Self-Study Report
For

Continuing Accreditation of a Base Program for Entry into RC Professional Practice

This Self-Study was submitted to CoARC on

Based on the *2020 Standards for Entry into Respiratory Care Professional Practice*

For additional information about CoARC and accreditation services visit: www.coarc.com

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
264 Precision Blvd, Telford, TN   37690 (817) 283-2835   FAX: (817) 354-8519

INTRODUCTION

Each program and program option must conduct a self-study review process, which culminates in the preparation of a report. The CoARC will use this report and any additional information submitted to assess the program's degree of compliance with the *2020 Standards for Entry into Respiratory Care Professional Practice ("Standards")* available at www.coarc.com .

The Continuing Accreditation Self-Study Report (CSSR) has two general objectives: (i) to verify that the program and program option (if applicable) continues to meet prescribed Standards and (ii) to promote programmatic self-evaluation and continuous quality improvement. Through the self-study, the sponsor should identify programmatic strengths, weaknesses, and areas in which improvement is needed or desired. This CSSR includes documentation, data and descriptive text that collectively provide evidence of compliance with Standards and support the sponsor's self-evaluation of the degree to which the program meets, exceeds, or fails to meet (as appropriate) the requirements of each Standard. This CSSR should also describe strategies undertaken or planned to ensure that compliance and programmatic strengths are maintained and areas in which improvement is needed or desired are addressed in a timely and efficient manner.

The Executive Office provides an administrative review of the CSSR followed by a detailed analysis by the Program Referee. The results of this review and analysis are documented on the Referee Analysis of the CSSR which serves as the basis for final determination by the CoARC Board of Commissioners (the "CoARC") of compliance (or otherwise) with the *Standards* and subsequent conferral or denial of Continuing accreditation. The primary objective of the Referee Analysis of the CSSR is to facilitate consistency of evaluation within and between Program Referees as well as consistency of the accreditation actions and recommendations of the CoARC.

By providing the framework and criteria for determination of compliance to sponsors in advance of the evaluation of their program, CoARC is being more transparent. The Referee Analysis of the CSSR – exactly as used by the Program Referee and CoARC – is available (at www.coarc.com) as a companion piece to the CSSR. As described below, **CoARC strongly recommends and requests that sponsors use it as the basis for completing this self-study.** In this way, the format and criteria of the sponsor's self–evaluation will mirror the format and criteria used by the Program Referee and CoARC. CoARC believes that this approach is more efficient and effective. It should benefit the sponsor whose program is being evaluated by providing an easy-to-follow format and criteria for completing the CSSR, as well as benefiting CoARC through the close alignment of the sponsor's self-study report with the main tool used by the Program Referee and CoARC.

The next section provides instructions for completing the CSSR and other requirements related to its submission to the CoARC. Any questions related to the completion and submission of this CSSR and related documentation should be addressed to the CoARC Executive Office.

INSTRUCTIONS

In order for the CSSR to receive a timely review, please read the directions and complete all sections carefully and completely. Complete and include an Application for Accreditation Services, send the appropriate fees, and **upload the Self Study folder to the link provided by the Executive Office**. Missing or inadequate documentation or data negatively affects CoARC's ability to evaluate aspects of the program and to determine compliance (or otherwise) with the *Standards*. Accordingly, insufficient or inadequate information in the CSSR may result with the self study being returned to you or (indirectly) result in a determination of "Does Not Appear to Meet the Standard."

APPLICATION FOR ACCREDITATION SERVICES:
The sponsor must include a completed **CoARC Application for Accreditation Services** (see Section A for instructions) when submitting this CSSR.

FEES:
Please submit a check for the amount invoiced upon receiving the Continuing Accreditation Self Study Report (CSSR) template.

(For a complete list of all accreditation fees please visit http://www.coarc.com.)

EVALUATION OF EACH STANDARD:
- Describe how the program meets the *Standard* (when indicated). Use no more than 5 lines of narrative (on average) per *Standard*.
- Describe noteworthy areas or concerns/plans or strategies for quality improvement (when indicated).
- Identify and briefly describe the evidence of compliance submitted as indicated.

APPENDICES:
Complete all sections of the appendices as noted in the instructions for each section.

ATTACHMENTS:
Attach, in numerical order, the documentation, data, and supplemental information that address how the program meets the *Standards* (see the Step-By-Step Instructions for further details).

GUIDELINES FOR SUBMITTING SELF-STUDY DOCUMENTS:

You will receive a link from the Executive Office to upload a compressed zipped file of the Self Study Report folder.

File Formats for Attachments: Adobe Portable Document Format (.pdf); Microsoft Word (.docx); or Microsoft Excel (.xls).

Make the document readable: Avoid using complex, colorful background patterns and images that can obstruct the readability of text on a page. Ensure correct spelling, grammar, and punctuation.

Organize the materials for quick search and retrieval: Documents should be positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents should not be restricted. Please refer to the step-by-step instructions on page 6.

Facilitate in-document note taking: Use applications for presenting text-based documents that allow in-document note taking. Disable document features (e.g., Adobe Acrobat® passwords) that prevent the reviewer from taking notes.

Limit web access or file download to option materials: The CoARC must retain a snapshot of the information presented at the time of the submission of the report. **For this reason, the information within the report must not link to the Internet**. To ensure that the CoARC retains the correct information, please add all web-based information into the report by saving and including it within any of the accepted file formats [Adobe Portable Document Format (.pdf); Microsoft Word (.docx); or Microsoft Excel (.xls)]. The sponsor must provide all information and materials that are required for the CSSR.

Use computer-based video, photographs, animations and audio sparingly: Avoid using computer-based video, animations and audio except where they add to information about the program or present the content more effectively than other methods (e.g., a visual tour of facilities). If these media are used, give the reviewer full control over playback including the ability to fast-forward or skip presentations. Photographs, unless directly related to your report, should be limited. Further, photographs which require a photo wizard for viewing should not be included.

TIMING OF COMPREHENSIVE SITE VISIT:

A comprehensive site visit will be arranged once the Referee has reviewed the self-study and has approved scheduling the On-Site Review. At that time, the CoARC Site Visit Dates Request form will be sent to the Program Director via email and must be completed as directed. The on-site evaluation should occur approximately 3-5 months following approval of the CSSR.

DUE DATE:

The CSSR is due on the date communicated to the program by the Executive Office. Upload a zipped file of the Self Study Report folder to the link provided by the Executive Office and send the appropriate fee to:

Commission on Accreditation for Respiratory Care
264 Precision Blvd
Telford, TN 37690

Step-By-Step Instructions

There are a few helpful tools that you will need available in your toolbar. Those are the hand tool, previous page view button, and bookmarks panel. All tools can be located by selecting View, Toolbars, and More Tools (**location may vary by software version**). The hand tool allows you to fill in the highlighted fields, and previous view enables you to go back and forth within the template. The bookmark panel allows the user to navigate to different pages quickly within the document and is located in the navigation pane.

Please be sure that documents are positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents is not restricted.

Please use the steps on the following pages as a guide in completing the self-study. *[Please note: Any time a page number is referenced in the steps below, you can click on it to go directly to that particular page. To return, just use the previous page view button.]*

Remember to save your work often as you fill the template out

1. Create a main folder on your desktop that is labeled with the "Program #, Sponsor Name, CSSR, Submission Date" (i.e., 200000 ABC College CSSR 6.1.2020).

2. Open the main folder and create **one** sub-folder for the supplementary documents/attachments named **Supplementary Documents**.

3. Save the self-study template sent to you via email to the main folder you created on the desktop.

4. Name the self-study template the same as the main folder "Program #, Sponsor Name, CSSR, Submission Date" (i.e., 200000 ABC College CSSR 6.1.2020). If you open your main folder it should look like the example below.
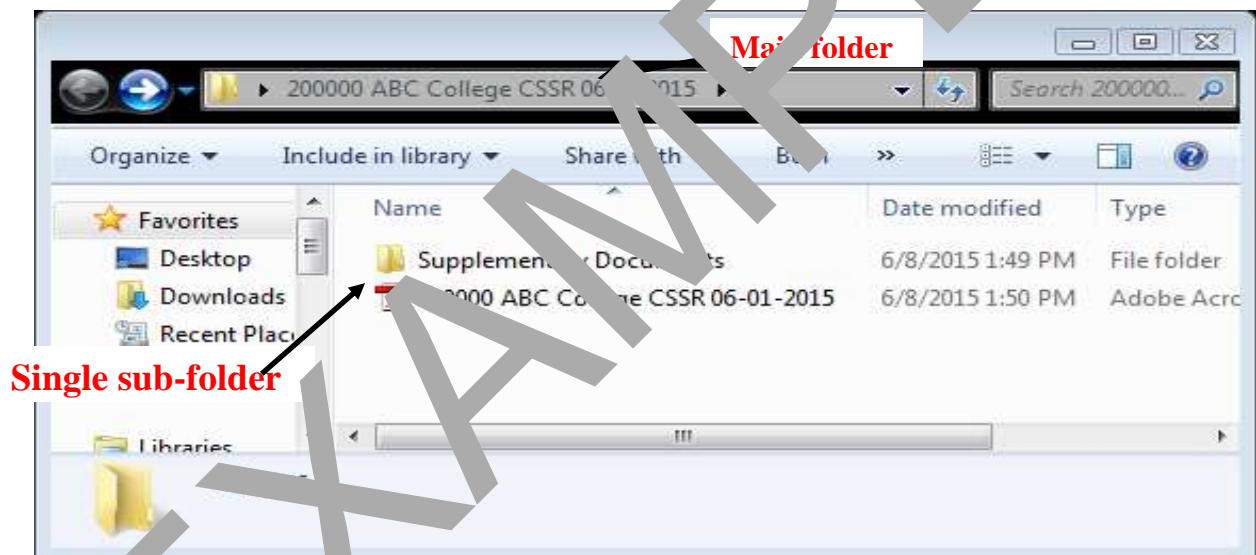

5. Open the saved template and complete the requested information on page 1 and read pages 2-4 prior to filling out any other information.

6. Skip the Table of Contents (pages 11-14) for now.

7. Complete the Application for Accreditation Services and place it in the **Supplementary Documents** folder as instructed in Section A on page 15. At this point, if you open the **Supplementary Documents** folder it should look like the example below.

8. Skip Sections B-F (pages 16-53) for now.

9. Place all documentation requested for Appendices A-C & F-I (pages 54-63 & 70-73) in the **Supplementary Documents** folder. Each of the supplementary documents should be named <u>exactly</u> as listed on each of the appendices pages so each Appendix will link to the CSSR template. Once you have finished, the inside of your **Supplementary Documents** folder should look like the example below. However, you may not have a Co-Medical Director. (Note: There should only be 1 document per Appendix, except for Appendix C as listed below. Additional documents should be filed as Attachments.)
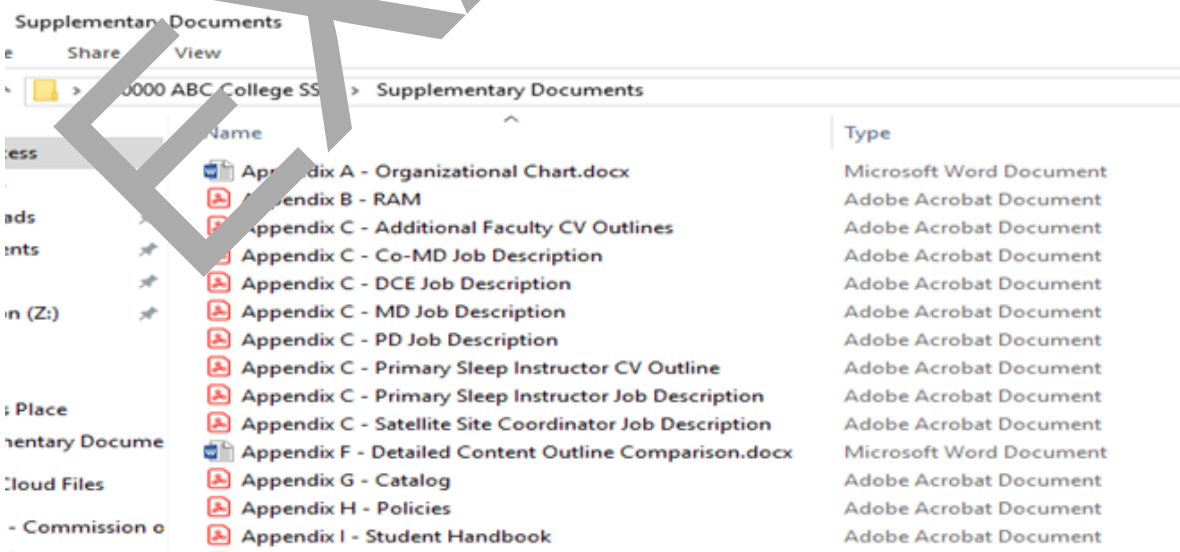
For example Appendix A should be filed as:
Appendix A – Organizational Chart.docx

10. Part of Appendix C (pages 56-63) and all of Appendices D, E, J, and K (pages 64-69 & 74-75) are included in the template and <u>should not be</u> added to the Supplementary Documents folder. Complete the included Appendices D, E, J, and K. All Appendices should be completed at this point.

11. Go back to Sections B-F (pages 16-53).

12. The first item in Section B on page 16 requires you to include a copy of the most current valid institutional accreditation certificate as an attachment in the **Supplementary Documents** folder (see example below).
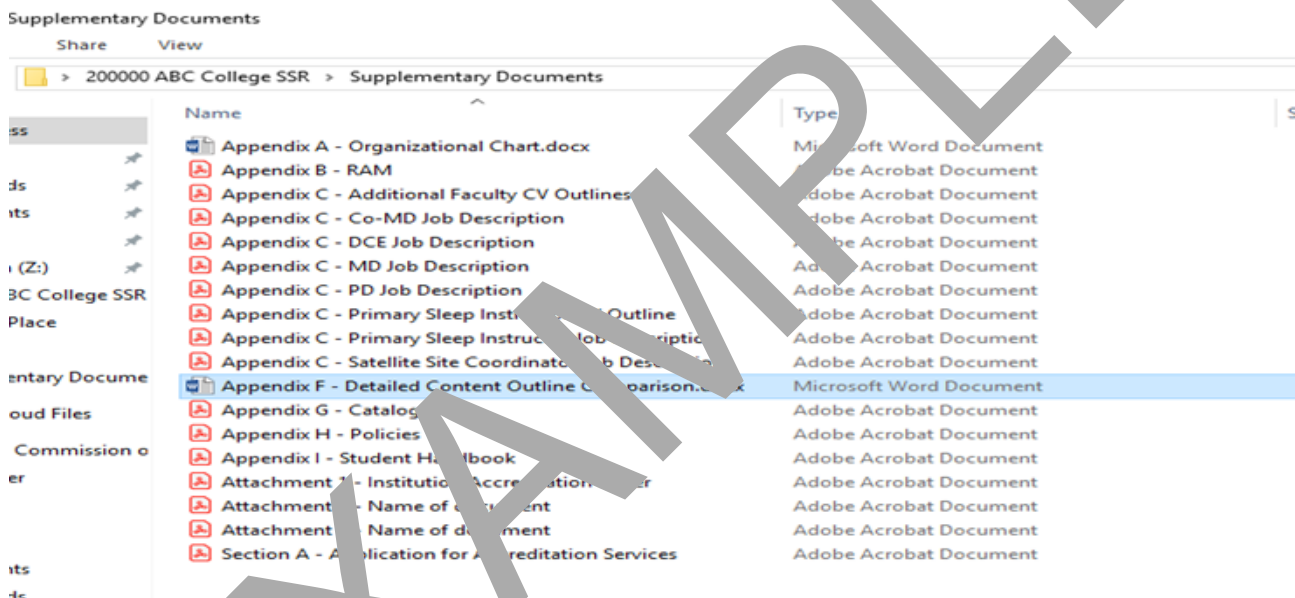
All supplementary documents should be named exactly as listed above with the same file format.

13. All other documents of evidence should be filed as Attachments in the Supplementary Documents folder and assigned a number. Then complete the Table of Contents (page 13-14) with the name and number of each attachment. You <u>do not</u> have to provide attachments in a specific order <u>or</u> for any of the areas that are optional.

14. Proceed to filling out the highlighted fields in Sections B-F (15-54). <u>Do not</u> rename any of the highlighted fields that coincide with appendices, except for the fields that request specific page numbers within that particular document. For example, Standard 2.03 on page 23 (**Catalog**). The Catalog field would not change, but provide **exact (concise) page(s)** where the information is found within the catalog. However, if there is evidence in a different document, reference that document (with page #s) in that blank.

(Please do not include large ranges of pages for the referee to review. Highlight the information in the document so it can be found quickly.)
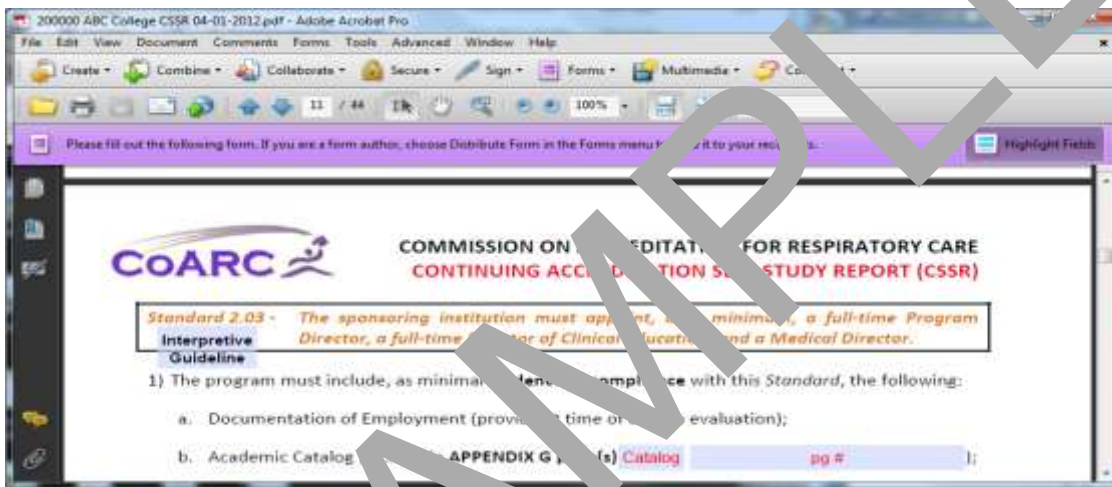
15. Once all you have all of the fields completed and all required documents included in the Supplemental Documents folder, turn the Main folder into a compressed zipped file (right click on outside of folder and ("send to") a compressed zipped file) then upload that zipped file to the link provided by the Executive Office.

16. **CONGRATULATIONS!! The CoARC Executive Office will be notified once the file has been uploaded and you will receive an email confirmation within the next few days.**

Please remember to have all key personnel, additional paid faculty, and all enrolled students need to complete the required Self Study Report (SSR) Questionnaires prior to the submission of your Continuing Self Study Report. The links of both Questionnaires (Surveys) were included in the email when you received the CSSR template. Contact Bonnie Marrs if you have any questions (817)283-2835 x102.

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)
BASE ENTRY INTO RC PROFESSIONAL PRACTICE

Program Number:

Program Name:

TABLE OF CONTENTS

E	STANDARD IV – CURRICULUM	
	4.01	**40**
	4.02	**41**
	4.03	**42**
	4.04	**43**
	4.05	
	4.06	**44**
	4.07	**45**
	4.08	
	4.09	**47**
F	STANDARD V – FAIR PRACTICES AND RECORDKEEPING	
	5.01	**48**
	5.02	**48**
	5.03	**49**
	5.04	**49**
	5.05	**49**
	5.06	**50**
	5.07	**50**
	5.08	**51**
	5.09	**51**
	5.10	**52**
	5.11	**52**
	5.12	**53**

ATTACHMENT TITLE	ATTACHMENT #
Institutional Accreditation Certificate	**1**
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23

ATTACHMENT TITLE	ATTACHMENT #
	24
	25
	26
	27
	28
	29
	30
	31
	32
	33
	34
	35
	36
	37
	38
	39
	40
	41
	42
	43
	44
	45
	46
	47
	48
	49
	50
	51

Program Number:

Program Name:

SECTION A: APPLICATION FOR ACCREDITATION SERVICES

In this section, the sponsor must include a completed *CoARC Application for Accreditation Services* (available at www.coarc.com) when submitting this self study report.

This **completed and signed** document must be included in the Supplementary Documents folder (see page 8 of the Step-By-Step Instructions for an example).

[Please Note: If printed out and signed rather than digitally signed, the application must be scanned to a PDF format.]

Exact name of document: Section A – Application for Accreditation Services
Type of File: Adobe Portable Document (.pdf)

Comments:

SECTION B:
STANDARD I – PROGRAM ADMINISTRATION AND SPONSORSHIP

Standard 1 .01 -   *Except as provided in the following paragraph, an educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) and must award program graduates a baccalaureate or graduate degree.*

Associate degree programs that were accredited prior to January 1, 2018 or that applied for accreditation prior to January 1, 2018 and have subsequently received accreditation, may continue to award program graduates an associate degree as long as they remain accredited by the CoARC. Sponsors of these programs must be post-secondary academic institutions accredited by a regional or national accrediting agency recognized by the USDE and must award program graduates an associate degree.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Documentation of the sponsor's current accreditation status
       Submit current certificate as **attachment #**

   b. Documentation of authorization by a state agency to provide a post-secondary education
       program (if applicable) **If this EOC is not applicable, check here** ☐
       Submitted as **attachment(s) #**

       Comments:

2) **[OPTIONAL]**
    The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

    Submitted as attachment(s) #

> ***Standard 1.02 -*** ***When more than one institution (i.e., a consortium) is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard 1.01. The consortium must be capable of providing all resources necessary for the program. There must be a formal document (affiliation agreement, memorandum of understanding, etc.), which delineates responsibility for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority.***

If not applicable, check here ☐ and proceed to next Standard.

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
   a. Duly executed consortium agreement, contract, or memorandum of understanding
      Submit current agreement/contract/memorandum as **attachment #**

   b. One or more organizational charts delineating the program's relationship to all members of the consortium and clearly depicting how the program reports to, or is supervised by, each component.
      (Include as **APPENDIX A - Org Chart**).

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment(s) #**

> *Standard 1.03 -*   *The sponsor must be capable of providing required general education courses or have a process for accepting transfer credit for these courses from other regionally or nationally accredited institutions. The sponsor must provide the necessary didactic instruction and ensure that students have access to the laboratory and clinical experience requisite to the level of respiratory care education mandated by these Standards.*

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Institutional academic catalog listing program of study and course offerings (include in **APPENDIX G** page(s)
   [Please reference the exact page number(s) within the appendix.]

   b. Transfer of credit policies (if applicable)
   Include in **APPENDIX** page(s)   **If this EOC is not applicable, check here** ☐

   [Please reference the exact page number(s) within the appendix.]

   c. A list of all sites used for clinical training
   Submit list of clinical sites identified in RCS as **attachment #**

   d. Formal, written clinical *affiliation agreements* or memoranda of understanding with each clinical site.
   Provide at time of on-site evaluation)

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment(s) #**

Standard 1 .04 -   *The sponsor is responsible for ensuring:*
   a) curriculum planning, course selection and coordination of instruction by program faculty;
   b) continued professional growth of faculty.

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1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plan for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Institutional policies and procedures requiring curriculum planning, course selection and coordination of instruction by program faculty.
   Include in **APPENDIX H** page(s)

   [Please reference the exact page number(s) within the appendix.]

   b. Minutes of program faculty meetings for curriculum planning, course selection and instruction coordination (submit as **attachment #**

   c. Institutional policies that support continued professional growth of faculty
   Include in **APPENDIX H** page(s)

   [Please reference the exact page number(s) within the appendix.]

   d. Documentation of continuing professional development activities of the faculty and institutional support for these activities (submit as **attachment #**

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment(s) #**

> *Standard 1.05 -* *For students and faculty at satellite locations, the sponsor must provide access to academic support services and other resources equivalent to those on the main campus.*

If not applicable, check here ☐ and proceed to next Standard.

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Results of CoARC Student-Program Resource Survey (include as **APPENDIX B - RAM**).

   b. Results of CoARC Graduate Surveys
   (Reviewed with the most recent submission of the Annual Report of Current Status [RCS]).

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment(s) #**

> *Standard 1.06 -*   *Program academic policies must apply equally to students and faculty at all program locations.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

     a.   Student Handbook (include statement in **APPENDIX I** page(s)

     b.   Published program policies (include as **APPENDIX H** page(s)
        and **APPENDIX I** page(s)

> *Standard 1.07 -*   *The sponsor must report substantive change(s) to the CoARC prior to such changes, or within the time limits prescribed. For details (including a delineation of such changes), see the CoARC Accreditation Policies and Procedures Manual.*

If not applicable, check here ☐ and proceed to next Standard.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

     a.   Timely submission of the CoARC Application for Substantive Change or related documentation required by CoARC Policies, and documents confirming CoARC approval of the change.
        Submitted as **attachment #**

     [Please note: Substantive Changes that have already been approved by CoARC do not need to be included in the self-study.]

2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

     Submitted as **attachment(s) #**

> ## SECTION C:
> ## STANDARD II – INSTITUTIONAL AND PERSONNEL RESOURCES

> *Standard 2.01 - The sponsor must ensure that fiscal, academic and physical resources are sufficient to achieve the program's goals, as defined in Standard III, for all program locations, regardless of the instructional methodology used.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Results of annual program resource assessment as documented in the CoARC Resource Assessment Matrix (RAM) (include in **APPENDIX B – RAM)**.

   b. For programs using distance learning, copies of agreements/contracts with laboratories, clinical site(s) and preceptors/instructors for each student enrolled in the program
   (Provide at time of on-site evaluation). **If this EC is not applicable, check here** ☐

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment** #

> *Standard 2.02 - The sponsor must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Documentation of Employment (submit as **attachment #**

   b. Written job descriptions including minimal qualifications
   (Include in **APPENDIX C - PD Job Description   DCE Job Description**

            MD Job Description   Co-MD(s) Job Description (only if applicable**)).**

   c. One or more organizational charts indicating the relationship of the key personnel to the program faculty, advisory committee, and administration (submit as **attachment #**

Standard 2.03 -	*The Program Director (PD) must provide effective leadership for the program including, but not limited to, responsibility for communication, ongoing program planning and assessment, and fiscal management. There must be evidence that sufficient time is allocated to the PD so that all his or her educational and administrative responsibilities can be met.*

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimum **evidence of compliance** with this *Standard*, the following:

   a. CoARC Teaching and Administrative Workload Form
   (Complete PD Workload Form in **APPENDIX D – PD Workload Form)**.

   b. Institutional job description (include in **APPENDIX C - PD Job Description)**.

   c. Institutional workload document, letter of appointment, or *equivalent* document (submit as **attachment)**.

