Commission on Accreditation for Respiratory Care

PROVISIONAL ACCREDITATION SELF-STUDY REVIEW REPORT (ADT DA PSSR)

Program Name: _____   **Program #:** _____

CoARC Executive Office Review Check List:

☐ Self-Study Report submitted in the correct format with supplementary document folder.
Comments: _____

☐ All information and sections were filled in correctly.
Comments: _____

☐ Responses are provided for each question.
Comments: _____

☐ Appendices include all requested documentation.
Comments: _____

☐ Administrative Reviews completed by Accreditation Specialist:
Date(s): _____/_____/_____   _____/_____/_____   _____/_____/_____

☐ Administrative Reviews completed by Chief Executive Officer:
Date(s): _____/_____/_____   _____/_____/_____   _____/_____/_____

Following Initial Review of the Self-Study by the Referee:

☐ Program Response to this Report submitted to the Executive Office
on _____/_____/_____ (a copy of the response is attached).

☐ Program Response to this Report submitted to the Executive Office
on _____/_____/_____ (a copy of the response is attached).

☐ Program Response to this Report submitted to the Executive Office
on _____/_____/_____ (a copy of the response is attached).

ADT DA PSSR Self-Study Review Report   FORM A

Form A to be completed by CoARC Executive Office Staff:

Program #: _____   Accreditation Status: Select Status as of _____/_____/_____

Name of Program: _____

Program Address: _____

City, State, Zip: _____

Program Website URL: _____

Program Director's Name: _____

PD's email: _____   PD's phone number: _____

Referee: _____

Instructions to the Program Referee

The review of this program is based on the *2023 Accreditation Standards for Degree Advancement Programs in Respiratory Care ("Standards").* Please assess the report and accompanying documentation with respect to the degree to which they appear to meet the *Standards.*

Form B: Make sure each Standard is checked with either "Appears Met" or "Appears Not Met." For each Standard "Appears Not Met" be sure to include an appropriate rationale. If compliance cannot be determined at this time, check the appropriate box. Some boxes are pre-checked because some evidence is only available on-site. The Site Visit Team will follow-up.

Form C: Include general comments. Do not include any citations.

Form X1: Review comments from EO and address negative findings.
Form X2: Provide specific instructions to site visit evaluators as appropriate. Include negative findings from Faculty Evaluation SSR Questionnaires.

Form D: Ensure each citation includes a rationale (from Form B) and list the evidence required to achieve compliance with each Standard.

ADT DA PSSR Summary Checklist

FORM B

Program Name: _____   Program #: _____

Instructions: Check the appropriate box indicating your judgment of the compliance with each of the Standards based on the review of the self-study. After the report is submitted to the Executive Office, the program will be allowed the opportunity to respond in writing. After reviewing the program's response, you may add, delete, or modify that which was contained in your original report.

Standard	Standard Description			Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance cannot be determined at this time
I	**PROGRAM ADMINISTRATION AND SPONSORSHIP**					
	Institutional Accreditation					
DA1.1	The sponsor is accredited and authorized to award the appropriate degree.	☐ check if EOC is the same as the base program		☐	☐ Rationale:	☐
	Consortium					
DA1.2	Responsibilities of consortium formally documented.	☐ check if EOC is the same as the base program	☐ check if not applicable	☐	☐ Rationale:	☐
	Sponsor Responsibilities					
DA1.3	Required gen ed/transfer credit/didact/lab/clinical.			☐	☐ Rationale:	☐
DA1.4	Curric planning/course selection/faculty growth.	☐ check if EOC is the same as the base program		☐	☐ Rationale:	☐
DA1.5	Program academic policies apply to all locations.	☐ check if EOC is the same as the base program		☐	☐ Rationale:	☐

Standard	Standard Description	Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance cannot be determined at this time
	Substantive Changes			
DA1.6	Substantive Changes reported according to CoARC Policy 9.0			

II	INSTITUTIONAL AND PERSONNEL RESOURCES				
	Institutional Resources				
DA2.1	Sponsor ensures that resources will be sufficient to achieve program goals regardless of location.		☐	☐ Rationale:	☐
	Key Program Personnel				
DA2.2	Sponsor has appointed FT PD	☐ check if PD is the same as the base program	☐	☐ Rationale:	☐
	Program Director				
DA2.3	Responsibilities.		☐	☐ Rationale:	☐
DA2.4	Minimum degree qualifications.		☐	☐ Rationale:	☐
DA2.5	Minimum/valid credentials and experience.	☐ check if PD is the same as the base program and meets qualifications for ADT	☐	☐ Rationale:	☐
DA2.6	Regular/consistent contact w/fac & students.				
	Instructional Faculty				
DA2.7	Sufficient faculty to provide effective instruction.		☐	☐ Rationale:	☐
	Administrative Support Staff				
DA2.8	Sufficient administrative and clerical support.		☐	☐ Rationale:	☐
	Assessment of Program Resources				
DA2.9	Documented/assessed annually by using RAM.		☐	☐ Rationale:	☐

III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT				
	Statement of Program Goals				
DA3.1	Statements define minimum expectations.	☐	☐ Rationale:		☐
DA3.2	Program goals and ESLOs reviewed annually to ensure compatibility.	☐	☐ Rationale:		☐
	Advisory Committee				
DA3.3	Advisory committee composition & responsibilities.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
	Student Learning Outcomes				
DA3.4	Define ESLOs, establish measurements, and ensure student understanding of measurement systems.	☐	☐ Rationale:		☐
	Assessment of Program Goals				
DA3.5	Assess ESLOs; Establish rubrics; Make curricular adjustments annually.	☐	☐ Rationale:		☐
DA3.6	Assess program outcomes annually using surveys.				
	Student Evaluation				
DA3.7	Documented; Equitable; Frequency; Remediation. Distance education evals secure; integrity, fair.	☐	☐ Rationale:		☐
	Reporting Program Resources				
DA3.8	Outcomes meet CoARC assessment thresholds.				
DA3.9	CoARC Annual RCS reporting tool submitted.				
DA3.10	Action plan developed for sub-threshold outcomes.				

IV	CURRICULUM			
	Curriculum Consistent with Program Goals			
DA4.1	Content integrated to attain ESLOs and goal(s).		☐ Rationale:	☐
	Curriculum Review and Revision to Meet Goals			
DA4.2	Content reviewed annually and revised to ensure consistency with goal(s) and achieve competencies.		☐ Rationale:	☐
	Continued Professional Practice Competencies			
DA4.3	Practice-Specific Knowledge and Skills		☐ Rationale:	☐
DA4.4	Practice Related Knowledge		☐ Rationale:	☐
DA4.5	Professional Attributes		☐ Rationale:	☐
DA4.6	Interpersonal and Inter-professional Communication		☐ Rationale:	☐
DA4.7	Practice-based Research		☐ Rationale:	☐
DA4.8	Professional Leadership		☐ Rationale:	☐
DA4.9	Professional Specialty Roles: Practicum		☐ Rationale:	☐
	Length of Study			
DA4.10	Commensurate with degree awarded and sufficient to acquire expected competencies.	☐	☐ Rationale:	☐
	Equivalency			
DA4.11	Course content, learning experiences, and access to learning materials for all students/locations.	☐	☐ Rationale:	☐

V	FAIR PRACTICES AND RECORDKEEPING				
	Disclosure				
DA5.1	Published info accurately reflects program offered.	☐		☐ Rationale:	☐
DA5.2	Required info made known to applicants & students.	☐		☐ Rationale:	☐
	Public Information on Program Outcomes				
DA5.3	CoARC URL on program website/known to public.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
	Non-discriminatory Practice				
DA5.4	Program activities are non-discriminatory and lawful.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
DA5.5	Appeal procedures ensure fairness/due process.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
DA5.6	Faculty grievance procedure made known to faculty.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
DA5.7	Advanced placement policies documented.	☐ check if EOC is the same as the base program ☐ check if not applicable	☐	☐ Rationale:	☐
	Academic Guidance				
DA5.8	Timely access to faculty for assistance/counseling.	☐		☐ Rationale:	☐
	Student and Program Records				
DA5.9	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.				
DA5.10	Program records maintained in sufficient detail/5 years min.			☐ Rationale:	☐

Program Name: _____   Program #: _____

Write Additional Comments, if any.
(Note: Programs are not required to respond to Additional Comments).

*Duplicate as Necessary

Confidential to Referee from EO

Program Name: _____   **Program #:** _____

EO: Please complete this form following a review of the program's self-study.

Were there negative findings from the respondents (Faculty Evaluation SSR Questionnaires) that the site visit team should address?   **No** ☐ **Yes** ☐ *

If Yes, list below with Standard reference.

Standards (Reference)	Referees should pay particular attention to the following: (Note: Do **NOT** present this information to the program. For CoARC use **ONLY**).

Note to CoARC – remove Form X1 when preparing the report to be sent to the program.

Confidential to Site Visit Team

FORM X2

Program Name: _____   **Program #:** _____

Referee: Please complete this form after reviewing the program's final response to your report. This form will be transcribed to Form X of the site visit report for site visitors to respond to. Please refer to a Standard or Policy for each response.

Standards (Reference)	Site Visitors should pay particular attention to the following: (Note: Do **NOT** present this information to the program. For CoARC use **ONLY**).

Note to CoARC – remove Form X2 when preparing the report to be sent to the program.

CoARC Referee's Analysis of the ADT DA PSSR

FORM D

Program Name: _____   Program #: _____

Dear Sponsor and Program Director,

I have reviewed the findings from your self-study report. Please review this entire report, particularly Forms B & D for apparent citations. Stated below are means by which the program must demonstrate compliance with the Standards cited.

CoARC has informed you of the opportunity and deadline to verify/challenge the accuracy of this report as well as the deadline by which you may submit new information indicating the manner in which the Standards listed below have been addressed.

If you have any questions, please feel free to contact me or the Chief Executive Officer.

Standard (from Form B)	Rationale for Citation	Documentation to Address Compliance with Standard

Duplicate as Necessary

CoARC Referee's Analysis of the ADT DA PSSR   FORM D

Referee Signature Following Initial Review
(Signifying Approval of Document Release to the Program):

_____   Date: _____/_____/_____

Note: Typing in the Referee's name represents an electronic signature of this document.

Referee Signature Following Review of Program's Response
 (Signifying Approval of Document Release to the Program):

_____   Date: _____/_____/_____

Note: Typing in the Referee's name represents an electronic signature of this document.

Referee Signature Following Review of Program's Additional Response (if applicable)
(Signifying Approval of Document Release to the Program):

_____   Date: _____/_____/_____

Note: Typing in the Referee's name represents an electronic signature of this document.

Referee Signature authorizing release of the self-study and this document
to the site visit review team.

Referee Approval for the following type(s) of Site Visit Review: (Check all that may be appropriate)
In-Person ☐   Virtual ☐   Hybrid ☐   Review Off-Campus Labs ☐   Comments (if any): _____

_____   Date: _____/_____/_____

Note: Typing in the Referee's name represents an electronic signature of this document.

Chief Executive Officer's Signature authorizing release of the self-study and this document
to the site visit review team.

CEO Approval for the following type(s) of Site Visit Review: (Check all that may be appropriate)
In-Person ☐   Virtual ☐   Hybrid ☐   Review Off-Campus Labs ☐   Comments (if any): _____

_____   Date: _____/_____/_____

Note: Typing in the Chief Executive Officer's name represents an electronic signature of this document.