II.   INSTITUTIONAL RESOURCES AND PERSONNEL RESOURCES

Institutional Resources

2.01   The sponsor must ensure that fiscal, academic, and physical resources are sufficient to achieve the program's goal(s), as defined in Standard III, for all program locations, regardless of the instructional methodology used.

Interpretive Guideline:
The sponsor must have the financial resources required both to develop and to sustain the program on a continuing basis. The program must be able to recruit and retain sufficient qualified faculty and to purchase and maintain sufficient and appropriate academic resources, as reflected in annual budget appropriations. Annual appropriations should provide for the innovations and changes, including technological advances, necessary to reflect current concepts in education and in the profession. The budget must be such that adequate resources are assured for all enrolled students, even in the event of program closure (see Accreditation Policies and Procedures Manual).

Academic resources include but are not limited to: audio/visual equipment; instructional materials; laboratory equipment and supplies; technological resources that provide access to medical information and current literature (current books, journals, periodicals and other reference materials related to the curriculum). Physical proximity of library facilities or access to online educational materials in a library or computer laboratory with extended hours for student use should be evident. Capital equipment (e.g. ventilators, mannequins, etc.), can be purchased or leased, but all laboratory equipment must be available to students when needed. Programs must have a reasonable mechanism for student access to program laboratories, including off campus laboratory sites, at times other than those designated in the curriculum with appropriate supervision.

Physical resources refer to the space allocated to the program including that for offices, classrooms and laboratories, for confidential counseling of students, for program conferences and meetings and for secure storage of student files and records.

For distance learning programs/components, arrangements for all necessary (see Standards 3.01, 3.10, 4.08, and 4.09) laboratory and clinical instruction/experience for each student must be completed prior to her/his enrollment into the program. Such arrangements must be maintained throughout the student's education in the program.

Evidence of Compliance:
- Results of annual program resource assessment as documented in the CoARC Resource Assessment Matrix (RAM).
- For distance learning programs, copies of agreements/contracts with laboratories, clinical site(s) and preceptors/instructors for each student enrolled in the program.

45 **Definitions**: program goals; fiscal, academic and physical resources; assessment

46

47 **Resources**:

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49

50 **Key Program Personnel**

51

52 2.02   The sponsor must appoint, at a minimum, a full-time Program Director, a full-time
53   Director of Clinical Education, and a Medical Director.

54

55   Programs that offer a sleep specialist option must appoint a Primary Sleep Specialist
56   Instructor as key personnel. Programs that offer a satellite location must appoint a
57   Satellite Site Coordinator as key personnel. Additionally, programs that offer an Additional
58   Degree Track (ADT) location that is geographically separate from the base program must
59   appoint an ADT Coordinator as key personnel.

60

61 *Interpretive Guideline:*
62 *Full-time faculty includes all persons employed full-time by the institution who are appointed*
63 *primarily to the respiratory care program and whose job responsibilities include teaching,*
64 *regardless of the position title (i.e., full-time laboratory and clinical instructors are considered*
65 *faculty). The length of the full-time appointment (e.g., 10-month, 12-month, etc.) for the Program*
66 *Director and Director of Clinical Education must be sufficient for them to fulfill their responsibilities*
67 *(identified in 2.03 and 2.07, respectively), in addition to responsibilities required by the sponsor.*
68 *Only one individual can assume the responsibilities of either the Program Director or Director of*
69 *Clinical Education; thus, these full-time positions cannot be shared. The Medical Director (or co-*
70 *directors) is/are not required to have full-time appointments. Program faculty must hold*
71 *educational qualifications as required by the institution and regulatory agencies (i.e., institutional*
72 *accreditor).*

73

74 *Documentation of employment must include Letters of Appointment and Acceptance (templates*
75 *are available on the CoARC website). Letters of Appointment and Acceptance, as well as Job*
76 *Descriptions, must be current and show evidence of being reviewed periodically with the*
77 *applicable faculty member per institutional evaluation cycles. At a minimum, key program*
78 *personnel must have academic appointments and privileges comparable to other faculty in the*
79 *institution with similar academic responsibilities. A listing of both the key personnel and the*
80 *program faculty should be readily accessible (at a minimum on the program's website).*

81

82 Evidence of Compliance:
83 • Documentation of Employment;
84 • Written job descriptions with corresponding expectations and minimum qualifications;
85 • One or more organizational charts indicating the relationship of the key personnel to
86   the program faculty, advisory committee, and administration.

87

88 **Definitions**: Documentation of employment

89

90 **Resources**:

91

92

93 **<u>Program Director</u>**

94

95 2.03   The Program Director (PD) must provide effective leadership for the program including,
96   but not limited to, responsibility for communication, ongoing program planning and
97   assessment, and fiscal management. There must be evidence that sufficient time is
98   allocated to the PD so that each of his or her educational and administrative
99   responsibilities can be met.

100

101 ***<u>Interpretive Guideline:</u>***
102 *The PD's administrative responsibilities include fiscal planning; program planning and*
103 *development; ongoing review and analysis of all program activities; ensuring that, in all aspects,*
104 *the program meets the requirements of the Standards. Educational responsibilities include*
105 *continuous curriculum development and review as well as teaching. The PD must work with the*
106 *DCE to ensure that clinical education for program students is coordinated with didactic and*
107 *laboratory activities and is sufficient to meet program outcomes required by the Standards. PDs*
108 *often hold other leadership roles within the institution (e.g., Dean, Department or Division Chair)*
109 *or spend non-program time in clinical practice, teaching or research. The PD workload must*
110 *balance these responsibilities with those related to the program. Documentation of sufficient*
111 *release time for the PD to perform the administrative duties of the program must be provided to*
112 *confirm compliance with this Standard. Release time must be documented within the faculty*
113 *member's workload with evident reduction in one or more areas: teaching, research, or service at*
114 *a minimum of 25%.*

115

116 *Institutional policies related to academic standards and to faculty roles and workload are applied*
117 *to the program in a manner that recognizes and supports the academic and technical aspects of*
118 *the program, including, but not limited to, providing for reduction in teaching load for*
119 *administrative functions. The sponsor must identify functions to be considered for release time*
120 *(e.g., program administration, clinical education administration, accreditation reports, and*
121 *assessment activities).*

122

123 *While it is preferable that the PD perform these responsibilities at the main campus location for*
124 *non-distance learning programs, they may prefer to work at a distant location. This is acceptable*
125 *only if: the program sponsor ensures that sufficient personnel are available to undertake those*
126 *responsibilities that the PD would be unable to fulfill under such circumstances (i.e. supervising*
127 *students in the laboratory, ensuring that laboratory equipment is functioning properly, etc.); all*
128 *the data and technology necessary for them to fulfill these duties are immediately available; and*
129 *the sponsor makes prospective students aware of this circumstance.*

130

131 Evidence of Compliance:
132   •   CoARC Teaching and Administrative Workload Form;

- Policies and procedures addressing program workload for faculty;
- Job description with corresponding expectations;
- Appointment Letter/Contractual Agreement with documentation of release time, key personnel duties, and full-time status;
- Results of the CoARC Student and Personnel Program Resource Surveys (RAM).

Definitions: sufficient

Resources:

2.04 The PD of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a federally recognized institutional accrediting agency.

The PD of a program offering a bachelor's or master's degree must have earned at least a master's degree from an academic institution accredited by a federally recognized institutional accrediting agency [1].

Interpretive Guideline:
Effective June 1, 2010, degrees are only considered acceptable if they were awarded by an institution that is accredited by a federally recognized institutional accrediting body. For degrees from institutions in countries other than the United States, the CoARC will utilize an external review service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to the required minimum degree. Program Directors with degrees from non-accredited institutions that were awarded prior to June 1, 2010, are considered to meet this Standard provided they remain in that position. The degree can be in any field of study.

Evidence of Compliance:
- Official transcript denoting the highest degree earned.

Definitions:

Resources:

2.05 The PD must:
   a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
   b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
   c) have a minimum of two (2) years' experience teaching either as an appointed faculty member in a CoARC-accredited respiratory care program or as a clinical instructor/ preceptor for students of such programs;
   d) complete the CoARC Key Personnel Training Program.

