

2024 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



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To maintain transparency and advance education in respiratory care, the CoARC is fully committed to sharing its accreditation data. The CoARC Executive Office compiles this detailed report each year, offering extensive information on all CoARC-accredited programs. It includes program descriptive statistics, accreditation decisions made by CoARC over the past year, and aggregated data on graduate outcomes, enrollment, and other key metrics. This Annual Report on Accreditation in Respiratory Care Education is posted on the CoARC website in PDF format. Access is unrestricted. When a third party uses CoARC-published data as part of a separate publication, the CoARC requests that the publication includes the following disclaimer:

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INTRODUCTION

It is my great pleasure to provide to you, on behalf of the Board and Executive Office Staff of the Commission on Accreditation for Respiratory Care (CoARC), the *2024 Report on Accreditation in Respiratory Care Education*. This report presents information on CoARC accredited programs and accreditation actions taken by the CoARC annually. The CoARC has developed this report to provide critical data in the following four areas:

- Descriptive statistics of CoARC Accredited Programs as of December 31, 2024.
- Accreditation actions taken in 2024; and
- Aggregate statistics of applications, graduate, enrollment, and outcomes data derived from the 2024 Annual Reports of Current Status submitted on July 1, 2024.

There were 57 accreditation site visits in 2024 involving 42 volunteers. These were a combination of in-person and virtual site visits. The commitment level of these volunteers is remarkable and truly appreciated. The CoARC expresses its gratitude to each of them for sharing the time and talent essential to the critically important goal of ensuring the quality of all respiratory care programs.

The CoARC collected annual report data using the annual reporting tool developed and maintained by KG Labs, LLC. The Annual Report of Current Status (RCS) was completed by 409 programs and program options and submitted on July 1st. We would like to acknowledge the considerable time and effort required to provide the important information encompassed by the RCS. The charts included in this report are derived from these data and other data sets used by the CoARC and are designed to provide aggregate information on accredited respiratory care educational programs and their graduates. This information can be used by the CoARC's communities of interest in their evaluations of the profession's current state, both locally and nationally. In addition to this report, there is an interactive map of programmatic outcomes: <https://fortress.maptive.com/ver4/81d176abecb0342aee04478e8485402f>.

Please feel free to share suggestions for improvements or changes by contacting our Chief Executive Officer, Tom Smalling, Ph.D., RRT, RRT-SDS, RPFT, RPSGT, FAARC, at tom@coarc.com.

Thank you for your support,

A handwritten signature in black ink that reads "Sarah Varekojis". The signature is written in a cursive, flowing style.

Sarah M. Varekojis, PhD, RRT, RRT-ACCS, FAARC
President

EXECUTIVE SUMMARY

PROGRAMS BY PROGRAM TYPE

As of December 31, 2024, there were 520 programs and program options under accreditation review by the CoARC. These include 477 Entry into Respiratory Care Professional Practice programs/program satellites, 37 Degree Advancement programs, and one Advanced Practice Respiratory Therapist program.

PROGRAMS BY DEGREE OFFERED

As of December 31, 2024, 81% of the 437 accredited entry into respiratory care practice programs were associate degrees, and 17% were baccalaureate degrees. Seven programs (2% of total) offered a master's degree. Compared to data from the 2023 Report on Accreditation, the number of associate degree programs increased by 22, the number of baccalaureate programs increased by two, and the number of master's degrees increased by two. The AAS degree accounted for the largest (53%) of all degree types, a slight increase from the previous year. There has been a 4% decrease in AS programs since 2018.

PROGRAMS BY INSTITUTIONAL TYPE

As of December 31, 2024, 58% of entry into practice programs and satellites were offered at a community/junior college; 25% of programs were offered at a four-year college/university; 13% of accredited programs were offered at a technical/vocational school; 3% at an academic HSC/medical center; 1% at a career/technical college, and <1% of programs were offered by the U.S. military. Interestingly, 47 of the associate degree programs (11% of total) are offered at four-year colleges/universities. Four community colleges confer a baccalaureate degree. This is an increase of two compared to 2023.

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

As of December 31, 2024, 79% of the programs were operating under a public/not-for-profit status; 12% were operating under a private/for-profit (proprietary) status; 8% were operating under a private/not-for-profit status, and <1% were controlled and funded by the federal government. Associate degree programs offered by sponsors operating under a public/not-for-profit status accounted for the largest (79%) group.

PROGRAMS BY STATE, D.C., AND PUERTO RICO

There are CoARC-accredited respiratory care programs in every state except Alaska. California has the largest number of programs and satellites, at 37. Thirty states and Puerto Rico have an entry into practice program at the baccalaureate or master's level. Twenty states and the District of Columbia do not have an entry into practice program at the baccalaureate or master's level. Eighteen states have a CoARC-accredited DA program. Thirty-two states, in addition to the District of Columbia and Puerto Rico, do not have a CoARC-accredited DA program.

ACCREDITATION ACTIONS

In 2024, 144 accreditation actions were taken by the Board, the Executive Office processed 78 accreditation actions, and 57 site visits were conducted.

Applications for Substantive Change

Of the 39 applications for substantive change processed by the CoARC in 2024, nine were changes in Institutional Accrerator, Owner/Sponsorship, or Legal Status or Change in Control, nine were changes in degree

awarded, two were changes in program optional goals, twelve were changes in curriculum or delivery methods (including changes in the number of clock or credit hours and/or other changes in the length of the program), five were increases in enrollment, and five were changes in program location. Three of these applications included multiple policy changes.

Changes in Program Information and Personnel

Of the 81 permanent changes in Program Director in 2024, 11 were due to retirement, 26 to resignation, 15 to re-assignment, 7 were due to other reasons, and 22 were initial appointments at new programs.

2024 ANNUAL REPORT OF CURRENT STATUS (RCS)

A total of 409 annual reports for respiratory programs were used to generate the aggregate data (January 1, 2021, through December 31, 2024) from the 2024 RCS reports.

Total Applications

Total entry into practice applications reached a peak of 23,430 in 2011 and then decreased by 42% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. There were 14,867 applications in 2023 (a 1.4% decrease compared to 2022). The mean number of applications per program was 36 in 2023.

RC Applications by Degree Offered

Compared to 2022, applications in 2023 decreased by 0.1% for associate degree programs, 5.4 % for baccalaureate degree programs, and 30.9% for master's programs.

RC Applications by Institutional Type

Compared to 2022, applications in 2023 decreased by 2.4% for community/junior colleges; by 3.1% for four-year colleges/universities; by 2.4% for technical/vocational schools, and by 21.6% for academic HSC/Med Centers. Applications increased by 40.8% for career/technical colleges and 1.4% for U.S. military programs.

RC Applications by Institutional Control/Funding

Compared to 2022, applications in 2023 decreased by 3.3% in the public/not-for-profit sector. Applications increased by 5.3% in the private/for-profit (proprietary) sector, 9.7% in the private/not-for-profit sector, and 14% in federal government (military) programs.

Applications by State (including D.C. and PR) and Degree

California continues to have the largest (18.2% of the total in 2023) number of applications.

Total New Enrollments

For 2023, there were 6,646 enrollments in Associate entry-into-practice programs, reaching 66% of capacity. The mean maximum annual enrollment capacity per program was 32 for associate degrees, 26 for Baccalaureate, and 24 for master's degrees. The mean number of new enrollments per program was 20 for Associate, 13 for Baccalaureate, and 11 for master's degrees. For 2023, 9% (38 of the 409) programs reported new enrollments reaching maximum annual enrollment capacity, which was a 1% increase compared to 2022.

New RC Enrollments by Degree Offered

Associate degree entry into practice programs accounted for 87% of the 7,664 new enrollments in 2023. Compared to 2022, new enrollments in 2023 decreased by 2.5% for associate degree programs; by 2% for baccalaureate programs, and no change in percentage for master's programs.

New RC Enrollments by Institutional Type

Compared to 2022, new enrollments in 2023 decreased by 3.4% for technical/vocational schools and 4.1% for U.S. military programs. New enrollments increased by .7% for community/junior colleges; by 2.4 for four-year colleges/universities; by 24% for academic HSC/medical centers, and by 37.3% for career/technical colleges.

New RC Enrollments by Institutional Control/Funding

Compared to 2022, new enrollments in 2023 decreased by 2.4% in the public/not-for-profit sector and by 4.1% in the federal government sector. New enrollments increased by 10.7% in the private/for-profit (proprietary) sector, and 15% in the private/not-for-profit sector.

New RC Enrollments by State (including D.C. and PR) and Degree

California had the largest number of enrollments (18.9% of total) in 2023.

Total Graduates

There were 6,305 entries into practice graduates in 2023. This is a 1.1% increase compared to 2022, and a 25.8% decrease compared to its peak in 2012. The mean number of graduates per program was 13.

RC Graduates by Degree Offered

Compared to 2022, the number of graduates in 2023 decreased by 4.6% for baccalaureate degree programs and by 6.6% for master's degree programs. The number of graduates increased by 6.9% for associate degree programs.

RC Graduates by Institutional Type

Compared to 2022, the number of graduates in 2023 decreased by .5% in four-year colleges/universities; 6% in technical/vocational schools, and 4.3% in academic HSC/medical centers. Applications increased by 10% in community/junior colleges; 16.3% in career/technical colleges, and 18.7% in U.S. military programs.

RC Graduates by Institutional Control/Funding

Compared to 2022, the number of graduates in 2023 increased by 3.5% in the public/not-for-profit sector; 6.6% in the private/for-profit (proprietary) sector; 15.4% in the private/not-for-profit sector, and 18.7% in the federal government sector.

RC Graduates by State (including D.C. and PR) and Degree

California had the largest number of graduates (19% of total) in 2023.

Programmatic Retention

For the 2024 RCS, the mean retention rate remained at 91%, and there was no change compared to 2023. Five programs (1% of total) reported retention rates below the CoARC-established threshold of 70%.

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

For the 2024 RCS, associate degree programs had the lowest mean retention rate (91%), and master's degree programs had the highest (94%). Programs located in Academic HSC/Medical Centers had the highest mean (96%). U.S. military programs had the lowest (91%). Programs controlled/funded by the private/for-profit (proprietary) sector had the highest mean retention at 93%, while programs controlled/funded by the Public/Not-For-Profit, Private/Not-For-Profit, and Federal Government had 91%.

Job Placement

The 2024 RCS mean placement remained at 87%. This was unchanged when compared to the 2023 RCS. The highest mean placement rate was 100% (n = 57), and the lowest rate was 37% (n=1).

Job Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

For the 2024 RCS, baccalaureate degree programs showed no change (89%) when compared to the 2023 RCS. Associate degree programs showed an increase of 1% (87%). Master's degree programs remained at the highest (91%). Academic HSC/Medical Center programs had the highest mean (94%). Programs controlled/funded by the federal government had the highest mean (91%).

TMC Exam High Cut Score Success

For the 2024 RCS, the mean TMC High Cut Score success was 84% (a 1% increase from the 2022 RCS), with the highest at 100% (n=39) and the lowest at 23% (n=1). A total of 27 programs (6.6% of the total) reported success rates below the CoARC-established threshold of 60%. This was an increase of five compared to the 2023 RCS.

TMC High Cut Score Success by Degree Offered, Institutional Type, and Institutional Control/Funding

TMC High Cut Score success for entry into practice baccalaureate degree programs is higher (87%) than that of associate degree programs (83%). Master's degree programs had the highest (96%). Twenty-four out of the twenty-seven programs below the CoARC established threshold conferred the associate degree (17 AAS degrees, four AS degrees, and three AST degrees); the remaining three programs offered the baccalaureate degree. By institutional type, Academic HSC/Medical Center programs demonstrated the highest mean TMC High Cut Score success at 88%. Mean TMC High Cut Score success in Public/Not-For-Profit institutions was highest, at 85%.

RRT Credentialing Success

The states that currently require RRT as a minimum requirement for a license to practice are: New Mexico, Oregon, Arizona, California, Ohio, West Virginia, and New Jersey. The mean RRT credentialing success for the 2024 RCS was 72%, with the highest at 100% (n=14) and the lowest at 0% (n=2). When compared to 2022 RCS data, the mean RRT credentialing success rate remained the same, with an overall decrease of 12% since the 2019 RCS. The number of programs reporting the highest RRT credentialing success rate (100%) decreased by four compared to the 2023 RCS.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

With the 2024 RCS, associate degree programs had the lowest mean RRT success (71%) followed by baccalaureate programs at 76%. Master's programs were the highest at 91%. RRT success increased by 1% for associate degree programs, decreased by 1% for baccalaureate degree programs, and decreased by 2% for master's degree programs when compared to 2023 RCS data. By institutional type, Academic HSC/Medical

Center institutions demonstrated the highest mean at 79%. By funding criteria, the public/not-for-profit sector continued to demonstrate the highest means (73%).

MISSION AND SCOPE

The CoARC accredits Entry into Professional Practice respiratory care programs at the Associate, Baccalaureate, and master's degree levels, as well as post-professional Degree Advancement respiratory care programs at the Baccalaureate and Master's degree levels and Advanced Practice respiratory care programs at the graduate level. The CoARC also accredits certificate programs that train sleep disorders specialists offered by any of its accredited respiratory care programs. CoARC accreditation is limited to programs physically located in the United States and its territories.

THE VALUE OF PROGRAMMATIC ACCREDITATION

Accreditation provides consumer protection, advances and enhances the profession of Respiratory Care, and protects against compromise of educational quality. Accreditation also supports the continuous improvement of these educational programs by mandating continuing reassessment of resources, educational processes, and outcomes. The CoARC is responsible for evaluating respiratory care educational programs and publicly recognizing those that meet agreed-upon accreditation standards. Respiratory therapists are members of a team of healthcare professionals working in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders.

HISTORICAL BACKGROUND

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the American Medical Association (AMA) adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (American Association for Inhalation Therapy [AAIT], American College of Chest Physicians [ACCP], American Medical Association [AMA], and American Society of Anesthesiologists [ASA]) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education (JRCRTE), the successor group to the Board of Schools, came into being on January 15, 1970, as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA) of the AMA. The JRCRTE was dissolved in 1996, and the Committee on Accreditation for Respiratory Care became its successor organization as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: The Commission on Accreditation for Respiratory Care (CoARC). The CoARC became a freestanding accreditor of respiratory care programs on November 12, 2009, and in September 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC. In January 2022, CHEA awarded CoARC continued recognition for another seven years.

Since 1986, the CoARC has used an outcomes-centered approach to its accreditation review process. This approach focuses on a specific set of outcomes that include but are not limited to: a) Graduate performance on national credentialing examinations; b) Programmatic retention; c) Graduate and employer satisfaction with the program; and d) Job placement. The CoARC routinely monitors the program's outcomes results in relation to the thresholds via an Annual Report of Current Status (RCS). Any program not meeting all the thresholds

must document in the RCS a detailed analysis of each deficiency and provide a specific action plan to address that deficiency.

PROGRAMS BY PROGRAM TYPE

Programs are grouped into three categories and are assigned a unique 6-digit number based on the category to which they are assigned:

1. **(200-level):** Programs that prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Registered Respiratory Therapists ([RRTs](#)). 200-level program graduates can earn both the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) and RRT credentials. Programs in this category are subcategorized as Entry into Professional Practice base programs (200-level), Entry into Professional Practice Additional Degree Track (ADT), baccalaureate (210-level), and Entry into Professional Practice Additional Degree Track (ADT) Master's (220-level).
2. **(300-level or Satellite programs):** These are programs offered by a base program at a location separate from the base program but within the U.S. and its Territories, at which all core Respiratory Care didactic and laboratory courses are available. This does not pertain to sites used by a completely online/distance education program for individual students or to base programs with students attending one or more classes via distance learning technologies. Satellite location(s) function under the direction of the Key Personnel of the base program.
3. **(400-level or Sleep Disorders Specialist programs):** Programs that prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists ([SDS](#)). 400-level program graduates have the opportunity to earn both the NBRC SDS credential and Board of Registered Polysomnographic Technologists ([BRPT](#)) Registered Polysomnographic Technologist ([RPSGT](#)) credential.
4. **(500-level):** Degree Advancement (DA) programs meet the needs of practicing respiratory therapists who have already completed an accredited respiratory care program with an Entry into Respiratory Care Professional Practice degree and wish to obtain advanced training in Respiratory Care. Advanced educational experiences designed to enhance a respiratory therapist's ability to function in clinical, teaching, administrative, or research environments are essential components of DA programs.
5. **(600-level):** Advanced Practice Respiratory Therapist (APRT) programs train Registered Respiratory Therapists (RRTs) to provide advanced, evidence-based, diagnostic and therapeutic clinical practice and disease management. All APRT students must be graduates of a CoARC-accredited Entry into Respiratory Care Professional Practice degree program and hold the Registered Respiratory Therapist (RRT) credential prior to entry into the program.

As of December 31, 2024, there were a total of 520 programs and program options under accreditation review by the CoARC. Most of these programs are sponsored by public and private higher education institutions. Two programs are sponsored federally: one by the U.S. Army and one by the U.S. Air Force.

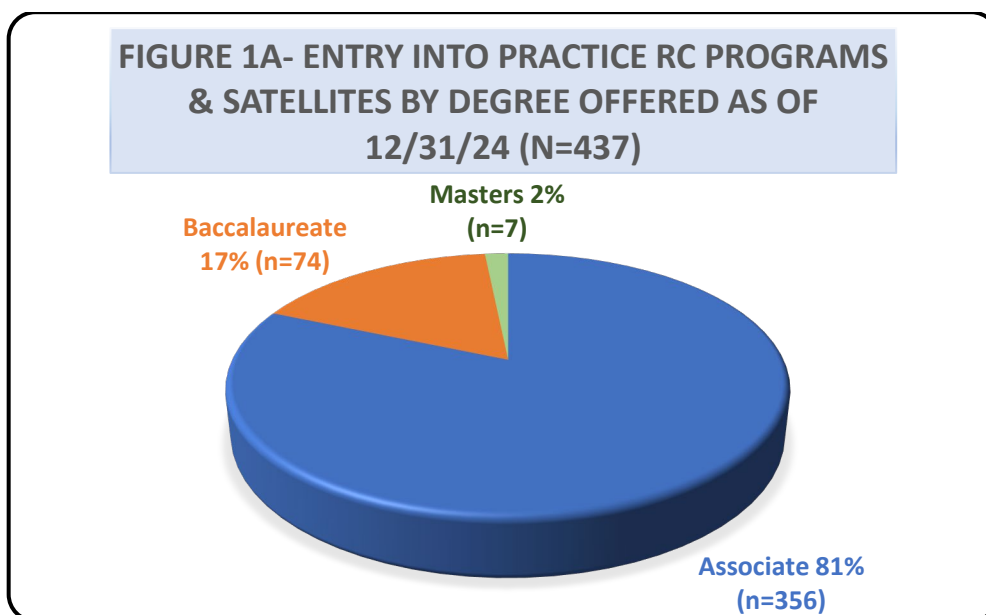
Of the 520 programs, 28 have applied for accreditation review, 22 hold an Approval of Intent (approval of their Letter of Intent applications to start developing an accredited program). Seventy-seven (77) programs hold Provisional Accreditation, which is the term used by the CoARC to signify that a program has demonstrated sufficient compliance with the Standards to initiate a program and admit students.

Table 1 provides a breakdown of program numbers by program type.

Table 1 – Program Numbers by CoARC Level as of December 31, 2024 (N=520)							
	200-level (Entry Base)	210-level (Entry ADT Baccalaureate)	220-level (Entry ADT Master’s)	300-level (U.S. Satellite)	400-level (SDS Certificate)	500-level (Degree Advancement)	600-level (APRT)
Continuing Accreditation	366	1	4	6	0	6	0
Probationary Accreditation	9	0	0	0	0	0	0
Provisional Accreditation	41	3	1	6	0	25	1
Inactive Accreditation	0	0	0	0	0	0	0
Approval of Intent	16	0	0	0	0	6	0
Letter of Intent	23	0	0	0	0	0	5

PROGRAMS BY DEGREE OFFERED

Programs accredited by the CoARC are in institutions which are accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education (USDE) and authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree (CoARC Entry into Practice Standard 1.01). *Note: The subsequent data presented in this section includes data on Entry into Practice programs only.* **Figure 1a**, below, provides a graphic representation of degrees offered (does not include 500 level, 600 level, Approval or Letter of Intent programs).



As of December 31, 2024, there were 437 Entry into Respiratory Care Professional Practice programs/program satellites. Of these, 356 (81% of the total) confer the associate degree upon graduation, and 74 (17% of the total) programs confer the baccalaureate degree. Seven programs (2% of total) confer the master's degree. Compared to data from the 2023 Report on Accreditation, the number of associate degree programs increased by 22, the number of baccalaureate programs increased by two and the number of master's degrees increased by two.

Figure 1b shows the program numbers by degree over the past decade.

