

2022 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



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To maintain transparency and advance education in respiratory care, the CoARC is fully committed to sharing its accreditation data. Annually, the CoARC Executive Office prepares this comprehensive report that provides a plethora of information about all CoARC accredited programs, including descriptive statistics of the programs, the accreditation actions taken by CoARC over the previous year, and aggregate data on graduate, enrollment, and outcomes. This Annual Report on Accreditation in Respiratory Care Education is posted on the CoARC website in PDF format. Access is unrestricted. When a third party uses CoARC-published data as part of a separate publication, the CoARC requests that the publication include the following disclaimer:

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Inquiries regarding this report should be addressed to:

Tom Smalling, PhD, RRT, RRT-SDS, RPFT, RPSGT, FAARC
Chief Executive Officer
tom@coarc.com

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Commission on Accreditation for Respiratory Care, Inc.
264 Precision Blvd
Telford, TN 37690
www.coarc.com

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INTRODUCTION

It is my great pleasure to provide to you, on behalf of the Board and Executive Office Staff of the Commission on Accreditation for Respiratory Care (CoARC), the *2022 Report on Accreditation in Respiratory Care Education*. This report presents information on CoARC accredited programs and accreditation actions taken by the CoARC annually. The CoARC has developed this report to provide critical data in the following four areas:

- Descriptive statistics of CoARC Accredited Programs as of December 31, 2022.
- Accreditation actions taken in 2022; and
- Aggregate statistics of applications, graduate, enrollment, and outcomes data derived from the 2022 Annual Reports of Current Status submitted on July 1, 2022.

There were 59 accreditation site visits in 2022 involving 46 volunteers. These were a combination of in-person and virtual site visits. The commitment level of these volunteers is remarkable and truly appreciated, particularly so during the pandemic. The CoARC expresses its gratitude to each of them for sharing the time and talent essential to the critically important goal of ensuring the quality of all respiratory care programs.

The CoARC collected annual report data using the annual reporting tool developed and maintained by KG Labs, LLC. The Annual Report of Current Status (RCS) was completed by 404 programs and program options and submitted on July 1. We would like to acknowledge the considerable time and effort required to provide the important information encompassed by the RCS. The charts included in this report are derived from these data and other data sets used by the CoARC and are designed to provide aggregate information on accredited respiratory care educational programs and their graduates. This information can be used by the CoARC's communities of interest in their evaluations of the profession's current state, both locally and nationally. In addition to this report, there is an interactive map of programmatic outcomes: <https://fortress.maptive.com/ver4/685cec73cf23ad467ecb7f329fb3d259>.

Please feel free to share suggestions for improvements or changes by contacting our Chief Executive Officer, Tom Smalling, Ph.D., RRT, RRT-SDS, RPFT, RPSGT, FAARC, at tom@coarc.com.

Thank you for your support,

A handwritten signature in black ink, appearing to read "Kevin O'Neil", written over a horizontal line.

Kevin O'Neil, MD
President

EXECUTIVE SUMMARY

PROGRAMS BY PROGRAM TYPE

As of December 31, 2022, there were 466 programs and program options under accreditation review by the CoARC. These include 429 Entry into Respiratory Care Professional Practice programs/program satellites, two sleep specialist programs, 34 Degree Advancement programs, and 1 Advanced Practice Respiratory Therapist program.

PROGRAMS BY DEGREE OFFERED

As of December 31, 2022, 80% of the 429 accredited entry into respiratory care practice programs were associate degree, and 18% were baccalaureate degree. Eight programs (2% of total) offered a master's degree. Compared to data from the 2021 Report on Accreditation, the number of associate degree programs increased by 7, the number of baccalaureate programs increased by 6 and the number of master's degrees increased by 3. The AAS degree accounted for the largest (50%) of all degree types, a slight increase from the previous year. There has been a 25% decrease in AS programs since 2016.

PROGRAMS BY INSTITUTIONAL TYPE

As of December 31, 2022, 58% of entry into practice programs and satellites were offered at a community/junior college; 24% of programs were offered at a four-year college/university; 13% of accredited programs were offered at a technical/vocational school; 4% at an academic HSC/medical center; 1% at a career/technical college, and <1% of programs were offered by the U.S. military. Interestingly, 38 of the associate degree programs (9% of total) are offered at four-year colleges/universities. Four community colleges confer the baccalaureate degree. This is a decrease of two compared to 2021.

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

As of December 31, 2022, 80% of the sponsors were operating under a public/not-for-profit status; 10% were operating under a private/for-profit (proprietary) status; 9% were operating under a private/not-for-profit status, and <1% were controlled and funded by the federal government. Associate degree programs offered by sponsors operating under a public/not-for-profit status accounted for the largest (66%) group.

PROGRAMS BY STATE, D.C., AND PUERTO RICO

There are CoARC-accredited respiratory care programs in every state except Alaska. California has the largest number of programs and satellites, at 36. Twenty-eight states and Puerto Rico have an entry into practice program at the baccalaureate or master's level. Twenty-two states and the District of Columbia do not have an entry into practice program at the baccalaureate or master's level. Nineteen states have a CoARC-accredited DA program. Thirty-one states in addition to the District of Columbia and Puerto Rico do not have a CoARC-accredited DA program. Nineteen states have a CoARC-accredited DA program. Thirty-one states in addition to the District of Columbia and Puerto Rico do not have a CoARC-accredited DA program.

ACCREDITATION ACTIONS

In 2022 there were 141 accreditation actions taken by the Board, 73 accreditation actions processed by the Executive Office, and 59 site visits conducted.

Applications for Substantive Change

Of the 50 applications for substantive change processed by the CoARC in 2022, 15 were changes in sponsorship, 4 were changes in degree awarded, 3 were changes in program goals, 17 were changes in curriculum or delivery methods (including changes in the number of clock or credit hours and/or other changes in the length of the program), 12 were increases in enrollment, and 5 were changes in program location. Some of these application included multiple policy changes, which is why the total does not equal 50.

Changes in Program Information and Personnel

Of the 81 permanent changes in Program Director in 2022, 17 were due to retirement, 29 to resignation, 24 to re-assignment, and 11 were due to other reasons.

2022 ANNUAL REPORT OF CURRENT STATUS (RCS)

A total of 404 annual reports for respiratory programs were used to generate the aggregate data (January 1, 2019, through December 31, 2021) from the 2022 RCS reports.

Total Applications

Total entry into practice applications reached a peak of 23,430 in 2011 and then decreased by 42% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. There were 16,028 applications in 2021 (a 2.5% decrease compared to 2020). The mean number of applications per program was 40 in 2021.

RC Applications by Degree Offered

Compared to 2020, applications in 2021 increased by 4% for associate degree programs and by 34.1% for master's programs. Applications decreased by 11.4% for baccalaureate degree programs.

RC Applications by Institutional Type

Compared to 2020, applications in 2021 increased by 4.1% for community/junior colleges; and by 299% for career/technical colleges. Applications decreased by 2% for 4-year colleges/universities; by 13.1% for U.S. military programs; by 11.5% for technical/vocational schools; and by 8.9% for academic HSC/Med Centers.

RC Applications by Institutional Control/Funding

Compared to 2020, applications in 2021 increased by 13.9% in the private/for-profit (proprietary) sector; by 10.7% in the private/not-for-profit sector; and by 1.8% in the public/not-for-profit sector, and. Applications decreased by 59.2% for federal government (military) programs.

Applications by State (including D.C. and PR) and Degree

California continues to have the largest (17.3% of the total in 2021) number of applications.

Total New Enrollments

For 2021, there were 7,851 new enrollments in entry into practice programs, reaching 64% of capacity. This was a 2.3% increase compared to 2020. The mean maximum annual enrollment capacity per program remained at 30, and the mean number of new enrollments per program remained at 19. For 2021, 7% (30 of the 404) programs reported new enrollments reaching maximum annual enrollment capacity, which was a 2% decrease compared to 2020.

New RC Enrollments by Degree Offered

Associate degree entry into practice programs accounted for 87% of the 7,851 new enrollments in 2021. Compared to 2020, new enrollments in 2021 increased by 4% for associate degree programs. New enrollments decreased by 7.5% for baccalaureate programs, and by 12.9% for master's programs.

New RC Enrollments by Institutional Type

Compared to 2020, new enrollments in 2021 increased by 3.8% for community/junior colleges; by 4.3% for U.S. military programs; and by 45.1% for career/technical colleges. New enrollments decreased by 4.2% for technical/vocational schools, by 8% for academic HSC/medical centers; and by 5.3% for four-year colleges/universities.

New RC Enrollments by Institutional Control/Funding

Compared to 2020, new enrollments in 2021 increased by 10.9% in the private/not-for-profit sector, by 0.8% in the public/not-for-profit sector, and by 14% in the private/for-profit (proprietary) sector. New enrollments decreased by 28.6% in the federal government sector.

New RC Enrollments by State (including D.C. and PR) and Degree

California had the largest number of enrollments (17% of total) in 2021.

Total Graduates

There were 5,972 entry into practice graduates in 2021. This is a 7.6% decrease compared to 2020, and a 26.6% decrease compared to its peak in 2012. The mean number of graduates per program was 15.

RC Graduates by Degree Offered

Compared to 2020, the number of graduates in 2021 decreased by 7.7% for associate degree programs, and by 12% for baccalaureate degree programs. The number of graduates increased by 20% for Master's degree programs.

RC Graduates by Institutional Type

Compared to 2020, the number of graduates in 2021 decreased by 2.5% in community/junior colleges; by 19.2% in 4-year colleges/universities; by 18.3% in technical/vocational schools; by 31% in U.S. military programs; and by 15.6% in academic HSC/medical centers. Applications increased by 181% in career/technical colleges.

RC Graduates by Institutional Control/Funding

Compared to 2020, the number of graduates in 2021 decreased by 2.7% in the public/not-for-profit sector; by 22.8% in the private/not-for-profit sector; by 60.6% in the federal government sector; and by 9.9% in the private/for-profit (proprietary) sector.

RC Graduates by State (including D.C. and PR) and Degree

California had the largest number of graduates (16.8% of total) in 2021.

Programmatic Retention

For the 2022 RCS, the mean retention rate remained at 91% and was no change compared to 2021.

Three programs (0.7% of total) reported retention rates below the CoARC-established threshold of 70%.

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

For the 2022 RCS, associate degree programs had the lowest mean retention rate (91%), and master's degree programs had the highest (94%). Programs located in Technical/Vocational Schools had the highest mean (93%). U.S. military programs had the lowest (86%). Programs controlled/funded by the private/for-profit (proprietary) sector had the highest mean retention at 93%, while programs controlled/funded by the federal government had the lowest, at 86%.

Job Placement

The 2022 RCS mean placement remained at 86%. This was no change when compared to the 2021 RCS. The highest mean placement rate was 100% (n = 48) and the lowest rate was 29% (n=1).

Job Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

For the 2022 RCS, baccalaureate degree programs showed no change (89%) when compared to the 2021 RCS. Associate degree programs decreased from 86% to 85%. Master's degree programs remained at the highest (94%). U.S. military programs and Academic HSC/medical centers had the highest mean (91%). Programs controlled/funded by the federal government had the highest mean (91%).

TMC Exam High Cut Score Success

For the 2022 RCS, the mean TMC High Cut Score success was 83% (a 2% decrease from the 2021 RCS and a 4% decrease from the 2020 RCS), with the highest at 100% (n=40) and the lowest at 10% (n=1). A total of 30 programs (7% of total) reported success rates below the CoARC established threshold of 60%. This was an increase of 3 compared to the 2021 RCS.

TMC High Cut Score Success by Degree Offered, Institutional Type, and Institutional Control/Funding

TMC High Cut Score success for entry into practice baccalaureate degree programs higher (86%) than that of associate degree programs (82%). Master's degree programs had the highest (97%). Twenty-seven out of the 30 programs below the CoARC established threshold conferred the associate degree (18 AAS degree, 7 AS degree, and 2 AST degree); the remaining 3 programs offered the baccalaureate degree. By institutional type, Four-year colleges/University and Career/Technical College programs demonstrated the highest mean TMC High Cut Score success at 85%. Mean TMC High Cut Score success in public/not-for-profit institutions was highest, at 84%.

RRT Credentialing Success

The states that currently require RRT as a minimum requirement for a license to practice are: New Mexico, Oregon, Arizona, California, Ohio, West Virginia, and New Jersey. The mean RRT credentialing success for the 2022 RCS was 72% with the highest at 100% (n=18) and the lowest at 0% (n=2). When compared to 2021 RCS data, the mean RRT credentialing success rate decreased 3.7%, with an overall decrease of 8.2% since the 2018 RCS. The number of programs reporting the highest RRT credentialing success rate (100%) decreased by 7 compared to the 2021 RCS, and by 16 compared to the 2018 RCS.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

With the 2022 RCS, associate degree programs had the lowest mean RRT success (71%) followed by baccalaureate programs at 77%. Master's programs had the highest at 94%. RRT success decreased by 4% for associate and baccalaureate degree programs when compared to 2021 RCS data. By institutional type, four-year college/university programs demonstrated the highest mean at 77%. By funding criteria, the public/not-for-profit sector continued to demonstrate the highest mean (74%).

MISSION AND SCOPE

The CoARC accredits Entry into Professional Practice respiratory care programs at the Associate, Baccalaureate, and Master's degree levels, as well as post-professional Degree Advancement respiratory care programs at the Baccalaureate and Master's degree levels and Advanced Practice respiratory care programs at the graduate level. The CoARC also accredits certificate programs that train sleep disorders specialists offered by any of its accredited respiratory care programs. CoARC accreditation is limited to programs physically located in the United States and its territories.

THE VALUE OF PROGRAMMATIC ACCREDITATION

Accreditation provides consumer protection, advances and enhances the profession of Respiratory Care, and protects against compromise of educational quality. Accreditation also supports the continuous improvement of these educational programs by mandating continuing reassessment of resources, educational processes, and outcomes. The CoARC is responsible for evaluating respiratory care educational programs and publicly recognizing those which meet agreed-upon accreditation standards. Respiratory therapists are members of a team of health care professionals working in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders.

HISTORICAL BACKGROUND

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the American Medical Association (AMA) adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (American Association for Inhalation Therapy [AAIT], American College of Chest Physicians [ACCP], American Medical Association [AMA], and American Society of Anesthesiologists [ASA]) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education (JRCRTE), the successor group to the Board of Schools, came into being on January 15, 1970, as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA) of the AMA. The JRCRTE was dissolved in 1996, and the Committee on Accreditation for Respiratory Care became its successor organization as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: The Commission on Accreditation for Respiratory Care (CoARC). The CoARC became a freestanding accreditor of respiratory care programs on November 12, 2009, and in September 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC. In January 2022, CHEA awarded CoARC continued recognition for another seven years.

Since 1986, the CoARC has used an outcomes-centered approach to its accreditation review process. This approach focuses on a specific set of outcomes that include but are not limited to: a) Graduate performance on national credentialing examinations; b) Programmatic retention; c) Graduate and employer satisfaction with the program; and d) Job placement. The CoARC routinely monitors the program's outcomes results in relation to the thresholds via an Annual Report of Current Status (RCS). Any program not meeting all the thresholds must document in the RCS a detailed analysis of each deficiency and provide a specific action plan to address that deficiency.

PROGRAMS BY PROGRAM TYPE

Programs are grouped into three categories and are assigned a unique 6-digit number based on the category to which they are assigned:

1. **(200-level)**: Programs that 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). 200-level program graduates can earn both the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) and RRT credentials. Programs in this category are subcategorized as Entry into Professional Practice base programs (200-level), Entry into Professional Practice Additional Degree Track (ADT), baccalaureate (210-level), and Entry into Professional Practice Additional Degree Track (ADT) Master's (220-level).
2. **(300-level or Satellite programs)**: These are programs offered by a base program at a location separate from the base program but within the U.S. and its Territories, at which all core Respiratory Care didactic and laboratory courses are available. This does not pertain to sites used by a completely online/distance education program for individual students or to base programs with students attending one or more classes via distance learning technologies. Satellite location(s) function under the direction of the Key Personnel of the base program.
3. **(400-level or Sleep Disorders Specialist programs)**: Programs that 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). 400-level program graduates have the opportunity to earn both the NBRC SDS credential and Board of Registered Polysomnographic Technologists (BRPT) Registered Polysomnographic Technologist (RPSGT) credential.
4. **(500-level)**: Degree Advancement (DA) programs meet the needs of practicing respiratory therapists that have already completed an accredited respiratory care program with an Entry into Respiratory Care Professional Practice degree and wish to obtain advanced training in Respiratory Care. Advanced educational experiences designed to enhance a respiratory therapist's ability to function in clinical, teaching, administrative, or research environments, are essential components of DA programs.
5. **(600-level)**: Advanced Practice Respiratory Therapist (APRT) programs train Registered Respiratory Therapists (RRTs) to provide advanced, evidence-based, diagnostic and therapeutic clinical practice and disease management. All APRT students must be graduates of a CoARC-accredited Entry into Respiratory Care Professional Practice degree program and hold the Registered Respiratory Therapist (RRT) credential prior to entry into the program.

As of December 31, 2022, there were a total of 466 programs and program options under accreditation review by the CoARC. Most of these programs are sponsored by public and private higher education institutions. Two programs are sponsored federally: one by the U.S. Army and one by the U.S. Air Force.

Of the 466 programs, 5 have applied for accreditation review, 21 hold an Approval of Intent (approval of their Letter of Intent applications to start developing an accredited program). Fifty-six (56) programs hold Provisional Accreditation which is the term used by the CoARC to signify that a program has demonstrated sufficient compliance with the Standards to initiate a program and admit students.

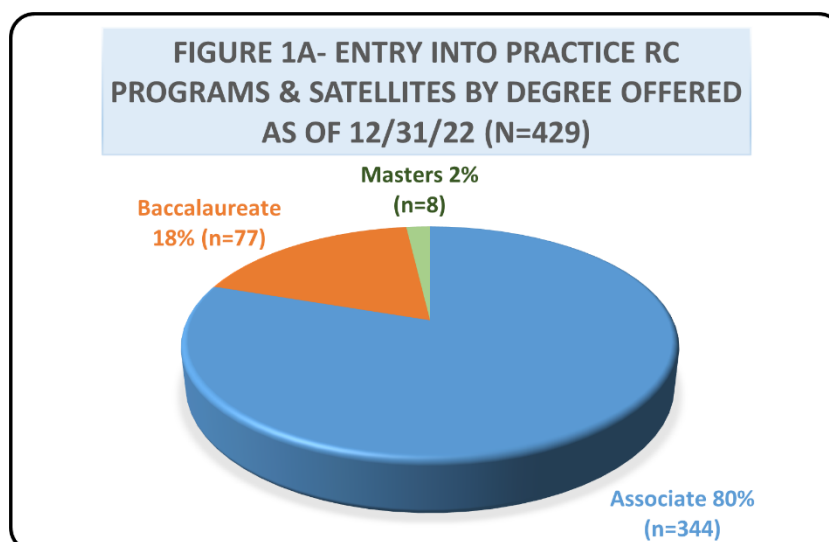
Table 1 (next page) provides a breakdown of program numbers by program type.

Table 1 – Program Numbers by CoARC Level as of December 31, 2022 (N=466)

	200-level (Entry Base)	210-level (Entry ADT Baccalaureate)	220-level (Entry ADT Master's)	300-level (U.S. Satellite)	400-level (SDS Certificate)	500-level (Degree Advancement)	600-level (APRT)
Continuing Accreditation	363	2	3	7	2	1	0
Probationary Accreditation	6	0	0	0	0	0	0
Provisional Accreditation	23	2	1	2	0	27	1
Inactive Accreditation	0	0	0	0	0	0	0
Approval of Intent	12	1	1	2	0	5	0
Letter of Intent	3	0	0	1	0	1	0

PROGRAMS BY DEGREE OFFERED

Programs accredited by the CoARC are in institutions which are accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education (USDE) and authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree (CoARC Entry into Practice Standard 1.01). *Note: The subsequent data presented in this section includes data on Entry into Practice programs only.* **Figure 1a**, below, provides a graphic representation of degrees offered.



As of December 31, 2022, there were 429 Entry into Respiratory Care Professional Practice programs/program satellites. Of these, 344 (82% of total) confer the associate degree upon graduation and 71 (17% of total) programs confer the baccalaureate degree. Five programs (1% of total) confer the master's degree. Compared to data from the 2021 Report on Accreditation, the number of associate degree programs increased by 7, the number of baccalaureate programs increased by 6 and the number of master's degrees increased by 3.

Figure 1b shows the program numbers by degree over the past decade.

