



Process for Reporting Substantive Changes

1. This application and the related instructions implement the CoARC Policy on Substantive Changes (Section 9.0) and the CoARC Accreditation Standard on Substantive Changes (Entry Standard 1.08/DA1.6/A6). For further details, programs are strongly encouraged to review the CoARC Accreditation Policies and Procedures Manual (www.coarc.com).
2. A substantive change is one that the CoARC has determined to be of enough significance to require the program to notify the CoARC of its occurrence. The sponsor must report substantive change(s) to the CoARC before the intended implementation date, except for unexpected absence/vacancy in a Key Personnel position (see Policy 6.01); adverse action by the program sponsor's accrediting agency; or a change in the sponsor's accreditation status that affects the program (see Policy 1.07).
3. A program planning a substantive change should notify CoARC early in the institution's process. This will provide an opportunity for the program to consult with CoARC Executive Office staff regarding the procedures to be followed and the potential effect of the change on its accreditation status. To determine whether a change is not substantive, the program should consult with the CoARC Executive Office.
4. If a program fails to comply with substantive change policies and procedures, it may be subject to an adverse accreditation action.
5. Upon receipt, the CoARC Executive Office will review the substantive change application to ensure compliance with CoARC *Standards* and Policies. Approval of the change will be granted when compliance is confirmed. CoARC Executive Office will notify the program if:
 - a. The change has been approved.
 - b. Additional information or clarification is required.
 - c. The Executive Office has determined that a Referee should be assigned to conduct a further review of the application.
 - d. The Referee has determined that the change should be reviewed by the CoARC Board at its next meeting.

If a substantive change application is required or submitted while a program is undergoing an accreditation review, a final decision regarding the application will be made at the next scheduled CoARC Board meeting following the site visit.

6. This application, and a cover letter on institutional letterhead, must be sent to the Executive Office before implementation of the change(s). The cover letter must describe the nature of the change and the projected implementation date. In addition, the sponsor must follow all procedures specified in this application. Please submit all documentation electronically by emailing Shelley Christensen at shelley@coarc.com.
7. An Application for Substantive Change that does not meet the above requirements will be returned to the sponsor/program, along with a letter specifying the shortcomings.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

Date Application Completed: []

CoARC Program ID #(s) affected by this change: []

Name of Individual Completing This Form: []

Title: []

Phone: []

Email: []

Name of the Institution/Consortium sponsoring the program:

Name: []

Address: []

City: []

State: []

Zip Code: []

- 1. Indicate the substantive change(s) for which the program is requesting approval (check all that apply).
2. Complete the appropriate section(s) of this application and provide any additional documentation required for each substantive change.

Policy 9.01

- Change in Institutional Accreditor
Ownership/Sponsorship
Legal Status or Change in Control

Policy 9.02

- Change in Degree Awarded

Policy 9.03

- Change in Program Optional Goal(s)

Policy 9.04

- Change in Curriculum or Delivery Method

Policy 9.08

- Increase in Enrollment

Policy 9.09

- Change in Base Program Location
Change in/Addition of On-Campus Laboratory Site
Change in/Addition of Off-Campus Laboratory Site(s)

Note: The following substantive changes require separate documentation described under the specified CoARC Policy. No Substantive Change Application is required for these changes:

Table with 2 columns: 9.05 Request for Inactive Accreditation Status (See Accreditation Policy 1.058) and 9.05 Withdrawal of Accreditation – Voluntary (See Accreditation Policy 1.056). A third row contains 9.07 Key Personnel Vacancy/Replacement (See Accreditation Policy 6.0).



**Change in Institutional Accrerator/Ownership/Sponsorship/Legal Status
or Change in Control***
(Refer to Accreditation Standards 1.01/DA1.6/A6 and Policy 9.01)

** This includes, for example, merger or consolidation with another institution; sale of more than 50% of the stock or the interest or membership in an institution; introduction or termination of non-profit status.*

**All requests for changes in this section require completion of questions 1 through 5*.
*If requesting BOTH Institutional Accrerator and Ownership/Sponsorship/Legal
Status or Changes in Control, complete this entire section.**

1) Submit, **in addition to this application**, a completed *CoARC Application for Accreditation Services Form* (available at www.coarc.com). Please obtain appropriate signatures and complete the form with the revised/new information.

