Commission on Accreditation for Respiratory Care
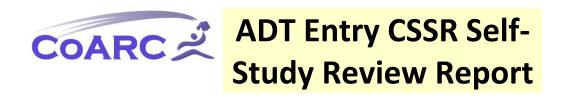
CONTINUING ACCREDITATION SELF-STUDY REVIEW REPORT (ADT ENTRY CSSR)

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 Entry CSSR 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: _____

Director of Clinical Education: _____

DCE's email: _____   DCE's phone number: _____

Medical Director: _____

MD's email: _____   MD's phone number: _____

Referee: _____

Instructions to the Program Referee

The review of this program is based on the 2022 *Accreditation Standards for Entry into Respiratory Care Professional Practice ("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 <u>not</u> 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 and Student 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 Entry CSSR 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					
1.01	Sponsor is accredited and authorized to award a minimum of an Associate's degree.			☐	☐ Rationale:	☐
	Consortium					
1.02	Responsibilities of consortium formally documented.	☐ check if not applicable	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
	Sponsor Responsibilities					
1.03	Required gen ed/transfer credit/didact/lab/ clinical.	☐ check if not applicable	☐ check if EOC is the same as the base program		☐ Rationale:	☐
1.04	Curric planning/course selection/faculty growth.	☐ check if EOC is the same as the base program			☐ Rationale:	☐
1.05	Provides equivalent academic support and resources to all program locations (satellite only).					

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
1.06	Program academic policies apply to all locations.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
1.07	Substantive Changes reported according to CoARC Policy 9.0	☐ check if not applicable	☐	☐ Rationale:	☐

II	INSTITUTIONAL AND PERSONNEL RESOURCES				
	Institutional Resources				
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.		☐	☐ Rationale:	☐
	Key Program Personnel				
2.02	Sponsor appoints FT PD and DCE, and MD.	☐ check if key personnel are the same as the base program	☐	☐ Rationale:	☐
	Program Director				
2.03	Responsibilities.	☐ check if PD is the same as the base program	☐	☐ Rationale:	☐
2.04	Minimum degree qualifications.	☐ check if PD is the same as the base program	☐	☐ Rationale:	☐
2.05	Minimum/valid credentials and experience.	☐ check if PD is the same as the base program	☐	☐ Rationale:	☐
2.06	Regular/consistent contact w/fac & students.			☐ Rationale:	☐
	Director of Clinical Education				
2.07	Responsibilities.	☐ check if DCE is the same as the base program	☐	☐ Rationale:	☐
2.08	Minimum degree qualifications.	☐ check if DCE is the same as the base program	☐	☐ Rationale:	☐

2.09	Minimum/valid credentials and experience.	☐ check if DCE is the same as the base program	☐	☐ Rationale:	☐
2.10	Regular/consistent contact w/clin fac, sites, students.			☐ Rationale:	☐
Medical Director					
2.11	Responsibilities/valid credentials and qualifications.	☐ check if MD/Co-MD is the same as the base program		☐ Rationale:	☐
Primary Sleep Specialist Instructor					
2.12	Minimum/valid credentials, education, and qualifications.	▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓			
Instructional Faculty					
2.13	Sufficient faculty; max student to clin faculty ratios.			☐ Rationale:	☐
2.14	Site coordinator qualifications and responsibilities (satellite only).	▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓			
Administrative Support Staff					
2.15	Sufficient administrative and clerical support.		☐	☐ Rationale:	☐
Assessment of Program Resources					
2.16	Documented/assessed annually by using RAM.		☐	☐ Rationale:	☐

III	**PROGRAM GOALS, OUTCOMES, AND ASSESSMENT**					
Statement of Program Goals						
3.01	Goal statements define minimum expectations.	☐ check if EOC is the same as the base program		☐	☐ Rationale:	☐
3.02	Optional goals compatible w/ nationally accepted standards.	☐ check if EOC is the same as the base program	☐ check if not applicable	☐	☐ Rationale:	☐

	Assessment of Program Goals				
3.03	Assessment process to evaluate goals and outcomes.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
3.04	Advisory committee composition & responsibilities.	☐ check if Advisory Committee is the same as the base program	☐	☐ Rationale:	☐
	Student Evaluation				
3.05	Conducted uniformly and equitably; Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.			☐ Rationale:	☐
	Assessment of Program Outcomes				
3.06	Assessed annually using CoARC surveys.			☐ Rationale:	☐
	Reporting of Program Resources				
3.07	Outcomes meet CoARC assessment thresholds.		Reviewed at the time of the annual report submission for compliance.		
3.08	CoARC Annual RCS reporting tool submitted.		Reviewed at the time of the annual report submission for compliance.		
3.09	Action plan developed for sub-threshold outcomes.		Reviewed at the time of the annual report submission for compliance.		
	Clinical Site Evaluation				
3.10	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.			☐ Rationale:	☐

IV	CURRICULUM				
	Minimum Course Content				
4.01	Appropriate course sequencing of content areas.			☐ Rationale:	☐
4.02	Exposure to variety of practice settings; Content areas specific to baccalaureate and master's programs included.			☐ Rationale:	☐
4.03	RC course content sufficiently covered; Consistent with expected competencies; Reviewed/revised to ensure consistency with defined competencies.			☐ Rationale:	☐
	Core Competencies				

4.04	RC diagnostic and therapeutic procedures.			☐ Rationale:	☐
4.05	Inter-professional teamwork and communication skills in a variety of patient care settings.			☐ Rationale:	☐
4.06	Application of problem-solving strategies.			☐ Rationale:	☐
4.07	Ethical decision-making and prof responsibility.			☐ Rationale:	☐
	Equivalency				
4.08	Course content, learning experiences, and access to learning materials regardless of location.			☐ Rationale:	☐
	Clinical Practice				
4.09	Program responsible for selection/coordination; Students not responsible for site selection/ determining competencies/acquiring preceptors.			☐ Rationale:	☐

V	**FAIR PRACTICES AND RECORDKEEPING**				
	Disclosure				
5.01	Published info accurately reflects program offered.		☐	☐ Rationale:	☐
5.02	Required info made known to applicants & students.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
	Public Information on Program Outcomes				
5.03	CoARC URL on program website/known to public.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
	Non-discriminatory Practice				
5.04	Program activities are non-discriminatory and lawful.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐
5.05	Appeal procedures ensure fairness/due process.	☐ check if EOC is the same as the base program		☐ Rationale:	☐
5.06	Faculty grievance procedure made known to faculty.	☐ check if EOC is the same as the base program	☐	☐ Rationale:	☐

5.07	Advanced placement policies documented.	☐ check if not applicable	☐ check if EOC is the same as the base program		☐ Rationale:	☐
	Safeguards					
5.08	Health and safety of patients, students, and faculty adequately safeguarded.		☐ check if EOC is the same as the base program		☐ Rationale:	☐
5.09	Appropriate supervision. Students are not substituted for staff; No remuneration in exchange for clin coursework.		☐ check if EOC is the same as the base program		☐ Rationale:	☐
	Academic Guidance					
5.10	Timely access to faculty for assistance/counseling.		☐ check if EOC is the same as the base program		☐ Rationale:	☐
	Student and Program Records					
5.11	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.				☐ Rationale:	☐
5.12	Program records maintained in sufficient detail/5 years min.				☐ Rationale:	☐

Additional Comments

FORM C

Program Name: _____   Program #: _____

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

*Duplicate as Necessary

![CoARC logo]

Confidential to Referee from EO

FORM X1

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 and Student 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 Entry CSSR

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

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 on-site evaluation 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 on-site evaluation 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.