CHANGE IN PROGRAM PERSONNEL (ENTRY)

DIRECTOR OF CLINICAL EDUCATION STATUS

Permanent ☐   Temporary ☐   Acting ☐   Transitional ☐
Explanation of status is located in Accreditation Policies 6.0-Personnel

Institution Name:	
Program Number:	**Degree Type (e.g. AS, BS, MS, etc.):**

FORMER DIRECTOR OF CLINICAL EDUCATION

Name: **Credentials:**

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

NEW DIRECTOR OF CLINICAL EDUCATION

Name: **Credentials:**

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

Address:

City:	State:	ZIP Code:
Work #:	Cell:	E-mail:

Key Personnel Academy Completion Date (if required):

State License Number:	**Expires:**
RRT Credential Number:	**Expires:**

PLEASE NOTE: As per Standards 2.08 & 2.09, the DCE of an Entry program must have:
1) earned at least a baccalaureate degree if an associate's degree program, or at least a master's degree if a bachelor's or master's degree program;
2) valid Registered Respiratory Therapy (RRT) credential and current state license;
3) minimum of four (4) years' experience as an RRT with at least two (2) years' experience in clinical respiratory care; and
4) minimum of two (2) years' experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

PREPARER CHECKLIST...

☐ Letter of Appointment / Acceptance

☐ CoARC CV Outline (available on website)

☐ Copy of State License with expiration date

☐ Copy of NBRC RRT Certificate or NBRC Credential Verification Letter

☐ Copy of official college transcript (highest degree completed)

☐ Copy of Key Personnel Academy certificate (if previously completed)

☐ This form completed

Send documentation to:

CoARC

Shelley Christensen

shelley@coarc.com

FOR COARC EXECUTIVE OFFICE ONLY

☐ Approved ☐ Temporary/Acting/Transitional until Signature: Date:	☐ Confirmation of Change Sent to Program ☐ Updated Database Signature: Date: