COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
LETTER OF INTENT APPLICATION
ADDITIONAL DEGREE TRACK (ADT) PROGRAM OPTION

Sponsor Name:

The accreditation process of the Commission on Accreditation of Respiratory Care ("the CoARC") is initiated or continued at the request of the institution sponsoring an additional degree track (ADT) program option. This Letter of Intent application, signed by the academic administrator and program director constitutes the formal request for an Approval of Intent, the first step in the accreditation process.

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

Please select .

The Letter of Intent process includes: (1) A clear statement of educational objectives established by the Sponsor; (2) Submission of this completed application and required documentation; (3) Evaluation by an independent body that the program option does or does not comply with the *Standards* of accreditation. Volunteers from the educational and professional communities provide their time and experience to support this process.

The undersigned hereby apply to the CoARC for accreditation of

Please select

(the "Program Option") in accordance with and subject to the procedures and regulations of the CoARC. The undersigned have read and agree to the conditions set forth in the CoARC's *Standards*, Accreditation Policies and Procedures Manual, and other policy documents describing accreditation and the accreditation process. The undersigned understand and agree that the Program Option will be subject to denial of accreditation; to withdrawal of accreditation and forfeiture and redelivery of any status of public recognition indicating accreditation granted by the CoARC; and to denial of future eligibility for accreditation in the event that any of the statements or answers made in this application are false or in the event that the Program Option violates any of the rules or regulations governing accredited programs.

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

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

The Sponsor agrees not to admit students into an Entry into Respiratory Care Professional Practice (Entry) and Advanced Practice Respiratory Therapist (APRT) program option until it receives Provisional Accreditation. Students matriculated in a Degree Advancement (DA) program that graduate on or after the conferral date of Provisional Accreditation will be considered graduates of a CoARC-accredited program.

Failure to comply with this agreement shall result in a termination of the application review by the CoARC. This application may be withdrawn by the Sponsor at any time and for any reason before final action is taken by the CoARC. The Sponsor may submit another application at any subsequent time without prejudice. The Sponsor affirms that, should the proposed Program Option receive Provisional Accreditation that the stated maximum number of students per cohort and number of cohorts admitted annually shall not be increased until Continuing Accreditation is granted. The Sponsor also affirms that after Continuing Accreditation is granted, should the sponsor wish to increase the maximum number of students, it will follow the procedures delineated in Section 9 of the CoARC Accreditation Policies and Procedures Manual.

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

THE UNDERSIGNED FORMALLY DECLARE OUR INTENT TO DEVELOP AND SEEK ACCREDITATION FOR A

Please select

AND REQUEST INITIAL REVIEW OF THE PROPOSED PROGRAM OPTION.

THE UNDERSIGNED UNDERSTAND THAT THE DECISION AS TO WHETHER THE PROGRAM OPTION QUALIFIES FOR ACCREDITATION RESTS SOLELY AND EXCLUSIVELY WITH THE COARC AND THAT THE DECISION(S) OF THE COARC ARE FINAL.

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

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

PROGRAM OPTION **(Program Director)**	**INSTITUTION** **(Dean or Academic Administrator)**
Date:	Date:
Name:	Name:
Title:	Title:
Signature:	Signature:

The following are requirements for the submission of a Letter of Intent Application:

1. This application is to be completed for all applicant programs. All information is required unless otherwise indicated and must emailed to bonnie@coarc.com or uploaded electronically to a link provided by the Executive Office.

2. The application must include complete contact information. If the application is prepared by a representative on behalf of an institution, the preparer's contact information must also be included.

3. A nonrefundable Letter of Intent Application fee (see http://www.coarc.com) must be submitted with this application.

4. The application will be reviewed when all required components, including any necessary state approval and all applicable fees, have been received and the application is determined to be complete. This application must be received in electronic format. Applications that are incomplete or improperly assembled will not be processed, and applicant programs will be required to resubmit the application. If the required documentation is not received by the Executive Office within twelve (12) months following submission of the Letter of Intent Application, the application will be rejected and the Letter of Intent fee will be forfeited. Should the sponsor decide to proceed with the application a new application and fee will be required. A separate LOI-ADT application and separate fee must be submitted for each additional proposed ADT program (see Policy 2.031).

5. The Approval of Intent will expire two (2) years from the date of issue. Applicant programs that fail to submit a Provisional Self Study Report (PSSR) within six (6) months of receiving the Approval of Intent must reapply for accreditation following the process outlined in *CoARC Policy Section 2.0: Initiation and Reaffirmation of Accreditation* and be required to submit all applicable fees.

6. The sponsor must adhere to the submission deadlines as described in Policy 1.11 of the CoARC Accreditation Policies and Procedures Manual.

7. All submissions must use the most current version of this application. Previous versions of this application will not be accepted. Please check with the CoARC Executive Office.