2) The proposed date of the change:

3) Describe the rationale for the change.

4) Submit a description of any other significant changes that will occur due to the change specified in this application.

Comments:



5) Based on the requested change(s):

a) Will the key program personnel remain the same? YES NO

If **NO**, the new sponsor must submit, **in addition to this application**, applicable key personnel information (**See Accreditation Policy 6.0**).

b) Will the program relocate to a new physical location within the same campus community? YES NO

If **YES**, the new sponsor must submit, **in addition to this application**, an updated Resource Assessment Matrix and a Clinical Site Affirmation Form for all new clinical sites.

c) Will the program relocate to a new campus community? YES NO

If **YES**, the new sponsor must reinitiate accreditation by submitting a Letter of Intent Application and required documentation (**See Policy 2.0**). The CoARC does not consider such a change simply a change in sponsorship. CoARC will assign a new program ID number, and the program will be required to submit a recent Annual Report of Current Status (RCS).

**For Institutional Accreditor changes only:
Complete questions 6 & 7, in addition to questions 1 through 5.
You may skip questions 8 through 12.**

6) Name of the new institutional accreditor:

7) Submit, **in addition to this application**, a copy of the new institutional accreditation letter and certificate as well as any response(s) to the letter by the sponsor.

Comments:



For Ownership/Sponsorship/Legal Status or Changes in Control only: **
Complete questions 8 through 13, in addition to questions 1 through 5.
You may skip questions 6 & 7.

****Specify the requested change. Please check all that apply.**

- Ownership Sponsorship Legal Status Control

8) If this is a change in legal status or control [e.g., public; not for profit, private; not for profit, private; for profit], describe the change below:

9) Name of the former owner(s)/sponsor(s); identification of the consortium members (when appropriate):

10) Name of the new owner(s)/sponsor(s); identification of the consortium members (when appropriate):

a) Contact information for the new owner(s)/sponsor(s); consortium members.

Address:

City: State: Zip Code:

Phone:

Website:



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b) Contact information for additional owner(s)/new sponsor(s).

Address: []
City: [] State: [] Zip Code: []
Phone: []
Website: []

11) Name(s) of the Chief Executive Officer(s) of the new owner(s)/sponsoring organization(s):

[]

12) Submit, in addition to this application, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments: []

13) Submit, in addition to this application, an organizational chart identifying the program's position within the organizational structure of the current owner(s)/sponsor/consortium and within that of the proposed new owner(s)/sponsor/consortium. For privately owned institutions, include the name(s) of the owner(s), contact information, and percent ownership.

Comments: []

[OPTIONAL]

The program includes, as additional evidence of compliance with this Section, the following documentation (brief description):

Submitted as attachment(s) #

[]

[]



Change in Degree Awarded
(Refer to Accreditation Policy 9.02 and Standard 1.01/DA1.1/A1)

1) The proposed effective date:

2) The original degree awarded:

Graduation date of the last cohort to receive this degree (month/year):

Original degree requirements (specify):

3) The new degree awarded:

Enrollment date of the first cohort to receive this degree (month/year):

Estimated graduation date of the first cohort to receive this degree

(month/year):

New degree requirements (specify):

4) Describe the rationale for the proposed change in the degree awarded.



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- 5) In addition to this application, submit a copy of the approval from the state education agency and institutional accrediting agency authorizing the sponsor to award the new degree. If agency policies require CoARC approval first, check this box:

Comments:

- 6) In addition to this application, submit evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

[OPTIONAL]

The program includes, as additional **evidence of compliance** with this Section, the following documentation (brief description):

Submitted as attachment(s) #

If you are completing this Change in Degree Section, you must also complete the Change in Curriculum or Delivery Method Section.



Change in Program Optional Goal(s)
(Refer to Accreditation Policy 9.03 and Standard 3.02-3.03/DA 3.1/APRT C1)

1) The proposed effective date:

2) Describe the change(s) to the optional program goal(s).

3) Provide the rationale for the proposed change(s).

4) In addition to this application, submit evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program’s Advisory Committee.

Comments:

[OPTIONAL]
The program includes, as additional **evidence of compliance** with this Section, the following documentation (brief description):

Submitted as attachment(s) #



Change in Curriculum or Delivery Method(s)
(Refer to Accreditation Policy 9.04 and Entry and DA Standards Section 4.0/APRT Section D)

1) The proposed effective date:

2) Is there a change in the number of clock or credit hours (10% or higher) required for successful program completion? YES NO

If YES, please describe the change:

3) Is there a change in the length of the program (i.e., by at least one academic term)? YES NO

If YES, please describe the change:

4) Is there a change in the use of distance learning technologies or other unique methodologies (e.g., clinical simulation) to deliver a substantial portion of the curriculum (e.g., 25% or higher)? YES NO

If YES, please describe the change. Include a description of the methods used to deliver course content (i.e., distance, hybrid, and in-person and whether learning will occur synchronously or asynchronously, or both) for the didactic, laboratory, and clinical components of the programmatic curriculum:



5) Describe the rationale for the proposed change(s).

6) In addition to this application, submit evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

7) Submit, **in addition to this application**, a *Program Course Requirements Table* (available at www.coarc.com) for **both** the current curriculum and the proposed new curriculum. All changes must be highlighted.

Comments:

[OPTIONAL]

The program includes, as additional **evidence of compliance** with this Section, the following documentation (brief description):

Submitted as attachment(s) #



Increase in Enrollment
 (Refer to Accreditation Policy 9.08)

Note: A Substantive Change in enrollment is defined as an increase in maximum annual enrollments by more than 5 students or 10%, whichever is less. Only base programs and program options without pending Progress Reports and without Administrative Probation are eligible to request an increase in their annual enrollments.

1) The proposed effective date:

2) The program is requesting a PLEASE SELECT: increase in maximum annual enrollment.

If **permanent**, please provide the first calendar year (January 1 through December 31) that the enrollment will permanently increase:

If **temporary**, please provide the requested calendar year(s) (January 1 through December 31) that the enrollment will temporarily change: to

The program will return to its original maximum annual enrollment beginning January 1.

	Current CoARC-approved enrollment status (check with CoARC Executive Office)	Requested new enrollment status
Number of maximum annual enrollments admitted per calendar year*		

*Calendar year: defined as January 1 through December 31.

3) Describe the rationale for the requested enrollment increase.



- 4) Submit, **in addition to this application**, a resource assessment matrix documenting how program resources will accommodate the increased enrollment.

Comments:

- 5) In **addition to this application**, evidence (e.g., meeting minutes or e-vote) that the requested enrollment increase has been reviewed and approved by the program’s Advisory Committee.

Comments:

- 6) Submit, **in addition to this application**, a written affirmation from the appropriate administrative officer and the Director/Manager of Respiratory Care for each clinical site the program proposes to use **to accommodate the increased number of students**, that defines the number of additional students that it can support and confirms that it has sufficient clinical resources to support the program’s clinical activities allocated to that site. Programs must use the CoARC-approved *Clinical Site Affirmation Form* available at www.coarc.com.

Comments:



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Provide the names of the clinical sites below that are expected to submit the *Clinical Site Affirmation Form* to the CoARC Executive Office:

	Name of Clinical Affiliate	City/State	Distance (one-way in miles) between Clinical Affiliate and Base Program
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

[OPTIONAL]

The program includes, as additional **evidence of compliance** with this Section, the following documentation (brief description):

Submitted as attachment(s) #



**Change in Base Program Location or
Addition of/ Change in On-Campus Laboratory Site or
Addition of/ Change in Off-Campus Laboratory Site(s)**

1) The proposed effective date:

For changes in the program's base program location (i.e., location of classrooms, labs, offices):

2a) State the current base program location:

Address:

City: State: Zip Code:

Phone:

2b) State the proposed new base program location:

Address:

City: State: Zip Code:

Phone:

2c) Approximate distance (one-way in miles) between new and current location:

2d) Rationale for the change in base program location:



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For changes to/additions of the program's on-campus laboratory (other than location):

If this is an addition, check here:

If this is a change, check here:

3) Describe the rationale for the proposed addition/change(s).

4) Describe the program's plan for ensuring that the equipment, oversight/supervision, and academic support services at the on-campus lab site are adequate. Include, as an attachment, a laboratory equipment list and an updated Resource Assessment Matrix (RAM).

5) Explain how the program will ensure sufficient access/availability to the laboratory learning environment, as well as lab make-up time at the on-campus lab site.

6) In addition to this application, submit evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:



For additions of/changes to off-campus laboratory site(s)*:

* An **off-campus laboratory site** is any location physically apart from the base program campus where the required laboratory instruction takes place. This does not include a satellite campus as defined in **CoARC Policy 2.05**. If unsure how to categorize the program instructional site, please contact [Tom Smalling](#).

7) Describe the rationale for the proposed change(s).

8) Describe the program's plan for ensuring that the equipment, oversight/supervision, and academic support services at the proposed off-campus site(s) will be equivalent to those at the base program. Include, as an attachment, a laboratory equipment list for each proposed site.

9) Explain how the program will ensure sufficient access/availability to the laboratory learning environment, as well as lab make-up time at the proposed site(s).

10) Explain the program faculty's role (especially, the DCE) in supervising students at the proposed site(s).

11) Explain the program faculty's role in ensuring appropriate evaluation of student performance (especially how lab competency testing, remediation, and exam proctoring will occur) at the proposed site(s). If these will be performed by employees of the off-campus site, explain how the program will ensure that such evaluations will be based solely on programmatic requirements/specifications.



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12) Explain how the program will ensure that out-of-state students (if applicable) are receiving an equitable lab and/or simulation experience? If, N/A check here

13) **In addition to this application**, submit written affirmations from the appropriate administrative officer, the Director/Manager of Respiratory Care, and the faculty member providing the student laboratory experiences for each off-campus site the program proposes to use, that define the number of students that the site can support and that it has sufficient resources to support its share of the laboratory activities of the program. Programs must use the CoARC- approved *Off-Campus Laboratory Site Affirmation Form* available at www.coarc.com.

Provide the names of the sites that are expected to submit the *Off-Campus Laboratory Site Affirmation Form* to the CoARC Executive Office. If more than 15 sites, include additional tables as a separate attachment.

Name of Off-Campus Laboratory Site		City/State	Percentage of Lab Coursework Provided at this Site	Distance (one-way in miles) between Off-Campus Lab Site and Base Program
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



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14) In addition to this application, submit evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

15) **In addition to this application**, submit a resource assessment matrix documenting how the program will ensure that sufficient resources will be available to accommodate the needs of all program students at the new program location and/or off-campus laboratory site(s).

Comments:

16) **In addition to this application**, submit copies of MOUs or agreements between the program sponsor and each off-campus laboratory site.

Comments:

17) **In addition to this application**, submit detailed laboratory schedules for each student that include the skills to be learned at each off-campus laboratory site.

Comments:

18) **In addition to this application**, submit videos of each OCLS. The video recordings should include:

- Laboratory space (sufficient in size and with sufficient equipment to achieve student learning goals)
- Equipment/storage room and simulation lab (if any)
- Suitable locations for confidential academic counseling
- Capital equipment (e.g., ventilators, mannequins, etc.)

Comments:

If you have any questions regarding the use of this substantive change form or the CoARC Accreditation Policies, please contact the Executive Office at 1-817-283-2835.