Letter of Intent Application Satellite Program Option

For

Submitted on

The CoARC defines a Satellite Program as an extension of the base program at a geographically separate location from the base program but within the 50 U.S. States and its Territories, at which all Respiratory Care core didactic and laboratory courses of the program are offered*.* This definition does not pertain to sites used by a completely online/distance education program for individual students or to base program students attending one or more classes via distance learning technologies. The satellite's location must be advertised or otherwise made known to prospective students. Satellite program options function under the direction of the Key Personnel of the base program, along with a site coordinator at the satellite location. A satellite campus must:

1. be permanent in nature;
2. be under the governance and lines of authority of the base program's sponsor;
3. offer the same required curriculum as the base program;
4. have a dedicated budget;
5. have a satellite coordinator employed by the base program's sponsor;
6. ensure that students are not required to physically attend the base program's campus for any required programmatic coursework; and
7. not exceed the maximum aggregate enrollment as specified in Policy 2.05 (and below).

Note: The sponsor of a base program without pending progress reports can expand its offerings by adding a maximum of two (2) satellite program options. Graduates of the Satellite Program Option must be awarded the same degree as graduates of the base program. Aggregate enrollment at each satellite location cannot exceed thirty (30) students. Aggregate enrollment is defined as the total number of students matriculated in the program satellite at any point in time.

CoARC requires that each program location, irrespective of its designation or location (main campus, branch campus, satellite, or otherwise), must have a separate program number. Accordingly, each location will have its own accreditation status.

CoARC requires that each base program and satellite program, whether such program is located on a satellite, branch, or main campus of the sponsoring institution, have a separate program number.

CoARC does not recognize branch or satellite campuses as falling under the accreditation award of the base campus of the sponsoring institution. CoARC requires that each program location, whether designated as a branch campus or otherwise, have a separate accreditation status.

The following are requirements for the submission of a Letter of Intent Application
(refer to CoARC Accreditation Policy 2.06 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.

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.

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 10.31.2022).

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 MM.DD.YYYY). When you open the main folder, it should look like the example below.
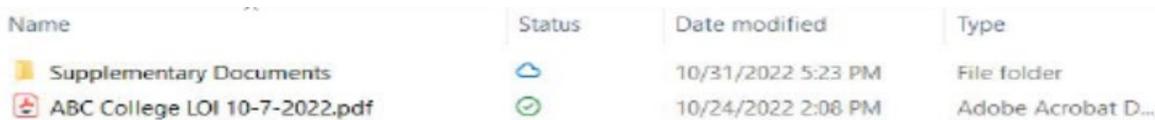
Name	Status	Date modified	Type
Supplementary Documents	☁	10/31/2022 5:23 PM	File folder
ABC College LOI 10-7-2022.pdf	⊘	10/24/2022 2:08 PM	Adobe Acrobat D...

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 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 Acrob
Attachment 2- Proposed Master Clinical Schedule	⊘	11/30/2022 4:23 PM	Microsoft Exc
Attachment 3-Potential Employer Survey and Responses	⊘	11/30/2022 5:57 PM	Adobe Acrob
Attachment 4-Potential Employers Letters of Support	⊘	11/30/2022 5:57 PM	Adobe Acrob
Attachment 5- SG-AC Statement of Support	⊘	11/30/2022 5:57 PM	Adobe Acrob
Attachment 6- SG-AC Meeting Minutes and Attendance Roster	⊘	11/30/2022 5:57 PM	Adobe Acrob

General Information - Sponsor

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

   Name: CoARC Program #:

   Address:

   City: State: Zip Code:

   Phone:

2. Degree offered (AS, BS, MS, etc.):   Please Select

3. Program Website URL:

4. 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)**.*

5. Name and contact information of the **proposed satellite option #1**:

Name:

Address:

City: State: Zip Code:

Phone:

Distance (one-way in miles) from satellite #1 to the base program:

Answer BOTH of the following eligibility questions for the proposed satellite #1:

a) Is this a location where Respiratory Care program students can complete **ALL** didactic and laboratory respiratory care courses without attending the base campus location?

☐ **Yes**   ☐ **No**

b) Is this location off-campus, and advertised or otherwise made known to individuals outside the college (as opposed to a clinical arrangement with an individual student)?

☐ **Yes**   ☐ **No**

Proposed maximum # of students to be admitted annually (January 1 to December 31):

Proposed maximum aggregate enrollment (first year and second year/cannot exceed 30):

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

__Note__: A Provisional Accreditation status is required prior to student enrollment, thus any postponements to the next Board meeting is 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.

Standard 2.14 - Programs with satellite location(s) must assign a faculty member who is a Registered Respiratory Therapist to be site coordinator at each location. At a minimum, this individual must hold a degree equivalent to what the program confers on its graduates. This individual is responsible for ensuring that the educational experiences of students on that site are equivalent to those of the base program students as well as for maintaining adequate, ongoing communication with the Program Director and Director of Clinical Education. __Note:__ Key personnel cannot function as a site coordinator, nor can one individual hold that position at more than one site.

Name and contact information for site coordinator at satellite location #1 **Complete Appendix A:**

Name: Credentials:

Title:

Phone: Cell:

Email:

6. Name and contact information of the **proposed satellite option #2**:

Name: **N/A** and proceed to Question #7.

Address:

City: State: Zip Code:

Phone:

Distance (one-way in miles) from satellite #1 to the base program:

Answer BOTH of the following eligibility questions for the proposed satellite #1:

c) Is this a location where Respiratory Care program students are able to complete **ALL** didactic and laboratory respiratory care courses without attending the base campus location?

☐ **Yes**   ☐ **No**

d) Is this location off-campus, and advertised or otherwise made known to individuals outside the college (as opposed to a clinical arrangement with an individual student)?

☐ **Yes**   ☐ **No**

Proposed maximum # of students to be admitted annually (January 1 to December 31):

Proposed maximum aggregate enrollment (first year and second year/cannot exceed 30):

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

*_**Note**_: A Provisional Accreditation status is required prior to student enrollment, thus any postponements to the next Board meeting is 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._

Standard 2.14 - _Programs with satellite location(s) must assign a faculty member who is a Registered Respiratory Therapist to be site coordinator at each location. At a minimum, this individual must hold a degree equivalent to what the program confers on its graduates. This individual is responsible for ensuring that the educational experiences of students on that site are equivalent to those of the base program students as well as for maintaining adequate, ongoing communication with the Program Director and Director of Clinical Education. Note: Key personnel cannot function as a site coordinator, nor can one individual hold that position at more than one site._

Name and contact information for site coordinator at satellite location #2 <mark>Complete Appendix A</mark>:

Name: Credentials:

Title:

Phone: Cell:

Email:

7. 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. 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 the 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 for Satellite #1	Distance (one-way in miles) between Clinical Affiliate and Program Option	Date Form Sent to Affiliate
1.		
2.		
3.		
4.		
5.		
6.		
Name of Proposed Clinical Affiliate for Satellite #2 (check this box ☐ if N/A)	Distance (one-way in miles) between Clinical Affiliate and Program Option	Date Form Sent to Affiliate
1.		
2.		
3.		
4.		
5.		
6.		
*Programs must use the Clinical Site Affirmation Form available at www.coarc.com.		

8. 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 attachment 2 a proposed master clinical schedule (in MS Excel format) for each satellite location 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:

9. The Study Group/Advisory Committee (SG/AC) 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 SG/AC 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.

SG/AC *response to (A):*

SG/AC *response to (B):*

SG/AC *response to (C):*

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 attachment 3 a copy of the questions asked in the survey and a full summary of responses.

Please label the PDF file **Employer Survey and Responses***.*

If available, include as attachment 4 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***.*

10. The program SG/AC 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 attachment 5, 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 **SG/AC Statement of Support.**

The sponsor includes as attachment 6 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 **SG/AC Meetings Minutes and Attendance Roster***.*

11. **PROPOSED FACULTY RESOURCES**

   Describe the adequacy of qualified and credentialed program faculty at the satellite campus(es) to ensure satisfactory implementation of the proposed program 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 faculty at the **Satellite #1** campus:

Full-Time	
Part-Time	
Adjunct	

In addition to the full-time PD and DCE, the anticipated Number of program faculty at the **Satellite #2** campus: if **N/A**, check here

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 erica@coarc.com.

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 – Satellite #1 Coordinator CV Outline Form

Full Name:

Title   **Academic Rank:**

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC RRT Registry Number:

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number: **Expiration Date:**

Education (highest degree earned for each category – include institution):

    A. **RT Degree:**
       Institution:
       Month/Year Earned:

    B. **Other:**
       Institution:
       Month/Year Earned:

Work experience in clinical respiratory care:

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Other Licenses/Certifications (e.g., ACLS, NRP, etc.):

APPENDIX A – Satellite #2 Coordinator CV Outline Form

If not applicable, check here ☐ **and proceed to next Section.**

Full Name:

Title   **Academic Rank:**

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC RRT Registry Number:

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number: **Expiration Date:**

Education (highest degree earned for each category – include institution):

C. **RT Degree:**
    Institution:
    Month/Year Earned:

D. **Other:**
    Institution:
    Month/Year Earned:

Work experience in clinical respiratory care:

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Facility:
Position/Title:
Years Worked (From/To):   -

Other Licenses/Certifications (e.g., ACLS, NRP, etc.):

APPENDIX B – Study Group/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

LETTER OF INTENT APPLICATION – SATELLITE PROGRAM OPTION

PROGRAM OPTION NAME:				
ROLE	**NAME**	**EMAIL**	**WHICH ORGANIZATION ARE YOU REPRESENTING?**	**JOB TITLE**