Letter of Intent Application Base Program Entry into Practice

For

Submitted on

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COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
264 Precision Blvd, Telford, TN 37690 (817) 283-2835 FAX: (817) 354-8519

The following are requirements for the submission of a Letter of Intent Application:

1. All applicant programs must complete this application. All information requested in the application is required unless otherwise indicated and the completed application must be submitted electronically in a compressed zipped file **by email to erica@coarc.com**

2. The application must include complete contact information. If a representative prepares the application on behalf of an institution, the preparer's contact information must also be included. Signatures, where requested, can be either handwritten or electronic.

3. A nonrefundable Letter of Intent Application fee (see http://www.coarc.com) must be submitted to 264 Precision Blvd, Telford, TN 37690. To submit a payment electronically, contact Shane Keene (shane@coarc.com). **The application will not be processed until the fee is received.**

4. The application will be reviewed when all required components, including any necessary state approval and all applicable fees, have been received and the application is determined to be complete. The application must be received in electronic format. Incomplete or improperly assembled applications will not be processed, and the applicant will be required to resubmit the application. If the Executive Office does not receive all the required documentation within twelve (12) months following submission of the Letter of Intent Application, the application will be rejected, and the Letter of Intent fee will be forfeited. Should the sponsor decide to redo the application, a new application with all required components and an application fee will be required (see Policy 2.021).

5. The sponsor must adhere to the submission deadlines described in Policy 1.11 of the CoARC Accreditation Policies and Procedures Manual.

6. Applicants must use the current version of this application. Previous versions will not be accepted. Please check with the CoARC Executive Office (*erica@coarc.com*) to confirm that you are using the correct version.

7. Follow the **step-by-step instructions** on the next page to assemble the required documentation for this Letter of Intent Application.

Step-By-Step Instructions

The Letter of Intent Application is an interactive Adobe Acrobat Document (PDF) compatible with Adobe Acrobat Software 8.0 and later formats. **It must be submitted in the Adobe Template form. Scanned copies will <u>NOT</u> be accepted.**

There are a few helpful tools that will need to be available in your toolbar: the hand tool, the previous page view button, and the bookmarks panel. All tools can be located by selecting View, Toolbars, and More Tools. However, software versions differ so you may have to use the 'Help' tab to locate a particular tool. The 'hand tool' allows you to fill in the highlighted fields, and the 'previous page view' enables you to go back and forth within the template. The 'bookmarks panel' allows the user to navigate to different set pages quickly within the document and is located in the navigation pane.

Please be sure that the ability to rename the folder and documents is not restricted and that documents are positioned so they do not need to be rotated to view.

Please use the steps on the following pages as a guide in completing the Letter of Intent Application.

1. Create a main folder on your desktop that is labeled with the "Sponsor Name, Letter of Intent (LOI), Submission Date" (i.e., ABC College LOI 10-7-2022).

2. Open the main folder and create **<u>one</u>** sub-folder for the supplementary documents/attachments named **Supplementary Documents**.

3. Save the Letter of Intent Application to the main folder you created on the desktop.

4. Name the Letter of Intent Application the same as the main folder "Sponsor Name, LOI, Submission Date" (i.e., ABC College LOI 10-7-2022). When you open the main folder, it should look like the example below.

Name	Status	Date modified	Type
📁 Supplementary Documents	☁	10/31/2022 5:23 PM	File folder
📄 ABC College LOI 10-7-2022.pdf	⊘	10/24/2022 2:08 PM	Adobe Acrobat D...

5. Open the saved template and complete the requested information with the appropriate signatures.

6. Place all documentation requested to '*include as attachment*' throughout the application in the Supplementary Documents folder. If more than one document is required for an attachment, all requested documents should be combined (i.e., scanned or PDF portfolio) to create a single PDF attachment. The example below is how the Supplementary Documents folder will look once all the attachments have been included.

Name	Status	Date modified	Type	Size
Attachment 1-Institutional Accreditation Lett...	☁	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 2-State Agency Acknowledgment	☁	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 3-Study Group Invitations	⊘	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 4-Study Group Meetings Minute...	⊘	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 5- Proposed Master Clinical Sch...	⊘	11/30/2022 4:23 PM	Microsoft Excel Work...	
Attachment 6-Labor Market Information	☁	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 7-Additional Net Job Market Evi...	☁	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 8-Potential Employer Survey and...	☁	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 9- Potential Employers or Job M...	☁	11/30/2022 5:57 PM	Adobe Acrobat Docu...	
Attachment 10- Statement of Support	☁	11/30/2022 5:57 PM	Adobe Acrobat Docu...	

It is the responsibility of the program to provide this information as requested and in an electronic format. Please contact Erica Reed (817-283-2835 ext. 108) at the CoARC Executive Office if help is required.

General Information - Sponsor

1. Name and contact information of the sponsor:

   Address:

   City: State: Zip Code:

   Phone:

2. Is the Sponsor part of a consortium?   ☐ **Yes**   ☐ **No** (If No, proceed to #4)

   *A **consortium** is defined as a legally binding contractual partnership of two or more institutions (at least one of which is a duly accredited degree-granting institution of higher education) established to offer a Respiratory Care education program. The consortium must be structured to recognize and perform all the responsibilities and functions required of a program sponsor.*

3. If **"YES,"** please list the names of each consortium member (and which member is conferring the degree):

   The consortium must **include as an attachment an organizational chart delineating the program's relationship to all consortium members and how the program reports to, or is supervised by, each component.*

4. Complete the following for the sponsoring educational institution

   (If the sponsor is a consortium, complete the following for the primary, degree-granting sponsor –*see CoARC Standard 1.02*):

   a. Sponsoring Educational Institution Type: Please Select

   b. Sponsoring Educational Institution Control/Ownership: Please Select

   c. If the sponsor (or any member of the consortium) is privately owned, please indicate the name of the owner(s), contact information, and the percent ownership:

    d.   Sponsoring Educational Institution Accreditation

        Name of Institutional Accrediting Agency:

        Current Accreditation Status*:

        Year of Last Accreditation Review:

        Year of Next Accreditation Review:

*The degree-granting sponsor must **include as an attachment** a copy of the most recent institutional accreditation letter/certificate with this application. For a consortium, this letter/certificate must be provided for each degree-granting member of the consortium.*

*Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. Please label the PDF file **Attachment 1-Institutional Accreditation Letter-Certificate(s)**.*

        Is the sponsoring educational institution legally authorized under applicable state laws to provide the proposed degree**?   ☐ **Yes**   ☐ **No**

        Comments:

***The degree-granting sponsor must **include as an attachment** a copy of the most recent approval from or registration with the appropriate state education agency (if applicable). For a consortium, this letter/certificate must be provided for each degree-granting member of the consortium (if applicable).*

*If approval from CoARC is required **BEFORE** state agency/institutional accreditor approval, please indicate this by checking the box.* ☐ *Or if not applicable*

*If this documentation __is__ applicable, please label **Attachment 2-State Agency Acknowledgement(s)**.*

5.   Proposed Program Name:

6.   Degree to be offered (AS, BS, MS, etc.):   Please Select

7.   Institutional Website URL (i.e., http://www.institution.edu):

8.   The requested target date for admission of the first class of students:

       __Note__: Provisional Accreditation status for Entry into Practice programs is required prior to student enrollment.

CoARC Policy 2.021 – REQUIRED DOCUMENTATION

If this application is a request to transition a program option to a new base program (see CoARC Policy 2.06), please indicate this by checking the box. ☐

a) Prior to submitting the application, the sponsor must assemble a Study Group which includes employees of the proposed clinical sites (as well as representatives from other groups as noted in subsequent items in this section) to assess the need for a new educational program. Employees of or consultants for the sponsor cannot be members of the Study Group. This Study Group must include representatives from a majority of institutions under consideration as sites for the clinical training of future students of the program. It is recommended that other potential employers of future program graduates be included. Invitations to the Study Group must be sent at least thirty (30) days in advance of the first scheduled meeting. If the meeting time or location changes, at least two weeks' notice must be provided.

*The sponsor must **include as** evidence of compliance with this requirement **Attachment 3-Study Group Invitations** (i.e., electronic mail or USPS, FedEx, UPS, etc.) delineating the mail correspondence of invitations to the Study Group participants).*

Refer to step 6 of the step-by-step instructions for combining multiple documents. Please complete **APPENDIX C-Study Group Member List.** *(Form provided at the end of this application.).*

List of Members of Study Group: *The sponsor must **include in APPENDIX C** a list of study group members, including their employer, their job titles, and contact information. An accompanying explanation should make clear that they represent those within the community who would hire graduates of the proposed program.*

b) A Chair, with neither present nor past affiliation with the program sponsor(s), must be elected or selected by members of the Study Group (not by the program sponsor). This individual will oversee all responsibilities of the Study Group.
Please Note: *The Chair may have a past affiliation with the program sponsor(s) if the program is reapplying following Withhold or Withdrawal of Accreditation (voluntary or involuntary).*

Study Group Chair Information:

Name:

Job Title:

Primary employer:

Email:

Phone#:

Comments:

c) A quorum (defined as a majority of the members of the Study Group) must be present at all meetings. Minutes from <u>at least two</u> recent meetings must be included in the application, along with a signed roster that identifies the Chair and the names, affiliations, job titles, and email addresses of all the members present at each meeting.

