



Application For Accreditation Services for a CoARC-Accredited Respiratory Care Program/Program Option

Submitted by

Submitted on

For additional information about CoARC and accreditation services, visit: www.coarc.com

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

264 Precision Blvd, Telford, TN 37690 (817) 283-2835

© 2026 All rights reserved. Commission on Accreditation for Respiratory Care



APPLICATION FOR ACCREDITATION SERVICES

Program Sponsor Name:

CoARC Program Number:

The Commission on Accreditation for Respiratory Care (CoARC) requires that the accreditation process for a sponsor of an educational program in respiratory care ("the Program Sponsor") be initiated at the request of the institution sponsoring the Program. This Application for Accreditation Services agreement, signed by the Program sponsor's chief executive, chief academic officer, and consortium partner (if applicable), constitutes the Program Sponsor's formal request to seek

The ensuing process provides peer review of the program's educational content and procedures, based on national education standards as published in the CoARC's

(*"the Standards"*), as well as

the CoARC's applicable policies and procedures.

The Application for Accreditation Services process includes: (1) A clear statement of educational objectives established by the Program Sponsor; (2) Submission of this agreement, the completed self-study, with required documentation; (3) A site visit by a group of peers; and (4) Evaluation by the CoARC Board, which determines whether the Program Sponsor does or does not comply with the *Standards*. The undersigned hereby requests accreditation of the program or program option by the CoARC, in accordance with and subject to the CoARC's applicable policies and procedures. The undersigned understands and agrees that the Program Sponsor will comply with all the provisions set forth in the CoARC's *Standards*, the CoARC Accreditation Policies and Procedures Manual, and all other documents describing accreditation and the accreditation process. The undersigned acknowledge that, should any of the data or other information provided in its application be false or omit relevant information, or if, in the future, the Program Sponsor violates any of the rules, policies, or procedures governing accredited programs, it will be subject, at the sole discretion of the CoARC, to deny accreditation, to withdraw accreditation and forfeiture of any status of public recognition indicating accreditation granted by the CoARC, and/or to deny future eligibility for accreditation.

The undersigned agree that the Program Sponsor will fully and truthfully respond to whatever inquiries and investigations the CoARC deems necessary to verify the contents of its application or otherwise to seek information that the CoARC deems relevant to its decision-making. The undersigned understand that the CoARC will use reasonable efforts to keep any non-public information or material received from the Program Sponsor confidential and not to deliberately release such information or material unless the Program Sponsor has authorized the release, the release is required by law, or release is required for CoARC to meet recognition criteria of the Council for Higher Education Accreditation (CHEA) or state agency. Information identified in CoARC Policy 14.03 will not be treated as confidential and may be released to the public. The CoARC may use other information from this application for the purpose of statistical analysis, provided that the Program Sponsor's connection with that information has been deleted.

To the extent permitted by relevant state law, the undersigned hereby agree that the Program Sponsor will hold the CoARC, its officers, commissioners, employees, and agents harmless from all reasonable costs and attorneys' fees incurred by the CoARC as a result of any and all actions, suits, obligations, complaints, claims, or damages arising out of any act or omission by the Program sponsor and/or any employee or agent of the Program Sponsor in connection with the Program's eligibility for accreditation; its application; the application process; or the denial or withdrawal of the Program Sponsor's accreditation.



APPLICATION FOR ACCREDITATION SERVICES

Notwithstanding the above, should the Program Sponsor file suit against the CoARC or any CoARC Board member, committee member, employee, or agent of the CoARC, the Program Sponsor agrees that any such action shall be governed by and construed under federal law and the laws of the District of Columbia without regard to conflicts of law. In addition, the Program Sponsor further agrees that any such action shall be brought in the Superior Court of the District of Columbia or the United States District Court for the District of Columbia; consent to the jurisdiction of such state and federal courts; and agree that the venue of such courts is proper. The undersigned further agree that, should the Program Sponsor not prevail in any such action, the CoARC shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.

The Program Sponsor may withdraw its application at any time and for any reason before the CoARC takes final action. However, the hold harmless provision of this agreement shall survive withdrawal of the application. The Program Sponsor may subsequently submit another application without prejudice. The Program Sponsor agrees that, if the proposed program is granted, any changes to cohort size or annual admissions will be made in accordance with Section 9 of the CoARC Accreditation Policies and Procedures Manual. For Program Sponsors seeking Provisional Accreditation, the undersigned also agrees not to admit students into the proposed program.

