Letter of Intent Application Additional Degree Track (ADT) Program Option

For

Submitted on

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COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

264 Precision Blvd, Telford, TN 37690 (817) 283-2835 FAX: (817) 354-8519

The following are requirements for the submission of a Letter of Intent Application (refer to CoARC Accreditation Policy 2.03 for more information and reporting requirements):

1. All applicant programs must complete this application. All information requested in the application is required unless otherwise indicated and the completed application must be submitted electronically in a compressed zipped file **by email to erica@coarc.com**

2. The application must include complete contact information. If a representative prepares the application on behalf of an institution, the preparer's contact information must also be included. Signatures, where requested, can be either handwritten or electronic.

3. A nonrefundable Letter of Intent Application fee (see http://www.coarc.com) must be submitted to 264 Precision Blvd, Telford, TN 37690. To submit a payment electronically, please request an invoice link from **Erica Reed** (erica@coarc.com). **The application will not be processed until the fee is received.**

4. The application will be reviewed when all required components, including any necessary state approval and all applicable fees, have been received and the application is determined to be complete. The application must be received in electronic format. Incomplete or improperly assembled applications will not be processed, and the applicant will be required to resubmit the application. If the Executive Office does not receive all the required documentation within twelve (12) months following submission of the Letter of Intent Application, the application will be rejected, and the Letter of Intent fee will be forfeited. Should the sponsor decide to redo the application, a new application with all required components and an application fee will be required (see Policy 2.03).

5. The sponsor must adhere to the submission deadlines described in Policy 1.11 of the CoARC Accreditation Policies and Procedures Manual.

6. Applicants must use the current version of this application. Previous versions will not be accepted. Please check with the CoARC Executive Office (*Erica@coarc.com*) to confirm that you are using the correct version.

7. Follow the **step-by-step instructions** on the next page to assemble the required documentation for this Letter of Intent Application.

Step-By-Step Instructions

The Letter of Intent Application is an interactive Adobe Acrobat Document (PDF) compatible with Adobe Acrobat Software 8.0 and later formats. **It must be submitted in the Adobe Template form. Scanned copies will NOT be accepted.**

There are a few helpful tools that will need to be available in your toolbar: the hand tool, the previous page view button, and the bookmarks panel. All tools can be located by selecting View, Toolbars, and More Tools. However, software versions differ so you may have to use the 'Help' tab to locate a particular tool. The 'hand tool' allows you to fill in the highlighted fields, and the 'previous page view' enables you to go back and forth within the template. The 'bookmarks panel' allows the user to navigate to different set pages quickly within the document and is located in the navigation pane.

Please be sure that the ability to rename the folder and documents is not restricted and that documents are positioned so they do not need to be rotated to view.

Please use the steps on the following pages as a guide in completing the Letter of Intent Application.

1. Create a main folder on your desktop that is labeled with the "Sponsor Name, Letter of Intent (LOI), Submission Date" (i.e., ABC College LOI ADT 10.24.2022).

2. Open the main folder and create **one** sub-folder for the supplementary documents/attachments named **Supplementary Documents**.

3. Save the Letter of Intent Application to the main folder you created on the desktop.

4. Name the Letter of Intent Application the same as the main folder "Sponsor Name, LOI, Submission Date" (i.e., ABC College LOI ADT MM.DD.YYYY). When you open the main folder, it should look like the example below.

Name	Status	Date modified	Type
📁 Supplementary Documents	⊘	12/14/2022 12:27 AM	File folder
📄 ABC College LOI-DA ADT 10.24.2022.pdf	⊘	10/26/2022 10:48 PM	Adobe Acrobat D...

5. Open the saved template and complete the requested information with the appropriate signatures.

6. Place all documentation requested to '*include as attachment*' throughout the application in the Supplementary Documents folder. If more than one document is required for an attachment, all requested documents should be combined (i.e., scanned or PDF portfolio) to create a single PDF attachment. The example below is how the Supplementary Documents folder (for an additional degree track with a clinical component) will look once all the attachments have been included.