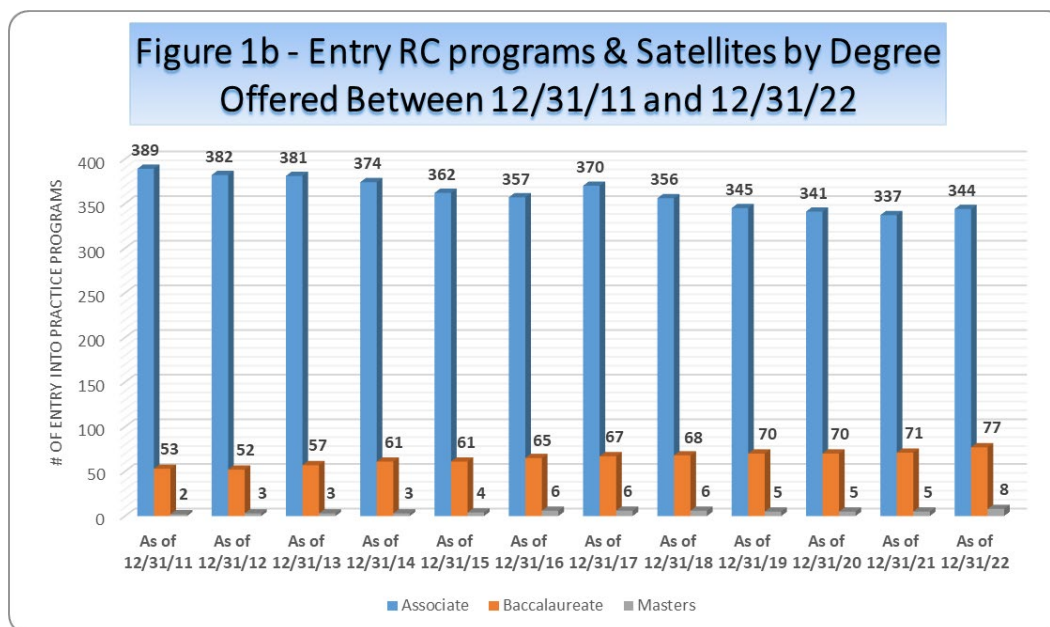


Table 2 provides a breakdown of program numbers by degree type. The Associate of Applied Science (AAS) degree continued to account for the largest (50%) of all entry into practice degree types offered in 2020. In 2015, AAS degree programs began outnumbering AS degree programs. In 2018, the number of AAS programs reached the majority of all degree types. The Associate of Science (AS) degree accounted for 27% of all degree types offered in 2022. This is a slight increase compared to 2021, but a 25% decrease since 2016. The increase in AAS degrees over recent years is due in part to the increase in state-mandated limits on the number of credit hours for associate degree programs. The Bachelor of Science (BS) degree accounted for 17% of all degree types offered in 2021 and is at its highest point.

Table 2 – Entry RC Programs and Satellites by Degree for 2016 through 2022							
	as of 12/31/16 (N=428)	as of 12/31/17 (N=443)	as of 12/31/18 (N=430)	as of 12/31/19 (N=420)	as of 12/31/20 (N=416)	as of 12/31/21 (N=413)	as of 12/31/22 (N=429)
Associate of Science (AS)	153	136	122	113	113	111	114
Associate of Applied Science (AAS)	198	227	228	226	215	213	216
Associate of Specialized Technology (AST)	3	4	4	4	4	4	4
Associate of Occupational Studies (AOS)	3	3	2	2	9	9	10
Bachelor of Science (BS)	64	65	66	67	67	67	73
Bachelor of Applied Science (BAS)	1	2	2	3	3	4	4
Master of Science (MS)	6	6	6	5	5	5	8

PROGRAMS BY INSTITUTIONAL TYPE

The CoARC assigns programs to one of six categories that define the type of institution sponsoring the respiratory care program. These categories are (1) Academic HSC/Medical Center; (2) Career or Technical College; (3) Community College or Junior College; (4) Four-Year College or University; (5) Technical or Vocational School, and (6) U.S. Military. As of December 31, 2022, there were 249 respiratory care programs and satellites offered at a community or junior college. This was the largest (58%) of the categories and an increase of 3 compared to 2021. One-hundred four (24%) programs were offered at a four-year college or university, which is an increase of 7 compared to 2021. Fifty-five (13%) programs were offered at a technical or vocational school. Fifteen (4%) programs were offered at an academic health sciences or medical center. This was an increase of 5 compared to 2021. Four (1%) programs were offered at a career/technical college. Two programs (<1%) were offered at a U.S. military.

Figure 2 illustrates these categories.

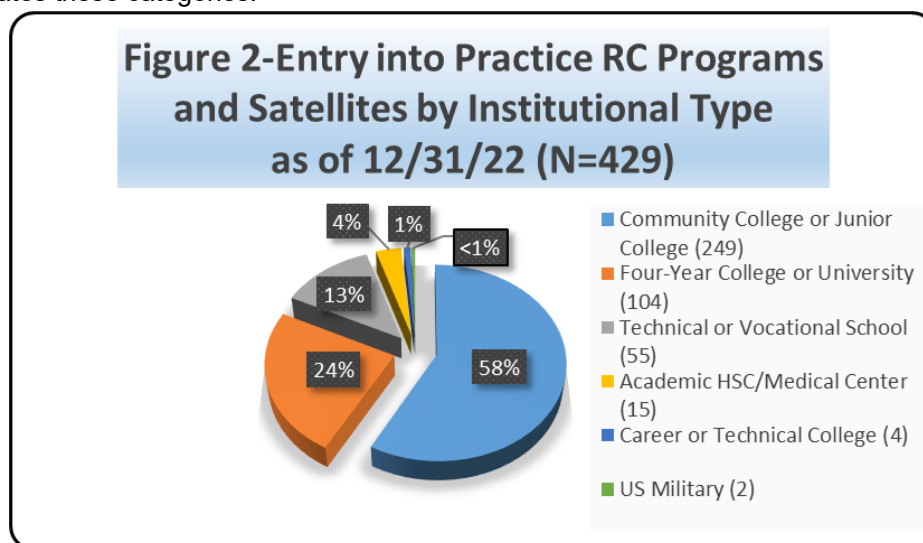


Table 3 provides a comparison of programs by institutional type and degree. As of December 31, 2022, the majority (57%) of programs conferring the associate degree are offered at community or junior colleges. Interestingly, 38 programs (9% of total) conferring the associate degree were offered at four-year colleges or universities. Two Baccalaureate of Science and two Baccalaureate of Applied Science Entry into Practice programs are offered by a community college. This is a decrease of two compared to 2021.

Table 3 – Entry RC Programs and Satellites by Institutional Type and Degree (2020 thru 2022)

	Associate			Baccalaureate			Masters		
	as of 12/31/20 (N=416)	as of 12/31/21 (N=413)	as of 12/31/22 (N=429)	as of 12/31/20 (N=416)	as of 12/31/21 (N=413)	as of 12/31/22 (N=429)	as of 12/31/20 (N=416)	as of 12/31/21 (N=413)	as of 12/31/22 (N=429)
Community of Junior College	239	240	245	3	6	4	0	0	0
Technical or Vocational School	57	54	55	0	0	0	0	0	0
Four-Year College or University	37	35	38	60	58	61	4	4	5
Career or Technical College	4	4	4	0	0	0	0	0	0
Academic HSC/Medical Center	2	2	2	7	7	10	1	1	3
U.S. Military	2	2	2	0	0	0	0	0	0

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

The CoARC assigns programs to one of four categories based on the governance of its sponsor: by publicly elected/appointed officials, with its major source of funds from public sources (Public/Not-For-Profit); by privately elected or appointed officials, with its major source of funds from private sources (Private/Not-For-Profit or Private/For-Profit); or by a branch of the Armed Forces, with its major source of funds from federal appropriations (Federal Government). As of December 31, 2022, 345 (80%) institutions sponsoring a respiratory care program were operating under a public/not-for-profit status (an increase by eight compared to 2021). Forty-four (10%) institutions were operating under a private/for-profit (proprietary) status (an increase by four compared to 2021). Thirty-eight (9%) institutions were operating under a private/not-for-profit status (an increase by four compared to 2021). Two (<1%) institutions were controlled and funded by the federal government.

Figure 3 illustrates these categories.

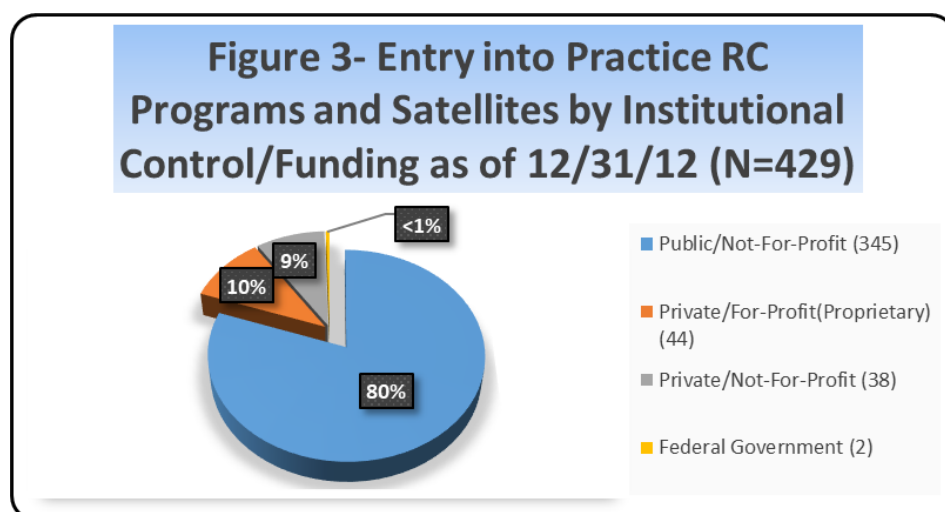


Table 4 provides a comparison of programs by institutional control and degree offered. As of December 31, 2022, the majority (66%) of programs conferring the associate degree are sponsored by public/not-for-profit institutions. Compared to 2021 data, the number of entry into practice baccalaureate programs sponsored by public sector institutions and the number of entry into practice baccalaureate programs sponsored by private sector institutions increased each increased by three.

Table 4 – Entry RC Programs and Satellites by Institutional Control and Degree (2020 thru 2022)									
	Associate			Baccalaureate			Masters		
	As of 12/31/20 (N=416)	As of 12/31/21 (N=413)	As of 12/31/22 (N=429)	As of 12/31/20 (N=416)	As of 12/31/21 (N=413)	As of 12/31/22 (N=429)	As of 12/31/20 (N=416)	As of 12/31/21 (N=413)	As of 12/31/22 (N=429)
Public-Not-For-Profit	283	281	284	52	54	57	2	2	4
Private/For-Profit (Proprietary)	41	40	44	0	0	0	0	0	0
Private-Not-For-Profit	15	14	14	18	17	20	3	3	4
Federal Government	2	2	2	0	0	0	0	0	0

PROGRAMS BY STATE, D.C., AND PUERTO RICO

Figure 4 displays the number of respiratory care programs and satellites in each state, the District of Columbia, and Puerto Rico. CoARC-accredited respiratory care programs are in every state except Alaska. As of December 31, 2022, California had the largest number of programs and satellites, at 36. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, the District of Columbia, and Puerto Rico.

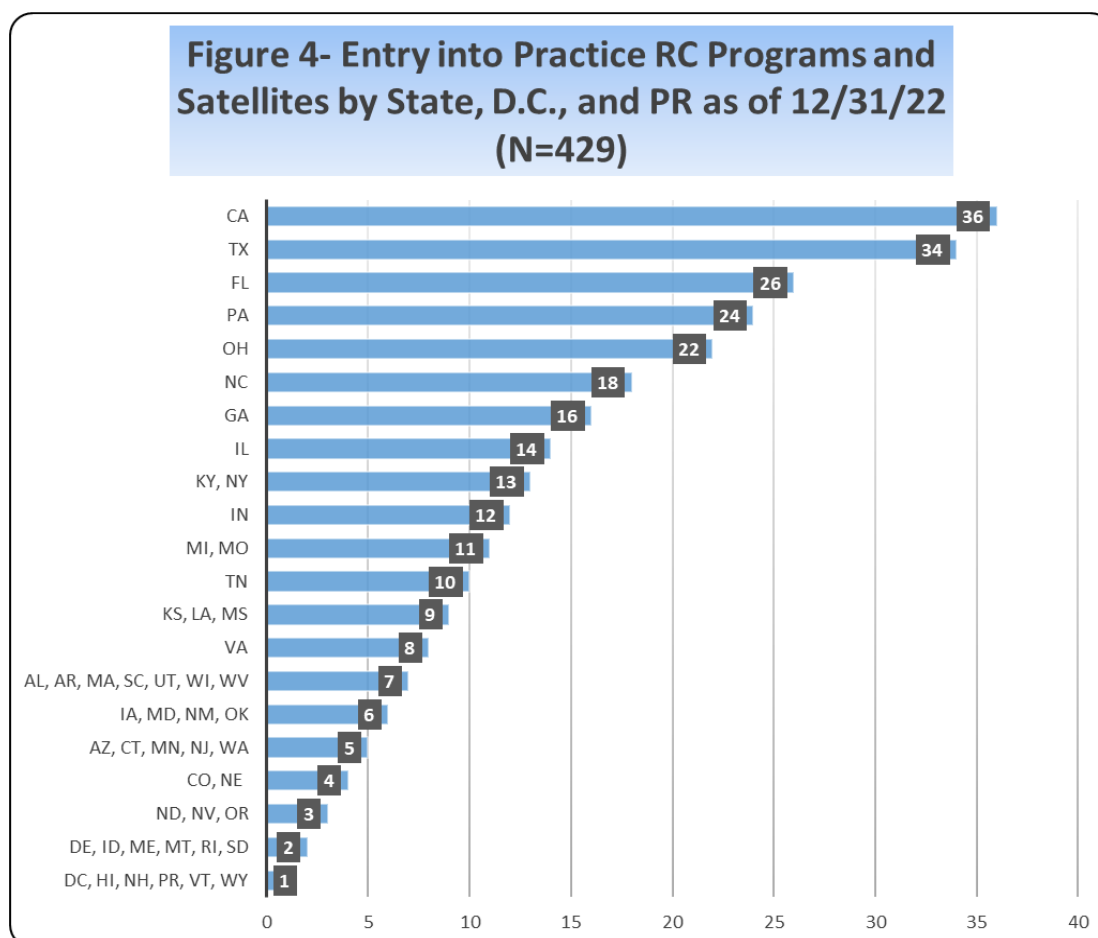


Table 5 (next two pages) provides a comparison of entry into practice programs by state (including District of Columbia and Puerto Rico) and degree. As of December 31, 2022, the associate degree is offered in 49 states and the District of Columbia (North Dakota, Alaska, and Puerto Rico are the exceptions). In 19 states and the District of Columbia, the associate degree is the only degree offered. The baccalaureate degree is offered in 28 states and Puerto Rico. The master's degree is offered in eight states (AR, FL, GA, IL, KY, ND, NE, and TX).

Table 5 –Entry into Practice RC Programs and Satellites by State, D.C., and PR and Degree (N=429) as of 12/31/22

	Associate	Baccalaureate	Masters
Alabama (n=7)	5	2	0
Alaska (n=0)	0	0	0
Arkansas (n=7)	5	1	1
Arizona (n=5)	5	0	0
California (n=36)	35	1	0
Colorado (n=4)	4	0	0
Connecticut (n=5)	4	1	0
District of Columbia (n=1)	1	0	0
Delaware (n=2)	2	0	0
Florida (n=26)	23	2	1
Georgia (n=16)	11	4	1
Hawaii (n=1)	1	0	0
Iowa (n=6)	6	0	0
Idaho (n=2)	1	1	0
Illinois (n=14)	13	0	1
Indiana (n=12)	10	2	0
Kansas (n=9)	8	1	0
Kentucky (n=13)	10	2	1
Louisiana (n=9)	6	3	0
Massachusetts (n=7)	7	0	0
Maryland (n=6)	5	1	0
Maine (n=2)	2	0	0
Michigan (n=11)	11	0	0
Minnesota (n=5)	3	2	0
Missouri (n=11)	6	5	0
Mississippi (n=9)	9	0	0
Montana (n=2)	2	0	0
North Carolina (n=18)	16	2	0
North Dakota (n=3)	0	2	1
Nebraska (n=4)	3	0	1
New Hampshire (n=1)	1	0	0
New Jersey (n=5)	4	1	0
New Mexico (n=6)	6	0	0
Nevada (n=3)	2	1	0
New York (n=13)	9	4	0
Ohio (n=22)	15	7	0
Oklahoma (n=6)	6	0	0
Oregon (n=3)	2	1	0

Pennsylvania (n=24)	15	9	0
Puerto Rico (n=1)	0	1	0
Rhode Island (n=2)	2	0	0
South Carolina (n=7)	7	0	0
South Dakota (n=2)	2	0	0
Tennessee (n=10)	7	3	0
Texas (n=35)	29	5	1
Utah (n=7)	2	5	0
Virginia (n=8)	5	3	0
Vermont (n=1)	1	0	0
Washington (n=5)	2	3	0
Wisconsin (n=7)	7	0	0
West Virginia (n=7)	5	2	0
Wyoming (n=1)	1	0	0

Figure 5 illustrates the number of CoARC accredited entry into practice baccalaureate and graduate base programs and satellite options as of December 31, 2022. Twenty-eight states and Puerto Rico have an entry into practice program at the baccalaureate or master's level. Twenty-two states and the District of Columbia do not have an entry into practice program at the baccalaureate or master's level.

Figure 5- CoARC Accredited Entry into Practice Baccalaureate and Graduate Degree Programs (N=85 as of 12/31/22)

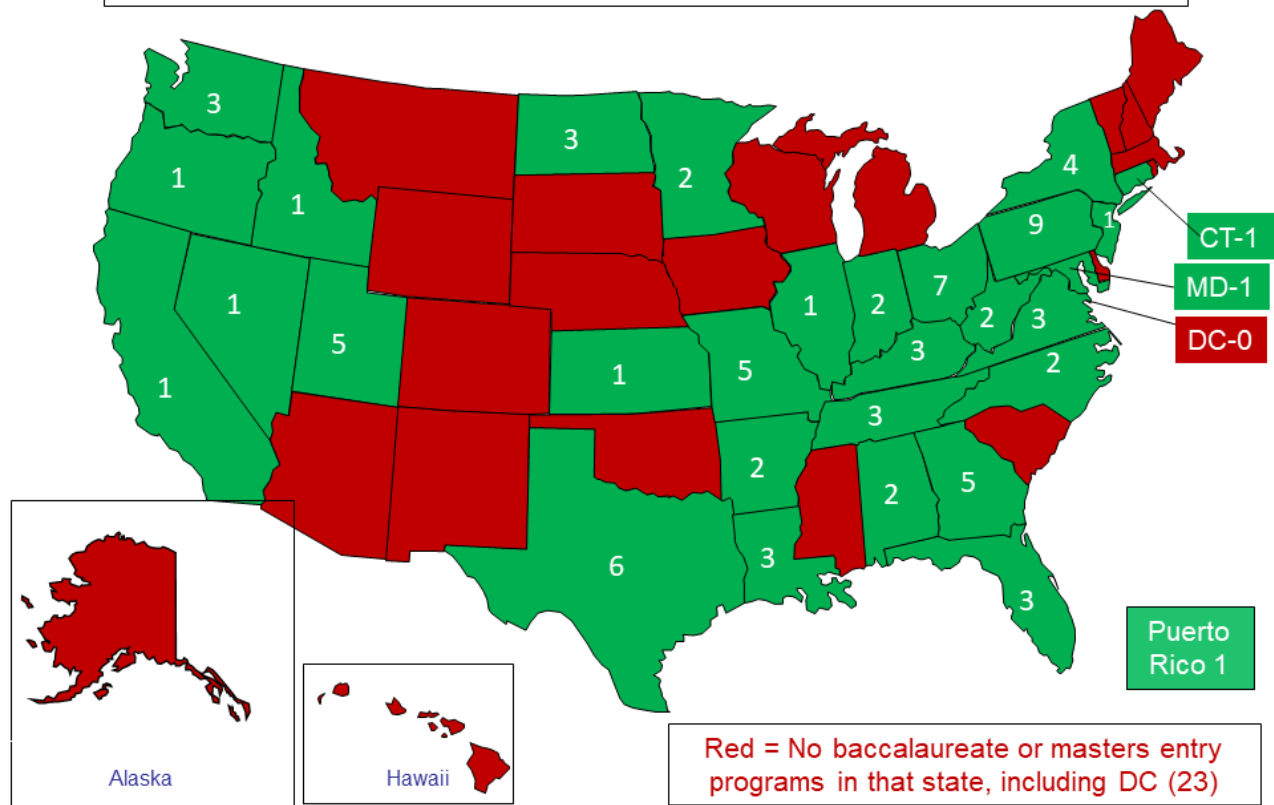


Figure 6 illustrates the number of CoARC accredited degree advancement (DA) baccalaureate and graduate base programs and additional degree track (ADT) options as of December 31, 2022. Nineteen states have a CoARC-accredited DA program. Thirty-one states in addition to the District of Columbia and Puerto Rico do not have a CoARC-accredited DA program.

