



Process for Reporting Substantive Changes

1. These instructions and application supplement the CoARC Policy on Substantive Changes (Section 9.0) and CoARC Accreditation Standard on Substantive Changes (Standard 1.08/DA1.6/A6). Programs are strongly encouraged to review the CoARC Accreditation Policies and Procedures Manual (www.coarc.com) for further explanation.
2. A substantive change is one that the CoARC believes is significant enough to require the program to notify the CoARC of its occurrence. The sponsor must report substantive change(s) to the CoARC prior to the intended date of implementation, with the exception of an adverse action by the institutional accrediting agency or a change in the program's institutional accreditation status (see Policy 1.07).
3. A program considering or planning a substantive change should notify CoARC early in the institution's planning. Such notification will provide an opportunity for a program to seek consultation from CoARC Executive Office staff regarding the potential effect of the change on the accreditation status and the procedures to be followed. If an accredited program is unclear as to whether a change is substantive, it should consult with the CoARC Executive Office.
4. If a program fails to follow this substantive change policy and its procedures, the program may be subject to an adverse accreditation action.
5. The CoARC Executive Office will review the substantive change application to ensure all questions of compliance with the *Standards* and *Policies* are met with the implementation of the change. Approval of the change is granted when compliance is demonstrated. CoARC Executive Office will notify the program of:
 - a. The need for additional information or clarification;
 - b. The need to assign a Referee to conduct further review of the application;
 - c. The decision by the Referee to place the application on the next scheduled meeting for CoARC consideration;
 - d. Approval of the change with no further documentation required.
6. This Application along with a cover letter on institutional letterhead must be sent to the Executive Office prior to implementing any of the following changes describing the nature of the change and the projected implementation date. In addition to the above, the sponsor must follow any additional procedures described within this application. Please submit all documentation electronically by emailing Shelley Christensen at shelley@coarc.com.
7. An Application for Substantive Change that does not meet all of the above requirements will be returned with an explanation.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

Date Application Completed:

CoARC Program ID #(s) affected by this change:

Name of Individual

Completing This Form:

Title:

Phone:

Email:

Name of the Institution/

Consortium sponsoring the program:

Address:

City:

State:

Zip Code:

- 1. Indicate the substantive change(s) the program is requesting (check all that apply).
2. Complete the appropriate section(s) of this application and provide any additional documentation required for each substantive change.

Policy 9.01

- Change in Institutional Accreditor/
Ownership/Sponsorship/
Legal Status or Change in Control

Policy 9.04

- Change in Curriculum or Delivery Method

Policy 9.02

- Change in Degree Awarded

Policy 9.10

- Increase in Enrollment Request

Policy 9.03

- Change in Program Goal(s)

Policy 9.11

- Change in Program Location

Note: The following substantive changes require separate documentation described under each CoARC Policy. No Substantive Change Application is required for these changes:

Table with 2 columns and 4 rows listing substantive changes like 'Initiation of Sleep Disorders Specialist Program Option', 'Request for Inactive Accreditation Status', etc.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

5) Based on the requested change(s):

a) Will the key program personnel remain the same? YES NO

If **NO**, the new sponsor must submit, **in addition to this application**, key personnel information (**See Accreditation Policy 6.0**).

b) Will the program relocate to a new physical location within the same campus community? YES NO

If **YES**, the new sponsor must submit, **in addition to this application**, an updated Resource Assessment Matrix and a Clinical Site Affirmation Form for all new clinical sites.

c) Will the program relocate to a new campus community? YES NO

If **YES**, the new sponsor must reinitiate accreditation by submitting a Letter of Intent Application and required documentation (**See Policy 2.0**). Such a change is not considered to be simply a change in sponsorship by CoARC. CoARC will assign a new program ID number and the program will be required to submit a new Annual Report of Current Status (RCS).

For Institutional Accreditor changes only:

Complete questions 6 & 7, in addition to questions 1 through 5.

You may skip questions 8 through 12.

6) Name of the new institutional accreditor:

7) Submit, **in addition to this application**, a copy of the new institutional accreditation letter and/or certificate and any response(s) from the sponsor to the letter.

Comments:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

For Ownership/Sponsorship/Legal Status or Changes in Control only: **

Complete questions 8 through 13, in addition to questions 1 through 5.

You may skip questions 6 & 7.

****Specify the requested change. Please check all that apply.**

Ownership **Sponsorship** **Legal Status** **Control**

8) If this is a change in legal status or control [e.g., public; not for profit, private; not for profit, private; for profit], describe the change below:

9) Name of the former owner(s)/sponsor(s); identification of the consortium members (when appropriate) :

10) Name of the new owner(s)/sponsor(s); identification of the consortium members (when appropriate):

a) Contact information for the new owner(s)/sponsor(s).

Address:

City:

State:

Zip Code:

Phone:

Fax:

Website:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

b) Contact information for additional owner(s)/new sponsor(s).

Address:

City:

State:

Zip Code:

Phone:

Fax:

Website:

11) Name(s) of the Chief Executive Officer(s) of the new owner(s)/sponsoring organization(s):

12) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

13) Submit, **in addition to this application**, an organizational chart identifying the program's position within the organizational structure for the current owner(s)/sponsor/consortium and proposed new owner(s)/sponsor/consortium. For privately owned institutions, include the name(s) of the owner(s), contact information, and percent ownership.

Comments:

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:



Change in Degree Awarded

(Refer to Accreditation Policy 9.02 and Standard 1.01/DA1.6/A6)

1) The proposed effective date:

2) The original degree awarded:

Graduation date of the last cohort to receive this degree (month/year):

Original degree requirements (specify):

3) The new degree awarded:

Enrollment date of the first cohort to receive this degree (month/year):

Graduation date of the first cohort to receive this degree (month/year):

New degree requirements (specify):

4) Describe the rationale for the proposed change in degree awarded.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

- 5) Submit, **in addition to this application**, a copy of the approval from the state agency and/or institutional accrediting agency authorizing the sponsor to award the new degree. If agency policies require CoARC approval first, check this box:

Comments:

- 6) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:



Change in Curriculum or Delivery Method

(Refer to Accreditation Policy 9.04 and Standards Section 4.0/DA 4.0/D)

1) The proposed effective date:

2) Is there a change in the number of clock or credit hours (10% or higher) required for successful completion of the program? YES NO

If YES, please describe the change:

3) Is there a change in the length of the program (i.e., (change by at least one academic term)? YES NO

If YES, please describe the change:

4) Is there a change in the use of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum (e.g. 25% or higher)? YES NO

If YES, please describe the change:

5) Describe the rationale for the proposed change(s).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

- 6) Submit, **in addition to this application**, a *Program Course Requirements and Sequencing Table* (available at www.coarc.com) for **both** the current curriculum and the proposed new curriculum highlighting the changes.

Comments:

- 7) Explain how the new curriculum or delivery method will impact the mission, goals and learning outcomes of the program.

- 8) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:



Increase in Enrollment Request
(Refer to Accreditation Policy 9.10)

Note: A Substantive Change in enrollment is defined as an increase in maximum annual enrollments by more than 5 students or 10%, whichever is less. Only base programs and program options without pending Progress Reports and without Administrative Probation are eligible to request an increase in their annual enrollments.

1) The proposed effective date:

2) The program is requesting a increase in maximum annual enrollment.

If permanent, please provide the first calendar year (January 1 through December 31) that the enrollment will permanently increase:

If temporary, please provide the requested calendar year(s) (January 1 through December 31) that the enrollment will temporarily change: to

The program will return to their original maximum annual enrollment beginning January 1,

Table with 2 columns: Current CoARC-approved enrollment status (check with CoARC Executive Office) and Requested new enrollment status. Row 1: Number of maximum annual enrollments admitted per calendar year*

*Calendar year: defined as January 1 through December 31.

3) Describe the rationale for the requested enrollment increase.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

- 4) Submit, **in addition to this application**, a resource assessment matrix documenting how program resources will accommodate the increased enrollment.

Comments:

- 5) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that the requested enrollment increase has been reviewed and approved by the program's Advisory Committee.

Comments:

- 6) Submit, **in addition to this application**, written affirmations from the appropriate administrative officer and the Director/Manager of Respiratory Care for each clinical site the program proposes to use to accommodate the increased number of students that states the number of students that it can support and that it has sufficient clinical resources to support its share of the clinical activities of the program. Programs must use the CoARC-approved *Clinical Site Affirmation Form - RRT* available at www.coarc.com.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

Provide the names of the clinical sites below that are expected to submit the *Clinical Site Affirmation Form* to the CoARC Executive Office.

	Name of Proposed Clinical Affiliate	City	State
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

IN ADDITION TO THE CLINICAL AFFIRMATION FORMS ABOVE, LIST ANY OTHER DOCUMENTS TO BE RECEIVED WITH THIS SECTION:



Change in Program Location
(Refer to Accreditation Policy 9.11)

- 1) The proposed effective date:

- 2) For changes in the program’s location (i.e., location of labs, classrooms, etc.).

a) State the current program location:

Address:

City:

State:

Zip Code:

Phone:

Fax:

b) State the proposed new program location:

Address:

City:

State:

Zip Code:

Phone:

Fax:

c) Approximate distance (one-way in miles) between new and current location:

- 3) Describe the rationale for the proposed change(s).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

- 4) Submit, **in addition to this application**, a resource assessment matrix documenting how program resources will accommodate the new program location and/or teaching facilities.

Comments:

- 5) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:

If you have any questions regarding the use of this form or the CoARC Accreditation Policies, please contact the Executive Office at 1-817-283-2835 ext. 101.