8. Follow the **step-by-step instructions** on the next page to help assemble the required documentation for this Letter of Intent.

Step-By-Step Instructions

The Letter of Intent Application is an interactive Adobe Acrobat Document (PDF) that is compatible with Adobe Acrobat Software 8.0 and later. If using only Adobe Reader/Viewer, then all preset links for the required supplementary documentation will work providing the document is named exactly as listed and the same type of file format has been used.

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. However, software versions differ so you may have to use the 'Help' tab in order to locate a particular tool. 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 set 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.

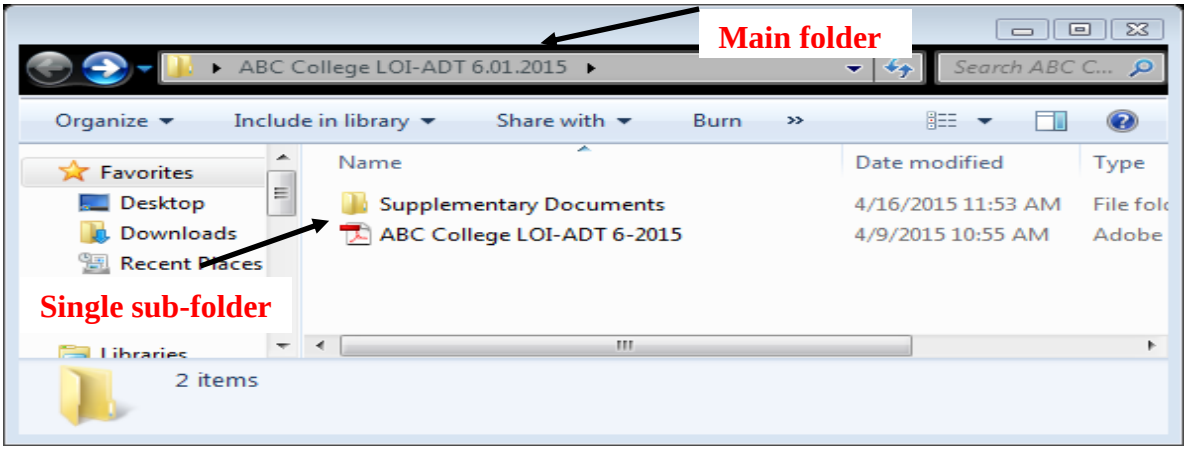
Please use the steps on the following pages as a guide in completing the Letter of Intent Application.

1. Create a main folder on your desktop that is labeled with the "Sponsor Name, Letter of Intent-ADT (LOI-ADT), Submission Date" (i.e., ABC College LOI-ADT 06.01.2015).

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

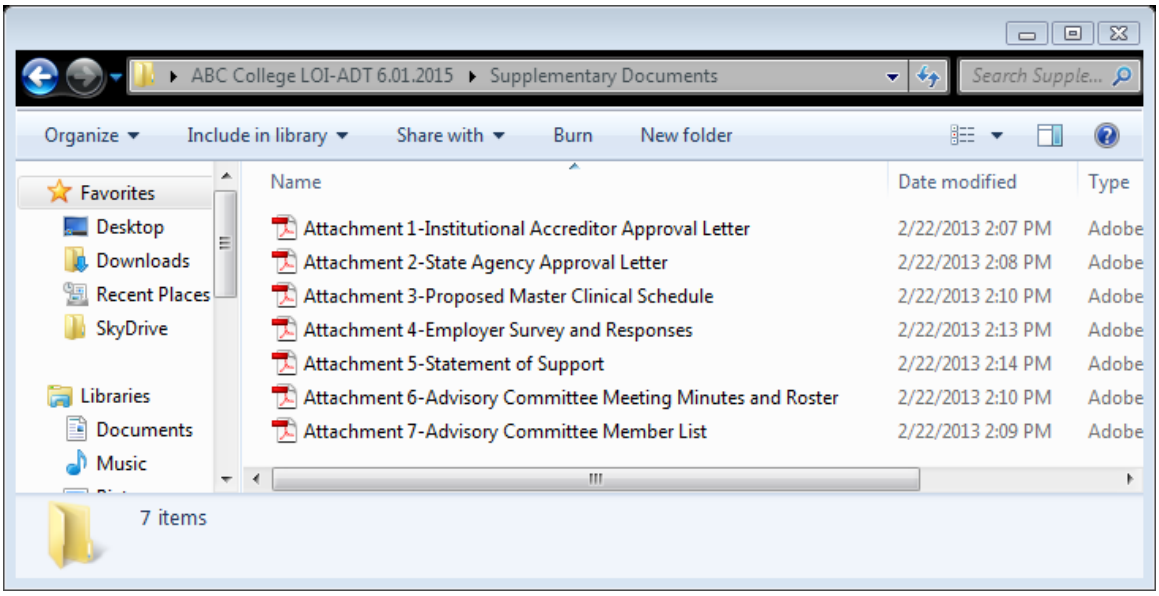
3. Save the Letter of Intent Application to the main folder you created on the desktop.