Figure 6 - CoARC Accredited Respiratory Care
Degree Advancement Programs (N=34 as of 12/31/22)

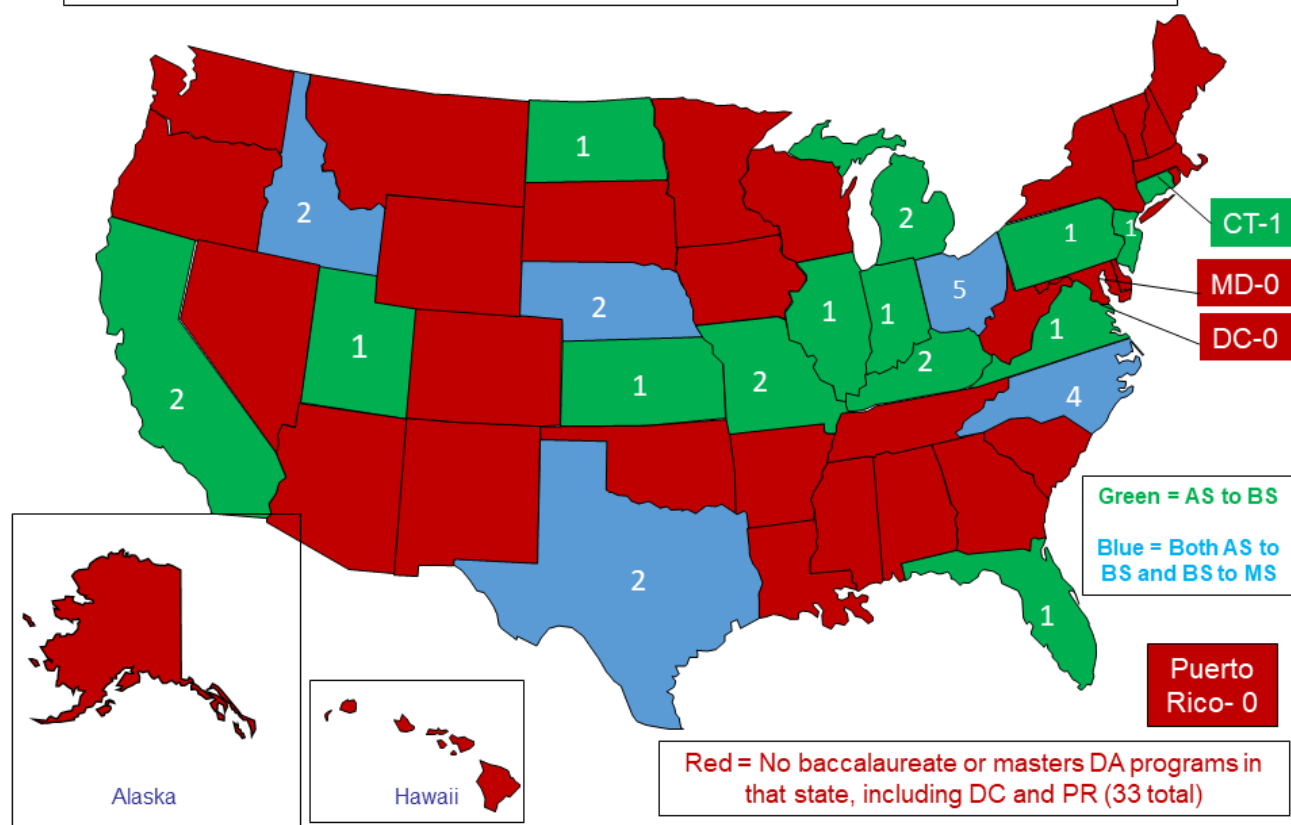
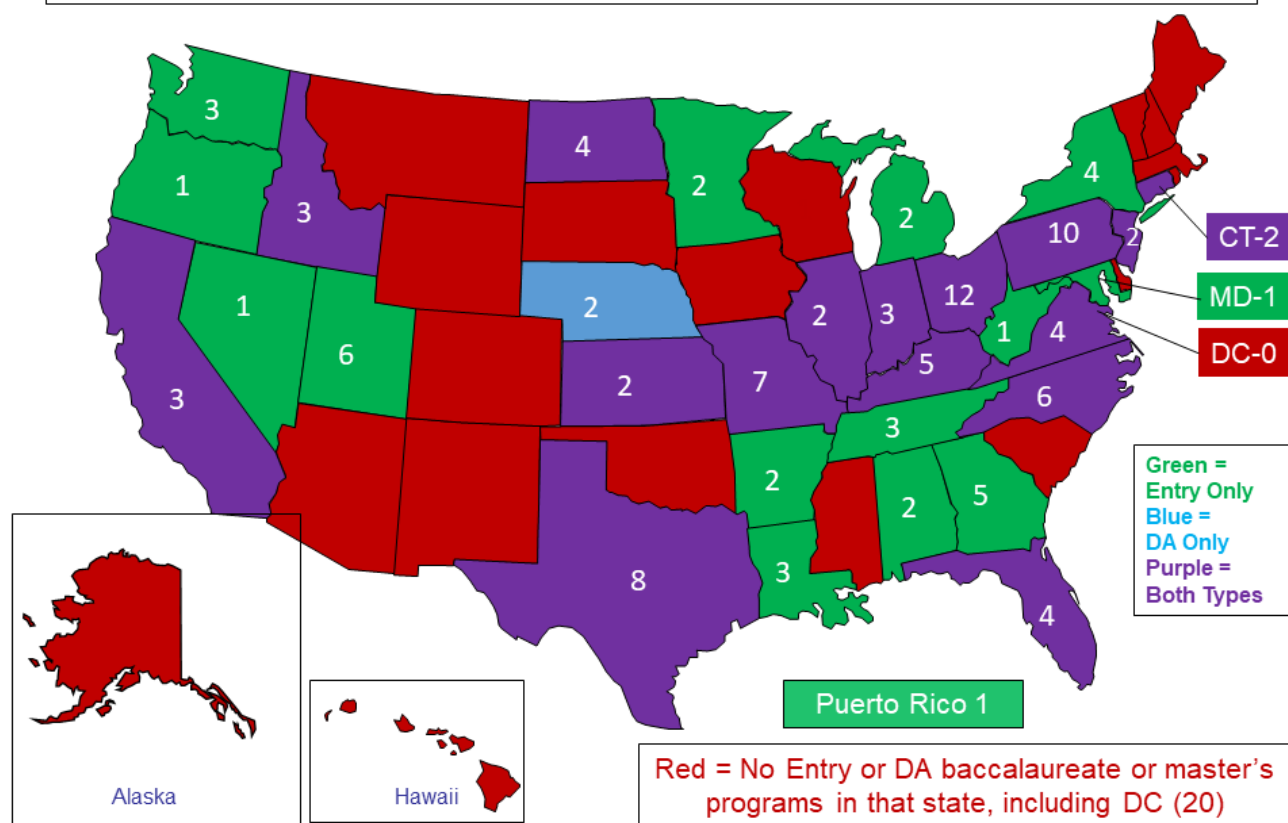


Figure 7 illustrates the number of CoARC accredited entry into practice and degree advancement (DA) baccalaureate and graduate base programs, satellites, and additional degree track (ADT) options as of December 31, 2022 (i.e., Figures 5 and 6 combined).

Figure 7 - Combined CoARC Accredited Entry into Practice and DA Baccalaureate and Graduate Programs (N=119 as of 12/31/22)



RC Program Consortia

In its accreditation *Standards*, the CoARC defines a consortium as “a legally binding contractual partnership of two or more sponsoring institutions (at least one of which is a duly accredited degree-granting institution of higher education) that come together to offer a program. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.” CoARC Entry Standard 1.02, DA Standard 1.2, and APRT Standard A2 state that “the responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority.” **Table 6** (next 2 pages) provides a listing of 31 consortium programs as of December 31, 2022 according to the CoARC’s database.

Table 6 - RC Program Consortia as of December 31, 2022

Program #	Name	City	State	Degree
200014	Millersville Univ/Lancaster Regional Med	Millersville	PA	BS
200019	Mansfield University	Sayre	PA	BS
200039	Indiana Respiratory Therapy Ed Consortiu	Indianapolis	IN	BS
200088	Delaware Co CC/Crozer-Chester Med Ctr	Upland	PA	AAS
200133+	CHI St. Alexius Health/Univ of Mary	Bismarck	ND	BS
200138	Hudson Valley Community College	Troy	NY	AAS
200172	Mayo Clinic College of Medicine School	Rochester	MN	BS
200260	Cincinnati State Tech Community College	Cincinnati	OH	AAS
200298	Madisonville Comm College/Murray State U	Madisonville	KY	AAS
200299	Delaware Technical and Community College	Wilmington	DE	AAS
200313	West Chester University/Bryn Mawr Hospit	Bryn Mawr	PA	BS
200367	North Dakota State University/Sanford	Fargo	ND	BS
200392	Bossier Parish Community College	Bossier City	LA	AAS
200430	Carver Career Center / BridgeValley CTC	Charleston	WV	AS
200431	Pickens Technical College	Aurora	CO	AAS
200432	Missouri Southern State University	Joplin	MO	AS
200450	Collins Career Technical Center	Chesapeake	OH	AAS
200454	Francis Tuttle Technology Center	Oklahoma City	OK	AAS
200461	Northeast Kentucky Consortium	Morehead	KY	AAS
200463	Northwest Oklahoma Resp Care Consortium	Enid	OK	AAS
200497	Cape Girardeau Career & Technology Cente	Cape Girardeau	MO	AS
200504	University of Rio Grande/Rio Grande CC/	Rio Grande	OH	AAS
200506	Marshall University/St. Mary's Med Ctr	Huntington	WV	BS
200586	Simi Institute/Excelsior College	Simi Valley	CA	AS
200652	Thomas Jefferson Univ/Natl Jewish Health	Philadelphia	PA	BS
200653	St. Mary's Medical Center	Huntington	WV	AAS
210273	York College of PA	York	PA	BS
220133	CHI St. Alexius Health/Univ of Mary	Bismarck	ND	MS
300025	Bossier Parish Community College	West Monroe	LA	AAS
510024	Madisonville Comm College/Murray State U	Murray	KY	BS
510030	Thomas Jefferson Univ/Natl Jewish Health	Philadelphia	PA	BS

ACCREDITATION ACTIONS

The CoARC makes most accreditation decisions during its Board meetings (which occur three times per year, typically in March, July, and December), based on an accreditation review cycle described in Section 1 of the *CoARC Accreditation Policies and Procedures Manual* (revised version available at <https://coarc.com/Accreditation-Resources.aspx>.) The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation, and Voluntary Inactive Accreditation do not require a vote by the CoARC Board and are processed by the Executive Office throughout the year. **Table 7** is a summary of accreditation actions taken by both the CoARC Board and the Executive Office in 2022. The three columns (March, July, and December) relate to specific actions taken by the Commission at Board meetings.

Table 7 – CoARC Accreditation Actions for 2022					
		March 2022	July 2022	November 2022	Total
Approval of Intent		3	14	6	23
Provisional Accreditation		0	5	1	6
Continuing Accreditation	Base Program	11	11	16	38
	Degree Advancement Program	0	0	1	1
	Advanced Practice RT Program	0	0	0	0
	Satellite Option	0	1	0	1
	Sleep Disorders Specialist Option	1	0	0	1
Probationary Accreditation	Conferred	0	0	6	6
	Removed	0	0	0	0
	Reviewed	0	0	0	0
Progress Report Reviewed	Accepted as Final	3	3	10	16
	Additional PR Requested	31	0	18	49
Withdrawal of Accreditation – Involuntary		0	0	0	0
Withhold of Accreditation		0	0	0	0
Substantive Changes Reviewed by the Commission		0	0	0	0
Total Number of Accreditation Actions taken by the Commission in 2022					141
Letter of Intent Applications					28
Voluntary Inactive Accreditation					0
Voluntary Withdrawal Accreditation					4
Application for Substantive Change					41
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2022					73

The CoARC is required to keep the public informed about its accreditation actions. One of the ways the CoARC does this is to provide the public with information about the accreditation decision process, the nature and scope of CoARC accreditation activity, and the importance and value of accreditation (<https://coarc.com/>). The CoARC also provides the public with detailed descriptions of its accreditation policies and procedures by publishing its [Accreditation Policies and Procedures - CoARC - Commission on Accreditation for Respiratory Care](#). In addition, prior to each Board meeting, the CoARC provides a list of programs scheduled to be reviewed and, following each meeting, the accreditation actions taken ([Meetings and Events - CoARC - Commission on Accreditation for Respiratory Care](#)).

The following section lists the specific accreditation actions taken by the CoARC during 2022.

Letter of Intent Applications Submitted

The first step in the accreditation process is the submission of a Letter of Intent (LOI) application that declares the sponsor's intention to start a new program. The application, including supplementary materials, is reviewed by the CoARC Executive Office to ensure completeness, and subsequently by the Program Referee (a member of the CoARC Board who serves as the liaison between the program and the Commission). Further details regarding the Letter of Intent application process can be found in CoARC Policy 2.0.

Program Name	Type/Degree	Location	Received
University of North Alabama	Entry BS	Florence, AL	3/7/2022
University of Saint Francis	Entry AAS	Fort Wayne, IN	3/29/2022
University of Saint Francis-Crown Point	Entry AAS	Crown Point, IN	3/29/2022
University of Saint Francis	DA BS	Fort Wayne, IN	3/29/2022
Utah Valley University	DA BS	Orem, UT	4/6/2022
Gaston College (Catawba Valley Satellite)	Entry AAS	Dallas, NC	4/12/2022
Joyce University of Nursing & Health	Entry AS	Draper, UT	5/2/2022
St. Mary's Medical Center/Mountwest CTC	Entry AAS	Huntington, WV	5/17/2022
Laboure College of Healthcare	Entry AS	Milton, MA	5/18/2022
Utica University-St. Petersburg Campus	Entry AS	St. Petersburg, FL	5/18/2022
Blessing-Reiman College of Nursing & Health	DA BS	Quincy, IL	5/19/2022
Thomas Jefferson University/Nat'l Jewish Health	Entry BS	Philadelphia, PA	5/20/2022
Thomas Jefferson University/Nat'l Jewish Health	DA BS	Philadelphia, PA	5/20/2022
University of Arkansas for Medical Sciences	Entry MS	Little Rock, AR	6/14/2022
College of Central Florida	Entry AS	Ocala, FL	7/28/2022
College of Central Florida-Citrus Campus	Entry AS	Lecanto, FL	7/28/2022
Coastal Alabama Community College	Entry AAS	Bay Minette, AL	8/12/2022
Ursuline College	DA BS	Mayfield Heights, OH	8/29/2022
Joliet Junior College	Entry AAS	Joliet, IL	8/30/2022
American Career College-Los Angeles	Entry AOS	Los Angeles, CA	9/2/2022
South College	Entry AS	Knoxville, TN	9/19/2022
West Virginia University	Entry BSRT	Morgantown, WV	10/7/2022
Western North Carolina Consortium	Entry AAS	Flat Rock, NC	10/12/2022
York College of PA	Entry AS	York, PA	10/14/2022
University of Nebraska Medical Center	Entry BS	Omaha, NE	11/3/2022
University of Nebraska Medical Center	DA MSRC	Omaha, NE	12/12/2022
Triton College	Entry AAS	River Grove, IL	12/21/2022

Approval of Intent Granted

An Approval of Intent (AOI) is an action taken by the CoARC following the submission of a Letter of Intent (LOI) Application. An AOI indicates that a sponsoring institution's plan to start a program or program option is acceptable. An AOI authorizes the sponsor to submit a Provisional Accreditation Self-Study Report (PSSR) and to undergo a Provisional Accreditation site visit.

**COMMISSION ON ACCREDITATION FOR
RESPIRATORY CARE**



Program #	Program Name (date LOI application received)	Type/ Degree	Location	Effective
200648	Riverside College of Health Careers (12/20/2021)	Entry BS	Newport News, VA	3/11/2022
210050	St. Louis CC - Florissant Valley (11/18/2021)	Entry BS	St. Louis, MO	3/11/2022
300037	Kent State University - Cleveland Clinic (12/20/2021)	Entry AAS	Cleveland, OH	3/11/2022
200649	University of North Alabama (3/7/2022)	Entry BS	Florence, AL	7/24/2022
200650	University of Saint Francis (3/29/2022)	Entry AAS	Fort Wayne, IN	7/24/2022
200651	Joyce University of Nursing & Health Sciences (5/2/2022)	Entry AS	Draper, UT	7/24/2022
200652	Thomas Jefferson University/Nat'l Jewish Health (5/20/2022)	Entry BS	Philadelphia, PA	7/24/2022
200653	St. Mary's Medical Ctr/Mountwest CTC (5/17/2022)	Entry AAS	Huntington, WV	7/24/2022
200654	Laboure College of Healthcare (5/18/2022)	Entry AS	Milton, MA	7/24/2022
200655	Utica University-St. Petersburg Campus (5/18/2022)	Entry AS	St. Petersburg, FL	7/24/2022
220176	University of Arkansas for Medical Sciences (6/14/2022)	Entry MS	Little Rock, AR	7/24/2022
300038	University of Saint Francis-Crown Point (3/29/2022)	Entry AAS	Crown Point, IN	7/24/2022
300039	Gaston College (4/12/2022)	Entry AAS	Dallas, NC	7/24/2022
510027	Utah Valley University (4/6/2022)	DA BS	Orem, UT	7/24/2022
510028	University of Saint Francis (3/29/2022)	DA BS	Fort Wayne, IN	7/24/2022
510029	Blessing-Rieman College of Nursing (5/19/2022)	DA BS	Quincy, IL	7/24/2022
510030	Thomas Jefferson University/Nat'l Jewish Health (5/20/2022)	DA BS	Philadelphia, PA	7/24/2022
200656	Coastal Alabama Community College (8/12/2022)	Entry AAS	Bay Minette, AL	11/12/2022
200657	American Career College-Los Angeles (9/2/2022)	Entry AOS	Los Angeles, CA	11/12/2022
200658	College of Central Florida (7/28/2022)	Entry AS	Ocala, FL	11/12/2022
200659	Joliet Junior College (8/30/2022)	Entry AAS	Joliet, IL	11/12/2022
300040	College of Central Florida-Citrus Campus (7/28/2022)	Entry AS	Lecanto, FL	11/12/2022
500031	Ursuline College (8/29/2022)	DA BS	Mayfield Heights, OH	11/12/2022

Provisional Accreditation Granted

Provisional Accreditation status signifies that a program has demonstrated sufficient compliance with the Standards to initiate a program. Such compliance includes the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and other documentation required by the CoARC and completion of the Provisional on-site visit. The program will remain on Provisional Accreditation until it achieves Continuing Accreditation. The conferral of Provisional Accreditation authorizes the sponsor to admit its first class of students and signifies that the program is recognized by the NBRC, thus providing graduates of these programs with eligibility to the Respiratory Care Credentialing Examination(s). After at least three (3) years of outcomes have been collected, reported, and analyzed, a provisionally accredited program may apply for Continuing Accreditation. If the program does not progress to Continuing Accreditation, enrolled students completing a program under Provisional Accreditation are still considered graduates of a CoARC accredited program.

Program #	Program Name (date AOI granted)	Location	Effective
200644	Jacksonville University (7/10/2021)	Jacksonville, FL	7/24/2022
200646	Missouri Western State University (12/10/2021)	St. Joseph, MO	7/24/2022
210351	Ozarks Technical Community College (12/10/2021)	Waynesville, MO	7/24/2022
510020	University of Missouri (7/11/2020)	Columbia, MO	7/24/2022
510024	MCC/MSU Consortium (7/10/2021)	Murray, KY	7/24/2022
300037	Kent State University-Cleveland Clinic (3/11/2022)	Cleveland, OH	11/12/2022

Continuing Accreditation Granted

Continuing Accreditation is conferred when 1) an established program with Continuing Accreditation demonstrates compliance with the *Standards* following submission of an acceptable continuing accreditation self-study report and completion of an on-site visit, or 2) a program holding Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional Accreditation period. Continuing Accreditation remains in effect until it is withdrawn either voluntarily - the program withdraws from the accreditation process, or involuntarily - accreditation is withdrawn by the CoARC because of the program's failure to comply with the *Standards*.

Program #	Program Name	Location	Next Re-evaluation
200033	University of Missouri-Columbia	Columbia, MO	2032
200075	Rock Valley College	Rockford, IL	2032
200078	Indiana University of Pennsylvania	Pittsburgh, PA	2032
200095	HCCS: Coleman College of Health Sciences	Houston, TX	2032
200102	East Los Angeles College	Monterey Park, CA	2032
200129	Mt. Hood Community College	Gresham, OR	2032
200131	Milwaukee Area Technical College	Milwaukee, WI	2032
200146	Tulsa Community College	Tulsa, OK	2032
200178	University of Toledo	Toledo, OH	2032
200193	Temple College	Temple, TX	2032
200199	Amarillo College	Amarillo, TX	2032
200218	Des Moines Area Community College	Ankeny, IA	2032
200239	Kalamazoo Valley Community College	Kalamazoo, MI	2032
200295	Monroe County Community College	Monroe, MI	2032

200299	Delaware Technical and Community College	Wilmington, DE	2032
200309	Oregon Institute of Technology	Klamath Falls, OR	2032
200326	Eastern Gateway Community College	Steubenville, OH	2032
200362	Spartanburg Community College	Spartanburg, SC	2032
200378	Robeson Community College	Lumberton, NC	2032
200394	Midwestern State University	Wichita Falls, TX	2032
200397	Frederick Community College	Frederick, MD	2032
200400	Southeast Kentucky Community & Tech College	Pineville, KY	2032
200407	Catawba Valley Community College	Hickory, ND	2032
200459	Rockingham Community College	Wentworth, NC	2032
200462	Southeastern Community College	West Burlington, IA	2032
200485	Georgia Northwestern Technical College	Rome, GA	2032
200549	Santa Fe Community College	Santa Fe, NM	2032
200552	Pima Medical Institute-Renton	Renton, WA	2032
200553	St. Louis College of Health Careers	Fenton, MO	2032
200582	Coahoma Community College	Clarksdale, MS	2032
200588	Platt College-Ontario	Ontario, CA	2032
200596	Platt College-Alhambra	Alhambra, CA	2032
200599	New England Institute of Technology	East Greenwich, RI	2032
200606	Pima Medical Institute-Houston	Houston, TX	2032
200607	San Joaquin Valley College-Temecula	Temecula, CA	2032
200615	Nova Southeastern University	Palm Beach Gdns, FL	2027
200621	Antillean Adventist University	Mayaguez, PR	2027
210290	Gannon University	Erie, PA	2032
300006	University of Missouri at Mercy Hospital	St. Louis, MO	2032
400290	Gannon University (SDS Option)	Erie, PA	2032
510002	St. Louis College of Health Careers	Fenton, MO	2027

Probationary Accreditation Conferred

Probationary Accreditation is a temporary status* of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies, and progress reports submitted do not demonstrate correction of these deficiencies. Probationary Accreditation can also be conferred when a sponsor receives an adverse accreditation action as described in CoARC Policy 1.07. Following the conferral of Probationary Accreditation, the program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time the program can rectify all the deficiencies that resulted in Probationary Accreditation, supported by CoARC's review of the Probation Report, and thereby achieve compliance with the *Standards*, the CoARC will consider removing probationary status. If compliance with all *Standards* is not demonstrated within two (2) consecutive years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probationary status exceed two years. If the program remains out of compliance with the *Standards* at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless it determines that the program is making a good faith effort to come into compliance with the *Standards*. A decision to confer probation is subject to reconsideration but cannot be appealed (See CoARC Policy 1.06). Enrolled students completing a program that is under Probationary Accreditation are considered graduates of a CoARC accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed. The CoARC requires the sponsor to complete a teach-out plan when: a program is placed on probation, requests inactive status, or when accreditation is withdrawn - voluntarily/involuntarily (see CoARC

Policy 1.13).