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> *Standard 2.04 -*   *The PD of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) [1].*
>
> *The PD of a program offering a bachelor's or master's degree must have earned at least a master's degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) [1].*
>
> _____
> *[1]Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new program director is appointed; (2) the program requests a change in degree; and (3) the program requests an additional degree track.*

Compliance with this Standard has been verified through documentation previously submitted to the CoARC Executive Office as per CoARC Policy 6.0. Proceed to the next Standard.

> *Standard 2.05 -*   *The PD must:*
> *a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;*
> *b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;*
> *c) have a minimum of two (2) experience teaching either as an appointed faculty member in a CoARC-accredited respiratory care program or as a clinical instructor/ preceptor for students of such programs;*
> *d) complete the CoARC Key Personnel Training Program.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

  a. Documentation of a valid RRT credential (previously submitted to the CoARC Executive Office as per CoARC Policy 6.0).

  b. Documentation of a current state license (submit as **attachment #**

  c. Completed CoARC CV Outline
     (Complete Program Faculty CV Outline in **APPENDIX C – PD Faculty CV Outline)**.

  d. CoARC Key Personnel Training Program certificate of completion
     Submit as **attachment #**

> *Standard 2.06 -* *The PD must have frequent, regular and consistent contact with students and program faculty regardless of program location.*

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Results of student course evaluations (provide at time of on-site evaluation).

   b. Results of the CoARC Student and Personnel Program Resource Surveys
      (Include as **APPENDIX B - RAM**).

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> *Standard 2.07 - The Director of Clinical Education (DCE) must provide effective leadership in developing, conducting, and ongoing assessment of the clinical education program. There must be evidence that sufficient time is allocated to the DCE so that his or her educational and administrative responsibilities can be met.*

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. CoARC Teaching and Administrative Workload Form
      (Complete DCE Workload Form in **APPENDIX D – DCE Workload Form**).

   b. Institutional job description (include in **APPENDIX C - DCE Job Description**).

   c. Institutional workload document, letter of appointment, or *equivalent* document
      Submitted as **attachment #**

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

Standard 2.08 - *The DCE of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) [2].*

The DCE of a program offering a bachelor's or master's degree must have earned at least a master's degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) [2].

_____

[1]Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new director of clinical education is appointed; (2) the program requests a change in degree, and (3) the program requests an additional degree track.

Compliance with this Standard has been verified through documentation previously submitted to the CoARC Executive Office as per CoARC Policy 6.0. Proceed to the next Standard.

Standard 2.09 - *The DCE must:*
a) hold a valid RRT credential and current state license;
b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
c) have a minimum of two (2) experience teaching either as an appointed faculty member in a CoARC-accredited respiratory care program or as a clinical instructor/ preceptor for students of such programs;
d) complete the CoARC Key Personnel Training Program.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Documentation of a valid RRT credential (previously submitted to the CoARC Executive Office as per CoARC Policy 6.0).

   b. Documentation of a current state license (submit as **attachment #**

   c. Completed CoARC CV Outline
      (Include Program Faculty CV Outline in **APPENDIX C - DCE Faculty CV Outline**).

   d. CoARC Key Personnel Training Program certificate of completion
      Submit as **attachment #**

> *Standard 2.10 -* *The DCE must have frequent, regular and consistent contact with students, clinical faculty, and clinical affiliates at all program locations.*

1) **Describe concisely** how the program meets this *Standard:*

2) The program must include, as minimal **evidence of compliance** with this *Standard,* the following:

   a. Results of student course evaluations (provide at time of on-site evaluation).

   b. Documentation of DCE contact with clinical faculty/affiliates
   (Provide at time of on-site evaluation).

   c. Results of CoARC Student and Personnel Program Resource Surveys
   (Include as **APPENDIX B - RAM**).

> *Standard 2.11 -* *A Medical Director (MD) must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that didactic, laboratory and supervised clinical instruction meet current practice guidelines. The MD must be a licensed physician and Board certified (as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA)) in a specialty related to respiratory care.*

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

    a. Copy of current state license and board certificate(s)
       (submit as **attachment #**

    b. Curriculum Vitae
       (complete Program Faculty CV Outline in **APPENDIX C - MD Faculty CV Outline**).

    c. Appointment Letter/Contractual Agreement
       (submit as **attachment #**

    d. Records of MD interaction with Key Personnel including attendance at Advisory Committee meetings (provide at time of on-site evaluation).

    e. Documentation of all physician interaction with students
       (provide at time of on-site evaluation)

    f. Results of annual program resource assessment documented. in the CoARC RAM (submitted in **APPENDIX B - RAM**).

4) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description)

Submitted as **attachment #**

> *Standard 2.12 -* *For programs offering the sleep specialist program option, there must be a faculty member designated as the primary instructor for that portion of the program. In addition to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must have a minimum of an associate degree, at least three (3) years of clinical experience in sleep technology and at least one (1) year of experience in a teaching position.*

If not applicable, check here ☐ and proceed to next Standard.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Valid credential as a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered Polysomnographic Technologist (RPSGT)
   (Previously submitted to the CoARC Executive Office as per CoARC Policy 6.0).

   b. Completed CoARC CV Outline
   (Complete Program Faculty CV Outline in **APPENDIX C – Sleep Instructor CV Outlines**).

   c. Appointment Letter/Contractual Agreement submit as **attachment #**

   d. Academic transcript denoting at least the required degree
   (Previously submitted to the CoARC Executive Office per CoARC Policy 6.0).

> *Standard 2.13 -* *In addition to the Key Personnel, there must be sufficient personnel resources to provide effective instruction and evaluation in all settings – didactic, laboratory, and clinical. In clinical rotations, the student to faculty ratio cannot exceed 6:1 for clinical instructors and 1 for clinical preceptors.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Results of annual program resource assessment as documented in the CoARC RAM
   (submitted in **APPENDIX B – RAM).**   );

   b. Student surveys of faculty performance (e.g., course evaluation)
   (Provided at time of on-site evaluation).

   c. Course class lists and faculty teaching schedules
   (Complete Program Course Requirements Table -**APPENDIX E – Course Requirements Table**).

   d. Evidence of instructional faculty training specifically with regard to use of programmatic instruments and job responsibilities (submit as **attachment #**

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):
   Submitted as **attachment #**

Standard 2.14 - *Programs with satellite location(s) must assign a faculty member who is a Registered Respiratory Therapist to be site coordinator at each location. At a minimum, this individual must hold a degree equivalent to what the program confers on its graduates. This individual is responsible for ensuring that the educational experiences of students on that site are equivalent to those of the base program students as well as for maintaining adequate, ongoing communication with the Program Director and Director of Clinical Education.*

If not applicable, check here ☐ **and proceed to next Standard.**

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Documentation demonstrating valid RRT credential
      (Previously submitted to the CoARC Executive Office as per CoARC Policy 6.0).

   b. Academic transcript denoting the required degree
      (Previously submitted to the CoARC Executive Office as per CoARC Policy 6.0).

   c. Documentation of contact with PD and DCE
      (Provide at time of onsite evaluation).

   d. Results of CoARC Personnel Program Resource Surveys
      (Submitted in **APPENDIX B - RAM**).

   e. Completed CoARC CV Outline
      (Complete Program Faculty CV Outline in **APPENDIX C – Site Coordinator CV**).

   f. Institutional job description
      (Written job descriptions including minimal qualifications **APPENDIX C – Site Coordinator**).

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> **Standard 2.15 -** *There must be sufficient administrative and clerical support staff to enable the program to meet its goals and objectives as defined in Standard III.*

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Results of annual program resource assessment as documented in the CoARC RAM (submitted in **APPENDIX B - RAM**).

4) **[OPTIONAL]**
   The program includes as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> **Standard 2.16 -** *The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard II. Survey data must be documented in the CoARC Resource Assessment Matrix (RAM). The results of resource assessment must be part of the Program Director's continuous analysis of the program and used to make appropriate changes to program resources. Identification of any deficiency requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness by ongoing resource assessment.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Results of annual program resource assessment, documented in the CoARC RAM, which leads to the development and implementation of action plans to address identified shortcomings and subsequent evaluations of their effectiveness (submit as **APPENDIX B - RAM**).

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

SECTION D:
STANDARD III – PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Standard 3.01 - *The program must have the following goal defining minimum expectations: "To 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)." For programs offering the sleep specialist program option, the program must have the following additional goal defining minimum expectations: "To 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)."*

For programs offering a bachelor's or master's degree, the program must have the following additional goal defining minimum expectations: "To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research and advanced clinical practice (which may include an area of clinical specialization)."

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Program goal(s) published in an institutional catalog, student handbook or on a program or institutional website.
   (Provide evidence of program goals in student handbook [include as
   APPENDIX I page #
   Program or institutional website [include as **attachment #**
   or [include as **attachment #**

   [Please reference the exact page number(s) within the appendix.];

> **Standard 3.02 -** *Programs are allowed to have optional program goals in addition to the mandated goal(s). Such optional goals, and their expected student learning outcomes, must be compatible with nationally accepted standards for the roles and functions of Registered Respiratory Therapists (RRTs), or with those of registered Sleep Disorders Specialists (SDS). Optional goals must also be compatible with the mission of the sponsoring educational institution. All optional goals must have measurable outcomes and there must be a systematic process to assess achievement of these outcomes. Such optional goals must be reviewed and approved annually by the program's Advisory Committee.*

If not applicable, check here ☐ and proceed to next Standard.

1) The program must include, as minimal **evidence of compliance** with this *Standard,* the following:

   a. Documented comparison of optional program *goals* and expected student learning outcomes with the current detailed content outline published by the national credentialing agency (NBRC) (when applicable) **If this EOC is not applicable, check here ☐**
   Submitted as **attachment #**

   b. Documentation of student learning outcomes for each optional goal, along with the methods used by the program to address subthreshold outcomes and the results of these efforts
   Submitted as **attachment #**

   c. Documentation that the program's optional goals are compatible with the mission of the program's sponsor
   Submitted as **attachment #**

   d. Minutes of Advisory Committee meetings that document review of program *goals* (Provide evidence of review and analysis of goals in faculty meeting minutes as **attachment #**

Please Note: Only Program Faculty Minutes that address the relevant Standard(s) must be submitted with this self study. However, the program must have the most recent five (5) years of Program Faculty Minutes available for the on-site evaluation.

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> **Standard 3.03 -** *Program goals must be the basis for continuous program planning, implementation, evaluation and revision. The program must formulate a systematic assessment process to evaluate the achievement of its goal(s) and expected student learning outcomes.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Program's annual Report of Current Status (reviewed with the most recent submission of the Annual Report of Current Status [RCS]).

   b. Documentation of at least annual review and analysis of the program curriculum using the Sub Scores by Content Domain of the NBRC TMC and CSE Examinations (reviewed with the most recent submission of the Annual Report of Current Status [RCS]).

   c. For baccalaureate and masters programs, the program must develop outcome measures to assess the extent of the program's accomplishment of the required "additional goal"
   Submitted as **attachment #**

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> **Standard 3.04 -** *The communities of interest served by the program include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public. An Advisory Committee (AC), with representation from each of the above communities of interest (and others as determined by the program), must meet with key personnel at least annually to assist program and sponsor personnel in their evaluation of the curriculum, program outcomes, technical standards and program response to change, to consider the addition of/changes to optional program goals and to be made aware of any substantive changes reported to the CoARC.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Current membership list, identifying the community of interest with which each member is affiliated (complete **APPENDIX K – Advisory Committee List**).

   b. Minutes and attendance list of Advisory Committee meetings
   Submitted as **attachment #**

> *Standard 3.05 -* *The program must have clearly documented assessment measures by which all students are regularly evaluated on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. The program must conduct and document evaluations with sufficient frequency to keep students apprised of their progress toward achieving the expected competencies, and to allow prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable time frame. Program faculty must provide evidence of their ongoing review of all assessment processes to ensure their integrity, quality and equity.*
>
> *For programs utilizing on-line exams or quizzes as part of the evaluation process, the program must provide evidence that testing mechanisms or methods assure academic integrity.*

1) The program must include, as minimal **evidence of compliance** with this *standard*, the following:

   a. Student handbook or other documents readily available to students, such as course syllabi, (provided at time of on-site evaluation), that describe the number and frequency of student evaluations (**attachment #** and related remediation policies
   Included in **APPENDIX I page(s)**

   [Please reference the exact page number(s) within the appendix.]

   b. Student evaluations of instruction documenting their satisfaction with the frequency and equitable administration of evaluation and opportunities for remediation (provide at time of on-site evaluation).

   c. Student evaluations performed by faculty in didactic, laboratory and clinical settings, confirming the equitable administration of the evaluations (provide at time of on-site evaluation).

   d. Records of student academic counseling (provide at time of on-site evaluation).

   e. A description of the method(s) used to assure academic integrity for *assessments* (i.e. proctored exam, locked browser system, video monitoring, etc.)
   Submitted as **attachment #**

   f. Evidence confirming review of the effectiveness of the methods used to ensure academic integrity and a plan to address any shortcomings (submitted as **attachment #**

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> *Standard 3.06 - The program must use the CoARC Employer and Graduate Surveys as part of its annual assessment of program outcomes.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Hard copy or electronic records of completed CoARC Graduate and Employer Surveys (provide at time of on-site evaluation).

   b. Results of annual Report of Current Status accepted by CoARC (Reviewed with the most recent submission of the Annual Report of Current Status [RCS]).

> *Standard 3.07 - Regardless of the degree awarded, all programs must, at a minimum, meet the thresholds established by CoARC for all mandated outcome measures at all program locations, notwithstanding the instructional methodology used. Program outcomes must be submitted to the CoARC annually, on or before the mandated deadline, using the Report of Current Status (RCS) format.*

To be reviewed with the most recent submission of the
Annual Report of Current Status (RCS).
Proceed to the next Standard.

> *Standard 3.08 - When applicable, the program must use the CoARC electronic reporting tool to submit an annual Report of Current Status (RCS) for each program option with a separate program number. Each Report must include an appropriate analysis of the data and action plans to address all subthreshold outcomes.*

To be reviewed with the most recent submission of the
Annual Report of Current Status (RCS).
Proceed to the next Standard.

> *Standard 3.09 - Programs not meeting the established outcomes assessment thresholds must begin an accreditation dialogue with the CoARC.*

To be reviewed with the most recent submission of the
Annual Report of Current Status (RCS).
Proceed to the next Standard.

> **Standard 3.10 -** *The program must define and maintain consistent and effective processes for both the initial and ongoing evaluation of all clinical sites to ensure that clinical resources and student supervision at each site are sufficient to facilitate achievement of program goals.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Program evaluation plan (submit evaluation plan as **attachment #** and results of these evaluations for all clinical sites and preceptors (Provide at time of on-site evaluation).

   b. Results of student evaluations of clinical courses, sites, and preceptors (Provide at time of on-site evaluation).

   c. Results of CoARC Student and Personnel Program Resource Survey (included in **APPENDIX B – RAM**) and provide records of at time of on-site evaluation).

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment**

SECTION E:
STANDARD IV – CURRICULUM

Standard 4.01 -   *The curriculum must include content in oral and written communication skills, social/behavioral sciences and biomedical/natural sciences as well as respiratory care. This content must be incorporated in a manner that promotes achievement of the curriculum's defined competencies.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Course syllabi detailing required student competencies (provided at time of on-site evaluation).

   b. Curriculum published in the college catalog (include in **APPENDIX** page(s))
       [Please reference the exact page number(s) within the appendix] and the program's Student Handbook (include statement in **APPENDIX I** page(s))
       demonstrating appropriate course sequencing and a description of all courses required for degree conferral.

   c. Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting (submitted as **attachment #**

   d. Annual Report of Current Status, accepted by CoARC, documenting program outcomes for the three most recent graduating classes that meet thresholds
       (reviewed with the most recent submission of the Annual Report of Current Status [RCS]).

   e. Results of CoARC Student and Personnel Program Resource Surveys (RAM)
       (submitted in **APPENDIX B – RAM**.)

   f. Results of CoARC Graduate and Employer Surveys
       (provide at time of on-site evaluation).

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

Standard 4.02 - *The curriculum must include preparation for practice as a Registered Respiratory Therapist with exposure to a broad variety of practice settings (i.e., inpatient care, outpatient care, and home care) and patient populations (i.e., adults, pediatrics, neonates).*

For programs offering a bachelor's or master's degree, the program must include content related to leadership development in management, education, research, AND/OR to advanced clinical practice (which may include an area of clinical specialization).

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1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

    a. Course syllabus for all respiratory care courses which includes course description, content outline, general and specific course objectives, method of evaluation, and criteria for successful course completion (provided at time of on-site evaluation).

    b. Written documentation of the comparison of the program *curriculum* to the NBRC content outline (complete Detailed Content Outline Comparison in **APPENDIX F - Detailed Content Outline Comparison**).

2) **[OPTIONAL]**
    The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

    Submitted as attachment i

> **Standard 4.03 -** *Curricular content in respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by Registered Respiratory Therapists entering the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications, and published in the NBRC detailed content outline or matrix. This nationally accepted delineation of the proficiencies required of program graduates must be the basis for formulating the learning objectives of the program's curriculum. In addition to a detailed annual analysis of graduate performance on the credentialing exams, the program must conduct an extensive review of curricular content after any revision in the national credentialing agency content outline.*
>
> *For the sleep specialist program option, curricular content must also be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications.*
>
> *For programs offering a bachelor's or master's degree, curricular content must also be periodically reviewed and revised to ensure its consistency with the stated leadership goal(s) of the program, as specified in Standards 3.01/4.02.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Course syllabi for all respiratory care (or sleep specialist) courses which include course description, content outline, general and specific course objectives, methods of evaluation, and criteria for successful course completion (provide at time of on-site evaluation).

   b. Documentation of the comparison of the program curriculum to the most current national credentialing agency content outline (complete Detailed Content Outline Comparison in **APPENDIX - Detailed Content Outline Comparison**).

   c. Documentation confirming annual review by program faculty of the program's NBRC TMC and CSE Sub Scores by Content Domain. For each content area where scores fall below 85% of the national mean on the new candidate summary, an *action plan* for *curriculum* improvement must be developed and implemented (reviewed with the most recent submission of the Annual Report of Current Status [RCS]).

   d. Minutes of Advisory Committee meetings confirming that graduate performance on the credentialing exams as well as the results of the TMC and CSE Exam review were conveyed to the Committee (submit as **attachment #**

> *Standard 4.04 -* *Graduates must be competent to perform all diagnostic and therapeutic procedures required of a Registered Respiratory Therapist entering the profession.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Evaluations that document the student's ability to perform all required diagnostic and therapeutic procedures safely and effectively in patient care settings
   (Provide at time of on-site evaluation).

   b. Results of CoARC Graduate and Employer Surveys (provide at time of on-site evaluation).

> *Standard 4.05 -* *Graduates must be able to function proficiently within inter-professional teams and communicate effectively with diverse populations. The curriculum must prepare students to work with, and care for, a variety of populations including, but not limited to, individuals of various ages, abilities, and ethnicities.*

1) **Describe concisely** how the program meets this *Standard*.

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Evaluations that document the ability of students to communicate effectively in a variety of patient care settings and to interact well with all members of the health care team
   (Provide at time of on-site evaluation).

   b. Results of CoARC Graduate and Employer Surveys (provide at time of on-site evaluation).

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

Standard 4.06 - *Program graduates must exhibit adequate critical thinking skills and be competent in the application of problem-solving strategies in the patient care setting.*

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1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions in a timely fashion (Provide at time of on-site evaluation).

   b. CoARC Graduate and Employer Surveys (provide at time of on-site evaluation).

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

Standard 4.07 - *Graduates must demonstrate ethical decision-making skills and an understanding of professional responsibility.*

---

1) **Describe concisely** how the program meets this *Standard:*

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes**:**

3) The program must include, as minimum **evidence of compliance** with this *Standard*, the following:

   a. Evaluations that require demonstration of the student's ethical behavior and understanding of professional responsibility (provide at time of on-site evaluation);

   b. CoARC Graduate and Employer Surveys (provide at time of on-site evaluation).

4) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

Submitted as **attachment #**

Standard 4.08 - *The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are equivalent for all students.*

---

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Documentation that students at various program locations have access to similar course materials, laboratory equipment and supplies, and *academic support services* included in **APPENDIX H page(s)**

   b. Documentation that student exposure to *clinical experiences* is *equivalent* regardless of the clinical sites attended (provide at time of on-site evaluation).

   c. Results of CoARC Student Program Resource Surveys
      (Included in **APPENDIX B – RAM)**).

   d. Results of student evaluation of the clinical sites and preceptors
      (Provide records of at time of on-site evaluation).

   e. Results of student clinical course evaluations
      (Provide records of at time of on-site evaluation).

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

> *Standard 4.09 -* *The program must be solely responsible for the selection and coordination of clinical sites as well as ensuring that the type, length, and variety of clinical experiences are sufficient for students to acquire all required competencies. Students must not be responsible for: the selection of clinical sites; determining which competencies should be mastered at a given clinical site; or the acquisition of clinical instructors at these sites.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Detailed clinical schedules (provide at time of on-site evaluation).

   b. A list of all sites used for clinical training.
      Submit list of clinical sites identified in RCS as **attachment #**

   c. Current, formal written clinical affiliation agreement or memoranda of understanding, with all sites (provide at time of on-site evaluation).

   d. Results of CoARC Graduate Surveys (provide at time of on-site evaluation).

SECTION F:
STANDARD V – FAIR PRACTICES AND RECORDKEEPING

Standard 5.01 -	*All published information, such as web pages, academic catalogs and program handbooks, as well as program and institutional advertising, must accurately reflect each respiratory care program offered.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

a. Published information accurately documenting the program(s) offered
Include in **APPENDIX G page(s)**

APPENDIX H page(s)   and **APPENDIX I page(s)**

[Please reference the exact page number(s) within the appendix.]

	Standard 5.02 -	*At least the following must be defined, published, and readily available to all prospective and enrolled students.*
[Reference Appendix G, H, or I & the exact page number next to each letter]		a) *The accreditation status of both the sponsor (including consortium members where appropriate) and the program along with the name and contact information of their accrediting agencies;* b) *Admission and transfer policies;* c) *Policies regarding advanced placement;* d) *Academic requirements for program admission;* e) *Program technical standards;* f) *All graduation requirements;* g) *Academic calendar;* h) *Academic credit required for program completion;* i) *Accurate estimates of tuition, fees and other costs related to the program;* j) *Policies and procedures related to probation, suspension, dismissal, and voluntary student withdrawal;* k) *Policies and procedures for refunds of tuition and fees;* l) *Policies and procedures for processing student grievances;* m) *Policies addressing student employment in the profession while enrolled in the program.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

a. Published program information related to a-m above (include policies in one or more of the following: **APPENDIX G page(s)**
   following: **APPENDIX H page(s)**

And/or **APPENDIX I page(s)**

[Or list letters above next to page numbers for Appendix, H, or I]

Standard 5.03 - *A link to the CoARC URL, where outcomes for all accredited programs can be found, must appear as a direct link on the program's main webpage and must be available to all program applicants and to the public.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Screenshot of the program's web page showing the CoARC published URL
   Submitted as **attachment #**

Standard 5.04 - *All activities associated with the program, including faculty and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Academic catalog
   Include in **APPENDIX G page(s)**

   b. Institutional/Program policies
   Include in **APPENDIX H page(s)** and **APPENDIX I page(s)**

   c. Program/institutional technical standards
   Included in **APPENDIX H page(s)** and **APPENDIX I page(s)**

   [Please reference the exact page number(s) within the appendix.]

Standard 5.05 - *Student grievance and appeal procedures must include provisions for the submission of both academic and non-academic grievances and mechanisms for their evaluation that ensure due process and fair disposition.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Sponsor/program's appeal policies and procedures
   Include in **APPENDIX H page(s)**

   and/or **APPENDIX I page(s)**

   b. Record of complaints (if any) that includes the nature and disposition of each complaint
   (Provide at time of on-site evaluation).

   [Please reference the exact page number(s) within the appendix.]

Standard 5.06 - *Faculty grievance procedures must be applicable and made known to all faculty employed by the program sponsor.*

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1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Institutional faculty grievance policy and procedures
   (Include in **APPENDIX H page(s)**
   [Please reference the exact page number(s) within the appendix.]

2) **[OPTIONAL]**
   The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

   Submitted as **attachment #**

Standard 5.07 - *Programs granting advanced placement must document that students receiving advanced placement have demonstrated a mastery of the applicable competencies meets both program and sponsor defined criteria for such placement.*

If not applicable, check here ☐ **and proceed to next Standard.**

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Program and sponsor policies and procedures related to advanced placement
   Included in **APPENDIX H page(s)**

   and/or **APPENDIX I page(s)**

   [Please reference the exact page number(s) within the appendix.]

   b. Documented course equivalency of the specific skill(s) for which the student received advanced placement
   (Provide at time of on-site evaluation).

Standard 5.08 - *The health, privacy, and safety of all individuals (patients, students, and faculty) associated with the educational activities and learning environment of program students must be adequately safeguarded.*

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1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Compliance with requirements of all clinical sites, as defined in clinical agreements/memoranda of understanding (provide at time of on-site evaluation).

   b. Documentation from both the program and the clinical sites, confirming that information addressing potential exposure to infectious and environmental hazards is provided to students before they undertake any educational activities that would place them at risk.
   Included in **APPENDIX H page(s)**
   and **APPENDIX I page(s)**

   [Please reference the exact page number(s) within the appendix.]

   c. Program policies on immunization of students based on current Centers for Disease Control recommendations for health professionals
   Included in **APPENDIX H page(s)**

   and **APPENDIX I page(s)**

   [Please reference the exact page number(s) within the appendix.]

Standard 5.09 - *Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students must not receive any form of remuneration in exchange for patient care they provide during programmatic clinical coursework.*

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1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Program policies and procedures
   Included in **APPENDIX H page(s)**

   and/or **APPENDIX I page(s)**

   [Please reference the exact page number(s) within the appendix.]

   b. Contracts/agreements/MOUs with all clinical *affiliates* (provide at time of on-site evaluation).

   c. Results of student course evaluations (provide at time of on-site evaluation).

   d. Work study contracts (provide at time of on-site evaluation).

Standard 5.10 -	*The program must ensure that, regardless of the location of their instruction, students have timely access to program faculty and to institutional academic support services for assistance with their academic concerns and problems.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Program/institutional policies and procedures
       Included in **APPENDIX H page(s)**
       and **APPENDIX I page(s)**

       [Please reference the exact page number(s) within the appendix.]

   b. Documentation of advising sessions (provide at time of on-site evaluation).

   c. Faculty office hours schedules (submitted as **attachment #**)

   d. Results of CoARC Student Program Resource Surveys include as **APPENDIX B - RAM**).

Standard 5.11 -	*Records of student evaluations must be maintained securely and in sufficient detail to document ongoing progress, deficiencies and achievement of competencies for each student. These records must remain on file for at least five (5) years after the student has left the program, whether or not the student ultimately completes all requirements for graduation.*

1) The program must include as minimal **evidence of compliance** with this *Standard*, the following:

   a. Hard copy or electronic student records of the following:

   - Proof that the student met applicable published admission criteria
     (provide at time of on-site evaluation).

   - Student evaluations
     (provide at time of on-site evaluation).

   - Records of remediation
     (provide at time of on-site evaluation).

   - Records of disciplinary action
     (provide at time of on-site evaluation).

   - Official transcripts
     (provide at time of on-site evaluation).

> *Standard 5.12 -* *Program records must provide detailed documentation of resource assessment and the extent to which it has achieved program goals and other outcomes, if applicable. These records must be kept for a minimum of five (5) years.*

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

   a. Hard copy or electronic student records of the following:

   - CoARC Graduate and Employer Surveys
     (provide at time of on-site evaluation).

   - CoARC Student and Personnel Program Resource Surveys
     (provide at time of on-site evaluation).

   - Course syllabi and evidence supporting ongoing curricular assessment
     (provide at time of on-site evaluation).

   - Clinical affiliate agreements and schedules
     (provide at time of on-site evaluation).

   - Advisory Committee meeting minutes
     (provide at time of on-site evaluation).

   - Program faculty meeting minutes
     (provide at time of on-site evaluation).

   - Current curriculum vitae of program faculty
     (provide at time of on-site evaluation).

   - Copies of the program's RCS, accepted by the CoARC, for the previous three years
     (provide at time of on-site evaluation).

   - Copies of the NBRC School Summary Report for the previous 5 years, along with annual program *assessments* of its *curriculum* based on TMC and CSE Sub Scores by Content Domain
     (provide at time of on-site evaluation).

APPENDIX A –Organizational Chart

Include an organizational chart of the sponsor that portrays the administrative relationships under which the program operates. Start with the chief administrative officer. Include all program Key Personnel and faculty, anyone named in the self-study report, and any other persons who have direct student contact except support science faculty. Include the names and titles of all individuals shown.

Use the following link for samples of blank organizational charts (if needed)
https://www.coarc.com/Accreditation/Program-Resources.aspx

Highlight any changes since the submission of the last self-study.

Place a completed organizational chart in the Supplementary Documents folder (see page 8 for an example). The document must be named exactly as noted below.

Exact name of document: Appendix A – Organizational Chart

Type of File: Microsoft Office Word Document (.doc)

APPENDIX B - Resource Assessment Matrix (RAM)

Programs seeking Continuing Accreditation are required to complete all columns of the RAM (Purpose, Measurement System, and Dates of Measurement).

Use this link to access a copy of your program's matrix by logging into the Annual Report of Current Status

---

Click here to access the RCS

Follow the link above to log into the annual reporting tool. Select the tab labeled 'RAM' and update or complete the matrix. Select the 'Summary Report' tab on the left to print the completed RAM. **DO NOT select the tab labeled 'Submit RAM Report'.** Place a completed RAM in the Supplementary Documents folder (see page 8 for an example). The document must be named exactly as listed below.

The RAM must either be saved as a PDF or scanned.

- Using the full version of Adobe Acrobat software (not Adobe Reader), the RAM can be saved as a PDF document by selecting the PDF printing option.

- Using Adobe Reader only, the RAM must be printed and then scanned.

Contact Tammy Alsup (817 783-2835 ext. 100) at the CoARC Executive Office if assistance is required.

Exact name of document: Appendix B – RAM

Type of File: Adobe Portable Document (.pdf)

Please Note: The most recent RAM must be submitted with this self study. However, the program must have the most recent five (5) years of RAMs available for the on-site evaluation.

APPENDIX C – Program Personnel CV Outline Forms and Supporting Documentation

Program Faculty CV Outline Forms for the PD, DCE, and MD have been included in the self-study following this page. Place the written job descriptions (that include minimal qualifications) for the PD, DCE, and MD in the Supplementary Documents folder.

Include additional completed CV Outline Forms for the Co-MD and paid full or part-time program instructional faculty. Follow the link at the bottom of the page for additional CV Outline Forms*. Create a single PDF document of all the additional completed CV Outline Forms, name the file as it is listed below, and place it in the Supplementary Documents folder.

The document must be named underline exactly as listed below and be the same type of file. Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

Exact name of document: Appendix C – PD Job Description
Type of File: Adobe Acrobat Document (.pdf)

Exact name of document: Appendix C – DCE Job Description
Type of File: Adobe Acrobat Document (.pdf)

Exact name of document: Appendix C – MD Job Description
Type of File: Adobe Acrobat Document (.pdf)

Exact name of document (only if applicable): Appendix C – Co-MD Job Description
Type of File: Adobe Acrobat Document (.pdf)

Exact name of document: Appendix C – Additional Faculty CV Outlines
Type of File: Adobe Acrobat Document (.pdf)   (Should be combined into 1 .pdf doc or portfolio)

Exact name of document (only if applicable): Appendix C – Satellite Site Coordinator(s)
Type of File: Adobe Acrobat Document (.pdf)

Exact name of document (only if applicable): Appendix C – Sleep Instructor
Type of File: Adobe Acrobat Document (.pdf)

***Additional Program Faculty CV Outline Forms are available at [www.coarc.com.](http://www.coarc.com)**

The CVs for the Key Personnel (Program Director [PD], Director of Clinical Education [DCE], and Medical Director [MD]) are included in the self study report **starting on page 58.**

For the PD include:

☐ **Program Faculty Curriculum Vitae Outline**
☐ **Written job description (that include minimal qualifications)**

For the DCE include:

☐ **Program Faculty Curriculum Vitae Outline**
☐ **Written job description (that include minimal qualifications)**

For the Medical Director include:

☐ **Program Faculty Curriculum Vitae Outline**
☐ **Written job description(s) (that include minimal qualifications)**

Place completed Program Faculty CV Outline Forms of any additional paid full- or part-time program instructional faculty after the last job description.

For the Co-Medical Director (if applicable) include:

☐ **Program Faculty Curriculum Vitae Outline**
☐ **Written job description(s) (that include minimal qualifications)**

For any additional paid full- or part-time program instructional faculty include:

☐ **Program Faculty Curriculum Vitae Outline for each***

For the Satellite Site Coordinators(s) (if applicable) include:

☐ **Program Faculty Curriculum Vitae Outline for each***

For the Primary Sleep Instructor (if applicable) include:

☐ **Program Faculty Curriculum Vitae Outline for each***

*Additional Program Faculty CV Outline Forms are available at www.coarc.com.

Complete the following section for the <mark>Program Director</mark>. Include additional paid full- or part-time program instructional faculty CV Outline Forms as directed on page 56.

Full Name:

Title   **Academic Rank:**

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC RRT Registry Number:

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number: **Expiration Date:**

Education (highest degree earned for each category – include institution):

  A. **RT Degree:**
      Institution:
      Month/Year Earned:

  B. **Other:**
      Institution:
      Month/Year Earned:

Work experience in clinical respiratory care:

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Other Licenses/Certifications (e.g., ACLS, NRP, etc):

Complete the following section for the <mark>Director of Clinical Education</mark>. Include additional paid full- or part-time program instructional faculty CV Outline Forms as directed on page 56.