**THE UNDERSIGNED FORMALLY DECLARE OUR INTENT TO SEEK FOR
THE RESPIRATORY CARE PROGRAM/PROGRAM OPTION BY THE COARC AND REQUEST A REVIEW.**

**THE UNDERSIGNED UNDERSTAND THAT THE DECISION AS TO WHETHER THE PROGRAM/PROGRAM
OPTION QUALIFIES FOR ACCREDITATION RESTS SOLELY AND EXCLUSIVELY WITH THE COARC AND THAT
THE DECISION(S) OF THE COARC ARE FINAL.**

**THE UNDERSIGNED HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE
PROGRAM SPONSOR (AND CONSORTIUM PARTNER IF APPLICABLE), AS INDICATED BELOW.**

**THE UNDERSIGNED HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AGREE THAT THE
PROGRAM SPONSOR (AND CONSORTIUM PARTNER IF APPLICABLE) WILL BE LEGALLY BOUND BY THEM.**

**PROGRAM SPONSOR
(CEO/President)**

**PROGRAM SPONSOR
(Chief Academic Admin/Dean)**

**CONSORTIUM PARTNER
(If not applicable, check ☐)**

Date:

Date:

Date:

Name:

Name:

Name:

Title:

Title:

Title:

Email:

Email:

Email:

Phone:

Phone:

Phone:

Signature:

Signature:

Signature:

The following are guidelines for the submission of this Application:

1. All applications must include complete contact information. If this application is prepared by a corporate representative on behalf of an institution, the preparer's contact information must also be included.
2. All applicable fees (see www.coarc.com/fees.htm) associated with this application and any other required documentation must be submitted before the application is considered.
3. The application will not be reviewed until all required components, including any necessary state approval and all applicable fees, have been received and the application is determined to be complete. All applications must be received in electronic format. Incomplete applications will not be processed, and institutions will be required to resubmit them.
4. All submissions must use the most current version of this application. Previous versions of this application will not be accepted.
5. This application must be completed for each program and program option with a CoARC number.

Program Sponsor/Consortium Information

1. CoARC Program Number:
2. Program Sponsor/Consortium Name:
3. Accreditation Service Requested:
4. Type of degree offered (AA, AS, BS, MS, etc.):
5. Respiratory Program Website URL (i.e., <http://www.institution.edu/respiratoryprogram>):
6. Physical address of the Program Sponsor/Consortium:
Address:

City/State/Zip:
7. Is the Program Sponsor part of a Consortium? ☐ Yes ☐ No
(If "YES" please list the names of each Consortium member:

8. Complete the following for the Program Sponsor/Consortium
(If a Consortium, complete the following for the primary sponsor-see *CoARC Standard 1.02/DA1.2/A2*):

- a. Program Sponsor/Consortium Institution Type:
- b. Program Sponsor/Consortium Institution Control / Ownership:
- c. If the Program Sponsor (or any member of the Consortium) is privately owned, please indicate the name of the owner(s), contact information, and the percent ownership:

- d. Program Sponsor/Consortium Accreditation:

1. Name of Institutional Accrediting Agency:

2. Current Accreditation Status:

Date of Last Accreditation Review:

Date of Next Accreditation Review:

3. Is the Program Sponsor/Consortium legally authorized under applicable state laws to provide postsecondary education? ☐ Yes ☐ No

9. Describe any changes in Program Sponsor/Consortium sponsorship since the last regular CoARC site visit (i.e., Change in Institutional Accreditor/Ownership/Sponsorship/Legal status or Change in Control). Type 'N/A' if submitting a Provisional Self-Study Report (PSSR).

Program Sponsor/Consortium Personnel

Chief Executive Officer (to whom all official correspondence will be directed)

Name:

Credentials:

Title:

Address:

City/State/Zip:

Voice: Email:

Dean or Comparable Administrator

Name:

Credentials:

Title:

Address:

City/State/Zip:

Voice: Email:

Program Director

Name:

Credentials:

Title:

Address:

City/State/Zip:

Voice: Email:

Is the Program Director employed full-time by the Program Sponsor? ☐ Yes ☐ No

Director of Clinical Education

Name:

Credentials:

Title:

Address:

City/State/Zip:

Voice: Email:

Is the Director of Clinical Ed. employed full-time by the Program Sponsor? ☐ Yes ☐ No

Medical Director

Name:

Credentials:

Title:

Address:

City/State/Zip:

Voice: Email:

Co-Medical Director (if applicable)

Name:

Credentials:

Title:

Address:

City/State/Zip:

Voice: Email:

Primary Billing Contact

Name:

Credentials:

Title:

Address:

City/State/Zip:

Voice: Email:

Program Information

1.

a. Length of program (in months)	
b. Total credit hours required for completion of the program	
c. Total credit hours required for didactic/lab	
d. Curriculum delivery method for didactic/lab	
e. Total credit hours required for clinical (if applicable)	
f. Percentage of clinical hours delivered by simulation	
h. Total credit hours required for completion of the degree	
i. Number of paid Respiratory Care Faculty	FT= PT= Per Diem =
j. Number of unpaid Respiratory Care Faculty	
k. Number of clinical affiliates	
l. Number of off-campus laboratory sites	
m. Number of satellite campuses	
n. Number of cohorts offered per calendar year (most recent	
o. Number of students enrolled per cohort per calendar year	

2. This program operates under which academic system?

☐ Semester ☐ Quarter ☐ Trimester

☐ Other (specify)

3. Name and contact data of the person responsible for completing this application:

Name:

Credentials:

Title:

Voice: Email:

Return the completed Application to Shelley Christensen (shelley@coarc.com)

If completing this Application as part of a self-study, do not send it to the Executive Office. Please follow the self-study directions and include this Application as supporting documentation for the self-study.