Program #	Program Name	Location	Effective
200208	Texas Southern University	Houston, TX	11/12/2022
200297	Lamar Institute of Technology	Beaumont, TX	11/12/2022
200342	Tennessee State University	Nashville, TN	11/12/2022
200385	Pittsburgh Career Institute	Pittsburgh, PA	11/12/2022
200419	Albany State University	Albany, GA	11/12/2022
200478	Meridian Community College	Meridian, MS	11/12/2022

*This action does not become final until after the program has exhausted its rights to seek reconsideration (see CoARC Policy 1.07 – Reconsideration and Appeal).

Probationary Accreditation Removed**

**Following review of the Probation Report, Probationary Accreditation was removed, and the programs listed below resumed their previous accreditation status.

Program #	Program Name	Location	Effective
	N/A		

Probation Report Reviewed*

* Following a review of the Probation Report, Probationary Accreditation remains for the program listed below.

Program #	Program Name	Location	Effective
	N/A		

Progress Reports Reviewed*

*All programs listed below are required to submit an additional Progress Report (PR).

For general information about progress reports, please visit [Progress Reports - CoARC - Commission on Accreditation for Respiratory Care](#). For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document <https://coarc.com/news-and-events/meetings-and-events/> for the specific Board meeting date.

Program #	Program Name	Location	Next CoARC Mtg
200061	University of District of Columbia CC	Washington, DC	Nov-22
200083	Fresno City College	Fresno, CA	Nov-22
200102	East Los Angeles College	Monterey Park, CA	Nov-22
200122	Moraine Valley Community College	Palos Hills, IL	Nov-22
200146	Tulsa Community College	Tulsa, OK	Nov-22
200169	Pueblo Community College	Pueblo, CO	Nov-22
200216	Columbus State Community College	Columbus, OH	Nov-22
200297	Lamar Institute of Technology	Beaumont, TX	Nov-22
200342	Tennessee State University	Nashville, TN	Nov-22

200385	Pittsburgh Career Institute	Pittsburgh, PA	Nov-22
200395	Piedmont Technical College	Greenwood, SC	Nov-22
200416	Northeast Mississippi Community College	Booneville, MS	Nov-22
200419	Albany State University	Albany, GA	Nov-22
200448	Baptist Health Sciences University	Memphis, TN	Nov-22
200478	Meridian Community College	Meridian, MS	Nov-22
200492	St. Luke's College/Unity Point Health	Sioux City, IA	Nov-22
200493	Louisiana State University Health Shreveport	Shreveport, LA	Nov-22
200530	Northwest Kansas Technical College	Goodland, KS	Nov-22
200542	Carrington College	Pleasant Hill, CA	Jul-22
200556	Mercyhurst University	Erie, PA	Nov-22
200578	San Juan College	Farmington, NM	Nov-22
200582	Coahoma Community College	Clarksdale, MS	Nov-22
200586	Simi Institute/Excelsior College	Simi Valley, CA	Nov-22
200589	Black River Technical College	Pocahontas, AR	Nov-22
200591	Shelton State Community College	Tuscaloosa, AL	Nov-22
200605	Arkansas State University Mid-South	West Memphis, AR	Nov-22
200621	Antillean Adventist University	Mayaguez, PR	Nov-22
200622	Horry Georgetown Technical College	Myrtle Beach, SC	Nov-22
200627	Mississippi Gulf Coast Community College	Gautier, MS	Nov-22
200629	Eastern Oklahoma State College	McAlester, OK	Nov-22
200632	Pierpont Community & Technical College	Fairmont, WV	Nov-22
200061	University of District of Columbia CC	Washington, DC	Nov-23
200102	East Los Angeles College	Monterey Park, CA	Nov-23
200122	Moraine Valley Community College	Palos Hills, IL	Mar-23
200129	Mt. Hood Community College	Gresham, OR	Mar-23
200326	Eastern Gateway Community College	Steubenville, OH	Jul-23
200416	Northeast Mississippi Community College	Booneville, MS	Mar-23
200492	St. Luke's College/Unity Point Health	Sioux City, IA	Nov-23
200493	Louisiana State University Health Shreveport	Shreveport, LA	Nov-23
200530	Northwest Kansas Technical College	Goodland, KS	Mar-23
200556	Mercyhurst University	Erie, PA	Mar-23
200586	Simi Institute/Excelsior College	Simi Valley, CA	Mar-23
200589	Black River Technical College	Pocahontas, AR	Nov-23
200591	Shelton State Community College	Tuscaloosa, AL	Nov-23
200621	Antillean Adventist University	Mayaguez, PR	Mar-23
200622	Horry Georgetown Technical College	Myrtle Beach, SC	Mar-23
200627	Mississippi Gulf Coast Community College	Gautier, MS	Mar-23
200629	Eastern Oklahoma State College	McAlester, OK	Nov-23
200632	Pierpont Community & Technical College	Fairmont, WV	Mar-23

Progress Report Reviewed (Final)*

The CoARC requires a program to submit documentation addressing any *Standard* not met (i.e., a citation) as a progress report. The CoARC may request a Standardized Progress Report (series of questions developed by the CoARC) for a variety of deficiencies, including failing to meet thresholds for the following outcomes: retention, credentialing success, graduate and employer satisfaction, and on-time graduation rate. The decision to request a progress report is made by the Program Referee or the Executive Office during the accreditation review process. The progress report addressing the standard(s) with which the program has been

found to be in non-compliance must be submitted before the specified deadline. The progress report will constitute the basis for subsequent Commission action. If the program comes into compliance with all the CoARC *Standards*, the action will be to accept the report. If the report does not demonstrate compliance with the *Standards*, or if it was not submitted within the time frame specified in the request for the progress report, the Commission may either (1) request an additional progress report or (2) confer a Probationary Accreditation status.

*All Progress Reports were accepted as final for the programs listed below.

Program #	Program Name	Location	Next Re-Evaluation
200083	Fresno City College	Fresno, CA	2027
200146	Tulsa Community College	Tulsa, OK	2032
200169	Pueblo Community College	Pueblo, CO	2028
200216	Columbus State Community College	Columbus, OH	2023
200255	Wallace State Community College	Hanceville, AL	2031
200299	Delaware Technical & Community College	Wilmington, DE	2032
200395	Piedmont Technical College	Greenwood, SC	2029
200448	Baptist Health Sciences University	Memphis, TN	2029
200542	Carrington College	Pleasant Hill, CA	2031
200552	Pima Medical Institute-Renton	Renton, WA	2032
200578	San Juan College	Farmington, NM	2027
200582	Coahoma Community College	Clarksdale, MS	2032
200647	Cabarrus College of Health Sciences	Concord, NC	2022
200652	Thomas Jefferson Univ/Nat'l Jewish Health	Philadelphia, PA	2023
210351	Ozarks Technical Community College	Waynesville, MO	2022
300035	Southern West Virginia Community College	Mt. Gay, WV	2024

Withhold Accreditation*

A program seeking Provisional Accreditation or Continuing Accreditation may have such accreditation status withheld if, following submission of a self-study and completion of an on-site evaluation, the accreditation review process confirms that the program is not in compliance with the Standards. A program that has had its accreditation status withheld can no longer admit students. The CoARC requires a sponsor to formulate and complete a teach-out plan when the CoARC acts to withhold/withdraw a program's accreditation (see Policy 1.13). Enrolled students who satisfactorily complete the program during the teach-out are considered graduates of a CoARC accredited program. *This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Program #	Program Name	Location	Effective
	N/A		

Withdrawal Accreditation – Involuntary*

This status is conferred when an accredited program is not in compliance with the Accreditation Standards and has failed to address cited deficiencies to the satisfaction of the CoARC. Specific circumstances warranting a withdrawal of accreditation are described in CoARC Policy 1.057. A program that has had its accreditation status withdrawn cannot admit students. When the CoARC confers Withdrawal of Accreditation, the CoARC requires the sponsor to formulate and complete a teach-out plan for any students remaining in the program (see CoARC Policy 1.13). For programs that receive a Withdrawal of Accreditation status, enrolled

students who satisfactorily complete the program teach-out are considered graduates of a CoARC accredited program.

Program #	Program Name	Degree Conferred	Location	Effective
	N/A			

*This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Withdrawal Accreditation - Voluntary

This status is conferred when a sponsor notifies the CoARC that it wants its program(s) to be removed from the accreditation process. Sponsoring institutions may notify the CoARC of Voluntary Withdrawal of Accreditation, at any time, either for all activities of the program or for any program options. For programs that receive a 'Withdrawal of Accreditation – Voluntary' status, enrolled students who satisfactorily complete the teach-out are considered graduates of a CoARC accredited program (See CoARC Policy 1.06 for Reconsideration and Appeal Policy).

Program #	Program Name	Degree Conferred	Location	Effective
400171	Tyler Junior College	SDS Cert	Tyler, TX	4/5/2022
200605	Arkansas State University Mid-South	AAS	West Memphis, AR	9/20/2022
400324	James A Rhodes State College	SDS Cert	Lima, OH	9/30/2022
200385	Pittsburgh Career Institute	AST	Pittsburgh, PA	12/31/2022
510017	Texas State University	BS	Round Rock, TX	12/31/2022
520017	Texas State University	MS	Round Rock, TX	12/31/2022

Inactive Accreditation

Base programs and/or program options on Administrative Probation or with a status of Continuing Accreditation without any pending Progress Reports are eligible to request inactive status for up to two years. No students may be enrolled or matriculated in the program while the program is on inactive status. Programs offering additional options may request voluntary inactive status for these program options without affecting the accreditation status of the base program. The Inactive Status does not affect the date of the next scheduled site visit. During inactive status, programs must continue to submit documents (e.g., annual reports) and pay applicable fees unless otherwise directed by the CoARC. The CoARC requires a sponsor to formulate and complete a teach-out plan when a program requests inactive status (see CoARC Policy 1.13).

Program #	Program Name (date Admin Pro Conferred)	Location	Reason	Date Admin Pro Removed
	N/A			

Administrative Probation

Administrative Probation is conferred when a program, or any program option with a separate CoARC ID number, does not comply with any of the CoARC's administrative requirements. Administrative Probation status will not affect the eligibility of its students for the NBRC Examinations. During a period of Administrative Probation, all listings of a program's accreditation status must include the words "Administrative Probation." Following the conferral of Administrative Probation, failure of the program to provide requested material/fees, etc., will result in the program's being placed on the agenda of the next scheduled CoARC meeting for consideration of Withhold or Withdrawal of Accreditation (see CoARC Accreditation Policy 1.054 and 1.057). If

the conferral of Administrative Probation was for failure to meet personnel requirements, the deficiency will be brought before the CoARC Board at its next meeting and may result in an adverse accreditation decision (see CoARC Accreditation Policy 6.011I).

Program #	Program Name (date Admin Pro Conferred)	Location	Reason	Date Admin Pro Removed
200061	University of District of Columbia CC (1/31/2022)	Washington, DC	DCE KPA	6/1/2022
200364	Southwestern Community College (2/23/2022)	Sylva, NC	DCE KPA	6/1/2022
200208	Texas Southern University (9/20/2022)	Houston, TX	Temp DCE	Probation
200452	College of Southern Nevada (11/2/2022)	Las Vegas, NV	PD Docs	12/2/2022

Site Visits Conducted

A site visit is the most complex aspect of the accreditation process. It is also the most visible function of the CoARC. Site visitation teams usually have two members, one of whom may (and in some cases, must) be a physician. Site visitors are trained to be objective on-site observers and gatherers of data, which are then reported back to the CoARC Referee. During the campus visit, site visitors interact with all the communities of interest, review pertinent documents, and, when appropriate, inspect program facilities. Through this process, the CoARC ensures that the documentation provided to the CoARC prior to the visit-supports the program's analysis and action plans related to its resources and outcomes. Further, the visit offers an opportunity to confirm the extent to which the program meets the Standards. Further details regarding the site visit process can be found at [Site Visitor Resources - CoARC - Commission on Accreditation for Respiratory Care](#). In 2022, there were a total of 59 site visits listed below.

Prog #	Program Name	Location	Dates of Site Visit in 2022
200033	University of Missouri-Columbia	Columbia, MO	4/18/2022
200075	Rock Valley College	Rockford, IL	4/28/2022
200078	Indiana University of Pennsylvania	Pittsburgh, PA	4/7/2022
200095	HCCS: Coleman College/Health Sciences	Houston, TX	2/7/2022
200102	East Los Angeles College	Monterey, CA	10/6/2022
200131	Milwaukee Area Technical College	Milwaukee, WA	5/2/2022
200146	Tulsa Community College	Tulsa, OK	5/2/2022
200178	University of Toledo	Toledo, OH	1/20/2022
200193	Temple College	Temple, TX	9/19/2022
200199	Amarillo College	Amarillo, College	8/29/2022
200216	Columbus State Community College	Columbus, OH	11/7/2022
200218	Des Moines Area Community College	Ankeny, IA	6/2/2022
200234	Mid-State Technical College	Marshfield, WA	12/12/2022

200238	Oakland Community College	Bloomfield Hills, MI	11/7/2022
200239	Kalamazoo Valley Community College	Kalamazoo, MI	3/28/2022
200286	University of Pittsburgh at Johnstown	Johnstown, PA	12/1/2022
200293	Texas Southmost College	Brownsville, TX	12/1/2022
200295	Monroe County Community College	Monroe, MI	3/14/2022
200297	Lamar Institute of Technology	Beaumont, TX	11/17/2022
200302	Tallahassee Community College	Tallahassee, FL	11/3/2022
200304	Labette Community College	Parsons, KS	10/27/2022
200354	Stark State College	North Canton, OH	9/19/2022
200362	Spartanburg Community College	Spartanburg, SC	6/16/2022
200394	Midwestern State University	Wichita Falls, TX	9/26/2022
200400	Southeast Kentucky Community & Technical College	Pineville, KY	10/10/2022
200407	Catawba Valley Community College	Hickory, NC	5/2/2022
200416	Northeast Mississippi Community College	Boonville, MS	11/7/2022
200417	Kennebec Valley Community College	Fairfield, ME	9/26/2022
200459	Rockingham Community College	Wentworth, NC	4/18/2022
200462	Southeastern Community College	West Burlington, IA	9/15/2022
200469	Concorde Career College - Memphis	Memphis, TN	12/12/2022
200478	Meridian Community College	Meridian, MS	10/19/2022
200482	Southern Crescent Technical College	Griffin, GA	11/14/2022
200485	Georgia Northwestern	Rome, GA	4/14/2022
200542	Carrington College	Pleasant Hill, CA	4/7/2022
200553	St. Louis College of Health Careers	Fenton, MO	7/18/2022
200563	Concorde Career College - Portland	Portland, OR	11/21/2022
200565	Utah Tech University	St. George, UT	10/6/2022
200570	Louisiana State University - Eunice	Eunice, LA	11/3/2022
200588	Platt College - Ontario	Ontario, CA	1/20/2022
200592	National Park College	Hot Springs, AR	10/17/2022
200593	Concorde Career College - San Antonio	San Antonio, TX	10/3/2022
200598	Hutchinson Community College	Hutchinson, KS	11/17/2022
200599	New England Institute of Technology	Greenwich, RI	8/15/2022
200606	Pima Medical Institute-Houston	Houston, TX	7/18/2022
200607	San Joaquin Valley College - Temecula	Temecula, CA	9/8/2022
200615	Nova Southeastern University	Palm Beach Gardens, FL	2/24/2022
200618	Eastern Florida State College	Melbourne, FL	10/3/2022
200621	Antillean Adventist University	Mayaguez, PR	9/12/2022

200644	Jacksonville University	Jacksonville, FL	6/16/2022
200646	Missouri Western State University	St. Joseph, MO	6/1/2022
210290	Gannon University	Erie, PA	1/26/2022
210351	Ozarks Technical Community College	Waynesville, MO	5/5/2022
300006	University of Missouri at Mercy Hospital	St. Louis, MO	4/18/2022
300037	Kent State University - Cleveland Clinic	Cleveland, OH	9/9/2022
400290	Gannon University	Erie, PA	1/26/2022
510002	St. Louis College of Health Careers (BS degree)	Fenton, MO	7/18/2022
510020	University of Missouri (BSHS degree)	Columbia, MO	4/18/2022
510024	Madisonville Community College/Murray State University	Murray, KY	5/5/2022

Applications for Substantive Change

A substantive change is any modification, affecting either the program or the program's sponsor, that the CoARC has determined to have the potential to affect program outcomes and thus requires the program to notify the CoARC prior to its occurrence ([Substantive Changes - CoARC - Commission on Accreditation for Respiratory Care](#)). The sponsor must report substantive change(s) to the CoARC for approval prior to the intended date of implementation, except for either an adverse action by the sponsor's institutional accrediting agency, a change in the program sponsor's institutional accreditation status or changes that are emergent or unexpected (see Accreditation Policy 1.07). While the decision to implement a substantive change is an institutional prerogative and/or responsibility, the CoARC is obligated to assess the potential of any substantive change to adversely affect the program's ability to meet the *Standards* and Policies.

Program #	Institution	State	Policy #	Approved
200303	Midland College	TX	9.04	1/5/2022
200556	Mercyhurst University	PA	9.11	1/7/2022
200061	University of District of Columbia CC	DC	9.11	1/7/2022
200154	Madison Area Technical College	WI	9.10	1/7/2022
200574	Kent State University at Ashtabula	OH	9.04	2/2/2022
200570	Louisiana State University-Eunice	LA	9.10	2/2/2022
200587	St. Augustine College	IL	9.04	2/8/2022
200152	Valencia College	FL	9.10	2/25/2022
200443	Hillsborough Community College	FL	9.10	3/14/2022
200259	Fayetteville Technical Community College	NC	9.10	3/14/2022
200566	American Career College-Ontario	CA	9.10	3/14/2022
200608	YTI Career Institute-Altoona	PA	9.10	3/14/2022
200458	Weatherford College	TX	9.04	3/15/2022
200228	Prince George's Community College	MD	9.04	3/24/2022
200544	Wilkes Community College	NC	9.10	4/6/2022
200102	East Los Angeles College	CA	9.04	4/13/2022
200417	Kennebec Valley Community College	ME	9.04, 9.10, 9.11	4/19/2022
200258	Saint Paul College	MN	9.04	4/21/2022
200258	Saint Paul College	MN	9.04	5/2/2022

200037	Quinsigamond Community College	MA	9.03	5/11/2022
200554	American Career College-Anaheim	CA	9.10	5/11/2022
200538	Cisco College	TX	9.04	5/26/2022
200625	Utah Valley University	UT	9.10, 9.11	6/3/2022
300009	Bowling Green State U-Firelands College	OH	9.02, 9.03, 9.04	6/3/2022
200339	Bowling Green State U-Firelands College	OH	9.02, 9.03, 9.04	6/3/2022
200444	Moraine Park Technical College	WI	9.04	6/21/2022
200390	Carrington College - Phoenix East	AZ	9.02	6/29/2022
200216	Columbus State Community College	OH	9.04	6/30/2022
200019	Mansfield University	PA	9.01	9/1/2022
200497	Cape Girardeau Career & Technology Cente	MO	9.01, 9.02	9/19/2022
200402	Dona Ana Community College	NM	9.04	9/23/2022
200318	Pitt Community College	NC	9.04, 9.10	9/23/2022
200078	Indiana University of Pennsylvania	PA	9.11	9/26/2022
200510	Concorde Career College-Denver	CO	9.01	10/31/2022
200440	Concorde Career College-North Hollywood	CA	9.01	10/31/2022
200593	Concorde Career College-San Antonio	TX	9.01	10/31/2022
200498	Concorde Career College-San Bernardino	CA	9.01	11/2/2022
200597	Concorde Career College-Dallas	TX	9.01	11/2/2022
200545	Concorde Career Institute-Jacksonville	FL	9.01	11/2/2022
200469	Concorde Career College-Memphis	TN	9.01	11/2/2022
200437	Concorde Career College- Kansas City	MO	9.01	11/2/2022
200573	Concorde Career Institute-Tampa	FL	9.01	11/2/2022
200559	Concorde Career Institute-Miramar	FL	9.01	11/2/2022
200563	Concorde Career College-Portland	OR	9.01	11/2/2022
200472	Concorde Career College-Garden Grove	CA	9.01	11/2/2022
200335	North Central State College	OH	9.04	11/8/2022
200600	SUNY Sullivan County Community College	NY	9.01	12/6/2022

Changes in Program Information and Personnel

The CoARC Executive Office is responsible for maintaining accurate programmatic information. Programs are required to report changes in a program name, address, and certain personnel to the CoARC in a timely manner. The following is a list of reported changes from January 1, 2018, through December 31, 2022:

Type of Change Reported		Number Reported in 2018	Number Reported in 2019	Number Reported in 2020	Number Reported in 2021	Number Reported in 2022
Change in Program Name		1	1	2	2	4
Change in Program Address		4	2	2	2	2
Change in Billing Contact		26	19	25	31	24
Change in President/CEO		40	75	67	51	60
Change in Dean		73	94	89	79	104
Change in	Permanent	55	60	63	59	81

Program Director	Transitional	-	-	1	5	1
	Temporary	11	15	14	9	11
	Acting	5	5	4	-	1
Change in Director of Clinical Education	Permanent	91	107	69	86	101
	Transitional	-	-	7	16	17
	Temporary	20	31	27	20	26
	Acting	3	5	1	-	2
Change in Medical Director	Permanent	42	39	32	36	42
	Temporary	0	2	3	2	0
Change in Co-Medical Director		7	6	6	4	4
Change in Primary Sleep Specialist Instructor		2	0	0	0	0
Total # of Changes Reported		392	461	412	402	480

Of the 81 permanent changes in Program Director in 2022, 17 were due to retirement, 29 to resignation, 24 to re-assignment, and 11 were due to other reasons.

2022 ANNUAL REPORT OF CURRENT STATUS (RCS)

Overview

The CoARC defines program outcomes as “*performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Outcomes include but are not limited to program completion rates, job placement rates, certification pass rates, and program satisfaction*” (2020 Standards, p.50). Outcomes measures used by the CoARC reflect metrics of program effectiveness and student achievement. The CoARC uses an outcomes-centered approach in its accreditation review process. This approach focuses on a specific set of outcomes which include the following: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention; c) Graduate satisfaction with the program; d) Employer satisfaction with program graduates, and e) Job placement.

The CoARC believes that continuous assessment of the educational quality of a respiratory care program (inclusive of distance education modalities and program options) will maximize the academic success of the enrolled students in an accountable and cost-effective manner. To achieve this outcome, the assessment must be broad-based, systematic, and designed to promote the achievement of program goals. The CoARC routinely monitors programmatic outcomes in relation to the CoARC thresholds via program submission of an Annual Report of Current Status (RCS). The CoARC provides definitions of each of the minimum performance criteria in Standard 3.09, its *Accreditation Policies & Procedures Manual*, and on its website ([CoARC Outcomes Thresholds - CoARC - Commission on Accreditation for Respiratory Care](#)).

In May 2011, the CoARC launched its online Annual RCS system with a deadline for submission of July 1, 2011. In preparation for this launch, the CoARC redesigned its reporting tool. The focus of this redesign was to simplify and increase the accuracy of data entry for programs. To achieve this goal, the CoARC adopted a reporting system that is *driven by student data*. Programs can now capture and record cohort information that includes individual student data throughout their enrollment in the program. Once a cohort has been created, and students for that cohort have been entered into the reporting system, the program can update student data, such as graduation, retention, credentials earned, and job placement, at any time. This student-specific information is then used to automatically generate aggregate programmatic outcomes data.

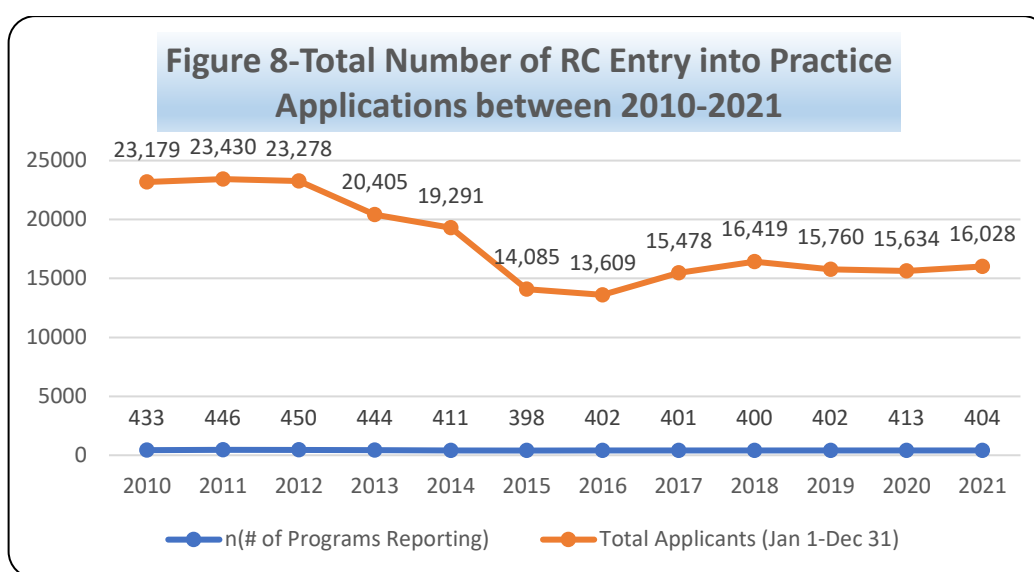
Outcomes are updated on an annual basis with the submission of each program's Annual RCS. The CoARC works with programs throughout the data submission and validation phases to ensure that these performance data are accurate.

The CoARC completed its verification of the outcomes data from the 2022 Annual Report of Current Status (RCS) in July 2022. A total of 404 entry into practice program and program option annual reports were used to generate the data in this section. Programs under accreditation review (i.e., Approvals of Intent and some Provisionally Accredited) were not included in the data analysis since they did not have outcomes data to report.

These data are reported by program personnel to the CoARC and reflect the aggregate data for the three-year period being reported (January 1, 2019, through December 31, 2021, for the 2022 RCS reports accepted by the CoARC Executive Office). *Note: The data do not reflect any changes made to the RCS data after the 2022 RCS reports were accepted. Any such changes will be reported in the 2023 RCS reports.*

Total Applications

Each year, programs are required to report the number of applications they received. **Figure 8** shows the total number of applications to entry into practice RC programs from 2010 through 2021. Total applications reached a peak of 23,430 in 2011 and then decreased by 42% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. The most recent year, 2021, showed a 2.5% increase compared to 2020. The mean number of applications per program was 40 in 2021, 38 in 2020, 39 in 2019, 41 in 2018, 39 in 2017, 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, and 52 from 2010 through 2012. The median number of applications per program was 30 in 2021 and 2020, 2019, 2018, 30 in 2017, 27 in 2016, 35 in 2015, 32 in 2014, 34 in 2013, 38 in 2012, 40 in 2011, and 38 in 2010.



RC Applications by Degree Offered

Table 8 –RC Entry into Practice Applications by Degree Offered between 2017 and 2021										
Degree Offered	2021 Applications (N=404)		2020 Applications (N=413)		2019 Applications (N=402)		2018 Applications (N= 400)		2017 Applications (N= 401)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	13,963	42	13,423	40	13,495	40	14,184	42	13,399	40
Baccalaureate	1,754	28	1,979	29	1,987	32	2,039	33	1,910	32
Masters	311	52	232	46	278	70	196	49	169	28

Table 8 shows the annual respiratory care applications in relation to the degree offered. There were 16,028 applications in 2021. The 335 programs offering associate degrees accounted for 87.2% of the total number of applications in 2021. This is a 4% increase compared to 2020 for this category and a 4.2% increase when compared to 2017. The mean number of applications per program for this category was 42 in 2021, 40 in 2020 and 2019, 42 in 2018, and 40 in 2017.

The 63 programs offering baccalaureate degrees accounted for 10.9% of the total number of applications in 2020. This is a 11.4% decrease when compared to 2020 for this category, and a 8.2% decrease when compared to 2017. The mean number of applications per program for this category was 28 in 2021, 29 in 2020, 32 in 2019, 33 for 2018, and 32 in 2017.

The six programs offering master's degrees accounted for 1.9% of the total number of applications in 2020. This is a 34.1% increase compared to 2020 for this category and a 84% increase when compared to 2017. The mean number of applications per program for this category was 52 in 2021, 46 in 2020, 70 in 2019, 49 for 2018, and 28 in 2017.

RC Applications by Institutional Type

Table 9 – RC Entry into Practice Applications by Institutional Type between 2017 and 2021										
Institutional Type	2021 Applications (N=404)		2020 Applications (N=413)		2019 Applications (N=402)		2018 Applications (N=400)		2017 Applications (N= 401)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	10,270	42	9,863	41	9,673	40	10,078	43	9,501	41
Four-Year College or University	2,489	28	2,540	26	2,959	33	3,085	34	2,933	31
Technical or Vocational School	2,308	45	2,609	47	2,352	44	2,309	44	2,299	43
Academic HSC/ Medical Center	267	33	293	29	188	24	185	23	213	27
Career or Technical College	522	58	131	33	394	44	474	47	305	31
U.S. Military	172	86	198	99	194	97	228	144	227	114

Table 9 shows the annual applications for respiratory care programs by institutional type. The 244 programs offered in community or junior colleges accounted for 64.1% of the 16,028 applications in 2021. This is still the largest category. There was a 4.1% increase in applications to such institutions compared to 2020, and a 8.1% increase compared to 2017. The mean number of applications per program for this category was 42 in 2021, 41 in 2020, 40 in 2019, 43 in 2018, and 41 in 2017.

The 90 programs offered in four-year colleges or universities accounted for 15.5% of the total number of applications in 2021. This is a 2% decrease compared to 2020, and a 15.1% decrease compared to 2017. The mean number of applications per program for this category was 28 for 2021, 26 in 2020, 33 in 2019, 34 in 2018, and 31 in 2017.

The 51 programs offered in technical or vocational schools accounted for 14.4% of the total number of applications in 2021. This is a 11.5% decrease compared to 2020 and a .39% increase compared to 2017. The mean number of applications per program was 45 in 2021, 47 in 2020, 44 in 2019 and 2018, and 43 in 2017.

The eight programs offered in academic HSC/medical centers accounted for 1.7% of the total number of applications in 2021. This is a 8.9% decrease compared to 2020, and a 25.4% increase compared to 2017. The mean number of applications per program was 33 in 2021, 29 in 2020, 24 in 2019, 23 in 2018, and 27 in 2017.

The nine programs offered in career or technical colleges accounted for 3.3% of the total number of applications in 2021. This is a 298.5% increase compared to 2020, and a 71.2% increase compared to 2017. The mean number of applications per program was 58 in 2021, 33 in 2020, 44 in 2019, 47 in 2018, and 31 in 2017.

The two programs offered in the U.S. military accounted for 1% of the total number of applications in 2021. This is a 13.1% decrease compared to 2020, and a 24.2% decrease compared to 2017. The mean number of applications per program was 86 in 2021, 99 in 2020, 97 in 2019, 144 in 2018, and 114 in 2017.

RC Applications by Institutional Control/Funding

Table 10 – RC Entry into Practice Applications by Institutional Control/Funding between 2017 and 2021

Institutional Control/Funding	2021 Applications (N=404)		2020 Applications (N=413)		2019 Applications (N=402)		2018 Applications (N=400)		2017 Applications (N= 401)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	12,172	37	11,958	36	11,967	37	12,381	39	11,928	39
Private/For-Profit (Proprietary)	2,940	72	2,582	63	2,597	62	2,492	59	2,067	47
Private/Not-For-Profit	744	22	672	19	1,002	26	1,258	33	1,256	26
Federal Government	172	86	422	70	194	97	288	144	227	114

Table 10 shows the annual applications to respiratory care programs in relation to institutional control/funding. The 327 programs controlled/funded by public/not-for-profit institutions accounted for 76 % of the 16,028 applications in 2021. This is still the largest category. There was a 1.8% increase compared to 2020 and a 2% increase compared to 2017. The mean number of applications per program for this category was 37 in 2021, 36 in 2020, 37 in 2019, 39 in 2018, and 39 in 2017.

The 41 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 18.3% of the total number of applications in 2021. This is a 13.9% increase compared to 2020 and a 42.2% increase compared to 2017. The mean number of applications per program for this category was 72 for 2021, 63 in 2020, 62 in 2019, 59 in 2018, and 47 in 2017.

The 34 programs controlled/funded by private/not-for-profit institutions accounted for 4.6% of the total number of applications in 2021. This is a 10.7% increase compared to 2020, and a 40.8% decrease compared to 2017. The mean number of applications per program for this category was 22 in 2021, 19 in 2020, 26 in 2019, 33 in 2018, and 26 in 2017.

The two programs controlled/funded by the federal government accounted for 1.1% of the total number of applications in 2021. This is a 59.2% decrease compared to 2020, and a 24.2% decrease compared to 2017. The mean number of applications per program was 86 in 2021, 70 in 2020, 97 in 2019, 144 in 2018, and 25 in 2017.

RC Entry into Practice Applications by State (including D.C. and PR) and Degree

Table 11 provides data on applications to respiratory care programs for 2016-2021 by state and degree offered. California continues to have the largest (17.3% of total in 2021) number of applications.

Table 11 –Applications by State (including D.C. and PR) and Degree between 2016 and 2021							
State (# of programs reporting)	Degree	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)
AL (n=6)	Total	220	243	249	341	288	246
5	Associate	185	189	202	255	214	218
1	Baccalaureate	35	54	47	86	73	27
0	Masters	N/A	N/A	N/A	N/A	1	1
AR (n=7)	Total	196	255	257	154	215	291
6	Associate	170	219	231	140	208	267
1	Baccalaureate	26	36	26	14	7	24
AZ (n=5)	Total	436	472	325	471	315	147
5	Associate	436	472	325	471	315	147
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=34)	Total	2,778	2,384	2,582	2,530	2,314	1,673
33	Associate	2,730	2,340	2,532	2,488	2,269	1,623
1	Baccalaureate	48	44	50	42	45	50
CO (n=4)	Total	260	294	262	362	268	87
4	Associate	260	294	262	362	268	87
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	211	191	233	150	156	154
4	Associate	196	183	204	130	142	139
1	Baccalaureate	15	8	29	20	14	15
DC (n=1)	Total	11	14	12	6	12	13
1	Associate	11	14	12	6	12	13
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	25	29	35	40	64	60
2	Associate	25	29	35	40	64	60
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=24)	Total	1095	995	1,027	987	1,004	884
22	Associate	1054	947	955	930	963	830
2	Baccalaureate	41	48	72	57	41	54
GA (n=16)	Total	436	442	416	383	382	458
11	Associate	244	238	250	217	242	272
4	Baccalaureate	179	185	149	155	127	170
1	Masters	13	19	17	11	13	16
HI (n=1)	Total	25	25	25	30	30	30
1	Associate	25	25	25	30	30	30
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)
IA (n=6)	Total	107	165	212	187	164	132
6	Associate	107	165	212	187	164	132
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=2)	Total	57	51	79	115	93	54
1	Associate	15	6	38	40	42	21
1	Baccalaureate	42	45	41	75	51	33
IL (n=13)	Total	481	462	455	377	394	406
11	Associate	379	371	406	350	362	361
1	Baccalaureate	6	0	N/A	N/A	N/A	N/A
1	Masters	96	91	49	27	32	45
IN (n=10)	Total	744	435	374	411	382	218
8	Associate	689	352	313	330	321	176
2	Baccalaureate	55	83	61	81	61	42
KS (n=9)	Total	212	183	237	260	196	191
8	Associate	182	165	201	224	176	165
1	Baccalaureate	30	18	36	36	20	26
KY (n=13)	Total	279	336	286	332	335	364
10	Associate	234	293	230	295	298	317
2	Baccalaureate	44	41	49	29	31	47
1	Masters	1	2	7	8	1	N/A
LA (n=9)	Total	175	174	181	208	158	198
6	Associate	140	129	149	176	119	168
3	Baccalaureate	35	45	32	32	39	30
MA (n=6)	Total	159	170	142	167	188	163
6	Associate	159	170	142	167	188	163
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	184	211	228	243	245	268
5	Associate	149	161	188	193	195	208
1	Baccalaureate	35	50	40	50	50	60
ME (n=2)	Total	88	91	84	43	40	40
2	Associate	88	91	84	43	40	40
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=12)	Total	324	381	351	363	454	425
12	Associate	3324	381	351	363	454	425
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MN (n=5)	Total	112	130	88	137	118	122
3	Associate	92	92	44	92	85	85
2	Baccalaureate	20	38	44	45	33	37

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)
MO (n=8)	Total	163	187	170	195	128	151
6	Associate	139	160	157	170	103	132
2	Baccalaureate	24	27	13	25	25	19
MS (n=9)	Total	479	505	413	382	382	387
9	Associate	479	505	413	382	382	387
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	22	14	19	26	33	30
2	Associate	22	14	19	26	33	30
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=14)	Total	519	607	571	640	600	617
14	Associate	519	607	571	640	600	617
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ND (n=3)	Total	19	22	20	26	23	29
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	18	22	20	26	21	28
1	Masters	1	0	N/A	N/A	2	1
NE (n=3)	Total	74	78	76	85	85	108
3	Associate	74	78	76	81	79	98
0	Baccalaureate	N/A	N/A	N/A	4	6	10
NH (n=1)	Total	12	8	8	10	16	11
1	Associate	12	8	8	10	16	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=4)	Total	149	150	144	142	128	243
4	Associate	149	150	144	142	128	184
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	9
NM (n=6)	Total	82	104	111	126	123	78
6	Associate	82	104	111	126	123	78
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=3)	Total	258	233	205	205	154	83
2	Associate	235	210	205	205	154	83
1	Baccalaureate	23	23	N/A	N/A	N/A	N/A
NY (n=13)	Total	745	727	738	791	705	890
10	Associate	635	588	644	699	618	829
3	Baccalaureate	110	139	94	92	87	61
OH (n=21)	Total	514	574	596	672	730	691
16	Associate	394	433	418	506	574	519
5	Baccalaureate	120	141	178	166	156	172

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



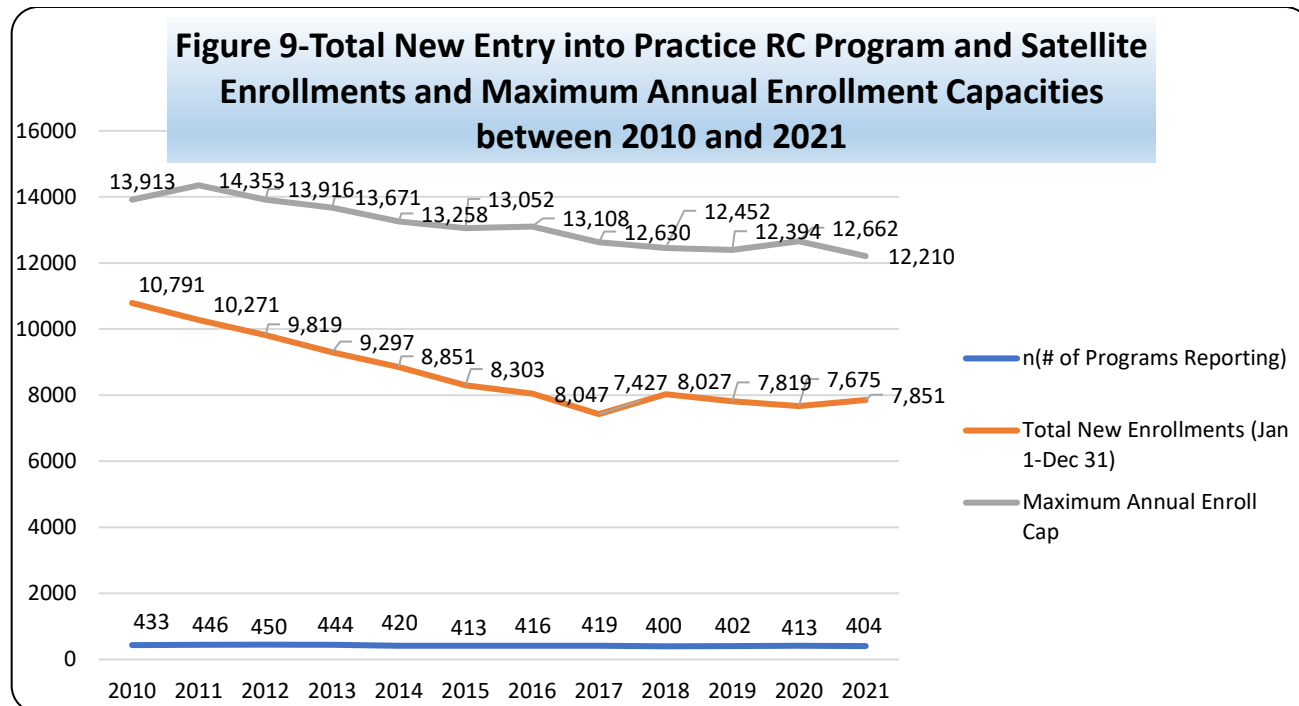
State (# of programs reporting)	Degree	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)
OK (n=6)	Total	154	207	247	241	149	126
6	Associate	154	207	247	241	149	126
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	136	142	134	125	110	112
2	Associate	123	122	114	105	95	90
1	Baccalaureate	13	20	20	20	15	22
PA (n=21)	Total	752	750	897	904	864	737
14	Associate	484	440	522	509	504	467
7	Baccalaureate	268	310	375	395	360	270
PR (n=1)	Total	15	12	7	13	17	N/A
1	Baccalaureate	15	12	7	13	17	N/A
RI (n=2)	Total	46	55	55	61	79	35
2	Associate	46	55	55	61	79	35
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	145	167	143	149	175	187
7	Associate	145	167	143	149	175	187
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	19	21	32	24	30	32
2	Associate	19	21	32	24	30	32
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	383	375	410	454	403	378
7	Associate	296	290	329	353	300	258
3	Baccalaureate	87	85	81	101	103	120
TX (n=35)	Total	1,665	1,458	1,430	1,588	1,622	1,147
29	Associate	1,112	1,141	964	1,189	1,202	843
4	Baccalaureate	181	197	261	249	300	214
2	Master's	200	120	205	150	120	90
UT (n=6)	Total	135	158	279	369	224	131
1	Associate	20	45	158	240	124	29
5	Baccalaureate	115	113	121	129	100	102
VA (n=7)	Total	208	218	210	206	246	250
5	Associate	164	180	175	181	174	190
2	Baccalaureate	44	38	35	25	72	60
VT (n=1)	Total	23	20	25	44	40	35
1	Associate	23	20	25	44	40	35
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WA (n=5)	Total	193	235	194	195	184	184
2	Associate	78	90	98	133	144	144
3	Baccalaureate	115	145	96	62	40	40

State (# of programs reporting)	Degree	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)	2017 Applications (N= 401)	2016 Applications (N= 402)
WI (n=7)	Total	246	214	253	233	212	237
7	Associate	246	214	253	233	212	237
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=5)	Total	243	246	221	205	186	76
4	Associate	233	234	211	195	170	65
1	Baccalaureate	10	12	10	10	16	11
WY (n=1)	Total	14	14	12	11	15	14
1	Associate	14	14	12	11	15	14
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

Total New Enrollments

Programmatic enrollment is deemed by the CoARC to occur when a student enrolls in the first core respiratory care course, i.e., a non-survey/non-prerequisite course available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used for calculating programmatic retention and maximum annual enrollment. **Figure 9** shows total new enrollments from 2010 through 2021. Enrollments for 2010 through 2021 are compared to the total maximum annual enrollment capacity¹. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 64% of maximum annual enrollment capacity in 2021. 63% of maximum annual enrollment capacity in 2019, 65% of maximum annual enrollment capacity in 2018, 59% of maximum annual enrollment capacity in 2017, 61% of capacity in 2016, 64% in 2015, 67% of capacity in 2014, 68% of capacity in 2013, 71% of capacity in 2012, 72% of capacity in 2011, and 78% of capacity in 2010. For 2021, 7% (30 of the 404) of programs reported new enrollments reaching maximum annual enrollment capacity, which was a 2% decrease from the previous year. Of these 30 programs, 13 offered the AAS degree, 13 offered the AS degree, and four offered the BS degree. The 30 programs were located in 19 different states.