Meeting Date:

Meeting Date:

Meeting Date:

Meeting Date:

The sponsor must include, as an **attachment,** *meeting minutes, attendance roster, and information described above for each meeting.*
Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents.
Please label the PDF file **Attachment 4- Study Group Meetings Minutes and Rosters***.*

Additional comments, if applicable:

d) The sponsor must ensure that the appropriate administrative officer and the Director/Manager of the Respiratory Care Department of each proposed clinical site affirm, in writing, that their institution has sufficient clinical resources to support its share of the clinical activities of the proposed program without adversely affecting the clinical activities of other accredited respiratory educational programs currently using that clinical site. Signed affirmation letters from each proposed clinical site stating the maximum number of clinical slots available for students from the proposed new program must be emailed directly to the CoARC Executive Office. Sponsors must use the CoARC-approved Clinical Site Affirmation Form available at www.coarc.com. *Note:* The names of the Proposed Clinical Affiliate List below should match the names listed on the Clinical Site Affirmation Forms. If the proposed site is a hospital system, a separate form is needed for each location. If the sponsor is applying for a base program and a satellite option/additional degree track option, a form is needed for each program option if students are sharing the clinical site. The Clinical Site Affirmation Forms required with the Letter of Intent Application must be received by the CoARC Executive Office within thirty (30) days of the receipt of the Letter of Intent Application. **Note**: Failure to meet this deadline or failure to have forms completed and signed may result in a delay in consideration of approval.

The following is a list of all proposed clinical affiliates that have been sent a Clinical Affirmation Form*:

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

*Programs must use the Clinical Site Affirmation Form available at www.coarc.com.

Comments:

e) The sponsor of the proposed program must:
  a. State the maximum number of students it intends to admit per cohort, and the maximum number of cohorts it intends to admit annually (defined as January 1 through December 31) should it receive CoARC approval. Only base programs and program options without any pending Progress Reports and without Administrative Probation are eligible to request an increase in their maximum annual enrollment. See CoARC Policy 9.08 for more details.

Proposed maximum # of cohorts (classes) to be admitted annually:

Proposed maximum # of students to be admitted per cohort (class):

Comments:

b. Explain how the clinical slots guaranteed by the administrators of the clinical sites (listed above) will be used to schedule the first and second-year students in their clinical courses. The sponsor must also include a description of any overlaps in clinical schedules with multiple cohorts.

Include as an attachment a proposed master clinical schedule (in MS Excel format) showing aggregate information provided on pages 1 and 2 of the clinical affirmation form for each of the proposed clinical affiliates listed in #3. The master clinical schedule should list the proposed clinical courses in the sequence in which the students would typically be enrolled.

Please label the MS Excel file **Attachment 5-Proposed Master Clinical Schedule***.*

Comments:

f) The Study Group must complete a needs and clinical resources assessment described below.

Needs and Clinical Resources Assessment

There must be a demonstrable need for a program with the goals and objectives proposed by the sponsor. The Study Group must provide responses to the following:

Similar Programs at Other Institutions Within the Community (i.e., the area where proposed clinical sites are located): (A) Describe all similar programs in institutions within the community of the proposed program. (B) Explain concisely the similarities and differences between the programs and why a program of this type is needed in this community. (C) Describe the availability of resources concisely within the community to provide adequate learning opportunities.

Study Group's response to (A):

Study Group's response to (B):

Study Group's response to (C):

Workforce Demand Information: Attach relevant Labor Market Information (LMI). The U.S. Department of Labor Occupational Employment Statistics (OES) Survey is regularly conducted in each county in the US. The LMI system provides five-year occupational demand data by county in established occupations, i.e., those with OES codes and serving medium to large employers. These data include respiratory therapists. Appropriate needs assessment documentation must also include specific data obtained from the state where the proposed program is located and should include surveys of local employers. Do not quote only national trends. The citation (e.g., website URL) for the information referenced must be included. If a printout of data from the LMI system is attached, highlight the applicable lines with a marker or another easily visible method. Do not include printouts showing job statistics for all occupations in a region; do not provide unneeded or irrelevant statistical printouts or articles.

Study Group's comments regarding LMI information:

Include as an attachment, projections from LMI for the geographical region to be served by the proposed program. If these projections do not appear to suggest adequate job openings to provide employment for all program graduates, then explain what other factors may make the LMI figures misleading.