Full Name:

Title   **Academic Rank:**

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC RRT Registry Number:

Date NBRC credential earned:

RT Licensure/Certification (specify State)

License/Certification Number: **Expiration Date:**

Education (highest degree earned for each category – include institution):

   A. RT Degree
     Institution:
     Month/Year Earned:

   B. Other:
     Institution:
     Month/Year Earned:

Work experience in clinical respiratory care:

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Other Licenses/Certifications (e.g., ACLS, NRP, etc):

Complete the following section for the <mark>Medical Director</mark>. For Co-Medical Director(s), include additional CV Outline Form(s) according to directions on page 57 and click here

---

Full Name:

Title   **Academic Rank:**

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):   Check here ☐ if not applicable

---

Board Certifications (list all active certifications including applicable expiration dates):

Name of the program clinical affiliate where you are credentialed:

MD Licensure/Certification (specify State):

License/Certification Number: **Expiration Date:**

Training/Experience in the management of respiratory disease and in respiratory care practices:

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

APPENDIX D – Teaching and Administrative Workload Forms

Program Director Teaching and Administrative Workload Reporting Form

Name:

Academic rank:

Time allocations (per week):

% Teaching   % Administrative Service

Teaching (for academic year):

Course Number	Course Title	Anticipated Class Size	Credit Hours
	TOTAL CREDIT HOURS:		

Other teaching-related activities:
(e.g., shared teaching, directed/independent study, guest teaching, coordination of teaching, and academic advising)

Administrative Service:

Category	Approx Hours (per wk)
Program Management and Administration	
Program Continuous Review and Analysis	
Program Planning	
Program Development	
Faculty Supervision	
Other:	
Other:	
TOTAL NUMBER OF HOURS:	

APPENDIX D – Teaching and Administrative Workload Forms

Director of Clinical Education Teaching and Administrative Workload Reporting Form

Name:

Academic rank:

Time allocations (per week):

% Teaching   % Administrative Service

Teaching (for academic year):

Course Number	Course Title	Anticipated Class Size	Credit Hours
		TOTAL CREDIT HOURS:	

Other teaching-related activities:
(e.g., shared teaching, directed/independent study, guest teaching, coordination of teaching, and academic advising)

Administrative Service:

Category	Approx Hours (per wk)
Program Management and Administration	
Program Continuous Review and Analysis	
Program Planning	
Program Development	
Faculty Supervision	
Other:	
Other:	
TOTAL NUMBER OF HOURS:	

APPENDIX E – Program Course Requirements Table

Place an asterisk (*) behind any changes since the submission of the last self-study.

Overall length of program in months = [   ]   Or in years = [   ]   Type of credits is: [   ]   Semester
Length of semester/quarter in weeks = [   ]   [   ]   Quarter
                                                                                              [   ]   Other

List all the **general education courses and pre-requisite courses** that are required for the conferral of the degree upon completion of the program in the sequence in which the students would typically enroll in them.

Sequence by Sem/ Quarter # (if applicable)	Course # (if applicable)	Program Pre-requisite Course or General Education Category (e.g., social/behavioral sciences, humanities, natural sciences, etc.)	# Lecture Hours	# Lab Hours	# Credits
Total Required for Graduation					

CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)
BASE ENTRY INTO RC PROFESSIONAL PRACTICE

List all the **respiratory care courses** that are required for the conferral of the degree upon completion of the program in the sequence in which the students would typically enroll in them.

Sequence by Sem/ Quarter #	Course #	Respiratory Care Course Title	# Lecture Hours	# Lab Hours	# Clinical Hours	# Credits	Faculty Responsible for Teaching

Total Required for Graduation:				

APPENDIX F –Detailed Content Outline Comparison

Click on the icon to download the document. Complete and save the document in the Supplementary Documents folder.

NBRC Therapist Combined Detailed Content Outline Comparison

NBRC Therapist
Combined DCOC Jan

This document uses the NBRC's new content matrix effective January 2020. Older versions of the content outline comparisons will not be accepted.

Exact name of document: Appendix F – Detailed Content Outline Comparison
Type of File: Microsoft Office Word Document (.doc)

APPENDIX G – INSTITUTIONAL ACADEMIC CATALOG

Place this document in the Supplementary Documents folder (see pages 8-10 for an example). The document must be named exactly as listed below and be the same type of file (PDF]). If a PDF format is unavailable, the program can provide any of the following formats: snapshots, or Print Screen views. **It must not link to information on the Internet.** It remains the responsibility of the program to provide this information in an electronic format.

If the page numbers of the Catalog are different than the PDF page numbers, reference the PDF page numbers as requested in the Self Study Report.

There should only be 1 document to document Appendix G. If there is evidence in an additional document(s), file it as an Attachment and reference it as needed. Contact Bonnie Marrs for assistance.

Exact name of document: Appendix G - Catalog

Type of File: Adobe Portable Document (.pdf)

APPENDIX H – PROGRAM POLICIES AND PROCEDURES MANUAL

Please indicate, where appropriate, policies which are institution-wide rather than program-specific.

Place this document in the Supplementary Documents folder (see pages 9-10 for an example). The document must be named underlined exactly as listed below and be the same type of file (PDF]). If a PDF format is unavailable, the program can provide any of the following formats: snapshots, or Print Screen views. **It must not link to information on the Internet.** It remains the responsibility of the program to provide this information in an electronic format.

If the page numbers of the Policies and Procedure Manual are different than the PDF page numbers, reference the PDF page numbers as requested in the Self Study Report.

There should only be 1 document to represent Appendix H. If there is evidence in an additional document(s), file it as an Attachment and reference it as needed. Contact Bonnie Marrs for assistance.

Exact name of document: Appendix H Policies

Type of File: Adobe Portable Document (.pdf)

APPENDIX I – STUDENT HANDBOOK

Please include all policies provided to students during the course of study and indicate, where appropriate, policies which are institution-wide rather than program-specific.

Place this document in the Supplementary Documents folder (see pages 8-10 for an example). The document must be named exactly as listed below and be the same type of file (PDF]). If a PDF format is unavailable, the program can provide any of the following formats: snapshots, or Print Screen views. **It must not link to information on the Internet.** It remains the responsibility of the program to provide this information in an electronic format.

If the page numbers of the Student Handbook are different than the PDF page numbers, reference the PDF page numbers as requested in the Self-Study Report.

It is best to have 1 document to represent Appendix. If you have evidence in an additional document, you can file it as an Attachment and reference it as needed. Contact Bonnie Marrs for assistance.

Exact name of document: Appendix I – Student Handbook

Type of File: Adobe Portable Document (.pdf)

APPENDIX J – FACULTY & STUDENT EVALUATION SSR QUESTIONNAIRES

Detailed instructions for accessing both of the on-line questionnaires were sent with the CSSR template in the 'Continuing Accreditation Self Study Report Due' email.

Hardcopies of the surveys should not be provided.

The anonymous **Faculty Evaluation SSR Questionnaires** are required to be completed by **each paid faculty member** (didactic, laboratory, and clinical) and the Medical Director(s), as part of the self study process. The link to complete the on-line questionnaires was sent with the CSSR template in the 'Continuing Accreditation Self Study Report Due' email.

PROGRAM DIRECTOR: Please provide the total number of Faculty Evaluation SSR Questionnaires to be completed on-line by each of the following personnel categories:

Program Director

Director of Clinical Education

Medical Director/Co-Medical Director(s)

All full-time paid program faculty (if applicable)

All part-time/adjunct paid program faculty (if applicable)

Total number of Faculty Evaluation SSR Questionnaires

The anonymous **Student Evaluation SSR Questionnaires** are required to be completed by all currently enrolled students. The link to complete the on-line questionnaires was sent with the CSSR template in the 'Continuing Accreditation Self Study Report Due' email.

PROGRAM DIRECTOR: Please provide the total number of Student Evaluation SSR Questionnaires to be completed on-line by all currently enrolled students:

Referees please use the following links to view the responses collected on-line:
(The links below will be set up by the CoARC Executive Office once the self-study has been submitted and the questionnaires have been completed)

Faculty Evaluation SSR Questionnaires
(Base Program)

Student Evaluation SSR Questionnaires
(Base Program)

Faculty Evaluation SSR Questionnaires
(Satellite Option-if applicable)

Student Evaluation SSR Questionnaires
(Satellite Option-if applicable)

APPENDIX K - ADVISORY COMMITTEE

PROGRAM NAME:			PROGRAM #:	
The Advisory Committee should include representatives from the following groups: students, graduates, faculty, administration, local employers, physicians and the public, as well as any others deemed appropriate by Key Personnel.				
ROLE	**NAME**	**EMAIL**	**WHICH ORGANIZATION ARE YOU REPRESENTING**	**CURRENT EMPLOYER**
CHAIR			NA	
PUBLIC MEMBER			NA	
STUDENT REP			NA	

3.14.2020

ADVISORY COMMITTEE

PROGRAM NAME:	PROGRAM #:

The Advisory Committee should include representatives from the following groups: students, graduates, faculty, administration, local employers, physicians and the public, as well as any others deemed appropriate by Key Personnel.

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING	CURRENT EMPLOYER

3.14.2020

ADVISORY COMMITTEE

PROGRAM NAME:			PROGRAM #:	
The Advisory Committee should include representatives from the following groups: students, graduates, faculty, administration, local employers, physicians and the public, as well as any others deemed appropriate by Key Personnel.				
ROLE	**NAME**	**EMAIL**	**WHICH ORGANIZATION ARE YOU REPRESENTING**	**CURRENT EMPLOYER**

3.14.2020

INCLUDE ATTACHMENTS

Place all attachments in the **Supplementary Documents folder** (see pages 8-10 for an example). Contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.