The mean maximum annual enrollment capacity per program was 30 in 2021, 2020, 2019, 2018, and 2017, 31 in 2016, 32 in 2015 and 2014, 31 in 2013 and 2012, and 32 in 2011 and 2010. The mean number of new enrollments per program was 19 in 2021, 2020, 2019, 20 in 2018, 18 in 2017, 19 in 2016, 20 in 2015, 21 in 2014 and 2013, 22 in 2012, 23 in 2011, and 24 in 2010. The median number of new enrollments per program was 17 in 2021, 19 in 2020, 17 in 2019 and 2018, 16 in 2017, 17 in 2016, 18 in 2015, 25 in 2014, 18 in 2013, 19 in 2012 and 2011, and 20 in 2010. There was a 2.3% increase in new enrollments compared to 2020. There was a 2.4% decrease in new enrollments in 2020 compared to 2017. Since its peak in 2010, there has been a 27.2% decrease in new enrollments.



¹ The *maximum annual enrollment capacity* is defined as the *maximum number of new students that could be enrolled in a calendar year (defined as January 1 through December 31)*. This number is established by the CoARC based on information provided by the program and can only be increased upon approval of a request for a substantive change (see CoARC Policy 9.0).

New RC Enrollments by Degree Offered

Table 12 – RC Entry into Practice New RC Enrollments by Degree Offered between 2017 and 2021												
Degree Offered	2021 Max Annual Enrollment Capacity		2021 New Enrollments (N=404)		2020 New Enrollments (N=413)		2019 New Enrollments (N=402)		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	12,210	31	6,814	20	6,549	19	6,793	20	6,989	21	6,442	19
Baccalaureate	1,530	24	963	15	1,041	15	956	15	992	16	934	15
Masters	143	20	74	17	85	17	66	17	46	12	51	9

Table 12 shows the new annual enrollments in respiratory care in relation to the degree offered. The 335 programs offering associate degrees accounted for 86.8% of the 7,851 new enrollments in 2021. This is a 4% increase compared to 2020 for this category and a 5.8% increase compared to 2017. New enrollments in associate degree programs reached 55.8% of maximum capacity in 2021. The mean number of new enrollments per program for this category was 20 in 2021, 19 in 2020, 20 in 2019, 21 for 2018, and 19 for 2017.

The 63 programs offering baccalaureate degrees accounted for 12.3% of the total number of new enrollments in 2021. This is a 7.5% decrease compared to 2020 for this category, but a 3.1% increase compared to 2017. New baccalaureate degree enrollments reached 63% of maximum capacity in 2021. The mean number of new enrollments per program for this category was 15 in 2021, 2020, 2019, 16 in 2018, and 15 in 2017.

The six programs offering master's degrees accounted for 0.9% of the total number of new enrollments in 2021. This is a 12.9% decrease compared to 2020, and a 45% increase compared to 2017. New enrollments in these programs reached 51.7% of the maximum capacity in 2021. The mean number of new enrollments per program for this category was 17 in 2021, 2020, 2019, 12 in 2018, and 9 in 2017.

New RC Enrollments by Institutional Type

Table13 – RC Entry into Practice New Enrollments by Institutional Type between 2017 and 2021												
Institutional Type	2021 Max Annual Enroll Capacity		2021 New Enrollments (N=404)		2020 New Enrollments (N=413)		2019 New Enrollments (N=402)		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	6,732	28	4,543	19	4,375	18	4,561	19	4,595	20	4,337	18
Four-Year College or University	2,176	24	1,278	14	1,349	14	1,452	16	1,610	18	1,461	15
Technical or Vocational School	2,465	48	1,527	30	1,594	29	1,394	26	1,312	25	1,197	23
Academic HSC/ Medical Center	187	23	81	10	88	11	94	12	101	11	98	12
Career or Technical College	422	47	299	33	206	23	279	28	195	20	272	27
U.S. Military	228	114	123	62	118	59	137	69	136	68	157	79

Table 13 shows the new enrollments in respiratory care programs in relation to institutional type. The 244 programs offered in community or junior colleges are the largest category and accounted for 57.9% of the 7,851 new enrollments in 2021. This is a 3.8% increase in enrollments compared to 2020, and a 4.7% increase compared to 2017. New enrollments reached 67.5% of the maximum capacity in 2021. The mean number of new enrollments per program was 19 in 2021, 18 in 2020, 19 in 2019, 20 in 2018, and 18 in 2017.

The 90 programs offered in four-year colleges or universities accounted for 16.3% of the total number of new enrollments in 2021. This is a 5.3% decrease compared to 2020 and a 12.5% decrease compared to 2017. New enrollments reached 58.7% of maximum capacity in 2021. The mean number of new enrollments per program was 14 in 2021, 2020, 16 in 2019, 18 in 2018, and 15 in 2017.

The 51 programs offered in technical or vocational schools accounted for 19.4% of the total number of new enrollments in 2021. This is a 4.2% decrease compared to 2020, but a 27.6% increase compared to 2016. New enrollments reached 61.9% of the maximum capacity in 2021. The mean number of new enrollments per program was 30 in 2021, 29 in 2020, 26 in 2019, 25 in 2018, and 23 in 2017.

The eight programs offered in academic HSC/medical centers accounted for 1% of the total number of new enrollments in 2021. This is a 8% decrease compared to 2020 and a 17.3% decrease compared to 2017. New enrollments reached 43% of maximum capacity in 2021. The mean number of new enrollments per program was 10 in 2021, 13 in 2020, 11 in 2019, 12 in 2018, and 11 in 2017.

The nine programs offered in career or technical colleges accounted for 3.8% of the total number of new enrollments in 2021. This is a 45.1% increase compared to 2020 and a 9.9% increase compared to 2016. New enrollments reached 70.9% of the maximum capacity in 2021. The mean number of new enrollments per program was 33 in 2021, 23 in 2020 and 2019, 28 in 2018, and 20 in 2017.

The two programs offered in the U.S. military accounted for 1.6% of the total number of new enrollments in 2021. This is a 4.3% increase compared to 2020 and a 21.7% decrease compared to 2017. New enrollments reached 53.9% of the maximum capacity in 2021. The mean number of new enrollments per program was 62 in 2021, 59 in 2020, 69 in 2019, 68 in 2018, and 79 in 2017.

New RC Enrollments by Institutional Control/Funding

Table 14 – RC Entry into Practice New Enrollments by Institutional Control/Funding between 2017 and 2021

Institutional Control/Funding	2021 Max Annual Enroll Capacity		2021 New Enrollments (N=404)		2020 New Enrollments (N=413)		2019 New Enrollments (N=402)		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	8,840	26	5,512	17	5,468	17	5,575	17	5,656	18	5,341	16
Private/For-Profit (Proprietary)	2,731	67	1,830	45	1,605	39	1,524	36	1,490	35	1,259	31
Private/Not-For-Profit	811	24	386	11	348	10	602	16	744	20	691	14
Federal Government	228	54	123	42	254	42	118	59	137	69	136	68

Table 14 shows the new enrollments in respiratory care programs in relation to institutional control/funding. The 327 programs controlled/funded by public/not-for-profit institutions are the largest category and accounted for 70.2% of the 7,851 new respiratory care enrollments in 2021. This is a 0.8% increase compared to 2020 and a 3.2% increase compared to 2017. New enrollments were at 62.4% of maximum capacity in 2021 for programs in this category. The mean number of new enrollments per program was 17 in 2021/2020/2019, 18 in 2018, and 16 in 2017.

The 41 programs controlled /funded by private/for-profit (proprietary) institutions accounted for 23.3% of the total number of new enrollments in 2021. This is a 14% increase compared to 2021 and a 45% increase compared to 2017. New enrollments reached 67% of maximum capacity in 2021 for programs in this category. The mean number of new enrollments per program was 45 in 2021, 39 in 2020, 35 in 2019, 35 in 2018, and 31 in 2017.

The 34 programs controlled/funded by private/not-for-profit institutions accounted for 4.9% of the total number of new enrollments in 2021. This is a 10.9% increase compared to 2020 and a 44.1% decrease compared to 2017. New enrollments reached 47.6% of the maximum capacity in 2021 for programs in this category. The mean number of new enrollments per program was 11 in 2021, 10 in 2020, 16 in 2019, 20 in 2018, and 14 in 2017.

The two programs controlled/funded by the federal government accounted for 1.6% of the total number of new enrollments in 2021. This is a 28.6% decrease compared to 2020 and a 9.6% decrease compared to 2017. New enrollments reached 53.9% of the maximum capacity in 2021. The mean number of new enrollments per program was 42 in 2021/2020, 59 in 2019, 69 in 2018, and 68 in 2017.

New RC Enrollments by State (including D.C. and PR) and Degree

Table 15 provides data on new enrollments in respiratory care programs for 2016-2021 by state and degree offered. California had the largest (17% of total) enrollments of any state in 2021.

Table 15 – New RC Enrollments by State (including D.C. and PR) and Degree between 2016 and 2021								
State (# of programs reporting)	Degree	2021 Maximum Annual Enroll Capacity	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)
AL (n=6)	Total	195	138	126	131	156	133	147
5	Associate	165	113	99	105	106	92	127
1	Baccalaureate	30	25	27	26	50	40	19
0	Masters	N/A	N/A	N/A	N/A	N/A	1	1
AR (n=7)	Total	148	95	89	95	74	69	100
6	Associate	124	80	77	78	64	64	90
1	Baccalaureate	24	15	12	17	10	5	10
AZ (n=5)	Total	353	254	203	144	207	165	176
5	Associate	353	254	203	144	207	165	176
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=34)	Total	1,744	1,337	1,220	1,329	1,222	1,163	1,184
33	Associate	1,722	1,325	1,207	1,317	1,208	1,156	1,169
1	Baccalaureate	22	12	13	12	14	7	15
CO (n=4)	Total	227	116	145	111	129	93	119
4	Associate	227	116	145	111	129	93	119
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	118	68	65	82	77	72	75
4	Associate	100	61	57	66	67	65	62
1	Baccalaureate	18	7	8	16	10	7	13
DC (n=1)	Total	24	10	10	8	4	7	4
1	Associate	24	10	10	8	4	7	4
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	35	18	18	18	17	19	25
2	Associate	35	18	18	18	17	19	25
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=24)	Total	715	467	459	503	495	482	511
22	Associate	660	436	422	473	456	450	479
2	Baccalaureate	55	31	37	29	39	32	32
GA (n=16)	Total	380	240	239	223	241	188	260
11	Associate	223	131	127	142	142	103	248
4	Baccalaureate	137	103	101	71	89	72	65
1	Masters	20	6	11	10	10	13	12
HI (n=1)	Total	16	17	13	14	16	14	13
1	Associate	16	17	13	14	16	14	13
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Maximum Annual Enroll Capacity	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)
IA (n=6)	Total	123	78	64	70	62	47	71
6	Associate	123	78	64	70	62	47	71
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=2)	Total	40	37	24	51	58	54	53
1	Associate	15	10	2	26	32	30	28
1	Baccalaureate	25	27	22	25	26	24	25
IL (n=13)	Total	383	203	212	239	241	220	234
11	Associate	349	184	193	222	234	211	223
1	Baccalaureate	10	1	0	N/A	N/A	N/A	N/A
1	Masters	24	18	19	17	7	9	11
IN (n=10)	Total	235	194	208	206	190	209	155
8	Associate	189	153	166	166	144	161	129
2	Baccalaureate	46	41	44	40	46	48	26
KS (n=9)	Total	192	112	102	121	132	101	118
8	Associate	168	96	90	106	110	90	100
1	Baccalaureate	24	16	12	15	22	11	16
KY (n=13)	Total	255	152	174	147	173	151	202
11	Associate	210	126	150	115	140	133	178
2	Baccalaureate	35	25	22	25	25	17	34
1	Masters	10	1	2	7	8	1	NA
LA (n=9)	Total	188	102	108	99	98	104	115
6	Associate	121	78	78	75	76	78	83
3	Baccalaureate	67	24	30	24	22	26	32
MA (n=6)	Total	116	86	94	78	79	93	83
6	Associate	116	86	94	78	79	93	83
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	153	107	121	116	98	88	113
5	Associate	113	77	91	92	76	63	89
1	Baccalaureate	40	30	30	24	22	25	24
ME (n=2)	Total	44	19	28	39	17	16	15
2	Associate	44	19	28	39	17	16	15
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=12)	Total	317	214	217	216	235	238	232
12	Associate	317	214	217	216	235	238	232
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MN (n=5)	Total	123	62	79	56	89	79	74
3	Associate	83	49	44	24	58	52	46
2	Baccalaureate	40	13	35	32	31	27	28

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Maximum Annual Enroll Capacity	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)
MO (n=8)	Total	267	121	129	127	145	100	96
6	Associate	243	107	112	119	126	78	86
2	Baccalaureate	24	14	17	8	19	22	10
MS (n=9)	Total	182	138	133	127	123	100	125
9	Associate	182	138	133	127	123	100	125
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	41	19	14	16	17	21	18
2	Associate	41	19	14	16	17	21	18
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=14)	Total	345	200	193	215	203	198	208
14	Associate	345	200	193	215	203	198	208
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ND (n=3)	Total	36	16	21	19	24	16	24
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	24	15	21	19	24	14	23
1	Masters	12	1	0	N/A	N/A	2	1
NE (n=3)	Total	83	52	69	58	65	54	76
3	Associate	83	52	69	58	63	50	72
0	Baccalaureate	N/A	N/A	N/A	N/A	2	4	4
NH (n=1)	Total	16	12	6	8	9	11	11
1	Associate	16	12	6	8	9	11	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=4)	Total	160	92	84	92	84	76	115
4	Associate	160	92	84	92	84	76	94
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	21
NM (n=6)	Total	178	75	79	82	84	98	85
6	Associate	178	75	79	82	84	98	85
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=3)	Total	187	137	125	57	78	87	82
2	Associate	162	119	104	57	78	87	82
1	Baccalaureate	25	18	21	N/A	N/A	N/A	N/A
NY (n=13)	Total	526	318	306	300	336	311	322
10	Associate	420	246	231	249	263	249	263
3	Baccalaureate	106	72	75	51	73	62	59
OH (n=21)	Total	565	361	327	345	358	351	366
14	Associate	449	274	227	235	265	263	285
7	Baccalaureate	116	87	100	110	93	88	81

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Maximum Annual Enroll Capacity	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=420)	2016 New Enrollments (N=416)
OK (n=6)	Total	142	94	94	105	122	89	101
6	Associate	142	94	94	105	122	89	101
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	89	65	69	59	73	59	74
2	Associate	64	54	54	42	54	48	58
1	Baccalaureate	25	11	15	17	19	11	16
PA (n=21)	Total	590	366	290	313	326	262	310
14	Associate	458	291	205	222	236	175	223
7	Baccalaureate	132	75	85	91	90	87	87
PR (n=1)	Total	20	12	13	7	14	N/A	N/A
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	20	12	13	7	14	N/A	N/A
RI (n=2)	Total	64	38	31	39	47	62	51
2	Associate	64	38	31	39	47	62	51
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	161	104	106	104	110	107	119
7	Associate	161	104	106	104	110	107	119
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	24	12	20	16	14	14	16
2	Associate	24	12	20	16	14	14	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	313	196	205	219	207	201	228
7	Associate	254	145	156	169	155	143	175
3	Baccalaureate	59	51	49	50	52	58	53
TX (n=35)	Total	1,231	799	799	755	763	829	846
29	Associate	1,048	662	649	616	644	681	704
5	Baccalaureate	106	89	97	107	98	123	112
1	Masters	77	48	53	32	21	25	30
UT (n=6)	Total	175	81	99	195	270	141	217
1	Associate	25	18	131	131	221	105	190
5	Baccalaureate	150	63	64	64	49	36	27
VA (n=7)	Total	223	114	119	125	126	128	134
5	Associate	155	93	95	108	114	101	109
2	Baccalaureate	68	21	24	17	12	27	25
VT (n=1)	Total	27	12	4	10	16	19	16
1	Associate	27	12	4	10	16	19	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



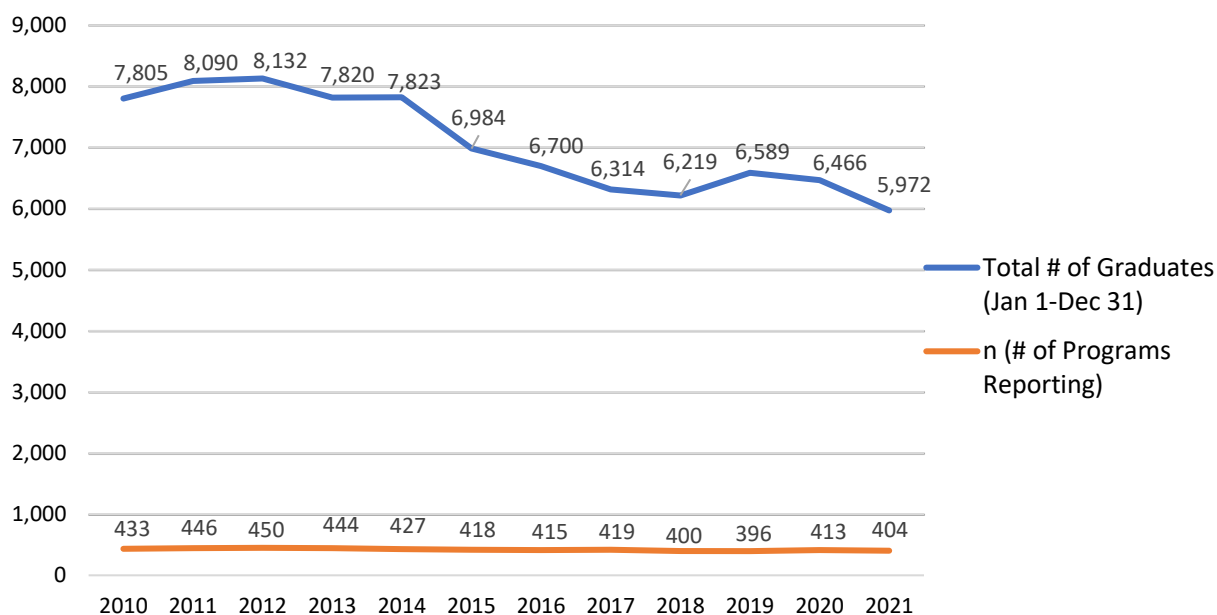
State (# of programs reporting)	Degree	2021 Maximum Annual Enroll Capacity	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)	2017 New Enrollments (N=420)	2016 New Enrollments (N=416)
WA (n=5)	Total	152	111	113	110	108	104	106
2	Associate	70	50	58	57	77	69	91
3	Baccalaureate	82	61	55	53	31	35	15
WI (n=7)	Total	170	116	134	140	134	120	154
7	Associate	170	116	134	140	134	120	154
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=5)	Total	94	50	61	67	50	43	57
4	Associate	74	46	49	57	40	24	48
1	Baccalaureate	20	4	12	10	10	19	9
WY (n=1)	Total	25	14	12	13	11	14	15
1	Associate	25	14	12	13	11	14	15
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Total Graduates

Figure 10 provides the total number of graduates during the time period reported (i.e., January 1, 2010, through December 31, 2021). Graduation numbers include both students that graduated on time and students graduating after their expected graduation date. CoARC defines the graduation date as the date on which the degree was conferred by the program's educational sponsor, not the date on which the student fulfilled all program requirements.

There were 5,972 graduates in 2021. This is a 7.6% decrease compared to 2020, and a 26.6% decrease compared to its peak in 2012. The mean number of graduates per program was 15 in 2021, 16 in 2020, 17 in 2019, 16 in 2018, 15 in 2017, 16 in 2016, 17 in 2015, and 18 in 2014 and 2013 through 2010. The median number of graduates per program was 13 in 2021/2020, 14 in 2019 and 2018, 13 in 2017, 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, 15 in 2012, 14 in 2011, and 13 in 2010.

**Figure 10- Total Entry into RC Programs and Satellite Graduates
between 2010 and 2021**



RC Graduates by Degree Offered

Table 16 – RC Entry into Practice Graduates by Degree Offered between 2017 and 2021										
Degree Offered	2021 Graduates (N=404)		2020 Graduates (N=413)		2019 Graduates (N=396)		2018 Graduates (N=400)		2017 Graduates (N=419)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	5,142	15	5,570	16	5,660	17	5,396	16	5,457	16
Baccalaureate	752	12	855	12	883	14	768	13	792	12
Masters	78	13	41	8	46	9	55	11	65	11

Table 16 shows the number of respiratory care graduates in relation to the degree offered. There were 5,972 graduates in 2021. The 335 programs offering associate degrees are the largest category and accounted for 86.1% of the total number of graduates in 2021. This is a 7.7% decrease compared to 2020, and a 5.8% decreased compared to 2017. The mean number of graduates per program for this category was 15 in 2021, 16 in 2020, 17 in 2019, 16 in 2018, and 16 in 2017.

The 63 programs offering baccalaureate degrees accounted for 12.6% of the total number of graduates in 2021. This is a 12% decrease compared to 2020 and a 5.1% decrease in graduates for this category compared to 2017. The mean number of graduates per program for this category was 12 in 2021/2020, 14 in 2019, 13 in 2018, and 12 in 2017.

The six programs offering master's degrees accounted for 1.3% of the total number of graduates in 2021. This is a 90% increase compared to 2020, and a 20% increase in graduates for this category compared to 2017. The mean number of graduates per program for this category was 13 in 2021, 8 in 2020, 9 in 2019, 11 in 2018, and 11 for 2017.

RC Graduates by Institutional Type

Table 17 –RC Entry into Practice Graduates by Institutional Type between 2017 and 2021

Institutional Type	2021 Graduates (N=404)		2020 Graduates (N=413)		2019 Graduates (N=396)		2018 Graduates (N=400)		2017 Graduates (N=419)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	3,574	15	3,665	15	3,615	16	3,532	15	3,508	14
Four-Year College or University	1,025	11	1,268	13	1,398	15	1,254	13	1,354	13
Technical or Vocational School	987	19	1,208	22	1,150	21	1,034	20	1,041	19
Academic HSC/Medical Center	81	10	96	10	72	10	79	10	96	11
Career or Technical College	205	23	73	18	209	23	195	20	144	14
U.S. Military	100	50	145	73	125	63	171	85	168	84

Table 17 shows the number of respiratory care graduates in relation to institutional type. The 244 programs offered in community or junior colleges are the largest category and accounted for 59.8% of the 5,972 respiratory care graduates in 2021. This is a 2.5% decrease compared to 2020, and a 1.9% increase compared to 2017. The mean number of graduates per program for this category was 15 in 2021/2020, 16 in 2019, 15 in 2018, and 14 in 2017.

The 90 programs offered in four-year colleges or universities accounted for 17.2% of the total number of graduates in 2021. This is a 19.2% decrease compared to 2020, and a 24.3% decrease compared to 2017. The mean number of graduates per program was 11 in 2021, 13 in 2020, 15 in 2019, 13 in 2018, and 13 in 2017.

The 51 programs offered in technical or vocational schools accounted for 16.5% of the total number of graduates in 2021. This is an 18.3% decrease compared to 2020, and a 5.2% decrease compared to 2017. The mean number of graduates per program was 19 in 2021, 22 in 2020, 21 in 2019, 20 in 2018, and 19 in 2017.

The eight programs offered in academic HSC/Medical Centers accounted for 1.4% of the total number of graduates in 2021. This is a 15.6% decrease compared to 2020 and a 15.6% decrease compared to 2017. The mean number of graduates per program was 10 in 2021/2020/2019/2018, and 11 in 2017.

The nine programs offered in career or technical colleges accounted for 3.4% of the total number of graduates in 2021. This is a 180.8% increase compared to 2020, and a 42.4% increase compared to 2017. The mean number of graduates per program was 23 for 2021, 18 in 2020, 23 in 2019, 20 in 2018, and 14 in 2017.

The two programs offered in the U.S. military accounted for 1.7% of the total number of graduates in 2021. This is a 31% decrease compared to 2020, and a 40.5% decrease compared to 2017. The mean number of graduates per program was 50 in 2021, 73 in 2020, 63 in 2019, 85 in 2018, and 84 in 2017.

RC Graduates by Institutional Control/Funding

Table 18 –RC Entry into Practice Graduates by Institutional Control/Funding between 2017 and 2021

Institutional Control/Funding	2021 Graduates (N=404)		2020 Graduates (N=413)		2019 Graduates (N=396)		2018 Graduates (N=400)		2017 Graduates (N=419)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	4,392	13	4,513	14	4,573	15	4,471	14	4,416	13
Private/For-Profit (Proprietary)	1,176	32	1,305	32	1,255	30	1,063	25	1,035	24
Private/Not-For-Profit	304	9	394	11	616	17	560	14	692	13
Federal Government	100	50	254	42	145	73	125	63	171	86

Table 18 shows the number of respiratory care graduates in relation to institutional control/funding. The 327 programs controlled/ funded by public/not-for-profit institutions are the largest category and accounted for 73.5% of the 5,972 respiratory care graduates in 2021. This is a 2.7% decrease compared to 2020, and a 0.5% decrease compared to 2017. The mean number of graduates per program was 13 in 2021, 14 in 2020, 15 in 2019, 14 in 2018, and 13 in 2017.

The 41 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 19.7% of the total number of respiratory care graduates in 2021. This is a 9.9% decrease compared to 2020, but a 13.6% increase compared to 2017. The mean number of graduates per program was 32 in 2021/2020, 30 in 2019, 25 in 2018, and 24 in 2017.

The 34 programs controlled/funded by private/not-for-profit institutions accounted for 5.1% of the total number of respiratory care graduates in 2021. This is a 22.8% decrease compared to 2020, and a 56.1% decrease compared to 2017. The mean number of graduates per program was 9 in 2021, 11 in 2020, 17 in 2019, 14 in 2018, and 13 in 2017.

The two programs offered in the U.S. military accounted for 1.7% of the total number of graduates in 2021. This is a 60.6% decrease compared to 2020, and a 41.5% decrease compared to 2017. The mean number of graduates per program was 50 in 2021, 42 in 2020, 73 in 2019, 63 in 2018, and 86 in 2017.

RC Graduates by State (including D.C. and PR) and Degree

Table 19 provides data on respiratory care graduates for 2016-2021 by state and degree offered. Programs in California had the largest number of graduates (16.8% of total) in 2021.

Table 19 –RC Graduates by State (including D.C. and PR) and Degree between 2016 and 2021							
State (# of programs reporting)	Degree	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N= 425)	2016 Graduates (N= 415)
AL (n=6)	Total	122	105	122	86	67	83
5	Associate	98	83	100	71	49	68
1	Baccalaureate	24	22	22	14	18	15
0	Masters	N/A	N/A	N/A	1	N/A	N/A
AR (n=7)	Total	76	66	69	59	53	64
6	Associate	69	58	60	50	43	58
1	Baccalaureate	7	9	9	9	10	6
AZ (n=5)	Total	156	188	168	163	185	150
5	Associate	156	188	168	163	185	150
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=34)	Total	1,167	1,167	1,037	907	933	1,043
33	Associate	998	1,155	1,029	895	929	1,035
1	Baccalaureate	8	12	8	12	4	8
CO (n=4)	Total	84	93	103	107	79	82
4	Associate	84	93	103	107	79	82
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	69	43	71	61	63	68
4	Associate	56	37	57	51	55	50
1	Baccalaureate	13	6	14	10	8	18
DC (n=1)	Total	7	3	7	3	4	7
1	Associate	7	3	7	3	4	7
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	17	14	9	20	17	16
2	Associate	17	14	9	20	17	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=24)	Total	351	383	405	374	397	379
22	Associate	329	352	374	352	373	361
2	Baccalaureate	22	31	31	22	24	18
GA (n=16)	Total	174	200	211	210	181	220
11	Associate	108	122	125	125	116	145
4	Baccalaureate	59	71	73	73	60	65
1	Masters	7	7	13	12	5	10

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)
HI (n=1)	Total	13	16	14	16	13	15
1	Associate	13	16	14	16	13	15
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
IA (n=6)	Total	56	52	52	55	39	67
6	Associate	56	52	52	55	39	67
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=2)	Total	34	46	52	33	37	40
1	Associate	10	23	27	16	20	18
1	Baccalaureate	24	25	25	17	17	22
IL (n=13)	Total	174	167	182	175	213	202
11	Associate	154	160	173	162	198	179
1	Baccalaureate	7	0	N/A	N/A	2	4
1	Masters	13	7	9	13	13	19
IN (n=10)	Total	163	154	157	120	153	157
8	Associate	131	115	114	99	116	117
2	Baccalaureate	32	39	43	21	37	40
KS (n=9)	Total	100	100	82	110	62	94
8	Associate	85	88	71	94	56	73
1	Baccalaureate	15	22	11	16	6	21
KY (n=13)	Total	128	132	147	147	146	87
10	Associate	99	105	122	126	124	78
2	Baccalaureate	22	20	24	21	22	9
1	Masters	7	7	1	N/A	N/A	N/A
LA (n=9)	Total	70	84	72	80	90	96
6	Associate	51	67	53	61	64	61
3	Baccalaureate	19	17	19	19	26	31
MA (n=6)	Total	59	61	59	85	73	67
6	Associate	59	61	59	85	73	67
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	98	92	92	96	99	116
5	Associate	75	71	71	69	70	81
1	Baccalaureate	23	21	21	27	29	35
ME (n=2)	Total	21	22	13	13	26	24
2	Associate	21	22	13	13	26	24
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=12)	Total	176	160	184	171	230	171
12	Associate	176	160	184	171	230	171
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)
MN (n=5)	Total	59	67	49	64	65	69
3	Associate	34	41	26	42	44	47
2	Baccalaureate	25	26	23	22	21	22
MO (n=8)	Total	89	108	132	106	112	111
6	Associate	82	94	112	98	92	96
2	Baccalaureate	7	14	20	8	20	15
MS (n=9)	Total	96	97	86	97	89	93
9	Associate	96	97	86	97	89	93
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	20	15	20	16	14	16
2	Associate	20	15	20	16	14	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=14)	Total	146	143	159	164	140	167
14	Associate	146	143	159	164	140	167
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ND (n=3)	Total	14	24	18	19	22	16
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	14	24	16	18	2	16
1	Masters	0	0	2	1	1	0
NE (n=3)	Total	45	47	41	43	44	57
3	Associate	45	47	41	39	42	53
0	Baccalaureate	N/A	N/A	N/A	4	2	4
NH (n=1)	Total	7	6	11	11	12	12
1	Associate	7	6	11	11	12	12
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=4)	Total	80	80	72	67	61	98
4	Associate	80	80	72	67	61	85
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	13
NM (n=6)	Total	59	62	95	75	109	64
6	Associate	59	62	95	75	109	64
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=3)	Total	80	70	55	79	37	71
2	Associate	80	70	55	79	37	71
1	Baccalaureate	0	0	N/A	N/A	N/A	N/A
NY (n=13)	Total	226	229	233	230	222	254
10	Associate	180	172	178	178	164	194
3	Baccalaureate	46	57	55	52	58	60

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)
OH (n=21)	Total	239	253	240	282	279	286
16	Associate	172	164	155	195	207	200
5	Baccalaureate	67	89	85	87	72	86
OK (n=6)	Total	90	98	90	110	82	83
6	Associate	90	98	90	110	82	83
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	52	55	56	61	73	68
2	Associate	39	44	45	46	51	53
1	Baccalaureate	13	11	11	15	22	15
PA (n=24)	Total	222	254	263	238	236	324
15	Associate	153	173	187	173	181	258
9	Baccalaureate	69	81	76	65	55	66
PR (n=1)	Total	3	3	3	3	0	N/A
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	3	3	3	3	0	N/A
RI (n=2)	Total	26	28	48	42	32	44
2	Associate	26	28	48	42	32	44
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	84	86	82	79	66	85
7	Associate	84	86	82	79	66	85
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	15	12	8	11	12	19
2	Associate	15	12	8	11	12	19
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	128	158	165	150	163	183
7	Associate	85	117	114	99	115	137
3	Baccalaureate	43	41	51	51	48	46
TX (n=35)	Total	607	583	730	660	716	691
29	Associate	480	597	597	542	567	591
5	Baccalaureate	76	88	112	90	102	83
1	Masters	51	20	21	28	47	17
UT (n=6)	Total	82	182	264	183	196	253
1	Associate	29	119	196	148	161	221
5	Baccalaureate	53	63	68	35	35	32
VA (n=7)	Total	89	91	98	91	132	113
5	Associate	77	79	78	78	104	77
2	Baccalaureate	12	12	20	13	28	36
VT (n=1)	Total	7	7	14	13	9	11
1	Associate	7	7	14	13	9	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

COMMISSION ON ACCREDITATION FOR
RESPIRATORY CARE



State (# of programs reporting)	Degree	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)
WA (n=5)	Total	92	93	73	95	92	84
2	Associate	52	57	43	64	77	62
3	Baccalaureate	40	36	30	32	15	22
WI (n=7)	Total	105	110	107	102	121	103
7	Associate	105	110	107	102	121	103
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=5)	Total	47	23	43	23	48	43
4	Associate	38	16	29	11	34	28
1	Baccalaureate	9	7	14	12	14	15
WY (n=1)	Total	9	12	11	11	7	5
1	Associate	9	12	11	11	7	5
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

Programmatic Retention

Programmatic enrollment, as defined by the CoARC, begins when the respiratory student enrolls in the first core (non-survey, non-prerequisite) respiratory care course, i.e., a course available only to students matriculated in the respiratory care program. This date may be different than the enrollment or matriculation date determined by the institution. However, it is this date, as defined by the CoARC, that must be used when calculating programmatic retention and maximum annual enrollment.

Beginning January 1, 2017, the CoARC Board stopped using the term “programmatic attrition” and began using the term “programmatic retention.” CoARC defines programmatic retention as the number of students formally enrolled* in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class.

The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional, or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.

Students are not included in the retention definition who:

1. leave the program by the last day they are eligible for 100% tuition reimbursement within the first term of fundamental respiratory care core coursework².

OR

2. are in good academic standing who leave the program due to: financial, medical, or family reasons, military deployment, a change in their course of study, relocation to a different community, or reasons other than those described under academic reasons;

OR

3. are admitted to another educational program (same or different educational institution) prior to the scheduled graduation date of their RT class.

² Fundamental respiratory care coursework is defined as: Professional coursework, focused on the preparation of the student as a competent Respiratory Therapist, as defined in CoARC Standard 3.01.

Table 20 – RC Programmatic Retention for 2013 RCS through 2022 RCS

Reporting Years (# of programs submitted)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=442)	19.1% (10.9)	50.9%	0%	40%	14
2014 RCS Data from 1/1/11 to 12/31/13 (N=436)	19.1% (11.4)	62.5%	0%	40%	12
2015 RCS Data from 1/1/12 to 12/31/14 (N=437)	18.9% (10.9)	71.4%	0%	40%	9
2016 RCS Data from 1/1/13 to 12/31/15 (N=438)	18.5% (11.3)	75.0%	0%	40%	11
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	91.0% (.07)	100%	59%	70%	4
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	87.5% (16.9)	100%	60%	70%	20
2019 RCS Data from 1/1/16 to 12/31/18 (N=412)	91% (8)	100%	58%	70%	6
2020 RCS Data from 1/1/17 to 12/31/19 (N=410)	92% (7.1)	100%	65%	70%	2
2021 RCS Data from 1/1/18 to 12/31/20 (N=411)	91% (7)	100%	63%	70%	6
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	91% (7.3)	100%	53%	70%	3

2022 RCS data on programmatic retention (**Table 20**) show a total of 404 entry into practice programs reporting programmatic retention rates. The mean retention rate for the 2022 RCS was 91%, with the highest rate of 100% (n=61), which was 6 more programs compared to the 2021 RCS) and the lowest rate of 53% (n=1). Three programs (0.7% of total) reported retention rates below the CoARC-established threshold of 70%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 21 – RC Programmatic Retention by Degree Offered for 2019 RCS through 2022 RCS

Degree Offered (N=404)	2022 RCS Mean Retention (# of programs below CoARC threshold)	Degree Offered (N=413)	2021 RCS Mean Retention (# of programs below CoARC threshold)	Degree Offered (N=410)	2020 RCS Mean Retention (# of programs below CoARC threshold)	Degree Offered (N=412)	2019 RCS Mean Retention (# of programs below CoARC threshold)
Associate (n=335)	91% (2)	Associate (n=339)	91% (4)	Associate (n=342)	91% (5)	Associate (n=349)	87% (17)
Baccalaureate (n=63)	93% (1)	Baccalaureate (n=68)	92% (2)	Baccalaureate (n=64)	91% (1)	Baccalaureate (n=64)	89% (3)
Masters (n=6)	94%	Masters (n=4)	94%	Masters (n=6)	98%	Masters (n=6)	98%

Table 21 compares programmatic retention data in relation to the degree offered for the 2019 through 2022 RCS. For the 2022 RCS, programs offering an entry into practice associate degree had a mean retention rate of 91%; baccalaureate degree programs had a mean retention rate of 93%, while programs offering the master's degree had the highest mean retention rate of 94%.

For the 2022 RCS, two of the three programs below the CoARC threshold of 70% offered the AAS degree, and the one offered the BS degree.

Table 22 – RC Programmatic Retention by Institutional Type for 2019 through 2022 RCS

Institutional Type (N=404)	2022 RCS	Institutional Type (N=413)	2021 RCS	Institutional Type (N=410)	2020 RCS	Institutional Type (N=412)	2019 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)
Four-Year College or University (n=90)	92% (1)	Four-Year College or University (n=97)	92% (1)	Four-Year College or University (n=94)	92% (1)	Four-Year College or University (n=99)	91% (2)
Career or Technical College (n=9)	92%	Career or Technical College (n=4)	94%	Career or Technical College (n=9)	93%	Career or Technical College (n=10)	90%
Community or Junior College (n=244)	91% (2)	Community or Junior College (n=243)	91% (4)	Community or Junior College (n=243)	91% (1)	Community or Junior College (n=239)	91% (2)
Academic HSC/Medical Center (n=8)	92%	Academic HSC/Medical Center (n=10)	89% (1)	Academic HSC/Medical Center (n=8)	92%	Academic HSC/Medical Center (n=8)	91%
Technical or Vocational School (n=51)	93%	Technical or Vocational School (n=55)	93%	Technical or Vocational School (n=54)	92%	Technical or Vocational School (n=54)	90% (2)
U.S. Military (n=2)	86%	U.S. Military (n=2)	85%	U.S. Military (n=2)	85%	U.S. Military (n=2)	87%

Table 22 compares programmatic retention data in relation to institutional type for the 2019 RCS through the 2022 RCS. For the 2022 RCS, entry into practice programs the Technical or Vocational Schools had the highest mean retention rate (93%). The U.S. Military programs had the lowest mean retention rate of 86%.

For the 2022 RCS, one of the six programs below the CoARC threshold of 70% was located at a Four-Year College or University, the other two programs were located at a Community or Junior College.

Table 23 – RC Programmatic Retention by Institutional Control for 2019 RC through 2022 RCS

Institutional Control (N=404)	2022 RCS	Institutional Control (N=413)	2021 RCS	Institutional Control (N=410)	2020 RCS	Institutional Control (N=412)	2019 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)
Public/Not-For-Profit (n=327)	91% (3)	Public/Not-For-Profit (n=330)	91% (6)	Public/Not-For-Profit (n=327)	92% (1)	Public/Not-For-Profit (n=325)	91% (5)
Private/For-Profit (Proprietary) (n=41)	93%	Private/For-Profit (Proprietary) (n=41)	94%	Private/For-Profit (Proprietary) (n=39)	91% (1)	Private/For-Profit (Proprietary) (n=43)	92%
Private/Not-For-Profit (n=34)	91%	Private/Not-For-Profit (n=34)	92%	Private/Not-For-Profit (n=42)	94%	Private/Not-For-Profit (n=42)	91% (1)
Federal Government (n=2)	86%	Federal Government (n=6)	91%	Federal Government (n=2)	85%	Federal Government (n=2)	87%

Table 23 compares programmatic retention data in relation to institutional control/funding for 2019 through the 2022 RCS. For the 2022 RCS, entry into practice programs controlled/funded by the private/for-profit (Proprietary) sector had the highest mean retention rate, at 93%. Programs controlled/funded by the federal government had the lowest mean retention rate at 86%.

For the 2022 RCS, three of the three programs below the CoARC threshold of 70% were controlled/funded by a Public/Not-For-Profit institution sector.

Job Placement

Job placement is defined by the CoARC as “a graduate who, within the 3-year reporting period, is employed utilizing skills within the scope of practice of the respiratory care profession (i.e., full- or part-time, or per diem).” In 2015, the CoARC eliminated the threshold but still requires programs to report the outcome. Data submitted with the 2022 RCS and prior reporting years reflect the previous job placement calculation.³

Table 24 – RC Job Placement for 2013 RCS through 2022 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	85.3% (11.7)	100%	1%	70%	41
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	84.6% (11.7)	100%	20.0%	70%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	85.5% (10.4)	100%	50.0%	N/A	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	84.3% (12.7)	100%	28.6%	N/A	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	86.0% (11.8)	100%	38.7%	N/A	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	84.8% (22)	100%	0%	N/A	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	88% (11)	100%	33%	N/A	N/A
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	87% (12.5)	100%	18%	N/A	N/A
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	86% (13)	100%	26%	N/A	N/A
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	86% (13)	100%	29%	N/A	N/A

2022 RCS data on job placement (**Table 24**) show a total of 404 entry into practice programs reporting job placement rates. The mean placement rate decreased to 86%, with the highest rate of 100% (n = 48)-this was an decrease of ten when compared to 2021 and the lowest rate of 29% (n=1). The number of programs reporting the lowest placement was one, while the number of programs reporting the highest placement rate (100%) increased from 39 (2016 RCS) to 40 (2017 RCS) to 58 (2018 RCS) to 50 (2019 RCS) to 54 (2020 RCS) to 58 (2021 RCS).

Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 25 – RC Job Placement by Degree Offered for 2019 RCS through 2022 RCS

Degree Offered (N=404)	2022 RCS Mean Placement	Degree Offered (N=404)	2021 RCS Mean Placement	Degree Offered (N=400)	2020 RCS Mean Placement	Degree Offered (N=400)	2019 RCS Mean Placement
Associate (n=335)	85%	Associate (n=334)	86%	Associate (n=332)	86%	Associate (n=335)	88%
Baccalaureate (n=63)	89%	Baccalaureate (n=65)	89%	Baccalaureate (n=63)	89%	Baccalaureate (n=60)	89%
Masters (n=6)	94%	Masters (n=5)	94%	Masters (n=5)	97%	Masters (n=5)	98%

Table 25 compares job placement data in relation to the degree offered for the 2019 through 2022 RCS. For the 2022 RCS, programs offering the master's degree had the highest mean placement rate (94%) in this category, while programs offering the associate degree demonstrating the lowest mean placement rate at 85%. When compared to 2021 RCS data the associates's degree programs showed a 1% decrease in mean placement rate, while the baccalaureate degree and master degree programs showed no change.

Table 26 – RC Job Placement by Institutional Type for 2019 RCS through 2022 RCS

Institutional Type (N=404)	2022 RCS	Institutional Type (N=404)	2021 RCS	Institutional Type (N=400)	2020 RCS	Institutional Type (N=400)	2019 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Four-Year College or University (n=90)	89%	Four-Year College or University (n=95)	87%	Four-Year College or University (n=93)	88%	Four-Year College or University (n=94)	88%
Career or Technical College (n=9)	84%	Career or Technical College (n=4)	89%	Career or Technical College (n=9)	88%	Career or Technical College (n=10)	89%
Community or Junior College (n=244)	86%	Community or Junior College (n=238)	87%	Community or Junior College (n=235)	87%	Community or Junior College (n=233)	88%
Academic HSC/Medical Center (n=8)	91%	Academic HSC/Medical Center (n=10)	89%	Academic HSC/Medical Center (n=7)	95%	Academic HSC/Medical Center (n=8)	93%
Technical or Vocational School (n=51)	80%	Technical or Vocational School (n=55)	82%	Technical or Vocational School (n=54)	84%	Technical or Vocational School (n=53)	89%
U.S. Military (n=2)	91%	U.S. Military (n=2)	92%	U.S. Military (n=2)	89%	U.S. Military (n=2)	89%

Table 26 compares job placement data in relation to institutional type for the 2019 RCS through 2022 RCS. For the 2022 RCS, U.S. Military and Academic HSC/Medical Center institutions had the highest mean placement rate (91%). Programs located in Technical or Vocational Schools demonstrated the lowest mean placement rate at 80%. Compared to the 2021 RCS, programs at Four-Year Colleges or Universities and Academic HSC/Medical Centers showed an increase in mean placement rate.

Table 27 – RC Job Placement by Institutional Control for 2019 RCS through 2022 RCS

Institutional Control (N=404)	2022 RCS	Institutional Control (N=404)	2021 RCS	Institutional Control (N=400)	2020 RCS	Institutional Control (N=400)	2019 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Public/Not-For-Profit (n=327)	87%	Public/Not-For-Profit (n=325)	87%	Public/Not-For-Profit (n=319)	88%	Public/Not-For-Profit (n=315)	88%
Private/For-Profit (Proprietary) (n=41)	76%	Private/For-Profit (Proprietary) (n=41)	78%	Private/For-Profit (Proprietary) (n=42)	79%	Private/For-Profit (Proprietary) (n=43)	87%
Private/Not-For-Profit (n=34)	88%	Private/Not-For-Profit (n=32)	84%	Private/Not-For-Profit (n=37)	87%	Private/Not-For-Profit (n=40)	88%
Federal Government (n=2)	91%	Federal Government (n=6)	87%	Federal Government (n=2)	89%	Federal Government (n=2)	89%

Table 27 compares job placement data in relation to institutional control/funding for the 2019 RCS through the 2022 RCS. Programs controlled/funded by the Federal Government demonstrated the highest mean placement rate at 91%. Programs controlled/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest mean placement rate at 76%. When compared to 2021 RCS data, Private/Not-For-Profit and Federal Government categories showed an increase in the mean placement rate.

Therapist Multiple Choice (TMC) Exam High Cut Score Success

The National Board for Respiratory Care's (NBRC) Therapist Multiple Choice (TMC) Examination administered by the NBRC is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the Clinical Simulation Examination. With the advent of the TMC Exam in January of 2015, all graduates seeking to enter the profession need only take a single written examination. The TMC exam has two cut scores; graduates attaining the lower cut score will obtain the Certified Respiratory Therapist (CRT) credential. Achieving the high cut score means that a graduate both earns the CRT credential and is eligible to take the Clinical Simulation Exam (CSE). Graduates who successfully complete the TMC at the high cut score and pass the CSE earn the RRT credential.

In March 2020, the CoARC approved the elimination of CRT Credentialing Success as an outcome. Beginning with the 2020 RCS, CRT Credentialing Success (and its related threshold) has been replaced with an outcome for the achievement of the high cut score on the TMC examination with a threshold of 60%. The TMC Exam High Cut Score Success is defined as the percentage of graduates who achieve a high cut score on the TMC Examination. The TMC Cut Score is derived by dividing the total number of those achieving the high cut score (numerator) by the number of graduates (denominator) in a three-year reporting period. *Note: This metric is not the same as the NBRC CRT or RRT pass rate, which measures the number of candidates passing the exam divided by the number of candidates attempting the exam.*

Table 28 – TMC High Cut Score Success for the 2020 RCS through 2022 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	87% (13)	100%	43%	60%	16
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	85% (14)	100%	29%	60%	27
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	83% (15)	100%	10%	60%	30

2022 RCS data on TMC High Cut Score Success (**Table 28**) show a total of 404 entry into practice programs reporting. The mean TMC High Cut Score Success was 83% with the highest rate of 100% (n=40) and the lowest rate of 10% (n=1). A total of 30 programs (7% of total) reported mean TMC High Cut Score Success rates below the CoARC-established threshold of 60%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

TMC High Cut Score Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 29 –TMC High Cut Score Success by Degree Offered for the 2020 through 2022 RCS							
Degree Offered (n=404)	2022 RCS	Degree Offered (n=404)	2021 RCS	Degree Offered (n=400)	2020 RCS		
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		
Associate (n=335)	82% (27)	Associate (n=334)	84% (23)	Associate (n=332)	85% (15)		
Baccalaureate (n=63)	86% (3)	Baccalaureate (n=65)	88% (4)	Baccalaureate (n=63)	91% (1)		
Masters (n=6)	97%	Masters (n=5)	90%	Masters (n=5)	98%		

Table 29 compares TMC High Cut Score Success data in relation to the degree offered for the 2022 RCS. RC entry into practice programs offering Master's degrees had the highest mean TMC High Cut Score Success (97%). RC programs offering associate degrees had the lowest mean (82%). RC programs offering the baccalaureate degree had a mean of 86%.

For the 2022 RCS, 27 out of the 30 programs below the CoARC threshold of 90% offered the Associate Degree (18 AAS degree programs, 7 AS degree programs, and 2 AST degree program). The remaining three programs offered the Baccalaureate degree.

Table 30 – TMC High Cut Score Success by Institutional Type for the 2020 through 2022 RCS

Institutional Type (N=404)	2022 RCS	Institutional Type (N=404)	2021 RCS	Institutional Type (N=400)	2020 RCS		
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		
Four-Year College or University (n=90)	85% (5)	Four-Year College or University (n=95)	85% (10)	Four-Year College or University (n=93)	89% (4)		
Career or Technical College (n=9)	85%	Career or Technical College (n=4)	87%	Career or Technical College (n=9)	88%		
Community or Junior College (n=244)	83% (18)	Community or Junior College (n=238)	86% (13)	Community or Junior College (n=235)	87% (9)		
Academic HSC/Medical Center (n=8)	84% (1)	Academic HSC/Medical Center (n=10)	89%	Academic HSC/Medical Center (n=7)	93%		
Technical or Vocational School (n=51)	77% (6)	Technical or Vocational School (n=55)	80% (4)	Technical or Vocational School (n=54)	82% (3)		
U.S. Military (n=2)	79%	U.S. Military (n=2)	79%	U.S. Military (n=2)	76%		

Table 30 compares TMC High Cut Score data in relation to institutional type for the 2022 RCS. RC entry into practice programs located in Four-Year Colleges or Universities and Career and Technical Colleges demonstrated the highest mean TMC High Cut Score Success at 85%. RC entry into practice programs located in Technical or Vocational Schools have the lowest mean TMC High Cut Score Success at 77%.

For the 2022 RCS, five of the 30 programs below the CoARC threshold of 60% were located at a Community or Junior College, 18 were at Community or Junior Colleges, one at an Academic HSC/Medical Center, and six were at a Technical or Vocational School.

Table 31 – TMC High Cut Score Success by Institutional Control for the 2020 through 2021 RCS

Institutional Control (N=404)	2022 RCS	Institutional Control (N=404)	2021 RCS	Institutional Control (N=400)	2020 RCS		
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		
Public/Not-For-Profit (n=327)	84% (20)	Public/Not-For-Profit (n=325)	86% (21)	Public/Not-For-Profit (n=319)	87% (11)		
Private/For-Profit (Proprietary) (n=41)	77% (5)	Private/For-Profit (Proprietary) (n=41)	80% (1)	Private/For-Profit (Proprietary) (n=42)	81% (4)		
Private/Not-For-Profit (n=34)	81% (5)	Private/Not-For-Profit (n=32)	81% (5)	Private/Not-For-Profit (n=37)	85% (1)		
Federal Government (n=2)	79%	Federal Government (n=6)	77%	Federal Government (n=2)	76%		

Table 31 compares TMC High Cut Score Success success data in relation to institutional control/funding for the 2022 RCS. RC entry into practice programs controlled/funded by Public/Not-For-Profit sector demonstrated the highest mean TMC High Cut Score Success at 84%. Programs controlled/funded by Private/For-Profit (Proprietary) institutions demonstrated the lowest mean TMC High Cut Score Success at 77%.

For the 2022 RCS, 20 of the 30 programs below the CoARC threshold of 60% were controlled/funded by Public/Not-For-Profit institutions, five program by Private/For-Profit (Proprietary) institutions, and five by a Private/Not-For-Profit institution.

RRT Credentialing Success

RRT Credentialing Success is defined by the CoARC as the percentage of graduates who earn the RRT credential by achieving the high cut score on the Therapist Multiple-Choice Examination (TMC) and subsequently passing the Clinical Simulation Examination (CSE), regardless of the number of TMC or CSE exam attempts. RRT credentialing success is derived by dividing the total number of those achieving the RRT (numerator) by the # of graduates (denominator) in each three-year reporting period. Note: This metric is not the same as the NBRC RRT pass rate, which measures the number of candidates passing the exam divided by the number of candidates attempting the exam. The Therapist Multiple-Choice (TMC) Examination administered by the NBRC is designed to measure the essential knowledge, skills, and abilities acquired by graduates of entry-level respiratory therapy educational programs and determine their eligibility for the Clinical Simulation Examination. The RRT credential is required in Ohio, California, Oregon, Arizona, New Jersey, West Virginia, and New Mexico to enter practice. Accordingly, graduates of CoARC-accredited programs in other states can choose to forego the CSE examination after earning the CRT credential and still obtain a license to practice. While programs are required to provide RRT outcomes data on the RCS, no threshold for this outcome has been established by the CoARC. Accordingly, no accreditation actions are taken based on RRT credentialing success. For more information related to this outcome measure, download the *CoARC's Position Statement Regarding Exam-based Outcome Measures* available at www.coarc.com.

Table 32 – RRT Credentialing Success for 2013 RCS through 2022 RCS				
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	63.4% (22.1)	100%	0%	N/A
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	67.9% (21.3)	100%	0%	N/A
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	70.5% (20.4)	100%	11%	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	72.7% (20.0)	100%	16%	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	75.1% (19.0)	100%	14%	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	80.2% (17.6)	100%	0%	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	80.0% (18)	100%	0%	N/A
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	78.0% (19)	100%	14%	N/A
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	75.7% (20)	100%	12%	N/A
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	72% (21)	100%	0%	N/A

2022 RCS data on RRT credentialing success (**Table 32**) show a total of 404 entry into practice programs reporting data. The mean RRT credentialing success was 72%, with the highest rate (100%) achieved by 18 programs and the lowest rate of 0% (n=2). Compared to 2021, the 2022 data showed a decrease (3.7%), but with an overall increase of 8.6% since the 2013 RCS. The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 for the 2012 RCS to 13 for the 2013 RCS, to 19 for the

2014 RCS, to 23 for the 2015 RCS, to 28 for the 2016 RCS, to 19 for the 2017 RCS, to 34 for 2018 RCS, and decreased to 32 for the 2019 RCS then to 29 for the 2020 RCS, then to 25 for the 2021 RCS, and 18 for the 2022 RCS.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 33 –RRT Credentialing Success by Degree Offered for 2019 RCS through 2022 RCS

Degree Offered (N=404)	2022 RCS Mean RRT Success	Degree Offered (N=404)	2021 RCS Mean RRT Success	Degree Offered (N=400)	2020 RCS Mean RRT Success	Degree Offered (N=400)	2019 RCS Mean RRT Success
Associate (n=335)	71%	Associate (n=334)	75%	Associate (n=332)	77%	Associate (n=335)	80%
Baccalaureate (n=63)	77%	Baccalaureate (n=65)	81%	Baccalaureate (n=63)	85%	Baccalaureate (n=60)	80%
Masters (n=6)	94%	Masters (n=5)	86%	Masters (n=5)	95%	Masters (n=5)	78%

Table 33 compares entry into practice RRT credentialing success data in relation to the degree offered for the 2019 RCS through the 2022 RCS. For the 2022 RCS, RC programs offering master's degrees had the highest mean RRT credentialing success (94%). RC programs offering associate degrees had the lowest mean RRT credentialing success (71%). Master programs demonstrated an increase in mean RRT credentialing success compared to 2021 RCS data.

Table 34 – RRT Credentialing Success by Institutional Type for 2019 RCS through 2022 RCS

Institutional Type (N=404)	2022 RCS Mean RRT Success	Institutional Type (N=404)	2021 RCS Mean RRT Success	Institutional Type (N=400)	2020 RCS Mean RRT Success	Institutional Type (N=400)	2019 RCS Mean RRT Success
Four-Year College or University (n=90)	77%	Four-Year College or University (n=95)	76%	Four-Year College or University (n=93)	81%	Four-Year College or University (n=94)	78%
Career or Technical College (n=9)	70%	Career or Technical College (n=4)	80%	Career or Technical College (n=9)	76%	Career or Technical College (n=10)	80%
Community or Junior College (n=244)	72%	Community or Junior College (n=238)	77%	Community or Junior College (n=235)	78%	Community or Junior College (n=233)	80%
Academic HSC/Medical Center (n=8)	74%	Academic HSC/Medical Center (n=10)	83%	Academic HSC/Medical Center (n=7)	88%	Academic HSC/Medical Center (n=8)	87%
Technical or Vocational School (n=51)	66%	Technical or Vocational School (n=55)	70%	Technical or Vocational School (n=54)	75%	Technical or Vocational School (n=53)	79%
U.S. Military (n=2)	55%	U.S. Military (n=2)	52%	U.S. Military (n=2)	42%	U.S. Military (n=2)	46%

Table 34 compares RRT credentialing success data in relation to institutional type for the 2019 RCS through the 2022 RCS. For the 2022 RCS, entry into practice programs located in Four-Year Colleges or Universities had the highest mean RRT credentialing success at 77%. Programs located at U.S. Military facilities had the lowest mean RRT credentialing success at 55%. Increases in mean RRT credentialing success occurred for Four-Year College or University and U.S. Military institutions compared to 2021 RCS data.

Table 35 – RRT Credentialing Success by Institutional Control for 2019 RCS through 2022 RCS

Institutional Control (N=404)	2022 RCS Mean RRT Success	Institutional Control (N=404)	2021 RCS Mean RRT Success	Institutional Control (N=400)	2020 RCS Mean RRT Success	Institutional Control (N=400)	2019 RCS Mean RRT Success
Public/Not-For-Profit (n=327)	74%	Public/Not-For-Profit (n=325)	77%	Public/Not-For-Profit (n=319)	80%	Public/Not-For-Profit (n=315)	80%
Private/For-Profit (Proprietary) (n=41)	67%	Private/For-Profit (Proprietary) (n=41)	72%	Private/For-Profit (Proprietary) (n=42)	73%	Private/For-Profit (Proprietary) (n=43)	78%
Private/Not-For-Profit (n=34)	66%	Private/Not-For-Profit (n=32)	69%	Private/Not-For-Profit (n=37)	74%	Private/Not-For-Profit (n=40)	79%
Federal Government (n=2)	55%	Federal Government (n=6)	59%	Federal Government (n=2)	42%	Federal Government (n=2)	46%

Table 35 compares RRT credentialing success data in relation to institutional control/funding for the 2019 RCS through the 2022 RCS. For the 2022 RCS, entry into practice programs controlled/funded by public/not-for-profit institutions demonstrates the highest mean RRT credentialing success (74%). Programs controlled/funded by the federal government demonstrated the lowest mean RRT credentialing success rate (55%). Decreases in mean RRT credentialing success occurred in entry into practice programs controlled/funded by public/not-for-profit, private/for-profit (proprietary) institutions, private/for-profit (proprietary), and federal government institutions compared to the 2021 RCS data.

Overall Graduate Satisfaction

The CoARC evaluates overall graduate satisfaction based on a CoARC developed survey which uses a 5-point Likert scale. Programs administer the survey to employed program graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing the subject, 80% of returned graduate surveys must rate overall satisfaction at three or higher on a 5-point Likert scale. The survey template is available at www.coarc.com.

Table 36 – RC Overall Graduate Satisfaction for the 2020 through the 2022 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=392)	99% (4)	100%	50%	80%	2
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	99% (3)	100%	67%	80%	3
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	99% (3)	100%	73%	80%	4

The 2021 RCS includes results on overall graduate satisfaction from 404 programs reporting data (Table 36). Mean overall graduate satisfaction was 99%, with the highest value of 100% (n=362) and the lowest value of 73% (n=1). Results from four programs (0.9% of total) were below the CoARC-established threshold of 80%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Overall Employer Satisfaction

The CoARC evaluates overall employer satisfaction based on a CoARC-developed survey which uses a 5-point Likert scale. Programs administer the survey to employers of their graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing this subject, 80% of returned surveys must rate overall employer satisfaction with program graduates at three or higher on a 5-point Likert scale.

Table 37 – RC Overall Employer Satisfaction for the 2020 through the 2022 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=391)	99% (5)	100%	43%	80%	4
2021 RCS Data from 1/1/18 to 12/31/20 (N=413)	99% (5)	100%	0%	80%	1
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	99% (2)	100%	81%	80%	0

The 2022 RCS includes results on overall employer satisfaction from 404 programs reporting data (Table 37). Mean overall employer satisfaction was 99%, with the highest value of 100% (n=354) and the lowest value of 81% (n=1). No programs were below the CoARC-established threshold of 80%.

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