Refer to step 6 of the step-by-step instructions for combining multiple documents. Please label the PDF file **Attachment 6-Labor Market Information***.*

Workforce Demand Analysis: Identify the relationship of the proposed program to a job market analysis. The job market analysis should present evidence that there is a viable job for those graduating with the proposed degree. In completing this section, consider the following:

A. <u>Net Job Market</u> -- Are there enough openings locally to permit placement of the expected number of graduates, and has the job market been growing or declining? *Study Group's response to (A):*

*If applicable, **include additional evidence in response to (A) as an attachment**. If this documentation <u>is not</u> applicable, please indicate this by checking the box.*   **N/A** ☐

*If this documentation <u>is</u> applicable, please label the PDF file **Attachment 7-Additional Net Job Market Evidence**.*

B. **Employer Survey/Other Evidence of Need:** A survey of prospective employers in the community within which students will be seeking employment should address to what extent prospective employers will value the proposed applicant program. In addition, provide a narrative on the following:
    - When the survey was taken, and by what methodology (mail, telephone).
    - How many employers were surveyed, and how many of these responded?
    - The specific title(s) of the positions covered by the survey.
    - How many openings the employer anticipates, due to separations and new jobs (growth), in the next twelve months and over the next five years?

Include as an attachment a copy of the questions asked in the survey and a full summary of responses.

*Please label the PDF file **Attachment 8-Potential Employer Survey and Responses**.*

Include as an attachment any letters of support from potential employers in the community. Other evidence of job market needs may be included if available.

*Please label the PDF file **Attachment 9-Potential Employers or Job Market Need**.*
Additional comments, if applicable:

g) The Study Group must generate a Statement of Support outlining the community's need for the program. The Statement of Support must be signed and dated by a majority of the members, including the Chair.

Statement of Support: **Include a Statement of Support outlining the need for the proposed program as an attachment.** *The Statement of Support must be signed and dated by the Chair and all the members (use of a statement from each member is permitted). A Statement of Support template can be located on the CoARC website (* **www.coarc.com** *).* *Please label the PDF file* **Attachment 10-Statement of Support.**

The Statement of Support must include the following four statements:
A. *"The undersigned affirm that all required documentation was reviewed."*
B. *"No individuals representing the sponsor of the potential program were involved in the writing of the Statement of Support."*
C. *"Members of the study group were not paid for their participation, except meals during the meetings and reimbursement of mileage expenses (using the current IRS guidelines for business travel)."*
D. *"With the exceptions of sponsor key personnel and representatives, the undersigned do hereby agree to be included as initial appointees to the program's Advisory Committee should the proposed program receive Provisional Accreditation."*

8. PROPOSED CURRICULUM

Where will didactic and laboratory instruction be held?

*Include a description of whether the program will be offered at a location(s) outside the base program. If off-campus, provide: (1) the distance (one-way in miles) between the location(s) and the base program campus; (2) the number of proposed students attending each location; and (3) describe the fiscal, academic, physical resources, and academic support services available at each location. If the proposed program plans to use clinical sites for laboratory instruction, they must include a plan for ensuring equivalence, oversight, and supervision at the remote lab sites.

What is your proposed plan for programmatic curriculum development and delivery?

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

Complete **APPENDIX B** – **Proposed Program Course Requirements Table**

If the sponsor is proposing using off-campus laboratory site(s), i.e., use of clinical sites for laboratory instruction*, complete this next section. Otherwise, proceed to the Proposed Program Length Section.

* **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.

Describe the sponsor'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 and schedule for each proposed site.

Explain how the sponsor will ensure sufficient access/availability to the laboratory learning environment, as well as lab makeup time, at the proposed site(s).

Explain the program faculty's role (especially, the Director of Clinical Education) in supervising students at the proposed site(s).

Explain what the program faculty's role will be 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.

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

4) Submit, **in addition to this application**, 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.

Comments:

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.				

9. **PROPOSED PROGRAM LENGTH**

   a. State the proposed program length, including the number of proposed clock hours in clinical settings versus alternate experiences (e.g., clinical simulation).

b. Briefly describe the rationale for the program length (considering learning activities that students must accomplish and mandates from the program's administration or state legislation (if applicable).

10. PROPOSED FACULTY RESOURCES

c. Discuss the adequacy of qualified and credentialed program faculty (including clinical instructors*) and clinical preceptors** at the proposed clinical sites to ensure satisfactory implementation of the proposed program's curriculum and the achievement of the program goals and objectives.

