credentials:

Title:

Address:

City: State: Zip:

Voice: Cell:

Email:

Is the Director of Clinical Ed. employed full-time by the sponsor? ☐ Yes ☐ No

Medical Director

Name:

Credentials:

Title:

Address:

City: State: Zip:

Voice:

Email:

Co-Medical Director (if applicable)

Name:

Credentials:

Title:

Address:

City: State: Zip:

Voice:

Email:

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Program Information

1.

a. Length of program (in months)	
b. Total credit hours required for completion of program	
c. Total credit hours required for didactic/lab	
d. Total credit hours required for clinical (if applicable)	
e. Total credit hours required for completion of degree	
f. Number of paid Program faculty	FT= PT= Per Diem=
g. Number of unpaid Program faculty	
h. Number of clinical affiliates	
i. Number of satellite campuses ("N/A" if submitting a PSSR)	

2. This program operates under which academic system? **Please select**

If "Other" (Please specify)

3. Name and contact data for person responsible for completing this application:

Name:

Credentials:

Title:

Voice:

Email:

Return the completed application to Bonnie Marrs (bonnie@coarc.com).

If completing for a self-study, do not send it to the Executive Office separately. Please follow the self-study directions and include it as supporting documentation for the self-study.