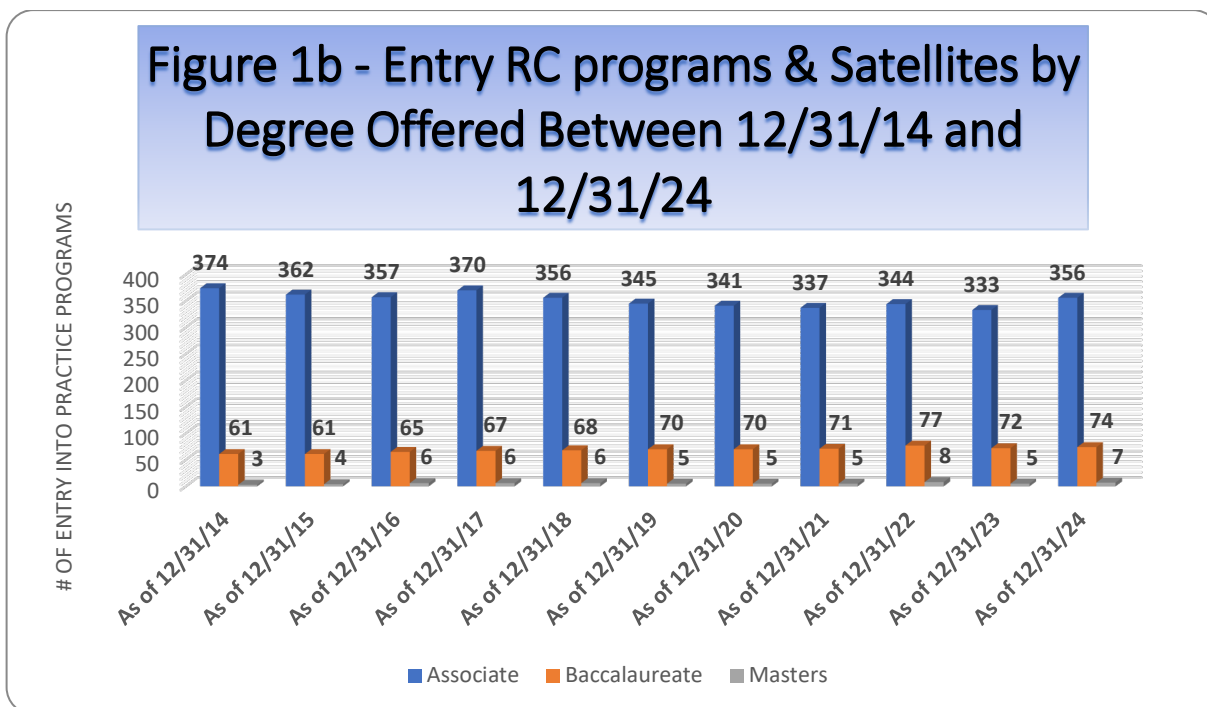


Table 2 provides a breakdown of program numbers by degree type. The Associate of Applied Science (AAS) degree continued to account for the largest (53%) of all entry into practice degree types offered in 2024. The Associate of Science (AS) degree accounted for 27% of all degree types offered in 2024. This is a 1% increase compared to 2023, and a 4% decrease since 2018. The increase in AAS degrees over recent years is due in part to the increase in state-mandated limits on the number of credit hours for associate degree programs. The Bachelor of Science (BS) degree accounted for 17% of all degree types offered in 2024.

	as of 12/31/18 (N=430)	as of 12/31/19 (N=420)	as of 12/31/20 (N=416)	as of 12/31/21 (N=413)	as of 12/31/22 (N=429)	as of 12/31/23 (N=410)	as of 12/31/24 (N=437)
Associate of Science (AS)	122	113	113	111	114	106	117
Associate of Applied Science (AAS)	228	226	215	213	216	214	232
Associate of Specialized Technology (AST)	4	4	4	4	4	3	3

Associate of Occupational Studies (AOS)	3	2	2	9	9	10	4
Bachelor of Science (BS)	65	66	67	67	67	73	70
Bachelor of Applied Science (BAS)	2	2	3	3	4	4	4
Master of Science (MS)	6	6	5	5	5	8	7

PROGRAMS BY INSTITUTIONAL TYPE

The CoARC assigns programs to one of six categories that define the type of institution sponsoring the respiratory care program. These categories are (1) Academic HSC/Medical Center; (2) Career or Technical College; (3) Community College or Junior College; (4) Four-Year College or University; (5) Technical or Vocational School, and (6) U.S. Military. As of December 31, 2024, there were 251 respiratory care programs and satellites offered at a community or junior college. This was the largest (58%) of the categories. One hundred and nine (25%) programs were offered at a four-year college or university. Fifty-six (13%) programs were offered at a technical or vocational school. Thirteen (3%) programs were offered at an academic health sciences or medical center. Six (1%) programs were offered at a career/technical college. Two programs (<1%) were offered at a U.S. military.

Figure 2 illustrates these categories.

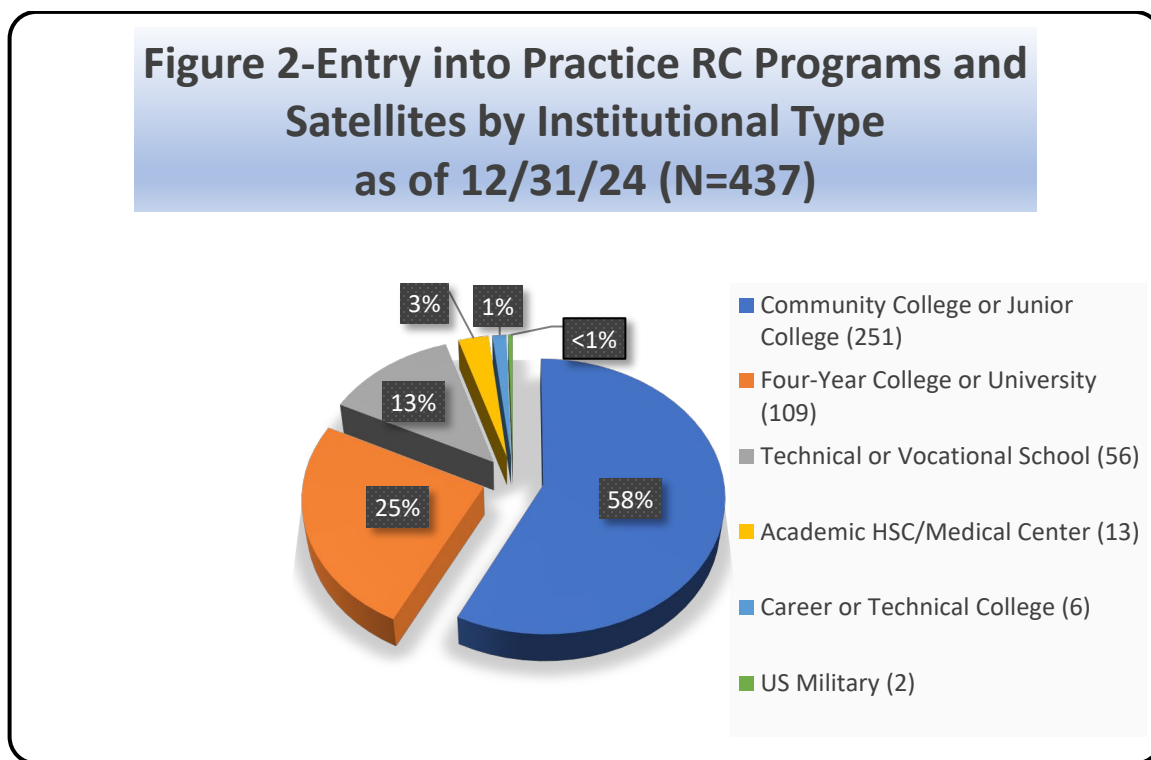


Table 3 provides a comparison of programs by institutional type and degree. As of December 31, 2024, the majority (58%) of programs conferring the associate degree are offered at community or junior colleges. Interestingly, 47 programs (11% of total) conferring the associate degree were offered at four-year colleges or universities.

Table 3 – Entry RC Programs and Satellites by Institutional Type and Degree (2022 thru 2024)

	Associate			Baccalaureate			Masters		
	as of 12/31/22 (N=429)	as of 12/31/23 (N=410)	as of 12/31/24 (N=437)	as of 12/31/22 (N=429)	as of 12/31/23 (N=410)	as of 12/31/24 (N=437)	as of 12/31/22 (N=429)	as of 12/31/23 (N=410)	as of 12/31/24 (N=4437)
Community or Junior College	245	240	245	4	0	6	0	0	0
Technical or Vocational School	55	55	56	0	0	0	0	0	0
Four-Year College or University	38	36	47	61	59	58	5	2	4
Career or Technical College	4	4	6	0	0	0	0	0	0
Academic HSC/Medical Center	2	0	0	10	9	10	3	3	3
U.S. Military	2	2	2	0	0	0	0	0	0

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

The CoARC assigns programs to one of four categories based on the governance of its sponsor: by publicly elected/appointed officials, with its major source of funds from public sources (Public/Not-For-Profit); by privately elected or appointed officials, with its major source of funds from private sources (Private/Not-For-Profit or Private/For-Profit); or by a branch of the Armed Forces, with its major source of funds from federal appropriations (Federal Government). As of December 31, 2024, 331 (79%) institutions sponsoring a respiratory care program were operating under a public/not-for-profit status (a decrease by two percent compared to 2023). Fifty (12%) institutions were operating under a private/for-profit (proprietary) status (two percentage increase compared to 2023). Thirty-four (8%) institutions were operating under a private/not-for-profit status (no percentage change compared to 2023). Six (<1%) institutions were controlled and funded by the federal government.

Figure 3 illustrates these categories.

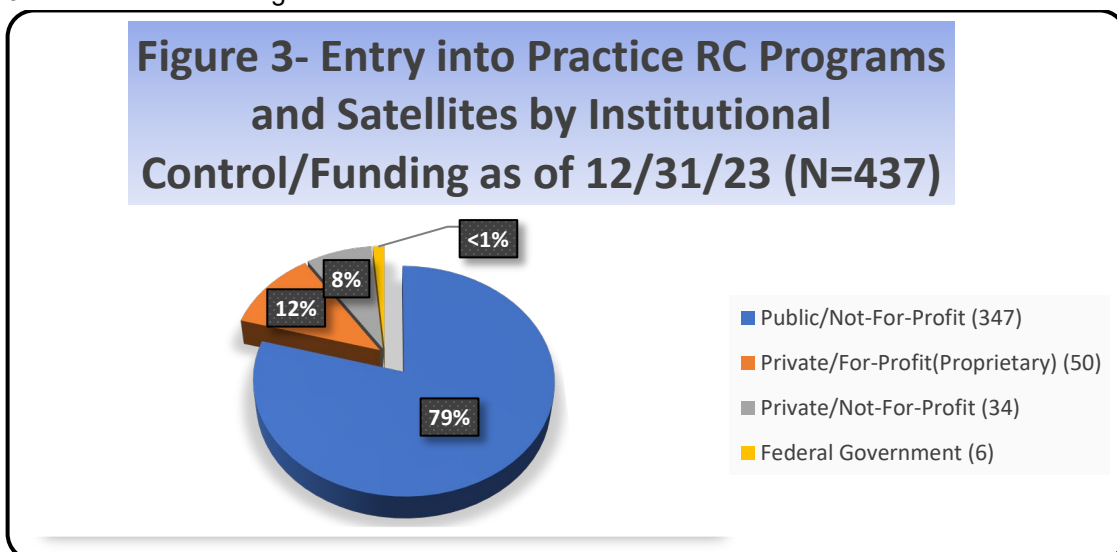


Table 4 provides a comparison of programs by institutional control and degree offered. As of December 31, 2024, the majority (66%) of programs conferring the associate degree are sponsored by public/not-for-profit institutions. Compared to 2023 data, the number of entries into practice baccalaureate programs sponsored by private-not-for-profit sector institutions increased by four.

	Associate			Baccalaureate			Masters		
	As of 12/31/22 (N=429)	As of 12/31/23 (N=410)	As of 12/31/24 (N=437)	As of 12/31/22 (N=429)	As of 12/31/23 (N=410)	As of 12/31/24 (N=437)	As of 12/31/22 (N=429)	As of 12/31/23 (N=410)	As of 12/31/24 (N=437)
Public-Not-For-Profit	284	277	288	57	51	55	4	3	4
Private/For-Profit (Proprietary)	44	43	50	0	0	0	0	0	0
Private-Not-For-Profit	14	11	12	20	21	19	4	2	3
Federal Government	2	2	6	0	0	0	0	0	0

PROGRAMS BY STATE, D.C., AND PUERTO RICO

Figure 4 displays the number of respiratory care programs and satellites in each state, the District of Columbia, and Puerto Rico. CoARC-accredited respiratory care programs are in every state except Alaska. As of December 31, 2024, California had the largest number of programs and satellites, at 37. States/locations with only one program include Vermont, New Hampshire, Hawaii, the District of Columbia, and Puerto Rico.

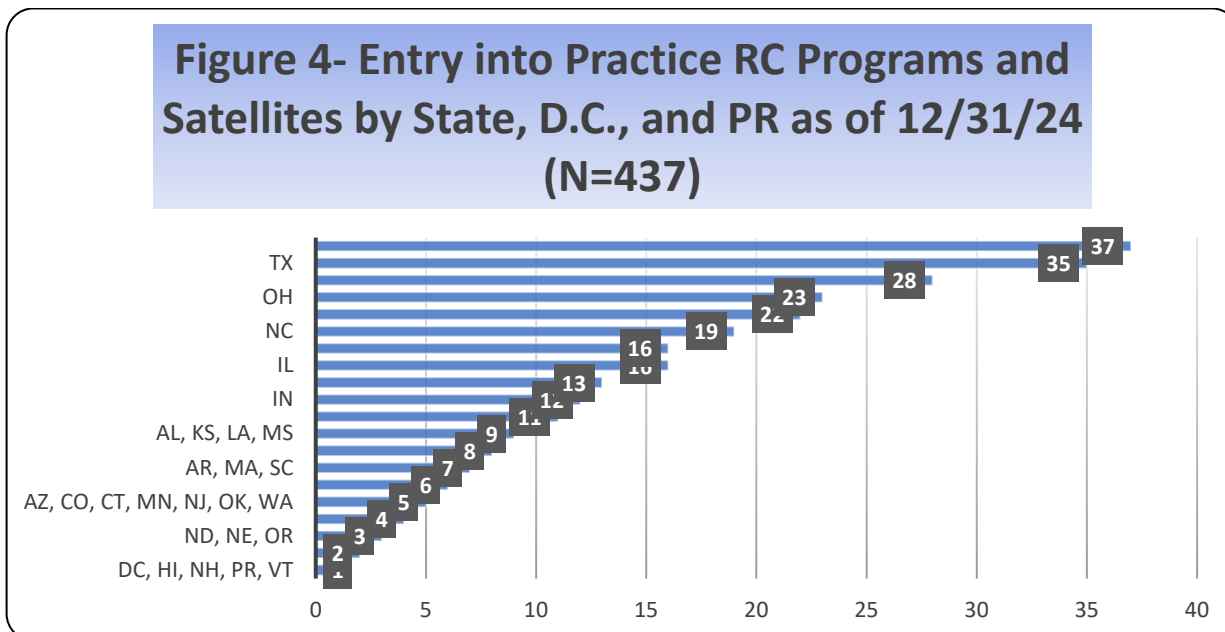


Table 5 provides a comparison of entry into practice programs by state (including the District of Columbia and Puerto Rico) and degree. As of December 31, 2024, the associate degree is offered in 49 states and the District of Columbia (North Dakota, Alaska, and Puerto Rico are the exceptions). The associate degree is the only degree offered in 19 states and the District of Columbia. The baccalaureate degree is offered in 28 states and Puerto Rico. The master’s degree is offered in eight states (AR, FL, GA, IL, KY, ND, NE, and TX).

Table 5 –Entry into Practice RC Programs and Satellites by State, D.C., and PR and Degree (N=437) as of 12/31/24

	Associate	Baccalaureate	Masters
Alabama (n=9)	6	3	0
Alaska (n=0)	0	0	0
Arkansas (n=7)	5	1	1
Arizona (n=5)	5	0	0
California (n=37)	36	1	0
Colorado (n=5)	5	0	0
Connecticut (n=5)	4	1	0
District of Columbia (n=1)	1	0	0
Delaware (n=2)	2	0	0
Florida (n=28)	26	2	0
Georgia (n=16)	11	4	1
Hawaii (n=1)	1	0	0
Iowa (n=6)	6	0	0
Idaho (n=2)	1	1	0
Illinois (n=16)	14	1	1
Indiana (n=12)	10	2	0
Kansas (n=9)	8	1	0
Kentucky (n=13)	10	2	1
Louisiana (n=9)	6	3	0
Massachusetts (n=7)	7	0	0
Maryland (n=6)	5	1	0
Maine (n=2)	2	0	0
Michigan (n=11)	11	0	0
Minnesota (n=5)	3	2	0
Missouri (n=11)	6	5	0
Mississippi (n=9)	9	0	0
Montana (n=2)	2	0	0
North Carolina (n=19)	17	2	0
North Dakota (n=3)	0	2	1
Nebraska (n=3)	3	0	0
New Hampshire (n=1)	1	0	0
New Jersey (n=5)	4	1	0
New Mexico (n=6)	6	0	0

Nevada (n=4)	3	1	0
New York (n=13)	9	4	0
Ohio (n=23)	18	5	0
Oklahoma (n=5)	5	0	0
Oregon (n=3)	2	1	0
Pennsylvania (n=22)	15	7	0
Puerto Rico (n=1)	0	1	0
Rhode Island (n=2)	2	0	0
South Carolina (n=7)	7	0	0
South Dakota (n=2)	2	0	0
Tennessee (n=11)	8	3	0
Texas (n=35)	29	4	2
Utah (n=6)	1	5	0
Virginia (n=8)	5	3	0
Vermont (n=1)	1	0	0
Washington (n=5)	2	3	0
Wisconsin (n=8)	8	0	0
West Virginia (n=6)	4	2	0
Wyoming (n=2)	2	0	0

Figure 5 illustrates the number of CoARC accredited entry into practice baccalaureate and graduate base programs and satellite options as of December 31, 2024. Thirty states and Puerto Rico have an entry into practice program at the baccalaureate or master’s level. Twenty states and the District of Columbia do not have an entry into practice program at the baccalaureate or master’s level.

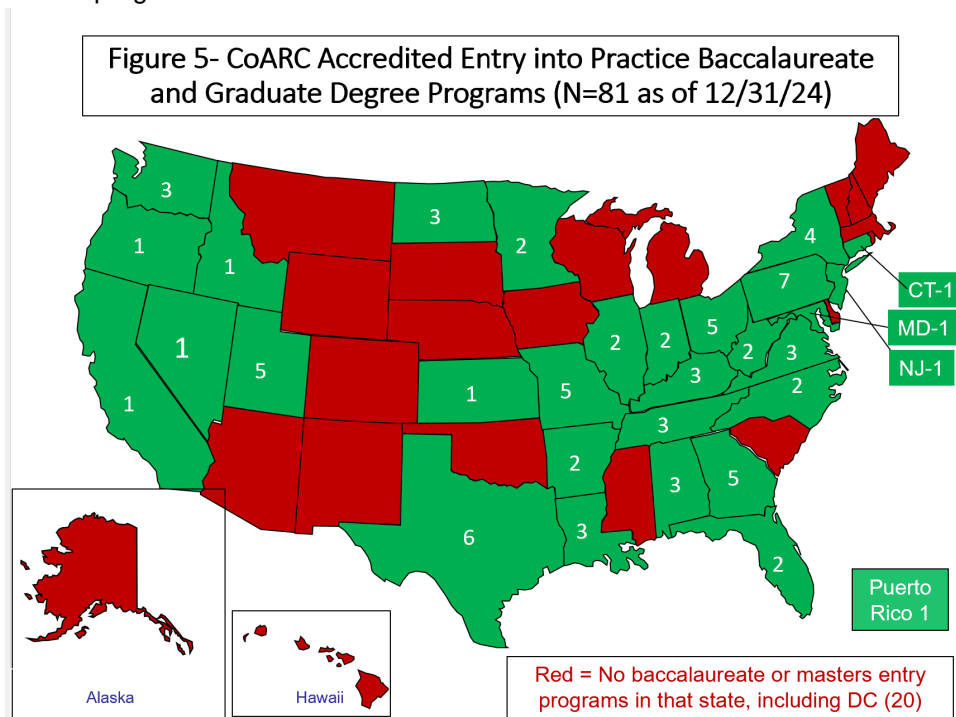


Figure 6 illustrates the number of CoARC accredited degree advancement (DA) baccalaureate and graduate base programs and additional degree track (ADT) options as of December 31, 2024. Eighteen states have a CoARC-accredited DA program. Thirty-two states, in addition to the District of Columbia and Puerto Rico do not have a CoARC-accredited DA program.

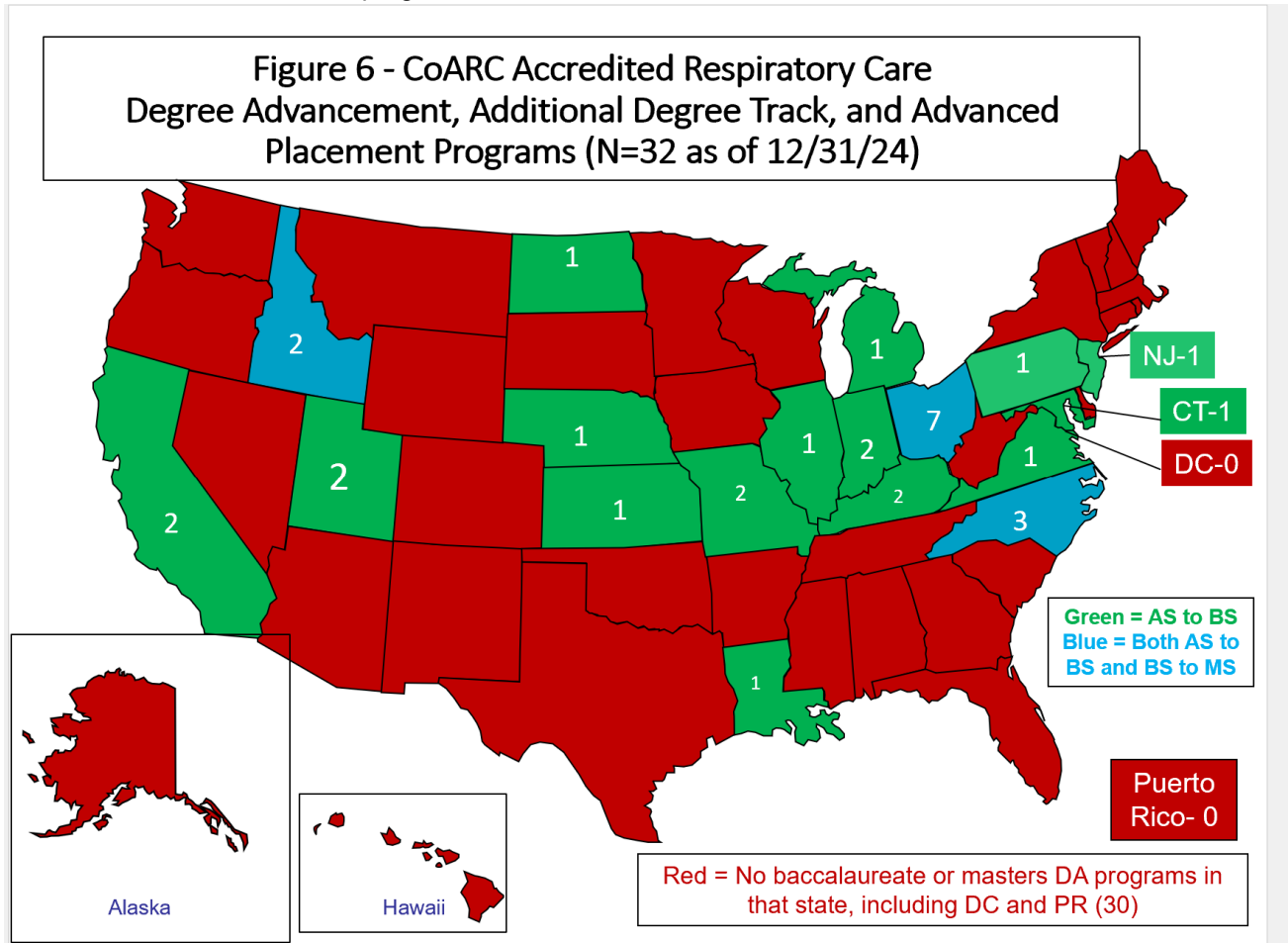
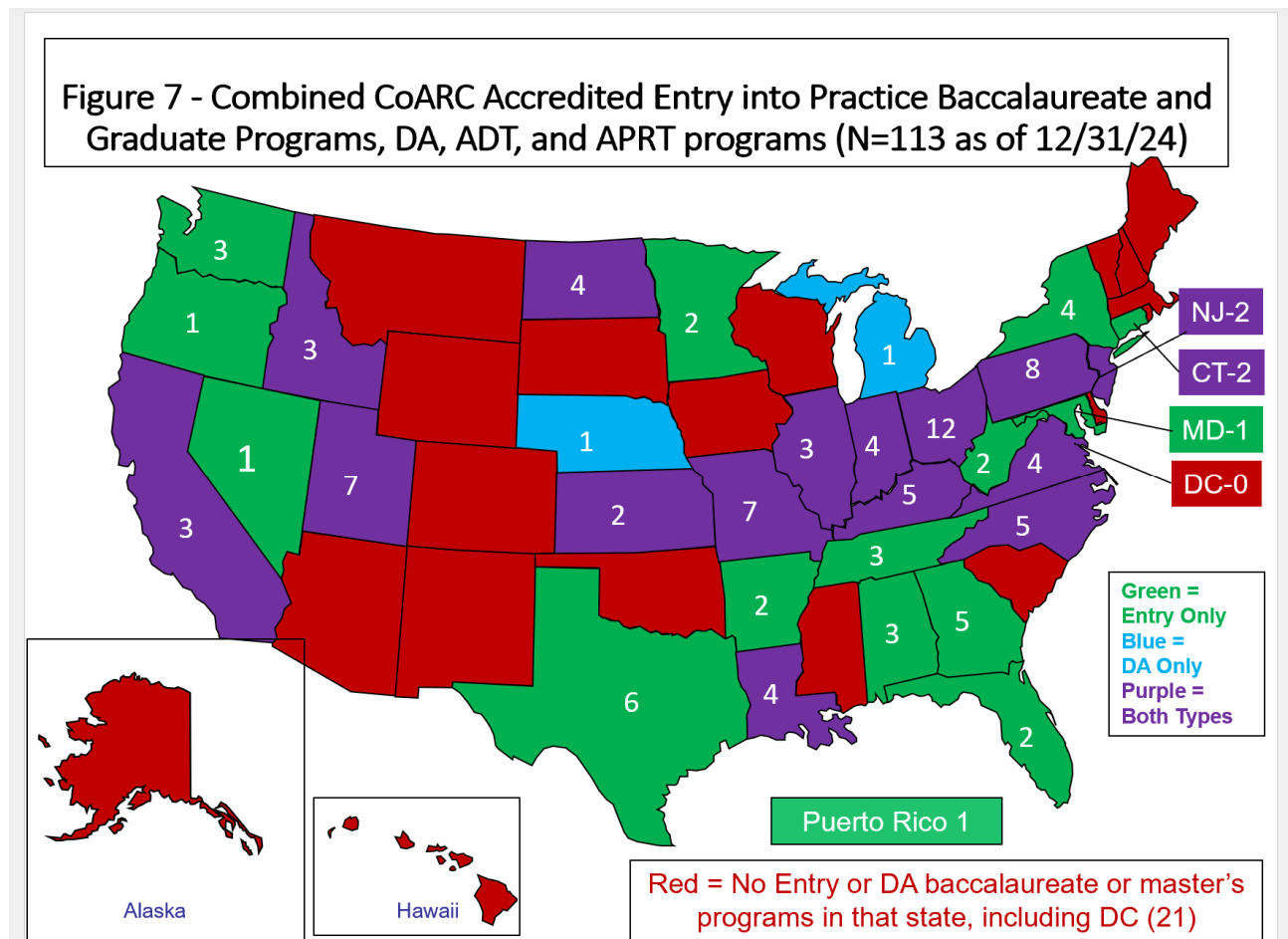


Figure 7 illustrates the number of CoARC accredited entry into practice and degree advancement (DA) baccalaureate and graduate base programs, satellites, and additional degree track (ADT) options as of December 31, 2024 (i.e., Figures 5 and 6 combined).



RC Program Consortia

In its accreditation *Standards*, the CoARC defines a consortium as “a *legally binding contractual partnership of two or more sponsoring institutions (at least one of which is a duly accredited degree-granting institution of higher education) that come together to offer a program. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.*” CoARC Entry Standard 1.02, DA Standard 1.2, and APRT Standard A2 state that “*the responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority.*” **Table 6** (next 2 pages) provides a listing of 33 consortium programs as of December 31, 2024, according to the CoARC’s database.

Table 6 - RC Program Consortia as of December 31, 2024

Program #	Program Name	City	St	Degree
200014	Millersville University/Lancaster Regional Medical Ctr	Millersville	PA	BS Degree
200019	Commonwealth University of Pennsylvania	Sayre	PA	BS Degree
200039	Indiana Respiratory Therapy Education Consortium	Indianapolis	IN	BS Degree
200133	CHI St. Alexius Health/University of Mary	Bismarck	ND	BS Degree
200138	Hudson Valley Community College	Troy	NY	AAS Degree
200172	Mayo Clinic School of Health Sciences	Rochester	MN	BS Degree
200260	Cincinnati State Technical Community College	Cincinnati	OH	AAS Degree
200298	MCC-MSU Consortium for Respiratory Education	Madisonville	KY	AAS Degree
200299	Delaware Technical and Community College	Wilmington	DE	AAS Degree
200313	West Chester University/Bryn Mawr Hospital	Bryn Mawr	PA	BS Degree
200349	Berkshire Community College	Pittsfield	MA	AS Degree
200367	North Dakota State University/Sanford	Fargo	ND	BS Degree
200392	Bossier Parish Community College	Bossier City	LA	AAS Degree
200430	Carver Career Center / BridgeValley CTC	Charleston	WV	AS Degree
200431	Pickens Technical College	Aurora	CO	AAS Degree
200432	Missouri Southern State University	Joplin	MO	AS Degree
200450	Collins Career Technical Center	Chesapeake	OH	AAS Degree
200454	Francis Tuttle Technology Center	Oklahoma City	OK	AAS Degree
200461	Northeast Kentucky Consortium	Morehead	KY	AAS Degree
200463	Northwest Oklahoma Respiratory Care Consortium	Enid	OK	AAS Degree
200497	Southeast Missouri State University	Cape Girardeau	MO	BS Degree
200504	University of Rio Grande/Rio Grande CC/Buckeye Hills	Rio Grande	OH	AAS Degree
200506	Marshall University/St. Mary's Med Ctr	Huntington	WV	BS Degree
200543	Medical Education & Training Campus (Air Force) / USU-CAHS	JBSA Fort Sam Houston	TX	AS Degree
200585	Medical Education & Training Campus (Army-Navy) / USU-CAHS	JBSA Fort Sam Houston	TX	AS Degree
200586	Simi Institute/Excelsior College	Simi Valley	CA	AS Degree
200652	Thomas Jefferson University/National Jewish Health	Philadelphia	PA	BS Degree
200653	St. Mary's Medical Center	Huntington	WV	AAS Degree
220133	CHI St. Alexius Health/University of Mary	Bismarck	ND	MS Degree
300025	Monroe City Hall Annex	West Monroe	LA	AAS Degree
300041	Western North Carolina Consortium	Brevard	NC	AAS Degree
510024	MCC-MSU Consortium for Respiratory Education	Murray	KY	BS Degree
510030	Thomas Jefferson University/National Jewish Health	Philadelphia	PA	BS Degree

ACCREDITATION ACTIONS

The CoARC makes most accreditation decisions during its Board meetings (which occur three times per year, typically in March, July, and December), based on an accreditation review cycle described in Section 1 of the *CoARC Accreditation Policies and Procedures Manual* (revised version available at <https://coarc.com/accreditation/accreditation-policies-and-procedures/>.) The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation, and Voluntary Inactive Accreditation do not require a vote by the CoARC Board and are processed by the Executive Office throughout the year. **Table 7** is a summary of accreditation actions taken by both the CoARC Board and the Executive Office in 2024. The three columns (March, July, and December) relate to specific actions taken by the Commission at Board meetings.

	March 2024	July 2024	November 2024	Total	
Approval of Intent	6	11	5	22	
Provisional Accreditation	6	10	12	28	
Continuing Accreditation	Entry Program	14	14	6	34
	Degree Advancement Program	0	1	2	3
	Advanced Practice RT Program	0	0	0	0
	Satellite Option	0	0	0	0
	Sleep Disorders Specialist Option	0	0	0	0
Probationary Accreditation	Conferred	0	0	3	3
	Removed	1	1	0	2
	Reviewed	10	1	8	19
Progress Report Reviewed	Accepted as Final	5	1	7	13
	Additional PR Requested	12	1	7	20
Withdrawal of Accreditation – Involuntary	0	0	0	0	
Withhold of Accreditation	0	0	0	0	
Substantive Changes Reviewed by the Commission	0	0	0	0	
Total Number of Accreditation Actions taken by the Commission in 2024				144	
Letter of Intent Applications				27	
Voluntary Inactive Accreditation				4	
Voluntary Withdrawal Accreditation				8	
Application for Substantive Change				39	
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2024				78	

The CoARC is required to keep the public informed about its accreditation actions. One of the ways the CoARC does this is to provide the public with information about the accreditation decision process, the nature and scope of CoARC accreditation activity, and the importance and value of accreditation (<https://coarc.com/>). The CoARC also provides the public with detailed descriptions of its accreditation policies and procedures by publishing its [Accreditation Policies and Procedures - CoARC - Commission on Accreditation for Respiratory Care](#). In addition, prior to each Board meeting, the CoARC provides a list of programs scheduled to be reviewed and, following each meeting, the accreditation actions taken <https://coarc.com/news-and-updates/meetings-and-third-partycomments/>.

The following section lists the specific accreditation actions taken by the CoARC during 2024.

Letter of Intent Applications Submitted

The first step in the accreditation process is the submission of a Letter of Intent (LOI) application that declares the sponsor’s intention to start a new program. The application, including supplementary materials, is reviewed by the CoARC Executive Office to ensure completeness, and subsequently by the Program Referee (a member of the CoARC Board who serves as the liaison between the program and the Commission). Further details regarding the Letter of Intent application process can be found in CoARC Policy 2.0.

Program Name	Type/Degree	Location	Received
North Central Kansas Technical College	AAS Degree	Wausau, WI	1/4/2024
Calhoun Community College	AAS Degree	Decatur, AL	1/17/2024
Fairleigh Dickinson University	BS Degree	Teaneck, NJ	1/19/2024
Southeast Technical College	AAS Degree	Sioux Falls, SD	1/19/2024
South College-Orlando	AS Degree	Orlando, FL	1/19/2024
Mohave Community College	AAS Degree	Kingman, AZ	1/19/2024
Bakersfield College	AS Degree	Bakersfield, CA	1/22/2024
Charter College	AAS Degree	Anchorage, AK	1/23/2024
Bluefield State University	BS Degree	Bluefield, WV	2/9/2024
South Dakota State University	BS Degree	Bookings, SD	3/4/2024
Odessa College	AAS Degree	Odessa, TX	3/27/2024
Jacksonville University	BS Degree	Jacksonville, FL	5/3/2024
Antelope Valley College	BS Degree	Lancaster, CA	5/9/2024
University of Cincinnati	MS Degree	Cincinnati, OH	5/13/2024
East Central College	AAS Degree	Union, MO	5/20/2024
Gateway Technical College	AAS Degree	Kenosha, WI	5/28/2024
University of West Florida	BS Degree	Pensacola, FL	8/2/2024
Wake Technical Community College	AASS Degree	Raleigh, NC	8/13/2024
Sowela Technical Community College	AAS Degree	Lake Charles, LA	8/16/2024
Pima Medical Institute-Tucson	AAS Degree	Tucson, AZ	9/17/2024
Central Texas College	AAS Degree	Killeen, TX	10/6/2024
Grand Valley State University	BS Degree	Grand Rapids, MI	10/21/2024
Hartnell College	BS Degree	Salinas, CA	10/31/2024
Crafton Hills College	BS Degree	Yucaipa, CA	10/31/2024
South College- Nashville	AS Degree	Nashville, TN	11/27/2024
Laurel Institute of Technology	AS Degree	Fort Mill, SC	8/5/2024
Metropolitan Community College- Penn Valley	BAS Degree	Kansas City, MO	11/1/2024
Milwaukee	AAS Degree	Milwaukee, WI	12/2/2024

Approval of Intent Granted

An Approval of Intent (AOI) is an action taken by the CoARC following the submission of a Letter of Intent (LOI) Application. An AOI indicates that a sponsoring institution's plan to start a program or program option is acceptable. An AOI authorizes the sponsor to submit a Provisional Accreditation Self-Study Report (PSSR) and to undergo a Provisional Accreditation site visit.

Program #	Program Name (date LOI application received)	Type/ Degree	Location	Effective
200679	Central Ohio Technical College (9/26/2023)	Entry/ AAS	Newark, OH	3/1/2024
200680	North Central Kansas Technical College (1/4/2024)	Entry/ AAS	Hays, KS	3/1/2024
200681	Fairleigh Dickinson University (1/19/2024)	Entry/BS	Teaneck, NJ	3/1/2024
200682	Mohave Community College (1/19/2024)	Entry/AAS	Kingman, AZ	3/1/2024
200683	South College-Orlando (1/19/2024)	Entry/AS	Orlando, FL	3/1/2024
510038	Los Angeles Valley College (9/20/2023)	DA/BS	Valley Glen, CA	3/1/2024
200684	Southeast Technical College (1/19/2024)	Entry/AAS	Sioux Falls, SD	7/12/2024
200685	Calhoun County Community College (1/17/2024)	Entry/AAS	Decatur, AL	7/12/2024
200686	Bakersfield College (1/22/2024)	Entry/AS	Bakersfield, CA	7/12/2024
200687	Charter College (1/23/2024)	Entry/AAS	Anchorage, AK	7/12/2024
200688	Bluefield State University (2/9/2024)	Entry/BS	Bluefield, WV	7/12/2024
200689	Odessa College (3/27/2024)	Entry/AAS	Odessa, TX	7/12/2024
200690	East Central College (5/20/2024)	Entry/AAS	Union, MO	7/12/2024
510039	South Dakota State University (3/4/2024)	DA/BS	Brookings, SD	7/12/2024
510040	Jacksonville University (5/3/2024)	DA/BS	Jacksonville, FL	7/12/2024
510041	Antelope Valley College (5/9/2024)	DA/BS	Lancaster, CA	7/12/2024
520042	University of Cincinnati (5/13/2024)	DA/MS	Cincinnati, OH	7/12/2024
200691	Gateway Technical College (5/28/2024)	Entry/AAS	Kenosha, WI	11/17/2024
200692	University of West Florida (8/2/2024)	Entry/BS	Pensacola, FL	11/17/2024
200694	Wake Technical Community College (8/13/2024)	Entry/AAS	Raleigh, NC	11/17/2024
200697	Grand Valley State University (10/21/2024)	Entry/BS	Grand Rapids, MI	11/17/2024
510043	Pima Medical Institute-Tucson (9/17/2024)	DA/BS	Tucson, AZ	11/17/2024

Provisional Accreditation Granted

Provisional Accreditation status signifies that a program has demonstrated sufficient compliance with the Standards to initiate a program. Such compliance includes the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and completion of the Provisional on-site visit. The program will remain on Provisional Accreditation until it achieves Continuing Accreditation. Provisional Accreditation authorizes the sponsor to admit its first class of students. After at least three (3) years of outcomes have been collected, reported, and analyzed, a provisionally accredited program may apply for Continuing Accreditation. If the program does not progress to Continuing Accreditation, enrolled students completing a program under Provisional Accreditation are still considered graduates of a CoARC-accredited program.

Program #	Program Name (date AOI granted)	Location	Effective
200660	South College-Knoxville (3-3-2023)	Knoxville, TN	3/1/2024
200661	West Virginia University (3-3-2023)	Morgantown, WV	3/1/2024
200665	Gurnick Academy of Medical Arts (7-14-2023)	Modesto, CA	3/1/2024
300039	Gaston College (7-24-2022)	Dallas, NC	3/1/2024
300041	Western North Carolina Consortium (3-3-2023)	Brevard, NC	3/1/2024
510027	Utah Valley University (7-24-2022)	Orem, UT	3/1/2024
200664	Triton College (7-14-2023)	River Grove, IL	7/12/2024
200670	Laramie County Community College (7-14-2023)	Cheyenne, WY	7/12/2024
200671	Lake Sumter State College (7-14-2023)	Leesburg, FL	7/12/2024
200673	South College-Pittsburgh (11-3-2023)	Cranberry Township, PA	7/12/2024
200674	South College-Asheville (11-3-2023)	Asheville, NC	7/12/2024
200676	Northampton Community College (11-3-2023)	Bethlehem, PA	7/12/2024
200678	Northcentral Technical College (11-3-2023)	Wausau, WI	7/12/2024
200683	South College-Orlando (3-1-2024)	Orlando, FL	7/12/2024
210617	Carlow University (11-3-2023)	Pittsburgh, PA	7/12/2024
510034	Utah Tech University (3-3-2023)	St. George, UT	7/12/2024
200658	College of Central Florida (11-12-2022)	Ocala, FL	7/12/2024
200666	Colorado Mesa University (7-14-2023)	Grand Junction, CO	11/17/2024
200667	Edison State Community College (7-14-2023)	Piqua, OH	11/17/2024
200668	Elgin Community College (7-14-2023)	Elgin, IL	11/17/2024
200669	The University of West Alabama (7-14-2023)	Livingston, AL	11/17/2024
200672	Great Basin College (7-14-2023)	Elko, NV	11/17/2024
200675	South College-Atlanta (11-3-2023)	Atlanta, GA	11/17/2024
200677	West Virginia Junior College-Morgantown (11-3-2023)	Morgantown, WV	11/17/2024
200679	Central Ohio Technical College (3-1-2024)	Newark, OH	11/17/2024
300040	College of Central Florida-Citrus Campus (11-12-2022)	Lecanto, FL	11/17/2024
300042	St. Louis College of Health Careers (7-14-2023)	St. Louis, MO	11/17/2024
510035	Louisiana State University Health Shreveport (7-14-2023)	Shreveport, LA	11/17/2024

Continuing Accreditation Granted

Continuing Accreditation is conferred when 1) an established program with Continuing Accreditation demonstrates compliance with the *Standards* following submission of an acceptable continuing accreditation self-study report and completion of an on-site visit, or 2) a program holding Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional Accreditation period. Continuing Accreditation remains in effect until it is withdrawn either voluntarily - the program withdraws from the accreditation process, or involuntarily - accreditation is withdrawn by the CoARC because of the program's failure to comply with the *Standards*.

Program #	Program Name	Location	Next Re-evaluation
200060	University of Southern Indiana	Evansville, IN	2034
200065	Highline College	Des Moines, WA	2034
200085	Grossmont College	El Cajon, CA	2034
200157	Napa Valley College	Napa, CA	2034
200303	Midland College	Midland, TX	2034
200321	Florida A&M University	Tallahassee, FL	2034
200418	Ivy Tech Community College-Lafayette	Lafayette, IN	2034
200474	Oconee Fall Line Technical College	Dublin, GA	2034
200477	Big Sandy Community & Technical College	Paintsville, KY	2034
200489	Southwestern Illinois College	Belleville, IL	2034
200611	Mandl School College of Allied Health	New York, NY	234
200619	Jacksonville State University	Jacksonville, AL	2029
200626	Jackson State Community College	Jackson, TN	2029
200634	Jefferson State Community College	Birmingham, AL	2029
200079	Broward College	Coconut Creek, FL	2034
200156	Angelina College	Lufkin, TX	2034
200230	Massasoit Community College	Brockton, MA	2034
200296	Harrisburg Area Community College	Harrisburg, PA	2034
200338	Lone Star College-Kingwood	Kingwood, TX	2034
200430	Carver Career Center/BridgeValley CTC	Charleston, WV	2034
200480	Coastal Pines Technical College	Waycross, GA	2034
200600	SUNY Sullivan County Community College	Loch Sheldrake, NY	2034
200610	Hartnell College	Salinas, CA	2034
200617	Carlow University	Pittsburgh, PA	2029
200622	Horry Georgetown Technical College	Myrtle Beach, SC	2029
200624	Southeast Kentucky CTC	Whitesburg, KY	2029
200625	Utah Valley University	Lehi, UT	2029
220281	Bellarmino University	Louisville, KY	2029
510008	Modesto Junior College	Modesto, CA	2029
200107	Cuyahoga Community College	Parma, OH	2034
200151	Jefferson Community & Technical College	Louisville, KY	2034
200425	San Joaquin Valley College-Bakersfield	Bakersfield, CA	2034
200487	Kaskaskia College	Centralia, IL	2034

200491	Northwest Arkansas Community College	Bentonville, AR	2034
200631	Southern Regional Technical College	Thomasville, GA	2029
500001	UNC Charlotte	Charlotte, NC	2029
520001	UNC Charlotte	Charlotte, NC	2029

Probationary Accreditation Conferred

Probationary Accreditation is a temporary status* of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies, and progress reports submitted do not demonstrate correction of these deficiencies. Probationary Accreditation can also be conferred when a sponsor receives an adverse accreditation action as described in CoARC Policy 1.07. Following the conferral of Probationary Accreditation, the program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time the program can rectify all the deficiencies that resulted in Probationary Accreditation, supported by CoARC’s review of the Probation Report, and thereby achieve compliance with the *Standards*, the CoARC will consider removing probationary status. If compliance with all *Standards* is not demonstrated within two (2) consecutive years following the conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probationary status exceed two years. If the program remains out of compliance with the *Standards* at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless it determines that the program is making a good faith effort to come into compliance with the *Standards*. A decision to confer probation is subject to reconsideration but cannot be appealed (See CoARC Policy 1.06). Enrolled students completing a program that is under Probationary Accreditation are considered graduates of a CoARC-accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed. The CoARC requires the sponsor to complete a teach-out plan when: a program is placed on probation, requests inactive status, or when accreditation is withdrawn - voluntarily/involuntarily (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective
200122	Moraine Valley Community College	Palos Hills, IL	11/17/2024
200633	Andrew College	Cuthbert, GA	11/17/2024
200634	Jefferson State Community College	Birmingham, AL	11/17/2024

*This action does not become final until after the program has exhausted its rights to seek reconsideration (see CoARC Policy 1.07 – Reconsideration and Appeal).

Probationary Accreditation Removed**

**Following a review of the Probation Report, Probationary Accreditation was removed, and the programs listed below resumed their previous accreditation status.

Program #	Program Name	Location	Effective
200478	Meridian Community College	Meridian, MS	3/1/2024
200419	Albany State University	Albany, GA	7/12/2024

Probation Report Reviewed*

* Following a review of the Probation Report, Probationary Accreditation remains for the program listed below.

Program #	Program Name	Location	Next Review
200342	Tennessee State University	Nashville, TN	Nov-24
200416	Northeast Mississippi Community College	Booneville, MS	Nov-24
200419	Albany State University	Albany, GA	Nov-24
200556	Mercyhurst University	Erie, PA	Nov-24
200589	Black River Technical College	Pocahontas, AR	Nov-24
200591	Shelton State Community College	Tuscaloosa, AL	Nov-24
200608	YTI Career Institute-Altoona	Altoona, PA	Jul-24
200621	Antillean Adventist University	Mayaguez, PR	Nov-24
200629	Eastern Oklahoma State College	McAlester, OK	Nov-24
200632	Pierpont Community & Technical College	Fairmont, WV	Nov-24
200608	YTI Career Institute-Altoona	Altoona, PA	Nov-24
200342	Tennessee State University	Nashville, TN	Mar-25
200416	Northeast Mississippi Community College	Booneville, MS	Mar-25
200556	Mercyhurst University	Erie, PA	Mar-25
200589	Black River Technical College	Pocahontas, AR	Mar-25
200591	Shelton State Community College	Tuscaloosa, AL	Mar-25
200608	YTI Career Institute-Altoona	Altoona, PA	Mar-25
200621	Antillean Adventist University	Mayaguez, PR	Mar-25
200632	Pierpont Community & Technical College	Fairmont, WV	Mar-25

Progress Reports Reviewed*

*All programs listed below are required to submit an additional Progress Report (PR).

Please visit Progress Reports - CoARC - Commission on Accreditation for Respiratory Care for general information about progress reports. For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document <https://coarc.com/news-and-updates/meetings-and-third-partycomments/> for the specific Board meeting date.

Program #	Program Name	Location	Next CoARC Mtg
200115	Northwest Mississippi Community College	Southaven, MS	Nov-24
200304	Labette Community College	Parsons, KS	Nov-24
200310	San Jacinto College	Pasadena, TX	Nov-24
200326	Eastern Gateway Community College	Steubenville, OH	Jul-24
200331	Seward County Community College	Liberal, KS	Nov-24
200333	Community College of Rhode Island	Lincoln, RI	Nov-24
200455	Eastern New Mexico University-Roswell	Roswell, NM	Nov-24
200461	Northeastern Kentucky Consortium	Morehead, KY	Nov-24

200494	Pima Medical Institute-San Marcos	San Marcos, CA	Nov-24
200505	Goodwin University	East Hartford, CT	Nov-24
200567	Laurel Technical Institute	Hermitage, PA	Nov-24
200598	Hutchinson Community College	Hutchinson, KS	Nov-24
200467	Luzerne County Community College	Nanicoke, PA	Mar-25
200115	Northwest Mississippi Community College	Southaven, MS	Mar-25
200304	Labette Community College	Parsons, KS	Mar-25
200310	San Jacinto College	Pasadena, TX	Mar-25
200333	Community College of Rhode Island	Lincoln, RI	Mar-25
200455	Eastern New Mexico University-Roswell	Roswell, NM	Nov-25
200505	Goodwin University	East Hartford, CT	Nov-25
200567	Laurel Technical Institute	Hermitage, PA	Mar-25

Progress Report Reviewed (Final)*

The CoARC requires a program to submit documentation addressing any *Standard* not met (i.e., a citation) as a progress report. The CoARC may request a Standardized Progress Report (series of questions developed by the CoARC) for a variety of deficiencies, including failing to meet thresholds for the following outcomes: retention, credentialing success, graduate and employer satisfaction, and on-time graduation rate. The decision to request a progress report is made by the Program Referee or the Executive Office during the accreditation review process. The progress report addressing the standard(s) with which the program has been found to be in non-compliance must be submitted before the specified deadline. The progress report will constitute the basis for subsequent Commission action. If the program comes into compliance with all the CoARC *Standards*, the action will be to accept the report. If the report does not demonstrate compliance with the *Standards*, or if it was not submitted within the time frame specified in the request for the progress report, the Commission may either (1) request an additional progress report or (2) confer a Probationary Accreditation status.

*All Progress Reports were accepted as final for the programs listed below.

Program #	Program Name	Location	Next Re-Evaluation
200268	Shawnee State University	Portsmouth, OH	2033
200406	Copiah-Lincoln Community College	Natchez, MS	2033
200469	Concorde Career College-Memphis	Memphis, TN	2033
200638	Trenholm State Community College	Montgomery, AL	2025
200652	Thomas Jefferson University/National Jewish Health	Philadelphia, PA	2028
200326	Eastern Gateway Community College	Steubenville, OH	2032
200061	University of DC Community College	Washington, DC	2031
200218	Des Moines Area Community College	Ankeny, IA	2032
200331	Seward County Community College	Liberal, KS	2030
200461	Northeast Kentucky Consortium	Morehead, KY	2031
200493	Louisiana State University Health Shreveport	Shreveport, LA	2025
200494	Pima Medical Institute-San Marcos	San Marcos, CA	2026
200598	Hutchinson Community College	Hutchinson, KS	2033

Withhold Accreditation*

A program seeking Provisional Accreditation or Continuing Accreditation may have such accreditation status withheld if, following submission of a self-study and completion of an on-site evaluation, the accreditation review process confirms that the program is not in compliance with the Standards. A program that has had its accreditation status withheld can no longer admit students. The CoARC requires a sponsor to formulate and complete a teach-out plan when the CoARC acts to withhold/withdraw a program’s accreditation (see Policy 1.13). Enrolled students who satisfactorily complete the program during the teach-out are considered graduates of a CoARC-accredited program. *This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Program #	Program Name	Location	Effective
	N/A		

Withdrawal Accreditation – Involuntary*

This status is conferred when an accredited program is not in compliance with the Accreditation Standards and has failed to address cited deficiencies to the satisfaction of the CoARC. Specific circumstances warranting a withdrawal of accreditation are described in CoARC Policy 1.057. A program that has had its accreditation status withdrawn cannot admit students. When the CoARC confers Withdrawal of Accreditation, the CoARC requires the sponsor to formulate and complete a teach-out plan for any students remaining in the program (see CoARC Policy 1.13). For programs that receive a Withdrawal of Accreditation status, enrolled students who satisfactorily complete the program teach-out are considered graduates of a CoARC-accredited program.

Program #	Program Name	Degree Conferred	Location	Effective
	N/A			

*This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Withdrawal Accreditation - Voluntary

This status is conferred when a sponsor notifies the CoARC that it wants its program(s) to be removed from the accreditation process. Sponsoring institutions may notify the CoARC of Voluntary Withdrawal of Accreditation, at any time, either for all activities of the program or for any program options. For programs that receive a ‘Withdrawal of Accreditation – Voluntary’ status, enrolled students who satisfactorily complete the teach-out are considered graduates of a CoARC accredited program (See CoARC Policy 1.06 for Reconsideration and Appeal Policy).

Program #	Program Name	Location	Effective
	N/A		

Inactive Accreditation

Base programs and/or program options on Administrative Probation or with a status of Continuing Accreditation without any pending Progress Reports are eligible to request inactive status for up to two years. No students may be enrolled or matriculated in the program while the program is on inactive status. Programs

offering additional options may request voluntary inactive status for these program options without affecting the accreditation status of the base program. The Inactive Status does not affect the date of the next scheduled site visit. During inactive status, programs must continue to submit documents (e.g., annual reports) and pay applicable fees unless otherwise directed by the CoARC. The CoARC requires a sponsor to formulate and complete a teach-out plan when a program requests inactive status (see CoARC Policy 1.13).

Program #	Program Name	Effective Date	Location	Date of Return to Active
200662	University of Nebraska Medical Center	7/1/2024	Omaha, NE	N/A
520032	University of Nebraska Medical Center	7/1/2024	Omaha, NE	N/A
210290	Gannon University	7/9/2024	Erie, PA	N/A
400290	Gannon University	7/9/2024	Erie, PA	N/A

Administrative Probation

Administrative Probation is conferred when a program, or any program option with a separate CoARC ID number, does not comply with any of the CoARC’s administrative requirements. Administrative Probation status will not affect the eligibility of its students for the NBRC Examinations. During a period of Administrative Probation, all listings of a program’s accreditation status must include the words “Administrative Probation.” Following the conferral of Administrative Probation, failure of the program to provide requested material/fees, etc., will result in the program’s being placed on the agenda of the next scheduled CoARC meeting for consideration of Withhold or Withdrawal of Accreditation (see CoARC Accreditation Policy 1.054 and 1.057). If the conferral of Administrative Probation was for failure to meet personnel requirements, the deficiency will be brought before the CoARC Board at its next meeting and may result in an adverse accreditation decision (see CoARC Accreditation Policy 6.0111).

Program #	Program Name (date Admin Pro Conferred)	Location	Reason	Date Admin Pro Removed
210290	Gannon University (2/7/2024)	Erie, PA	DCE Vacancy	7/10/2024
200667	Edison State Community College (4/3/2024)	Piqua, OH	No Initial DCE	5/22/2024
200668	Elgin Community College (4/3/2024)	Elgin, IL	No Initial DCE	6/13/2024
200668	Elgin Community College (4/3/2024)	Elgin, IL	No Initial MD	5/14/2024
200608	YTI Career Institute-Altoona (4/10/2024)	Altoona, PA	Documents Outstanding	7/1/2024
200309	Oregon Institute of Technology (10/16/2024)	Klamath Falls, OR	Temp PD	11/5/2024
200079	Broward College (10/25/2024)	Coconut Creek, FL	Unpaid SV	N/A

Site Visits Conducted

A site visit is the most complex aspect of the accreditation process. It is also the most visible function of the CoARC. Site visitation teams usually have two members, one of whom may (and in some cases, must) be a physician. Site visitors are trained to be objective on-site observers and gatherers of data, which are then reported back to the CoARC Referee. During the campus visit, site visitors interact with all the communities of interest, review pertinent documents, and, when appropriate, inspect program facilities. Through this process, the CoARC ensures that the documentation provided to the CoARC prior to the visit-supports the program's analysis and action plans related to its resources and outcomes. Further, the visit offers an opportunity to confirm the extent to which the program meets the Standards. Further details regarding the site visit process can be found at [Site Visitor Resources - CoARC - Commission on Accreditation for Respiratory Care](#). In 2024, there were a total of 57 site visits listed below.

Program #	Program Name	City/State	Site Visits Dates
200079	Broward College	Coconut Creek, FL	5/16/2024
200107	Cuyahoga Community College	Parma OH	9/9/2024
200151	Jefferson Community & Technical College	Louisville,KY	9/5/2024
200156	Angelina College	Angelina, TX	12-Feb
200230	Massasoit Community College	Brockton, MA	3/11/2024
200296	Harrisburg Area Community College	Harrisburg, PA	4/4/2024
200321	Florida A & M University	Tallahassee, FL	2/5/2024
200338	Lone Star College - Kingwood	Kingwood, TX	4/25/2024
200425	San Joaquin Valley - Bakersfield	Bakersfield, CA	8/5/2024
200430	Carver Career Center / BridgeValley CTC	Charleston, WV	1/22/2024
200487	Kaskaskia College	Centralia, IL	9/12/2024
200491	Northwest Arkansas Community College	Betonville, AR	10/3/2024
200600	SUNY - Sullivan County Community College	Loch Sheldrake, NY	3/14/2024
200610	Hartnell College	Salinas CA	2/26/2024
200617	Carlow University	Pitts, PA	3/21/2024
200622	Horry Georgetown Tech College	Myrtle Beach, SC	1/29/2024
200624	Southeast Kentucky Community & Technical College	Whitesburg, KY	3/4/2025
200627	Mississippi Gulf Coast Community College	Gautier, MS	11/14/2024
200628	Union College of Union County NJ	Planfield, NJ	11/11/2024
200630	Salt Lake Community College	W Jordan, UT	10/28/2024
200631	Southern Regional Technical College	Thomasville, GA	4/14/2024
200633	Andrew College	Cuthbert, 200627GA	12/5/2024
200634	Jefferson State Community College	Birmingham,AL	1/11/2024
200635	St. Clair County Community College	Port Huron, MI	10/21/2024
200638	Trenholm State Community College	Montgomery, AL	11/4/2024
200658	College of Central FLorida	Ocala FL	7/29/2024
200661	West Virginia University	Salinas, CA	1/4/2024
200664	Triton College	River Grove,IL	5/6/2024

200665	Gurnick Academy for Medical Arts	Modesto, CA	1/10/2024
200666	Colorado Mesa University	Grand Junction, CO	8/15/2024
200667	Edison State Community College	Piqua OH	8/8/2024
200668	Elgin Community College	Elgin, IL	8/29/2024
200669	The University of West Alabama	Livingston, AL	9/9/2024
200670	Laramie County Community College	Cheyenne, WY	5/16/2024
200671	Lake Sumter State College	Leesburg, FL	4/4/2024
200672	Great Basin College	Winnemucca, NV	8/12/2024
200673	South College - Pittsburgh	Cranberry Township, PA	5/6/2024
200674	South College - Asheville	Asheville, NC	5/9/2024
200675	South College - Atlanta	Atlanta, GA	8/19/2024
200676	Northampton Community College	Bethlehem, PA	5/2/2024
200677	West Virginia Jr College - Morgantown	Morgantown, WV	9/16/2024
200678	Northcentral Technical College	Wausau,WI	5/30/2024
200679	Central Ohio Tech College	Newark, OH	7/22/2024
200683	South College - Orlando	Orlando, FL	5/30/2024
210617	Carlow University	Pitts, PA	3/21/2024
220281	Bellarmino Bellarmino University (MS)	Louisville,KY	3/18/2024
300040	College of Central FLorida - Citrus Campus	Lecanto FL	7/29/2024
300041	Western North Carolina Consortium	Brevard, NC	1/18/2024
300042	St. Louis College of Health Careers	St. Louis MO	7/18/2024
500001	UNC Charlotte	Charlotte, NC	6/17/2024
500006	University of Michigan - Flint	Flint, MA	12/16/2024
500015	University of Cincinnati	Cincinnati, OH	11/4/2024
510008	Modesto Junior College	Modesto, CA	1/25/2024
510034	Utah Tech University	St. George, UT	4/5/2024
510035	Louisiana State Univ Health Shreveport	Shreeveport LA	7/22/2024
510036	Daytona State College	Daytona FL	11/7/2024
520001	UNC Charlotte	Charlotte, NC	6/17/2024

Applications for Substantive Change

A substantive change is any modification, affecting either the program or the program’s sponsor, that the CoARC has determined to have the potential to affect program outcomes and thus requires the program to notify the CoARC prior to its occurrence ([Substantive Changes - CoARC - Commission on Accreditation for Respiratory Care](#)). The sponsor must report substantive change(s) to the CoARC for approval prior to the intended date of implementation, except for either an adverse action by the sponsor’s institutional accrediting agency, a change in the program sponsor’s institutional accreditation status or changes that are emergent or unexpected (see Accreditation Policy 1.07). While the decision to implement a substantive change is an institutional prerogative and/or responsibility, the CoARC is obligated to assess the potential of any substantive change to adversely affect the program’s ability to meet the *Standards* and *Policies*.

Program #	Institution	State	Policy #	Approved
510009	University of Southern Indiana	IN	9.03	1/29/2024
200436	Washington State Community College	OH	9.01	2/19/2024
200627	Mississippi Gulf Coast Community College	MS	9.09	3.12.2024
200340	Northland Community and Technical College	MN	9.08	5.3.2024
200476	Chippewa Valley Technical College	WI	9.08	7.11.2024
200008	Trident Technical College	SC	9.08	5.3.2024
510016	Skyline College	CA	9.03, 9.04	5.16.2024
200323	Washburn University	KS	9.02	5.16.2024
200483	PMI Institute- Albuquerque Campus	NM	9.04	5.16.2024
200349	Berkshire Community College	MA	9.08	6.13.2024
200488	Casper College	WY	9.09	HOLD
200281- 220281	Bellarmino University	KY	9.09	6.27.24
200587	St. Augustine College	IL	9.01	8.13.24
200065	Highline College	WA	9.04	8.12.24
200417	Kennebec Valley Community College	ME	9.09	8.22.24
200530	Northwest Kansas Technical College	KS	9.01	9.4.24
200383	Pima Medical Institute- Denver	CO	9.04	10.25.24
200494	Pima Medical Institute- San Marcos	CA	9.04	10.25.24
200384	Pima Medical Institute- Mesa	AZ	9.04	10.25.24
200336	Pima Medical Institute- Tucson	AZ	9.04	10.25.24
200552	Pima Medical Institute- Renton	WA	9.04	10.25.24
200349	Berkshire Community College	MA	9.04	10.16.24
200647	Cabarrus College of Health Sciences	NC	9.09	10.25.24
200384	Pima Medical Institute- Mesa	AZ	9.02	11.5.24

200552	Pima Medical Institute- Renton	WA	9.02	11.5.24
200483	PMI Institute- Albuquerque	NM	9.02	11.5.24
220281	Bellarmine University	KY	9.02, 9.04	11.7.24
200336	Pima Medical Institute- Tucson	AZ	9.02	11.7.24
200383	Pima Medical Institute- Denver	CO	9.02	11.7.24
200608	YTI-Altoona	PA	9.01	11.11.24
200494	Pima Medical Institute- San Marcos	CA	9.02	11.11.24
200606	Pima Medical Institute- Houston	TX	9.04	11.14.24
200507	Pima Medical Institute- Las Vegas	NV	9.02, 9.04	11.17.24
200495	San Joaquin Valley College- Ontario	CA	9.01	pending
200518	San Joaquin Valley College- Rancho Cordova	CA	9.01	pending
200425	San Joaquin Valley College- Bakersfield	CA	9.01	pending
200607	San Joaquin Valley College- Temecula	CA	9.01	pending
200389	San Joaquin Valley College- Visalia	CA	9.01	pending
200373	Edgecombe Community College	NC	9.08	pending

Changes in Program Information and Personnel

The CoARC Executive Office is responsible for maintaining accurate programmatic information. Programs are required to report changes in a program name, address, and certain personnel to the CoARC in a timely manner. The following is a list of reported changes from January 1, 2020, through December 31, 2024:

Type of Change Reported	Number Reported in 2020	Number Reported in 2021	Number Reported in 2022	Number Reported in 2023	Number Reported in 2024
Change in Program Name	2	2	4	4	4
Change in Program Address	2	2	2	4	5
Change in Billing Contact	25	31	24	20	NA
Change in President/CEO	67	51	60	71	81

Change in Dean		89	79	104	81	98
Change in Program Director	Permanent	63	59	81	70	80
	Transitional	1	5	1	4	4
	Temporary	14	9	11	13	9
	Acting	4	0	1	0	1
Change in Director of Clinical Education	Permanent	69	86	101	86	89
	Transitional	7	16	17	14	18
	Temporary	27	20	26	17	21
	Acting	1	0	2	1	1
Change in Medical Director	Permanent	32	36	42	41	57
	Temporary	3	2	0	1	0
Change in Co-Medical Director		6	4	4	3	4
Change in Primary Sleep Specialist Instructor		0	0	0	0	0
Total # of Changes Reported		412	402	480	430	472

Of the 81 permanent changes in Program Director in 2024, 11 were due to retirement, 26 to resignation, 15 to re-assignment, and 7 were due to other reasons, and 22 were initial appointments at new programs.

2024 ANNUAL REPORT OF CURRENT STATUS (RCS)

Overview

The CoARC defines program outcomes as “performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Outcomes include but are not limited to program completion rates, job placement rates, certification pass rates, and program satisfaction” (2020 Standards, p.50). Outcomes measures used by the CoARC reflect metrics of program effectiveness and student achievement. The CoARC uses an outcomes-centered approach in its accreditation review process. This approach focuses on a specific set of outcomes, which include the following: a) Graduate performance on the national credentialing examination for entry into practice, b) Programmatic retention, c) Graduate satisfaction with the program, d) Employer satisfaction with program graduates, and e) Job placement.

The CoARC believes that continuous assessment of the educational quality of a respiratory care program (inclusive of distance education modalities and program options) will maximize the academic success of the enrolled students in an accountable and cost-effective manner. To achieve this outcome, the assessment must be broad-based, systematic, and designed to promote the achievement of program goals. The CoARC routinely monitors programmatic outcomes in relation to the CoARC thresholds via program submission of an Annual Report of Current Status (RCS). The CoARC provides definitions of each of the minimum performance criteria in Standard 3.09, its *Accreditation Policies & Procedures Manual*, and on its website ([CoARC Outcomes Thresholds - CoARC - Commission on Accreditation for Respiratory Care](#)).

In May 2011, the CoARC launched its online Annual RCS system with a deadline for submission of July 1, 2011. In preparation for this launch, the CoARC redesigned its reporting tool. The focus of this redesign was to simplify and increase the accuracy of data entry for programs. To achieve this goal, the CoARC adopted a reporting system that is *driven by student data*. Programs can now capture and record cohort information that includes individual student data throughout their enrollment in the program. Once a cohort has been created, and students for that cohort have been entered into the reporting system, the program can update student data, such as graduation, retention, credentials earned, and job placement, at any time. This student-specific information is then used to generate aggregate programmatic outcomes data automatically.

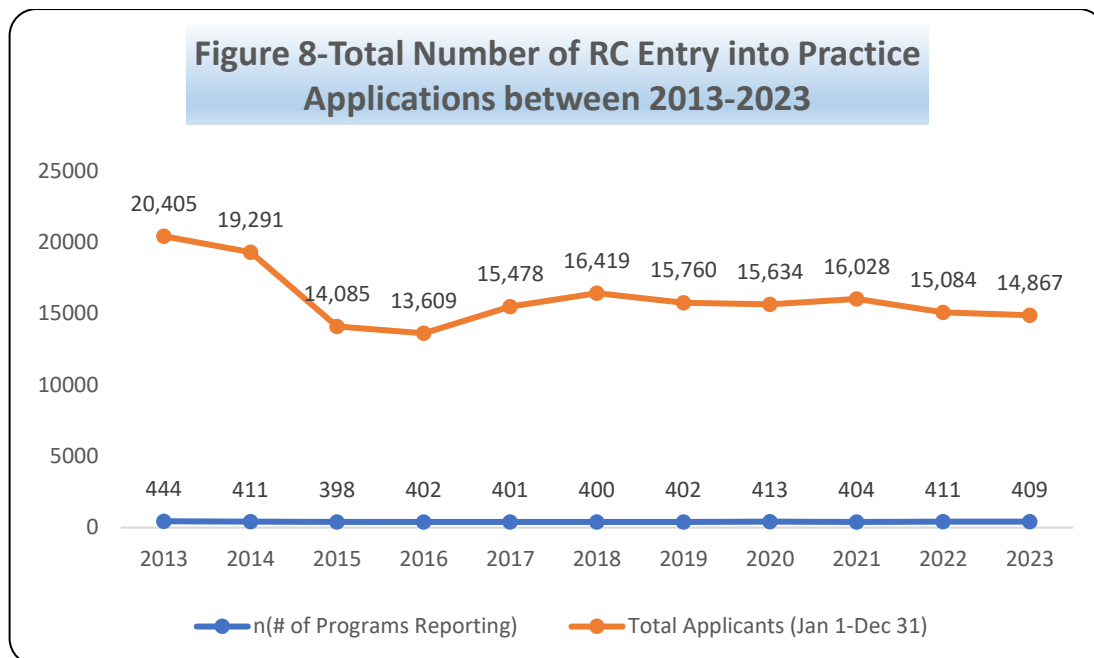
Outcomes are updated on an annual basis with the submission of each program's Annual RCS. The CoARC works with programs throughout the data submission and validation phases to ensure that these performance data are accurate.

The CoARC completed its verification of the outcomes data from the 2024 Annual Report of Current Status (RCS) in July 2024. A total of 409 entry into practice program and program option annual reports were used to generate the data in this section. Programs under accreditation review (i.e., Approvals of Intent and some Provisionally Accredited) were not included in the data analysis since they did not have outcomes data to report.

These data are reported by program personnel to the CoARC and reflect the aggregate data for the three-year period being reported (January 1, 2021, through December 31, 2023, for the 2024 RCS reports accepted by the CoARC Executive Office). Note: The data do not reflect any changes made to the RCS data after the 2024 RCS reports were accepted. Any such changes will be reported in the 2025 RCS reports.

Total Applications

Each year, programs are required to report the number of applications they receive. **Figure 8** shows the total number of applications to entry into practice RC programs from 2010 through 2023. Total applications reached a peak of 23,430 in 2011 and then decreased by 42% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. The most recent year, 2023, showed a 1.4% decrease compared to 2022. The mean number of applications per program was 36 in 2023, 37 in 2022, 40 in 2021, 38 in 2020, 39 in 2019, 41 in 2018, 39 in 2017, 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, and 52 from 2010 through 2012. The median number of applications per program was 28 in 2023 and 2022, 30 in 2021 and 2020, 2019, 2018, 30 in 2017, 27 in 2016, 35 in 2015, 32 in 2014, and 34 in 2013.



RC Applications by Degree Offered

Degree Offered	2023 Applications (N=409)		2022 Applications (N=411)		2021 Applications (N=404)		2020 Applications (N=413)		2019 Applications (N=402)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	12,893	39	12,906	39	13,963	42	13,423	40	13,495	40
Baccalaureate	1,742	25	1,842	26	1,754	28	1,979	29	1,987	32
Masters	232	33	336	48	311	52	232	46	278	70

Table 8 shows the annual respiratory care applications in relation to the degree offered. There were 14,867 applications in 2023. The 331 programs offering associate degrees accounted for 86.7% of the total number of applications in 2023. This is a 0.1% decrease compared to 2022 for this category and a 4.5%

decrease when compared to 2019. The mean number of applications per program for this category was 39 in 2023 and 2022, 42 in 2021, and 40 in 2020 and 2019.

The 71 programs offering baccalaureate degrees accounted for 11.7% of the total number of applications in 2023. This is a 5.4% decrease when compared to 2022 for this category, and a 12.3% decrease when compared to 2019. The mean number of applications per program for this category was 25 in 2023, 26 in 2022, 28 in 2021, 29 in 2020, and 32 in 2019.

The seven programs offering master's degrees accounted for 1.6% of the total number of applications in 2023. This is a 30.9% decrease compared to 2022 for this category and a 16.5% decrease when compared to 2019. The mean number of applications per program for this category was 33 in 2023, 48 in 2022, 52 in 2021, 46 in 2020, and 70 in 2019.

Applications by Institutional Type

Institutional Type	2023 Applications (N=409)		2022 Applications (N=411)		2021 Applications (N=404)		2020 Applications (N=413)		2019 Applications (N=402)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	9,240	38	9,470	39	10,270	42	9,863	41	9,673	40
Four-Year College or University	2,504	26	2,583	27	2,489	28	2,540	26	2,959	33
Technical or Vocational School	2,254	47	2,272	45	2,308	45	2,609	47	2,352	44
Academic HSC/ Medical Center	181	20	231	29	267	33	293	29	188	24
Career or Technical College	452	50	321	36	522	58	131	33	394	44
U.S. Military	236	118	207	104	172	86	198	99	194	97

Table 9 shows the annual applications for respiratory care programs by institutional type. The 244 programs offered in community or junior colleges accounted for 62% of the 14,867 applications in 2023. This is still the largest category. There was a 2.4% decrease in applications to such institutions compared to 2022, and a 4.5% decrease compared to 2019. The mean number of applications per program for this category was 38 in 2023, 39 in 2022, 42 in 2021, 41 in 2020, and 40 in 2019.

The 97 programs offered in four-year colleges or universities accounted for 17% of the total number of applications in 2023. This is a 3.1% decrease compared to 2022, and a 15.4% decrease compared to 2019. The mean number of applications per program for this category was 27 in 2023/2022, 28 for 2021, and 26 in 2020, 33 2019.

The 48 programs offered in technical or vocational schools accounted for 15% of the total number of applications in 2023. This is a 2.4% decrease compared to 2022, and a 4.2% decrease compared to 2019. The mean number of applications per program was 47 in 2023, 45 in 2022, 45 in 2021, 47 in 2020, and 44 in 2019.

The nine programs offered in academic HSC/medical centers accounted for 1% of the total number of

applications in 2023. This is a 21.6% decrease compared to 2022, and a 3.7% decrease compared to 2019. The mean number of applications per program was 20 in 2023, 29 in 2022, 33 in 2021, 29 in 2020, and 24 in 2019.

The nine programs offered in career or technical colleges accounted for 3% of the total number of applications in 2023. This is a 40.8% increase compared to 2022, and a 14.7% increase compared to 2019. The mean number of applications per program was 50 in 2023, 36 in 2022, 58 in 2021, 33 in 2020, and 44 in 2019.

The two programs offered in the U.S. military accounted for 1.4% of the total number of applications in 2023. This is a 20% increase compared to 2022, and a 9.2% decrease compared to 2019. The mean number of applications per program was 104 in 2022, 86 in 2021, 99 in 2020, 97 in 2019, and 144 in 2018.

RC Applications by Institutional Control/Funding

Institutional Control/Funding	2023 Applications (N=409)		2022 Applications (N=411)		2021 Applications (N=404)		2020 Applications (N=413)		2019 Applications (N=402)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	11,105	34	11,480	36	12,172	37	11,958	36	11,967	37
Private/For-Profit (Proprietary)	2,710	65	2,573	63	2,940	72	2,582	63	2,597	62
Private/Not-For-Profit	816	21	824	23	744	22	672	19	1,002	26
Federal Government	236	118	207	104	172	86	422	70	194	97

Table 10 shows the annual applications to respiratory care programs in relation to institutional control/funding. The 326 programs controlled/funded by public/not-for-profit institutions accounted for 75% of the 14,867 applications in 2023. This is still the largest category. There was a 3.3% decrease compared to 2022, and a 7.2% decrease compared to 2019. The mean number of applications per program for this category was 34 in 2023, 36 in 2022, 37 in 2021, 36 in 2020, and 37 in 2019.

The 42 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 18% of the total number of applications in 2023. This is a 5.3% increase compared to 2022, and a 4.4% increase compared to 2019. The mean number of applications per program for this category was 65 for 2023, 63 for 2022, 72 for 2021, 63 in 2020, and 62 in 2019.

The 42 programs controlled/funded by private/not-for-profit institutions accounted for 5% of the total number of applications in 2023. This is a 9.7% increase compared to 2022, and an 18.6% decrease compared to 2019. The mean number of applications per program for this category was 21 for 2023, 23 for 2022, 22 in 2021, 19 in 2020, and 26 in 2019.

The two programs controlled/funded by the federal government accounted for 2% of the total number of applications in 2023. This is a 14% increase compared to 2022, and a 21.7% increase compared to 2019. The mean number of applications per program was 118 in 2023, 104 in 2022, 86 in 2021, 70 in 2020, and 97 in 2019.

RC Entry into Practice Applications by State (including D.C. and PR) and Degree

Table 11 provides data on applications to respiratory care programs for 2018-2023 by state and degree offered. California continues to have the largest (18.2% of total in 2023) number of applications.

Table 11 –Applications by State (including D.C. and PR) and Degree between 2018 and 2023							
State (# of programs reporting)	Degree	2023 Applications (N=409)	2022 Applications (N=411)	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)
AL (n=7)	Total	222	223	220	243	249	341
5	Associate	172	181	185	189	202	255
2	Baccalaureate	50	42	35	54	47	86
0	Masters	N/A	N/A	N/A	N/A	N/A	N/A
AR (n=6)	Total	168	156	196	255	257	154
5	Associate	153	130	170	219	231	140
1	Baccalaureate	15	26	26	36	26	14
AZ (n=5)	Total	422	383	436	472	325	471
5	Associate	422	383	436	472	325	471
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=36)	Total	2,701	2,597	2,778	2,384	2,582	2,530
35	Associate	2,654	2,548	2,730	2,340	2,532	2,488
1	Baccalaureate	47	49	48	44	50	42
CO (n=4)	Total	189	250	260	294	262	362
4	Associate	189	250	260	294	262	362
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	179	186	211	191	233	150
4	Associate	170	169	196	183	204	130
1	Baccalaureate	9	17	15	8	29	20
DC (n=1)	Total	8	8	11	14	12	6
1	Associate	8	8	11	14	12	6
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	20	34	25	29	35	40
2	Associate	20	34	25	29	35	40
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=25)	Total	1122	1024	1095	995	1,027	987
22	Associate	1027	976	1054	947	955	930
2	Baccalaureate	52	48	41	48	72	57
1	Masters	43	0	N/A	N/A	N/A	N/A
GA (n=17)	Total	443	385	436	442	416	383
12	Associate	213	193	244	238	250	217
4	Baccalaureate	212	176	179	185	149	155
1	Masters	18	16	13	19	17	11
HI (n=1)	Total	21	22	25	25	25	30
1	Associate	21	22	25	25	25	30
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

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State (# of programs reporting)	Degree	2023 Applications (N=409)	2022 Applications (N=411)	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)
IA (n=6)	Total	114	129	107	165	212	187
6	Associate	114	129	107	165	212	187
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=2)	Total	55	50	57	51	79	115
1	Associate	12	10	15	6	38	40
1	Baccalaureate	43	40	42	45	41	75
IL (n=15)	Total	522	471	481	462	455	377
13	Associate	480	384	379	371	406	350
1	Baccalaureate	1	1	6	0	N/A	N/A
1	Masters	41	86	96	91	49	27
IN (n=11)	Total	346	462	744	435	374	411
9	Associate	310	411	689	352	313	330
2	Baccalaureate	36	51	55	83	61	81
KS (n=9)	Total	184	186	212	183	237	260
8	Associate	168	170	182	165	201	224
1	Baccalaureate	16	16	30	18	36	36
KY (n=13)	Total	267	283	279	336	286	332
10	Associate	252	258	234	293	230	295
2	Baccalaureate	13	25	44	41	49	29
1	Masters	2	0	1	2	7	8
LA (n=9)	Total	167	156	175	174	181	208
6	Associate	141	124	140	129	149	176
3	Baccalaureate	26	32	35	45	32	32
MA (n=6)	Total	110	122	159	170	142	167
6	Associate	110	122	159	170	142	167
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	139	191	184	211	228	243
5	Associate	114	161	149	161	188	193
1	Baccalaureate	25	30	35	50	40	50
ME (n=2)	Total	103	116	88	91	84	43
2	Associate	103	116	88	91	84	43
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=11)	Total	283	264	324	381	351	363
11	Associate	283	264	324	381	351	363
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MN (n=5)	Total	142	120	112	130	88	137
3	Associate	111	93	92	92	44	92
2	Baccalaureate	31	27	20	38	44	45

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State # of programs reporting)	Degree	2023 Applications (N=409)	2022 Applications (N=411)	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)
MO (n=9)	Total	148	135	163	187	170	195
5	Associate	121	108	139	160	157	170
4	Baccalaureate	27	27	24	27	13	25
MS (n=9)	Total	541	486	479	505	413	382
9	Associate	541	486	479	505	413	382
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	18	29	22	14	19	26
2	Associate	18	29	22	14	19	26
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=17)	Total	548	506	519	607	571	640
15	Associate	502	506	519	607	571	640
2	Baccalaureate	46	N/A	N/A	N/A	N/A	N/A
ND (n=3)	Total	19	25	19	22	20	26
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	17	25	18	22	20	26
1	Masters	2	0	1	0	N/A	N/A
NE (n=3)	Total	75	80	74	78	76	85
3	Associate	75	80	74	78	76	81
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	4
NH (n=1)	Total	7	10	12	8	8	10
1	Associate	7	10	12	8	8	10
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=5)	Total	158	121	149	150	144	142
4	Associate	116	121	149	150	144	142
1	Baccalaureate	42	0	N/A	N/A	N/A	N/A
NM (n=5)	Total	81	93	82	104	111	126
5	Associate	81	93	82	104	111	126
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=3)	Total	174	275	258	233	205	205
2	Associate	157	160	235	210	205	205
1	Baccalaureate	17	15	23	23	N/A	N/A
NY (n=13)	Total	746	771	745	727	738	791
9	Associate	598	582	635	588	644	699
4	Baccalaureate	148	189	110	139	94	92
OH (n=22)	Total	507	520	514	574	596	672
17	Associate	392	369	394	433	418	506
5	Baccalaureate	115	151	120	141	178	166

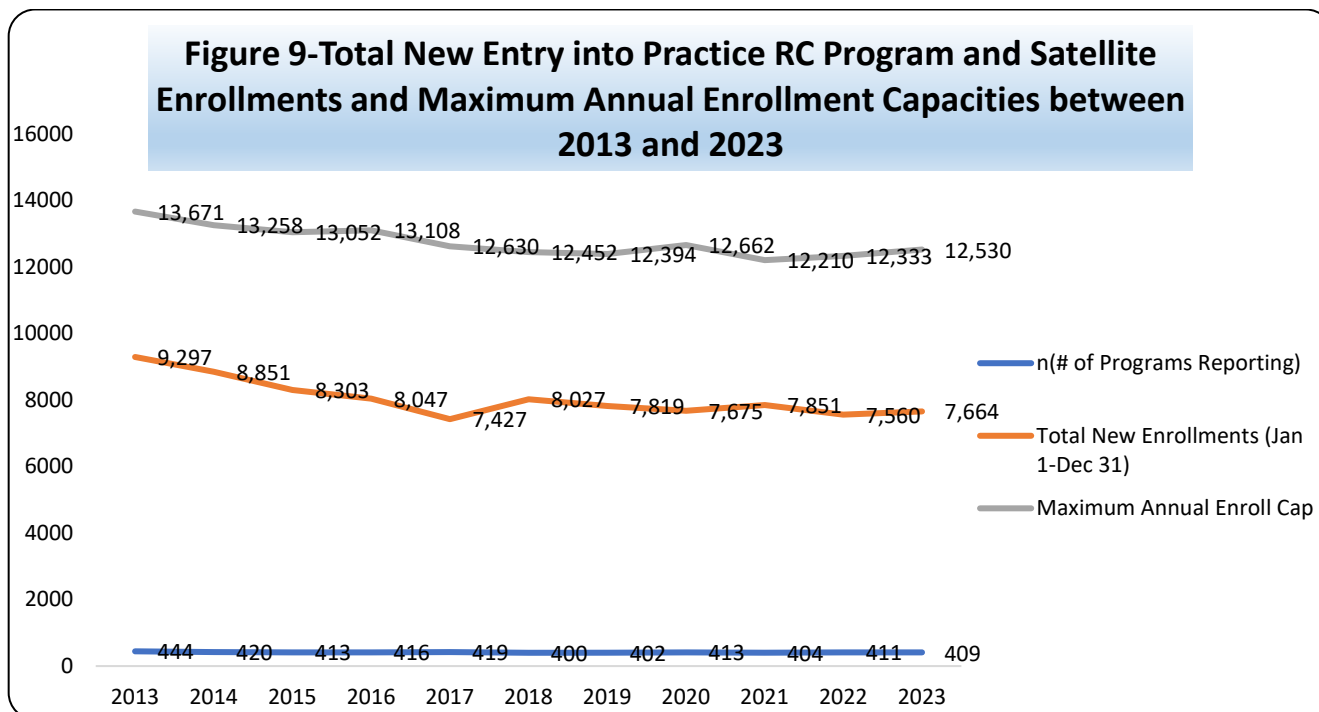
State (# of programs reporting)	Degree	2023 Applications (N=409)	2022 Applications (N=411)	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)
OK (n=3)	Total	64	140	154	207	247	241
3	Associate	64	140	154	207	247	241
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	95	113	136	142	134	125
2	Associate	83	95	123	122	114	105
1	Baccalaureate	12	18	13	20	20	20
PA (n=20)	Total	729	763	752	750	897	904
12	Associate	468	488	484	440	522	509
8	Baccalaureate	261	275	268	310	375	395
PR (n=1)	Total	15	15	15	12	7	13
1	Baccalaureate	15	15	15	12	7	13
RI (n=2)	Total	35	35	46	55	55	61
2	Associate	35	35	46	55	55	61
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	165	149	145	167	143	149
7	Associate	165	149	145	167	143	149
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	11	20	19	21	32	24
2	Associate	11	20	19	21	32	24
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	343	389	383	375	410	454
7	Associate	276	290	296	290	329	353
3	Baccalaureate	67	99	87	85	81	101
TX (n=34)	Total	1,514	1,694	1,665	1,458	1,430	1,588
28	Associate	1,259	1,294	1,112	1,141	964	1,189
4	Baccalaureate	139	166	181	197	261	249
2	Master's	126	234	200	120	205	150
UT (n=5)	Total	116	132	135	158	279	369
1	Associate	15	21	20	45	158	240
4	Baccalaureate	101	111	115	113	121	129
VA (n=8)	Total	245	227	208	218	210	206
5	Associate	187	176	164	180	175	181
3	Baccalaureate	58	51	44	38	35	25
VT (n=1)	Total	15	15	23	20	25	44
1	Associate	15	15	23	20	25	44
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WA (n=5)	Total	221	178	193	235	194	195
2	Associate	130	96	78	90	98	133
3	Baccalaureate	91	82	115	145	96	62

State (# of programs reporting)	Degree	2023 Applications (N=409)	2022 Applications (N=411)	2021 Applications (N=404)	2020 Applications (N=413)	2019 Applications (N=402)	2018 Applications (N=400)
WI (n=7)	Total	213	232	246	214	253	233
7	Associate	213	232	246	214	253	233
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=4)	Total	117	197	243	246	221	205
3	Associate	107	187	233	234	211	195
1	Baccalaureate	10	10	10	12	10	10
WY (n=1)	Total	20	16	14	14	12	11
1	Associate	20	16	14	14	12	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

Total New Enrollments

Programmatic enrollment is deemed by the CoARC to occur when a student enrolls in the first core respiratory care course, i.e., a non-survey/non-prerequisite course available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used for calculating programmatic retention and maximum annual enrollment. **Figure 9** shows total new enrollments from 2013 through 2023. Enrollments for 2013 through 2023 are compared to the total maximum annual enrollment capacity¹. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 61% of maximum annual enrollment capacity in 2023, 61% of maximum annual enrollment capacity in 2022, 64% of maximum annual enrollment capacity in 2021, 61% of maximum annual enrollment capacity in 2020, 63% of maximum annual enrollment capacity in 2019, 65% of maximum annual enrollment capacity in 2018, 59% of maximum annual enrollment capacity in 2017, 61% of capacity in 2016, 64% in 2015, 67% of capacity in 2014, and 68% of capacity in 2013. For 2023, 9% (38 of the 409) of programs reported new enrollments reaching maximum annual enrollment capacity, which was a 1% increase from the previous year. Of these 38 programs, 19 offered the AAS degree, one offered the AOS degree, 15 offered the AS degree, and three offered the BS degree. The 38 programs were located in 19 different states.

