

## I. PROGRAM ADMINISTRATION AND SPONSORSHIP

### **Institutional Accreditation**

- 1.01 The educational sponsor of an entry into practice program must be a post-secondary academic institution accredited by a federally recognized institutional accrediting agency, and must award program graduates an associate, baccalaureate, or graduate degree upon successful completion of their professional coursework and degree requirements. In addition, the sponsor must be approved by the appropriate state authorities to provide the program.

#### **Interpretive Guideline:**

*A copy of an institutional accreditation certificate or letter, denoting the sponsor's current accreditation status, must be submitted with the program's self-study or Letter of Intent Application. There are additional questions in the Application for Accreditation Services related to the sponsor's institutional accreditation status and its authority under applicable state laws to provide postsecondary education. As noted in the CoARC Accreditation Policies and Procedures, the sponsor is responsible for notifying the CoARC of any adverse change in its accreditation status.*

#### **Evidence of Compliance:**

- Documentation of the sponsor's current institutional accreditation status;
- Documentation of authorization by a state agency to provide the degree conferred.
- If the sponsor is in a consortium arrangement with another institution to award degrees, provide the above documentation for the degree-granting institution(s).
- Documentation that the sponsor has authorization to provide clinical education experiences in other states, where required.
- Documentation that the sponsor has authorization to provide distance education in other states, where required (if applicable).

**Definitions:** sponsor; degree advancement, distance education

**Resources:** USDE website

### **Consortium**

- 1.02 When more than one entity is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard 1.01. The consortium must be capable of providing all resources necessary for the degree. There must be a formal document (affiliation agreement, memorandum of understanding, etc.), which delineates the responsibilities between consortium partners for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority.

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46 **Interpretive Guideline:**

47 *This Standard is applicable only to programs sponsored by a consortium, which means that more*  
48 *than one institution is sponsoring the program (excluding clinical affiliation agreements). A copy*  
49 *of the formal agreement detailing the relationship between the institutions involved in the*  
50 *consortium and documenting the responsibilities of each member must be provided. The*  
51 *agreement must include language addressing the sharing of program accreditation documents*  
52 *and correspondence between members, as well as addressing the dissolution of the consortium.*  
53 *This can be in the form of an affiliation agreement, a Memorandum of Understanding or a*  
54 *Business Contract. Organizational chart templates and a sample consortium agreement can be*  
55 *found on the CoARC website (www.coarc.com). Additional information that can be used to*  
56 *determine compliance with this Standard is provided with the Application for Accreditation*  
57 *Services.*

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59 **Evidence of Compliance:**

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  - Duly executed consortium agreement, contract or memorandum of understanding;
  - One or more organizational charts delineating the program's relationship to all

62 members of the consortium and clearly depicting how the program reports to, or is

63 supervised by, each component.

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65 **Definitions:** consortium; affiliation agreement

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67 **Resources:** template for an agreement?

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69 **Sponsor Responsibilities**

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- 71 1.03 The sponsor must be capable of providing required general education courses or have a
- 72 process for accepting transfer credit for these courses from other institutionally
- 73 accredited institutions. The sponsor must provide the necessary didactic instruction and
- 74 ensure that students have access to the laboratory and clinical experiences required to
- 75 attain the expected competencies. The sponsor must teach out currently matriculated
- 76 students in accordance with the institution's institutional accreditor, or state or federal
- 77 law in the event of program closure and/or loss of accreditation.
- 78

79 **Interpretive Guideline:**

80 *This Standard is applicable to all programs, regardless of sponsorship. A list of all courses in the*  
81 *curriculum (and which member of the consortium is responsible for each course, if applicable)*  
82 *must be published.*

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84 *All required institutional resources (as identified in Standard 2.01) must be established prior to the*  
85 *admission of students into the program. Programs with a distance learning component must make*  
86 *arrangements, prior to each student's enrollment, for all necessary laboratory and clinical*  
87 *instruction/experience. These must be of sufficient quality that all such program locations meet*  
88 *the applicable Standards (such as 3.01, 3.10, 4.02, and 4.08).*

*There must be a current clinical affiliation agreement, defining the policies governing student access to educational resources and clinical experiences, for all the program's clinical sites. These agreements must include specific notations delineating the terms of participation between the sponsor and the clinical affiliate, describe the relationship between the sponsor and the clinical site(s), and clearly define the roles of the program, its sponsor, and the clinical site. While one agreement between the sponsoring and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the program and each clinical entity. A process must be in place to review these clinical affiliation agreements routinely.*

*Each program should develop specific transfer credit policies to be approved by its institution. Transfer policies should address transfer credit maximums, evaluation criteria for transfer courses, and potential outcomes related to transfer credit decisions (including how the transfer credits align with current program course offerings). If transfer credits result in the waiver of a course or courses containing expected competencies or other essential aspects of the program's assessment plan, the program should develop alternate methods to assess and record the transfer student's performance in those areas.*

*For programs offering off-campus laboratory site(s), there must be an agreement defining the policies governing student access to educational resources and laboratory experiences for all the program's off-campus laboratory sites. These agreements must include specific notations delineating the terms of participation and describe the relationship between the program and the laboratory site(s), and clearly define the roles of the program, its sponsor, and the laboratory site(s).*

**Evidence of Compliance:**

- Institutional academic catalog listing programs of study and course offerings;
- Transfer of credit policies, if applicable;
- A list of all sites used for clinical training;
- Formal, written clinical affiliation agreements or memoranda of understanding (MOU) with each clinical site.

**Definitions:** OCLS; clinical experience; published; MOUs; clinical affiliate; Clinical affiliate agreements; academic catalog

**Resources:**

1.04 The sponsor is responsible for ensuring curriculum planning, course selection and coordination of instruction by program faculty. Institutional policies related to academic standards must support academic and professional judgments of the program faculty. The program faculty must determine student progression through each stage of the program.

**Interpretive Guideline:**

*Program faculty must be involved in the development, review, and revision of academic program policies. Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. On at least an annual basis, the sponsor should provide program faculty with the time and support needed to conduct a curriculum review and revision (as defined in Standard 4.08) and develop action plans to address any shortcomings identified in this evaluation, as well as to reassess curriculum design and course delivery format and enhance the curriculum based on feedback from course evaluations by students, graduates and instructors. During the academic year, program faculty should meet together on a regular basis to assess the results of curricular revisions, to discuss student course evaluations, and to make any modifications necessary to ensure that the curriculum is up to date and effective. Programs must maintain the minutes of these meetings for a minimum of five years.*

**Evidence of Compliance:**

- Institutional policies and procedures requiring curriculum planning, course selection, and coordination of instruction by program faculty;
- Institutional policies and practices that allow faculty to employ academic freedom when making decisions;
- Evidence that faculty develop, implement, and revise curricula;
- Minutes of program faculty meetings for curriculum planning, course selection, and instruction coordination.

**Definitions:** curriculum; program faculty

**Resources:**

1.05 The sponsor ensures the ongoing professional development and scholarly activities of all program faculty. In addition, the sponsor must provide sufficient time and financial resources in support of the program key personnel, as applicable to their job description, for:

- a) maintenance of certification and licensure, and
- b) professional development directly relevant to respiratory care education.

**Interpretive Guideline:**

*'Professional growth' requires that all program faculty not only maintain clinical and academic skills but also develop new skills as needed for their position responsibilities. The types of institutional support for professional development opportunities for faculty members vary. They may include but are not limited to: funding for maintaining National Board for Respiratory Care (NBRC) credential status and for attending state, regional, or national professional organizational meetings and/or continuing education conferences; provision of non-vacation time for professional organizational activities, for clinical practice, or for research/scholarly activities; encouraging faculty to pursue a higher degree by offering tuition remission or time off; payment*

*of dues and fees related to credential maintenance; and/or time off needed for review and study. Evidence of institutional support can include program and/or institutional policies and records of the faculty's continued professional development activities and documentation of institutional support for these activities.*

Evidence of Compliance:

- Institutional policies that support continued professional growth of faculty (e.g., release time, workload reduction, funding);
- Documentation of professional development activities of the faculty and institutional support for these activities related to respiratory care education.

**Definitions:** continued professional growth

**Resources:** CoARC Teaching and Administrative Workload Form

1.06 Program academic policies must apply equally to students and faculty at each program location. For students and faculty at off-campus or satellite locations, the sponsor must provide access to academic support services and other resources equivalent to those on the main campus.

**Interpretive Guideline:**

*Program policies must apply to all students and faculty regardless of the location where instruction occurs. Program policies must be consistent for all venues of instruction (didactic, laboratory, and clinical). Likewise, programs with more than one instructional site and programs using distance education must have academic policies that are consistent for all instructional locations. Clinical affiliation agreements or memoranda of understanding may specify that certain program policies will be superseded by those of the clinical site.*

*The types of services and resources that help students reach their academic and career goals typically include academic advising, tutoring, career services, financial aid and access to computing and library resources. Services and resources available to instructional faculty at the main campus include, but are not limited to, computing, instructional design, information technology and library resources, and employee assistance. The program should inform students and faculty if certain services are only available to them on the main (base) campus and when/how they can attain access to these services.*

Evidence of Compliance:

- Published program policies.
- Student handbooks;
- Results of CoARC Student and Personnel Program Resource Surveys (RAM);
- Results of CoARC Graduate Surveys (RCS).

**Definitions:** academic support services; equivalent

**Resources:**

- 1.07 The sponsor must report substantive change(s) to the CoARC prior to such changes, or within the time limits prescribed. For details (including a delineation of such changes), see the CoARC Accreditation Policies and Procedures Manual.

**Interpretive Guideline:**

*The program must demonstrate compliance with all components of this Standard. As noted, the process for reporting substantive changes is defined in the CoARC Accreditation Policies and Procedures Manual (available at [www.coarc.com](http://www.coarc.com)). A program considering or planning any significant change should contact CoARC early in the process. This will provide an opportunity for the program to consult CoARC Executive Office staff regarding whether or not the change is 'substantive', as well as the procedures to be followed and the potential effect of the change on its accreditation status.*

*If, during program review, a substantive change that has already been implemented without CoARC approval is discovered, the CoARC Executive Office should be contacted as soon as possible to determine the course of action.*

**Evidence of Compliance:**

- Timely submission of the CoARC Application for Substantive Change and related documentation required by CoARC Policies;
- Documentation confirming CoARC approval of the change.

**Definitions:** substantive change

**Resources:** CoARC Policies and Procedures Manual Section 9.0; CoARC Substantive Change Application