



# Commission on Accreditation for Respiratory Care

## PROVISIONAL ACCREDITATION SELF-STUDY REVIEW REPORT (SATELLITE 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).



# Sat 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 during site visit review. 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.



# Sat 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 <b>Appears Not Met</b> , including Rationale (i.e., describe the findings that support the judgment that the Standard appears <b>Not Met</b> . Be specific about which elements of a Standard appear <b>Not Met</b> .)	Compliance cannot be determined at this time
<b>I</b>	<b>PROGRAM ADMINISTRATION AND SPONSORSHIP</b>				
	<b>Institutional Accreditation</b>				
1.01	Sponsor is accredited and authorized to award the appropriate degree.		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Consortium</b>				
1.02	Responsibilities of consortium formally documented.	<input type="checkbox"/> check if not applicable <input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Sponsor Responsibilities</b>				
1.03	Required general ed/transfer credit/didact/lab/clinical.	<input type="checkbox"/> check if not applicable <input type="checkbox"/> check if EOC is the same as the base program		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.04	Curric planning/course selection/faculty growth.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.05	Provides equivalent academic support and resources to all program locations (satellite only).		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

Standard	Standard Description		Standard Appears Met	Standard <b>Appears Not Met</b> , including Rationale (i.e., describe the findings that support the judgment that the Standard appears <b>Not Met</b> . Be specific about which elements of a Standard appear <b>Not Met</b> .)	Compliance cannot be determined at this time
1.06	Program academic policies apply to all locations.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.07	Substantive Changes reported according to CoARC Policy 9.0				

II	INSTITUTIONAL AND PERSONNEL RESOURCES				
	Institutional Resources				
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>	
	Key Program Personnel				
2.02	Sponsor appoints FT PD and DCE, and MD.	<input type="checkbox"/> check if key personnel is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Program Director				
2.03	Responsibilities.	<input type="checkbox"/> check if PD is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.04	Minimum degree qualifications.	<input type="checkbox"/> check if PD is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.05	Minimum/valid credentials and experience.	<input type="checkbox"/> check if PD is the same as the base program	<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"/> check if DCE is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.08	Minimum degree qualifications.	<input type="checkbox"/> check if DCE is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

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

<b>III</b>	<b>PROGRAM GOALS, OUTCOMES, AND ASSESSMENT</b>				
	<b>Statement of Program Goals</b>				
3.01	Goal statements define minimum expectations.	<input type="checkbox"/> check if EOC is the same as the base program	<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"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Assessment of Program Goals</b>				

3.03	Systematic assessment process formulated.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.04	Advisory committee composition & responsibilities.	<input type="checkbox"/> check if Advisory Committee is the same as the base program		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Student Evaluation</b>					
3.05	Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.				<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Assessment of Program Outcomes</b>					
3.06	Assessed annually using CoARC surveys.					
	<b>Reporting of Program Resources</b>					
3.07	Outcomes meet CoARC assessment thresholds.					
3.08	CoARC Annual RCS reporting tool submitted.					
3.09	Action plan developed for sub-threshold outcomes.					
	<b>Clinical Site Evaluation</b>					
3.10	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.		<input type="checkbox"/>		<input type="checkbox"/> Rationale:	<input type="checkbox"/>

<b>IV</b>	<b>CURRICULUM</b>			
	<b>Minimum Course Content</b>			
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"/>
	<b>Core Competencies</b>			
4.04	RC diagnostic and therapeutic procedures.			

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.				
	<b>Equivalency</b>				
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"/>
	<b>Clinical Practice</b>				
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				
	<b>Disclosure</b>				
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"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Public Information on Program Outcomes</b>				
5.03	CoARC URL on program website/known to public.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Non-discriminatory Practice</b>				
5.04	Program activities are non-discriminatory and lawful.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.05	Appeal procedures ensure fairness/due process.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.06	Faculty grievance procedure made known to faculty.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

5.07	Advanced placement policies documented.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Safeguards</b>						
5.08	Health and safety of patients, students, and faculty adequately safeguarded.	<input type="checkbox"/> check if EOC is the same as the base program			<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"/> check if EOC is the same as the base program			<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Academic Guidance</b>						
5.10	Timely access to faculty for assistance/counseling.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Student and Program Records</b>						
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 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) 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 <b>NOT</b> present this information to the program. For CoARC use <b>ONLY</b> ).

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 <b>NOT</b> present this information to the program. For CoARC use <b>ONLY</b> ).

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



# CoARC Referee's Analysis of the Sat 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 Sat 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.