

1 I. PROGRAM ADMINISTRATION AND SPONSORSHIP

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3 **Institutional Accreditation**

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5 1.01 The educational sponsor of an entry into practice program must be a post-secondary
6 academic institution accredited by an institutional accrediting agency recognized by the
7 U.S. Department of Education (USDE), and must award program graduates an associate,
8 baccalaureate, or graduate degree upon successful completion of their professional
9 coursework and degree requirements. In addition, the sponsor has been approved by
10 appropriate state authorities to provide the program.

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12 **Interpretive Guideline:**

13 *Academic progression within the respiratory care profession is focused on benefiting both patients*
14 *and the profession. Accordingly, the CoARC strongly encourages innovative efforts by accredited*
15 *programs, especially at the associate degree level, to provide a smooth and simple process for*
16 *program graduates to attain higher academic degrees, such as by working with institutions that*
17 *offer degree advancement. Examples of academic progression partnerships include, but are not*
18 *limited to, articulation and/or transfer agreements, dual or co-admission/enrollment, and*
19 *accelerated advancement (associate to graduate) models.*

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21 *Should the program sponsor not support the program's development of relationships with*
22 *institutions offering higher levels of education, the program should strongly encourage its*
23 *graduates to use other methods of achieving this goal, such as on-line Degree Advancement*
24 *options.*

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26 *A copy of an institutional accreditation certificate or letter, denoting the sponsor's current*
27 *accreditation status, must be submitted with the program's self-study or Letter of Intent*
28 *Application. There are additional questions in the Application for Accreditation Services related to*
29 *the sponsor's institutional accreditation status and its authority under applicable state laws to*
30 *provide postsecondary education. As noted in the CoARC Accreditation Policies and Procedures,*
31 *the sponsor is responsible for notifying the CoARC of any adverse change in its accreditation*
32 *status.*

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34 Evidence of Compliance:

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- 36 • Documentation of the sponsor's current institutional accreditation status;
 - 37 • Documentation of authorization by a state agency to provide the degree conferred (if
38 applicable).
 - 39 • If the sponsor is in a consortium arrangement with another institution to award degrees,
40 provide the above documentation for the degree-granting institution.
 - 41 • Documentation that the sponsor has authorization to provide clinical education
42 experiences in other states, where required.
 - 43 • Documentation that the sponsor has authorization to provide distance education in
44 other states, where required (if applicable).

45 **Definitions:** sponsor; degree advancement, distance education

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47 **Resources:** USDE website

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50 **Consortium**

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52 1.02 When more than one entity is sponsoring a program, at least one of the members of the
53 consortium must meet the requirements in Standard 1.01. The consortium must be
54 capable of providing all resources necessary for the degree. There must be a formal
55 document (affiliation agreement, memorandum of understanding, etc.), which delineates
56 the responsibilities between consortium partners for all aspects of the program including
57 instruction, supervision of students, resources, reporting, governance and lines of
58 authority.

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60 **Interpretive Guideline:**

61 *This Standard is applicable only to programs sponsored by a consortium, which means that more*
62 *than one institution is sponsoring the program (excluding clinical affiliation agreements). A copy*
63 *of the formal agreement detailing the relationship between the institutions involved in the*
64 *consortium and documenting the responsibilities of each member must be provided. This can be*
65 *in the form of an affiliation agreement, a Memorandum of Understanding or a Business Contract.*
66 *Organizational chart templates and a sample consortium agreement can be found on the CoARC*
67 *website (www.coarc.com). Additional information that can be used to determine compliance with*
68 *this Standard is provided with the Application for Accreditation Services.*

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70 Evidence of Compliance:

- 71 • Duly executed consortium agreement, contract or memorandum of understanding;
- 72 • One or more organizational charts delineating the program’s relationship to all
- 73 members of the consortium and clearly depicting how the program reports to, or is
- 74 supervised by, each component.

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76 **Definitions:** consortium; affiliation agreement

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78 **Resources:** template for an agreement?

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80 **Sponsor Responsibilities**

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82 1.03 The sponsor must be capable of providing required general education courses or have a
83 process for accepting transfer credit for these courses from other institutionally
84 accredited institutions. The sponsor must provide the necessary didactic instruction and
85 ensure that students have access to the laboratory and clinical experience required to
86 attain the expected competencies. The sponsor must teach out currently matriculated
87 students in accordance with the institution’s institutional accreditor, or state or federal
88 law in the event of program closure and/or loss of accreditation.

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Interpretive Guideline:

This Standard is applicable to all programs, regardless of sponsorship. A list of all courses in the curriculum (and which member of the consortium is responsible for each course, if applicable) must be published.

All required institutional resources (as identified in Standard 2.01) must be established prior to the admission of students into the program. Programs with a distance learning component must make arrangements, prior to each student's enrollment, for all necessary laboratory and clinical instruction/experience. These must be of sufficient quality that all such program locations meet the applicable Standards (such as 3.01, 3.10, 4.02, and 4.08).

There must be a current clinical affiliation agreement, defining the policies governing student access to educational resources and clinical experiences, for all the program's clinical sites. These agreements must include specific notations delineating the terms of participation between the sponsor and the clinical affiliate, describe the relationship between the sponsor and the clinical site(s), and clearly define the roles of the program, its sponsor and the clinical site. While one agreement between the sponsoring and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the program and each clinical entity. A process must be in place to review these clinical affiliation agreements routinely.

Each program should develop specific transfer of credit policies to be approved by their institution. Transfer policies should address transfer credit maximums, evaluation criteria for transfer courses, and potential outcomes related to transfer credit decisions (including how the transfer credits align with current program course offerings). If transfer credits result in the waiver of a course or courses containing expected competencies or other essential aspects of the program's assessment plan, the program should develop alternate methods to assess and record the transfer student's performance in those areas.

For programs offering off-campus laboratory site(s), there must be an agreement defining the policies governing student access to educational resources and laboratory experiences, for all the program's off-campus laboratory sites. These agreements must include specific notations delineating the terms of participation and describe the relationship between the program and the laboratory site(s), and clearly define the roles of the program, its sponsor and the laboratory site(s).

Evidence of Compliance:

- Institutional academic catalog listing programs of study and course offerings;
- Transfer of credit policies, if applicable;
- A list of all sites used for clinical training;
- Formal, written clinical affiliation agreements or memoranda of understanding (MOU) with each clinical site.

133 **Definitions:** OCLS; clinical experience; published; MOUs; clinical affiliate; Clinical affiliate
134 agreements; academic catalog

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136 **Resources:**

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139 1.04 The sponsor is responsible for ensuring curriculum planning, course selection and
140 coordination of instruction by program faculty. Institutional policies related to academic
141 standards support academic and professional judgments of the program faculty. The
142 program faculty determines student progression through all stages of the program.

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144 **Interpretive Guideline:**
145 *Program faculty must be involved in the development, review, and revision of academic program*
146 *policies. Academic policies include, but are not limited to, those related to student recruitment,*
147 *admission, retention, and progression. Policies are written and communicated to relevant*
148 *constituencies. On at least an annual basis, the sponsor should provide program faculty with the*
149 *time and support needed to conduct a curriculum review and revision (as defined in Standard*
150 *4.08) and develop action plans to address any shortcomings identified in this evaluation, as well*
151 *as to reassess curriculum design and course delivery format and enhance the curriculum based on*
152 *feedback from course evaluations by students, graduates and instructors. During the academic*
153 *year, program faculty should meet on a regular basis to assess the results of curricular revisions,*
154 *to discuss student course evaluations and to make any modifications necessary to ensure that the*
155 *curriculum is up to date and effective. Programs must maintain the minutes of these meetings for*
156 *five years.*

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158 Evidence of Compliance:

- 159 • Institutional policies and procedures requiring curriculum planning, course selection and
160 coordination of instruction by program faculty;
- 161 • Institutional policies and practices that allow faculty to employ academic freedom when
162 making decisions;
- 163 • Evidence that faculty participate in the development, implementation, and revision of
164 curricula;
- 165 • Minutes of program faculty meetings for curriculum planning, course selection and
166 instruction coordination.

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168 **Definitions:** curriculum; program faculty

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170 **Resources:**

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173 1.05 The sponsor is responsible for continued professional growth and scholarly activities of
174 faculty. The sponsor must provide sufficient release time and financial resources in
175 support of the program key personnel, as applicable to their job description, for:
176 a) maintenance of certification and licensure and

177 b) professional development directly relevant to respiratory care education.
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179 **Interpretive Guideline:**

180 *'Professional growth' requires that faculty not only maintain clinical and academic skills but that*
181 *they develop new skills as needed for their position responsibilities. The types of institutional*
182 *support for professional development opportunities for faculty members vary. They may include*
183 *but are not limited to: funding for maintaining National Board for Respiratory Care (NBRC)*
184 *credential status and for attending state, regional, or national professional organizational*
185 *meetings and/or continuing education conferences; provision of non-vacation time for*
186 *professional organizational activities, for clinical practice, or for research/scholarly activities;*
187 *encouraging faculty to pursue a higher degree by offering tuition remission or time off; payment*
188 *of dues and fees related to credential maintenance; and/or time off needed for review and study.*
189 *Evidence of institutional support can include program and/or institutional policies and records of*
190 *the faculty's continued professional development activities and documentation of institutional*
191 *support for these activities.*

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193 **Evidence of Compliance:**

- 194 • Institutional policies that support continued professional growth of faculty (e.g., release
195 time, workload reduction, funding);
- 196 • Documentation of professional development activities of the faculty and institutional
197 support for these activities related to respiratory care education.

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199 **Definitions:** continued professional growth
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201 **Resources:** CoARC Teaching and Administrative Workload Form
202

203 1.06 Program academic policies must apply equally to students and faculty at all program
204 locations. For students and faculty at off-campus or satellite locations, the sponsor must
205 provide access to academic support services and other resources equivalent to those on
206 the main campus.
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208 **Interpretive Guideline:**

209 *Program policies must apply to all students and faculty regardless of the location where*
210 *instruction occurs. Program policies must be consistent for all venues of instruction (didactic,*
211 *laboratory, and clinical). Likewise, programs with more than one instructional site and programs*
212 *using distance education must have academic policies that are consistent for all instructional*
213 *locations. Clinical affiliation agreements or memoranda of understanding may specify that certain*
214 *program policies will be superseded by those of the clinical site.*

215
216 *The types of services and resources that help students reach their academic and career goals*
217 *typically include academic advising, tutoring, career services, financial aid and access to*
218 *computing and library resources. Services and resources available to instructional faculty at the*
219 *main campus include, but are not limited to, computing, instructional design, information*
220 *technology and library resources, and employee assistance. The program should inform students*

221 *and faculty if certain services are only available to them on the main (base) campus and*
222 *when/how they can attain access to these services.*

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224 Evidence of Compliance:

- 225 • Published program policies.
- 226 • Student handbooks;
- 227 • Results of CoARC Student and Personnel Program Resource Surveys (RAM);
- 228 • Results of CoARC Graduate Surveys (RCS).

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230 **Definitions:** academic support services; equivalent

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232 **Resources:**

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235 1.07 The sponsor must report substantive change(s) to the CoARC prior to such changes, or
236 within the time limits prescribed. For details (including a delineation of such changes), see
237 the CoARC Accreditation Policies and Procedures Manual.

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239 **Interpretive Guideline:**

240 *The program must demonstrate compliance with all components of this Standard. As noted, the*
241 *process for reporting substantive changes is defined in the CoARC Accreditation Policies and*
242 *Procedures Manual (available at www.coarc.com). A program considering or planning any*
243 *significant change should contact CoARC early in the process. This will provide an opportunity for*
244 *the program to consult CoARC Executive Office staff regarding whether or not the change is*
245 *'substantive', as well as the procedures to be followed and the potential effect of the change on*
246 *its accreditation status.*

247

248 *If, during program review, a substantive change that has already been implemented without*
249 *CoARC approval is discovered, the CoARC Executive Office should be contacted as soon as possible*
250 *to determine the course of action.*

251

252 Evidence of Compliance:

- 253 • Timely submission of the CoARC Application for Substantive Change and related
254 documentation required by CoARC Policies;
- 255 • Documentation confirming CoARC approval of the change.

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257 **Definitions:** substantive change

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259 **Resources:** CoARC Policies and Procedures Manual Section 9.0; CoARC Substantive Change
260 Application

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