The mean maximum annual enrollment capacity per program was 31 in 2023, 30 in 2022, 2021, 2020, 2019, 2018, and 2017, 31 in 2016, 32 in 2015 and 2014, and 31 in 2013. The mean number of new enrollments per program was 19 in 2023, 18 in 2022, 19 in 2021, 2020, 2019, 20 in 2018, 18 in 2017, 19 in 2016, 20 in 2015, and 21 in 2014 and 2013. The median number of new enrollments per program was 15 in 2023, 2022, 17 in 2021, 19 in 2020, 17 in 2019 and 2018, 16 in 2017, 17 in 2016, 18 in 2015, 25 in 2014, and 18 in 2013. There was a 1.4% increase in new enrollments compared to 2022. There was a 3.2% increase in new enrollments in 2023 compared to 2017. Since its peak in 2013, there has been a 17.6% decrease in new enrollments.



¹The maximum annual enrollment capacity is defined as the maximum number of new students that could be enrolled in a calendar year (defined as January 1 through December 31). This number is established by the CoARC based on information provided by the program and can only be increased upon approval of a request for a substantive change (see CoARC Policy 9.0).

New RC Enrollments by Degree Offered

Table 12 – RC Entry into Practice New RC Enrollments by Degree Offered between 2019 and 2023

Degree Offered	2023 Max Annual Enrollment Capacity		2023 New Enrollments (N=409)		2022 New Enrollments (N=411)		2021 New Enrollments (N=404)		2020 New Enrollments (N=413)		2019 New Enrollments (N=402)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	10,540	32	6,646	20	6,814	20	6,549	19	6,793	20	6,989	21
Baccalaureate	1,822	26	944	13	963	15	1,041	15	956	15	992	16
Masters	168	24	74	11	74	17	85	17	66	17	46	12

Table 12 shows the new annual enrollments in respiratory care in relation to the degree offered. The 331 programs offering associate degrees accounted for 87% of the 7,664 new enrollments in 2023. This is a 2.5% decrease compared to 2022 for this category and a 4.9% decrease compared to 2019. New enrollments in associate degree programs reached 63% of maximum capacity in 2023. The mean number of new enrollments per program for this category was 20 in 2023, 18 in 2022, 20 in 2021, 19 in 2020, and 20 in 2019.

The 71 programs offering baccalaureate degrees accounted for 12% of the total number of new enrollments in 2023. This is a 2% decrease compared to 2022 for this category, and a 4.8% decrease compared to 2019. New baccalaureate degree enrollments reached 52% of maximum capacity in 2023. The mean

number of new enrollments per program for this category was 13 in 2023/2022 and 15 in 2021, 2020, 2019.

The seven programs offering master's degrees accounted for 1% of the total number of new enrollments in 2023. There is no change compared to 2022, and a 4.8% decrease compared to 2019. New enrollments in these programs reached 44% of the maximum capacity in 2023. The mean number of new enrollments per program for this category was 11 in 2023, 10 in 2022, and 17 in 2021, 2020, 2019.

New RC Enrollments by Institutional Type

Institutional Type	2023 Max Annual Enroll Capacity		2023 New Enrollments (N=409)		2022 New Enrollments (N=411)		2021 New Enrollments (N=404)		2020 New Enrollments (N=413)		2019 New Enrollments (N=402)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	6,820	28	4,397	18	4,367	18	4,543	19	4,375	18	4,561	19
Four-Year College or University	2,410	25	1,264	13	1,234	13	1,278	14	1,349	14	1,452	16
Technical or Vocational School	2,411	50	1,462	30	1,514	30	1,527	30	1,594	29	1,394	26
Academic HSC/ Medical Center	239	27	92	10	74	9	81	10	88	11	94	12
Career or Technical College	422	47	309	34	225	25	299	33	206	23	279	28
U.S. Military	228	114	140	70	146	73	123	62	118	59	137	69

Table 13 shows the new enrollments in respiratory care programs in relation to institutional type. The 244 programs offered in community or junior colleges are the largest category and account for 57% of the 7,664 new enrollments in 2023. This is a .7% increase in enrollments compared to 2022, and a 3.6% decrease compared to 2019. New enrollments reached 64% of the maximum capacity in 2023. The mean number of new enrollments per program was 18 in 2023/2022, 19 in 2021, 18 in 2020, and 19 in 2019.

The 97 programs offered in four-year colleges or universities accounted for 16% of the total number of new enrollments in 2023. This is a 2.4% increase compared to 2022, and a 13% decrease compared to 2019. New enrollments reached 52% of maximum capacity in 2023. The mean number of new enrollments per program was 13 in 2023/2022, 14 in 2021, 2020, and 16 in 2019.

The 48 programs offered in technical or vocational schools accounted for 19% of the total number of new enrollments in 2023. This is a 3.4% decrease compared to 2022, but a 4.9% increase compared to 2019. New enrollments reached 61% of the maximum capacity in 2023. The mean number of new enrollments per program was 30 in 2023/2022 and 2021, 29 in 2020, and 26 in 2019.

The nine programs offered in academic HSC/medical centers accounted for 1% of the total number of new enrollments in 2023. This is a 24% increase compared to 2022, and a 2.1% decrease compared to 2019. New enrollments reached 38% of maximum capacity in 2023. The mean number of new enrollments per program was 10 in 2023, 9 in 2022, 10 in 2021, 13 in 2020, and 11 in 2019.

The nine programs offered in career or technical colleges accounted for 4% of the total number of new enrollments in 2023. This is a 37.3% increase compared to 2022, and a 10.8% increase compared to 2018. New enrollments reached 73% of the maximum capacity in 2023. The mean number of new enrollments per program was 34 in 2023, 25 in 2022, 33 in 2021, and 23 in 2020 and 2019.

The two programs offered in the U.S. military accounted for 2% of the total number of new enrollments

in 2023. This is a 4.1% decrease compared to 2022, and a 2.2% increase compared to 2019. New enrollments reached 61% of the maximum capacity in 2023. The mean number of new enrollments per program was 70 in 2023, 73 in 2022, 62 in 2021, 59 in 2020, and 69 in 2019.

New RC Enrollments by Institutional Control/Funding

Table 14 – RC Entry into Practice New Enrollments by Institutional Control/Funding between 2019 and 2023

Institutional Control/Funding	2023 Max Annual Enroll Capacity		2023 New Enrollments (N=409)		2022 New Enrollments (N=411)		2021 New Enrollments (N=404)		2020 New Enrollments (N=413)		2019 New Enrollments (N=402)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	8,514	26	5,219	16	5,346	16	5,512	17	5,468	17	5,575	17
Private/For-Profit (Proprietary)	2,831	67	1,876	45	1,695	41	1,830	45	1,605	39	1,524	36
Private/Not-For-Profit	957	25	429	11	373	10	386	11	348	10	602	16
Federal Government	228	114	140	70	146	73	123	42	254	42	118	59

Table 14 shows the new enrollments in respiratory care programs in relation to institutional control/funding. The 326 programs controlled/funded by public/not-for-profit institutions are the largest category and account for 68% of the 7,664 new respiratory care enrollments in 2023. This is a 2.4% decrease compared to 2022, and a 6.4% decrease compared to 2019. New enrollments were at 61% of maximum capacity in 2023 for programs in this category. The mean number of new enrollments per program was 16 in 2023/2022 and 17 in 2021/2020/2019.

The 42 programs controlled /funded by private/for-profit (proprietary) institutions accounted for 24% of the total number of new enrollments in 2023. This is a 10.7% increase compared to 2022, and a 23% decrease compared to 2019. New enrollments reached 66% of maximum capacity in 2023 for programs in this category. The mean number of new enrollments per program was 45 in 2023, 41 in 2022, 45 in 2021, 39 in 2020, and 35 in 2019.

The 39 programs controlled/funded by private/not-for-profit institutions accounted for 6% of the total number of new enrollments in 2023. This is a 15% increase compared to 2022, and a 28.7% decrease compared to 2019. New enrollments reached 45% of the maximum capacity in 2023 for programs in this category. The mean number of new enrollments per program was 11 in 2023, 10 in 2022, 11 in 2021, 10 in 2020, and 16 in 2019.

The two programs controlled/funded by the federal government accounted for 2% of the total number of new enrollments in 2023. This is a 4.1% decrease compared to 2022, and a 19% increase compared to 2019. New enrollments reached 61% of the maximum capacity in 2023. The mean number of new enrollments per program was 70 in 2023, 73 in 2022, 42 in 2021/2020, and 59 in 2019.

New RC Enrollments by State (including D.C. and PR) and Degree

Table 15 provides data on new enrollments in respiratory care programs for 2018-2023 by state and degree offered. California had the largest (18.9% of total) enrollments of any state in 2023.

Table 15 – New RC Enrollments by State (including D.C. and PR) and Degree between 2018 and 2023

State (# of programs reporting)	Degree	2023 Maximum Annual Enroll Capacity	2023 New Enrollments (N=409)	2022 New Enrollments (N=411)	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)
AL (n=7)	Total	235	122	133	138	126	131	156
5	Associate	165	90	105	113	99	105	106
2	Baccalaureate	70	32	28	25	27	26	50
0	Masters	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AR (n=6)	Total	128	64	65	95	89	95	74
5	Associate	104	57	54	80	77	78	64
1	Baccalaureate	24	7	11	15	12	17	10
AZ (n=5)	Total	353	215	203	254	203	144	207
5	Associate	353	215	203	254	203	144	207
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=36)	Total	1,872	1,450	1,308	1,337	1,220	1,329	1,222
35	Associate	1,850	1,442	1,294	1,325	1,207	1,317	1,208
1	Baccalaureate	22	8	14	12	13	12	14
CO (n=4)	Total	227	133	128	116	145	111	129
4	Associate	227	133	128	116	145	111	129
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	118	60	62	68	65	82	77
4	Associate	100	51	55	61	57	66	67
1	Baccalaureate	18	9	7	7	8	16	10
DC (n=1)	Total	24	7	5	10	10	8	4
1	Associate	24	7	5	10	10	8	4
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	35	19	18	18	18	18	17
2	Associate	35	19	18	18	18	18	17
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=25)	Total	742	509	479	467	459	503	495
22	Associate	662	471	445	436	422	473	456
2	Baccalaureate	55	33	34	31	37	29	39
1	Masters	25	5	0	N/A	N/A	N/A	N/A
GA (n=17)	Total	395	234	226	240	239	223	241
12	Associate	238	136	128	131	127	142	142
4	Baccalaureate	137	86	89	103	101	71	89
1	Masters	20	12	9	6	11	10	10
HI (n=1)	Total	16	18	17	13	14	16	14
1	Associate	16	18	17	13	14	16	14

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0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State (# of programs reporting)	Degree	2023 Maximum Annual Enroll Capacity	2023 New Enrollments (N=409)	2022 New Enrollments (N=411)	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)
IA (n=6)	Total	119	61	61	78	64	70	62
6	Associate	119	61	61	78	64	70	62
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=2)	Total	40	30	30	37	24	51	58
1	Associate	15	8	8	10	2	26	32
1	Baccalaureate	25	22	22	27	22	25	26
IL (n=13)	Total	429	233	176	203	212	239	241
11	Associate	395	216	165	184	193	222	234
1	Baccalaureate	10	1	1	1	0	N/A	N/A
1	Masters	24	16	10	18	19	17	7
IN (n=12)	Total	263	177	193	194	208	206	190
10	Associate	217	152	156	153	166	166	144
2	Baccalaureate	46	25	37	41	44	40	46
KS (n=9)	Total	198	106	105	112	102	121	132
8	Associate	174	96	97	96	90	106	110
1	Baccalaureate	24	10	8	16	12	15	22
KY (n=13)	Total	255	149	171	152	174	147	173
10	Associate	210	133	148	126	150	115	140
2	Baccalaureate	35	14	23	25	22	25	25
1	Masters	10	2	0	1	2	7	8
LA (n=9)	Total	192	119	100	102	108	99	98
6	Associate	125	81	81	78	78	75	76
3	Baccalaureate	67	19	19	24	30	24	22
MA (n=6)	Total	116	65	65	86	94	78	79
6	Associate	116	65	65	86	94	78	79
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	153	117	117	107	121	116	98
5	Associate	125	95	97	77	91	92	76
1	Baccalaureate	67	24	20	30	30	24	22
ME (n=2)	Total	44	44	30	19	28	39	17
2	Associate	44	44	30	19	28	39	17
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=11)	Total	267	200	180	214	217	216	235
11	Associate	267	200	180	214	217	216	235
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MN (n=5)	Total	134	64	61	62	79	56	89
3	Associate	94	46	45	49	44	24	58
2	Baccalaureate	40	18	16	13	35	32	31

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State (# of programs reporting)	Degree	2023 Maximum Annual Enroll Capacity	2023 New Enrollments (N=409)	2022 New Enrollments (N=411)	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)
MO (n=9)	Total	313	119	116	121	129	127	145
5	Associate	221	101	93	107	112	119	126
4	Baccalaureate	92	18	23	14	17	8	19
MS (n=9)	Total	182	127	133	138	133	127	123
9	Associate	182	127	133	138	133	127	123
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	41	15	24	19	14	16	17
2	Associate	41	15	24	19	14	16	17
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=17)	Total	409	243	247	200	193	215	203
15	Associate	355	201	226	200	193	215	203
2	Baccalaureate	54	42	21	N/A	N/A	N/A	N/A
ND (n=3)	Total	36	17	23	16	21	19	24
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	24	15	23	15	21	19	24
1	Masters	12	2	0	1	0	N/A	N/A
NE (n=3)	Total	83	65	55	52	69	58	65
3	Associate	83	65	55	52	69	58	63
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	2
NH (n=1)	Total	16	6	5	12	6	8	9
1	Associate	16	6	5	12	6	8	9
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=5)	Total	190	78	88	92	84	92	84
4	Associate	160	65	88	92	84	92	84
1	Baccalaureate	30	13	N/A	N/A	N/A	N/A	N/A
NM (n=5)	Total	160	71	80	75	79	82	84
5	Associate	160	71	80	75	79	82	84
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=3)	Total	187	122	112	137	125	57	78
2	Associate	162	105	99	119	104	57	78
1	Baccalaureate	25	17	13	18	21	N/A	N/A
NY (n=13)	Total	526	287	307	318	306	300	336
9	Associate	390	204	234	246	231	249	263
4	Baccalaureate	136	83	73	72	75	51	73
OH (n=22)	Total	575	323	298	361	327	345	358
17	Associate	459	245	218	274	227	235	265
5	Baccalaureate	116	78	80	87	100	110	93

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State (# of programs reporting)	Degree	2023 Maximum Annual Enroll Capacity	2023 New Enrollments (N=409)	2022 New Enrollments (N=411)	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)
OK (n=3)	Total	80	44	84	94	94	105	122
3	Associate	80	44	84	94	94	105	122
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	92	56	64	65	69	59	73
2	Associate	67	44	19	54	54	42	54
1	Baccalaureate	25	12	15	11	15	17	19
PA (n=20)	Total	588	295	289	366	290	313	326
12	Associate	384	227	223	291	205	222	236
8	Baccalaureate	204	68	66	75	85	91	90
PR (n=1)	Total	20	14	4	12	13	7	14
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	20	14	4	12	13	7	14
RI (n=2)	Total	64	28	23	38	31	39	47
2	Associate	64	28	23	38	31	39	47
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	161	112	95	104	106	104	110
7	Associate	161	112	95	104	106	104	110
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	40	11	16	12	20	16	14
2	Associate	40	11	16	12	20	16	14
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	313	193	200	196	205	219	207
7	Associate	254	153	157	145	156	169	155
3	Baccalaureate	59	40	43	51	49	50	52
TX (n=34)	Total	1,222	777	805	799	799	755	763
28	Associate	1,035	663	674	662	649	616	644
4	Baccalaureate	110	77	83	89	97	107	98
2	Masters	77	37	48	48	53	32	21
UT (n=5)	Total	159	66	80	81	99	195	270
1	Associate	25	14	20	18	131	131	221
4	Baccalaureate	134	52	60	63	64	64	49
VA (n=8)	Total	233	142	141	114	119	125	126
5	Associate	155	101	101	93	95	108	114
3	Baccalaureate	78	44	40	21	24	17	12
VT (n=1)	Total	27	10	4	12	4	10	16
1	Associate	27	10	4	12	4	10	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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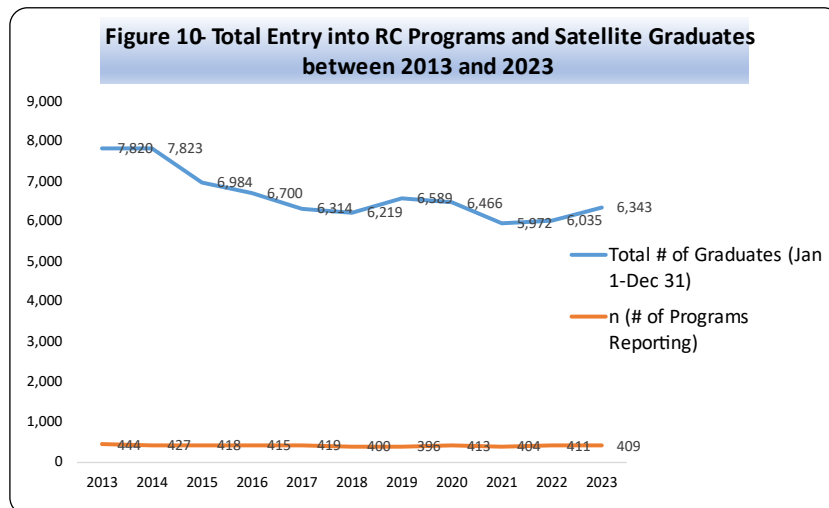


State (# of programs reporting)	Degree	2023 Maximum Annual Enroll Capacity	2023 New Enrollments (N=409)	2022 New Enrollments (N=411)	2021 New Enrollments (N=404)	2020 New Enrollments (N=413)	2019 New Enrollments (N=402)	2018 New Enrollments (N=400)
WA (n=5)	Total	152	106	98	111	113	110	108
2	Associate	70	47	49	50	58	57	77
3	Baccalaureate	82	59	49	61	55	53	31
WI (n=7)	Total	170	112	139	116	134	140	134
7	Associate	170	112	139	116	134	140	134
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=4)	Total	85	46	68	50	61	67	50
3	Associate	65	41	57	46	49	57	40
1	Baccalaureate	20	5	11	4	12	10	10
WY (n=1)	Total	25	18	14	14	12	13	11
1	Associate	25	18	14	14	12	13	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Total Graduates

Figure 10 provides the total number of graduates during the time period reported (i.e., January 1, 2021, through December 31, 2023). Graduation numbers include both students that graduated on time and students graduating after their expected graduation date. CoARC defines the graduation date as the date on which the degree was conferred by the program's educational sponsor, not the date on which the student fulfilled all program requirements.

There were 6,343 graduates in 2023. This is a 1.1% increase compared to 2022, and a 25.8% decrease compared to its peak in 2012. The mean number of graduates per program was 16 in 2023, 15 in 2022 and 2021, 16 in 2020, 17 in 2019, 16 in 2018, 15 in 2017, 16 in 2016, 17 in 2015, and 18 in 2014, 2013, and 2012. The median number of graduates per program was 13 in 2023, 12 in 2022, 13 in 2021/2020, 14 in 2019 and 2018, 13 in 2017, 14 in 2016, 14 in 2015, 15 in 2014, and 14 in 2013.



RC Graduates by Degree Offered

Degree Offered	2023 Graduates (N=409)		2022 Graduates (N=411)		2021 Graduates (N=404)		2020 Graduates (N=413)		2019 Graduates (N=396)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	5,456	16	5,104	15	5,142	15	5,570	16	5,660	17
Baccalaureate	816	11	855	12	752	12	855	12	883	14
Masters	71	10	76	11	78	13	41	8	46	9

Table 16 shows the number of respiratory care graduates in relation to the degree offered. There were 6,343 graduates in 2023. The 331 programs offering associate degrees are the largest category and account for 86% of the total number of graduates in 2023. This is a 6.9% increase compared to 2022, and a 3.6%

decrease compared to 2019. The mean number of graduates per program for this category was 16 in 2023, 15 in 2022 and 2021, 16 in 2020, and 17 in 2019.

The 71 programs offering baccalaureate degrees accounted for 13% of the total number of graduates in 2023. This is a 4.6% decrease compared to 2022 and a 7.6% decrease in graduates for this category compared to 2019. The mean number of graduates per program for this category was 11 in 2023, 12 in 2022/2021/2020, and 14 in 2019.

The seven programs offering master’s degrees accounted for 1% of the total number of graduates in 2023. This is a 6.6% decrease compared to 2022, and a 54% increase in graduates for this category compared to 2019. The mean number of graduates per program for this category was 10 in 2023, 11 in 2022, 13 in 2021, 8 in 2020, and 9 in 2019.

RC Graduates by Institutional Type

Institutional Type	2023 Graduates (N=409)		2022 Graduates (N=411)		2021 Graduates (N=404)		2020 Graduates (N=413)		2019 Graduates (N=396)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	3,663	15	3,331	14	3,574	15	3,665	15	3,615	16
Four-Year College or University	1,057	11	1,062	11	1,025	11	1,268	13	1,398	15
Technical or Vocational School	1,161	24	1,235	25	987	19	1,208	22	1,150	21
Academic HSC/Medical Center	66	7	69	9	81	10	96	10	72	10
Career or Technical College	250	28	215	24	205	23	73	18	209	23
U.S. Military	146	73	123	62	100	50	145	73	125	63

Table 17 shows the number of respiratory care graduates in relation to institutional type. The 244 programs offered in community or junior colleges are the largest category and account for 58% of the 6,343 respiratory care graduates in 2023. This is a 10% increase compared to 2022, and a 1.3% increase compared to 2019. The mean number of graduates per program for this category was 15 in 2023, 14 in 2022, 15 in 2021/2020, and 16 in 2019.

The 97 programs offered in four-year colleges or universities accounted for 17% of the total number of graduates in 2023. This is a .5% decrease compared to 2022, and a 24.4% decrease compared to 2019. The mean number of graduates per program was 11 in 2023/2022/2021, 13 in 2020, and 15 in 2019.

The 48 programs offered in technical or vocational schools accounted for 18% of the total number of graduates in 2023. This is a 6% decrease compared to 2022, and a .96% increase compared to 2019. The mean number of graduates per program was 24 in 2023, 25 in 2022, 19 in 2021, 22 in 2020, and 21 in 2019.

The nine programs offered in academic HSC/Medical Centers accounted for 1% of the total number of graduates in 2023. This is a 4.3% decrease compared to 2022, and an 8.3% decrease compared to 2019. The mean number of graduates per program was 7 in 2023, 9 in 2022, and 10 in 2021/2020/2019.

The nine programs offered in career or technical colleges accounted for 4% of the total number of graduates in 2023. This is a 16.3% increase compared to 2022, and a 19.6% increase compared to 2019. The mean number of graduates per program was 28 in 2023, 24 for 2022, 23 for 2021, 18 in 2020, and 23 in 2019.

The two programs offered in the U.S. military accounted for 2% of the total number of graduates in 2023. This is an 18.7% increase compared to 2022, and a 16.8% increase compared to 2019. The mean number of graduates per program was 73 in 2023, 62 in 2022, 50 in 2021, 73 in 2020, and 63 in 2019.

RC Graduates by Institutional Control/Funding

Table 18 –RC Entry into Practice Graduates by Institutional Control/Funding between 2019 and 2023

Institutional Control/Funding	2023 Graduates (N=409)		2022 Graduates (N=411)		2021 Graduates (N=404)		2020 Graduates (N=413)		2019 Graduates (N=396)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	4,327	13	4,182	13	4,392	13	4,513	14	4,573	15
Private/For-Profit (Proprietary)	1,526	36	1,432	35	1,176	32	1,305	32	1,255	30
Private/Not-For-Profit	344	9	298	8	304	9	394	11	616	17
Federal Government	146	73	123	62	100	50	254	42	145	73

Table 18 shows the number of respiratory care graduates in relation to institutional control/funding. The 326 programs controlled/ funded by public/not-for-profit institutions are the largest category and account for 68% of the 6,343 respiratory care graduates in 2023. This is a 3.5% increase compared to 2022, and a 5.4% decrease compared to 2019. The mean number of graduates per program was 13 in 2023/2022/2021, 14 in 2020, and 15 in 2019.

The 42 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 24% of the total number of respiratory care graduates in 2023. This is a 6.6% increase compared to 2022, and a 21.6% increase compared to 2019. The mean number of graduates per program was 36 in 2023, 35 in 2022, 32 in 2021/2020, and 30 in 2019.

The 39 programs controlled/funded by private/not-for-profit institutions accounted for 5% of the total number of respiratory care graduates in 2023. This is a 15.4% increase compared to 2022, and a 44.2% decrease compared to 2019. The mean number of graduates per program was 9 in 2023, 8 in 2022, 9 in 2021, 11 in 2020, and 17 in 2019.

The two programs offered in the U.S. military accounted for 2% of the total number of graduates in 2023. This is an 18.7% increase compared to 2022, and a .7% increase compared to 2019. The mean number of graduates per program was 73 in 2023, 62 in 2022, 50 in 2021, 42 in 2020, and 73 in 2019.

RC Graduates by State (including D.C. and PR) and Degree

Table 19 provides data on respiratory care graduates for 2018-2023 by state and degree offered. Programs in California had the largest number of graduates (19% of total) in 2023.

Table 19 –RC Graduates by State (including D.C. and PR) and Degree between 2018 and 2023

State (# of programs reporting)	Degree	2023 Graduates (N=409)	2022 Graduates (N=411)	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)
AL (n=7)	Total	108	101	122	105	122	86
5	Associate	82	78	98	83	100	71
2	Baccalaureate	26	23	24	22	22	14
0	Masters	N/A	N/A	N/A	N/A	N/A	1
AR (n=6)	Total	55	70	76	66	69	59
5	Associate	50	64	69	58	60	50
1	Baccalaureate	5	6	7	9	9	9
AZ (n=5)	Total	176	175	156	188	168	163
5	Associate	176	175	156	188	168	163
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CA (n=36)	Total	1,201	1,070	1,167	1,167	1,037	907
35	Associate	1,192	1,059	998	1,155	1,029	895
1	Baccalaureate	9	11	8	12	8	12
CO (n=4)	Total	106	112	84	93	103	107
4	Associate	106	112	84	93	103	107
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
CT (n=5)	Total	52	47	69	43	71	61
4	Associate	46	41	56	37	57	51
1	Baccalaureate	6	6	13	6	14	10
DC (n=1)	Total	6	8	7	3	7	3
1	Associate	6	8	7	3	7	3
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
DE (n=2)	Total	11	15	17	14	9	20
2	Associate	11	15	17	14	9	20
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
FL (n=25)	Total	374	362	351	383	405	374
22	Associate	351	329	329	352	374	352
2	Baccalaureate	23	22	22	31	31	22
1	Masters	0	0	N/A	N/A	N/A	N/A
GA (n=17)	Total	196	192	174	200	211	210
12	Associate	116	112	108	122	125	125
4	Baccalaureate	75	71	59	71	73	73
1	Masters	5	9	7	7	13	12

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State (# of programs reporting)	Degree	2023 Graduates (N=409)	2022 Graduates (N=411)	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)
HI (n=1)	Total	13	12	13	16	14	16
1	Associate	13	12	13	16	14	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
IA (n=6)	Total	61	45	56	52	52	55
6	Associate	61	45	56	52	52	55
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
ID (n=2)	Total	32	21	34	46	52	33
1	Associate	10	3	10	23	27	16
1	Baccalaureate	22	18	24	25	25	17
IL (n=13)	Total	188	127	174	167	182	175
11	Associate	170	118	154	160	173	162
1	Baccalaureate	0	0	7	0	N/A	N/A
1	Masters	18	9	13	7	9	13
IN (n=11)	Total	143	139	163	154	157	120
9	Associate	111	103	131	115	114	99
2	Baccalaureate	32	36	32	39	43	21
KS (n=9)	Total	85	71	100	100	82	110
8	Associate	70	59	85	88	71	94
1	Baccalaureate	15	12	15	22	11	16
KY (n=13)	Total	125	113	128	132	147	147
10	Associate	103	93	99	105	122	126
2	Baccalaureate	21	18	22	20	24	21
1	Masters	1	2	7	7	1	N/A
LA (n=9)	Total	79	73	70	84	72	80
6	Associate	60	52	51	67	53	61
3	Baccalaureate	19	21	19	17	19	19
MA (n=6)	Total	58	61	59	61	59	85
6	Associate	58	61	59	61	59	85
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MD (n=6)	Total	90	90	98	92	92	96
5	Associate	60	60	75	71	71	69
1	Baccalaureate	30	30	23	21	21	27
ME (n=2)	Total	15	22	21	22	13	13
2	Associate	15	22	21	22	13	13
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MI (n=11)	Total	149	165	176	160	184	171
11	Associate	149	165	176	160	184	171
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

State (# of programs reporting)	Degree	2023 Graduates (N=409)	2022 Graduates (N=411)	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)
MN (n=5)	Total	57	67	59	67	49	64
3	Associate	38	36	34	41	26	42
2	Baccalaureate	19	31	25	26	23	22
MO (n=9)	Total	93	99	89	108	132	106
5	Associate	77	83	82	94	112	98
4	Baccalaureate	16	16	7	14	20	8
MS (n=9)	Total	98	102	96	97	86	97
9	Associate	98	102	96	97	86	97
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
MT (n=2)	Total	15	9	20	15	20	16
2	Associate	15	9	20	15	20	16
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NC (n=17)	Total	173	137	146	143	159	164
15	Associate	158	137	146	143	159	164
2	Baccalaureate	15	0	N/A	N/A	N/A	N/A
ND (n=3)	Total	15	20	14	24	18	19
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
2	Baccalaureate	15	20	14	24	16	18
1	Masters	0	0	0	0	2	1
NE (n=3)	Total	35	42	45	47	41	43
3	Associate	35	42	45	47	41	39
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	4
NH (n=1)	Total	10	7	7	6	11	11
1	Associate	10	7	7	6	11	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NJ (n=5)	Total	86	87	80	80	72	67
4	Associate	86	87	80	80	72	67
1	Baccalaureate	0	0	N/A	N/A	N/A	N/A
NM (n=5)	Total	71	56	59	62	95	75
5	Associate	71	56	59	62	95	75
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
NV (n=3)	Total	105	99	80	70	55	79
2	Associate	96	81	80	70	55	79
1	Baccalaureate	9	18	0	0	N/A	N/A
NY (n=13)	Total	265	234	226	229	233	230
9	Associate	186	163	180	172	178	178
4	Baccalaureate	79	71	46	57	55	52

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State (# of programs reporting)	Degree	2023 Graduates (N=409)	2022 Graduates (N=411)	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)
OH (n=22)	Total	271	239	239	253	240	282
17	Associate	197	164	172	164	155	195
5	Baccalaureate	74	75	67	89	85	87
OK (n=3)	Total	52	83	90	98	90	110
3	Associate	52	83	90	98	90	110
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
OR (n=3)	Total	65	72	52	55	56	61
2	Associate	50	59	39	44	45	46
1	Baccalaureate	15	13	13	11	11	15
PA (n=20)	Total	253	216	222	254	263	238
12	Associate	197	148	153	173	187	173
8	Baccalaureate	56	68	69	81	76	65
PR (n=1)	Total	7	3	3	3	3	3
0	Associate	N/A	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	7	3	3	3	3	3
RI (n=2)	Total	28	20	26	28	48	42
2	Associate	28	20	26	28	48	42
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SC (n=7)	Total	77	88	84	86	82	79
7	Associate	77	88	84	86	82	79
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
SD (n=2)	Total	15	7	15	12	8	11
2	Associate	15	7	15	12	8	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
TN (n=10)	Total	118	157	128	158	165	150
7	Associate	86	121	85	117	114	99
3	Baccalaureate	32	36	43	41	51	51
TX (n=34)	Total	727	679	607	583	730	660
28	Associate	614	544	480	597	597	542
4	Baccalaureate	66	79	76	88	112	90
2	Masters	47	56	51	20	21	28
UT (n=5)	Total	62	79	82	182	264	183
1	Associate	16	17	29	119	196	148
4	Baccalaureate	46	62	53	63	68	35
VA (n=8)	Total	82	89	89	91	98	91
5	Associate	61	70	77	79	78	78
3	Baccalaureate	21	19	12	12	20	13
VT (n=1)	Total	7	2	7	7	14	13
1	Associate	7	2	7	7	14	13
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

State (# of programs reporting)	Degree	2023 Graduates (N=409)	2022 Graduates (N=411)	2021 Graduates (N=404)	2020 Graduates (N=413)	2019 Graduates (N=396)	2018 Graduates (N=400)
WA (n=5)	Total	88	104	92	93	73	95
2	Associate	32	45	52	57	43	64
3	Baccalaureate	56	59	40	36	30	32
WI (n=7)	Total	95	94	105	110	107	102
7	Associate	95	94	105	110	107	102
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A
WV (n=4)	Total	40	41	47	23	43	23
3	Associate	33	33	38	16	29	11
1	Baccalaureate	7	8	9	7	14	12
WY (n=1)	Total	10	12	9	12	11	11
1	Associate	10	12	9	12	11	11
0	Baccalaureate	N/A	N/A	N/A	N/A	N/A	N/A

Programmatic Retention

As defined by the CoARC, programmatic enrollment begins when the respiratory student enrolls in the first core (non-survey, non-prerequisite) respiratory care course, i.e., a course available only to students matriculated in the respiratory care program. This date may be different than the enrollment or matriculation date determined by the institution. However, it is this date, as defined by the CoARC, that must be used when calculating programmatic retention and maximum annual enrollment.

Beginning January 1, 2017, the CoARC Board stopped using the term “programmatic attrition” and began using the term “programmatic retention.” CoARC defines programmatic retention as the number of students formally enrolled* in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class.

The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional, or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.

Students are not included in the retention definition who:

1. leave the program by the last day they are eligible for 100% tuition reimbursement within the first term of fundamental respiratory care core coursework².

OR

² Fundamental respiratory care coursework is defined as: Professional coursework, focused on the preparation of the student as a competent Respiratory Therapist, as defined in CoARC Standard 3.01.

2. are in good academic standing who leave the program due to: financial, medical, or family reasons, military deployment, a change in their course of study, relocation to a different community, or reasons other than those described under academic reasons;

OR

3. are admitted to another educational program (same or different educational institution) prior to the scheduled graduation date of their RT class.

Table 20 – RC Programmatic Retention for 2017 RCS through 2024 RCS					
Reporting Years (# of programs submitted)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	91.0% (.07)	100%	59%	70%	4
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	87.5% (16.9)	100%	60%	70%	20
2019 RCS Data from 1/1/16 to 12/31/18 (N=412)	91% (8)	100%	58%	70%	6
2020 RCS Data from 1/1/17 to 12/31/19 (N=410)	92% (7.1)	100%	65%	70%	2
2021 RCS Data from 1/1/18 to 12/31/20 (N=411)	91% (7)	100%	63%	70%	6
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	91% (7.3)	100%	53%	70%	3
2023 RCS Data from 1/1/20 to 12/31/22 (N=405)	91% (8)	100%	55%	70%	4
2024 RCS Data from 1/1/21 to 12/31/23 (N=409)	91% (8)	100%	62%	70%	5

2024 RCS data on programmatic retention (**Table 20**) shows a total of 409 entry into practice programs reporting programmatic retention rates. The mean retention rate for the 2024 RCS was 91%, with the highest rate of 100% (n=69), which was six more programs compared to the 2023 RCS) and the lowest rate of 62% (n=1). Five programs (1% of total) reported retention rates below the CoARC-established threshold of 70%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 21 – RC Programmatic Retention by Degree Offered for 2021 RCS through 2024 RCS

Degree Offered (N=409)	2024 RCS	Degree Offered (N=405)	2023 RCS	Degree Offered (N=404)	2022 RCS	Degree Offered (N=411)	2021 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)
Associate (n=331)	91% (4)	Associate (n=335)	91% (2)	Associate (n=339)	91% (4)	Associate (n=342)	91% (5)
Baccalaureate (n=71)	94% (1)	Baccalaureate (n=63)	93% (1)	Baccalaureate (n=68)	92% (2)	Baccalaureate (n=64)	91% (1)
Masters (n=7)	93%	Masters (n=6)	94%	Masters (n=4)	94%	Masters (n=6)	98%

Table 21 compares programmatic retention data in relation to the degree offered for the 2021 through 2024 RCS. For the 2024 RCS, programs offering an entry-into-practice associate degree had a mean retention rate of 91%; baccalaureate degree programs had a mean had the highest retention rate of 94%, while programs offering the master’s degree had a retention rate of 93%.

For the 2024 RCS, three of the five programs below the CoARC threshold of 50% offered the AS degree, one offered the AAS degree, and one offered the BS degree.

Table 22 – RC Programmatic Retention by Institutional Type for 2021 through 2024 RCS

Institutional Type (N=409)	2024 RCS	Institutional Type (N=405)	2023 RCS	Institutional Type (N=411)	2022 RCS	Institutional Type (N=413)	2021 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)
Four-Year College or University (n=97)	93% (2)	Four-Year College or University (n=92)	93% (2)	Four-Year College or University (n=90)	92% (1)	Four-Year College or University (n=97)	92% (1)
Career or Technical College (n=9)	93%	Career or Technical College (n=9)	92%	Career or Technical College (n=4)	92%	Career or Technical College (n=4)	94%
Community or Junior College (n=244)	90% (3)	Community or Junior College (n=244)	90% (2)	Community or Junior College (n=243)	91% (2)	Community or Junior College (n=243)	91% (4)
Academic HSC/Medical Center (n=9)	96%	Academic HSC/Medical Center (n=8)	93%	Academic HSC/Medical Center (n=10)	92%	Academic HSC/Medical Center (n=10)	89% (1)
Technical or Vocational School (n=48)	93%	Technical or Vocational School (n=50)	92%	Technical or Vocational School (n=55)	93%	Technical or Vocational School (n=55)	93%
U.S. Military (n=2)	91%	U.S. Military (n=2)	88%	U.S. Military (n=2)	86%	U.S. Military (n=2)	85%

Table 22 compares programmatic retention data in relation to institutional type for the 2021 RCS

through the 2024 RCS. For the 2024 RCS, the HSC/Medical Centers have the highest mean retention rate (96%). The U.S. Military programs had the lowest mean retention rate of 91%.

For the 2024 RCS, two of the five programs below the CoARC threshold of 70% were located at a Four-Year College or University, the other three programs were located at a community or Junior College.

Table 23 – RC Programmatic Retention by Institutional Control for 2021 RC through 2024 RCS

Institutional Control (N=409)	2024 RCS	Institutional Control (N=405)	2023 RCS	Institutional Control (N=404)	2022 RCS	Institutional Control (N=413)	2021 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)
Public/Not-For-Profit (n=326)	91% (2)	Public/Not-For-Profit (n=331)	91% (3)	Public/Not-For-Profit (n=330)	91% (6)	Public/Not-For-Profit (n=327)	92% (1)
Private/For-Profit (Proprietary) (n=42)	93%	Private/For-Profit (Proprietary) (n=39)	93%	Private/For-Profit (Proprietary) (n=41)	94%	Private/For-Profit (Proprietary) (n=39)	91% (1)
Private/Not-For-Profit (n=39)	91% (3)	Private/Not-For-Profit (n=33)	92% (1)	Private/Not-For-Profit (n=34)	92%	Private/Not-For-Profit (n=42)	94%
Federal Government (n=2)	91%	Federal Government (n=2)	88%	Federal Government (n=6)	91%	Federal Government (n=2)	85%

Table 23 compares programmatic retention data in relation to institutional control/funding for 2021 through the 2024 RCS. For the 2024 RCS, entry into practice programs controlled/funded by the private/for-profit (Proprietary) sector had the highest mean retention rate, at 93%. Programs controlled/funded by the public/not-for-profit, private/for-profit (proprietary), and federal government had the lowest mean retention rate at 88%.

For the 2024 RCS, two of the five programs below the CoARC threshold of 70% were controlled/funded by a Public/Not-For-Profit institution sector; the other three programs were located at a Private/Not-For-Profit institution.

Job Placement

Job placement is defined by the CoARC as “a graduate who, within the 3-year reporting period, is employed utilizing skills within the scope of practice of the respiratory care profession (i.e., full- or part-time, or per diem).” In 2015, the CoARC eliminated the threshold but still requires programs to report the outcome. Data submitted with the 2022 RCS and prior reporting years reflect the previous job placement calculation.³

Table 24 – RC Job Placement for 2014 RCS through 2024 RCS					
Reporting Years (# of programs submitted)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	84.6% (11.7)	100%	20.0%	70%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	85.5% (10.4)	100%	50.0%	N/A	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	84.3% (12.7)	100%	28.6%	N/A	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	86.0% (11.8)	100%	38.7%	N/A	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	84.8% (22)	100%	0%	N/A	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	88% (11)	100%	33%	N/A	N/A
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	87% (12.5)	100%	18%	N/A	N/A
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	86% (13)	100%	26%	N/A	N/A
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	86% (13)	100%	29%	N/A	N/A
2023 RCS Data from 1/1/20 to 12/31/22 (N=400)	87% (12)	100%	37%	N/A	N/A
2024 RCS Data from 1/1/21 to 12/31/23 (N=409)	87% (12)	100%	37%	N/A	N/A

2024 RCS data on job placement (**Table 24**) shows a total of 409 entry into practice programs reporting job placement rates. The mean placement rate was 87%, with the highest rate of 100% (n = 57)-this was an increase of two when compared to 2023 and the lowest rate of 37% (n=1). The number of programs reporting the lowest placement was one, while the number of programs reporting the highest placement rate (100%) increased to 39 (2016 RCS) to 40 (2017 RCS) to 58 (2018 RCS) then decreased to 50 (2019 RCS) to an increase of 54 (2020 RCS) to 58 (2021 RCS) then decrease to 48 (2022 RCS), increased to 55 (2023 RCS) and increased to 57 (2024 RCS).

Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 25 – RC Job Placement by Degree Offered for 2021 RCS through 2024 RCS

Degree Offered (N=409)	2024 RCS	Degree Offered (N=400)	2023 RCS	Degree Offered (N=404)	2022 RCS	Degree Offered (N=404)	2021 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Associate (n=331)	87%	Associate (n=330)	86%	Associate (n=334)	86%	Associate (n=332)	86%
Baccalaureate (n=71)	89%	Baccalaureate (n=65)	89%	Baccalaureate (n=65)	89%	Baccalaureate (n=63)	89%
Masters (n=7)	91%	Masters (n=5)	93%	Masters (n=5)	94%	Masters (n=5)	97%

Table 25 compares job placement data in relation to the degree offered for the 2021 through 2024 RCS. For the 2024 RCS, programs offering the master’s degree had the highest mean placement rate (91%) in this category, while programs offering the associate degree demonstrated the lowest mean placement rate at 87%. When compared to 2023 RCS data the master’s degree programs showed a 2% decrease in mean placement rate, while the associate’s degree showed a 1% increase in mean placement, and baccalaureate degree programs showed no change.

Table 26 – RC Job Placement by Institutional Type for 2021 RCS through 2024 RCS

Institutional Type (N=409)	2024 RCS	Institutional Type (N=400)	2023 RCS	Institutional Type (N=404)	2022 RCS	Institutional Type (N=404)	2021 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Four-Year College or University (n=97)	89%	Four-Year College or University (n=88)	89%	Four-Year College or University (n=90)	89%	Four-Year College or University (n=95)	87%
Career or Technical College (n=9)	81%	Career or Technical College (n=9)	81%	Career or Technical College (n=9)	84%	Career or Technical College (n=4)	89%
Community or Junior College (n=244)	88%	Community or Junior College (n=243)	87%	Community or Junior College (n=244)	86%	Community or Junior College (n=238)	87%
Academic HSC/Medical Center (n=9)	94%	Academic HSC/Medical Center (n=8)	90%	Academic HSC/Medical Center (n=8)	91%	Academic HSC/Medical Center (n=10)	89%
Technical or Vocational School (n=48)	80%	Technical or Vocational School (n=50)	89%	Technical or Vocational School (n=51)	80%	Technical or Vocational School (n=55)	82%
U.S. Military (n=2)	91%	U.S. Military (n=2)	91%	U.S. Military (n=2)	91%	U.S. Military (n=2)	92%

Table 26 compares job placement data in relation to institutional type for the 2021 RCS through 2024

RCS. For the 2024 RCS, Academic HSC/Medical Center institutions had the highest mean placement rate (94%). Programs located in Technical or Vocational Schools demonstrated the lowest mean placement rate at 80%. Compared to the 2023 RCS, programs at Academic HSC/Medical Center institutions and Community or Junior Colleges showed an increase in mean placement rate.

Table 27 – RC Job Placement by Institutional Control for 2021 RCS through 2024 RCS

Institutional Control (N=409)	2024 RCS	Institutional Control (N=400)	2023 RCS	Institutional Control (N=404)	2022 RCS	Institutional Control (N=404)	2021 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Public/Not-For-Profit (n=326)	89%	Public/Not-For-Profit (n=326)	88%	Public/Not-For-Profit (n=327)	87%	Public/Not-For-Profit (n=325)	87%
Private/For-Profit (Proprietary) (n=42)	74%	Private/For-Profit (Proprietary) (n=37)	77%	Private/For-Profit (Proprietary) (n=41)	76%	Private/For-Profit (Proprietary) (n=41)	78%
Private/Not-For-Profit (n=39)	87%	Private/Not-For-Profit (n=33)	89%	Private/Not-For-Profit (n=34)	88%	Private/Not-For-Profit (n=32)	84%
Federal Government (n=2)	91%	Federal Government (n=2)	91%	Federal Government (n=2)	91%	Federal Government (n=6)	87%

Table 27 compares job placement data in relation to institutional control/funding for the 2021 RCS through the 2024 RCS. Programs controlled/funded by the Federal Government demonstrated the highest mean placement rate at 91%. Programs controlled/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest mean placement rate at 74%. When compared to 2023 RCS data, Public/Not-For-Profit categories showed an increase in the mean placement rate.

Therapist Multiple Choice (TMC) Exam High Cut Score Success

The National Board for Respiratory Care’s (NBRC) Therapist Multiple Choice (TMC) Examination administered by the NBRC is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the Clinical Simulation Examination. With the advent of the TMC Exam in January 2015, all graduates seeking to enter the profession need only take a single written examination. The TMC exam has two cut scores; graduates attaining the lower cut score will obtain the Certified Respiratory Therapist (CRT) credential. Achieving the high cut score means that a graduate both earns the CRT credential and is eligible to take the Clinical Simulation Exam (CSE). Graduates who successfully complete the TMC at the high cut score and pass the CSE earn the RRT credential.

In March 2020, the CoARC approved the elimination of CRT Credentialing Success as an outcome. Beginning with the 2020 RCS, CRT Credentialing Success (and its related threshold) has been replaced with an outcome for the achievement of the high cut score on the TMC examination with a threshold of 60%. The TMC Exam High Cut Score Success is defined as the percentage of graduates who achieve a high cut score on the TMC Examination. The TMC Cut Score is derived by dividing the total number of those achieving the high cut score (numerator) by the number of graduates (denominator) in a three-year reporting period. *Note: This metric is not the same as the NBRC CRT or RRT pass rate, which measures the number of candidates passing the exam divided by the number of candidates attempting the exam.*

Table 28 – TMC High Cut Score Success for the 2020 RCS through 2024 RCS

Reporting Years (# of programs submitted)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	87% (13)	100%	43%	60%	16
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	85% (14)	100%	29%	60%	27
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	83% (15)	100%	10%	60%	30
2023 RCS Data from 1/1/20 to 12/31/22 (N=400)	83% (14)	100%	25%	60%	22
2024 RCS Data from 1/1/21 to 12/31/23 (N=409)	84% (14)	100%	23%	60%	27

2024 RCS data on TMC High Cut Score Success (**Table 28**) show a total of 409 entry-into-practice programs reporting. The mean TMC High Cut Score Success was 84%, with the highest rate of 100% (n=39) and the lowest rate of 23% (n=1). A total of 27 programs (6.6% of total) reported mean TMC High Cut Score Success rates below the CoARC-established threshold of 60%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

TMC High Cut Score Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 29 –TMC High Cut Score Success by Degree Offered for the 2021 through 2024 RCS

Degree Offered (n=409)	2024 RCS	Degree Offered (n=400)	2023 RCS	Degree Offered (n=404)	2022 RCS	Degree Offered (n=404)	2021 RCS
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)
Associate (n=331)	83% (24)	Associate (n=330)	82% (20)	Associate (n=335)	82% (27)	Associate (n=334)	84% (23)
Baccalaureate (n=71)	87% (3)	Baccalaureate (n=65)	87% (2)	Baccalaureate (n=63)	86% (3)	Baccalaureate (n=65)	88% (4)
Masters (n=7)	96%	Masters (n=5)	96%	Masters (n=6)	97%	Masters (n=5)	90%

Table 29 compares TMC High Cut Score Success data in relation to the degree offered for the 2024 RCS. RC entry into practice programs offering master’s degrees had the highest mean TMC High Cut Score Success (96%). RC programs offering associate degrees had the lowest mean (83%). RC programs offering the baccalaureate degree had a mean of 87%.

For the 2024 RCS, 24 out of the 27 programs below the CoARC threshold offered the associate degree (17 AAS degree programs, four AS degree programs, and three AST degree programs). The remaining three programs offered the Baccalaureate degree.

Table 30 – TMC High Cut Score Success by Institutional Type for the 2021 through 2024 RCS

Institutional Type (N=409)	2024 RCS	Institutional Type (N=400)	2023 RCS	Institutional Type (N=404)	2022 RCS	Institutional Type (N=404)	2021 RCS
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)
Four-Year College or University (n=97)	86% (5)	Four-Year College or University (n=88)	86% (3)	Four-Year College or University (n=90)	85% (5)	Four-Year College or University (n=95)	85% (10)
Career or Technical College (n=9)	81% (1)	Career or Technical College (n=9)	82%	Career or Technical College (n=9)	85%	Career or Technical College (n=4)	87%
Community or Junior College (n=244)	84% (16)	Community or Junior College (n=243)	84% (17)	Community or Junior College (n=244)	83% (18)	Community or Junior College (n=238)	86% (13)
Academic HSC/Medical Center (n=9)	88% (1)	Academic HSC/Medical Center (n=8)	88%	Academic HSC/Medical Center (n=8)	84% (1)	Academic HSC/Medical Center (n=10)	89%
Technical or Vocational School (n=48)	77% (4)	Technical or Vocational School (n=50)	77% (2)	Technical or Vocational School (n=51)	77% (6)	Technical or Vocational School (n=55)	80% (4)
U.S. Military (n=2)	80%	U.S. Military (n=2)	83%	U.S. Military (n=2)	79%	U.S. Military (n=2)	79%

Table 30 compares TMC High Cut Score data in relation to institutional type for the 2024 RCS. RC entry into practice programs located in Academic HCS/Medical Center institutions demonstrated the highest mean TMC High Cut Score Success at 88%. RC entry into practice programs located in Technical or Vocational Schools have the lowest mean TMC High Cut Score Success at 77%.

For the 2024 RCS, 16 of the 27 programs below the CoARC threshold were located at a community or Junior College, five were at a Four-Year College or University, 4 were at a Technical or Vocational School, one was at a Career or Technical College, and one at the Academic HSC/Medical Center.

Table 31 – TMC High Cut Score Success by Institutional Control for the 2021 through 2024 RCS

Institutional Control (N=409)	2024 RCS	Institutional Control (N=400)	2023 RCS	Institutional Control (N=404)	2022 RCS	Institutional Control (N=404)	2021 RCS
	Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)		Mean TMC High Cut Score Success (# of programs below CoARC threshold)
Public/Not-For-Profit (n=326)	85% (17)	Public/Not-For-Profit (n=326)	84% (15)	Public/Not-For-Profit (n=327)	84% (20)	Public/Not-For-Profit (n=325)	86% (21)
Private/For-Profit (Proprietary) (n=42)	76% (5)	Private/For-Profit (Proprietary) (n=39)	76% (3)	Private/For-Profit (Proprietary) (n=41)	77% (5)	Private/For-Profit (Proprietary) (n=41)	80% (1)
Private/Not-For-Profit (n=39)	78% (5)	Private/Not-For-Profit (n=33)	81% (4)	Private/Not-For-Profit (n=34)	81% (5)	Private/Not-For-Profit (n=32)	81% (5)
Federal Government (n=2)	80%	Federal Government (n=2)	83%	Federal Government (n=2)	79%	Federal Government (n=6)	77%

Table 31 compares TMC High Cut Score Success data in relation to institutional control/funding for the 2024 RCS. RC entry into practice programs controlled/funded by Public/Not-For-Profit sector demonstrated the highest mean TMC High Cut Score Success at 85%. Programs controlled/funded by Private/For-Profit (Proprietary) institutions demonstrated the lowest mean TMC High Cut Score Success at 76%.

For the 2024 RCS, 17 of the 27 programs below the CoARC threshold were controlled/funded by Public/Not-For-Profit institutions, five programs by Private/For-Profit (Proprietary) institutions, and five by a Private/Not-For-Profit institution.

RRT Credentialing Success

RRT Credentialing Success is defined by the CoARC as the percentage of graduates who earn the RRT credential by achieving the high cut score on the Therapist Multiple-Choice Examination (TMC) and subsequently passing the Clinical Simulation Examination (CSE), regardless of the number of TMC or CSE exam attempts. RRT credentialing success is derived by dividing the total number of those achieving the RRT (numerator) by the # of graduates (denominator) in each three-year reporting period. Note: This metric is not the same as the NBRC RRT pass rate, which measures the number of candidates passing the exam divided by the number of candidates attempting the exam. The Therapist Multiple-Choice (TMC) Examination administered by the NBRC is designed to measure the essential knowledge, skills, and abilities acquired by graduates of entry-level respiratory therapy educational programs and determine their eligibility for the Clinical Simulation Examination. The RRT credential is required to enter practice in Ohio, California, Oregon, Arizona, New Jersey, West Virginia, and New Mexico. Accordingly, graduates of CoARC-accredited programs in other states can choose to forego the CSE examination after earning the CRT credential and still obtain a license to practice. While programs are required to provide RRT outcomes data on the RCS, no threshold for this outcome has been established by the CoARC. Accordingly, no accreditation actions are taken based on RRT credentialing success. For more information related to this outcome measure, download the *CoARC’s Position Statement Regarding Exam-based Outcome Measures*, which is available at www.coarc.com.

Table 32 – RRT Credentialing Success for 2014 RCS through 2024 RCS				
Reporting Years (# of programs submitted)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	67.9% (21.3)	100%	0%	N/A
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	70.5% (20.4)	100%	11%	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	72.7% (20.0)	100%	16%	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	75.1% (19.0)	100%	14%	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	80.2% (17.6)	100%	0%	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	80.0% (18)	100%	0%	N/A
2020 RCS Data from 1/1/17 to 12/31/19 (N=400)	78.0% (19)	100%	14%	N/A
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	75.7% (20)	100%	12%	N/A
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	72% (21)	100%	0%	N/A
2023 RCS Data from 1/1/20 to 12/31/22 (N=400)	72% (20)	100%	0%	N/A
2024 RCS Data from 1/1/21 to 12/31/23 (N=409)	72% (20)	100%	0%	N/A

2024 RCS data on RRT credentialing success (**Table 32**) show a total of 409 entry into practice programs reporting data. The mean RRT credentialing success was 72%, with the highest rate (100%) achieved by 14 programs and the lowest rate of 0% (n=2). Compared to 2023, the 2024 mean data stayed the same, but with an overall increase of 4.1% since the 2014 RCS. The number of programs reporting the highest RRT

credentialing success rate (100%) was 19 for the 2014 RCS, to 23 for the 2015 RCS, to 28 for the 2016 RCS, to 19 for the 2017 RCS, to 34 for 2018 RCS, and decreased to 32 for the 2019 RCS then to 29 for the 2020 RCS, then to 25 for the 2021 RCS, 18 for the 2022 RCS, 11 for the 2023 RCS, and increase to 14 in 2024.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 33 –RRT Credentialing Success by Degree Offered for 2021 RCS through 2024 RCS

Degree Offered (N=409)	2024 RCS	Degree Offered (N=400)	2023 RCS	Degree Offered (N=404)	2022 RCS	Degree Offered (N=404)	2021 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Associate (n=331)	71%	Associate (n=330)	70%	Associate (n=335)	71%	Associate (n=334)	75%
Baccalaureate (n=71)	76%	Baccalaureate (n=65)	77%	Baccalaureate (n=63)	77%	Baccalaureate (n=65)	81%
Masters (n=7)	91%	Masters (n=5)	93%	Masters (n=6)	94%	Masters (n=5)	86%

Table 33 compares entry into practice RRT credentialing success data in relation to the degree offered for the 2021 RCS through the 2024 RCS. For the 2024 RCS, RC programs offering master’s degrees had the highest mean RRT credentialing success (91%). RC programs offering associate degrees had the lowest mean RRT credentialing success (71%). There was a one percent increase in any of the program mean for associate degrees in RRT credentialing success compared to 2023 RCS data.

Table 34 – RRT Credentialing Success by Institutional Type for 2021 RCS through 2024 RCS

Institutional Type (N=409)	2024 RCS	Institutional Type (N=400)	2023 RCS	Institutional Type (N=404)	2022 RCS	Institutional Type (N=404)	2021 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Four-Year College or University (n=97)	75%	Four-Year College or University (n=88)	76%	Four-Year College or University (n=90)	77%	Four-Year College or University (n=95)	76%
Career or Technical College (n=9)	73%	Career or Technical College (n=9)	68%	Career or Technical College (n=9)	70%	Career or Technical College (n=4)	80%
Community or Junior College (n=244)	72%	Community or Junior College (n=243)	72%	Community or Junior College (n=244)	72%	Community or Junior College (n=238)	77%
Academic HSC/Medical Center (n=9)	81%	Academic HSC/Medical Center (n=8)	79%	Academic HSC/Medical Center (n=8)	74%	Academic HSC/Medical Center (n=10)	83%
Technical or Vocational School (n=48)	67%	Technical or Vocational School (n=50)	65%	Technical or Vocational School (n=51)	66%	Technical or Vocational School (n=55)	70%
U.S. Military (n=2)	55%	U.S. Military (n=2)	57%	U.S. Military (n=2)	55%	U.S. Military (n=2)	52%

Table 34 compares RRT credentialing success data in relation to institutional type for the 2021 RCS through the 2024 RCS. For the 2024 RCS, entry into practice programs located in Academic HSC/Medical Centers had the highest mean RRT credentialing success at 81%. Programs located at U.S. Military facilities had the lowest mean RRT credentialing success at 55%. Increases in mean RRT credentialing success occurred for Career or Technical Colleges, Academic HSC/Medical Centers, and Technical or Vocational Schools compared to 2022 RCS data.

Table 35 – RRT Credentialing Success by Institutional Control for 20201 RCS through 2024 RCS

Institutional Control (N=409)	2024 RCS	Institutional Control (N=400)	2023 RCS	Institutional Control (N=404)	2022 RCS	Institutional Control (N=404)	2021 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Public/Not-For-Profit (n=326)	74%	Public/Not-For-Profit (n=326)	73%	Public/Not-For-Profit (n=327)	74%	Public/Not-For-Profit (n=325)	77%
Private/For-Profit (Proprietary) (n=42)	66%	Private/For-Profit (Proprietary) (n=39)	66%	Private/For-Profit (Proprietary) (n=41)	67%	Private/For-Profit (Proprietary) (n=41)	72%
Private/Not-For-Profit (n=39)	61%	Private/Not-For-Profit (n=33)	66%	Private/Not-For-Profit (n=34)	66%	Private/Not-For-Profit (n=32)	69%
Federal Government (n=2)	55%	Federal Government (n=2)	57%	Federal Government (n=2)	55%	Federal Government (n=6)	59%

Table 35 compares RRT credentialing success data in relation to institutional control/funding for the 2021 RCS through the 2024 RCS. For the 2024 RCS, entry into practice programs controlled/funded by public/not-for-profit institutions demonstrates the highest mean RRT credentialing success (74%). Programs controlled/funded by the federal government demonstrated the lowest mean RRT credentialing success rate (55%). Decreases in mean RRT credentialing success occurred in entry into practice programs controlled/funded by private/not-for-profit institutions and federal government compared to the 2023 RCS data. Increase in mean RRT credentialing success occurred in entry into practice programs controlled/funded by the public/not-for-profit institutions compared to the 2023 RCS data.

Overall Graduate Satisfaction

The CoARC evaluates overall graduate satisfaction based on a CoARC developed survey which uses a 5-point Likert scale. Programs administer the survey to employed program graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing the subject, 80% of returned graduate surveys must rate overall satisfaction at three or higher on a 5-point Likert scale. The survey template is available at www.coarc.com.

Table 36 – RC Overall Graduate Satisfaction for the 2020 through the 2024 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=392)	99% (4)	100%	50%	80%	2
2021 RCS Data from 1/1/18 to 12/31/20 (N=404)	99% (3)	100%	67%	80%	3
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	99% (3)	100%	73%	80%	4
2023 RCS Data from 1/1/20 to 12/31/22 (N=401)	99% (4)	100%	50%	80%	3
2024 RCS Data from 1/1/21 to 12/31/23 (N=409)	98% (7)	100%	0%	80%	5

The 2024 RCS includes results on overall graduate satisfaction from 409 programs reporting data (**Table 36**). Mean overall graduate satisfaction was 98%, with the highest value of 100% (n=342) and the lowest value of 0% (n=1). Results from five programs (1.2% of total) were below the CoARC-established threshold of 80%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Overall Employer Satisfaction

The CoARC evaluates overall employer satisfaction based on a CoARC-developed survey which uses a 5-point Likert scale. Programs administer the survey to employers of their graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing this subject, 80% of returned surveys must rate overall employer satisfaction with program graduates at three or higher on a 5-point Likert scale.

Table 37 – RC Overall Employer Satisfaction for the 2020 through the 2024 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2020 RCS Data from 1/1/17 to 12/31/19 (N=391)	99% (5)	100%	43%	80%	4
2021 RCS Data from 1/1/18 to 12/31/20 (N=413)	99% (5)	100%	0%	80%	1
2022 RCS Data from 1/1/19 to 12/31/21 (N=404)	99% (2)	100%	81%	80%	0
2023 RCS Data from 1/1/20 to 12/31/22 (N=401)	99% (3)	100%	81%	80%	0
2024 RCS Data from 1/1/20 to 12/31/22 (N=409)	99% (5)	100%	43%	80%	3

The 2024 RCS includes results on overall employer satisfaction from 409 programs reporting data (**Table 37**). Mean overall employer satisfaction was 99%, with the highest value of 100% (n=319) and the lowest value of 43% (n=1). Results from five programs (1.2% of total) were below the CoARC-established threshold of 80%. As per CoARC Standard 3.09, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

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