

1 **II. INSTITUTIONAL RESOURCES AND PERSONNEL RESOURCES**

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3 **Institutional Resources**

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5 2.01 The sponsor must ensure that fiscal, academic and physical resources are sufficient to
6 achieve the program’s goal(s), as defined in Standard III, for all program locations,
7 regardless of the instructional methodology used.

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9 **Interpretive Guideline:**

10 *The sponsor must have the financial resources required both to develop and to sustain the*
11 *program on a continuing basis. The program must be able to recruit and retain sufficient qualified*
12 *faculty and to purchase and maintain sufficient and appropriate academic resources, as reflected*
13 *in annual budget appropriations. Annual appropriations should provide for the innovations and*
14 *changes, including technological advances, necessary to reflect current concepts in education and*
15 *in the profession. The budget must be such that adequate resources are assured for all enrolled*
16 *students, even in the event of program closure (see Accreditation Policies and Procedures*
17 *Manual).*

18
19 *Academic resources include but are not limited to: audio/visual equipment; instructional*
20 *materials; laboratory equipment and supplies; technological resources that provide access to*
21 *medical information and current literature (current books, journals, periodicals and other*
22 *reference materials related to the curriculum). Physical proximity of library facilities or access to*
23 *online educational materials in a library or computer laboratory with extended hours for student*
24 *use should be evident. Capital equipment (e.g. ventilators, mannequins, etc.), can be purchased*
25 *or leased, but all laboratory equipment must be available to students when needed. Programs*
26 *must have a reasonable mechanism for student access to program laboratories, including off*
27 *campus laboratory sites, at times other than those designated in the curriculum with appropriate*
28 *supervision.*

29
30 *Physical resources refer to the space allocated to the program including that for offices,*
31 *classrooms and laboratories, for confidential counseling of students, for program conferences and*
32 *meetings and for secure storage of student files and records.*

33
34 *For distance learning programs/components, arrangements for all necessary (see Standards 3.01,*
35 *3.10, 4.08, and 4.09) laboratory and clinical instruction/experience for each student must be*
36 *completed prior to her/his enrollment into the program. Such arrangements must be maintained*
37 *throughout the student’s education in the program.*

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39 **Evidence of Compliance:**

- 40
 - 41 • Results of annual program resource assessment as documented in the CoARC Resource
42 Assessment Matrix (RAM).
 - 43 • For distance learning programs, copies of agreements/contracts with laboratories,
44 clinical site(s) and preceptors/instructors for each student enrolled in the program.

45 **Definitions:** program goals; fiscal, academic and physical resources; assessment

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47 **Resources:**

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50 **Key Program Personnel**

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52 2.02 The sponsor must appoint, at a minimum, a full-time Program Director, a full-time
53 Director of Clinical Education, and a Medical Director.

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55 For programs offering a sleep specialist option, the Primary Sleep Specialist Instructor is
56 to be considered key personnel. Programs with a satellite location must appoint a Satellite
57 Site Coordinator, who is also to be considered key personnel.

58

59 **Interpretive Guideline:**

60 *Full-time faculty includes all persons employed full-time by the institution who are appointed*
61 *primarily to the respiratory care program, and whose job responsibilities include teaching,*
62 *regardless of the position title (i.e., full-time laboratory and clinical instructors would be*
63 *considered faculty). The length of the full-time appointment (e.g., 10-month, 12-month, etc.) for*
64 *the Program Director and Director of Clinical Education must be sufficient for them to fulfill their*
65 *responsibilities (identified in 2.03 and 2.07, respectively), in addition to responsibilities required*
66 *by the sponsor. Only one individual can assume the responsibilities of either the Program Director*
67 *or Director of Clinical Education; thus, these full-time positions cannot be shared. The Medical*
68 *Director (or co-directors) is/are not required to have full-time appointments. Program faculty*
69 *must hold educational qualifications as required by the institution and regulatory agencies (i.e.,*
70 *institutional accreditor).*

71

72 *Documentation of employment must include Letters of Appointment and Acceptance (templates*
73 *are available on the CoARC website). Letters of Appointment and Acceptance as well as Job*
74 *Descriptions must be current and show evidence of being reviewed periodically with the applicable*
75 *faculty member per institutional evaluation cycles. At a minimum, key program personnel must*
76 *have academic appointments and privileges comparable to other faculty in the institution with*
77 *similar academic responsibilities. A listing of both the key personnel and the program faculty*
78 *should be readily accessible (at a minimum on the program's website).*

79

80 Evidence of Compliance:

- 81
- 82 • Documentation of Employment;
 - 83 • Written job descriptions with corresponding expectations and minimum qualifications;
 - 84 • One or more organizational charts indicating the relationship of the key personnel to
85 the program faculty, advisory committee, and administration.

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86 **Definitions:** Documentation of employment

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88 **Resources:**

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Program Director

93 2.03 The Program Director (PD) must provide effective leadership for the program including,
94 but not limited to, responsibility for communication, ongoing program planning and
95 assessment, and fiscal management. There must be evidence that sufficient time is
96 allocated to the PD so that all his or her educational and administrative responsibilities
97 can be met.
98

Interpretive Guideline:

100 *The PD's administrative responsibilities include fiscal planning; program planning and*
101 *development; ongoing review and analysis of all program activities; ensuring that, in all aspects,*
102 *the program meets the requirements of the Standards. Educational responsibilities include*
103 *continuous curriculum development and review as well as teaching. The PD must work with the*
104 *DCE to ensure that clinical education for program students is coordinated with didactic and*
105 *laboratory activities and is sufficient to meet program outcomes required by the Standards. PDs*
106 *often hold other leadership roles within the institution (e.g., Dean, Department or Division Chair)*
107 *or spend non-program time in clinical practice, teaching or research. The PD workload must*
108 *balance these responsibilities with those related to the program. Documentation of sufficient*
109 *release time for the PD to perform the administrative duties of the program must be provided to*
110 *confirm compliance with this Standard. Sufficient release must be documented within the faculty*
111 *member's workload with evident reduction in one or more areas: teaching, research, or service at*
112 *a minimum of 25%.*

113
114 *Institutional policies related to academic standards and to faculty roles and workload are applied*
115 *to the program in a manner that recognizes and supports the academic and technical aspects of*
116 *the program, including, but not limited to, providing for reduction in teaching load for*
117 *administrative functions. The sponsor must identify functions to be considered for release time*
118 *(e.g., program administration, clinical education administration, development of Self-study*
119 *Report, assessment activities).*

120
121 *While it is preferable that the PD perform these responsibilities at the main campus location for*
122 *non-distance learning programs, s/he may prefer to work at a distant location. This is acceptable*
123 *only if: the program sponsor ensures that sufficient personnel are available to undertake those*
124 *responsibilities that the PD would be unable to fulfill under such circumstances (i.e. supervising*
125 *students in the laboratory, ensuring that laboratory equipment is functioning properly, etc.); all*
126 *the data and technology necessary for him/her to fulfill these duties are immediately available;*
127 *and the sponsor makes prospective students aware of this circumstance.*

128
129 Evidence of Compliance:

- 130 • CoARC Teaching and Administrative Workload Form;
- 131 • Requirements for scholarship, service, and maintenance of expertise in contemporary
- 132 practice in assigned teaching areas;

- 133
- Policies and procedures addressing program workload for faculty;
- 134
- Institutional job description with corresponding expectations;
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- Appointment Letter/Contractual Agreement.
- 136

137 **Definitions:** sufficient

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139 **Resources:**

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142 2.04 The PD of an associate degree program must have earned at least a baccalaureate degree

143 from an academic institution accredited by an institutional accrediting agency recognized

144 by the U.S. Department of Education (USDE)¹.

145

146 The PD of a program offering a bachelor's or master's degree must have earned at least

147 a master's degree from an academic institution accredited by an institutional accrediting

148 agency recognized by the U.S. Department of Education (USDE)¹.

149

150 **Interpretive Guideline:**

151 *Effective June 1, 2010, degrees are only considered acceptable if they were awarded by an*

152 *institution that is accredited by a USDE-recognized institutional accrediting body. For degrees from*

153 *institutions in countries other than the United States, the CoARC will utilize an external review*

154 *service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to the*

155 *required minimum degree. Program Directors with degrees from non-accredited institutions that*

156 *were awarded prior to June 1, 2010, are considered to meet this Standard provided they remain*

157 *in that position. The degree can be in any field of study.*

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159 Evidence of Compliance:

- Official transcript denoting at least the required degree.
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162 **Definitions:**

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164 **Resources:**

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167 2.05 The PD must:

- a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
 - b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
 - c) have a minimum of two (2) years' experience teaching either as an appointed faculty member in a CoARC-accredited respiratory care program or as a clinical instructor/
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¹ Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new program director is appointed; or (2) the program requests a change in degree; or (3) the program requests an additional degree track.

173 preceptor for students of such programs;
174 d) complete the CoARC Key Personnel Training Program.

175

176 ***Interpretive Guideline:***

177 *Documentation of credential validity can include a copy of the NBRC certificate or an NBRC*
178 *Credentials Verification Letter. Expired credentials are not valid.*

179

180 *If a program utilizes a distance education format and the PD resides in a different state than the*
181 *base location, or if the program is located near a state border and the PD resides in a neighboring*
182 *state, s/he may hold a license from his/her state of residence, unless required by the program*
183 *sponsor to hold a license in the state in which the program is located.*

184

185 *Program Directors appointed after January 1, 2020, must complete the CoARC Key Personnel*
186 *Academy (KPA). After that date, if the new appointee served in a permanent key personnel role*
187 *[for at least twelve (12) months] in a CoARC-accredited program (as either PD or DCE) within the*
188 *36 months prior to his/her appointment, s/he does not need to complete the KPA. When required,*
189 *the KPA must be completed within twenty-four (24) months of the appointee's assumption of the*
190 *position. Should the appointee fail to complete the KPA within this timeframe, the program will*
191 *be placed on Administrative Probation. Temporary and acting PDs are not required to complete*
192 *the KPA. Transitional personnel may complete the KPA prior to their permanent appointment, but*
193 *if this is not accomplished, they must complete the KPA within the above timeline, following their*
194 *permanent appointment. All programs accepting applications for vacancies in the PD position*
195 *after this date must comply with this Standard.*

196

197 Evidence of Compliance:

- 198 • Documentation of a valid RRT credential;
- 199 • Documentation of a current state license;
- 200 • Completed CoARC CV Outline;
- 201 • CoARC Key Personnel Training Program certificate of completion.

202

203 **Definitions:** clinical instructor; clinical preceptor

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205 **Resources:**

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208 2.06 The PD must have frequent, regular, and consistent contact with students and program
209 faculty regardless of program location.

210

211 ***Interpretive Guideline:***

212 *Student course evaluations and interview responses during on-site visits should affirm that the PD*
213 *is accessible to students throughout their course of study and that the extent of interaction*
214 *between the PD and students facilitates the achievement of program goals.*

215

216 Evidence of Compliance:

- 217 • Results of student course evaluations;
218 • Results of the CoARC Student and Personnel Program Resource Surveys (RAM).

219

220 **Definitions:** frequent, regular, and consistent

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222 **Resources:**

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225 **Director of Clinical Education**

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227 2.07 The Director of Clinical Education (DCE) must provide effective leadership in developing,
228 conducting, and ongoing assessment of the clinical education program. There must be
229 evidence that sufficient time is allocated to the DCE so that his or her educational and
230 administrative responsibilities can be met.

231

232 **Interpretive Guideline:**

233 *Management of the program's clinical activities include: organization, development and*
234 *administration of, the clinical curriculum; planning for, acquisition of, and communication with,*
235 *locations needed for development of evolving practice skills; ensuring that appropriate*
236 *supervision/assessment of students is available at all clinical sites; and ongoing assessment of the*
237 *overall effectiveness of the clinical training for all students. The DCE must work with the PD to*
238 *ensure that student clinical exposures are coordinated with their didactic and laboratory*
239 *education. The DCE will assume other responsibilities – within the program (administrative,*
240 *teaching in the classroom and the laboratory) or as determined by the program sponsor – when*
241 *assigned. There must be documentation that sufficient release time is allocated to the DCE so that*
242 *all his/her programmatic, educational and administrative responsibilities can be met. Sufficient*
243 *release must be documented within the faculty member's workload with evident reduction in one*
244 *or more areas: teaching, research, or service at a minimum of 25%.*

245

246 *While it is preferable that the DCE performs these responsibilities at the main campus for non-*
247 *distance learning programs, s/he may prefer to work at a 'distant location'. Standard 2.10*
248 *mandates that the DCE must have 'frequent, regular and consistent contact with students, clinical*
249 *faculty, and clinical affiliates in all program locations.' While for distance learning (DL) programs*
250 *this is usually done remotely, it is important that for non-DL programs, which usually have multiple*
251 *program students on clinical sites at any given time during the school year, the DCE must interact*
252 *with the sites personally. Accordingly, such a 'distant location' would preferably be in the general*
253 *area of one of the program's clinical sites; it is important to note that his/her living at a distant*
254 *location would not absolve her/him of the responsibility for personal interaction with all the*
255 *program's clinical sites. In addition, the program sponsor would need to ensure that sufficient*
256 *personnel would be available to undertake any positional responsibilities that the DCE would be*
257 *unable to fulfill under such circumstances (i.e. supervising program students in the laboratory,*
258 *ensuring that the laboratory equipment is functioning properly, etc.).*

259

260 *Additionally, the technology necessary for the DCE to fulfill these and any other responsibilities*

261 assigned by the program sponsor and the PD would need to be immediately available. This would
262 include on-line access to the main campus with technology sufficient to allow the DCE to teach
263 courses interactively, to communicate with students both privately (for counselling) and in groups,
264 to allow interactive faculty and advisory committee meetings as well as providing access to all
265 appropriate data. Such data would include assessments of student performance at clinical sites,
266 student assessments of clinical sites and preceptors, information from clinical sites regarding
267 student behavior, etc.

268
269 Evidence of Compliance:

- 270 • CoARC Teaching and Administrative Workload Form;
- 271 • Requirements for scholarship, service, and maintenance of expertise in contemporary
272 practice in assigned teaching areas;
- 273 • Policies and procedures addressing program workload for faculty;
- 274 • Institutional job description with corresponding expectations;
- 275 • Appointment Letter/Contractual Agreement.

276
277 **Definitions:** sufficient

278
279 **Resources:**

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281
282 2.08 The DCE of an associate degree program must have earned at least a baccalaureate
283 degree from an academic institution accredited by an institutional accrediting agency
284 recognized by the U.S. Department of Education (USDE)².

285
286 The DCE of a program offering a bachelor's or master's degree must have earned at least
287 a master's degree from an academic institution accredited by an institutional accrediting
288 agency recognized by the U.S. Department of Education (USDE)².

289
290 **Interpretive Guideline:**
291 *Effective June 1, 2010, degrees are only considered acceptable if they were awarded by an*
292 *institution that is accredited by a USDE-recognized institutional accrediting body. For degrees from*
293 *institutions in countries other than the United States, the CoARC will utilize an external review*
294 *service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to the*
295 *required minimum degree. Directors of Clinical Education with degrees from non-accredited*
296 *institutions that were awarded prior to June 1, 2010, are considered to meet this Standard*
297 *provided they remain in that position. The degree can be in any field of study.*

298
299 Evidence of Compliance:

- 300 • Official transcript denoting at least the required degree.

² Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new director of clinical education is appointed; or (2) the program requests a change in degree; or (3) the program requests an additional degree track.

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Definitions:

Resources:

2.09 The DCE must:

- a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
- b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
- c) have a minimum of two (2) years' experience teaching either as an appointed faculty member in a CoARC-accredited respiratory care program or as a clinical instructor/preceptor for students of such programs;
- d) complete the CoARC Key Personnel Training Program.

Interpretive Guideline:

Documentation of credential validity can include a copy of the NBRC certificate or an NBRC Credentials Verification Letter. Expired credentials are not valid.

If a program utilizes a distance education format and the DCE resides in a different state than the base location, or if the program is located near a state border and the DCE resides in a neighboring state, s/he may hold a license from his/her state of residence, unless required by the program sponsor to hold a license in the state in which the program is located.

Directors of Clinical Education appointed to the position after January 1, 2020, must complete the CoARC Key Personnel Academy (KPA). After that date, if the new appointee served in a permanent key personnel role [for at least twelve (12) months] in a CoARC-accredited program (as either PD or DCE) within the 36 months prior to his/her appointment, s/he does not need to complete the KPA. When required, the KPA must be completed within twenty-four (24) months of the appointee's assumption of the position. Should the appointee fail to complete the KPA within this timeframe, the program will be placed on Administrative Probation. Temporary and acting DCEs are not required to complete the KPA. Transitional personnel may complete the KPA prior to their permanent appointment, but if this is not accomplished, they must complete the KPA, within the above timeline, following their permanent appointment. All programs accepting applications for vacancies in the DCE position after this date must comply with this Standard.

Evidence of Compliance:

- Documentation of a valid RRT credential;
- Documentation of a current state license;
- Completed CoARC CV Outline;
- CoARC Key Personnel Training Program certificate of completion.

Definitions:

345 **Resources:**

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347

348 2.10 The DCE must have frequent, regular, and consistent contact with students, clinical
349 faculty, and clinical affiliates at all program locations.

350

351 **Interpretive Guideline:**

352 *Student course evaluations and interview responses during site visits should affirm that the DCE*
353 *is accessible to students and that the extent of interaction between the DCE and students*
354 *facilitates the achievement of program goals. The DCE must be available and accessible to*
355 *students and clinical faculty at all times when program students are engaged in clinical*
356 *coursework. Examples of contact documentation between DCE and clinical faculty/affiliates can*
357 *include a communications log, copies of email/texting correspondence, or program faculty*
358 *meeting minutes.*

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360 Evidence of Compliance:

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362

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- Results of student course evaluations;
- Documentation of DCE contact with clinical faculty/affiliates;
- Results of the CoARC Student and Personnel Program Resource Surveys (RAM).

365 **Definitions:** clinical affiliates

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367 **Resources:**

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370 **Medical Director**

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372 2.11 A Medical Director (MD) must be appointed to provide consistent medical guidance, and
373 to assist the PD and DCE in ensuring that didactic, laboratory and supervised clinical
374 instruction meet current practice guidelines. The MD must be a licensed physician and
375 Board certified (as recognized by the American Board of Medical Specialties (ABMS) or
376 American Osteopathic Association (AOA)) in a specialty relevant to respiratory care.

377

378 **Interpretive Guideline:**

379 *The Medical Director must collaborate with the Program Director and Director of Clinical*
380 *Education to ensure that didactic and laboratory instruction and supervised clinical practice*
381 *experiences meet current practice standards for respiratory therapists. The Medical Director must*
382 *also be a member of the Advisory Committee. Documentation of her/his appointment as MD of*
383 *the program must include letters of appointment and acceptance (templates are available on the*
384 *CoARC website).*

385

386 *A completed CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC*
387 *website) can be used as a curriculum vitae. The CV or CoARC CV Outline Form must include*
388 *documentation of the clinical site(s) where the physician is credentialed.*

389
390 *Documentation confirming that a specialty credential is both valid and current can include a copy*
391 *of the credential or a Credential Verification Letter from the appropriate credentialing agency.*
392 *Documentation of current licensure can include a copy of the license or a License Verification Letter*
393 *from the appropriate licensing agency.*

394
395 *Documentation of physician interaction with students can include a physician interaction log in*
396 *student clinical handbooks, evidence of student presentations to physicians in didactic or clinical*
397 *settings, or documentation of student participation in research activities supervised by physicians.*

- 398
399 Evidence of Compliance:
- 400 • Copy of current state license and board certificate(s);
 - 401 • Curriculum vitae;
 - 402 • Institutional job description with corresponding expectations;
 - 403 • Appointment Letter/Contractual Agreement;
 - 404 • Records of MD interaction with Key Personnel including attendance at Advisory
 - 405 Committee meetings;
 - 406 • Documentation of all physician interactions with students;
 - 407 • Results of annual program resource assessment as documented in the CoARC RAM.

408
409 **Definitions:** assessment

410
411 **Resources:** CoARC templates

412
413
414 **Primary Sleep Specialist Instructor**

415
416 2.12 For programs offering the sleep specialist program option, there must be a faculty
417 member designated as the primary instructor for that portion of the program. In addition
418 to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must have a minimum of an
419 associate degree, at least three (3) years of clinical experience in sleep technology and at
420 least one (1) year of experience in a teaching position.