4. Name the Letter of Intent Application the same as the main folder "Sponsor Name, LOI-ADT, Submission Date" (i.e., ABC College LOI-ADT 06.01.2015). If you open your main folder it should look like the example below.



5. Open the saved template and complete the requested information along with the appropriate signatures.

6. Place all documentation requested to '***include as attachment***' throughout the application in the Supplementary Documents folder. All of the attachments must be in a PDF type of file. If the document is in a different file format, you will need to convert the document into a PDF. In the event that more than one document is required for an attachment, all requested documents should be combined (i.e., scanned or PDF portfolio) to create a single PDF attachment. The example below is how the Supplementary Documents folder will look once all the attachments have been included.



It remains the responsibility of the program to provide this information as requested and in an electronic format. Please contact Bonnie Marrs (817-283-2835 ext. 102) at the CoARC Executive Office if help is required.

General Information - Sponsor

1. Name of the base program sponsor requesting this program option:

   CoARC Program number of the base program sponsor:

2. Is the sponsor authorized by its institutional accreditor to provide this program option*?

   ☐ Yes ☐ No

3. Is the sponsor authorized by its state education agency to provide this program option**?

   ☐ Yes ☐ No

   Comments:

The sponsor must **include as an attachment a copy of the institutional accreditor's approval letter with this application. Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be* **Attachment 1-Institutional Accreditor Approval Letter**.

*** The sponsor must **include as an attachment** a copy of the approval from or registration with the appropriate state agency.*

*If approval from CoARC is required **BEFORE** state agency/institutional accreditor approval, please indicate this by checking the box.* ☐

*If this documentation **is** applicable, the file type must be PDF and the exact name of the document should be* **Attachment 2-State Agency Approval Letter**.

4. Proposed Program Option Name:

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

6. Programmatic Website URL (i.e., http://www.program.edu):

7. **For Entry and APRT Program Options Only:**

   The requested target date for admission of the first class of students*:

   **Note: A Provisional Accreditation status is required prior to student enrollment, thus any postponements to the next Board meeting is likely to require the Program Option to postpone the planned date for enrollment/matriculation of students and the planned graduation date of the first cohort.*

8. **For DA Program Options (answer only one of the following):**

   The original date for admission of the first class of students:

   OR

   The requested target date for admission of the first class of students:

9. Name and contact data for Program Director (PD) responsible for the Program Option:

   If the individual listed below is the same as the PD of record for the base program, please indicate this by checking the box. ☐

   Name:

   Credentials:

   Title:

   Voice: FAX:

   Email:

10. Name and contact data for Director of Clinical Education (DCE) responsible for the program option:

If not applicable to this program option, please indicate this by checking the box. ☐ N/A

If the individual listed below is the DCE of record for the base program, please indicate this by checking the box. ☐

Name:

Credentials:

Title:

Voice: FAX:

Email:

11. Name and contact data for Medical Director/Advisor (MD or MA) responsible for the program option:

If not applicable to this program option, please indicate this by checking the box. ☐ N/A

If the individual listed below is the MD or MA of record for the base program, please indicate this by checking the box. ☐

Name:

Credentials:

Title:

Voice: FAX:

Email:

CoARC Policy 2.03 – REQUIRED DOCUMENTATION

1. The sponsor of the proposed Program Option must:

State the maximum number of students it intends to admit per cohort and the maximum number of cohorts it intends to admit annually (defined as January 1 through December 31) should it receive CoARC approval. Program Options seeking Provisional Accreditation may admit no more than two (2) cohorts per calendar year which shall not be increased until Continuing Accreditation is granted.

Proposed maximum # of cohorts (classes) to be admitted annually:

Proposed maximum # of students to be admitted per cohort (class):

Comments:

2. The sponsor must ensure that the appropriate administrative officer and the Director/Manager of Respiratory Care of each proposed clinical site affirms, in writing, that her/his institution has sufficient clinical resources to support its share of the clinical activities of the proposed Program Option without adversely affecting the clinical activities of any existing respiratory programs at that clinical site. Signed affirmation letters from each proposed clinical site stating the maximum number of clinical slots available for students from the proposed new program option must be mailed or faxed directly to the CoARC Executive Office. Sponsors must use the CoARC-approved Clinical Site Affirmation Form available at www.coarc.com. The Clinical Site Affirmation Forms required with the Letter of Intent Application must be received by the CoARC Executive Office within thirty (30) days after the date of the receipt of the Letter of Intent Application. Failure to meet this deadline may result in a delay of consideration of approval.

If the degree advancement program does not offer a clinical component, please indicate this by checking the box and proceed to question #4B: ☐

The following is a list of all proposed clinical affiliates that have been sent a Clinical Affirmation Form:

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

Comments:

3. Explain how the clinical slots guaranteed by the administrators of the clinical sites (listed above) will be used to schedule the first and second year students in the clinical courses. The sponsor must also include a description of any overlaps in clinical schedules with multiple cohorts.

   *The sponsor **includes as an attachment** a proposed master clinical schedule (in table format) showing aggregate information provided on pages 1 and 2 of the clinical affirmation form for each of the proposed clinical affiliates listed in #3. The master clinical schedule should list the proposed clinical courses in the sequence in which the students would typically enroll in them. For linking purposes, the file type must be PDF and the exact name of the document should be* **Attachment 3-Proposed Master Clinical Schedule**.

   Comments:

4. The Sponsor must complete a needs and clinical resources assessment as described below.

   Needs and Clinical Resources Assessment

   There must be a demonstrable need for a Program Option that meets the stated goals and objectives in the drawing area the sponsor proposes to serve with the Program Option. The Advisory Committee must include responses to the following:

   Similar Program Options at Other Institutions in Drawing Area: (A) Describe all similar Program Options in institutions within the drawing area of the proposed Program Option. (B) Explain concisely the similarities and differences, and why another Program Option of this type is needed in this drawing area at this time. (C) Describe concisely the availability of resources within the community to provide adequate learning opportunities.

   Response to (A):

Response to (B):

Response to (C):

B. Program Credibility/Career Potential -- Is there sufficient evidence that employers would preferentially hire or promote graduates with this education and will this preparation permit students to stay current in their profession?

Study Group's/Advisory Committee's response to (B):

If this documentation is not applicable, please indicate this by checking the box.

If this documentation is applicable, the file type must be PDF and the exact name of the document should be **Attachment 10-Additional Credibility or Potential**.

Degree advancement programs proceed to question # 5 ☐

C. Employer Survey/Other Evidence of Need: A survey of prospective employers in the drawing area within which students will be seeking employment should address to what extent the proposed applicant Program Option will be valued by prospective employers. In addition, provide a narrative on the following:

- When the survey was taken, and by what methodology (mail, telephone);
- How many employers were surveyed and how many responded;
- The specific title(s) of the positions covered by the survey;
- How many openings the employer anticipates, due to separations and new jobs (growth), in the next full year and over the next full five years;
- Whether the employer believes the applicant Program Option as described would qualify students for the specific positions;
- Whether the employer would preferentially hire students who have completed the Program Option.

***Include as an attachment**, a copy of the questions asked in the survey and a full summary of responses. Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be* **Attachment 4-Employer Survey and Responses**.

5. The Advisory Committee must generate a Statement of Support that outlines the need for the Program Option. The Statement of Support must be signed and dated by a majority of the Advisory Committee members, including the Advisory Committee Chair.

*Statement of Support: The sponsor **includes as an attachment** a Statement of Support outlining the need for the proposed Program Option. The Statement of Support must be signed and dated by the Advisory Committee Chair and the Advisory Committee members. A Statement of Support template can be located on the CoARC website (**www.coarc.com**). For linking purposes, the file type must be PDF and the exact name of the document should be* **Attachment 5-Statement of Support.**

The Statement of Support must also include the following three statements:

a. *"The undersigned affirm that all required documentation was reviewed."*
b. *"No individuals representing the sponsor of the potential Program Option were involved in the writing of the Statement of Support."*
c. *"Members of the advisory committee were not paid with the exception of meals during the meeting and reimbursement of mileage expenses using the current IRS guidelines for business travel."*

*The sponsor **includes as attachment** meeting minutes, attendance roster, and information described above for the Advisory Committee meeting in which the Program Option was reviewed and approved. Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be* **Attachment 6-Advisory Committee Meeting Minutes and Roster**.

List of all Members of the Advisory Committee: *The sponsor includes as an attachment a list of all advisory committee members, including their job titles and contact information, as well as their affiliations. For linking purposes, the file type must be PDF and the exact name of the document should be* **Attachment 7- Advisory Committee Member List.**

Additional comments, if applicable:

Name and contact data for person responsible for the preparation and submission of this application:

Name:

Credentials:

Title:

Voice: FAX:

Email:

Prior to mailing, double-check to be sure all fields in the application have been completed, appropriate signatures obtained, all required documents are included in the Supplementary Documents folder, and the attachment links work.

Submit this completed application to Bonnie@coarc.com and mail the appropriate fee to:

Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Blvd
Telford, TN 37690
817-283-2835
817-510-1063 Fax
www.coarc.com

******BE SURE TO SAFEGAURD YOUR WORK WHEN SHIPPING BY USING A TRACKING NUMBER******