



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Off-Campus Laboratory Site Affirmation Form

Program Number (Use 'N/A' if Applying for Accreditation): [ ]

Program Sponsor: [ ]

An Off-Campus Laboratory Site Affirmation Form is required for new programs (CoARC Policy 2.0) and for existing programs for which it would be a substantive change (CoARC Policy 9.0). Visit the CoARC website at www.coarc.com for a copy of the Accreditation Policies and Procedures Manual.

The program sponsor must complete Questions 1 through 4 for each off-campus laboratory site. The Respiratory Care Department Director; Facility Administrator; and the faculty member providing the student laboratory experiences must complete the Statement of Support and submit the entire form directly to the CoARC Executive Office. The program should share the completed form with the off-campus laboratory site. Submitting incomplete or incorrect forms may result in delay or denial of the Approval of Intent or substantive change. This form submitted by the program sponsor will not be accepted.

1. a. Off-Campus Laboratory Site Name (Do not use healthcare system names):

[ ]

City: [ ] State: [ ]

b. One-way distance, in miles, of this site from the base program: [ ] miles

2. Laboratory content equipment provided by this site is related to the following areas: Check all that apply.

Adult acute care: Adult ICU: Pediatric acute care: Pediatric ICU:
Neonatal ICU: Intubation: Home Care: Long-term care:
Rehab: Sleep: ER: [ ] ABG: EKG: [ ] PFT:
Other (specify): [ ]

3. Student Capacity (this must match the program sponsor's laboratory schedule)

Number of students to be assigned to this laboratory site:
First-year: [ ] Second-year: [ ] Total students per calendar year: [ ]

4. The representative from this site who serves on the Study Group or Advisory Committee.

Name and credentials: [ ]
Title: [ ]
Email: [ ]

If the representative from this off-campus lab site is not on the new program's Study Group or the existing program's Advisory Committee, then briefly explain the reason.



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
**Off-Campus Laboratory Site Affirmation Form**

**(This section is to be completed by the off-campus lab site ONLY)**

1. Anticipated student-to-laboratory faculty supervision ratio at this site:
2. Identify any other respiratory care programs using this site as an off-campus lab concurrently. If additional space is needed for more programs, please provide the information separately. If none, click here:

Name of Program(s)

Number of Students at Lab Site

**Statement of Support**

We at \_\_\_\_\_ (facility name)  
 affirm that we have sufficient fiscal, physical, faculty, and technological resources to support our share of  
 the laboratory activities required by the respiratory care program from (program sponsor name):

With this signed affirmation, we agree to host up to \_\_\_\_\_ first-year students per calendar year and \_\_\_\_\_  
 second-year students per calendar year from this program sponsor.

Additionally, we affirm that:

1. Conducting laboratory instructional activities with students from this program sponsor will not compromise the quality of laboratory education experiences for existing affiliated programs;
2. We are aware that we will be responsible for lab competency testing of students prior to patient contact and that we will be required to provide evidence that this has occurred, based on the program's assessment system;
3. We are aware that all lab competency testing will be "outside" the time specified as clinical education;
4. Reasonable steps will be taken to provide a healthy, safe and secure environment for all students.

**Signatures**

Name of Faculty Member Providing Student Lab Experiences:  Phone #:  Email:  Signature:  Date:	Name of Respiratory Care Department Director:  Phone #:  Email:  Signature:  Date:	Name of Facility Administrator (above the RC department):  Phone #:  Email:  Signature:  Date:
--	--	--

**THE OFF-CAMPUS LAB SITE COMPLETING THIS FORM MUST EMAIL THE ENTIRE DOCUMENT TO THE COARC EXECUTIVE OFFICE:**

Commission on Accreditation for Respiratory Care  
[shelley@coarc.com](mailto:shelley@coarc.com)

For questions concerning this form, please contact Shelley Christensen at (817) 283-2835 ext. 106