177

178 ***Interpretive Guideline:***

179 *Documentation of credential validity can include a copy of the NBRC certificate or an NBRC*
180 *Credentials Verification Letter. An expired RRT credential is not valid.*

181

182 *If a program utilizes a distance education format and the PD resides in a different state than the*
183 *base location, or if the program is located near a state border and the PD resides in a neighboring*
184 *state, they may hold a license from their state of residence, unless required by the program*
185 *sponsor to hold a license in the state in which the program is located.*

186

187 *If a newly appointed Program Director has served in a permanent key personnel role for at least*
188 *twelve (12) months in a CoARC-accredited program (as either PD or DCE) within the 36 months*
189 *prior to their appointment, they do not need to complete the PD/DCE Academy. When required,*
190 *the PD/DCE Academy must be completed within twenty-four (24) months of the appointee's*
191 *assumption of the position. Should the appointee fail to complete the PD/DCE Academy within*
192 *this timeframe, the program will be placed on Administrative Probation. Temporary and acting*
193 *PDs are not required to complete the PD/DCE Academy. Transitional personnel may complete the*
194 *PD/DCE Academy prior to their permanent appointment, but if this is not accomplished, they must*
195 *complete the PD/DCE Academy within the above timeline, following their permanent*
196 *appointment. All programs accepting applications for vacancies in the PD position after this date*
197 *must comply with this Standard.*

198

199 Evidence of Compliance:
200 • Documentation of a valid RRT credential;
201 • Documentation of a current state license;
202 • Completed CoARC CV Outline;
203 • CoARC Key Personnel Training Program certificate of completion.

204

205 **Definitions**: clinical instructor; clinical preceptor

206

207 **Resources**:

208

209

210 2.06 The PD must have frequent, regular, and consistent contact with students and faculty
211 regardless of program location.

212

213 ***Interpretive Guideline:***
214 *Student course evaluations and interview responses during on-site visits should affirm that the PD*
215 *is accessible to students throughout their course of study and that the extent of interaction*
216 *between the PD and students facilitates the achievement of program goals.*

217

218 Evidence of Compliance:
219 • Results of student course evaluations;

220   •   Results of the CoARC Student and Personnel Program Resource Surveys (RAM).
221
222   **Definitions**: frequent, regular, and consistent
223
224   **Resources**:
225
226
227   <u>**Director of Clinical Education**</u>
228
229   2.07   The Director of Clinical Education (DCE) must provide effective leadership in developing,
230   conducting, and ongoing assessment of the clinical education program. There must be
231   evidence that sufficient time is allocated to the DCE so that his or her educational and
232   administrative responsibilities can be met.
233

234   <u>***Interpretive Guideline:***</u>
235   *Management of the program's clinical activities include:*
236   • *organization, development and administration of, the clinical curriculum;*
237   • *planning for, acquisition of, and communication with, locations needed for development of*
238   *evolving practice skills;*
239   • *ensuring that appropriate supervision/assessment of students is available at all clinical sites;*
240   • *and ongoing assessment of the overall effectiveness of the clinical training for all students.*
241   *The DCE must work with the PD to ensure that student clinical exposures are coordinated with*
242   *their didactic and laboratory education. The DCE will assume other responsibilities – within the*
243   *program (administrative, teaching in the classroom and the laboratory) or as determined by the*
244   *program sponsor – when assigned. There must be documentation that sufficient release time is*
245   *allocated to the DCE so that all their programmatic, educational and administrative*
246   *responsibilities can be met. Sufficient release must be documented within the faculty member's*
247   *workload with evident reduction in one or more areas: teaching, research, or service at a*
248   *minimum of 25%.*
249
250   *While it is preferable that the DCE performs these responsibilities at the main campus for non-*
251   *distance learning programs, s/he may prefer to work at a 'distant location'. Standard 2.10*
252   *mandates that the DCE must have 'frequent, regular and consistent contact with students, clinical*
253   *faculty, and clinical affiliates in all program locations.' While for distance learning (DL) programs*
254   *this is usually done remotely, it is important that for non-DL programs, which usually have multiple*
255   *program students on clinical sites at any given time during the school year, the DCE must interact*
256   *with the sites personally. Accordingly, such a 'distant location' would preferably be in the general*
257   *area of one of the program's clinical sites; it is important to note that their living at a distant*
258   *location would not absolve them of the responsibility for personal interaction with all the*
259   *program's clinical sites. In addition, the program sponsor would need to ensure that sufficient*
260   *personnel would be available to undertake any positional responsibilities that the DCE would be*
261   *unable to fulfill under such circumstances (i.e. supervising program students in the laboratory,*
262   *ensuring that the laboratory equipment is functioning properly, etc.).*
263

264 *Additionally, the technology necessary for the DCE to fulfill these and any other responsibilities*
265 *assigned by the program sponsor and the PD would need to be immediately available. This would*
266 *include on-line access to the main campus with technology sufficient to allow the DCE to teach*
267 *courses interactively, to communicate with students both privately (for counselling) and in groups,*
268 *to allow interactive faculty and advisory committee meetings as well as providing access to all*
269 *appropriate data. Such data would include assessments of student performance at clinical sites,*
270 *student assessments of clinical sites and preceptors, information from clinical sites regarding*
271 *student behavior, etc.*

272
273 Evidence of Compliance:
274 • CoARC Teaching and Administrative Workload Form;
275 • Policies and procedures addressing program workload for faculty;
276 • Job description with corresponding expectations;
277 • Appointment Letter/Contractual Agreement with documentation of release time, key
278   personnel duties, and full-time status;
279 • Results of the CoARC Student and Personnel Program Resource Surveys (RAM).

280
281 **Definitions**: sufficient

282
283 **Resources**:

284

285

286 2.08   The DCE of an associate degree program must have earned at least a baccalaureate
287   degree from an academic institution accredited by a federally recognized institutional
288   accrediting agency.

289
290   The DCE of a program offering a bachelor's or master's degree must have earned at least
291   a master's degree from an academic institution accredited by a federally recognized
292   institutional accrediting agency [2].

293
294 ***Interpretive Guideline:***
295 *Effective June 1, 2010, degrees are only considered acceptable if they were awarded by an*
296 *institution that is accredited by a federally recognized institutional accrediting body. For degrees*
297 *from institutions in countries other than the United States, the CoARC will utilize an external*
298 *review service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to*
299 *the required minimum degree. Directors of Clinical Education with degrees from non-accredited*
300 *institutions that were awarded prior to June 1, 2010, are considered to meet this Standard*
301 *provided they remain in that position. The degree can be in any field of study.*

302
303 Evidence of Compliance:
304 • Official transcript denoting the highest degree earned.

305
306 **Definitions**:

307

Resources:

308

309

310

311   2.09   The DCE must:
312   a)   hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
313   b)   have a minimum of four (4) years' experience as a Registered Respiratory Therapist
314   with at least two (2) years in clinical respiratory care;
315   c)   have a minimum of two (2) years' experience teaching either as an appointed faculty
316   member in a CoARC-accredited respiratory care program or as a clinical instructor/
317   preceptor for students of such programs;
318   d)   complete the CoARC Key Personnel Training Program.

319

320   *__Interpretive Guideline:__*
321   *Documentation of credential validity can include a copy of the NBRC certificate or an NBRC*
322   *Credentials Verification Letter. An expired credential is not valid.*

323

324   *If a program utilizes a distance education format and the DCE resides in a different state than the*
325   *base location, or if the program is located near a state border and the DCE resides in a neighboring*
326   *state, they may hold a license from their state of residence, unless required by the program*
327   *sponsor to hold a license in the state in which the program is located.*

328

329   *If a newly appointed Director of Clinical Education has served in a permanent key personnel role*
330   *for at least twelve (12) months in a CoARC-accredited program (as either PD or DCE) within the*
331   *36 months prior to their appointment, they do not need to complete the PD/DCE Academy. When*
332   *required, the PD/DCE Academy must be completed within twenty-four (24) months of the*
333   *appointee's assumption of the position. Should the appointee fail to complete the PD/DCE*
334   *Academy within this timeframe, the program will be placed on Administrative Probation.*
335   *Temporary and acting DCEs are not required to complete the PD/DCE Academy. Transitional*
336   *personnel may complete the PD/DCE Academy prior to their permanent appointment, but if this*
337   *is not accomplished, they must complete the PD/DCE Academy, within the above timeline,*
338   *following their permanent appointment. All programs accepting applications for vacancies in the*
339   *DCE position after this date must comply with this Standard.*

340

341   Evidence of Compliance:
342   •   Documentation of a valid RRT credential;
343   •   Documentation of a current state license;
344   •   Completed CoARC CV Outline;
345   •   CoARC Key Personnel Training Program certificate of completion.

346

347   **Definitions**:

348

349   **Resources**:

350

351

2.10   The DCE must have frequent, regular, and consistent contact with students, clinical
        faculty, and clinical affiliates at each program location.

Interpretive Guideline:

Student course evaluations and interview responses during site visits should affirm that the DCE is accessible to students and that the extent of interaction between the DCE and students facilitates the achievement of program goals. The DCE must be available and accessible to students and clinical faculty at all times when program students are engaged in clinical coursework. Examples of contact documentation between DCE and clinical faculty/affiliates can include a communications log, copies of email/texting correspondence, or program faculty meeting minutes.

Evidence of Compliance:
- Results of student course evaluations;
- Documentation of DCE contact with clinical faculty/affiliates;
- Results of the CoARC Student and Personnel Program Resource Surveys (RAM).

Definitions: clinical affiliates

Resources:

Medical Director

2.11   The sponsor must appoint a Medical Director to provide medical guidance, facilitate
        physician interaction with students, and assist the PD and DCE in ensuring that didactic,
        laboratory, and supervised clinical instruction meet current practice guidelines. The
        Medical Director must be a licensed physician and Board-certified (as recognized by the
        American Board of Medical Specialties (ABMS) or American Osteopathic Association
        (AOA)) in a specialty relevant to respiratory care.

Interpretive Guideline:

The Medical Director must collaborate with the Program Director and Director of Clinical Education to ensure that didactic and laboratory instruction and supervised clinical practice experiences meet current practice standards for respiratory therapists. The Medical Director must also be a member of the Advisory Committee. Documentation of their appointment as Medical Director of the program must include letters of appointment and acceptance (templates are available on the CoARC website).

A completed CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as a curriculum vitae. The CV or CoARC CV Outline Form must include documentation of the clinical site(s) where the physician is credentialed.

395 *Documentation confirming that a specialty credential is both valid and current can include a copy*
396 *of the credential or a Credential Verification Letter from the appropriate credentialing agency.*
397 *Documentation of current licensure can include a copy of the license or a License Verification Letter*
398 *from the appropriate licensing agency.*
399
400 *Documentation of physician interaction with students can include a physician interaction log in*
401 *student clinical handbooks, evidence of student presentations to physicians in didactic or clinical*
402 *settings, or documentation of student participation in research activities supervised by physicians.*
403
404 Evidence of Compliance:
405 • Copy of current state license and board certificate(s);
406 • Curriculum vitae;
407 • Job description with corresponding expectations;
408 • Appointment Letter/Contractual Agreement;
409 • Records of Medical Director interaction with Key Personnel, including attendance at
410   Advisory Committee meetings;
411 • Documentation of all physician interactions with students;
412 • Results of annual program resource assessment as documented in the CoARC RAM.
413
414 **Definitions**: assessment
415
416 **Resources**: CoARC templates
417
418
419 **Primary Sleep Specialist Instructor**
420
421 2.12   For programs offering the sleep specialist program option, there must be a faculty
422   member designated as the primary instructor for that portion of the program. In addition
423   to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must have a minimum of an
424   associate degree, at least three (3) years of clinical experience in sleep technology and at
425   least one (1) year of experience in a teaching position.
426
427 ***Interpretive Guideline:***
428 *For programs offering the sleep specialist program option, the primary instructor of the program-*
429 *option is considered* Key Personnel *by the CoARC. Documentation of credential validity can include*
430 *a copy of the NBRC or BRPT certificate or a NBRC/BRPT Credentials Verification Letter. Expired*
431 *credentials are not valid. Documentation of employment must include Letters of Appointment and*
432 *Acceptance (templates are available on the CoARC website). At a minimum, key program*
433 *personnel should have academic appointments and privileges comparable to other faculty with*
434 *similar academic responsibilities in the institution.*
435
436 *For academic degrees from institutions in countries other than the United States, the CoARC will*
437 *utilize an external review service (e.g., www.naces.org) to determine whether the foreign*

438 *transcript is equivalent to the required minimum degree. The degree can be in any field of study.*
439
440 Evidence of Compliance:
441 • Valid credential as a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered
442   Polysomnographic Technologist (RPSGT);
443 • Documentation of a current state license;
444 • Completed CoARC CV Outline;
445 • Appointment Letter/Contractual Agreement;
446 • Job description with corresponding expectations;
447 • Academic transcript denoting at least the required degree.
448
449 **Definitions**: clinical experience
450
451 **Resources**:
452
453
454 **Satellite Site Coordinator/ADT Coordinator**
455
456 2.13 Programs with satellite location(s) and ADT location(s) separate from the base program
457   must assign a faculty member who is a Registered Respiratory Therapist to be site
458   coordinator at each location. This coordinator is considered Key Personnel. At a minimum,
459   this individual must hold a bachelor's degree. This individual is responsible for ensuring
460   that the educational experiences of students on that site are equivalent to those of the
461   base program students, as well as for maintaining adequate, ongoing communication with
462   the Program Director and Director of Clinical Education.
463
464 *Interpretive Guideline:*
465 *Documentation of the RRT credential can include a copy of the NBRC certificate or an NBRC*
466 *Credentials Verification Letter. Expired credentials are not valid. Documentation of contact with*
467 *PD/DCE can include a communications log, copies of email or texting correspondence, and*
468 *program faculty meeting minutes. A completed CoARC Curriculum Vitae Outline for Program*
469 *Faculty (available on the CoARC website) can be used as curriculum vitae.*
470
471 Evidence of Compliance:
472 • Documentation of a valid RRT credential;
473 • Documentation of a current state license;
474 • Official transcript denoting the required degree;
475 • Completed CoARC CV Outline;
476 • Appointment Letter/Contractual Agreement
477 • Institutional letter of appointment or equivalent document;
478 • Documentation of contact with PD and DCE;
479 • Results of CoARC Student and Personnel-Program Resource Surveys (RAM);
480 • Job description with corresponding expectations.

481
Definitions: satellite; equivalent; adequate; base program

483
Resources:

485

486

Instructional Faculty

488

2.14   In addition to the Key Personnel, there must be sufficient personnel resources to provide effective instruction and evaluation in all settings – didactic, laboratory, simulation activities, and clinical. In clinical rotations, the student-to-faculty ratio cannot exceed 6:1 for clinical instructors and 2:1 for clinical preceptors. In laboratory environments, the student-to-lab instructor ratio cannot exceed 12:1. During simulation exercises, the student-to-faculty/staff ratio cannot exceed 6:1. These expectations are to ensure that each student is reasonably supervised during hands-on learning activities.

496

Interpretive Guideline:
The program must ensure that sufficient, appropriately trained, licensed, and credentialed faculty are available for students at each location where instruction occurs. The program must be able to confirm that instructional faculty are qualified in the content areas that they are teaching. Qualified means that faculty have demonstrated a sufficiency of knowledge, skills and competency in those content areas. 'Appropriately credentialed' depends on the topics/skills being taught. Expired credentials are not valid.

504

The program must develop training that promotes consistency among individuals who perform evaluations in all settings. Training must include familiarizing them with the use of programmatic checkoffs and other programmatic evaluations. The program should review student evaluations of preceptors and clinical sites to determine if inconsistency of clinical evaluations exists. The DCE should work with employer representatives on the program Advisory Committee and/or with department supervisors at clinical sites to include as many clinical instructors and preceptors as possible in the training program. The training/assessment process should be revised when: there are significant changes in the program's clinical evaluations; new clinical competencies are introduced into the curriculum; or there is a significant change in the NBRC content outline.

514

Programs may determine that lower CoARC-required student to faculty ratios in clinical, laboratory, and simulation settings improve the quality of learning experiences for students. In addition, clinical sites may require lower ratios to ensure patient safety or to limit the number of students on site. However, under no circumstances may the student to faculty ratio exceed 6:1 for clinical instructors and 2:1 for clinical preceptors.

520

Clinical faculty can include off-site clinical supervisors or similar personnel who do not hold employment contracts with the program sponsor. However, all Clinical Preceptors must be employed by the clinical site at which they are supervising students. For all individuals who evaluate students in clinicals, the program must have documentation that program personnel

Evidence of Compliance:
- Results of annual program resource assessment as documented in the CoARC RAM;
- Evidence of instructional faculty training in all settings specifically with regard to use of programmatic instruments and job responsibilities.
- Student surveys of faculty performance (e.g., course evaluation);
- Course class lists and faculty teaching schedules;
- Appointment Letter(s) for laboratory instructional faculty, if applicable;

Definitions: clinical instructor; lab instructor; clinical preceptor; simulation lab versus regular laboratory

Resources:

Administrative Support Staff

2.15   There must be sufficient administrative and clerical support staff to enable the program to meet its goals as defined in Standard III.

571

572 | Evidence of Compliance:

573 | • Results of annual program resource assessment as documented in the CoARC RAM.

574

575 | **Definitions**: administrative and clerical support staff

576

577 | **Resources**:

578

579 | **Program Advisory Committee**

580

581 | 2.16 The communities of interest served by the program include, but are not limited to, students,
582 | graduates, faculty, college administration, employers, physicians, and the public. An
583 | Advisory Committee (AC), with representation from each of the above communities of
584 | interest (and others as determined by the program to help achieve its goal(s)), must meet
585 | with key personnel at least annually to assist program and sponsor personnel in their
586 | evaluation of the curriculum, program outcomes, technical standards and program
587 | response to change, to consider the addition of/changes to optional program goals and to
588 | be made aware of any substantive changes reported to the CoARC.

589

618

619 Evidence of Compliance:
620 • Current membership list, identifying the community of interest with which each member
621   is affiliated;
622 • AC meeting minutes demonstrating review and approval of revisions to program
623   optional goal(s), curriculum, technical standards, and substantive changes;
624 • Documentation confirming that the AC was notified of a progress report or action plan
625   submitted to CoARC and/or any adverse action, if applicable;
626 • Attendance list for AC meetings.

627

628 **Definitions**: communities of interest; curriculum

629

630 **Resources**:

631

632

633 **Assessment of Program Resources**

634

635 2.17   The program must, at least annually, use the CoARC Resource Assessment Surveys to
636   assess the resources described in Standard II. Survey data must be documented in the
637   RAM. The results of resource assessment must be part of the Program Director's
638   continuous analysis of the program and used to make appropriate changes to program
639   resources. Identification of any deficiency requires development of an action plan,
640   documentation of its implementation, and evaluation of its effectiveness by ongoing
641   resource assessment.

642

657

658 *For both surveys, at least 80% of the responses for each of the seven (7) resource areas must be 3*
659 *or higher. Any resource for which this cut score is not achieved is deemed suboptimal and an action*
660 *plan must be developed. If no specific deficiencies for that area are identified in the surveys,*
661 *further assessment may be required. Resource Assessments must be reported separately for each*
662 *portion of the program with a CoARC ID number. Programs must maintain all resource assessment*
663 *documentation (RAM, SPRS, and PPRS) for five years. Financial resources must be evaluated using*
664 *the Personnel Program Resource Survey and an itemized budget review by program Key Personnel.*
665

666 Evidence of Compliance:
667 - Results of annual program resource assessment, documented in the CoARC RAM, which
668   leads to the development and implementation of action plans to address identified
669   shortcomings and subsequent evaluations of their effectiveness.
670

671 **Definitions**: assessment; action plan
672

673 **Resources**:
674