

1 **V. FAIR PRACTICES AND RECORDKEEPING**

2
3 **Disclosure**

4
5 5.01 All published information, such as web pages, social media sites, academic catalogs and
6 program handbooks, as well as program and institutional advertising, must accurately
7 reflect each respiratory care program offered.

8
9 **Interpretive Guideline:**

10 *CoARC Accreditation Policies and Procedures require that both the sponsor and the program*
11 *accurately describe the program’s accreditation status in all publications and that current*
12 *students and applicants be informed, in writing, of both the program’s current accreditation*
13 *status and any impending changes to that status. Publication of a program’s accreditation status*
14 *must include the CoARC’s full name and website address, as well as the program’s CoARC number.*
15 *Disclosure requirements for accredited programs and sponsors seeking program accreditation are*
16 *delineated in Section 11 of the Accreditation Policies and Procedures Manual.*

17
18 *Institutions and programs are responsible for providing clear, current and accurate information to*
19 *stakeholders, including any program options. Published information about the program must be*
20 *valid and consistent wherever it appears. This information should be reviewed at least annually*
21 *to ensure it is up-to-date and consistent with current CoARC Standards and Accreditation Policies.*

22
23 *Information provided on the program website must be readily available to the public. Ease of*
24 *access includes obvious and accurate labeling of links to pertinent information, no required self-*
25 *identification or membership and as few steps as possible needed to access the information.*

26
27 Evidence of Compliance:

- 28 • Published information accurately documenting the program(s) offered.

29
30 **Definitions:** academic catalog; accurately; social media sites

31
32 **Resources:** CoARC Accreditation Policies and Procedures – Section 11

33
34
35 5.02 At least the following must be current, published, and readily accessible to the public:

- 36 a) The accreditation status of both the sponsor (including consortium members where
37 appropriate) and the program, along with the names and contact information of
38 their institutional accrediting agencies;
39 b) Admission and transfer policies;
40 c) Policies regarding advanced placement;
41 d) Academic requirements for program admission;
42 e) Program technical standards;
43 f) All graduation requirements;
44 g) Academic calendar;

- 45 h) Academic credit required for program completion;
- 46 i) Tuition, fees and other costs related to the program;
- 47 j) Policies and procedures for refunds of tuition and fees;
- 48 k) Policies and procedures related to probation, suspension, dismissal and voluntary
- 49 student withdrawal;
- 50 l) Policies and procedures for processing student grievances;
- 51 m) Policies addressing student employment in the profession while enrolled in the
- 52 program.

53

54 **Interpretive Guideline:**

55 *Because enrollment is limited by facility capacity, program admission criteria and procedures*
56 *must ensure that selected students have the potential to successfully complete the program. In*
57 *addition, the Program Director, in cooperation with appropriate sponsoring institutional*
58 *personnel, should establish admissions procedures that are non-discriminatory and ensure that*
59 *prospective students are made aware of all admission requirements, including pre-requisite*
60 *coursework. The program may include as additional evidence ranking procedures or criteria for*
61 *selection, minutes from admissions committee meetings, periodic analyses of program outcomes*
62 *supporting the validity of established admission criteria and procedures, and, if applicable,*
63 *processes used by the sponsoring institution to establish admission criteria, to interpret*
64 *admissions data, or to correlate these data with student performance.*

65

66 *The intent of this standard is that clear and accurate program information should be readily*
67 *accessible to the public. Program information must be accessed by the public without disclosure*
68 *of identity or contact information and is no more than one “click” away from the program’s home*
69 *webpage. If, during the accreditation process, it is determined that any of the above information*
70 *is inaccurate or difficult to access, this Standard will be cited.*

71

72 *Prior to admission to the program, students must be informed of the required academic and*
73 *technical standards necessary for successful completion of the program. Changes in program*
74 *policies/procedures are clearly and consistently communicated to students in an effective and*
75 *timely manner.*

76

77 *Technical Standards are the physical requirements (sight, hearing, strength, mobility) deemed*
78 *necessary by the program/sponsor for a student to acquire the competencies required to*
79 *successfully complete the program. Students should be made aware of these requirements prior*
80 *to admission to the program. Program Technical Standards may be different from those used by*
81 *regional employers to assess the ‘employability’ of program graduates. The program should*
82 *consider working with employer representatives on the Advisory Committee to develop a list of*
83 *the technical standards required by local employers, and, when appropriate, have students*
84 *document their awareness of these standards (in addition to those used by the program/sponsor)*
85 *prior to admission into the program.*

86

87 *The program must clearly publish pre-requisites, co-requisites, minimum grade point average,*
88 *and required courses for each segment of the curriculum.*

89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132

The sponsor must have clear, specific, published policies related to student privacy and academic integrity. The sponsor must have a student identity verification process that ensures that students who earn academic credits are the same individuals who did the course work and received the assessments.

Programs that do not accept prior respiratory care education or work experience in lieu of required respiratory care course work, and/or do not offer advanced placement, should provide statements to this effect in published program information.

Evidence of Compliance:

- Published program information related to a-m above.

Definitions: advanced placement; technical standards

Resources: technical standards examples/templates

Public Information on Program Outcomes

5.03 A link to the CoARC URL, where outcomes for all accredited programs can be found, must appear as a direct link on the program’s main webpage and must be accessible to the public.

Interpretive Guideline:

Outcomes information from all programs and program options accredited by the CoARC will be readily accessible so that potential students can use this information to assess programmatic quality when selecting a program. Program outcomes must be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home webpage. Programs must provide, at a minimum, timely, readily accessible, accurate and consistent aggregate information to the public about programmatic performance and student achievement, based on quantitative or qualitative information with external verification as appropriate.

The program must publish on its web site (or other publications readily available to program applicants if no website is available) a link to the CoARC website (<https://coarc.com/students/programmatic-outcomes-data/>) which provides outcomes data for all its accredited programs, along with the following statement explaining the link:

“CoARC accredits respiratory therapy education programs in the United States and its territories. To achieve this end, it utilizes an ‘outcomes based’ process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented.”

133 Evidence of Compliance:
134 • The program’s web page showing the CoARC outcomes URL.

135
136 **Definitions:** Programmatic outcomes

137
138 **Resources:** CoARC web page with URL/example

139
140
141 **Non-discriminatory Practice**

142
143 5.04 All activities associated with the program, including faculty and student policies, student
144 and faculty recruitment, student admission, and faculty employment practices, must be
145 non-discriminatory and in accord with federal and state statutes, rules, and regulations.

146
147 **Interpretive Guideline:**
148 *The college catalog, the program handbook, institutional/program websites, and all other*
149 *published program information must include an official nondiscrimination statement, and it must*
150 *be clear that the program adheres to all applicable non-discrimination policies related to faculty*
151 *employment and student admissions.*

152
153 Evidence of Compliance:
154 • Academic catalog;
155 • Institutional/Program policies;
156 • Program/institutional technical standards.

157
158 **Definitions:** academic catalog

159
160 **Resources:**

161
162
163 5.05 Student grievance and appeal procedures must include provisions for the submission of
164 both academic and non-academic grievances and mechanisms for their evaluation that
165 ensure due process and fair disposition.

166
167 **Interpretive Guideline:**
168 *Sponsor/program procedures for the filing of, and response to, student grievances and appeals*
169 *must be clearly published and applicable/available to all students in the program.*

170
171 Evidence of Compliance:
172 • Sponsor/program grievance and appeal policies and procedures;
173 • Records of complaints (if any) that include the nature, appraisal and disposition of each
174 complaint.

175
176 **Definitions:** academic and non-academic grievances

177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220

Resources:

5.06 Faculty grievance procedures must be applicable and made known to all faculty employed by the program sponsor.

Interpretive Guideline:

If the program has policies related to grievances in addition to those of the institution, they should be documented in a format readily available to all faculty members.

Evidence of Compliance:

- Institutional faculty grievance policies and procedures.

Definitions: Faculty grievance procedures

Resources:

5.07 Programs granting advanced placement must document that students receiving advanced placement have demonstrated proficiency with the applicable competencies and that meets both program and sponsor defined criteria for such placement.

Interpretive Guideline:

This Standard is only applicable to programs that offer advanced placement. Program/sponsor criteria for granting advanced placement may differ from course to course. The records of students granted advanced placement should include assessment of the competencies for which such placement was granted, and subsequent student performance in the program.

Students with knowledge, experiences and skills gained from previous experience (i.e. CRTs working towards an RRT) may assist faculty in didactic and laboratory sessions and may share their knowledge and skills with other students during clinical rotations. However, such students may not be the primary instructor or instructor of record for any component of the professional curriculum.

Evidence of Compliance:

- Program and sponsor policies and procedures related to advanced placement;
- Documented course equivalency of the specific skill(s) for which the student received advanced placement.

Definitions: advanced placement

Resources:

221 **Safeguards**

222

223 5.08 The health, privacy, and safety of all individuals (patients, students, and faculty)
224 associated with the educational activities and learning environment of program students
225 must be adequately safeguarded.

226

227 **Interpretive Guideline:**

228 *The program must have policies and procedures that focus on the provision of a safe environment*
229 *for students, patients, faculty and staff, regardless of location of instruction. Policies related to*
230 *infectious and environmental hazards should address prevention; diagnosis and treatment after*
231 *exposure (including specification of financial responsibility for these activities); and the potential*
232 *effects of infectious and environmental ailments on student learning activities.*

233

234 *All individuals who provide patient care, or have any contact with patients, need to follow all*
235 *standards of risk management, thus ensuring a safe and healthy environment. Clinical site policies*
236 *and procedures regarding health, safety and security must be outlined in the applicable clinical*
237 *affiliate agreement/MOU, and they must be provided to students prior to their experience at each*
238 *clinical site. The curriculum design should ensure that, prior to starting clinicals, students have*
239 *training in preclinical and clinical asepsis, infection diagnosis and treatment, as well as biohazard*
240 *control and the disposal of hazardous waste. Additional evidence of compliance may include*
241 *immunization records and declination forms.*

242

243 *The program should also provide documentation that students have completed HIPAA training*
244 *provided by either the program, the program sponsor, or the clinical sites. The confidentiality of*
245 *information pertaining to the health status of individual students/faculty must also be strictly*
246 *maintained.*

247

248 Evidence of Compliance:

- 249 • Documented compliance with requirements of all clinical sites, as defined in clinical
250 agreements/memoranda of understanding;
- 251 • Documentation from both the program and the clinical sites, confirming that
252 information addressing potential exposure to infectious and environmental hazards is
253 provided to students before they undertake any educational activities that would place
254 them at risk;
- 255 • Program policies on immunization of students based on current Centers for Disease
256 Control recommendations for health professionals.

257

258 **Definitions:** HIPAA; CDC

259

260 **Resources:** HIPAA; CDC

261

262

263 5.09 Students must be appropriately supervised at all times during their clinical education
264 coursework and experiences. Students must not be used to substitute for clinical,

265 instructional, or administrative staff.

266

267 **Interpretive Guideline:**

268 *Programs must include a service work statement in program materials available to both students*
269 *and clinical supervisors, which specifies that program students must not be substituted for paid*
270 *staff while they are on clinical rotations, and that they cannot complete clinical coursework or be*
271 *evaluated on their clinical competencies while functioning as employees at any healthcare facility.*
272 *This does not prohibit a paid/unpaid 'internship' or 'apprenticeship' in states where this is allowed*
273 *but is intended to ensure that students are not used as 'back-ups' in the absence of paid staff*
274 *during clinical rotations. Programs must ensure that students who opt to reinforce competencies*
275 *and skill sets as 'interns' or 'apprentices' are adequately supervised and that they do not receive*
276 *educational credit while functioning as a paid employee during their internship/apprenticeship at*
277 *any healthcare facility.*

278

279 *The program must establish policies governing the wearing of identification badges and*
280 *appropriate identification of students (by badge and by personal interaction and introduction) in*
281 *every clinical setting. The program must ensure that students are clearly identified as such in the*
282 *clinical setting to distinguish them from interns, apprentices, clinical site employees, and other*
283 *health profession students.*

284

285 *For programs participating in internships/apprenticeships, there must be an MOU/agreement*
286 *delineating the terms of participation between the program sponsor and the employer offering*
287 *the internship/apprenticeship program that describes the responsibilities of the program sponsor,*
288 *the employer, and the interns/apprentices. These programs must be registered or certified by a*
289 *state or federal agency or organization overseeing apprenticeships.*

290

291 **Evidence of Compliance:**

- 292 • Program policies and procedures;
- 293 • Contracts/agreements/MOUs with all clinical affiliates;
- 294 • Contracts/agreements/MOUs with institutions offering internship/apprenticeship
- 295 programs;
- 296 • Documentation related to registry or certification by a state or federal agency or
- 297 organization overseeing apprenticeships;
- 298 • Results of student course evaluations;
- 299 • Work-study safeguards.

300

301 **Definitions:** appropriately supervised; internship; apprenticeship; work-study

302

303 **Resources:**

304

305

306 **Academic Guidance**

307

308 5.10 The program must ensure that, regardless of the location of their instruction, students
309 have timely access to program faculty and to institutional academic support services for
310 assistance with their academic concerns and problems.

311

312 **Interpretive Guideline:**

313 *Academic support services are services that help faculty and students in any teaching/learning*
314 *modality, including distance education, achieve the expected outcomes of the program. These*
315 *may include, but are not limited to, library, computer and technology resources, as well as*
316 *advising, counseling, and placement services.*

317

318 *The program must offer developmental guidance for all students to help them with academic*
319 *concerns, personal/social concerns and career awareness. The program may achieve this through*
320 *individual and group counseling as well as classroom guidance lessons. Counseling services should*
321 *be available to help students deal with issues that are interfering with their ability to learn. There*
322 *should be both formal and informal mechanisms in place for student mentoring and advocacy.*
323 *The role and availability of program faculty for academic advisement and counseling must be*
324 *defined and disseminated to students, and faculty should ensure that they are available when*
325 *scheduled for such sessions.*

326

327 Evidence of Compliance:

- 328 • Program/institutional policies and procedures;
- 329 • Documentation of advising sessions;
- 330 • Faculty office hours schedules;
- 331 • Results of the CoARC Student Program and Personnel Resource Surveys (RAM).

332

333 **Definitions:** academic support services

334

335 **Resources:**

336

337

338 **Student and Program Records**

339

340 5.11 Records of student evaluations must be maintained securely and in sufficient detail to
341 document learning progress, deficiencies and achievement of competencies for each
342 student. These records must be retained for at least five (5) years after the student has
343 left the program, whether or not the student ultimately completes all requirements for
344 graduation.

345

346 **Interpretive Guideline:**

347 *The intent of this Standard is that unauthorized individuals, including students, should not have*
348 *access to confidential information regarding other students or faculty.*

349

350 *Student records must be kept in a paper or electronic format, for at least five (5) calendar years*
351 *after the student has left the program. Programs should check with their institution for policies or*

352 standards that may require a longer time frame.

353

354 *These records must include student evaluations on all levels, and evidence of their progression*
355 *toward the achievement of program academic requirements. Student evaluation documentation*
356 *must include copies of each evaluation instrument (e.g., exams, assignments, and laboratory and*
357 *clinical competency checkoffs) and each student's score on all these instruments (e.g., grade book*
358 *or other records demonstrating competency). Maintaining a copy of each evaluation instrument,*
359 *a spreadsheet grade book showing individual scores related to that evaluation, and*
360 *documentation of student progression through the curriculum is sufficient evidence of*
361 *compliance.*

362

363 *Student records should include copies of all admission and acceptance letters as well as enrollment*
364 *agreements and records documenting that the matriculated student has met program admission*
365 *requirements. Programs that offer conditional acceptance must maintain records that detail all*
366 *the provisions of such acceptance, including confirmation of student understanding and*
367 *agreement.*

368

369 Evidence of Compliance:

- 370 • Hard copy or electronic student records of the following:
 - 371 a) Proof that the student met applicable published admission criteria;
 - 372 b) Student evaluations;
 - 373 c) Records of remediation;
 - 374 d) Records of disciplinary action;
 - 375 e) Records of academic progress.

376

377 **Definitions:** remediation

378

379 **Resources:**

380

381

382 5.12 Program records must provide detailed documentation of resource assessment and the
383 extent to which it has achieved program goals and other outcomes, if applicable. These
384 records must be retained for a minimum of five (5) years.

385

386 **Interpretive Guideline:**

387 *Program records must be kept in a paper or electronic format for at least five (5) calendar years.*
388 *Programs should check with their sponsor for institutional accreditor policies or standards that*
389 *may require a longer time frame.*

390

391 *Program records must include CoARC Graduate and Employer Surveys as well as CoARC Student*
392 *and Personnel Program Resource Surveys. Copies of affiliation agreements/MOUs with all off-*
393 *campus laboratory sites, current clinical sites, and master clinical schedules, as well as Advisory*
394 *Committee meeting minutes and records of all Advisory Committee electronic voting results (when*
395 *applicable), must also be kept on file. Minutes of scheduled faculty meetings must also be retained*

396 *along with detailed evidence regarding ongoing analysis of course syllabi and the overall*
397 *curriculum, based on NBRC Exam-based Reports. CVs of faculty must be updated at least annually.*
398

399 Evidence of Compliance:

- 400 • Hard copy or electronic records of the following:
 - 401 a) CoARC Graduate and Employer Surveys;
 - 402 b) CoARC Student and Personnel Program Resource Surveys;
 - 403 c) Course syllabi and evidence supporting ongoing curricular assessment;
 - 404 d) Affiliation agreements/MOUs and schedules with off-campus instructional sites;
 - 405 e) Advisory Committee meeting minutes;
 - 406 f) Program faculty meeting minutes;
 - 407 g) Current curriculum vitae of program faculty;
 - 408 h) Copies of the program's RCS, accepted by the CoARC, for the previous three (3)
409 years;
 - 410 i) Copies of the NBRC School Summary Report for the previous five (5) years, along
411 with annual program assessments of its curriculum based on TMC Sub Scores by
412 Content Domain.

413

414 **Definitions:**

415

416 **Resources:**

417