



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CHANGE IN MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR
Entry into RC Practice (ENTRY)

CHANGE IN KEY PROGRAM PERSONNEL (ENTRY)

MEDICAL DIRECTOR STATUS

☐ Medical Director

☐ Co-Medical Director

Permanent ☐

Temporary ☐

Acting ☐

*Explanation of status is located in Accreditation Policies 6.0-Personnel

Program Name:

Program Number:

Degree Type (e.g. AS, BS, MS, etc.):

FORMER MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR

Name:

Credentials:

Reason for Change: ☐ Retiring ☐ Resigning ☐ Reassignment ☐ Other

NEW MEDICAL DIRECTOR/CO-MEDICAL DIRECTOR

Name:

Credentials:

Same person as the base program or ADT? ☐ Yes ☐ No ☐ Not applicable

Address:

City:

State:

ZIP Code:

Phone:

Cell:

E-mail:

State License Number:

Expires:

PLEASE NOTE: The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care. **{Standard 2.11}**

*Further Explanation is located on Accreditation Policies 6.0-Personnel

PREPARER CHECKLIST...

☐ Letter of Appointment/Acceptance

☐ Curriculum Vitae

☐ Copy of State License with expiration date

☐ Copy of Board Certification(s) with exp. date(s)

☐ This form completed

Send all 5 completed documents to:

CoARC

Shelley Christensen

shelley@coarc.com

FOR COARC EXECUTIVE OFFICE ONLY

☐ Approved

☐ Not Approved

☐ Temporary until

☐ Confirmation of Change Sent to Program

☐ Updated Database

Signature:

Signature:

Date:

Date: