



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CHANGE IN SATELLITE SITE COORDINATOR
Entry into RC Practice (ENTRY)

CHANGE IN PROGRAM PERSONNEL (ENTRY)		
SATELLITE SITE COORDINATOR STATUS		
Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Acting <input type="checkbox"/> Transitional <input type="checkbox"/> <small>*Explanation of status is in Accreditation Policies 6.0-Personnel</small>		
Institution Name:		
Program Number:		Degree Type (e.g. AS, BS, MS, etc.):
FORMER SATELLITE SITE COORDINATOR		
Name:		Credentials:
Reason for Change: <input type="checkbox"/> Retiring <input type="checkbox"/> Resigning <input type="checkbox"/> Reassignment <input type="checkbox"/> Other (reason)		
NEW SATELLITE SITE COORDINATOR		
Name:		Credentials:
Address:		
City:		State: ZIP Code:
Work #:	Cell #:	E-mail:
RRT Credential Number:		Expires:
<p>PLEASE NOTE: As per Standards 2.14, the Satellite Site Coordinator of a Satellite program must have:</p> <p>1) earned at least a degree equivalent to what the program confers on its graduates; 2) valid Registered Respiratory Therapy (RRT) credential.</p>		
PREPARER CHECKLIST...		
<input type="checkbox"/> Institutional Letter of Appointment or Equivalent Document <input type="checkbox"/> CoARC CV Outline (available on website) <input type="checkbox"/> Copy of NBRC RRT Certificate or NBRC Credential Verification Letter <input type="checkbox"/> Institutional Job Description <input type="checkbox"/> Copy of official college transcript (highest degree completed) <input type="checkbox"/> This form completed		<p>Send documentation to: CoARC Shelley Christensen shelley@coarc.com</p>
FOR COARC EXECUTIVE OFFICE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Temporary/Acting/Transitional until Signature: Date:		<input type="checkbox"/> Confirmation of Change Sent to Program <input type="checkbox"/> Updated Database Signature: Date: