



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CHANGE IN PROGRAM NAME

Note: If this name change is associated with a change in sponsorship/ownership/legal status, you must complete an Application for Substantive Change (available at www.coarc.com). Refer to CoARC Accreditation **Policies 1.08, 9.01** and CoARC **Standard 1.07** for more details.

CHANGE IN PROGRAM NAME		
PROGRAM NAME CHANGE		
Program Name:		
CoARC ID#:		
City:	State:	Zip:
FORMER PROGRAM NAME		
Name:		
NEW PROGRAM NAME		
Name:		
Address:		
City:	State:	ZIP Code:
Person completing form:	Phone:	
E-mail:		
SUBMISSION		
Email this completed document to: shelley@coarc.com		
FOR COARC EXECUTIVE OFFICE ONLY		
		<input type="checkbox"/> Confirmation of Change Sent to Program
		<input type="checkbox"/> Updated Database
		Signature: _____
		Date: ____/____/____