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| coarc logo option 3a | **Commission on Accreditation****for Respiratory Care** |

**CONTINUING ACCREDITATION
SELF-STUDY REVIEW REPORT
(BASE ENTRY CSSR)**

**Program Name:**       **Program #:**

**CoARC Executive Office Review Check List:**

[ ]  Self-Study Report submitted in the correct format with correct number of flash drives.

 Comments:

[ ]  All information and sections filled in correctly.
 Comments:

[ ]  Responses are provided for each question.

 Comments:

[ ]  Appendices include all requested documentation.

 Comments:

[ ]  Administrative Reviews completed by Senior Accreditation Specialist:

 Date(s):      /     /           /     /           /     /

[ ]  Administrative Reviews completed by Chief Executive Officer:

 Date(s):      /     /           /     /           /     /

**Following Initial Review of the Self-Study by the Referee:**

[ ]  Program Response to this Report submitted to the Executive Office
 on      /     /      (a copy of the response is attached).

[ ]  Program Response to this Report submitted to the Executive Office
 on      /     /      (a copy of the response is attached).

[ ]  Program Response to this Report submitted to the Executive Office
 on      /     /      (a copy of the response is attached).

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| coarc logo option 3a | **Base Entry CSSR Self-Study Review Report** | **FORM A** |

***Form A*** *to be completed by CoARC Executive Office Staff:*

Program #:        Accreditation Status:

Name of Program:

Program Address:

City, State, Zip:

Program Website URL:

Program Director’s Name:

PD’s email:       PD’s phone number:

Director of Clinical Education:

DCE’s email:       DCE’s phone number:

Medical Director:

MD’s email:       MD’s phone number:

Referee:

**Instructions to the Program Referee** The review of this program is based on the 2022 *Accreditation* *Standards for Entry into Respiratory Care Professional Practice (“Standards”).*  Please assess the report and accompanying documentation with respect to the degree to which they appear to meet the *Standards.*

**Form B:** Make sure each Standard is checked with either “Appears Met” or “Appears Not Met.” For each Standard “Appears Not Met” be sure to include an appropriate rationale. If compliance cannot be determined at this time, check the appropriate box. Some boxes are pre-checked because some evidence is only available during site visit review. The Site Visit Team will follow-up.

**Form C:** Include general comments. Do not include any citations.

**Form X:** Provide specific instructions to site visit evaluators as appropriate. Include negative findings from Faculty Evaluation SSR Questionnaires and Student Evaluation SSR Questionnaires.

**Form D:** Ensure each citation includes a rationale (from Form B) and list the evidence required to achieve compliance with each Standard.

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| coarc logo option 3a  | **Base Entry CSSR Summary Checklist** | **FORM B** |

Program Name:       Program #:

Instructions: Check the appropriate box indicating your judgment of the compliance with each of the Standards based on the review of the self-study. After the report is submitted to the Executive Office, the program will be allowed the opportunity to respond in writing. After reviewing the program’s response, you may add, delete, or modify that which was contained in your original report.

| **Standard** | **Standard Description** | **Standard Appears Met** | **Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met.****Be specific about which elements of a Standard appear Not Met.)** | **Compliance cannot be determined at this time** |
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| **I** | **PROGRAM ADMINISTRATION AND SPONSORSHIP** |  |  |  |
|   | **Institutional Accreditation** |  |  |  |
| 1.01 | Sponsor is accredited and authorized to award the appropriate degree. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Consortium** |  |  |  |
| 1.02 | Responsibilities of consortiumformally documented.  | [ ]  check if not applicable  | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Sponsor Responsibilities** |  |  |  |
| 1.03 |  Required gen ed/transfer credit/didact/lab/clinical.(Including Agreements/MOUs for Off-Campus Labs) |  | [ ]  Rationale:       | [ ]  |
| 1.04 |  Curric planning/course selection/faculty growth. | [ ]  | [ ]  Rationale:       | [ ]  |
| 1.05 |  Provides equivalent academic support and resources to all program locations (satellite only). | [ ]  check if not applicable  | [ ]  | [ ]  Rationale:       | [ ]  |
| 1.06 |  Program academic policies apply to all locations. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Substantive Changes** |  |  |  |
| 1.07 |  Substantive Changes reported according to CoARC Policy 9.0  | [ ]  check if not applicable | [ ]  | [ ]  Rationale:       | [ ]  |

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| **II** | **INSTITUTIONAL AND PERSONNEL RESOURCES** |  |  |  |
|   | **Institutional Resources** |  |  |  |
| 2.01 | Sponsor ensures that resources are sufficient to achieve program goals regardless of location. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Key Program Personnel** |  |  |  |
| 2.02 | Sponsor appoints FT PD and DCE, and MD. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Program Director** |  |  |  |
| 2.03 | Responsibilities. | [ ]  | [ ]  Rationale:       | [ ]  |
| 2.04 | Minimum degree qualifications.  | Compliance with Standard verified by documentation previously received by EO. |
| 2.05 | Minimum/valid credentials and experience.  | [ ]  | [ ]  Rationale:       | [ ]  |
| 2.06 | Regular/consistent contact w/fac & students. |  | [ ]  Rationale:       | [ ]  |
|   | **Director of Clinical Education** |  |  |  |
| 2.07 |  Responsibilities. | [ ]  | [ ]  Rationale:       | [ ]  |
| 2.08 | Minimum degree qualifications.  | Compliance with Standard verified by documentation previously received by EO. |
| 2.09 | Minimum/valid credentials and experience. | [ ]  | [ ]  Rationale:       | [ ]  |
| 2.10 | Regular/consistent contact w/clin fac, sites, students |  | [ ]  Rationale:       | [ ]  |
|   | **Medical Director** |  |  |  |
| 2.11 |  Responsibilities/valid credentials and qualifications. |  | [ ]  Rationale:       | [ ]  |
|   | **Primary Sleep Specialist Instructor** |  |  |  |
| 2.12 | Minimum/valid credentials, education, and qualifications. | [ ]  check if not applicable  | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Instructional Faculty** |  |  |  |
| 2.13 |  Sufficient faculty; min student to clin faculty ratios |  | [ ]  Rationale:       | [ ]  |
| 2.14 | Site coordinator qualifications and responsibilities (satellite only). | [ ]  check if not applicable  |  | [ ]  Rationale:       | [ ]   |
|   | **Administrative Support Staff** |  |  |  |
| 2.15 | Sufficient administrative and clerical support. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Assessment of Program Resources** |  |  |  |
| 2.16 | Documented/assessed annually by using RAM. | [ ]  | [ ]  Rationale:       | [ ]  |

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| **III** | **PROGRAM GOALS, OUTCOMES, AND ASSESSMENT** |  |  |  |
|   | **Statement of Program Goals** |  |  |  |
| 3.01 | Statements define minimum expectations. | [ ]  | [ ]  Rationale:       | [ ]  |
| 3.02 | Optional goals compatible w/ nationally accepted standards. | [ ]  check if not applicable  | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Assessment of Program Goals** |  |  |  |
| 3.03 | Systematic assessment process formulated. | [ ]  | [ ]  Rationale:       | [ ]  |
| 3.04 | Advisory committee composition & responsibilities. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | **Student Evaluation** |  |  |  |
| 3.05 | Documented w/ sufficient frequency/remediation; Academic integrity process for distance education. |  | [ ]  Rationale:       | [ ]  |
|   | **Assessment of Program Outcomes** |  |  |  |
| 3.06 | Assessed annually using CoARC surveys. |  | [ ]  Rationale:       | [ ]  |
|   | **Reporting of Program Resources** |  |  |  |
| 3.07 | Outcomes meet CoARC assessment thresholds. | Reviewed at the time of the annual report submission for compliance. |
| 3.08 | CoARC Annual RCS reporting tool submitted. | Reviewed at the time of the annual report submission for compliance. |
| 3.09 | Action plan developed for sub-threshold outcomes. | Reviewed at the time of the annual report submission for compliance. |
|   | **Clinical Site Evaluation** |  |  |  |
| 3.10 | Processes consistent, effective, and ongoing;Student supervision at each site is sufficient. |  | [ ]  Rationale:       | [ ]  |
| IV | CURRICULUM |  |  |  |
|   | **Minimum Course Content** |  |  |  |
| 4.01 | Promotes achievement of defined competencies. |  | [ ]  Rationale:       | [ ]  |
| 4.02 | Exposure to variety of practice settings; Content areas specific to baccalaureate and master’s programs included. |  | [ ]  Rationale:       | [ ]  |
| 4.03 | RC course content sufficiently covered; Consistent with expected competencies; Reviewed/revised to ensure consistency with defined competencies. |  | [ ]  Rationale:       | [ ]  |
|   | **Core Competencies** |  |  |  |
| 4.04 | RC diagnostic and therapeutic procedures/competency evaluations. |  | [ ]  Rationale:       | [ ]  |
| 4.05 | Inter-professional teamwork and communication skills in a variety of patient care settings.  |  | [ ]  Rationale:       | [ ]  |
| 4.06 | Critical Thinking/problem-solving skills. |  | [ ]  Rationale:       | [ ]  |
| 4.07 | Ethical decision-making and prof responsibility. |  | [ ]  Rationale:       | [ ]  |
|   | **Equivalency** |  |  |  |
| 4.08 | Course content, learning experiences, and access to learning materials for all students. |  | [ ]  Rationale:       | [ ]  |
|   | **Clinical Practice** |  |  |  |
| 4.09 | Program responsible for selection/coordination;Students not responsible for site selection/determining competencies/acquiring preceptors. |  | [ ]  Rationale:       | [ ]  |

