



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CHANGE IN PROGRAM DIRECTOR
Entry into RC Practice (ENTRY)

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| CHANGE IN PROGRAM PERSONNEL (ENTRY) | | | |
| PROGRAM DIRECTOR STATUS | | | |
| Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Acting <input type="checkbox"/> Transitional <input type="checkbox"/> <i>*Explanation of status is located in Accreditation Policies 6.0- Personnel</i> | | | |
| Institution Name: | | | |
| Program Number: | | Degree Type (e.g. AS, BS, MS, etc.): | |
| FORMER PROGRAM DIRECTOR | | | |
| Name: | | Credentials: | |
| Reason for Change: <input type="checkbox"/> Retiring <input type="checkbox"/> Resigning <input type="checkbox"/> Reassignment <input type="checkbox"/> Other | | | |
| NEW PROGRAM DIRECTOR | | | |
| Name: | | Credentials: | |
| Same PD as the base program or ADT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 2.04 & 2.05, the PD 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... | | | |
| <input type="checkbox"/> Letter of Appointment / Acceptance <input type="checkbox"/> CoARC CV Outline (available on website) <input type="checkbox"/> Copy of State License with expiration date <input type="checkbox"/> Copy of NBRC RRT Certificate or NBRC Credential Verification Letter <input type="checkbox"/> Copy of official college transcript (highest degree completed) <input type="checkbox"/> Copy of Key Personnel Academy certificate (if previously completed) <input type="checkbox"/> This form completed | | Send all documentation to: CoARC Shelley Christensen shelley@coarc.com | |
| FOR COARC EXECUTIVE OFFICE ONLY | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Temporary/Acting/Transitional until Signature: Date: | | <input type="checkbox"/> Confirmation of Change Sent to Program <input type="checkbox"/> Updated Database <input type="checkbox"/> Sent Welcome Letter Signature: Date: | |