☐ Name	Status	Date modified	Type
📕 Attachment 1-Institutional Accreditation Letter	⊘	11/30/2022 5:57 PM	Adobe Acrol
📕 Attachment 2-State Agency Acknowledgment	⊘	11/30/2022 5:57 PM	Adobe Acrol
📗 Attachment 3- Proposed Master Clinical Schedule	⊘	11/30/2022 4:23 PM	Microsoft Ex
📕 Attachment 4-Potential Employer Survey and Responses	⊘	11/30/2022 5:57 PM	Adobe Acrol
📕 Attachment 5- Potential Employers Letters of Support	⊘	11/30/2022 5:57 PM	Adobe Acrol
📕 Attachment 6- AC Statement of Support	⊘	11/30/2022 5:57 PM	Adobe Acrol
📕 Attachment 7-AC Meetings Minutes and Attendance Rosters	⊘	11/30/2022 5:57 PM	Adobe Acrol

It is the responsibility of the program to provide this information as requested and in an electronic format. Please contact Erica Reed (817-283-2835 ext. 108) at the CoARC Executive Office if help is required.

General Information - Sponsor

1. Name and contact information of the **base program sponsor** requesting this ADT program option:

   Name:

   Address:

   City: State: Zip Code:

   Phone:

2. Name and contact information of the **ADT program option** (if different than the base program sponsor):

   Name:

   Address:

   City: State: Zip Code:

   Phone:

3. Is the Sponsor part of a consortium?   ☐ **Yes**   ☐ **No** (If No, proceed to #5)

   *A **consortium** is defined as a legally binding contractual partnership of two or more institutions (at least one of which is a duly accredited degree-granting institution of higher education) established to offer a Respiratory Care education program. The consortium must be structured to recognize and perform all the responsibilities and functions required of a program sponsor.*

4. If **"YES,"** please list the names of each consortium member (and which member is conferring the degree):

   The consortium must **include as an attachment an organizational chart delineating the program's relationship to all consortium members and how the program reports to, or is supervised by, each component.*

5. Complete the following for the sponsoring educational institution

   (If the sponsor is a consortium, complete the following for the primary, degree-granting sponsor –*see CoARC Standard 1.02*):

   a. Sponsoring Educational Institution Type: Please Select

   b. Sponsoring Educational Institution Control/Ownership: Please Select

   c. If the 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. Sponsoring Educational Institution Accreditation

Name of Institutional Accrediting Agency:

Current Accreditation Status*:

Year of Last Accreditation Review:

Year of Next Accreditation Review:

*The degree-granting sponsor must *include as an attachment* a copy of the most recent institutional accreditation letter/certificate with this application. For a consortium, this letter/certificate must be provided for each degree-granting member of the consortium.

Refer to step 6 of the step-by-step instructions (page 5) for combining multiple documents. Please label the PDF file **Attachment 1-Institutional Accreditation Letter-Certificate(s)**.

Is the sponsoring educational institution legally authorized under applicable state laws to provide the proposed degree**?   ☐ **Yes**   ☐ **No**

Comments:

**The degree-granting sponsor must *include as an attachment* a copy of the most recent approval from or registration with the appropriate state education agency (if applicable). For a consortium, this letter/certificate must be provided for each degree-granting member of the consortium (if applicable).

If approval from CoARC is required **BEFORE** *state agency/institutional accreditor approval, please indicate this by checking the box.* ☐ *Or if not applicable*

If this documentation <u>is</u> *applicable, please label* **Attachment 2-State Agency Acknowledgement(s)**.

6. Degree to be offered (AS, BS, MS, etc.):   Please Select

7. Program Website URL:

8. ==**For Entry and APRT Program Options Only:**==

The requested target date for admission of the first class of students*:

<u>Note</u>: A Provisional Accreditation status is required prior to student enrollment, thus any postponements to the next Board meeting are likely to require the Program Option to postpone the planned date for enrollment/matriculation of students and the planned graduation date of the first cohort.

9. **For DA Program Options (answer only one of the following):**

The original date for admission of the first class of students:

OR

The requested target date for admission of the first class of students:

10. Name and contact data for Program Director (PD) responsible for the Program Option:

If the individual listed below is the same as the PD of record for the base program, please indicate this by checking the box. ☐

Name and Credentials:

Voice:

Email:

11. Name and contact data for Director of Clinical Education (DCE) responsible for the program option:

Degree advancement programs, check box and proceed to next section: ☐ N/A

If the individual listed below is the DCE of record for the base program, please indicate this by checking the box. ☐

Name and Credentials:

Voice:

Email:

12. Name and contact data for Medical Director/Advisor responsible for the program option:

Degree advancement programs, check box and proceed to next section: ☐ N/A

If the individual listed below is the MD or MA of record for the base program, please indicate this by checking the box. ☐

Name and Credentials:

Voice:

Email:

13. The sponsor of the proposed program must:

a. State the maximum number of students it intends to admit per cohort, and the maximum number of cohorts it intends to admit annually (defined as January 1 through December 31) should it receive CoARC approval. Only base programs and program options without any pending Progress Reports and without Administrative Probation are eligible to request an increase in their maximum annual enrollment. See CoARC Policy 9.08 for more information.

Proposed maximum # of cohorts (classes) to be admitted annually:

Proposed maximum # of students to be admitted per cohort (class):

Comments:

Degree advancement programs proceed to question #16:

14. The sponsor must ensure that the appropriate administrative officer and the Director/Manager of the Respiratory Care Department of each proposed clinical site affirm, in writing, that their institution has sufficient clinical resources to support its share of the clinical activities of the proposed program without adversely affecting the clinical activities of other accredited respiratory educational programs currently using that clinical site. Signed affirmation letters from each proposed clinical site stating the maximum number of clinical slots available for students from the proposed new program must be emailed directly to the CoARC Executive Office. Sponsors must use the CoARC-approved Clinical Site Affirmation Form available at www.coarc.com. *Note:* The names of the Proposed Clinical Affiliate List below should match the names listed on the Clinical Site Affirmation Forms. If the proposed site is a hospital system, a separate form is needed for each location. If the sponsor is applying for a base program and a satellite option/additional degree track option, a form is needed for each program option if students are sharing the clinical site. The Clinical Site Affirmation Forms required with the Letter of Intent Application must be received by the CoARC Executive Office within thirty (30) days of the receipt of the Letter of Intent Application. **Note**: Failure to meet this deadline or failure to have forms completed and signed may result in a delay in consideration of approval.

The following is a list of all proposed clinical affiliates that have been sent a Clinical Affirmation Form*:

Name of Proposed Clinical Affiliate	Distance (one-way in miles) between Clinical Affiliate and Program Option	Date Form Sent to Affiliate
1.		
2.	ι	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

*Programs must use the Clinical Site Affirmation Form available at www.coarc.com.

Comments:

15. Explain how the clinical slots guaranteed by the administrators of the clinical sites (listed above) will be used to schedule the first and second-year students in their clinical courses. The sponsor must also include a description of any overlaps in clinical schedules with multiple cohorts.

Include as an attachment a proposed master clinical schedule (in MS Excel format) showing aggregate information provided on pages 1 and 2 of the clinical affirmation form for each of the proposed clinical affiliates listed above. The master clinical schedule should list the proposed clinical courses in the sequence in which the students would typically be enrolled.

Comments:

16. The Advisory Committee must complete a needs and clinical resources assessment described below.

Needs and Resources Assessment

There must be a demonstrable need for a program with the goals and objectives proposed by the sponsor. The Study Group must provide responses to the following:

Similar Programs at Other Institutions Within the Community (i.e., the area where proposed clinical sites are located): (A) Describe all similar programs in institutions within the community of the proposed program. (B) Explain concisely the similarities and differences between the programs and why a program of this type is needed in this community. (C) Describe the availability of resources concisely within the community to provide adequate learning opportunities.

Study Group's response to (A):

Group's response to (B):

Study Group's response to (C):

A. **Employer Survey/Other Evidence of Need:** A survey of prospective employers in the community within which students will be seeking employment should address to what extent prospective employers will value the proposed applicant program. In addition, provide a narrative on the following:

- When the survey was taken, and by what methodology (mail, internet, telephone).
- How many employers were surveyed, and how many of these responded?
- The specific title(s) of the positions covered by the survey.
- How many openings the employer anticipates, due to separations and new jobs (growth), in the next twelve months and over the next five years?

Include as an attachment a copy of the questions asked in the survey and a full summary of responses. Please label the PDF file **Potential Employer Survey and Responses**.

If available, include as an attachment any letters of support from potential employers in the community. Other evidence of job market needs may be included if available.

Please label the PDF file **Potential Employers Letters of Support**.

17. The program Advisory Committee must generate a Statement of Support outlining the community's need for the program option. The Statement of Support must be signed and dated by a majority of the members, including the Chair. **Complete Appendix B.**

*Statement of Support: **Include as an attachment**, a Statement of Support outlining the need for the proposed program option. The Statement of Support must be signed and dated by the Chair and the members (use of a statement from each member is permitted). A Statement of Support template is located on the CoARC website (**www.coarc.com**).*

*Please label the PDF file **Advisory Committee Statement of Support.***

*The sponsor **includes as attachment** meeting minutes, attendance roster, and information described above for the Advisory Committee meeting in which the Program Option was reviewed and approved.*

*Please label the PDF file **Advisory Committee Meetings Minutes and Attendance Roster**.*

18. PROPOSED CURRICULUM

Where will didactic and laboratory instruction be held?

*Include a description of whether the program option will be offered at a location(s) separate from the base program campus. If off-campus, provide: (1) the distance (one-way in miles) between the location(s) and the base program campus; (2) the number of proposed students attending each location; and (3) describe the fiscal, academic, physical resources, and academic support services available at each location. If the proposed program plans to use clinical sites for laboratory instruction, they must include a plan for ensuring equivalence, oversight, and supervision at the remote lab sites.

What is your proposed plan for programmatic curriculum development and delivery?

*Include a description of the methods used to deliver course content (i.e., distance, hybrid, or in-person, and whether learning will occur synchronously, asynchronously, or both) for the didactic, laboratory, and clinical components of the programmatic curriculum. **Complete Appendix A.**

> **If the sponsor is proposing using off-campus laboratory site(s)*, complete this next section.**
> **Otherwise, proceed to the Proposed Program Option Length Section (Q#19).**

* An **off-campus laboratory site (OCLS)** is any location physically apart from the base program campus where the required laboratory instruction takes place. This does not include a satellite campus as defined in CoARC Policy 2.05**.** If unsure how to categorize the program instructional site, please contact Tom Smalling.

Describe the sponsor's plan for ensuring that the equipment, oversight/supervision, and academic support services at the proposed off-campus site(s) will be equivalent to those at the base program.

Explain how the sponsor will ensure sufficient access/availability to the laboratory learning environment at the proposed site(s).

Explain the program faculty's role (especially, the Director of Clinical Education, if applicable) in supervising students at the proposed site(s).

Explain what the program faculty's role will be in ensuring appropriate evaluation of student performance (especially how lab competency testing and exam proctoring will occur) at the proposed site(s). If these will be performed by employees of the off-campus site, explain how the program will ensure that such evaluations will be based solely on programmatic requirements/specifications.

Explain how the program will ensure that out-of-state students (if applicable) will receive an equivalent lab and/or simulation experience? If, N/A check here ☐

Submit, **in addition to this application**, written affirmations from the appropriate administrative officer, the Director/Manager of Respiratory Care, and the faculty member providing the student laboratory experiences for each off-campus site the program proposes to use**,** that define the number of students that the site can support and that it has sufficient resources to support its share of the laboratory activities of the program. Programs must use the CoARC- approved *Off-Campus Laboratory Site Affirmation Form* available at www.coarc.com.

Provide the names of the sites that are expected to submit the *Off-Campus Laboratory Site Affirmation Form* to the CoARC Executive Office. If more than 15 sites, include additional tables as a separate attachment.

	Name of Off-Campus Laboratory Site	City/State	Percentage of Lab Coursework Provided at this Site	Distance (one-way in miles) between Off-Campus Lab Site and Program Option
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

19. PROPOSED PROGRAM OPTION LENGTH

State the proposed program option length. Briefly describe the rationale for the program option length (considering learning activities that students must accomplish and mandates from the program's administration or state legislation (if applicable).

20. PROPOSED FACULTY RESOURCES

Describe the adequacy of qualified and credentialed program faculty to ensure satisfactory implementation of the proposed program's option curriculum and the achievement of the program option goals and objectives. If a sufficient number of faculty and/or preceptors are not currently available, what is the program's plan to obtain additional faculty and preceptors?

In addition to the full-time PD and DCE, the anticipated Number of program option faculty:

Full-Time	
Part-Time	
Adjunct	

Note: The sponsor defines full-time, part-time, and adjunct.

Name and contact data for the person responsible for the preparation and submission of this application:

Name and Credentials:

Title:

Work:

Mobile:

Email:

Prior to submission via email, double-check to ensure all fields in the application have been completed, appropriate signatures have been obtained, and all required documentation has been included in the Supplementary Documents folder.

Submit this completed application to <u>erica@coarc.com</u>.

Submit appropriate fees to:
Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Blvd, Telford, TN 37690

817-283-2835 Main   817-510-1063 Fax to Email

www.coarc.com

APPENDIX A – Proposed Program Option Course Requirements Table

List all the **pre-requisite courses** required for conferral of the degree upon completion of the program option in the enrollment sequence (if applicable) students would typically use. Use N/A where not applicable.

Sequence by Sem/ Quarter # (if applicable)	Course # (if applicable)	Program Option Pre-requisite Course or General Education Category (e.g., social/behavioral sciences, humanities, natural sciences, etc.)	# Credits	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total Prerequisite Credits Required for Graduation:	

List all the **general education courses** required for conferral of the degree upon completion of the program option in the enrollment sequence (if applicable) students would typically use. Use N/A where not applicable.

Sequence by Sem/ Quarter # (if applicable)	Course # (if applicable)	Program Option Pre-requisite Course or General Education Category (e.g., social/behavioral sciences, humanities, natural sciences, etc.)	# Credits	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total General Education Credits Required for Graduation:	

List all the **program courses** required for conferral of the degree upon completion of the program option in the enrollment sequence students would typically use. Use N/A where not applicable.

Sequence by Sem/ Quarter #	Course #	Course Title	# Total Lecture Hours	# Total Lab Hours	# Total Clinical Clock Hours	# Credits	Location Where Student Instruction Occurs (Name of Facility if Not at Program Option Campus)	Faculty Responsible for Teaching	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

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Sequence by Sem/ Quarter #	Course #	Course Title	# Total Lecture Hours	# Total Lab Hours	# Total Clinical Clock Hours	# Credits	Location Where Student Instruction Occurs (Name of Facility if Not at Base Program Campus)	Faculty Responsible for Teaching	Course Delivery Methods (list all that apply): Distance (D) Hybrid (H) In-Person (I)

Total Required for Graduation:

Overall length of program option in months = ____   **Or in years =** ____   **Credit Type is:** ____ **Semester**
Length of semester/quarter in weeks = ____   ____ **Quarter**
                                                                                  ____ **Other**

If other, specify: ____

APPENDIX B – Advisory Committee Member List

PROGRAM OPTION NAME:

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE
CHAIR			NA	
PUBLIC MEMBER			NA	

PROGRAM OPTION NAME:

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE

PROGRAM OPTION NAME:

ROLE	NAME	EMAIL	WHICH ORGANIZATION ARE YOU REPRESENTING?	JOB TITLE