Letter of Intent Application
Base Program
Degree Advancement

For

Submitted on

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

© 2023 All rights reserved. Commission on Accreditation for Respiratory Care

LETTER OF INTENT APPLICATION – BASE DA PROGRAM

Sponsor Name:

The Commission of Accreditation for Respiratory Care (CoARC) requires that the accreditation process for an educational program in respiratory care (base program) be initiated or continued at the request of the institution sponsoring the program. This Letter of Intent application, signed by the program sponsor's chief executive and chief academic officer(s), constitutes the program's formal request for an Approval of Intent, the first step in the accreditation process. The ensuing process provides peer review of the program's educational content and procedures, based on national education standards as published in the CoARC's *Accreditation Standards for Degree Advancement Programs in Respiratory Care (Standards),* as well as the CoARC's applicable policies and procedures.

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 the CoARC Board, which determines whether the program does or does not comply with the *Standards*. Volunteers Board members, who represent the educational and professional communities related to respiratory care, provide the time and experience necessary to complete this process.

The undersigned hereby apply to the CoARC for accreditation of the Program, in accordance with, and subject to, the CoARC's applicable procedures and regulations. The undersigned understand and agree to the conditions set forth in the CoARC's *Standards*, the Accreditation Policies and Procedures Manual, and other policy documents describing accreditation and the accreditation process. The undersigned acknowledge that, should any of the data provided in this application be false, or if, in the future, the Program violates any of the rules or regulations governing accredited programs, it will be subject to denial of accreditation, to the withdrawal of accreditation and forfeiture of any status of public recognition indicating accreditation granted by the CoARC, or to denial of future eligibility for accreditation, whichever is/are applicable.

The undersigned authorize whatever inquiries and investigations the CoARC 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 has authorized the release or it is required by law, except when such release is required for CoARC to meet recognition criteria of the Council for Higher Education Accreditation (CHEA). Information identified in CoARC Policy 14.03 will not be treated as confidential and may be released to the public. The CoARC may use other information from this application for the purpose of statistical analysis, provided that the Program's connection 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 act or omission by any of the above groups in connection with: the program's eligibility for accreditation; this application; the application process; or the denial or withdrawal of the Program's accreditation.

Notwithstanding the above, should the Sponsor file suit against CoARC, the undersigned agree that any such action shall be governed by and construed under the laws of the State of Texas without regard to conflicts of law. In addition, the undersigned**:** further agree that any such action shall be brought in the District Court of Tarrant County in the State of Texas or the Federal District Court for the Northern District of Texas; consent to the jurisdiction of such state and federal courts; and agree that the venue of such courts is proper. The undersigned further agree 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 Sponsor may withdraw this application at any time and for any reason before the CoARC takes final action. The Sponsor may subsequently submit another application without prejudice. The Sponsor affirms that should the proposed program receive Provisional Accreditation, to make any change in the initially stated maximum number of students per cohort and number of cohorts admitted annually it will follow the procedures delineated in Section 9 of the CoARC Accreditation Policies and Procedures Manual. The Sponsor also agrees not to admit students into the proposed program until it receives confirmation of Provisional Accreditation.

THE UNDERSIGNED FORMALLY DECLARE OUR INTENT TO DEVELOP AND SEEK ACCREDITATION FOR A DEGREE ADVANCEMENT PROGRAM AND REQUEST AN INITIAL REVIEW.

THE UNDERSIGNED UNDERSTAND THAT THE DECISION AS TO WHETHER THE PROGRAM QUALIFIES FOR ACCREDITATION RESTS SOLELY AND EXCLUSIVELY WITH THE COARC AND THAT THE DECISION(S) OF THE COARC 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 AGREE THAT THE PROGRAM AND INSTITUTION WILL BE LEGALLY BOUND BY THEM.

SPONSORING INSTITUTION (CEO/President)	**SPONSORING INSTITUTION (Chief Academic Admin/Dean)**	**CONSORTIUM PARTNER (If not applicable, check ☐)**
Date:	Date:	Date:
Name:	Name:	Name:
Title:	Title:	Title:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Signature:	Signature:	Signature:

LETTER OF INTENT APPLICATION – BASE DA PROGRAM

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

1. All applicant programs must complete this application. All information requested in the application is required unless otherwise indicated and the completed application must be submitted electronically in a compressed zipped file **by email to bonnie@coarc.com.**

2. The application must include complete contact information. If a representative prepares the application on behalf of an institution, the preparer's contact information must also be included. Signatures, where requested, can be either handwritten or electronic.

3. A nonrefundable Letter of Intent Application fee (see http://www.coarc.com) must be submitted to 264 Precision Blvd, Telford, TN 37690. To submit a payment electronically, contact Shane Keene (shane@coarc.com). **The application will not be processed until the fee is received.**

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. The application must be received in electronic format. Incomplete or improperly assembled applications will not be processed, and the applicant will be required to resubmit the application. If the Executive Office does not receive all the required documentation 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 redo the application, a new application with all required components and an application fee will be required (see Policy 2.021).

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

6. Applicants must use the current version of this application. Previous versions will not be accepted. Please check with the CoARC Executive Office (***Bonnie@coarc.com***) to confirm that you are using the correct version.

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

Step-By-Step Instructions

The Letter of Intent Application is an interactive Adobe Acrobat Document (PDF) compatible with Adobe Acrobat Software 8.0 and later formats. **It must be submitted in the Adobe Template form. Scanned copies will NOT be accepted.**

There are a few helpful tools that will need to be available in your toolbar: the hand tool, the previous page view button, and the 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 to locate a particular tool. The 'hand tool' allows you to fill in the highlighted fields, and the 'previous page view' enables you to go back and forth within the template. The 'bookmarks 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 the ability to rename the folder and documents is not restricted and that documents are positioned so they do not need to be rotated to view.

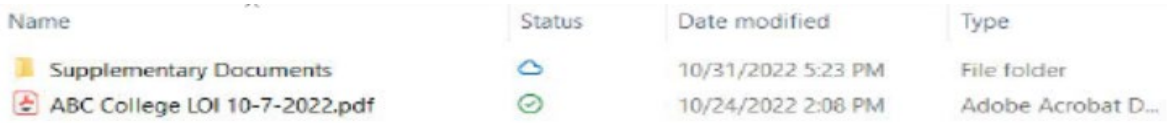
Please use the steps on the following pages as a guide in completing the Letter of Intent Application.

1. Create a main folder on your desktop that is labeled with the "Sponsor Name, Letter of Intent (LOI), Submission Date" (i.e., ABC College LOI 03.01.2023).

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

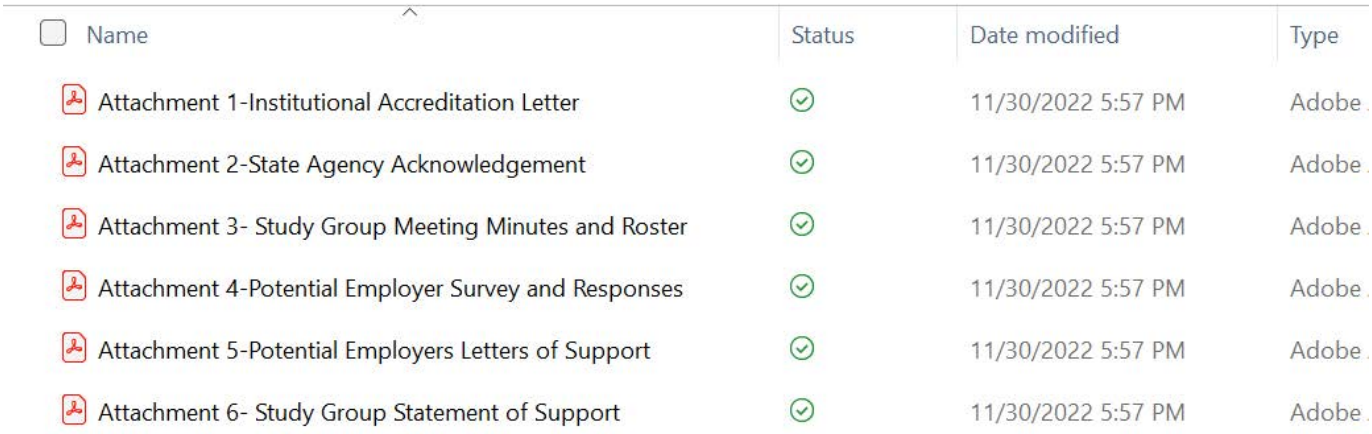
3. Save the Letter of Intent Application to the main folder you created on the desktop.

4. Name the Letter of Intent Application the same as the main folder "Sponsor Name, LOI, Submission Date" (i.e., ABC College LOI 03.01.2023). When you open the main folder, it should look like the example below.



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

6. Place all documentation requested to '***include as attachment***' throughout the application in the Supplementary Documents folder. If 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.



Name	Status	Date modified	Type
Attachment 1-Institutional Accreditation Letter	✓	11/30/2022 5:57 PM	Adobe
Attachment 2-State Agency Acknowledgement	✓	11/30/2022 5:57 PM	Adobe
Attachment 3- Study Group Meeting Minutes and Roster	✓	11/30/2022 5:57 PM	Adobe
Attachment 4-Potential Employer Survey and Responses	✓	11/30/2022 5:57 PM	Adobe
Attachment 5-Potential Employers Letters of Support	✓	11/30/2022 5:57 PM	Adobe
Attachment 6- Study Group Statement of Support	✓	11/30/2022 5:57 PM	Adobe

It is 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 and contact information of the sponsor:

   Address:

   City: State: Zip Code:

   Phone:

2. Is the Sponsor part of a consortium? ☐ **Yes** ☐ **No** (If No, proceed to #4)

   *A **consortium** is defined as a legally binding contractual partnership of two or more institutions (at least one of which is a duly accredited degree-granting institution of higher education) established to offer a Respiratory Care education program. The consortium must be structured to recognize and perform all the responsibilities and functions required of a program sponsor.*

3. If **"YES,"** please list the names of each consortium member (and which member is conferring the degree):

*The consortium must **include as an attachment** an organizational chart delineating the program's relationship to all consortium members and how the program reports to, or is supervised by, each component.*

4. Complete the following for the sponsoring educational institution

   (If the sponsor is a consortium, complete the following for the primary, degree-granting sponsor –*see CoARC Standard 1.02*):

   a. Sponsoring Educational Institution Type: Please Select:

   b. Sponsoring Educational Institution Control/Ownership: Please Select:

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

d. Sponsoring Educational Institution Accreditation

Name of Institutional Accrediting Agency: ☐

Current Accreditation Status*: ☐

Year of Last Accreditation Review: ☐

Year of Next Accreditation Review: ☐

The degree-granting sponsor must **include as an attachment a copy of the most recent institutional accreditation letter/certificate with this application. For a consortium, this letter/certificate must be provided for each degree-granting member of the consortium.*

Refer to step 6 of the step-by-step instructions for combining multiple documents. Please label the PDF file **Attachment 1 -Institutional Accreditation Letter-Certificate(s)**.

Is the sponsoring educational institution legally authorized under applicable state laws to provide the proposed degree**? ☐ Yes ☐ No

Comments: ☐

***The degree-granting sponsor must **include as an attachment** a copy of the most recent approval from or registration with the appropriate state education agency (if applicable). For a consortium, this letter/certificate must be provided for each degree-granting member of the consortium (if applicable).*

*If approval from CoARC is required **BEFORE** state agency/institutional accreditor approval, please indicate this by checking the box.* ☐ *Or if not applicable* ☐

If this documentation is applicable, please label **Attachment 2 -State Agency Acknowledgement(s)**.

5. Proposed Program Name: ☐

6. Degree to be offered (AS, BS, MS, etc.): Please Select:

7. Institutional Website URL (i.e., http://www.institution.edu):
☐

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

Note: If students are already matriculated in the program, please provide the expected date of graduation for the current class: ☐

CoARC Policy 2.021 – REQUIRED DOCUMENTATION

If this application is a request to transition a program option to a new base program (see CoARC Policy 2.06), please indicate this by checking the box. ☐

a) Prior to submitting the application, the sponsor must assemble a Study Group which includes graduates, faculty, college administration, employers, physicians, and the public to assess the need for a new educational program. Employees of or consultants for the sponsor cannot be members of the Study Group. It is recommended that other potential employers of future program graduates be included. Invitations to the Study Group must be sent at least thirty (30) days in advance of the first scheduled meeting. If the meeting time or location changes, at least two weeks' notice must be provided.

*The sponsor must **include as** evidence of compliance with this requirement* **- Study Group Invitations** *(i.e., electronic mail or USPS, FedEx, UPS, etc.) delineating the mail correspondence of invitations to the Study Group participants).*

Refer to step 6 of the step-by-step instructions for combining multiple documents. Please complete **APPENDIX C-Study Group Member List.** *(Form provided at the end of this application.).*

List of Members of Study Group: *The sponsor must **include in APPENDIX C** a list of study group members, including their employer, their job titles, and contact information. An accompanying explanation should make clear that they represent those within the community who would hire graduates of the proposed program.*

b) A Chair, with neither present nor past affiliation with the program sponsor(s), must be elected or selected by members of the Study Group (not by the program sponsor). This individual will oversee all responsibilities of the Study Group.
***Please Note**: The Chair may have a past affiliation with the program sponsor(s) if the program is reapplying following Withhold or Withdrawal of Accreditation (voluntary or involuntary).*

Study Group Chair Information:

Name: _____

Job Title: _____

Primary employer: _____

Email: _____

Phone#: _____

Comments: _____

c) A quorum (defined as a majority of the members of the Study Group) must be present at all meetings. Minutes from at least two recent meetings must be included in the application, along with a signed roster that identifies the Chair and the names, affiliations, job titles, and email addresses of all the members present at each meeting.

Meeting Date:

Meeting Date:

Meeting Date:

Meeting Date:

*The sponsor must include, as an **attachment,** meeting minutes, attendance roster, and information described above for each meeting.*

Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. Please label the PDF file **- Attachment 3- Study Group Meetings Minutes and Rosters**.

Additional comments, if applicable:

d) The sponsor of the proposed program must:

a. State the maximum number of students it intends to admit annually (defined as January 1 through December 31) should it receive CoARC approval. See CoARC Policy 9.10 for more details.

Proposed maximum # of students to be admitted annually:

Comments:

e) The Study Group must complete a needs and resources assessment described below.

Needs and Resources Assessment

There must be a demonstrable need for a program with the goals and objectives proposed by the sponsor. The Study Group must provide responses to the following:

Similar Programs at Other Institutions Within the Community (i.e., the area where the proposed program is located): (A) Describe all similar programs in institutions within the community of the proposed program. (B) Explain concisely the similarities and differences between the programs and why a program of this type is needed in this community.

Study Group's response to (A):

Study Group's response to (B):

f) **Employer Survey/Other Evidence of Need:** A survey of prospective employers in the community within which students will be seeking employment should address to what extent prospective employers will value the proposed applicant program. In addition, provide a narrative on the following:

- When the survey was taken, and by what methodology (mail, internet, telephone).
- How many employers were surveyed, and how many of these 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 twelve months and over the next five years?

Include as an attachment *a copy of the questions asked in the survey and a full summary of responses.*

Please label the PDF file- **Attachment 4 - Potential Employer Survey and Responses***.*

If available, include as an attachment *any letters of support from potential employers in the community. Other evidence of job market needs may be included if available.*

Please label the PDF file- **Attachment 5- Potential Employers Letters of Support***.*

g) The Study Group must generate a Statement of Support outlining the community's need for the program. The Statement of Support must be signed and dated by a majority of the members, including the Chair.

*Statement of Support: **Include as an attachment**, a Statement of Support outlining the need for the proposed program. The Statement of Support must be signed and dated by the Chair and the members (use of a statement from each member is permitted). A Statement of Support template is located on the CoARC website (**www.coarc.com**).*

Please label the PDF file- **Attachment 6 - Study Group Statement of Support.**

h) **PROPOSED CURRICULUM**

Where will didactic and laboratory instruction be held?

*Include a description of whether the program will be offered at a location(s) separate from the base program campus. If off-campus, provide: (1) the distance (one-way in miles) between the location(s) and the base program campus; (2) the number of proposed students attending each location; and (3) describe the fiscal, academic, physical resources, and academic support services available at each location. If the proposed program plans to use clinical sites for laboratory instruction, they must include a plan for ensuring equivalence, oversight, and supervision at the remote lab sites.

What is your proposed plan for programmatic curriculum development and delivery?

*Include a description of the methods used to deliver course content (i.e., distance, hybrid, or in-person, and whether learning will occur synchronously**,** asynchronously, or both) for the didactic, laboratory, and clinical components of the programmatic curriculum. **Complete Appendix B**.

If the sponsor is proposing using off-campus laboratory site(s)*, complete this next section. Otherwise, proceed to the Proposed Program Length Section.

* An **off-campus laboratory site (OCLS)** is any location physically apart from the base program campus where the required laboratory instruction takes place. This does not include a satellite campus as defined in CoARC Policy 2.05**.** If unsure how to categorize the program instructional site, please contact Tom Smalling.

Describe the sponsor's plan for ensuring that the equipment, oversight/supervision, and academic support services at the proposed off-campus site(s) will be equivalent to those at the base program.

Explain how the sponsor will ensure sufficient access/availability to the laboratory learning environment at the proposed site(s).

Explain the program faculty's role in supervising students at the proposed site(s).

Explain what the program faculty's role will be in ensuring appropriate evaluation of student performance (especially how lab competency testing and exam proctoring will occur) at the proposed site(s). If these will be performed by employees of the off-campus site, explain how the program will ensure that such evaluations will be based solely on programmatic requirements/specifications.

Explain how the program will ensure that out-of-state students (if applicable) will receive an equivalent lab and/or simulation experience? If, N/A check here ☐

Submit, **in addition to this application**, written affirmations from the appropriate administrative officer, the Director/Manager of Respiratory Care, and the faculty member providing the student laboratory experiences for each off-campus site the program proposes to use**,** that define the number of students that the site can support and that it has sufficient resources to support its share of the laboratory activities of the program. Programs must use the CoARC- approved *Off-Campus Laboratory Site Affirmation Form* available at www.coarc.com.

Provide the names of the sites that are expected to submit the *Off-Campus Laboratory Site Affirmation Form* to the CoARC Executive Office. If more than 15 sites, include additional tables as a separate attachment.

	Name of Off-Campus Laboratory Site	City/State	Percentage of Lab Coursework Provided at this Site	Distance (one-way in miles) between Off-Campus Lab Site and Base Program
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

PROPOSED PROGRAM LENGTH

a. State the proposed program length, including the number of proposed clock hours versus alternate experiences (e.g., simulation).

b. Briefly describe the rationale for the program length (considering learning activities that students must accomplish and mandates from the program's administration or state legislation (if applicable).

PROPOSED FACULTY RESOURCES

Describe the adequacy of qualified and credentialed program faculty to ensure satisfactory implementation of the proposed program's curriculum and the achievement of the program goals and objectives. If a sufficient number of faculty and/or preceptors are not currently available, what is the program's plan to obtain additional faculty?

In addition to the full-time PD, the anticipated Number of program faculty:

Full-Time	
Part-Time	
Adjunct	

Note: The sponsor defines full-time, part-time, and adjunct.

If the sponsor has already employed a Program Director, complete **APPENDIX A – PROGRAM DIRECTOR CV OUTLINE FORM.**

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

Name and Credentials:

Title:

Work: Cell:

Email:

Prior to submission via email, double-check to ensure all fields in the application have been completed, appropriate signatures have been obtained, and all required documentation has been included in the Supplementary Documents folder.

Submit this completed application to bonnie@coarc.com.

Mail appropriate fees to:
Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Blvd, Telford, TN 37690

817-283-2835 Main 817-510-1063 Fax to Email

www.coarc.com

APPENDIX A – Program Director CV Outline Form

If not available, check here ☐ and proceed to next Section.

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.):

APPENDIX B – Proposed Program Course Requirements Table

If not available, check here ☐ and proceed to next Section.

List all the **pre-requisite courses** required for conferral of the degree upon completion of the program in the enrollment sequence (if applicable) students would typically use. Use N/A where not applicable.

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.)	# Credits	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total Prerequisite Credits Required for Graduation:	

List all the **general education courses** required for conferral of the degree upon completion of the program in the enrollment sequence (if applicable) students would typically use. Use N/A where not applicable.

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.)	# Credits	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total General Education Credits Required for Graduation:	

List all the **program courses** required for conferral of the degree upon completion of the program in the enrollment sequence students would typically use. Use N/A where not applicable.

Sequence by Sem/ Quarter #	Course #	Course Title	# Total Lecture Hours	# Total Lab Hours	# Credits	Location Where Student Instruction Occurs (Name of Facility if Not at Base Program Campus)	Faculty Responsible for Teaching	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Sequence by Sem/ Quarter #	Course #	Course Title	# Total Lecture Hours	# Total Lab Hours	# Credits	Location Where Student Instruction Occurs (Name of Facility if Not at Base Program Campus)	Faculty Responsible for Teaching	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total Required for Graduation:				

Overall length of program in months =
Length of semester/quarter in weeks =

Or in years =

Credit Type is:
Semester
Quarter
Other

If other, specify:

APPENDIX C – Study Group Member List

PROGRAM NAME:

The sponsor must assemble a Study Group which includes graduates, faculty, college administration, employers, physicians, and the public to assess the need for a new educational program. Employees of or consultants for the sponsor cannot be members of the Study Group. It is recommended that other potential employers of future program graduates be included.

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE
CHAIR			NA	
PUBLIC MEMBER			NA	

LETTER OF INTENT APPLICATION – BASE DA PROGRAM

PROGRAM NAME:

The sponsor must assemble a Study Group which includes graduates, faculty, college administration, employers, physicians, and the public to assess the need for a new educational program. Employees of or consultants for the sponsor cannot be members of the Study Group. It is recommended that other potential employers of future program graduates be included.

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE

LETTER OF INTENT APPLICATION – BASE DA PROGRAM

PROGRAM NAME:

The sponsor must assemble a Study Group which includes graduates, faculty, college administration, employers, physicians, and the public to assess the need for a new educational program. Employees of or consultants for the sponsor cannot be members of the Study Group. It is recommended that other potential employers of future program graduates be included.

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE