



Commission on Accreditation for Respiratory Care

PROVISIONAL ACCREDITATION SELF-STUDY REVIEW REPORT (BASE ENTRY PSSR)

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

CoARC Executive Office Review Check List:

- ☐ Self-Study Report submitted in the correct format with the 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).



Base Entry 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: _____

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 not include any citations.

Form X1: Review comments from EO and address negative findings.

Form X2: Provide specific instructions to on-site 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.



Base Entry 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			
1.01	Sponsor is accredited and authorized to award the appropriate degree.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Consortium			
1.02	Responsibilities of consortium formally documented. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Sponsor Responsibilities			
1.03	Required gen ed/transfer credit/didact/lab/clinical. (Including Agreements/MOUs for Off-Campus Labs)		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.04	Curric planning/course selection/faculty growth.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.05	Provides equivalent academic support and resources to all program locations (satellite only).			
1.06	Program academic policies apply to all locations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Substantive Changes			
1.07	Substantive Changes reported according to CoARC Policy 9.0			

II	INSTITUTIONAL AND PERSONNEL RESOURCES			
	Institutional Resources			
2.01	Sponsor ensures that resources will be sufficient to achieve program goals regardless of location.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Key Program Personnel			
2.02	Sponsor has appointed FT PD, DCE, and MD.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Program Director			
2.03	Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.04	Minimum degree qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.05	Minimum/valid credentials and experience.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.06	Regular/consistent contact w/fac & students.			
	Director of Clinical Education			
2.07	Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.08	Minimum degree qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.09	Minimum/valid credentials and experience.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.10	Regular/consistent contact w/clin fac, sites, students			
	Medical Director			
2.11	Responsibilities/valid credentials and qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Primary Sleep Specialist Instructor			
2.12	Minimum/valid credentials, education, and qualifications.			
	Instructional Faculty			
2.13	Sufficient faculty; min student to clin faculty ratios	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.14	Site coordinator qualifications and responsibilities (satellite only).			
	Administrative Support Staff			

2.15	Sufficient administrative and clerical support.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Resources			
2.16	Documented/assessed annually by using RAM.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT			
	Statement of Program Goals			
3.01	Statements define minimum expectations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.02	Optional goals compatible w/ nationally accepted standards. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Goals			
3.03	Systematic assessment process formulated. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.04	Advisory committee composition & responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Student Evaluation			
3.05	Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Outcomes			
3.06	Assessed annually using CoARC surveys.			
	Reporting of Program Resources			
3.07	Outcomes meet CoARC assessment thresholds.			
3.08	CoARC Annual RCS reporting tool submitted.			
3.09	Action plan developed for sub-threshold outcomes.			
	Clinical Site Evaluation			
3.10	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

IV	CURRICULUM				
	Minimum Course Content				
4.01	Promotes achievement of defined competencies.			<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.02	Exposure to variety of practice settings; Content areas specific to baccalaureate and master's programs included.			<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.03	RC course content sufficiently covered; Consistent with expected competencies; Reviewed/revised to ensure consistency with defined competencies.			<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Core Competencies				
4.04	RC diagnostic and therapeutic procedures/competency evaluations.				
4.05	Inter-professional teamwork and communication skills in a variety of patient care settings.				
4.06	Critical Thinking/problem-solving skills.				
4.07	Ethical decision-making and prof responsibility.				
	Equivalency				
4.08	Course content, learning experiences, and access to learning materials for all students.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Clinical Practice				
4.09	Program responsible for selection/coordination; Students not responsible for site selection/determining competencies/acquiring preceptors.			<input type="checkbox"/> Rationale:	<input type="checkbox"/>

V	FAIR PRACTICES AND RECORDKEEPING			
	Disclosure			
5.01	Published info accurately reflects program offered.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.02	Required info made known to applicants & students.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Public Information on Program Outcomes			
5.03	CoARC URL on program website/known to public.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Non-discriminatory Practice			
5.04	Program activities are non-discriminatory and lawful.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.05	Appeal procedures ensure fairness/due process.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.06	Faculty grievance procedure made known to faculty.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.07	Advanced placement policies <input type="checkbox"/> check if not documented.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Safeguards			
5.08	Health and safety of patients, students, and faculty adequately safeguarded.		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.09	Appropriate supervision; Students are not substituted for staff; No remuneration in exchange for clin coursework.		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Academic Guidance			
5.10	Timely access to faculty for assistance/counseling.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Student and Program Records			
5.11	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.			
5.12	Program records maintained in sufficient detail/5 years min.		<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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



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 Base Entry 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 Base Entry 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.