421
422 **Interpretive Guideline:**
423 *For programs offering the sleep specialist program option, the primary instructor of the program*
424 *is considered Key Personnel by the CoARC. Documentation of credential validity can include a copy*
425 *of the NBRC or BRPT certificate or a NBRC/BRPT Credentials Verification Letter. Expired credentials*
426 *are not valid. Documentation of employment must include Letters of Appointment and Acceptance*
427 *(templates are available on the CoARC website). At a minimum, key program personnel should*
428 *have academic appointments and privileges comparable to other faculty with similar academic*
429 *responsibilities in the institution.*

430
431 *For academic degrees from institutions in countries other than the United States, the CoARC will*

432 *utilize an external review service (e.g., www.naces.org) to determine whether the foreign*
433 *transcript is equivalent to the required minimum degree. The degree can be in any field of study.*
434

435 Evidence of Compliance:

- 436 • Valid credential as a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered
437 Polysomnographic Technologist (RPSGT);
- 438 • Documentation of a current state license;
- 439 • Completed CoARC CV Outline;
- 440 • Appointment Letter/Contractual Agreement;
- 441 • Institutional job description with corresponding expectations;
- 442 • Academic transcript denoting at least the required degree.

443
444 **Definitions:** clinical experience

445
446 **Resources:**

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448
449 **Satellite Site Coordinator**

450
451 2.13 Programs with satellite location(s) must assign a faculty member who is a Registered
452 Respiratory Therapist to be site coordinator at each location. This coordinator is
453 considered Key Personnel. At a minimum, this individual must hold a degree equivalent
454 to what the program confers on its graduates. This individual is responsible for ensuring
455 that the educational experiences of students on that site are equivalent to those of the
456 base program students as well as for maintaining adequate, ongoing communication with
457 the Program Director and Director of Clinical Education.

458
459 **Interpretive Guideline:**

460 *Documentation of the RRT credential can include a copy of the NBRC certificate or an NBRC*
461 *Credentials Verification Letter. Expired credentials are not valid. Documentation of contact with*
462 *PD/DCE can include a communications log, copies of email or texting correspondence, and*
463 *program faculty meeting minutes. A completed CoARC Curriculum Vitae Outline for Program*
464 *Faculty (available on the CoARC website) can be used as curriculum vitae.*

465
466 Evidence of Compliance:

- 467 • Documentation of a valid RRT credential;
- 468 • Documentation of a current state license;
- 469 • Official transcript denoting the required degree;
- 470 • Completed CoARC CV Outline;
- 471 • Institutional letter of appointment or equivalent document;
- 472 • Documentation of contact with PD and DCE;
- 473 • Results of CoARC Personnel-Program Resource Surveys (RAM);
- 474 • Institutional job description with corresponding expectations.

475

476 **Definitions:** satellite; equivalent; adequate; base program

477

478 **Resources:**

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480

481 **Instructional Faculty**

482

483 2.14 In addition to the Key Personnel, there must be sufficient personnel resources to provide
484 effective instruction and evaluation in all settings – didactic, laboratory, simulation
485 activities, and clinical. In clinical rotations, the student to faculty ratio cannot exceed 6:1
486 for clinical instructors and 2:1 for clinical preceptors. In laboratory environments, the
487 student to faculty ratio cannot exceed 12:1. During simulation exercises, the student to
488 faculty/staff ratio cannot exceed 6:1. These expectations are to ensure that each student
489 is reasonably supervised during hands-on learning activities.

490

491 **Interpretive Guideline:**

492 *The program must ensure that sufficient, appropriately trained, licensed, and credentialed faculty*
493 *are available for students at each location where instruction occurs. The program must be able to*
494 *confirm that instructional faculty are qualified in the content areas that they are teaching.*
495 *Qualified means that faculty have demonstrated a sufficiency of knowledge, skills and*
496 *competency in those content areas. 'Appropriately credentialed' depends on the topics/skills being*
497 *taught. Expired credentials are not valid.*

498

499 *Programs may determine that lower student to faculty ratios in clinical, laboratory, and simulation*
500 *settings improve the quality of learning experiences for students. In addition, clinical sites may*
501 *require lower ratios to ensure patient safety or to limit the number of students on site. However,*
502 *under no circumstances may the student to faculty ratio exceed 6:1 for clinical instructors and 2:1*
503 *for clinical preceptors.*

504

505 *Clinical faculty can include off-site clinical supervisors or similar personnel who do not hold*
506 *employment contracts with the program sponsor. However, all Clinical Preceptors must be*
507 *employed by the clinical site at which they are supervising students. For all individuals who*
508 *evaluate students in clinicals, the program must have documentation that program personnel*
509 *have provided them with orientation regarding their roles and responsibilities, the clinical policies*
510 *and procedures of the program, and use of program clinical checkoffs for student assessment.*

511

512 *Laboratory instructional faculty (at the base program campus and each off-campus location) must*
513 *have a faculty appointment (voluntary or paid) with the program sponsor. The program must*
514 *document that laboratory instructional faculty have received appropriate orientation and training*
515 *regarding their roles and responsibilities, programmatic policies and procedures, and the use of*
516 *program evaluation instruments that assess student competencies. Off-campus laboratory*
517 *instructor(s) must maintain adequate, ongoing communication with the Program Director and*
518 *Director of Clinical Education.*

519
520 *A variety of instructional faculty may participate in teaching and in the evaluation of student*
521 *performance. Instructional faculty can include professionals, other than respiratory therapists,*
522 *with advanced degrees or with experience and training in a field or discipline other than*
523 *respiratory care (e.g., physicians, pharmacists, nurses, pulmonary function technologists, etc.).*
524 *Volunteer faculty, adjuncts, part-time faculty, or full-time faculty may meet this Standard.*

525
526 *The program must develop training that promotes consistency among individuals who perform*
527 *clinical evaluations. Training must include familiarizing them with the use of programmatic clinical*
528 *checkoffs and other programmatic evaluations. The program should review student evaluations*
529 *of preceptors and clinical sites to determine if inconsistency of clinical evaluations exists. The DCE*
530 *should work with employer representatives on the program Advisory Committee and/or with*
531 *department supervisors at clinical sites to include as many clinical instructors and preceptors as*
532 *possible in the training program. The training/assessment process should be revised when: there*
533 *are significant changes in the program's clinical evaluations; new clinical competencies are*
534 *introduced into the curriculum; or there is a significant change in the NBRC content outline.*

535
536 **Evidence of Compliance:**

- 537 • Results of annual program resource assessment as documented in the CoARC RAM;
538 • Student surveys of faculty performance (e.g., course evaluation);
539 • Course class lists and faculty teaching schedules;
540 • Appointment Letter(s) for laboratory instructional faculty;
541 • Evidence of instructional faculty training specifically with regard to use of programmatic
542 instruments and job responsibilities.

543
544 **Definitions:** clinical instructor; clinical preceptor

545
546 **Resources:**

547
548
549 **Administrative Support Staff**

550
551 2.15 There must be sufficient administrative and clerical support staff to enable the program
552 to meet its goals as defined in Standard III.

553
554 **Interpretive Guideline:**

555 *Administrative/clerical support may include "pool" staff that support other programs. This model*
556 *is used at many institutions. The level of administrative and clerical support should be sufficient*
557 *to allow Key Personnel to achieve their programmatic educational and administrative*
558 *responsibilities. Faculty should have access to instructional resources and specialists, such as*
559 *those in the areas of curriculum, testing, counseling, computer usage, and educational*
560 *psychology, as needed. Secretarial and clerical staff should be available to assist the Key Personnel*
561 *and other program faculty in preparing course materials, correspondence, maintaining student*
562 *records, achieving and maintaining program accreditation, and providing support services for*

563 *student recruitment and admissions activities.*

564

565 Evidence of Compliance:

- 566 • Results of annual program resource assessment as documented in the CoARC RAM.

567

568 **Definitions:** administrative and clerical support staff

569

570 **Resources:**

571

572 **Program Advisory Committee**

573

574 2.16 The communities of interest served by the program include, but are not limited to,
575 students, graduates, faculty, college administration, employers, physicians, and the public.
576 An Advisory Committee (AC), with representation from each of the above communities of
577 interest (and others as determined by the program to help achieve its goal(s)), must meet
578 with key personnel at least annually to assist program and sponsor personnel in their
579 evaluation of the curriculum, program outcomes, technical standards and program
580 response to change, to consider the addition of/changes to optional program goals and to
581 be made aware of any substantive changes reported to the CoARC.

582

583 **Interpretive Guideline:**

584 *The purpose of an advisory committee (AC) is to provide program personnel with the opportunity*
585 *to improve the program, evaluate program goals, recruit qualified students and meet*
586 *employment needs of the community through discussions with members of all its communities of*
587 *interest at meetings of the AC. The responsibilities of the advisory body should be defined in*
588 *writing. The PD and DCE should participate in the meetings as non-voting members.*

589

590 *The Chair of the Advisory Committee must be elected by its members. Employees of the degree-*
591 *granting sponsor and program key personnel are prohibited from serving as Chair. The Advisory*
592 *Committee must include a member of the public who should be an informed person with a broad,*
593 *community-based point of view and who can contribute an outsider's perspective. The public*
594 *member cannot be a current or past member of any health care profession including Respiratory*
595 *Care or an individual who has/had any relationship whatsoever with the program or its*
596 *sponsor.*

597

598 *The AC should evaluate proposed changes to/addition of optional goal(s), and should review*
599 *program outcomes, program technical standards, and modifications the program is considering*
600 *addressing these and any other issues as they warrant. AC meeting minutes should reflect an*
601 *annual review of all resources – curriculum, capital equipment, clinical affiliates, etc., – as well as*
602 *an assessment of the program's annual Report of Current Status. In addition, the AC should be*
603 *asked to review and approve proposed Substantive Changes as defined in Standard 1.07 (for*
604 *delineation and process see the CoARC Accreditation Policies and Procedures Manual). Policies*
605 *and procedures outlining AC responsibilities, appointments, membership terms, and meeting*
606 *protocols, as well as a record of Committee minutes, deliberations and activities during the most*

607 *recent 5 years, will demonstrate compliance with this Standard.*

608

609 *If the program must submit a progress report or action plan to CoARC and/or faces an adverse*
610 *action, the AC must be promptly informed.*

611

612 Evidence of Compliance:

- 613 • Current membership list, identifying the community of interest with which each member
- 614 is affiliated;
- 615 • AC meeting minutes demonstrating review and approval of revisions to program
- 616 optional goal(s), curriculum, technical standards, and substantive changes;
- 617 • Documentation confirming that the AC was notified of a progress report or action plan
- 618 submitted to CoARC and/or any adverse action, if applicable;
- 619 • Attendance list for AC meetings.

620

621 **Definitions:** communities of interest; curriculum

622

623 **Resources:**

624

625

626 **Assessment of Program Resources**

627

628 2.17 The program must, at least annually, use the CoARC Resource Assessment Surveys to

629 assess the resources described in Standard II. Survey data must be documented in the

630 RAM. The results of resource assessment must be part of the Program Director's

631 continuous analysis of the program and used to make appropriate changes to program

632 resources. Identification of any deficiency requires development of an action plan,

633 documentation of its implementation, and evaluation of its effectiveness by ongoing

634 resource assessment.

635

636 **Interpretive Guideline:**

637 *Only the CoARC RAM format can be used for reporting purposes (available at www.coarc.com).*

638 *The RAM format documents the following for each resource assessed: a) Purpose statements; b)*

639 *Measurement systems; c) Dates of measurement; d) Results; e) Analysis of results; f) Action plans*

640 *and implementation, and g) Reassessment. All specified resources must be assessed annually*

641 *using the CoARC Student and Program Personnel Resource Assessment surveys (SPRS and PPRS)*

642 *(www.coarc.com), and the results must be submitted to the CoARC, using the RAM format, along*

643 *with the program's Annual Report of Current Status. The Student Program Resource Survey must*

644 *be administered annually to all currently enrolled students, preferably at the end of each academic*

645 *year. The PPRS must also be administered annually, preferably at the Advisory Committee (AC)*

646 *meeting nearest the end of the academic year. If there is no such meeting, the survey may be*

647 *completed online. The Personnel Program Resource Survey must be completed by program faculty,*

648 *the Medical Director, and Advisory Committee Members, with members of each category*

649 *answering questions pertaining to that group.*

650

651 *For both surveys, at least 80% of the responses for each of the seven (7) resource areas must be 3*
652 *or higher. Any resource for which this cut score is not achieved is deemed suboptimal and an action*
653 *plan must be developed. If no specific deficiencies for that area are identified in the surveys,*
654 *further assessment may be required. Resource Assessments must be reported separately for each*
655 *portion of the program with a CoARC ID number. Programs must maintain all resource assessment*
656 *documentation (RAM, SPRS, and PPRS) for five years. Financial resources must be evaluated using*
657 *the Personnel Program Resource Survey and an itemized budget review by program Key Personnel.*
658

659 Evidence of Compliance:

- 660 • Results of annual program resource assessment, documented in the CoARC RAM, which
661 leads to the development and implementation of action plans to address identified
662 shortcomings and subsequent evaluations of their effectiveness.

663

664 **Definitions:** assessment; action plan

665

666 **Resources:**

667