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| V | FAIR PRACTICES AND RECORDKEEPING |  |  |  |
|   | Disclosure |  |  |  |
| 5.01 | Published info accurately reflects program offered. | [ ]  | [ ]  Rationale:       | [ ]  |
| 5.02 | Required info made known to applicants & students. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | Public Information on Program Outcomes |  |  |  |
| 5.03 | CoARC URL on program website/known to public. | [ ]  | [ ]  Rationale:       | [ ]  |
|   | Non-discriminatory Practice |  |  |  |
| 5.04 | Program activities are non-discriminatory and lawful. | [ ]  | [ ]  Rationale:       | [ ]  |
| 5.05 | Appeal procedures ensure fairness/due process. |  | [ ]  Rationale:       | [ ]  |
| 5.06 | Faculty grievance procedure made known to faculty. | [ ]  | [ ]  Rationale:       | [ ]  |
| 5.07 | Advanced placement policies documented. | [ ]  check if not applicable |  | [ ]  Rationale:       | [ ]  |
|   | Safeguards |  |  |  |
| 5.08 | Health and safety of patients, students, and faculty adequately safeguarded. |  | [ ]  Rationale:       | [ ]  |
| 5.09 | Appropriate supervision;Students are not substituted for staff; No remuneration in exchange for clin coursework. |  | [ ]  Rationale:       | [ ]  |
|   | Academic Guidance |  |  |  |
| 5.10 | Timely access to faculty for assistance/counseling. |  | [ ]  Rationale:       | [ ]  |
|   | Student and Program Records |  |  |  |
| 5.11 | Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min. |  | [ ]  Rationale:       | [ ]  |
| 5.12 | Program records maintained in sufficient detail/5 years min. |  | [ ]  Rationale:       | [ ]  |

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| coarc logo option 3a | **Additional Comments** | **FORM C** |

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| Program Name:       | Program #:       |
| **Write Additional Comments, if any.**(Note: Programs are not required to respond to Additional Comments). |
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\*Duplicate as Necessary

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| coarc logo option 3a | **Confidential to Site Visit Team** | **FORM X** |

**Referee:** Please complete this form following review of the program’s response to your initial report. Were there negative findings from the respondents (Faculty Evaluation SSR Questionnaires and Student Evaluation SSR Questionnaires) that the site visit team should address? **No** **[ ]  Yes** **[ ]  \* \*If Yes, list below with Standard reference.**

**Site visitors:** Please respond to each of the special instructions from the Referee and return this page to the CoARC Executive Office with your site visit report. Also, please do **not** leave a copy of the site visit report with the program. The Referee will finalize the findings of the site visit report after it is returned to CoARC and arrange for a copy to be sent to the program.

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| Program Name:       | Program #:       |
| **Standards**(Reference) | **Site Visitors should pay particular attention to the following:** (Note: Do **NOT** present this information to the program. For CoARC use **ONLY**). |
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Note to CoARC – remove Form X when preparing the report to be sent to the program.

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| coarc logo option 3a | **CoARC Referee’s Analysis of the Base Entry CSSR** | **FORM D** |

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| Program Name:       | Program #:       |
| Dear Sponsor and Program Director,I have reviewed the findings from your self-study report. Please review this entire report, particularly Forms B & D for apparent citations. Stated below are means by which the program must demonstrate compliance with the Standards cited.CoARC has informed you of the opportunity and deadline to verify/challenge the accuracy of this report as well as the deadline by which you may submit new information indicating the manner in which the Standards listed below have been addressed. If you have any questions, please feel free to contact me or the Chief Executive Officer. |
| **Standard**(from Form B) | **Rationale for Citation** | **Documentation to Address Compliance with Standard** |
|       |       |       |
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Duplicate as Necessary

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| coarc logo option 3a | **CoARC Referee’s Analysis of the Base Entry CSSR** | **FORM D** |

Referee Signature Following Initial Review
(Signifying Approval of Document Release to the Program):
 Date: **/****/**

Note: Typing in the Referee’s name represents an electronic signature of this document.

Referee Signature Following Review of Program’s Response
 (Signifying Approval of Document Release to the Program):
 Date: **/     /**

Note: Typing in the Referee’s name represents an electronic signature of this document.

Referee Signature Following Review of Program’s Additional Response (if applicable)
(Signifying Approval of Document Release to the Program):
 Date: **/****/**

Note: Typing in the Referee’s name represents an electronic signature of this document.

Referee Signature authorizing release of the self-study and this document
to the site visit review team.

Referee Approval for the following type(s) of Site Visit Review: (Check all that may be appropriate)

In-Person [ ]  Virtual [ ]  Hybrid [ ]  Review Off-Campus Labs [ ]  Comments (if any):

 Date: **/     /**

Note: Typing in the Referee’s name represents an electronic signature of this document.

CEO Approval for the following type(s) of Site Visit Review: (Check all that may be appropriate)

In-Person [ ]  Virtual [ ]  Hybrid [ ]  Review Off-Campus Labs [ ]  Comments (if any):

Chief Executive Officer’s Signature authorizing release of the self-study and this document
to the site visit review team.

 Date: **/     /**

Note: Typing in the Chief Executive Officer’s name represents an electronic signature of this document.