*Clinical Instructor	An individual who teaches, supervises, and evaluates students in a clinical setting. S/he may be employed by either the program or the clinical site and does not have an assigned standard patient load when teaching students. The clinical instructor's primary responsibility is to facilitate student achievement of program-specified clinical competencies. The assigned student to clinical instructor ratio cannot exceed 6:1.
**Clinical Preceptor	An individual employed by the clinical site, who teaches, supervises, and evaluates students while completing an assigned standard patient load. The assigned student to clinical preceptor ratio cannot exceed 2:1.

Anticipated Number of clinical preceptors for the program:

Anticipated Number of clinical instructors for the program:

If a sufficient number of faculty and/or preceptors are not currently available, what is the program's plan to obtain additional faculty and preceptors?

In addition to the full-time PD and DCE, the anticipated Number of program faculty:

Full-Time	
Part-Time	
Adjunct	

Note: The sponsor defines full-time, part-time, and adjunct.

> If the sponsor has already employed a Program Director, complete
> **APPENDIX A – PROGRAM DIRECTOR CV OUTLINE FORM.**

Name and contact data for the person responsible for the preparation and submission of this application:

Name:

Credentials:

Title:

Work: Cell:

Email:

Prior to submission via email, double-check to ensure all fields in the application have been completed, appropriate signatures have been obtained, and all required documentation has been included in the Supplementary Documents folder.

Submit this completed application to bonnie@coarc.com.

Mail appropriate fees to:
Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Blvd, Telford, TN 37690

817-283-2835 Main   817-510-1063 Fax to Email

www.coarc.com

APPENDIX A – Program Director CV Outline Form

If not available, check here ☐ and proceed to next Section.

Full Name:

Title   **Academic Rank:**

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC RRT Registry Number:

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number: **Expiration Date:**

Education (highest degree earned for each category – include institution):

   A. RT Degree:

       Institution:

       Month/Year Earned:

   B. Other:

       Institution:

       Month/Year Earned:

Work experience in clinical respiratory care:

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Other Licenses/Certifications (e.g., ACLS, NRP, etc.):

APPENDIX B – Proposed Program Course Requirements Table

If not available, check here ☐ and proceed to next Section.

List all the **pre-requisite courses** required for conferral of the degree upon completion of the program in the enrollment sequence (if applicable) students would typically use. Use N/A where not applicable.

Sequence by Sem/ Quarter # (if applicable)	Course # (if applicable)	Program Pre-requisite Course or General Education Category (e.g., social/behavioral sciences, humanities, natural sciences, etc.)	# Credits	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total Prerequisite Credits Required for Graduation:	

List all the **general education courses** required for conferral of the degree upon completion of the program in the enrollment sequence (if applicable) students would typically use. Use N/A where not applicable.

Sequence by Sem/ Quarter # (if applicable)	Course # (if applicable)	Program Pre-requisite Course or General Education Category (e.g., social/behavioral sciences, humanities, natural sciences, etc.)	# Credits	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total General Education Credits Required for Graduation:	

List all the **program courses** required for conferral of the degree upon completion of the program in the enrollment sequence students would typically use. Use N/A where not applicable.

Sequence by Sem/ Quarter #	Course #	Course Title	# Total Lecture Hours	# Total Lab Hours	# Total Clinical Clock Hours	# Credits	Location Where Student Instruction Occurs (Name of Facility if Not at Base Program Campus)	Faculty Responsible for Teaching	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

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Sequence by Sem/ Quarter #	Course #	Course Title	# Total Lecture Hours	# Total Lab Hours	# Total Clinical Clock Hours	# Credits	Location Where Student Instruction Occurs (Name of Facility if Not at Base Program Campus)	Faculty Responsible for Teaching	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total Required for Graduation:

Overall length of program in months = ☐   **Or in years =** ☐   **Credit Type is:** ☐ **Semester**
Length of semester/quarter in weeks = ☐   ☐ **Quarter**
☐ **Other**

If other, specify:

APPENDIX C – Study Group Member List

PROGRAM NAME:

The Study Group should include employees of the proposed clinical sites (as well as representatives from other groups as noted in subsequent items in this section) to assess the need for a new educational program. Employees of or consultants for the sponsor cannot be members of the Study Group. This Study Group must include representatives from a majority of institutions under consideration as sites for the clinical training of future students of the program.

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE
CHAIR			NA	
PUBLIC MEMBER			NA	

PROGRAM NAME:

The Study Group should include employees of the proposed clinical sites (as well as representatives from other groups as noted in subsequent items in this section) to assess the need for a new educational program. Employees of or consultants for the sponsor cannot be members of the Study Group. This Study Group must include representatives from a majority of institutions under consideration as sites for the clinical training of future students of the program.

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE

PROGRAM NAME:

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ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE