



ACCREDITATION POLICIES AND PROCEDURES MANUAL

Policies in Effect as of ~~July 10, 2025~~ March 21, 2026

Clarifications 3/21/2026

With clarifying changes to Section 1, Policy 1.050 Accreditation Process, Policy 1.06 Reconsideration and Appeal Policy, Policy 1.09 Assignment of Program Referee; Section 2, Policy 2.06 Transition of a Program Option to a New Base Program; Section 4, Policy 4.02 Remediation; Section 6, Policy 6.011 Key Personnel; Section 9, Policy 9.04 Change in curriculum of Delivery Method, Policy 9.09 Change in Base Program Location; Section 12, Policy 12.02 Entry into Professional Practice Programs, Policy 12.04 CRT to RRT Completion Programs; Section 13 (deletion of); Section 14, Policy 14.08 Faculty Strike or Work Stoppage Notification and Contingency Plan Requirement

Clarifications 7/10/2025

With clarifying changes to Section 1, Policy 1.11 Submission Deadlines; Section 11, Policy 11.03 Public Use of CoARC Accreditation by Programs and Sponsors

Clarifications 3/22/2025

With clarifying changes to Section 2, Policies 2.023C, 2.024C, 2.025C, 2.034C, 2.035C, 2.036C, 2.044C, 2.045C, 2.046C, 2.054C, 2.055C, 2.056C Provisional Site Visit and Subsequent CoARC Action and Continuing Site Visit and Subsequent CoARC Action

Clarifications 11/18/2024

With clarifying changes to Section 2, Policies 2.023C, 2.034C, 2.044C, 2.054C Provisional Site Visit and Subsequent CoARC Action; Policy 2.06 Transition of a Program Option to a New Base Program;

Section 9 Request for Substantive Change; Section 14, Policy 14.03 Confidentiality

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ACCREDITATION POLICIES

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Commented [TS1]: Highlighted sections are being reviewed by Jack Bierig.

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83 Note: Throughout the document, there are [hyperlinks](#) of words and phrases to the Glossary and

84 Sections of the manual.

85

86

87 “In Writing” is defined as a written notification, sent via regular mail, certified mail, overnight courier, fax,

88 and/or email, which provides specific information, instructions, facts, and/or warnings. Written

89 notifications are official announcements or statements which are addressed to the responsible

90 individual(s) at the program and/or sponsor; are signed and dated by the proper individual(s) at the

91 CoARC and identify the specific periods of time to which the notification applies both with regards to the

92 content of the notification and the required response.

93 **Please Note:** Unless specified otherwise, the term ‘Standards’ refers to the CoARC’s most recently

94 approved *Accreditation Standards (Entry into Respiratory Care Professional Practice, Accreditation*

95 *Standards for Degree Advancement Programs, and Accreditation Standards for Advanced Practice*

96 *Programs in Respiratory Care)* as applicable to the program offered.

97 The term ‘program’ in this document refers to all base programs and program options (i.e., additional

98 degree track programs, sleep disorders specialist programs, and satellite programs) unless specified

99 otherwise.

100

101

102

103

SECTION 1.0: INTRODUCTION

Additional information and guidance regarding the accreditation process and accreditation *Standards* are available from the Executive Office staff. Questions regarding the accreditation *Standards* or policies and procedures described in this CoARC Accreditation Manual should be referred to this Office.

1.01 Mission Statement

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to ensure that high-quality educational programs prepare competent respiratory therapists for practice, education, research, and service.

1.02 Purpose

The purpose of these Policies is to provide directions for, and detailed information regarding, the accreditation process for Respiratory Care educational programs and program options.

1.03 Scope of Accreditation

The CoARC accredits entry into professional practice programs in respiratory care at the Associate, Baccalaureate, and Master's Degree levels, degree advancement programs in respiratory care at the undergraduate and graduate levels, and advanced practice respiratory therapy (APRT) programs at the graduate level. The CoARC also accredits polysomnography programs offered by these programs. CoARC accreditation activities are limited to programs in the United States and its territories.

The CoARC and its collaborating organizations cooperate to establish, maintain, and promote high-quality educational standards for programs that prepare individuals for respiratory care practice, and to provide recognition for degree-granting, postsecondary education programs that meet the requirements outlined in the *Standards*. The accreditation process is voluntary and is initiated only at the request of an institution that meets the criteria for program sponsorship, as identified in the *Standards*. Upon receiving such a request, the CoARC conducts a comprehensive review of the program, including information contained in the accreditation application and self-study report, the report of the site visit evaluation team, the program's annual report, and any requested reports or additional relevant documentation submitted by the program. Accreditation decisions are based on the CoARC's determination of the extent to which the program meets the *Standards*. Programs that have successfully undergone the review process are granted accreditation status by the CoARC, which provides public recognition of that achievement. The CoARC delegates to its Commissioners the responsibility for ensuring that accreditation actions follow fair and objective procedures and are in full compliance with the accreditation *Standards*. The CoARC has full and final decision-making authority for all accreditation actions.

1.04 Good Faith

The CoARC requires each program seeking accreditation, or currently holding an accreditation status, to engage in the accreditation process in good faith. Programs must provide accurate and truthful information throughout the accreditation process. Any program that fails to participate in good faith by falsifying information presented in the accreditation process may be subject to a decision by the CoARC to either withhold or withdraw accreditation.

Falsification is defined as the provision by a program/sponsor to the CoARC of incorrect information, in whole or in part, through commission or omission. This includes but is not limited to: providing false or misleading data related to a sponsor's accreditation status; providing false or misleading programmatic information; providing false or misleading outcomes data; providing

159 false or misleading information in an effort to receive a postponement or an extension on an
160 accreditation action; forging signatures of authorization; or engaging in any false or misleading
161 advertising with respect to accreditation status.

162
163 If a program has submitted such information accidentally, it may submit additional material that
164 modifies, corrects, or otherwise explains the original submission. These additional materials must
165 be properly identified (including an explanation for any errors related to the original submission),
166 dated, and accompanied by copies of the original documents.

167 168 169 **1.05 Statuses of Public Recognition**

170
171 The CoARC confers the following Statuses of Public Recognition as they apply to the *Standards*
172 and these Policies:

- 173
174 1) [Provisional Accreditation](#)
- 175 2) [Continuing Accreditation](#)
- 176 3) [Probationary Accreditation](#)
- 177 4) [Administrative Probation*](#)
- 178 5) [Withhold of Accreditation](#)
- 179 6) [Withdrawal of Accreditation – Voluntary*](#)
- 180 7) [Withdrawal of Accreditation – Involuntary](#)
- 181 8) [Inactive Accreditation – Voluntary*](#)

182
183 *The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation and Voluntary
184 Inactive Accreditation do not require a vote by the CoARC Board.

185 186 1.050 Accreditation Process ~~and Cycle~~ [and Primary Point of Contact](#)

187
188 The accreditation process begins with the submission of the *Accreditation Services*
189 *Application*, completion and submission of a self-study report, payment of appropriate
190 fees, and agreement to a site visit evaluation to be conducted after a review of these data,
191 all of which need to occur prior to the conferral of either Provisional and/or Continuing
192 Accreditation. Which of these applies depends upon each program's location in the
193 accreditation cycle. Please refer to [Policy 2.0](#) for more details on the process as well as
194 Appendix A which provides an overview of the accreditation process from the initiation of
195 accreditation through the reaffirmation phase.

196
197 An accredited base program must have this status reaffirmed no more than five (5) years
198 after it is initially conferred, and no more than ten (10) years following each subsequent
199 reaffirmation. Additional Degree Track programs, Sleep Disorders Specialist programs,
200 and Satellite programs (see definitions in Section 2) will assume the reaffirmation cycle of
201 their base programs after their continuing accreditation is initially affirmed – i.e. the initial
202 5-year cycle noted above.

203
204 Accreditation does not end merely because a certain length of time has elapsed. A
205 program remains accredited until it formally requests termination of its accreditation status
206 or the CoARC officially terminates the program's accreditation for its failure to meet the
207 *Standards*. When the CoARC withdraws or withholds accreditation, the letter transmitting
208 that decision will specify the date on which accreditation will terminate.

209
210 [The Program Director \(PD\) serves as the primary and official point of contact between the](#)
211 [program and the ~~accrediting body~~CoARC. All accreditation-related communications,](#)
212 [submissions, reports, and official correspondence shall be coordinated through the](#)
213 [Program Director. Sponsors may support accreditation activities through additional](#)
214 [administrative personnel; however, such support does not supersede the authority or](#)

responsibility of the Program Director as the primary point of contact for accreditation-related matters. The CoARC will recognize the Program Director as the individual responsible for ensuring timely, accurate, and complete communication on behalf of the program.

The individual identified as the contact person in the Letter of Intent shall serve as the primary point of contact with the CoARC for all accreditation-related communications until a Program Director is formally appointed. In the event of a Program Director vacancy, the Dean or designee shall be recognized as the primary point of contact with the CoARC and will assume responsibility for ensuring timely, accurate, and complete communication on behalf of the program.

1.051 Provisional Accreditation

This status signifies that, following the granting of an Approval of Intent, a program has, through the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and any other documentation required by the CoARC, as well as the completion of a satisfactory initial site visit, demonstrated sufficient compliance with the *Standards* to initiate a program. The program will remain on Provisional Accreditation until it achieves Continuing Accreditation. Programs with the Provisional Accreditation classification may be placed on Probationary Accreditation or have accreditation withdrawn if the program does not provide continuing evidence of progress toward meeting all *Standards*.

Only students graduating after the date of conferral of Provisional Accreditation are considered graduates of a CoARC accredited program. Provisional Accreditation status is recognized by the National Board for Respiratory Care (NBRC) as providing program graduates with eligibility for the Respiratory Care Credentialing Examination(s).

When at least three (3) reporting years of outcomes (including exam-based outcomes) have been collected and validated, the CoARC Executive Office will notify a provisionally accredited program with satisfactory outcomes of its eligibility to apply for Continuing Accreditation. This will require the completion of a Continuing Accreditation Self Study report and a second site visit evaluation. Based on its evaluation of this information the CoARC will confer either Defer Continuing Accreditation (see 1.059), Continuing Accreditation or Withhold of Continuing Accreditation (see 1.054). Programs on Provisional Accreditation that reported one or more outcomes below threshold during these three years, and/or have submitted one or more progress reports, may be subject to Probation Accreditation or Withhold of Continuing Accreditation. Enrolled students satisfactorily completing a program under Provisional Accreditation are considered graduates of a CoARC accredited program.

1.052 Continuing Accreditation

Continuing Accreditation is conferred when: 1) an established program with Continuing Accreditation demonstrates ongoing compliance with the *Standards* determined by a satisfactory Continuing Accreditation self-study report and site visit, or 2) a program holding Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional Accreditation period. Continuing Accreditation remains in effect until the program withdraws from the accreditation process or until accreditation is withdrawn by the CoARC for the failure of the program to comply with the *Standards*.

1.053 Probationary Accreditation

270 Probationary Accreditation is a temporary status of accreditation (maximum duration of
271 two (2) years) conferred when an accredited program is not in compliance with one or
272 more *Standards* and/or Policies, and progress reports submitted do not demonstrate
273 correction of these deficiencies. Probationary Accreditation can also be conferred when a
274 sponsor receives an adverse action, as described in CoARC Policy [1.07](#). Following the
275 conferral of Probationary Accreditation, the program must file a Probation Report as
276 directed by the CoARC Executive Office. If/when, to the satisfaction of CoARC, the
277 program is able to rectify all the deficiencies that resulted in Probationary Accreditation,
278 and thereby achieve compliance with the *Standards*, the CoARC will remove the
279 probationary status.

280
281 If the program remains out of compliance with the *Standards* at the end of the first year of
282 the two-year probationary period, the CoARC may withdraw accreditation unless the
283 CoARC determines that the program is making a good faith effort to come into compliance
284 with the *Standards*. The CoARC defines a “good faith effort” as 1) a completed
285 comprehensive assessment of the non-compliant *Standard(s)* under review; 2)
286 development of an appropriate plan for achieving *Standards*’ compliance within a
287 reasonable time frame (not to exceed the two-year probationary period); 3) a detailed
288 timeline for completion of the plan; 4) evidence that the plan has been implemented
289 according to the established timeline; and, 5) evidence that the program is making
290 progress toward achieving compliance as stated in the plan. It is the program’s
291 responsibility to make the case that a good faith effort has been made. If compliance with
292 all *Standards* is not demonstrated within the two (2) years following conferral of
293 Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will
294 probation status exceed 2 years. Programs on Probationary Accreditation are prohibited
295 from increasing cohort and enrollment numbers until Probationary Accreditation is
296 removed.

297
298 A program on probation is required to adhere to all applicable policies, including the
299 submission of the Annual Report of Current Status (RCS) on or before the due date.
300 However, review and approval of the RCS per se do not affect the probationary status.
301 Because probation is not a part of the accreditation cycle, the applicable accreditation
302 cycle dates remain in effect.

303
304 The CoARC requires a sponsor to complete a teach-out plan when a program is placed
305 on probation, requests inactive status or when accreditation is withdrawn either voluntarily
306 or involuntarily (see Policy [1.13](#)). Enrolled students graduating from a program under
307 Probationary Accreditation are considered graduates of a CoARC accredited program.

308
309 1.054 Withhold of Accreditation

310
311 A program seeking Provisional Accreditation or Continuing Accreditation may have such
312 accreditation status withheld if, following submission of a self-study and completion of a
313 site visit evaluation, the accreditation review process reveals that the program is not in
314 compliance with the *Standards*. A program that has had its accreditation status withheld
315 is no longer allowed to admit students. The CoARC requires a sponsor to complete a
316 teach-out plan when the CoARC takes action to withhold or withdraw a program’s
317 accreditation (see Policy [1.13](#)). Enrolled students who complete such a program are
318 considered graduates of a CoARC accredited program (See Section [1.06](#) for
319 Reconsideration and Appeal Policy).

320
321 1.055 Administrative Probation

322
323 Administrative Probation is automatically conferred when a program, or any program
324 option with a separate CoARC ID number, does not comply with administrative
325 requirements. Administrative Probation status does not affect eligibility for the NBRC

326 Examinations of students in the program. Substantive Change requests will not be
327 considered while a program is on Administrative Probation.

328
329 The CoARC's initial administrative request (related to documentation, fees, personnel
330 problems, etc.) will include the warning that should the response to the request not be
331 submitted prior to the applicable deadline, the program will be considered for
332 Administrative Probation. The initial request will be sent by email to the Program Director
333 only. If the Executive Office doesn't receive the program's response by the deadline
334 outlined in the email communication, a second request will be sent by email to the Program
335 Director, as well as to the Dean of the program, again informing the program that failure
336 to submit the required material by the deadline outlined in the communication will result in
337 the program's being placed on Administrative Probation. Should the material/fees etc. not
338 be received in the Executive Office by the deadline outlined in the second email
339 communication, a third request will be sent, which will require confirmation of delivery and
340 receipt, to the responsible individuals at the program's sponsor as well as to the Program
341 Director, informing the program that failure to submit the required material within ten (10)
342 calendar days of the date on the return receipt will result in the program's being placed on
343 Administrative Probation. If following conferral of Administrative Probation, the program's
344 failure to provide the requested material/fees etc. continues, the program will be placed
345 on the agenda at the next scheduled CoARC meeting for consideration of Deferral of
346 Accreditation (see 1.059) or conferring Probation, Withhold, or Withdrawal of Accreditation
347 (see CoARC Accreditation Policies [1.053](#), [1.054](#), [1.057](#). See Policy 6.011 for personnel
348 deficiencies). While it is on Administrative Probation, all listings of a program's
349 accreditation status must include the words "Administrative Probation."

350
351 Administrative requirements include:

- 352 1) Filing all required documents in a timely and truthful manner (e.g., Self-Study
353 Report, Annual Report of Current Status, Progress Reports, Substantive
354 Changes). The due date determined by the CoARC will be communicated in writing
355 to the program.
- 356 2) Agreeing to reasonable site visit review dates within the time frame established by
357 the Executive Office.
- 358 3) Payment of fees within the time frame established by the Executive Office.

359
360 1.056 Withdrawal of Accreditation - Voluntary

- 361
362 A. Programs may notify the CoARC of a request for Voluntary Withdrawal of Accreditation
363 at any time, the Withdrawal request may be for all activities of the program or for
364 program options.

365
366 The CoARC requires a sponsor to complete a teach-out plan when a program is placed
367 on probation, requests inactive status, or when accreditation is voluntarily or
368 involuntarily withdrawn (see Policy [1.13](#)). Enrolled students who complete these
369 programs are, accordingly, considered graduates of a CoARC accredited program
370 (See Section [1.06](#) for Reconsideration and Appeal Policy).

- 371
372 B. A Request for Voluntary Withdrawal of Accreditation (template available at
373 www.coarc.com), signed by the Chief Executive Officer (or an officially designated
374 representative) must be submitted to the Executive Office.

- 375
376 C. Annual fees will not be prorated for the year in which voluntary withdrawal occurs.

- 377
378 D. A sponsor that has submitted a letter of Voluntary Withdrawal of Accreditation can
379 rescind that request up to the effective date of withdrawal. Following submission, the
380 sponsor is eligible to request a one-time extension of the effective date of withdrawal,
381 not to exceed six (6) months. If the sponsor wishes to apply for a new respiratory care

382 program after the effective date of voluntary withdrawal, the sponsor must comply with
383 CoARC Policy [1.068](#) prior to submitting a new application.
384

- 385 E. For programs seeking Provisional Accreditation, the sponsor's President/CEO or Chief
386 Academic Officer may notify the CoARC Chief Executive Officer in writing (as per
387 CoARC Policy 1.067) of a decision to voluntarily withdraw from the accreditation
388 review process. This notification must occur no later than the scheduled date of the
389 CoARC Board meeting at which Provisional Accreditation is to be considered. If the
390 sponsor re-applies, the application will not be considered until all prior unpaid and
391 current fees have been remitted.
392

393 1.057 Withdrawal of Accreditation - Involuntary 394

395 The CoARC may withdraw accreditation of a program, regardless of its current
396 accreditation status, under the following circumstances:

- 397 • A program on probation has failed to bring itself into substantial compliance with the
398 *Standards* within the prescribed timeline.
- 399 • The sponsor has had its institutional accreditation or legal authority to provide
400 postsecondary education terminated.
- 401 • The program has failed to comply with one or more CoARC accreditation actions or
402 procedures, including failure to:
 - 403 1. undergo a site visit within the required timeline
 - 404 2. follow directives associated with an accreditation action
 - 405 3. correct deficiencies defined in the conferral of Administrative Probation (see
406 [1.055](#)).
- 407 • The program has submitted false or misleading information to the CoARC.
- 408 • The program has demonstrated grossly unethical business or educational practices
409 such that the health, welfare, and/or safety of its students and/or the public are in
410 jeopardy.
- 411 • The program has been inactive for more than two years.
- 412 • Determination by the CoARC that the program is a new program because of a
413 Change of Ownership/Sponsorship/Legal Status or Change in Control (see Policy
414 1.08).
- 415 • The CoARC has determined that the program is no longer in compliance with the
416 *Standards* because of a major change in resources, e.g., faculty, facilities,
417 sponsorship, or funding, etc.
418

419 Annual fees will not be prorated for the year in which involuntary withdrawal occurs.
420

421 A program that has had its accreditation status withdrawn is no longer allowed to admit
422 students.
423

424 The CoARC requires a sponsor to complete a teach-out plan when the CoARC takes
425 action to withhold or withdraw a program's accreditation (see Policy [1.13](#)). Accordingly,
426 students enrolled in such programs who satisfactorily complete the program teach-out are
427 considered graduates of a CoARC accredited program (See Section [1.06](#) for
428 Reconsideration and Appeal Policy).
429

430 CoARC will withdraw accreditation of any CoARC-accredited program that closes or is
431 otherwise terminated without a teach-out plan or agreement. Accreditation will be
432 withdrawn effective at the time of closure of the program. Actions to withdraw accreditation
433 of closed programs are not subject to appeal. This is an administrative action to be taken
434 by the CoARC Chief Executive Officer with the approval of the Executive Committee. The
435 action will be reported to the CoARC Board at the next regular meeting. Within 30 days of
436 learning of a program's closure, CoARC will notify the U.S. Department of Education,
437 institutional accrediting agency, other applicable accrediting agencies, appropriate state

438 agencies, and the public of said action. The CoARC will work with the U.S. Department of
439 Education and the appropriate state agency, to the extent feasible, to assist students in
440 finding reasonable opportunities to complete their education.

441
442 1.058 Inactive Accreditation – Voluntary

443
444 Base programs and program options on Administrative Probation or with a status of
445 Continuing Accreditation without any pending Progress Reports are eligible to request
446 inactive status for up to two years. During this time the program is required to pay full
447 CoARC fees. No students may be enrolled or matriculated in the program during the time
448 period in which the program is inactive. Programs offering additional program options may
449 request voluntary inactive status for these program options without affecting the
450 accreditation status of the base program. Inactive status may affect the date of the next
451 scheduled site visit. During inactive status, programs must continue to submit documents
452 (e.g., annual reports) and pay fees due during that time, unless otherwise directed by the
453 CoARC. To request inactive status a program must submit the appropriate CoARC
454 “Request for Inactive Status letter”. The CoARC requires a sponsor to complete a teach-
455 out plan when a program is placed on probation, requests inactive status, or voluntarily or
456 involuntarily withdraws (see Policy [1.13](#)).

457
458 A. A request for inactive status, (Inactive Status Request Template available at
459 <http://www.coarc.com>) signed by the Chief Executive Officer (or an officially
460 designated representative) must be submitted to the CoARC Executive Office.

461 This letter must contain:

- 462 1. the program number(s) for which inactive status is being requested;
- 463 2. the desired effective date of the inactive status;
- 464 3. the last date on which currently enrolled students are expected to graduate;
- 465 4. the most recent date on which students were enrolled;
- 466 5. a stipulation that no students will be enrolled or matriculated in the program
467 during the time of inactive status;
- 468 6. the location where all records will be kept for students who completed the
469 program teach-out during such time;

470
471 B. To reactivate the program during the two (2) year period, the Chief Executive Officer
472 (or an officially designated representative) of the sponsor must send the CoARC a
473 written request for a change in status (Request for Reactivation). An updated Annual
474 Report of Current Status will be required before the program can admit students. The
475 sponsor will be notified by the CoARC of any additional requirements, including a
476 focused site visit, that must be met prior to restoration of active status.

477
478 C. If the program has not been reactivated by the end of the two-year period, the CoARC
479 will withdraw accreditation.

480
481 D. If a sponsor wishes to voluntarily withdraw at any time during the two (2) year period,
482 it must follow the procedures outlined in Policy [1.056](#).

483
484 1.059 Decisions regarding program accreditation are made by the CoARC Board at its three
485 regular meetings each year. The Board may defer a decision on the accreditation status
486 of a given program if it lacks sufficient information about specific issues that preclude an
487 informed decision. The program will be required to submit additional information, and
488 resolution of the program’s accreditation status will likely occur at the next regularly
489 scheduled Board meeting. Failure of the program to submit the required information by
490 the date set by the Board may result in an adverse accreditation decision for the program.
491 The program’s response may be followed by a focused site visit, addressing the reasons
492 for the deferral and assessing the program’s response.
493

494 The CoARC Board may defer an accreditation decision for a maximum of one regular
495 meeting. Under exceptional circumstances, programs may be allowed an additional
496 deferral at the Board's discretion. The program will be informed of the deferral and the
497 date by which it must provide all the required data/information. Typically, the submission
498 date will ensure program review at the next CoARC Board meeting. The program's
499 accreditation status will continue during the deferral.
500
501

502 503 **1.06 Reconsideration and Appeal Policy** 504

505 The following adverse accreditation actions by the CoARC are subject to reconsideration and
506 appeal:

- 507 1. Withhold of Provisional Accreditation
- 508 2. Denial of a Request for Reactivation
- 509 3. Probation (~~subject to Reconsideration only~~ initial conferral and reaffirmation after 1 year)
- 510 4. Withhold of Continuing Accreditation
- 511 5. Withdraw Accreditation (Involuntary)

512
513 **All other CoARC decisions, including Administrative Probation and Denial of a Request**
514 **for Substantive Change, are final and not subject to reconsideration or appeal.**
515

516 Adverse accreditation decisions may be appealed only if the sponsor has exercised its option to
517 request a reconsideration of the adverse decision and the reconsideration process has been
518 completed.
519

520 Programs will be notified of these accreditation actions (1 through 5 above) in writing via certified
521 mail, return receipt requested, or by other means that provide verification of receipt by the
522 program's sponsor. The basis for the adverse action and the sponsor's right to request
523 reconsideration and/or to appeal the decision will be clearly stated in the notification.
524

525 An adverse action by the CoARC doesn't become final until the reconsideration and/or appeal
526 process is complete. If the sponsor does not initiate the reconsideration/appeal process prior to
527 the deadline specified in the CoARC's initial notification of the adverse action, the sponsor's rights
528 to reconsideration or appeal are terminated.
529

530 During the reconsideration period, the accreditation status of the program shall remain the same
531 as it was prior to the adverse action. If the adverse action is sustained or not substantially modified
532 on reconsideration, the program's accreditation status will be as determined in the initial adverse
533 action. If the CoARC reverses an adverse action on appeal, the effective date of this reversal will
534 be the date on which the initial adverse action was taken.
535

536 All correspondence referred to herein, by both the CoARC and the program/sponsor, must be
537 sent by certified mail, return receipt requested, or other means agreed to by the CoARC in writing.
538 All days refer to calendar days. Under extenuating circumstances, with the mutual consent of the
539 President or Chief Executive Officer of the CoARC and the President of the program's sponsor
540 (or his/her designee), the specified time limits and/or procedures for the reconsideration or appeal
541 processes may be adjusted.
542

543 1.061 Reconsideration Process 544

545 Reconsideration is the process that allows the sponsor to request that the CoARC review
546 an adverse accreditation decision to determine whether (a) the procedures described in
547 the CoARC Accreditation Policies and Procedures Manual were followed, and/or (b)
548 substantive matters related to the adverse accreditation action were decided correctly
549 based on the accreditation record at the time of the initial adverse decision.

550
551 **Request for Reconsideration**

552 The program/sponsor must submit a Request for Reconsideration to the CoARC
553 Executive Office within thirty (30) calendar days of its receipt of the adverse decision
554 notification.

555
556 If a Request for Reconsideration is not received by the CoARC within thirty (30) calendar
557 days, the CoARC's initial adverse action will be final and effective immediately.

558
559 At a minimum, the Request for Reconsideration must include:

- 560 1. Specification of the accreditation decision to be reviewed,
- 561 2. A description of the modification or reversal sought by the sponsor,
- 562 3. A complete and concise description of any erroneous fact(s) or what the sponsor
563 believes was an incorrect interpretation of the *Standards* and/or *Accreditation*
564 *Policies* on which the decision was based, [if applicable](#).
- 565 4. A description of any CoARC procedures which the sponsor believes were not
566 followed, [if applicable](#).
- 567 5. New evidence demonstrating compliance with cited Standards/Policies, [if](#)
568 [applicable](#).
- 569 6. Pertinent, detailed supporting documentation for items 3 through 5 above,
- 570 [7. A request to be present testimony \(in person or remotely\) to the CoARC Board, if](#)
571 [applicable](#).
- 572 ~~7~~8. Payment of the Reconsideration Fee.

573
574 The sponsor must submit its request electronically to the Chief Executive Officer of the
575 CoARC as an attachment to an email (tom@coarc.com).

576
577 Following administrative review by the CoARC Chief Executive Officer, the Request for
578 Reconsideration will be considered by the CoARC Board at its next scheduled meeting.

579
580 A CoARC Board member who is currently serving as the program's Referee or participated
581 in the site visit that triggered the adverse action may be asked to participate in the Board's
discussion of the request but will not participate in voting.

582
583 The program sponsor and each member of the CoARC Board will be provided with a copy
584 of the following materials, which shall constitute the Reconsideration Record: relevant
585 portions of the minutes and other pertinent documentation from the appropriate CoARC
586 meeting; the CoARC letter informing the sponsor of the adverse action; and the sponsor's
Request for Reconsideration.

587
588 Board members will consider the materials independently before discussing the matter at
589 the meeting. Executive Office staff may consult with the program director, program
590 Referee, or site visit team members to verify, validate or clarify the above information. The
591 CoARC Board may also consult with its staff or legal counsel regarding CoARC policy and
procedural issues.

592
593 [During the reconsideration of an adverse accreditation action, the affected program shall](#)
594 [be permitted to be present and represented in accordance with procedures established](#)
[by CoARC. Program participation during reconsideration is limited to:](#)

- 595 [1. Presenting a brief oral statement in support of the reconsideration request.](#)
- 596 [2. Clarifying information contained in the written reconsideration materials; and](#)
- 597 [3. Responding to questions posed by the CoARC Board.](#)

598 [Program representatives may include program leadership, institutional representatives,](#)

599 [and/or legal counsel, provided such representatives are identified in advance and comply](#)
600 [with CoARC confidentiality requirements.](#)

601 [The CoARC Board shall conduct its deliberations in closed session. Program presence](#)
602 [shall not extend to deliberations, voting, or decision-making, nor shall it permit the](#)
603 [introduction of new evidence except as allowed by CoARC policy.](#)

604 [The CoARC President shall have the authority to establish reasonable limits on time,](#)
605 [format, and participation to ensure orderly and fair proceedings.](#)

606
607 **Reconsideration Decision**

608 Based on its review of the Reconsideration Record, the CoARC Board will make one of
609 the following decisions:

- 610 1. Affirm the initial adverse action;
- 611 2. Modify the initial adverse action in whole or in part; or
- 612 3. Reverse the initial adverse action.

613
614 **The CoARC Board's determination shall be made by majority vote.**

615
616 Following the meeting, the Executive Office staff will develop a written report to include
617 the following:

- 618 1. Activities: The dates of the meetings and minutes of the discussion related to the
619 Reconsideration.
- 620 2. Findings: A statement responding to each of the issues brought forward in the
621 reconsideration request, including a brief description of reasons for the CoARC
622 Board's determination regarding each issue.
- 623 3. Decision: The Board's decision.
- 624 4. Signature: The report will be signed by the CoARC CEO.

625
626 The CoARC will notify the sponsor of its decision no more than ten (10) calendar days
627 following the Board meeting.

628
629 **If the adverse action being reconsidered is probation, the decision of the CoARC**
630 **Board will be final, effective immediately. The Program cannot request an Appeal.**

631
632 If the program disagrees with a decision relating to Withhold of Provisional Accreditation,
633 Denial of a Request for Reactivation, Withhold of Continuing Accreditation or Withdrawal
634 of Accreditation, it may request an Appeal hearing.

635
636 1.062 Appeal Procedure

637
638 **Criteria for Appeal**

639 The grounds for requesting an appeal are limited to the following: (a) a departure by the
640 CoARC from its established procedures which is of such significance as to have affected
641 materially the CoARC's adverse decision; or (b) the citing by the CoARC, as the basis for
642 its decision, of factually incorrect information of such significance as to have affected the
643 CoARC's adverse decision.

644
645 **Initiation of an Appeal**

646 The Sponsor must submit a written Request for Appeal to the CoARC Executive Office
647 (certified mail, return receipt requested) within thirty (30) calendar days following its receipt
648 of the CoARC Board's decision regarding Reconsideration. If a Request for Appeal is not
649 received by the CoARC within thirty (30) calendar days of the notification, the Board's
650 decision shall be final.

651
652 The Notice of Appeal must include:

- 653 1. A copy of the decision, which is being appealed,

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2. A complete and concise description of any departure by the CoARC from its established procedures that is of such significance as to have affected the CoARC's decision materially,
3. A complete and concise description of any factually incorrect information, cited by the CoARC as the basis for its decision, which is of such significance as to have affected materially the CoARC's decision,
4. A description of the modification or reversal sought by the sponsor,
5. Pertinent, detailed supporting documentation, for items 2, 3 and 4 above,
6. Payment of the Appeal Fee.

The Appeal must be based upon the action or process that triggered the CoARC's adverse action (e.g., a site visit, progress report, etc.). Actions taken or changes made subsequent to the Board's decision on a request for reconsideration will not be considered.

Any new documentation submitted must address the departure by the CoARC from its established procedures and/or relate to incorrect information utilized by the CoARC to make its reconsideration decision.

The sponsor must submit its Request electronically as an attachment to an email addressed to the CoARC Chief Executive Officer (tom@coarc.com).

Composition of an Appeal Panel

The CoARC Executive Office staff shall maintain a list of at least 20 individuals who are qualified by service to the CoARC (e.g., former Commissioners, current site visitors) to serve on ad hoc Appeal Panels. Qualified individuals must be familiar with the accreditation process, have a working knowledge of applicable CoARC Accreditation *Standards* and Policies, and an understanding of the functional components of the specific type of institution sponsoring the educational program under review (e.g., community college, career college, or university). This list shall be reviewed and modified, as appropriate, on an annual basis by the CoARC Chief Executive Officer in consultation with the CoARC President. All members of ad hoc Appeal Panels shall be selected from that list.

An individual will not serve on an Appeal Panel if: s/he participated in the site visit that triggered the adverse action; has been previously involved with the sponsor; was involved in the accreditation review activity that led to the specific CoARC action; is a current Commissioner or has any other potential conflict of interest as determined by the CoARC Conflict of Interest Policy.

Process for Selecting an Appeal Panel

Five (5) individuals qualified to serve as members of an Appeal Panel shall be selected by the President of the CoARC from the above list. If the President of the CoARC has a conflict of interest with the sponsor, the President-Elect of the CoARC shall be designated to make the selections for the appeal panel.

After determining the willingness of these persons to serve, the Chief Executive Officer will send the list of potential panel members to the sponsor (certified mail, return receipt requested). Within ten (10) calendar days of receipt of the list, the sponsor shall select three (3) individuals from the list to constitute the Appeal Panel and shall notify the CoARC Executive Office by email of the names of the persons selected. If the sponsor does not provide its selections within the 10-day period, the President/President-Elect of the CoARC shall make that determination.

Appeal Hearing Date and Participants

The hearing must be held no sooner than forty-five (45) or later than one hundred and twenty (120) calendar days after the Appeal Panel has been selected. This time may be

710 extended for good cause upon mutual agreement of the sponsor and the CoARC's Chief
711 Executive Officer or President (or the President's designee). After consultation with the
712 Chief Executive Officer (CEO) of the sponsor and the Appeal Panel members, the CoARC
713 Chief Executive Officer shall establish the date, time, and place for the hearing, and shall
714 provide this information to the sponsor's CEO and the Appeal Panel members, in writing
715 at least forty-five (45) calendar days prior to the hearing. The notice shall advise the
716 sponsor that it:

- 717 1. Should send representatives to appear before the Appeal Panel;
- 718 2. May, in addition, be represented by legal counsel; and
- 719 3. Will have the opportunity to make a presentation before the Appeal Panel.

720
721 The Sponsor must provide written notification of its intent to send legal counsel to appear
722 before the panel and must provide the CoARC Chief Executive Officer with the names of
723 its representatives (and legal counsel if applicable) no later than twenty-one (21) calendar
724 days before the scheduled date of the hearing.

725
726 The CoARC Chief Executive Officer or his/her designee shall serve as staff for the Appeal
727 Panel. The Appeal Panel may request that CoARC representatives familiar with the issue
728 on appeal testify at the hearing to provide information.

729
730 Once an appeal is filed, the sponsor may communicate with the Appeal Panel only at the
731 hearing or in writing through the CoARC Chief Executive Officer or the CoARC legal
732 counsel.

733
734 **Individuals having a close relationship with the program, its sponsor, or a**
735 **competing program or sponsor shall not, under any circumstances, contact or**
736 **communicate with members of the Appeal Panel. Violation of this requirement may**
737 **result in denial of the Appeal.**

738
739 **Preparation for the Hearing**

740 The CoARC Chief Executive Officer shall send to the sponsor names of any individuals
741 related to the CoARC who will participate in the hearing as well as copies of the following
742 materials, which shall be included in the Appeal Record: relevant portions of the minutes
743 from the CoARC Board meeting resulting in the original adverse action; relevant portions
744 of the minutes of the CoARC Board meeting related to its decision regarding
745 Reconsideration; and the sponsor's Request for Appeal. The CoARC President may
746 choose to submit a written statement further explaining the CoARC's accreditation
747 decision. Copies of the Appeal Record shall be provided to all individuals involved in the
748 hearing at least fourteen (14) calendar days prior to the scheduled hearing date.

749
750 The CoARC will provide all Appeal Panel members with instructions regarding the duties
751 and functions of the Appeal Panel;

- 752 1. The Panel will elect a chair from its members (if one was not appointed previously
753 by the President/President's designee).
- 754 2. The CoARC Chief Executive Officer and legal counsel will review CoARC policies
755 and procedures related to the hearing process, CoARC accreditation policies, and
756 all correspondence and documents related to the issues at hand. They will also
757 respond to questions from panel members.
- 758 3. The Panel Chair shall prepare an introductory statement which shall be reviewed by
759 the panel. The introductory statement will outline the appeal request, the CoARC
760 decision that is being appealed, and the evidence used by the CoARC to justify the
761 decision.

762
763 **Hearing Format**

764 **The hearing shall be limited to consideration of the action or process that triggered**
765 **the initial adverse action.**
766

767 The sponsor may not present, and the Appeal Panel shall not consider, programmatic
768 changes or evidence that was not reviewed during the Reconsideration process.
769

770 While strict adherence to the formal rules of evidence is not required, irrelevant or unduly
771 repetitious statements may be ruled out of order. The hearing shall adhere to the following
772 general format:

- 773 1. Introductory statement by the Appeal Panel Chair.
- 774 2. Each person present will be identified, and the Chair will describe the procedures.
- 775 3. An oral presentation by the sponsor's representative, not to exceed sixty (60)
776 minutes in length. This shall be limited to clarification of the record, presentation of
777 evidence supporting programmatic compliance with the accreditation *Standards/*
778 *Policies* cited in the adverse accreditation action, and review of any administrative
779 procedures with which the sponsor has concerns.
- 780 4. The sponsor's presentation must be relevant to the issues to be decided by the panel
781 (i.e., the cited areas of programmatic noncompliance with the *Standards* and/or the
782 CoARC's failure to observe proper accreditation policies and procedures).
- 783 5. Although the sponsor's legal counsel may participate in the proceedings, witnesses
784 may not be cross-examined, and objections to testimony are not permitted.
- 785 6. Following the sponsor's presentation, a representative from the CoARC will have an
786 opportunity to reply. The CoARC may be represented by legal counsel.
- 787 7. Closing statement by the sponsor (up to 15 minutes).
- 788 8. Closing statement by the CoARC (up to 15 minutes).
- 789 9. Following the CoARC's reply, members of the Appeal Panel will have the opportunity
790 to ask questions of all representatives of either party.
- 791 10. Adjournment.

792
793 An electronic record of the above hearing proceedings will be made. At its own cost, either
794 party may hire a certified court reporter to make a record of the hearing.
795

796 **If the sponsor, without good cause, fails to appear before the panel and has failed**
797 **to advise the CoARC Chief Executive Officer, in writing, more than five (5) calendar**
798 **days before the scheduled date of the hearing that it will not appear, the CoARC**
799 **may elect to notify the sponsor that no further opportunity for a personal**
800 **appearance before the Panel will be provided. Any costs related to the sponsor's**
801 **failure to appear or to the postponement of the hearing will be billed to the sponsor.**

802 **Appeal Panel Decision**

803 At the conclusion of the hearing, the Appeal Panel members will meet in executive session
804 to review the proceedings and to reach a decision. The decision of the Panel shall be
805 based on the Appeal Record and the oral and written presentations at the hearing. The
806 Panel will only consider those factors that existed at the time of the Reconsideration
807 decision.

808 The Panel shall determine whether each of the cited areas of noncompliance with the
809 *Standards* is supported by substantive evidence and whether the initial adverse action
810 was in accordance with the CoARC's policies and procedures as follows:

- 811 1. The Panel shall determine whether the procedures used to reach the adverse action
812 were consistent with established CoARC procedures, policies, or practices; and
813 whether there were any procedural errors that potentially prejudiced the CoARC's
814 consideration.
- 815 2. The Panel will consider each cited area of noncompliance separately to determine
816 whether each concern/citation is supported by substantial evidence.
- 817 3. The Panel shall determine whether this is sufficient evidence to support the adverse
818 action(s) by the CoARC.
- 819 4. The Panel shall determine whether the initial adverse action should be affirmed,
820 modified or reversed.

821 **The Panel's determination shall be made by majority vote and shall constitute final**
822 **action by the CoARC, effective immediately.**
823

824 The Appeal Panel shall issue its findings in a Report submitted to the CoARC Executive
825 Office. The Report will include the Panel's decision together with the reasoning on which
826 the decision was based, along with any additional information deemed pertinent. A copy
827 of the Report of the Appeal Panel will be sent to the sponsor by certified mail, return receipt
828 requested, within ten (10) calendar days of the CoARC's receipt of the Report.
829

- 830 1.063 Within thirty (30) calendar days of completion of the reconsideration and/or appeals
831 process, the sponsor will be notified of the CoARC's final decision on its accreditation
832 status. If the decision is Withhold of Continuing Accreditation or Withdrawal of
833 Accreditation, a letter of response to the decision, signed by the Chief Executive Officer
834 of the Sponsor (or her/his officially designated representative) must be submitted to the
835 CoARC Executive Office.
836

837 This letter must contain:

- 838 1. The program number(s) for which the accreditation decision applies;
- 839 2. The date by which all currently enrolled students are expected to graduate (complete
840 the teach-out);
- 841 3. The most recent date on which students were enrolled;
- 842 4. Confirmation that, as of the effective date of the final accreditation decision, no new
843 students will be matriculated in the program;
- 844 5. The location where all records will be kept for students who complete the program
845 teach-out; and
- 846 6. The names, addresses, phone numbers, and unique student identification numbers
847 of all students enrolled in the program on the effective date of the decision.
848

849 Annual fees will not be prorated for the year in which Withhold of Accreditation or
850 Withdrawal of Accreditation occurs.
851

- 852 1.064 Sponsor Responsibilities Following Notification of Final Accreditation Status

853 If the CoARC's final action is to assign probationary status, Withhold of Provisional
854 Accreditation, Withdrawal of Accreditation, or Withhold of Accreditation, the program must
855 notify, in writing, all currently enrolled students, those accepted for enrollment, and those
856 seeking enrollment, of its accreditation status. The program must provide copies of these
857 notifications to the CoARC Executive Office no later than seven (7) calendar days after
858 receiving notice of the final action by the CoARC. The program must also respond to all
859 other requests regarding its accreditation status. The CoARC will notify the U.S.
860 Department of Education, the appropriate state regulatory authority, and the appropriate
861 institutional accrediting agency of the final decision at the same time as the sponsor. The
862 public will be notified of a final adverse action via the CoARC's web site within twenty-four
863 (24) hours of confirmation that the sponsor has received notification of the CoARC's final
864 decision.
865

- 866 1.065 Public Release of Accreditation Status

867 If the CoARC is requested or required to provide information to a third party regarding the
868 accreditation status of a program that is pursuing the reconsideration and/or appeal
869 process, the CoARC will advise those inquiring that the program's accreditation status
870 remains as it was prior to the reconsideration and/or appeal. The accreditation status of
871 the program shall not change until all rights of reconsideration and/or appeal pursuant to
872 these Policies and Procedures are exhausted or the program withdraws its request for
873 reconsideration or appeal. If a sponsor does not submit a Request for Reconsideration or
874 Initiate an Appeal, or withdraws from the Reconsideration or Appeal process, the Public
875

876 Disclosure Notice must be published on the program website and distributed to
877 matriculated students within fifteen (15) calendar days of the sponsor decision.
878

879 Final decisions to place a program on Probationary Accreditation, Withhold of
880 Accreditation, or Withdrawal of Accreditation will be publicly disclosed via a Public
881 Disclosure Notice consistent with the CoARC Policies [11.06](#) and [14.03](#).
882

883 1.066 Limitations
884

885 If a sponsor fails to file its Request for Reconsideration or Appeal or to pay required fees,
886 within the times specified, the reconsideration or appeal process shall terminate and the
887 CoARC's initial adverse decision shall be considered final.
888

889 A sponsor may withdraw its request for a reconsideration/appeal at any time during the
890 process; however, it will be responsible for any expenses in excess of the applicable fee
891 (required in 1.061 and 1.062 above), including attorney fees, incurred by the CoARC as
892 of the date of withdrawal.
893

894 1.067 Notice and Filings with the CoARC Chief Executive Officer
895

896 Whenever, under any of the provisions of this procedure, there is a requirement for
897 anything to be sent to the CoARC in writing it must be sent electronically [with confirmation
898 of delivery] to tom@coarc.com (preferred method of delivery) or mailed to the following
899 address [with confirmation of delivery]:
900

901 Thomas Smalling
902 Chief Executive Officer
903 Commission on Accreditation for Respiratory Care
904 264 Precision Blvd
905 Telford, TN 37690
906

907 1.068 Reaccreditation Following Withhold of Accreditation or Withdrawal of Accreditation
908 (Voluntary or Involuntary)
909

910 Institutions applying for reaccreditation must follow the procedures outlined in Section 2
911 of this document. The CoARC will not consider an application from an institution/program
912 that has had accreditation withheld or withdrawn (voluntary or involuntary) until the
913 following have been met:

- 914 1. All information requested in Policies [1.056](#), [1.057](#), [1.058](#) and [1.063](#) has been
915 submitted to the CoARC Executive Office;
- 916 2. At least 12 months have elapsed since the effective date of Withhold or Withdraw
917 (voluntary or involuntary) and all students listed in the teach-out plan have completed
918 the program or transferred to another accredited program.
919

920 The CoARC will not consider an application for reaccreditation from a sponsor failing to
921 execute an approved teach-out plan or agreement (see Policy [1.13](#)).
922

923 **1.07 Program Status in Relation to Adverse Actions by Governmental and Other Accrediting**
924 **Agencies**
925

- 926
- 927 1.071 An adverse action is defined as any formal action taken by such an agency to withdraw,
928 prohibit, or restrict the continuation and/or operation of the programs and services
929 offered by an accredited program's sponsoring institution.
930

- 931 1.072 A. The sponsor of a CoARC-accredited program must notify the CoARC in writing
 932 (certified mail, return receipt requested) within ten (10) calendar days of the official
 933 notification date of any such adverse action.
 934
 935 B. Failure to provide the required notification will result in the CoARC's placing the
 936 sponsor on Administrative Probation.
 937
 938 1.073 When a sponsor has received an Adverse Action by either an institutional accrediting
 939 agency, state agency, or the U.S. Department of Education, the CoARC Board will
 940 assess the action in the context of the CoARC *Standards* and these Policies at the next
 941 scheduled Board meeting. The CoARC may:
 942 1. determine that the matter is resolved, and no further action is required;
 943 2. request that the sponsor provide additional information and/or documentation;
 944 3. confer Probationary Accreditation; or
 945 4. confer Withdrawal of Accreditation.
 946
 947 1.074 When the Adverse Action by the sponsor's institutional accreditor, state agency, or U.S.
 948 Department of Education is a Final Action to withdraw institutional accreditation, the
 949 CoARC will issue a notice of Involuntary Withdrawal to the sponsor, effective as of the
 950 date of the Final Action.
 951
 952 1.075 A program whose sponsor has received an Approval of Intent will not be permitted to
 953 submit a Provisional Accreditation Self Study Report (PSSR) or undergo a site visit until
 954 the Adverse Action is resolved.
 955
 956

957 **1.08 Change in Ownership/Sponsorship/Legal Status or Change in Control**

958 This includes but is not limited to:

- 959 a. Change in membership of a consortium.
 960 b. For non-profit institutions: a change in the sponsorship of the institution or affiliation or merger
 961 with another/other institution(s). [*Focused site visit required within 6 months of the effective*
 962 *date of the change in ownership.*]
 963 c. For proprietary or for-profit institutions: the sale of, or change in, equity; change in the majority
 964 ownership of stock; affiliation or a merger with another institution(s); any other matter that
 965 affects ownership or control. [*Focused site visit required within 6 months of the effective date*
 966 *of the change in ownership.*]
 967 d. Change in the tax status (e.g., for-profit to non-profit or vice versa) of the institution.
 968
 969

970 A request for Change of Ownership/Sponsorship/Legal status or Change in Control at the
 971 institutional level will only be considered as a substantive change (Section 9.01) if most of the
 972 significant aspects of the program will be unaffected. Otherwise, the program will be considered
 973 a new program. Significant aspects include but are not limited to: change in institutional/program
 974 location; change in institutional administration (particularly when related to supervision of the
 975 program); changes in program key personnel; or change in curriculum delivery methods. If a
 976 change in most of these significant aspects occurs or is planned to occur, within the year following
 977 the Change of Ownership/Sponsorship/Legal Status or Change in Control, the CoARC will
 978 consider the program offered by the new sponsor to be a new program. An exception to this
 979 determination would be if the changes in Administration personnel or in program Key Personnel
 980 were unrelated to the Change of Ownership/Sponsorship/Legal status or Change in Control and
 981 adequate documentation was provided to support this contention.
 982

983 If the CoARC determines that the program is new, the sponsor will be required to complete the
 984 process for Initiation of Accreditation - Base Program, as per Policy 2.02 and the accreditation
 985 status of the previous program will be involuntarily withdrawn as per Policy 1.057.
 986

987 Programs requesting Ownership/Sponsorship/Legal status or Change in Control must follow the
988 procedure in [Section 9.01](#).

989
990 1.081 A sponsor of a base program holding Continuing Accreditation status with no pending
991 progress reports may request a transfer of sponsorship of the base program and/or
992 program option(s) to a new sponsor. Such a request shall include a letter (signed by the
993 current sponsor's CEO or President) affirming its intent to transfer sponsorship and the
994 proposed effective date. The proposed new sponsor must submit an *Application for
995 Accreditation Services* as well as a *Transfer of Sponsorship Request Form* (available at
996 www.coarc.com).

997
998 The CoARC Executive Office and an assigned Referee will review the request to ensure
999 that compliance with the *Standards* and Policies will not be adversely affected by
1000 implementation of the transfer.

1001
1002 Following a review of submitted materials by the Executive Office and an assigned
1003 Referee, the CoARC Board will:

- 1004 1. approve the transfer of sponsorship and maintain continuing accreditation status
1005 of the program; or
- 1006 2. approve the transfer of sponsorship and confer provisional accreditation status
1007 of the program; or
- 1008 3. deny the transfer of sponsorship.

1009 CoARC may request a new Self-Study Report with a site visit review prior to its decision.
1010 A request for transfer of sponsorship does not guarantee that the transfer will be granted.
1011

1012 1013 **1.09 Assignment of Program Referee [and RCS-PR Committee](#)**

1014
1015 A. The Executive Office will assign a [Referee](#) (Commissioner) when a program has submitted:
1016 1. A Letter of Intent Application; [or](#)
1017 2. An Application for Accreditation Services; or
1018 [3. When the Board confers an adverse action.](#)

1019
1020 [B. A Referee may also be assigned to a program that submits an Application for Substantive
1021 Change \(see CoARC Policy 9.0\).](#)

1022 ~~3. An Annual Report of Current Status revealing that the program has not met one or more
1023 Standards;~~

1024
1025 [C. Programs that have not met outcomes-based thresholds \(Standards 3.07; DA 3.8; C13\) will be
1026 assigned to the RCS-PR Committee for remediation \(see Policy 4.0\).](#)

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1028 ~~B. A Referee may also be assigned to a program that submits an Application for Substantive
1029 Change (see CoARC Policy 9.0).~~

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1031 ~~D.~~ [E.D.](#) The assignment will be made so as to distribute programs evenly amongst available
1032 referees with the following considerations:

- 1033 1. Whenever possible, the Referee assigned to a program will have had previous
1034 experience with that program as a Referee.
- 1035 2. A Referee will not be assigned to a program if there are any conflicts of interest. The
1036 sponsor/program may request a change in Referee if it perceives a potential conflict of
1037 interest. Conflicts of interest include, but are not limited to:
 - 1038 a) A potential referee's having had a professional relationship with the program or the
1039 program's sponsor at any time prior to the assignment (graduate, employee,
1040 advisory committee member, paid consultant,);

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- b) Residence or employment of a potential referee in the same state as the program or within a 50-mile radius of the location of the base program or satellite program option(s).

~~DE Referees shall not meet face-to-face with program personnel to provide consultative services to assigned programs. This policy does not apply to the CoARC's Meet the Referee sessions.~~

1.10 Applying for Accreditation

- A. The accreditation review process is initiated upon submission of a *CoARC Accreditation Services Application* by the chief executive officer of the program's sponsor (or his/her officially designated representative). The *CoARC Accreditation Services Application* is available online at www.coarc.com.
- B. In addition to the *Accreditation Services Application*, initiation of the accreditation process requires the completion and submission of self-study reports, payment of appropriate fees, and agreement to a site visit evaluation.
- C. The sponsor may voluntarily withdraw from the accreditation process at any time (see Policy [1.056](#)).
- D. All communication and correspondence with the CoARC must be conducted in the English language.

1.11 Submission Deadlines

The CoARC Board makes accreditation decisions at its meetings, held three times per year. Meeting dates are established a year in advance and are posted on the CoARC's website. The Submission Deadline dates below are applicable to the submission of all materials (e.g., Progress Reports, LOIs, SSRs, and Site Visit Reports) for each meeting, unless otherwise specified. Submission of these materials by the deadline does not guarantee their consideration at the corresponding CoARC meeting as there are many variables involved in the review process, including the time required for both administrative and Referee reviews, the time required for programs to respond to requests for clarification or missing information, and/or the time required for review of these responses. To ensure that the CoARC has adequate time to review and validate this information, changes to documentation submitted on or before the Submission Deadline will only be accepted up to a meeting's Closing Date, which is 30 days after the Submission Deadline. The CoARC will not consider any documentation submitted after the Closing Date for a given meeting.

<u>Submission Deadline</u>	<u>Closing Date</u>	<u>Earliest possible CoARC Meeting for consideration</u>
January 15	February 15	March/April
May 15	June 15	June/July
September 15	October 15	November/December

All programs are subject to the deadlines noted above unless specified otherwise in written correspondence from the CoARC. Failure of the program to meet any of the established deadlines, including the submission of incomplete materials, will result in a postponement of the process to the next scheduled CoARC meeting. If required documentation was incomplete or

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1089 submitted after the above deadlines, such failures may result in Administrative Probation (see
1090 Policy [1.055](#)).
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1092 For those programs involved in the Initiation of Accreditation, it should be noted that Provisional
1093 Accreditation status must be granted prior to student enrollment. Accordingly, postponement of
1094 the review process to the next CoARC meeting is likely to require the program to defer the planned
1095 dates for enrollment/matriculation of students and the graduation date of the first cohort. Pushing
1096 back the graduation date will also affect the timing of the Site Visit for Continuing Accreditation
1097 and is very likely to affect the timing of the CoARC's decision to confer Continuing Accreditation.
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1100 1.12 Third-Party Comments 1101

1102 The CoARC welcomes third-party comments regarding sponsoring institutions undergoing
1103 evaluation for Approval of Intent and Provisional or Continuing Accreditation. The CoARC's review
1104 of program sponsors is limited to assessing the institution's ability to meet its Accreditation
1105 Policies and *Standards*; accordingly, comments should relate to those areas. Third-Party
1106 comments must be written and signed (i.e., not anonymous) and must include the writer's contact
1107 information. Submission of a comment grants permission for the comment to be shared with the
1108 program.
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1110 Although the CoARC invites third-party comments during the self-study process, such comments
1111 submitted at other times will be considered during the next scheduled CoARC Board meeting.
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1113 Programs are encouraged to publicize self-study activities and invite third-party comments to
1114 assist them in the self-study process.
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1116 1.121 Notification and Invitation by the CoARC 1117

1118 The CoARC publishes on its website a list of programs seeking an Approval of Intent, as
1119 well as programs in the Provisional or Continuing Accreditation process that are scheduled
1120 for a site visit evaluation within 12 months. The CoARC's website notice will include at
1121 least: the name of the sponsor and program; the academic year in which the site visit
1122 evaluation is scheduled; and the address to which comments and information related to
1123 such programs should be sent. The CoARC welcomes comments regarding such
1124 programs, but the comments must be submitted at least six weeks prior to the visit: contact
1125 the CoARC office for exact visit dates. Comments received after this deadline will not be
1126 reviewed.
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1128 The CoARC may also invite comments through other means, such as letters or
1129 announcements to specific groups, including federal or state agencies and regional or
1130 national accrediting organizations.
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1132 1.122 Review and Response 1133

1134 The CoARC Executive Office will review all third-party comments received prior to the
1135 deadline (as specified in 1.121) and forward to the program those comments that pertain
1136 to the Accreditation *Standards* or Policies. Comments that may be defamatory, in restraint
1137 of trade, or address matters not pertaining to the accreditation or application status of the
1138 program will not be shared with the program or the program's CoARC Referee.
1139

1140 Because third-party comments may provide information or evidence regarding a
1141 program's ability to meet the Accreditation Policies/*Standards*, the sponsor will be afforded
1142 the opportunity to respond. Accordingly, submission of a comment grants permission for
1143 the comment to be shared with the program.
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1145 The program will be required to respond, prior to the site visit, to those comments the
1146 CoARC has determined to be pertinent to the Standards/Policies.
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1.13 Teach-Out Plans and Agreements

1149 The CoARC requires the submission and subsequent CoARC approval of a completed
1150 Programmatic Teach-out Plan Form (available at www.coarc.com) or a Teach-Out Agreement
1151 (with required attachments) from any program in jeopardy of losing accreditation or when a
1152 sponsor voluntarily requests inactive status or withdraws accreditation. Such a plan must detail
1153 how the sponsor will ensure that those students still enrolled in the plan on the date of withdrawal
1154 of accreditation will be afforded the opportunity to complete their training. If the program fails to
1155 submit this documentation in a timely fashion, the CoARC will notify both the administration of the
1156 program's sponsor and the sponsor's institutional accreditor.
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- 1160 1.131. The CoARC requires a sponsor to complete a teach-out plan when:
- 1161 a. a program or program option is placed on probation, requests inactive status or
1162 voluntarily withdraws;
 - 1163 b. the sponsor receives notice that its license or legal authorization to operate will be
1164 or has been revoked;
 - 1165 c. the CoARC takes action to withhold or withdraw the accreditation of a program or
1166 program option;
 - 1167 d. the sponsor receives notice from its institutional accreditor that an action has been
1168 initiated to suspend, revoke, or terminate the sponsor's accreditation status;
 - 1169 e. the sponsor receives notice from the U.S. Department of Education that an action
1170 has been initiated to limit, suspend, or terminate a sponsor's participation in any Title
1171 IV program under the Higher Education Act and that a Teach-Out Plan is required
1172 pursuant to federal regulations;
 - 1173 f. the sponsor receives notice from the U.S. Department of Education that an
1174 emergency action has been initiated, or
 - 1175 g. the CoARC otherwise determines that the submission of a Teach-Out Plan is
1176 appropriate.
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1178 1.132 If the sponsor chooses not to execute its own teach-out plan, it must enter into an
1179 agreement with a CoARC-accredited program (Continuing Accreditation status only) that
1180 will permit students to complete their education in that program (Teach-out Agreement).
1181 A copy of the agreement and a completed Teach-Out Agreement Form (available at
1182 www.coarc.com) must be provided to the CoARC for approval prior to its implementation.
1183

1184 1.133 Enrolled students who complete the program under a CoARC-approved teach-out
1185 agreement are considered graduates of a CoARC-accredited program. Students taught
1186 out by an institution that does not hold CoARC accreditation will not be considered
1187 graduates of a CoARC-accredited program.
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1189 1.134 The CoARC will not consider a re-application for accreditation from a sponsor (educational
1190 institution or consortium) that failed to execute an approved teach-out plan or agreement
1191 or failed to submit all required documentation in a timely fashion.
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1.14 Conflict between Standards and State or Local Laws

1194 If, during the process of accreditation, a conflict exists between the CoARC Standards and state
1195 or local laws governing either the respiratory care program or the sponsor, the state or local laws
1196 will usually take precedence over the CoARC Standards. When such a conflict is identified, the
1197 sponsor must provide appropriate documentation of the conflict. If, in the judgment of the CoARC,
1198 the applicable state or local law(s) constrain(s) the ability of the sponsor to offer a program which
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1201 can prepare graduates to attain the RRT credential and achieve future employment, the CoARC
1202 reserves the right to require the program to comply with the Standard(s).

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1205 **1.15** CoARC conducts its business in English. This includes, but is not limited to, meetings, workshops,
1206 trainings, and site visit evaluations.

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1208 During a site visit evaluation, a program under review for accreditation must, at its own expense,
1209 provide professional translation services, if necessary, as all interactions and interviews between
1210 the CoARC evaluation team and program constituents are conducted in English.

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1212 All materials, reports, third-party comments, complaints, and other documents that are submitted
1213 to CoARC must be presented in English. This includes, but is not limited to, correspondence with
1214 the CoARC staff, the self-study document and any appendices, the program's response to the
1215 team report, and materials/resources that are provided for review.

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SECTION 2.0: INITIATION AND REAFFIRMATION OF ACCREDITATION

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1220 **2.01 Description**

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1222 This section describes the process sponsors must use to initiate accreditation review for proposed
1223 programs, as well as those to be used for reaffirming accreditation once Continuing Accreditation
1224 has been conferred. Subsection [2.02](#) describes the processes for initiating and reaffirming
1225 accreditation for a base program, Subsection [2.03](#) for an additional degree track program option,
1226 Subsection [2.04](#) for a sleep disorders specialist program option, Subsection [2.05](#) for a satellite
1227 program option, and Subsection [2.06](#) for transitioning an accredited program option to a new base
1228 program.

1229
1230 All accreditation reviews require the submission of an *Accreditation Services Application*,
1231 completion and submission of the applicable self-study report, payment of appropriate fees, and
1232 the scheduling of a site visit evaluation, as required.

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1234 No students shall be admitted into an Entry into Respiratory Care Professional Practice (Entry
1235 program, a program option, or an Advanced Practice Respiratory Therapist (APRT) program until
1236 it receives Provisional Accreditation. Students matriculated in a Degree Advancement (DA)
1237 program that graduate on or after the conferral date of Provisional Accreditation will be considered
1238 graduates of a CoARC accredited program. Entry programs with Provisional Accreditation status
1239 may admit no more than two (2) cohorts per calendar year. The maximum number of students
1240 per cohort and number of cohorts admitted annually cannot be increased until Continuing
1241 Accreditation is conferred. Following conferral of Continuing Accreditation, should the sponsor
1242 wish to increase the maximum number of students, it must follow the procedures delineated in
1243 Section 9 of this Policy Manual.

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1246 **2.02 Initiation and Reaffirmation of Accreditation – Base Program**

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1248 The CoARC defines a base program as the primary, degree-granting respiratory care program
1249 established by the sponsor. A sponsor's base program can be either an Entry into Respiratory
1250 Care Professional Practice (Entry) or a Degree Advancement Program (DA); or (3) Advanced
1251 Practice Respiratory Care Program (APRT).

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1253 Sponsors can offer only one base program. The sponsor of a base program without any pending
1254 progress reports can expand its offerings by adding one or more of the following program options:

1255 (1) additional degree track(s); (2) sleep disorders specialist; and (3) satellite. Only base programs
1256 can offer a program option.

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1258 2.021 Letter of Intent (LOI) Application- Base Program
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1260 To initiate the accreditation process, an LOI Application – Base Program (available at
1261 www.coarc.com), signed by the Chief Executive Officer (CEO) of the sponsor and the
1262 academic administrator (e.g. Dean) who will be directly overseeing the proposed program,
1263 along with applicable, non-refundable fees (see Fee Schedule at www.coarc.com), must
1264 be sent to the CoARC. If the sponsor is a consortium, the application must be signed by
1265 the Chief Executive Officers of all consortium members. If the required additional
1266 documentation (described in the LOI – Base Application) is not received by the Executive
1267 Office within twelve (12) months following receipt by the CoARC of the LOI-Base
1268 Application, the application will be rejected, and the application fee forfeited. Should the
1269 sponsor decide to reinstate the process, a new application and fee will be required.

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1271 2.022 Approval of Intent (AOI) – Base Program

1272 The Executive Office will conduct an administrative review of submitted materials and may
1273 request that the sponsor provide additional information. When it has been determined that
1274 the application is complete (LOI-Base Application and all other requested documentation,
1275 applicable fee) the Executive Office will forward to the assigned Referee copies of all
1276 pertinent documentation. Following review of this documentation, the Referee will submit a
1277 recommendation for action at the next scheduled CoARC meeting. The CoARC will either
1278 grant, defer (see Policy 1.059), or deny the AOI. The sponsor will be notified of the CoARC's
1279 decision following the meeting. If the decision is to deny the AOI, the CoARC will include in
1280 its correspondence to the sponsor the rationale for its decision and the
1281 documentation/evidence required from the sponsor to receive an AOI. Once the AOI has
1282 been granted, the program will be assigned a unique program identification number by the
1283 CoARC Executive Office.

1284 The conferral of an AOI does not authorize the sponsor of an Entry into Respiratory Care
1285 Professional Practice (Entry) program to admit students, nor does it guarantee conferral of
1286 Provisional Accreditation.

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1289 2.023 Provisional Accreditation Comprehensive Review – Base Program

1290 Provisional Accreditation Self-Study Report (PSSR-Base)

1291 Following the AOI, the CoARC Executive Office will direct the Program Director to a PSSR-
1292 Base template. The completed PSSR-Base (instructions in the self-study document) must
1293 be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation
1294 Services Application* and the PSSR-Base Fee, within six (6) months of receiving the AOI (see
1295 Policy [1.11](#) Submission Deadlines). Programs that do not submit a completed PSSR-Base
1296 by the deadline will be placed on the next scheduled Board meeting for action. The Board
1297 may defer action as per Policy 1.059 or confer Withhold of Provisional Accreditation if the
1298 PSSR-Base has not been submitted or remains incomplete. A PSSR-Base submitted prior
1299 to the AOI will not be reviewed until AOI is granted.

1300 A. Appointment of Key Personnel and Program Advisory Committee

1301 As soon as possible following an AOI, the sponsor must employ the Program Director
1302 and appoint an advisory committee. Copies of signed letter of agreement/faculty
1303 contract with PD must be included with the PSSR-Base.

1304 1. Appointment of Permanent or Transitional Program Director

1305 A permanent or transitional Program Director (*see applicable Standards*) should
1306 be appointed as early as possible to help the sponsor's application process meet
1307 established timelines. However, the appointment must occur within sixty (60)
1308 days of the date of conferral of the AOI. The Program Director will be the primary
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contact between the CoARC and the program and is responsible for preparing and submitting the PSSR-Base.

2. Appointment of Permanent or Transitional Director of Clinical Education and Permanent Medical Director/Advisor

A permanent or transitional Director of Clinical Education (*see applicable Standards*) and Medical Director/Advisor (if applicable) should be appointed as early as possible to help the sponsor's application process meet established timelines. However, their appointment must begin no later than the proposed start date of the first class. Copies of signed letters of agreement/faculty contracts with Key Personnel must be included with the PSSR-Base.

3. Appointment of Program Advisory Committee

Representatives from all communities of interest listed in the applicable *Standard* (except students and graduates) along with the Study Group members (or a representative from his or her respective employer), as stated in the LOI-Base application, must be appointed to the program's Advisory Committee. The Advisory Committee must meet prior to the admission of the program's first class and document its validation of the program's proposed goal(s) in the minutes of this meeting.

B. Review of PSSR-Base

1. Following administrative review, a copy of the PSSR-Base and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the PSSR-Base is acceptable.

C. Provisional Site Visit and Subsequent CoARC Action

1. When the Referee deems that the PSSR-Base is acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon notification by the CoARC that the PSSR-Base is acceptable, the program's sponsor is prohibited from submitting documentation (ex., new clinical affirmation forms or off-campus laboratory site forms) not requested by the CoARC Executive Office, Program Referee, or site-visit team. Documentation submitted by the program's sponsor that is not requested will be reviewed as a substantive change following conferral of Provisional Accreditation.
3. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a comprehensive Site Visit, which must occur within six (6) months following Referee approval of the PSSR-Base. If a site visit is not completed within this period of time, such failure may result in a Deferral (see 1.059) or Withhold of Provisional Accreditation.
 - a. The Program Director must be in attendance and available to the site visit review team throughout the visit. If the start date of the DCE's employment (see #2 above) occurs prior to the visit, the DCE must also be in attendance throughout the visit. If the start date will occur after the visit, the DCE must be available by phone (or other means) at a time to be determined by the site visitors. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director/Advisor must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The

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Program Director will be responsible for assisting the team captain with arranging the conference call.

- c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus laboratory sites must be available eight (8) weeks prior to the date of the site visit.
 - e. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
- 4. The site visit review team will submit a written report to the Executive Office after completion of the site visit.
 - 5. Following the review of the site visit evaluation report, the Referee will recommend to the Commission at its next scheduled meeting to either defer (see 1.059) or confer or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy [1.06](#). A conferral of Provisional Accreditation gives the sponsor of an Entry into Respiratory Care Professional Practice (Entry) program the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of Provisional Accreditation. Students matriculated in a Degree Advancement (DA) program that graduate on or after the conferral date of Provisional Accreditation will be considered graduates of a CoARC-accredited program.
 - 6. Following the conferral of Provisional Accreditation, programs are responsible for all programmatic reporting and disclosure requirements (Policy 11.0) and are subject to ongoing review as described in CoARC Policy [3.0](#).

2.024 Continuing Accreditation Comprehensive Review – Initial Affirmation of Base Programs*

*The process outlined in this subsection applies to base programs on Provisional Accreditation undergoing their first comprehensive review after reporting three (3) years of outcomes on their Report of Current Status (RCS). Subsequent comprehensive reviews will follow Policy 2.026.

- A. Continuing Accreditation Self-Study Report (CSSR-Base)
 - 1. Within the six (6) month period following the deadline date for submission of the first Annual RCS with three (3) years of program outcomes, the CoARC Executive Office will direct the Program Director to a CSSR-Base template (www.coarc.com). The completed CSSR-Base (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-Base Fee (see Policy [1.11](#) Submission Deadlines) within six (6) months of receipt of the template. Failure to do so will result in a Deferral (see 1.059) or Withhold of Continuing Accreditation.
- B. Review of CSSR-Base
 - 1. Following administrative review, a copy of the CSSR-Base and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-Base is acceptable.
- C. Comprehensive Continuing Site Visit and Subsequent CoARC Action
 - 1. When the Referee deems the CSSR-Base to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.

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2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a comprehensive Site Visit, which must occur within six (6) months following Referee approval of the CSSR-Base. If a site visit is not completed within this period of time, such failure may result in a Deferral (see 1.059) or Withhold of Continuing Accreditation.
 - a. The Program Director and Director of Clinical Education must be in attendance during the site visit. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director/Advisor must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.
 - c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. First- and second-year students at all locations of instruction must also be available to meet with the site visit team.
 - e. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus laboratory sites must be available eight (8) weeks prior to the date of the site visit.)
 - f. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
3. The site visit review team will submit a written report to the Executive Office after completion of the site visit.
4. Following review of the site visit evaluation report and accreditation record, the Referee will recommend to the CoARC, at its next scheduled meeting, to either defer (see 1.059), or confer or withhold Continuing Accreditation. A CoARC decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy [1.06](#).
5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the approximate reaffirmation date.

2.025 Continuing Accreditation Comprehensive Review – Reaffirmation of Base Programs

- A. Continuing Accreditation Self-Study Report (CSSR-Base)
 1. Approximately two (2) calendar years prior to the reaffirmation date for Continuing Accreditation, the CoARC Executive Office will notify the Program Director of the deadline date and direct him/her to a CSSR-Base template (See www.coarc.com). The completed CSSR-Base (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-Base Fee, within six (6) months of the CoARC notification (see Policy [1.11](#) Submission Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.
- B. Review of CSSR-Base
 1. Following administrative review, a copy of the CSSR-Base and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with

1476 the Program Director, as necessary, until s/he determines the CSSR-Base is
1477 acceptable.
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1479 C. Comprehensive Continuing Site Visit and Subsequent CoARC Action

- 1480 1. When the Referee deems the CSSR-Base to be acceptable, s/he will authorize the
1481 Executive Office to notify the program's sponsor to submit a Site Visit Request
1482 Form.
- 1483 2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a
1484 comprehensive site visit, which must occur within six (6) months following Referee
1485 approval of the CSSR-Base. If a site visit is not completed within this period of
1486 time, such failure may result in a Withdraw of Continuing Accreditation.
 - 1487 a. The Program Director and Director of Clinical Education must be in attendance
1488 during the site visit. If either of the Key Personnel is unable to meet the above
1489 requirements due to unanticipated circumstances, the site visit may be
1490 rescheduled at a later date at the discretion of the CoARC Executive Office and
1491 the Referee. Should it be determined, in spite of such absence/unavailability,
1492 that the site visit should proceed, the team will complete as much of the
1493 evaluation as possible during the visit. Should it be deemed necessary by the
1494 Executive Office/Referee, a focused site visit will then be rescheduled at a later
1495 date.
 - 1496 b. The Medical Director/Advisor must also be available for either a face-to-face
1497 visit or by conference call. This call may occur either prior to or during the visit
1498 and should include both the site visit team captain and the team member. The
1499 Program Director will be responsible for assisting the team captain with
1500 arranging the conference call.
 - 1501 c. At least one representative from the sponsor's administration is also required
1502 to be available during the site visit review.
 - 1503 d. First- and second-year students at all locations of instruction must also be
1504 available to meet with the site visit team.
 - 1505 e. The List of Evidence for the site visit team must be available six (6) weeks prior
1506 to the date of the scheduled site visit. (If applicable, videos of all off-campus
1507 laboratory sites must be available eight (8) weeks prior to the date of the site
1508 visit.)
 - 1509 f. The site visit team must be able to tour fully equipped laboratories, classrooms,
1510 and office areas during the site visit.
- 1511 3. The site visit review team will submit a written report to the Executive Office after
1512 completion of the site visit.
- 1513 4. Following review of the site visit evaluation report and accreditation record, the
1514 Referee will recommend to the CoARC, at its next scheduled meeting, to either
1515 confer (reaffirm) or withdraw Continuing Accreditation. A CoARC decision to
1516 withdraw Continuing Accreditation is subject to reconsideration and appeal as
1517 described in Policy [1.06](#).
- 1518 5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily
1519 or involuntarily). The CoARC program action letter conferring Continuing
1520 Accreditation will also state the next approximate reaffirmation date.
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1523 **2.03 Initiation and Reaffirmation of Accreditation - Additional Degree Track (ADT) Program**
1524 **Option**
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1526 The CoARC defines an additional degree track (ADT) program option as a respiratory care
1527 program offered concomitantly with the base program. The sponsor of a base program without
1528 any pending progress reports can expand its offerings by adding one or more of the following
1529 additional degree tracks: (1) Entry into Respiratory Care Professional Practice (Entry) at the
1530 baccalaureate level or higher; (2) Degree Advancement Program (DA); (3) Advanced Practice
1531

1531 Respiratory Therapist (APRT). Sponsors cannot offer a program option independent of a base
1532 program.
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1534 2.031 Letter of Intent (LOI) Application- ADT Program Option

1535 To initiate the accreditation process, an LOI Application – ADT Program (available at
1536 www.coarc.com), signed by both the administrator (e.g., Dean) who will be directly
1537 overseeing the proposed program and the Program Director, along with the appropriate
1538 non-refundable fee (see Fee Schedule at www.coarc.com), must be sent to the CoARC.
1539 If all additional required documentation described in the LOI-ADT application is not
1540 received by the Executive Office within twelve (12) months of the CoARC's receipt of the
1541 LOI-ADT application, the application will be rejected, and the application fee will be
1542 forfeited. Should the sponsor decide to reinstate the process, a new application and fee
1543 will be required. A separate LOI-ADT application and a separate fee must be submitted
1544 for each additional proposed ADT program.
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1546 2.032 Approval of Intent (AOI) – ADT Program Option
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1548 The Executive Office will conduct an administrative review of submitted materials and may
1549 request that the sponsor provide additional information for clarification. When the application
1550 process is complete, the Executive Office will forward to the assigned Referee copies of
1551 all pertinent documentation. Following review of this documentation, the Referee will
1552 submit a recommendation to the Commission for action at the next scheduled CoARC
1553 Board meeting. The sponsor will be notified of the CoARC's decision to grant or deny the
1554 AOI following the meeting. If the decision is to deny the AOI, the CoARC will include in its
1555 correspondence to the sponsor the rationale for its decision and the
1556 documentation/evidence required from the sponsor to receive an AOI.
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1558 Upon receipt of an AOI, the program will be assigned a unique program identification
1559 number by the CoARC Executive Office. The conferral of an AOI does not authorize the
1560 sponsor of an ADT program option to admit students nor does it guarantee conferral of
1561 Provisional Accreditation. AOI programs must submit a complete Provisional Self Study
1562 Report – ADT Program Option (PSSR-ADT) (see www.coarc.com) within six (6) months
1563 of receiving the AOI. Failure to do so will require reapplication for accreditation following the
1564 process outlined in Section 2.031.
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1566 2.033 Appointment of Permanent Full-time Program Director

1567 If a separate Program Director for the ADT Option is deemed necessary, the sponsor must
1568 appoint one (see applicable *Standards*). To help the sponsor's application meet established
1569 timelines, the appointment should occur as early as possible, but it must occur prior to the
1570 effective date of the AOI for the accreditation process to continue.
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1572 2.034 Provisional Accreditation Streamlined Review – ADT Program Option

1573 A. Provisional Accreditation Self-Study Report (PSSR-ADT)

- 1574 1. Following the AOI, the CoARC Executive Office will provide the Program Director
1575 with access to a PSSR-ADT template (see www.coarc.com). The completed
1576 PSSR-ADT (instructions in the self-study document), along with a completed
1577 *CoARC Accreditation Services Application* and the PSSR-ADT Fee, must be sent
1578 to the CoARC Executive Office within six (6) months of receiving the AOI (see
1579 Policy 1.11 Submission Deadlines). Failure to do so will result in a Deferral (see
1580 1.059) or Withhold of Provisional Accreditation. A PSSR-ADT submitted prior to
1581 the AOI will not be reviewed until AOI is granted.
- 1582 2. If the remaining Key Personnel (Director of Clinical Education [if applicable],
1583 Medical Director/Advisor) for the ADT will be different than for the base program,
1584 the sponsor must arrange for their employment in accordance with applicable

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Standards. Copies of signed letters of agreement/faculty contracts, as applicable, must be included with the PSSR-ADT. The employment of the DCE and the appointment of the Medical Advisor or Director must begin no later than the starting date of the first class.

3. Representatives of all communities of interest listed in the applicable *Standard* (except students and graduates) along with the Study Group members (or a representative from his or her respective employer) as stated in LOI-ADT application, must be appointed to the program's Advisory Committee (AC). These individuals need not be different than those of the AC of the base program, provided that all requirements of the applicable *Standard* are met. The AC must meet prior to the admission of the program's first class and must document its validation of the program's proposed goal(s) in the meeting minutes.

B. Review of PSSR-ADT

1. Following administrative review, a copy of the PSSR-ADT and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the PSSR-ADT is acceptable.

C. Provisional Site Visit and Subsequent CoARC Action

1. When the Referee deems that the PSSR-ADT is acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon notification by the CoARC that the PSSR-Base is acceptable, the program's sponsor is prohibited from submitting documentation (ex., new clinical affirmation forms or off-campus laboratory site forms) not requested by the CoARC Executive Office, Program Referee, or site-visit team. Documentation submitted by the program's sponsor that is not requested will be reviewed as a substantive change following conferral of Provisional Accreditation.
3. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined site visit, to occur within six (6) months following Referee approval of the PSSR-ADT. If a site visit is not completed within this period of time, such failure may result in a Deferral (see 1.059) or Withhold of Provisional Accreditation.
 - a. The Program Director must be in attendance and available to the site visit review team throughout the visit. If the start date of the DCE's employment (see #2 above) [if applicable] occurs prior to the visit, the DCE must also be in attendance throughout the visit. If the start date will occur after the visit, the DCE must be available by phone (or other means) at a time to be determined by the site visitors. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director/Advisor [if applicable] must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.
 - c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus

- laboratory sites must be available eight (8) weeks prior to the date of the site visit.
- e. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
4. The site visit review team will submit a written report to the Executive Office after the completion of the site visit.
5. Following review of the site visit evaluation report, the Referee will recommend to the CoARC Board, at its next scheduled meeting, to either defer (see 1.059), or confer or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy 1.06. A conferral of Provisional Accreditation gives the sponsor of an ADT program option the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of Provisional Accreditation. Students matriculated in a Degree Advancement (DA) program who graduate on or after the conferral date of Provisional Accreditation will be considered graduates of a CoARC-accredited program.
6. Following the conferral of Provisional Accreditation, programs are responsible for all reporting and disclosure requirements and are subject to ongoing review as described in CoARC Policy 3.0.

2.035 Continuing Accreditation Streamlined Review – Initial Affirmation of ADT Program Options*

*The process outlined in this subsection applies to ADT programs on Provisional Accreditation undergoing their first streamlined review after reporting three (3) years of outcomes on their Annual Report of Current Status (RCS). Subsequent streamlined reviews will follow Policy 2.036.

- A. Continuing Accreditation Self-Study Report (CSSR-ADT)
1. Within the six (6) month period following the deadline date of the first Annual RCS showing three (3) years of outcomes, the CoARC Executive Office will provide the Program Director with access to a CSSR-ADT template (www.coarc.com). The completed CSSR-ADT (instructions in the self-study document), along with a completed *CoARC Accreditation Services Application* and the CSSR-ADT Fee, must be sent to the CoARC Executive Office within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Deferral (see 1.059) or Withhold of Continuing Accreditation.
 2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and ADT program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-ADT template.
- B. Review of CSSR-ADT
1. Following administrative review, a copy of the CSSR-ADT and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-ADT is acceptable.
- C. Streamlined Continuing Site Visit and Subsequent CoARC Action
1. When the Referee deems the CSSR-ADT to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
 2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined site visit to occur within six (6) months following Referee approval of

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the CSSR-ADT. If a site visit is not completed within this period of time, such failure may result in a Deferral (see 1.059) or Withhold of Continuing Accreditation.

- a. The Program Director and Director of Clinical Education must be in attendance during the site visit. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director/Advisor must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.
 - c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. First- and second-year students at all locations of instruction must also be available to meet with the site visit team.
 - e. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus laboratory sites must be available eight (8) weeks prior to the date of the site visit.)
 - f. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
3. The site visit review team will submit a written report to the Executive Office after the completion of the site visit.
 4. Following the review of the site visit evaluation report and accreditation record, the Referee will recommend to the CoARC Board, at its next scheduled meeting, to either defer (see 1.059), or confer or withhold Continuing Accreditation. A CoARC decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
 5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the approximate reaffirmation date.

2.036 Continuing Accreditation Streamlined Review – Reaffirmation of ADT Program Options

A. Continuing Accreditation Self-Study Report (CSSR-ADT)

1. Approximately two (2) calendar years prior to the reaffirmation date for Continuing Accreditation, the CoARC Executive Office will notify the Program Director of the deadline date and direct him/her to a CSSR-ADT template (see www.coarc.com). The completed CSSR-ADT (instructions in the self-study document), along with a completed *CoARC Accreditation Services Application* and the CSSR-ADT Fee, must be sent to the CoARC Executive Office within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.
2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and the ADT program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-ADT template.

B. Review of CSSR-ADT

- 1750 1. Following administrative review, a copy of the CSSR-ADT and any other pertinent
1751 information will be sent to the Referee, who will review the information and evaluate
1752 the program's compliance with the *Standards*. The Referee will communicate with
1753 the Program Director, as necessary, until s/he determines the CSSR-ADT is
1754 acceptable.

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1756 C. Streamlined Continuing Site Visit and Subsequent CoARC Action

- 1757 1. When the Referee deems the CSSR-ADT to be acceptable, s/he will authorize the
1758 Executive Office to notify the program's sponsor to submit a Site Visit Request
1759 Form.
- 1760 2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a
1761 streamlined site visit to occur within six (6) months following Referee approval of
1762 the CSSR-ADT. If a site visit is not completed within this period of time, such failure
1763 may result in a Withdraw of Continuing Accreditation.
- 1764 a. The Program Director and Director of Clinical Education must be in attendance
1765 during the site visit. If either of the Key Personnel is unable to meet the above
1766 requirements due to unanticipated circumstances, the site visit may be
1767 rescheduled at a later date at the discretion of the CoARC Executive Office and
1768 the Referee. Should it be determined, in spite of such absence/unavailability,
1769 that the site visit should proceed, the team will complete as much of the
1770 evaluation as possible during the visit. Should it be deemed necessary by the
1771 Executive Office/Referee, a focused site visit will then be rescheduled at a later
1772 date.
- 1773 b. The Medical Director/Advisor must also be available for either a face-to-face
1774 visit or by conference call. This call may occur either prior to or during the visit
1775 and should include both the site visit team captain and the team member. The
1776 Program Director will be responsible for assisting the team captain with
1777 arranging the conference call.
- 1778 c. At least one representative from the sponsor's administration is also required
1779 to be available during the site visit review.
- 1780 d. First- and second-year students at all locations of instruction must also be
1781 available to meet with the site visit team.
- 1782 e. The List of Evidence for the site visit team must be available six (6) weeks prior
1783 to the date of the scheduled site visit. (If applicable, videos of all off-campus
1784 laboratory sites must be available eight (8) weeks prior to the date of the site
1785 visit.)
- 1786 f. The site visit team must be able to tour fully equipped laboratories, classrooms,
1787 and office areas during the site visit
- 1788 3. The site visit review team will submit a written report to the Executive Office after
1789 the completion of the site visit.
- 1790 4. Following review of the site visit evaluation report and accreditation record, the
1791 Referee will recommend to the CoARC Board, at its next scheduled meeting, to
1792 either confer (reaffirm) or withdraw Continuing Accreditation. A CoARC decision
1793 to withdraw Continuing Accreditation is subject to reconsideration and appeal as
1794 described in Policy 1.06.
- 1795 5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily
1796 or involuntarily). The CoARC program action letter conferring Continuing
1797 Accreditation will also state the next approximate reaffirmation date.

1800 **2.04 Initiation and Reaffirmation of Accreditation - Sleep Disorders Specialist (SDS) Program**
1801 **Option**

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1803 The CoARC defines a sleep disorders specialist (SDS) program as a certificate program, offered
1804 concomitantly with the Respiratory Care base program, that prepares respiratory therapy
1805 graduates with the additional competencies of polysomnography practice as performed by sleep

1806 disorder specialists. The sponsor of a base program without pending progress reports can
1807 expand its offerings by adding an SDS program. Eligibility for the Board of Registered
1808 Polysomnographic Technologists (BRPT) Registered Polysomnographic Technologist (RPSGT)
1809 Credentialing Exam, and the National Board for Respiratory Care (NBRC) Sleep Disorders
1810 Specialist (SDS) Exam is restricted to graduates of CoARC accredited SDS programs who are
1811 also graduates of a CoARC accredited respiratory care program. SDS program options function
1812 under the direction of the Key Personnel of the base program.

1813 2.041 Letter of Intent (LOI) Application- SDS Program Option

1814 To initiate the accreditation process, a Letter of Intent Application – SDS Program
1815 (available at www.coarc.com), signed by both the administrator (e.g., Dean) who will be
1816 directly overseeing the program and the Program Director, along with the non-refundable
1817 fee (See Fee Schedule www.coarc.com), must be sent to the CoARC Executive Office. If
1818 the required additional documentation described in the LOI-SDS application is not
1819 received by the Executive Office within twelve (12) months following CoARC's receipt of
1820 the LOI-SDS application, the application will be rejected, and the application fee will be
1821 forfeited. Should the sponsor decide to reinstate the process, a new application and fee
1822 will be required.

1824 2.042 Approval of Intent (AOI) – SDS Program Option

1825 The Executive Office will conduct an administrative review of submitted materials and may
1826 request that the sponsor provide additional information for clarification. When the application
1827 process is complete, the Executive Office will forward to the assigned Referee copies of all
1828 pertinent documentation. Following the review of this documentation, the Referee will submit
1829 a recommendation to the Commission for action at the next scheduled CoARC Board
1830 meeting. The CoARC Board will either grant or deny the AOI. The sponsor will be notified
1831 of the CoARC's decision following the meeting. If the decision is to deny the AOI, the CoARC
1832 will include in its correspondence to the sponsor the rationale for its decision, and the
1833 documentation/evidence required from the sponsor to receive an AOI. Upon receipt of an
1834 AOI, the program will be assigned a unique program identification number by the CoARC
1835 Executive Office.

1837 The conferral of an AOI does not allow the program to admit students nor does it guarantee
1838 conferral of Provisional Accreditation. AOI programs must submit a Provisional Self Study
1839 Report – SDS Program Option (PSSR-SDS) within six (6) months of receiving the AOI.
1840 Failure to do so will require reapplication for accreditation following the process outlined in
1841 Section 2.041.

1843 2.043 Appointment of Permanent Full-time Program Director

1844 The Program Director of the base program retains his/her roles and responsibilities for the
1845 SDS program option as per the applicable *Standards*.

1847 2.044 Provisional Accreditation Streamlined Review – SDS Program

1848 A. Provisional Accreditation Self-Study Report (PSSR-SDS)

- 1849 1. Following Commission approval of the AOI, the CoARC Executive Office will
1850 provide the Program Director with a PSSR-SDS template. The completed PSSR-
1851 SDS (instructions in the self-study document) must be sent to the CoARC Executive
1852 Office, along with a completed *CoARC Accreditation Services Application* and the
1853 PSSR-SDS Fee, within six (6) months of receiving the AOI (see Policy [1.11](#)
1854 Submission Deadlines). Failure to submit the PSSR-SDS, *CoARC Accreditation*
1855 *Services Application*, and appropriate fees within this time limit will result in either
1856 a Deferral (see 1.059) or Withhold of Provisional Accreditation. A PSSR-SDS
1857 submitted prior to the AOI will not be reviewed until AOI is granted.

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2. The Director of Clinical Education of the base program retains his/her roles and responsibilities for the SDS program option as per the applicable *Standards*.
 3. The sponsor must arrange for employment of a Primary Instructor for the SDS program, and for the services of a Co-Medical Director, if needed, in accordance with applicable *Standards*. Copies of signed letters of agreements/faculty contracts with Key Personnel must be included with the PSSR-SDS. The employment of the Primary SDS Instructor and the appointment of the Co-Medical Director must begin no later than the starting date of the first class.
 4. Representatives of all communities of interest listed in the applicable *Standard* (except students and graduates), as well as each Study Group member (or a representative from his or her respective employer) as stated in LOI-SDS application, must be appointed to the program's Advisory Committee (AC). These individuals need not be different from those on the AC of the base program provided that all requirements of the applicable *Standard* are met. The Advisory Committee must validate the program's proposed goal(s) and must document such approval in its meeting minutes.

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B. Review of PSSR-SDS

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1. Following administrative review, a copy of the PSSR-SDS and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the applicable *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the PSSR-SDS is acceptable.

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C. Provisional Site Visit and Subsequent CoARC Action

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1. When the Referee deems the PSSR-SDS to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
 2. Upon notification by the CoARC that the PSSR-Base is acceptable, the program's sponsor is prohibited from submitting documentation (ex., new clinical affirmation forms or off-campus laboratory site forms) not requested by the CoARC Executive Office, Program Referee, or site-visit team. Documentation submitted by the program's sponsor that is not requested will be reviewed as a substantive change following conferral of Provisional Accreditation
 3. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined site visit, which must occur within six (6) months following Referee approval of the PSSR-SDS. Failure to complete a site visit within this period of time may result in either a Deferral (see 1.059) or Withhold of Provisional Accreditation.
 - a. The Program Director must be in attendance and available to the site visit review team throughout the visit. If the start date of the DCE's and Primary Instructor's employment (see #2 above) occurs prior to the visit, the DCE and Primary Instructor must also be in attendance throughout the visit. If their start dates will occur after the visit, the DCE and Primary Instructor must be available by phone (or other means) at a time to be determined by the site visitors. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/ unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/ Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.

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- c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus laboratory sites must be available eight (8) weeks prior to the date of the site visit.)
 - e. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
- 4. The site visit review team will submit a written report to the Executive Office after completion of the site visit.
 - 5. Following review of the site visit evaluation, the Referee will recommend to the CoARC Board, at its next scheduled meeting, to either defer (see 1.059), or confer or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy 1.06. A conferral of Provisional Accreditation gives the program the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of Provisional Accreditation.
 - 6. Following the conferral of Provisional Accreditation, programs are responsible for all reporting and disclosure requirements and are subject to ongoing review as described in CoARC Policy 3.0.

2.045 Continuing Accreditation Streamlined Review – Initial Affirmation of SDS Program Options*

*The process outlined in this section will occur for SDS programs on Provisional Accreditation undergoing their first streamlined review after obtaining three (3) years of outcomes. Subsequent streamlined reviews will follow Policy 2.046.

- A. Continuing Accreditation Self-Study Report (CSSR-SDS)
 - 1. No later than six (6) months following the deadline date for submission of the first Annual Report of Current Status (RCS) showing three (3) reporting years of outcomes, the CoARC Executive Office will provide the Program Director with a CSSR-SDS template. The completed CSSR-SDS (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-SDS Fee within six (6) months of the CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in either a Deferral (see 1.059) or Withhold of Continuing Accreditation.
 - 2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and SDS program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-SDS template.
- B. Review of CSSR-SDS
 - 1. Following administrative review, a copy of the CSSR-SDS and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the applicable *Standards*. The Referee will communicate with the Program Director, as necessary until s/he determines the CSSR-SDS is acceptable.
- C. Streamlined Continuing Site Visit and Subsequent CoARC Action
 - 1. When the Referee deems the CSSR-SDS to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
 - 2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined site visit, which must occur within six (6) months following Referee

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approval of the CSSR-SDS. Failure to complete a site visit within this period of time may result in a Deferral (see 1.059) or Withhold of Continuing Accreditation.

- a. The Program Director and Director of Clinical Education must be in attendance during the site visit. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director/Advisor must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.
 - c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. First- and second-year students at all locations of instruction must also be available to meet with the site visit team.
 - e. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus laboratory sites must be available eight (8) weeks prior to the date of the site visit.)
 - f. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
3. The site visit review team will submit a written report to the Executive Office after the completion of the site visit.
 4. Following the review of the site visit evaluation report and accreditation record, the Referee will recommend to the Commission, at its next scheduled meeting, to either defer (see 1.059), or confer or withhold Continuing Accreditation. A CoARC Board decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy [1.06](#).
 5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the approximate reaffirmation date.

2.046 Continuing Accreditation Streamlined Review – Reaffirmation of SDS Program Options

A. Continuing Accreditation Self-Study Report (CSSR-SDS)

1. Approximately two (2) calendar years prior to the reaffirmation date for Continuing Accreditation, the CoARC Executive Office will provide the Program Director with a CSSR-SDS template. The completed CSSR-SDS (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-SDS Fee, within six (6) months of the CoARC notification (see Policy [1.11](#) Submission Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.
2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and SDS program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-SDS template.

B. Review of CSSR-SDS

1. Following administrative review, a copy of the CSSR-SDS and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the applicable *Standards*. The Referee will

2026 communicate with the Program Director, as necessary until s/he determines the
2027 CSSR-SDS is acceptable.
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2029 C. Streamlined Continuing Site Visit and Subsequent CoARC Action

- 2030 1. When the Referee deems the CSSR-SDS to be acceptable, s/he will authorize the
2031 Executive Office to notify the program's sponsor to submit a Site Visit Request
2032 Form.
2033 2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a
2034 streamlined site visit, which must occur within six (6) months following Referee
2035 approval of the CSSR-SDS. Failure to complete a site visit within this period of time
2036 may result in a Withdrawal of Continuing Accreditation.
2037 a. The Program Director and Director of Clinical Education must be in attendance
2038 during the site visit. If either of the Key Personnel is unable to meet the above
2039 requirements due to unanticipated circumstances, the site visit may be
2040 rescheduled at a later date at the discretion of the CoARC Executive Office and
2041 the Referee. Should it be determined, in spite of such absence/unavailability,
2042 that the site visit should proceed, the team will complete as much of the
2043 evaluation as possible during the visit. Should it be deemed necessary by the
2044 Executive Office/Referee, a focused site visit will then be rescheduled at a later
2045 date.
2046 b. The Medical Director/Advisor must also be available for either a face-to-face
2047 visit or by conference call. This call may occur either prior to or during the visit
2048 and should include both the site visit team captain and the team member. The
2049 Program Director will be responsible for assisting the team captain with
2050 arranging the conference call.
2051 c. At least one representative from the sponsor's administration is also required
2052 to be available during the site visit review.
2053 d. First- and second-year students at all locations of instruction must also be
2054 available to meet with the site visit team.
2055 e. The List of Evidence for the site visit team must be available six (6) weeks prior
2056 to the date of the scheduled site visit. (If applicable, videos of all off-campus
2057 laboratory sites must be available eight (8) weeks prior to the date of the site
2058 visit.)
2059 f. The site visit team must be able to tour fully equipped laboratories, classrooms,
2060 and office areas during the site visit.
2061 3. The site visit review team will submit a written report to the Executive Office after
2062 the completion of the site visit.
2063 4. Following the review of the site visit evaluation report and accreditation record, the
2064 Referee will recommend to the Commission at its next scheduled meeting to either
2065 confer (reaffirm) or withdraw Continuing Accreditation. A CoARC Board decision
2066 to withdraw Continuing Accreditation is subject to reconsideration and appeal as
2067 described in Policy [1.06](#).
2068 5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily
2069 or involuntarily). The CoARC program action letter conferring Continuing
2070 Accreditation will also state the next approximate reaffirmation date.
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2073 **2.05 Initiation and Reaffirmation of Accreditation - Satellite Program Option**
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2075 The CoARC defines a Satellite Program as an extension of the base program at a geographically
2076 separate location from the base program but within the 50 U.S. States and its Territories, at which
2077 all Respiratory Care core didactic and laboratory courses of the program are offered. This definition
2078 does not pertain to sites used by a completely online/distance education program for individual
2079 students or to base program students attending one or more classes via distance learning
2080 technologies. The satellite's location must be advertised or otherwise made known to prospective

2081 students. Satellite program options function under the direction of the Key Personnel of the base
2082 program, along with a site coordinator at the satellite location. A satellite campus must:

- 2083 1. be permanent in nature;
- 2084 2. be under the governance and lines of authority of the base program's sponsor;
- 2085 3. offer the same required curriculum as the base program;
- 2086 4. have a dedicated budget;
- 2087 5. have a satellite coordinator employed by the base program's sponsor;
- 2088 6. ensure that students are not required to physically attend the base program's campus for
2089 any required course; and
- 2090 7. not exceed the maximum aggregate enrollment as specified in this Policy (2.05).

2091
2092 The sponsor of a base program without pending progress reports can expand its offerings by
2093 adding a maximum of two (2) satellite program options. Graduates of the Satellite Program Option
2094 must be awarded the same degree as graduates of the base program. Aggregate enrollment at
2095 each satellite location cannot exceed thirty (30) students. Aggregate enrollment is defined as the
2096 total number of students matriculated in the program satellite at any point in time.

2097
2098 CoARC requires that each program location, irrespective of its designation or location (main
2099 campus, branch campus, satellite, or otherwise), must have a separate program number.
2100 Accordingly, each location will have its own accreditation status.

2101
2102 CoARC requires that each base program and satellite program, whether such program is located
2103 on a satellite, branch, or main campus of the sponsoring institution, have a separate program
2104 number.

2105
2106 CoARC does not recognize branch or satellite campuses as falling under the accreditation award
2107 of the base campus of the sponsoring institution. CoARC requires that each program location,
2108 whether designated as a branch campus or otherwise, have a separate accreditation status.

2109 2.051 Letter of Intent (LOI) Application- Satellite Program Option

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2111 To initiate the accreditation process, a Letter of Intent Application – Satellite Program
2112 (available at www.coarc.com), signed by both the administrator (e.g., Dean) who will be
2113 directly overseeing the program and the Program Director, along with the non-refundable
2114 fee (See Fee Schedule www.coarc.com) must be sent to the CoARC Executive Office. If
2115 the additional required documentation (as described in the LOI- Satellite application) is not
2116 received by the Executive Office within twelve (12) months following submission of the
2117 LOI- Satellite application, the application will be rejected, and the application fee forfeited.
2118 Should the sponsor decide to reinstate the process, a new application and fee will be
2119 required.

2120 2.052 Approval of Intent (AOI) – Satellite Program Option

2121
2122 The Executive Office will conduct an administrative review of submitted materials and may
2123 request the sponsor to provide additional information for clarification. When this process is
2124 complete, the Executive Office will forward to the assigned Referee copies of all pertinent
2125 documentation. Following the review of this documentation, the Referee will submit a
2126 recommendation to the Board for action at the next scheduled CoARC Board meeting. The
2127 sponsor will be notified of the CoARC's decision following the meeting. If the decision is to
2128 deny the AOI, the CoARC will include in its correspondence to the sponsor the rationale for
2129 its decision, and the documentation/evidence required from the sponsor to receive an AOI.

2130
2131 Upon receiving an AOI, the program satellite option will be assigned a unique program
2132 identification number by the CoARC Executive Office. The conferral of an AOI does not allow
2133 the program to admit students to the satellite option, nor does it guarantee the conferral of
2134 Provisional Accreditation. AOI programs must submit a Provisional Self Study Report –
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2137 Satellite Program Option (PSSR- Satellite) within six (6) months of receiving the AOI. If
2138 the program fails to do so it will be required to reapply for accreditation of the satellite option
2139 following the process outlined in Section 2.051.
2140

2141 2.053 Appointment of Permanent Full-time Program Director
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2143 The Program Director of the base program assumes his/her roles and responsibilities for the
2144 Satellite program option as per the applicable *Standards*.
2145

2146 2.054 Provisional Accreditation Streamlined Review – Satellite Program Option

2147 A. Provisional Accreditation Self-Study Report (PSSR- Satellite)

- 2148 1. Following the AOI, the CoARC Executive Office will provide the Program Director
2149 with a PSSR- Satellite template. The completed PSSR- Satellite (instructions in
2150 the self-study document) must be sent to the CoARC Executive Office, along with
2151 a completed *CoARC Accreditation Services Application* and the PSSR- Satellite
2152 Fee, within six (6) months of receipt of the AOI (see Policy 1.11 Submission
2153 Deadlines). Failure to do so will result in a Deferral (see 1.059) or Withhold of
2154 Provisional Accreditation. A PSSR- Satellite submitted prior to the AOI will not be
2155 reviewed until AOI is granted.
- 2156 2. The Director of Clinical Education of the base program assumes these roles and
2157 responsibilities for the Satellite program option as per the applicable *Standards*.
- 2158 3. The sponsor must assign a faculty member who is a Registered Respiratory
2159 Therapist to be the Site Coordinator at each satellite location. The sponsor must
2160 also arrange for the services of a Co-Medical Director, if needed, in accordance
2161 with applicable *Standards*. Copies of signed letters of agreements/faculty contracts
2162 with Key Personnel must be included with the PSSR- Satellite. The assignment of
2163 the Site Coordinator(s) and the appointment of the Co-Medical Director(s) must
2164 begin no later than the starting date of the first class.
- 2165 4. Representatives of all communities of interest listed in the applicable *Standard*
2166 (except students and graduates) along with each Study Group member (or a
2167 representative from his or her respective employer) as stated in the LOI-Satellite
2168 application must be appointed to the program's Advisory Committee (AC). These
2169 individuals need not be different from those on the AC of the base program provided
2170 that all requirements of the applicable *Standard* are met. The AC must validate the
2171 program's proposed goal(s) prior to admission of the program's first class and must
2172 document such approval in the minutes of this meeting.
2173

2174 B. Review of PSSR- Satellite

- 2175 1. Following administrative review, a copy of the PSSR-Satellite and any other
2176 pertinent information will be sent to the Referee, who will review the information
2177 and evaluate the program's compliance with the *Standards*. The Referee will
2178 communicate with the Program Director, as necessary, until s/he determines the
2179 PSSR- Satellite is acceptable.
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2181 C. Provisional Site Visit and Subsequent CoARC Action

- 2182 1. When the Referee deems the PSSR- Satellite to be acceptable, s/he will authorize
2183 the Executive Office to notify the program's sponsor to submit a Site Visit
2184 Request Form.
- 2185 2. Upon notification by the CoARC that the PSSR-Base is acceptable, the program's
2186 sponsor is prohibited from submitting documentation (ex., new clinical affirmation
2187 forms or off-campus laboratory site forms) not requested by the CoARC Executive
2188 Office, Program Referee, or site-visit team. Documentation submitted by the
2189 program's sponsor that is not requested will be reviewed as a substantive change
2190 following conferral of Provisional Accreditation
- 2191 3. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a
2192 streamlined site visit, which must occur within six (6) months following Referee

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approval of the PSSR- Satellite. Failure to complete a site visit within this period of time may result in a Deferral (see 1.059) or Withhold of Provisional Accreditation.

- a. The Program Director must be in attendance and available to the site visit review team throughout the visit. If the start date of the DCE's and Satellite Coordinator's employment (see #2 above) occurs prior to the visit, the DCE and Satellite Coordinator must also be in attendance throughout the visit. If their start dates will occur after the visit, the DCE and Satellite Coordinator must be available by phone (or other means) at a time to be determined by the site visitors. If the Key Personnel are unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.
 - c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus laboratory sites must be available eight (8) weeks prior to the date of the site visit.)
 - e. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
4. The site visit review team will submit a written report to the Executive Office after the completion of the site visit.
 5. Following review of the site visit evaluation report and accreditation record, the Referee will recommend to the Commission, at its next scheduled meeting, to either defer, confer, or withhold Provisional Accreditation. A CoARC decision to withhold Provisional Accreditation is subject to reconsideration and appeal as described in Policy 1.06. A conferral of Provisional Accreditation gives the program the authority to enroll its first class, which must occur within two (2) years of the date on which the program is notified of the conferral of Provisional Accreditation.
 6. Following the conferral of Provisional Accreditation, programs are subject to ongoing review and are responsible for all reporting and disclosure requirements as described in CoARC Policy 3.0.

2.055 Continuing Accreditation Streamlined Review – Initial Affirmation of Satellite Program Options*

*The process outlined in this section will occur for Satellite programs on Provisional Accreditation undergoing their first review after reporting three (3) years of outcomes in the Annual Report of Current Status (RCS). Subsequent streamlined reviews will follow Policy 2.056.

A. Continuing Accreditation Self Study Report (CSSR-Satellite)

1. No later than six (6) months following the deadline date for submission of the first Annual RCS showing three (3) reporting years of outcomes, the CoARC Executive Office will provide the Program Director with a CSSR-Satellite template. The completed CSSR-Satellite (instructions in the self-study document) must be sent to the CoARC Executive Office, along with a completed *CoARC Accreditation Services Application* and the CSSR-Satellite fee within six (6) months of the

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CoARC notification (see Policy 1.11 Submission Deadlines). Failure to do so will result in a Deferral (see 1,059) or Withhold of Continuing Accreditation.

2. Depending on the reaffirmation date of the base program, the CoARC Executive Office may offer the sponsor the opportunity to request a combined review of both the base program and the Satellite program option. If a combined review is possible, the CoARC Executive Office will notify the sponsor in conjunction with providing the CSSR-Satellite template.

B. Review of CSSR-Satellite

1. Following administrative review, a copy of the CSSR-Satellite and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*. The Referee will communicate with the Program Director, as necessary, until s/he determines the CSSR-Satellite is acceptable.

C. Streamlined Continuing Site Visit and Subsequent CoARC Action

1. When the Referee deems the CSSR-Satellite to be acceptable, s/he will authorize the Executive Office to notify the program's sponsor to submit a Site Visit Request Form.
2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a streamlined site visit, which must occur within six (6) months following Referee approval of the CSSR- Satellite. Failure to complete a site visit within this period of time may result in a Deferral (see 1,059) or Withhold of Continuing Accreditation.
 - a. The Program Director and Director of Clinical Education must be in attendance during the site visit. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
 - b. The Medical Director/Advisor must also be available for either a face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for assisting the team captain with arranging the conference call.
 - c. At least one representative from the sponsor's administration is also required to be available during the site visit review.
 - d. First- and second-year students at all locations of instruction must also be available to meet with the site visit team.
 - e. The List of Evidence for the site visit team must be available six (6) weeks prior to the date of the scheduled site visit. (If applicable, videos of all off-campus laboratory sites must be available eight (8) weeks prior to the date of the site visit.)
 - f. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
3. The site visit review team will submit a written report to the Executive Office after completion of the site visit.
4. Following the review of the site visit evaluation report and accreditation record, the Referee will recommend to the Commission at its next scheduled meeting to either defer (see 1.059), confer, or withhold Continuing Accreditation. A CoARC Board decision to withhold Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.

- 2302 5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily
2303 or involuntarily). The CoARC program action letter conferring Continuing
2304 Accreditation will also state the approximate reaffirmation date.
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2.056 Continuing Accreditation Streamlined Review – Reaffirmation of Satellite Program Options

2307 A. Continuing Accreditation Self Study Report (CSSR-Satellite)

- 2308 1. Approximately two (2) calendar years prior to the reaffirmation of Continuing
2309 Accreditation, the CoARC Executive Office will provide the Program Director with a
2310 CSSR-Satellite template. The completed CSSR-Satellite (instructions in the self-
2311 study document) must be sent to the CoARC Executive Office, along with a
2312 completed *CoARC Accreditation Services Application* and the CSSR-Satellite Fee,
2313 within six (6) months following the CoARC notification (see Policy 1.11 Submission
2314 Deadlines). Failure to do so will result in a Withdrawal of Continuing Accreditation.
2315 2. Depending on the reaffirmation date of the base program, the CoARC Executive
2316 Office may offer the sponsor the opportunity to request a combined review of
2317 both the base program and the Satellite program option. If a combined review is
2318 possible, the CoARC Executive Office will notify the sponsor in conjunction with
2319 providing the CSSR-Satellite template.
2320

2321 B. Review of CSSR-Satellite

- 2322 1. Following administrative review, a copy of the CSSR-Satellite and any other
2323 pertinent information will be sent to the Referee, who will review the information
2324 and evaluate the program's compliance with the *Standards*. The Referee will
2325 communicate with the Program Director, as necessary, until s/he determines the
2326 CSSR-Satellite is acceptable.
2327

2328 C. Streamlined Continuing Site Visit and Subsequent CoARC Action

- 2329 1. When the Referee deems the CSSR-Satellite to be acceptable, s/he will authorize
2330 the Executive Office to notify the program's sponsor to submit a Site Visit Request
2331 Form.
2332 2. Upon receipt of the Site Visit Request Form, the Executive Office will schedule a
2333 streamlined site visit, which must occur within six (6) months following Referee
2334 approval of the CSSR- Satellite. Failure to complete a site visit within this period
2335 of time may result in a Withdrawal of Continuing Accreditation.
2336 a. The Program Director and Director of Clinical Education must be in attendance
2337 during the site visit. If either of the Key Personnel is unable to meet the above
2338 requirements due to unanticipated circumstances, the site visit may be
2339 rescheduled at a later date at the discretion of the CoARC Executive Office and
2340 the Referee. Should it be determined, in spite of such absence/unavailability,
2341 that the site visit should proceed, the team will complete as much of the
2342 evaluation as possible during the visit. Should it be deemed necessary by the
2343 Executive Office/Referee, a focused site visit will then be rescheduled at a later
2344 date.
2345 b. The Medical Director/Advisor must also be available for either a face-to-face
2346 visit or by conference call. This call may occur either prior to or during the visit
2347 and should include both the site visit team captain and the team member. The
2348 Program Director will be responsible for assisting the team captain with
2349 arranging the conference call.
2350 c. At least one representative from the sponsor's administration is also required
2351 to be available during the site visit review.
2352 d. First- and second-year students at all locations of instruction must also be
2353 available to meet with the site visit team.
2354 e. The List of Evidence for the site visit team must be available six (6) weeks prior
2355 to the date of the scheduled site visit. (If applicable, videos of all off-campus
2356 laboratory sites must be available eight (8) weeks prior to the date of the site
2357 visit.)

- f. The site visit team must be able to tour fully equipped laboratories, classrooms, and office areas during the site visit.
- 3. The site visit review team will submit a written report to the Executive Office after completion of the site visit.
- 4. Following the review of the site visit evaluation report and accreditation record, the Referee will recommend to the Commission at its next scheduled meeting to either confer (reaffirm) or withdraw Continuing Accreditation. A CoARC Board decision to withdraw Continuing Accreditation is subject to reconsideration and appeal as described in Policy 1.06.
- 5. Continuing Accreditation remains valid until accreditation is withdrawn (voluntarily or involuntarily). The CoARC program action letter conferring Continuing Accreditation will also state the next approximate reaffirmation date.

2.06 Transition of a Program Option to a New Base Program or a Base Program to a Program Option

Only sponsors of a program option that holds Continuing Accreditation and has no pending progress reports may request to transition that program option to a new base program.

Only sponsors of a base program that holds Continuing Accreditation and has no pending progress reports may request that the base program transition to a satellite or ADT program option under another CoARC-accredited base program.

~~Only sponsors of a program with an ADT or Satellite program option holding Continuing Accreditation without pending progress reports can request transition of its program option to a new base program.~~

2.061 To initiate a transition request, the sponsor of the base program/program option must notify the CoARC Executive Office in writing to ascertain eligibility to transition. If the CoARC Executive Office confirms such eligibility, the sponsor will be instructed to submit the following:

- a) a letter (signed by the current sponsor's CEO or President) affirming its intent to transition and the proposed effective date.
- b) an Application for Substantive Change
- c) an Application for Accreditation Services
- d) a Transfer of Sponsorship Request Form

2.062 The CoARC Executive Office and an assigned Referee will review the request to ensure that compliance with the Standards and Policies will not be adversely affected by implementation of the transition.

2.063 Following a review of materials submitted to the Executive Office and an assigned Referee, the CoARC Board will:

- 1. Approve the transition and maintain continuing accreditation status of the program; or
- 2. Approve the transition and confer provisional accreditation status of the program; or
- 3. Deny the transition.

CoARC may request a new Self-Study Report with a site visit review prior to its final decision.

~~2.061 To initiate a transition request, the sponsor of the program option must notify the CoARC Executive Office in writing to ascertain eligibility to transition. If the CoARC Executive Office confirms such eligibility, the sponsor will be instructed to follow the procedures for initiating a base program as specified in CoARC Policy 2.02.~~

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~~2.062 Once Provisional Accreditation is granted for the new base program, the accreditation of the program option will be withdrawn, and all students currently matriculated in the program option must be transferred into the new base program.~~

SECTION 3.0: ONGOING REVIEW

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3.01 Ongoing Review

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- 3.011 "Ongoing review" means that all programs and program options are reviewed annually by means of their Annual Report of Current Status (RCS), due July 1st of each year, and such other reporting requirements as the CoARC may establish. The CoARC reserves the right to consider other factors besides the RCS in making its accreditation decisions and may, at its discretion, request a Self-Study, other data and/or perform a site visit.
- 3.012 The CoARC has established minimum performance criteria (thresholds) for each of the outcomes assessments (See www.coarc.com). If a program doesn't meet all the outcomes assessment thresholds, as documented in the RCS, it will be required to begin a dialogue with the CoARC.
- 3.013 Periodically, the CoARC may verify data/documentation related to outcomes and resource assessment through an audit, which would include, but is not limited to, administration of a confidential CoARC survey and/or a focused site visit.
- 3.014 Each program and program option with full Continuing Accreditation status must undergo a comprehensive evaluation (i.e., a Continuing Accreditation Self Study and Site Visit Review) at least every ten (10) years. Two (2) years prior to the reaffirmation date, the program will receive notification to prepare a Continuing Accreditation Self-Study Report (CSSR), which must be completed and submitted to the Executive Office within six (6) months. A completed *CoARC Accreditation Services Application* and CSSR Fee must be included with the CSSR. Failure to do so, or failure to comply with any other aspect of these Accreditation Policies, will result in Administrative Probation and may lead to Withdrawal of Accreditation.
- 3.015 A program option with a CoARC ID number separate from the base program is treated as a separate entity for accreditation decisions by the CoARC. An adverse accreditation decision for a program option will not necessarily affect the accreditation status of the base program. However, a conferral of Probationary Accreditation or Withdrawal of Accreditation on the base program will trigger an automatic conferral of the same accreditation status on all program options.

SECTION 4.0: ACCREDITATION REMEDIATION

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4.01 Remediate Deficiencies

The CoARC stands ready to help programs identify deficiencies and assist in developing and implementing action plans to remediate these deficiencies. Effective and appropriate remediation will enable the program to achieve outcome thresholds and meet the *Standards*. The CoARC may change a program's accreditation status based on the program's ability to remediate deficiencies in a timely manner.

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2466 Review of the compliance of programs and program options with the *Standards* will occur annually
2467 using their Reports of Current Status (RCS). In addition, programs and program options with sub-
2468 threshold results will be required to engage in an accreditation dialogue which may include
2469 progress report(s), resource assessment, and/or site visit evaluation. The specific process and
2470 the deadline for submission of these documents will be communicated to the program by the
2471 CoARC Executive Office.
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2474 **4.02 Remediation may include:**

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2476 A. Annual Report of Current Status (RCS) with Analyses and Action Plans
2477 The RCS presents the program's outcomes in relation to the thresholds over a three-year time
2478 period. Any program not meeting all the thresholds in the RCS must document a detailed
2479 analysis of each deficiency and provide a specific action plan to address that deficiency in the
2480 corresponding text boxes.
2481

2482 B. Progress Report
2483 When a program fails to meet any of the *Standards*, the CoARC issues a citation that requires
2484 it to submit a progress report. A Standardized Progress Report (responses to a series of
2485 questions developed by the CoARC) may be requested by the CoARC for a variety of
2486 deficiencies, including sub-threshold outcomes (for retention, job placement, credentialing
2487 success, etc. (www.coarc.com)). The decision to request a progress report is made by the
2488 Program Referee, [RCS-PR Committee](#), or CoARC Board after a review of the documents
2489 associated with the accreditation review process. The progress report must be submitted
2490 within the specified time period. The progress report will constitute the basis for further action
2491 by the CoARC. If the progress report demonstrates that the program is now in compliance
2492 with all the CoARC Standards, the citation will be rescinded. If the progress report does not
2493 demonstrate compliance with the *Standards* or isn't submitted within the time frame specified
2494 on the citation, the CoARC may either: (1) request an additional progress report; or (2) confer
2495 a Probationary Accreditation status.
2496

2497 C. Focused Site Visit Review
2498 When a program has not made timely and/or sufficient progress in addressing citation(s) or if
2499 an RCS shows substantial sub-threshold performance, the CoARC may conduct a site visit
2500 review focusing on those deficiencies.
2501

2502 D. Comprehensive Review
2503 For programs with substantial or multiple failure(s) to meet the *Standards* and/or outcome
2504 thresholds, the CoARC may conduct a comprehensive review prior to the ten (10) year
2505 reaffirmation date.
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2508 **4.03 Submission of Necessary Documentation**

2509 To ensure that the CoARC has adequate time to review and validate submitted information, all
2510 requested documentation described in the Program Action Letter must be submitted to the
2511 Executive Office by the due date specified in the Letter requesting such documentation (see
2512 Policy [1.11](#)).
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2514 Failure to submit necessary information within the time frame established by the Executive Office
2515 will result in administrative probation.
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2518 **4.04 Correspondence to Programs**

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2521 General correspondence from the Executive Office/Referee will be directed to the Program
2522 Director or the author of an inquiry. When appropriate, the response to an inquiry will be directed
2523 to the Chief Executive Officer. By CoARC Board action or Executive Committee directive, the
2524 CoARC may address correspondence to specific individuals.
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SECTION 5.0: SITE VISITS

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2529 Please refer to the Site Visitor Manual (www.coarc.com).
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SECTION 6.0: PERSONNEL

6.01 Key Personnel

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2534 6.011 Key Personnel are the Program Director, the Director of Clinical Education, and the
2535 Medical Director. Programs with satellite location(s) and ADT location(s) geographically
2536 separate from the base program must assign a faculty member who is a Registered
2537 Respiratory Therapist to be the site coordinator at each location. This coordinator is
2538 considered Key Personnel. For Satellite and SDS Program Options, the Satellite
2539 Coordinator and Primary Sleep Instructor are considered key personnel.
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2543 A. A Program Director, Director of Clinical Education, or Medical Director may hold the
2544 same key personnel role for a base program and its ADT program option(s) only if the
2545 ADT option is not geographically separate. They shall not concurrently serve as a
2546 Satellite Coordinator, ADT Coordinator for a geographically separate ADT program, or
2547 Primary Sleep Instructor for their own Satellite or SDS program option(s). In addition,
2548 an individual shall not serve in a key personnel role for more than one CoARC-
2549 accredited base program at the same time. A Program Director, Director of Clinical
2550 Education, and Medical Director can hold their respective key personnel position for
2551 their base program and ADT program option(s) only. They cannot serve concurrently
2552 as Satellite Coordinator or Primary Sleep Instructor in their own Satellite or SDS
2553 Program Option(s). They also cannot serve concurrently in a key personnel position
2554 for more than one CoARC accredited base program.
2555

2556 B. Absences and Vacancies of Key Personnel:

- 2557 1. Definition of an absence: the permanent employee holding the position is on
2558 approved leave (e.g., sabbatical, illness).
- 2559 2. Definition of a vacancy: the permanent loss of an individual in a key personnel
2560 position, such as a resignation or a situation in which the Program Director or
2561 Director of Clinical Education has accepted or assumed the duties of another
2562 full-time position at the educational institution or consortium.
- 2563 3. The Executive Office must be notified of the absence or vacancy as soon as
2564 possible, but in no event later than fifteen (15) calendar days following the
2565 effective date of the absence or vacancy.
- 2566 4. Key Personnel absences (e.g., family or medical leave) must be filled within
2567 ninety (90) calendar days following the effective date of the absence. Key
2568 Personnel vacancies must be filled within sixty (60) calendar days following the
2569 effective date of the vacancy. Accredited programs may use temporary, acting,
2570 transitional, or permanent personnel for absences and temporary, transitional, or
2571 permanent personnel for vacancies.
 - 2572 a. For the purposes of this section, the individual responsible for the sleep
2573 disorders specialist program option in programs offering that option shall be
2574 considered a 'key person.'

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5. Regardless of the type(s) of replacement personnel the program utilizes, a permanent replacement must be appointed within two (2) years of the effective date of the initial absence/vacancy.

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C. Temporary Replacement:

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1. For vacancies or absences of key personnel, a temporary replacement may be named to fulfill all the duties and responsibilities of the position being replaced as outlined in the applicable *Standards*.
 2. Temporary personnel must possess a current license and a valid registered respiratory therapist (RRT) credential.
 3. Temporary personnel may not meet all the other qualifications required by the *Standards*.
 4. Temporary personnel must fulfill all the duties and responsibilities of the vacated position. A full-time appointment is recommended but not required.
 5. Programs may have a key personnel position filled on a "Temporary" basis for a maximum of seven (7) months. This seven (7) month period begins from the date of the vacancy and cannot be extended. An individual occupying the temporary position can only be replaced by someone who meets all of the *Standards* qualifications for the vacated position.

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D. Acting Replacement:

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1. "Acting" means that the replacement's qualifications meet the *Standards*, but the individual is filling in for the person permanently appointed to that key personnel position.
 2. Programs may have a key personnel position absence filled on an "Acting" basis for up to six (6) months. This six (6) month period begins when the absence commences.
 - a. If the absence of the permanent key person is going to exceed six (6) months, the program must request prior approval from the Executive Office for an additional six (6) months.
 - b. If the absence of the permanent key person is going to exceed twelve (12) months, the program must request prior approval from the Executive Office for consideration. However, in no event may a key personnel position be held by an acting replacement for more than eighteen (18) months.
 3. The Executive Office must confer with the President of the CoARC prior to approving any extension beyond the initial six (6) month period.

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E. Transitional Replacement

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1. For vacancies or absences of key personnel, a transitional replacement may be named to fulfill all the duties and responsibilities of the position being replaced as outlined in the applicable *Standards*.
 2. Transitional personnel must meet all the qualifications required by the *Standards*, except for the academic degree.
 3. Transitional personnel must be enrolled in a degree program, successful completion of which will result in their meeting the academic degree requirements for the Program Director or Director of Clinical Education.
 4. Transitional personnel must fulfill all the duties and responsibilities of the vacated position. A full-time appointment is required.
 5. Programs may have a key personnel position filled on a "Transitional" basis for a maximum of two (2) years. This two (2) year period begins from the date of the initial appointment and cannot be extended. An individual occupying the transitional position can only be replaced by someone who meets all of the *Standards* qualifications for the vacated position.

2629 Failure of the program to meet any of the above notification requirements (6.011) will
2630 result in Administrative Probation. In addition, the deficiency will be brought before
2631 the CoARC Board and may result in an adverse accreditation decision.

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2633 F. Programs with an Approval of Intent must appoint only permanent or transitional key
2634 personnel.

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2636 6.012 Replacement Notification:

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2638 A. When there is a change in key personnel (Medical Director, Program Director, Director
2639 of Clinical Education, or Primary Polysomnography Instructor), permanent, temporary,
2640 or acting, the following information relating to the replacement must be forwarded to
2641 the Executive Office no later than fifteen (15) calendar days following the effective date
2642 of replacement.

- 2643 1. New Program Director, Director of Clinical Education, and Primary
2644 Polysomnography Instructor:
2645 a. Copy of the institution's *Letter of Appointment*, signed by both the
2646 President/CEO and the appointee, describing the position being offered,
2647 effective (start) date, and guarantee of a full-time faculty appointment (or
2648 part-time appointment if a Temporary Replacement);
2649 b. Copy of the individual's college transcript (baccalaureate degree or higher
2650 for permanent or acting PD and DCE; associates degree or higher for
2651 Primary Polysomnography Instructor or Temporary Replacement); and
2652 c. Current CV.
2653 2. Medical Director:
2654 a. Copy of letter of acceptance and
2655 b. Copy of current CV.

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2657 B. Failure of the program to meet any of the above notification requirements (6.012) will
2658 result in Administrative Probation. Failure to fill a vacancy in a timely manner, as
2659 defined in this section, will result in an adverse accreditation decision after the
2660 deficiency is identified.

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2662 6.013 Documentation on Key Personnel:
2663 (For definition of 'key personnel', see Section 2.0 of the *Standards*).

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2665 All programs are required to have on site the most recent letter of appointment, letter of
2666 agreement, memorandum of agreement, or other such documentation describing the
2667 relationship between the sponsor and each of the key program personnel. Such
2668 documents must be signed by both parties, thus confirming offer and acceptance of the
2669 appropriate position.

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SECTION 7.0: CLINICAL AFFILIATES

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2674 **7.01** Educational programs in Respiratory Care must establish and maintain written affiliation
2675 agreements with all clinical sites. These agreements must delineate the relationship, role, and
2676 responsibilities of both parties, and address the conditions for renewal/cancellation. They must
2677 be signed by both parties and periodically reviewed to ensure that they are compatible with current
2678 practices. All clinical affiliation agreements must be available for inspection by site visitors during
2679 site visit evaluations.

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2682 **7.02** The program must list its current clinical affiliates each year in the Annual Report of Current Status
2683 (RCS).

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7.03 Programs and program options are prohibited from using clinical affiliates outside the U.S. and its territories.

SECTION 8.0: FISCAL

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8.01 The current [Fee Schedule](#) is available on the CoARC website. Programs will be notified of changes in fees a minimum of twelve (12) months before implementation. All fees are non-refundable.

8.02 A fee (see www.coarc.com) will be charged for new programs at the time of the submission of the Letter of Intent Application (See [Section 2.0](#)). This fee will also be due when a program requests the Executive Office to establish a program option.

8.03 There will be an evaluation fee (See www.coarc.com) due with each Self-Study Report based on the date the report is due, not the date the report is received.

8.04 There will be an annual fee set by the CoARC for accreditation services (see www.coarc.com), including charges for any program options. Separate fees are billed for each program offering with its own CoARC ID number. Annual fees for the first year will be prorated based on the month following the meeting where Provisional Accreditation is conferred.

8.041 As per Policy 2.05, each satellite program option shall not exceed an aggregate enrollment of thirty (30) students. Based on the review of the annual RCS, sponsors of satellite program options that have exceeded this maximum aggregate enrollment (over-enrollment) will have one year to reduce total enrollment to the allowed maximum. If this does not occur, the program will be billed for the satellite option(s) at the same rate as the base program until enrollment is reduced to the maximum level or the satellite transitions to a base program. Should over-enrollment occur more than once, the program will be placed on Administrative Probation.

8.05 Payment of accreditation fees and other charges must be made within a reasonable period of time as determined by the CoARC.

8.051 Invoices are emailed well in advance of 30 days and are due 30 days net. Included will be a notification stating that if the invoice is not paid by 30 days, the program will be placed on Administrative Probation. Once all fees and/or penalties have been submitted, the Administrative Probation status will be removed.

8.052 A program that has not paid the original invoice by the due date will be assessed an additional 20% of the original invoice amount as a late fee and will be notified by email, return receipt requested, that the program has been placed on Administrative Probation.

8.06 Failure to pay Letter of Intent Application fees will result in the application being rejected (see Policy 2.02). Failure to pay Application for Accreditation Services/Self Study fees will result in conferral of Administrative Probation (see Policy 1.055).

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SECTION 9.0: REQUEST FOR SUBSTANTIVE CHANGES

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A substantive change is a programmatic change that the CoARC believes is significant enough to require the program to notify the CoARC of its occurrence. The sponsor must report substantive change(s) to the CoARC for approval prior to the intended date of implementation, with the exception of the unexpected absence/vacancy in a Key Personnel position (see Policy 6.01) or an adverse action by the program sponsor's institutional accrediting agency or a change in the sponsor's institutional accreditation status (see Policy [1.07](#)).

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The CoARC Executive Office is responsible for reviewing all substantive changes to determine whether or not the change has the potential to affect the quality of the program and to assure the public that all aspects of the program continue to meet the *Standards*. While the decision to implement a substantive change is an institutional prerogative and responsibility, the CoARC is obligated to assess the effect of any substantive change on the program's ability to meet the *Standards* and *Policies*.

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It is the responsibility of the sponsor to follow the CoARC's Substantive Change policies and procedures and to notify the CoARC of such changes in accordance with those procedures. In general, a program considering a substantive change should notify the CoARC early in the process. Such notification will provide an opportunity for the program to consult with CoARC Executive Office staff regarding the potential effect of the change on its accreditation status and the procedures to be followed. If an accredited program is unclear as to whether a change is substantive in nature, it should contact the CoARC Executive Office.

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If a program fails to follow this substantive change policy and its procedures, the program may be subject to an adverse accreditation action.

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The information provided by the program must provide sufficient detail about the change so that the potential effect of the change on the accredited program can be assessed.

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The CoARC Executive Office will review the substantive change application to ensure that compliance with the *Standards* and *Policies* will not be adversely affected by the implementation of the change.

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After reviewing the application and accompanying documentation, the CoARC Executive Office will notify the program of:

1. Approval of the change with no further documentation required.
2. The need for additional information or clarification;
3. The need to assign a Referee to conduct a further review of the application;
4. A decision by the Referee to place the application on the agenda of the next scheduled meeting for the CoARC Board's consideration.

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If a Substantive Change Application is required or submitted while a program is undergoing an accreditation review, a final decision regarding the application will be made at the next scheduled CoARC Board meeting following the site visit.

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An Application for Substantive Change (available at www.coarc.com), along with a cover letter on institutional letterhead, must be sent to the Executive Office prior to implementing any of the substantive changes listed below. The cover letter should describe the nature of the change and the projected implementation date. In addition to the above, the sponsor must follow any additional procedures specified in the following list. Substantive Changes to be reported to the CoARC within the time limits prescribed include:

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- 9.01 Change in Institutional Accreditor/Ownership/Sponsorship/Legal status or Change in Control**
 (See Policy 1.08 and *Standards 1.01 and 1.02/DA1.1 and 1.2/A1 and A2*)

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9.02 Change in degree awarded

This includes a change in the degree awarded (e.g., AS to AAS or AS to BS) by the base program. The documentation submitted must include evidence that these changes and/or additions have been approved by the program's Advisory Committee, as well as an explanation of the new degree requirements. If the request is for a change in the degree awarded, there will be no change in the program number following CoARC approval of the upgrade.

9.03 Change in program optional goal(s)

This includes any change in the established mission or optional goals of the program. The documentation submitted must include evidence that these changes have been approved by the program's Advisory Committee.

9.04 Change in the curriculum or delivery method

Curricular revisions that require a significant change in the following:

- a. The number of clock or credit hours (change of 10% or more) required for successful completion of the program;
- b. The length of the program (change of at least one academic term);
- c. Introduction of distance learning technologies or other methodologies to deliver a substantial portion of the didactic professional coursework (25% or higher) clock or credit hours.

The documentation submitted must also include evidence that these changes have been approved by the program's Advisory Committee.

9.05 Request for Inactive Accreditation Status

(See Accreditation Policy [1.058](#))

9.06 Withdrawal of Accreditation – Voluntary

(See Accreditation Policy [1.056](#))

9.07 Key Personnel Vacancy/Replacement

(See Accreditation Policy [6.0](#))

9.08 Increase in Enrollment

- A. Maximum annual enrollments are established by the CoARC based on the institution's available resources, as stated in the accreditation application, and are noted in each program's Annual Report of Current Status. To permit flexibility, a program's annual enrollment may occasionally be exceeded by 5 students or 10% of the maximum enrollment, whichever is less. However, this increased number is not the program's new maximum annual enrollment.
- B. Programs desiring to increase the maximum annual enrollment stated in their Annual Report of Current Status must submit a Substantive Change request as described below. 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.

- 2850 C. Base programs and program options that were eligible to request an increase but have
 2851 exceeded maximum annual enrollment by more than the 5 students or 10% of the maximum
 2852 allowed for temporary increases noted above, or have increased maximum annual enrollment
 2853 without prior CoARC approval, will be placed on Administrative Probation until the CoARC
 2854 approves the appropriate documentation (see CoARC Policy [1.055](#)).
 2855
- 2856 D. Base programs and program options that have increased maximum annual enrollments in
 2857 spite of being ineligible to do so (#2 above) are in violation of CoARC Standard 1.07/DA1.6/C6
 2858 (Substantive Change) and CoARC Policy 9.10 (Increase in Enrollment Request). After having
 2859 determined that maximum enrollment has been exceeded, CoARC will notify such programs
 2860 in writing, informing them of the citation, the rationale for the citation, and the response
 2861 required to demonstrate compliance with the cited *Standards/Policies*. Programs will be
 2862 required to submit a progress report demonstrating that they have reduced enrollment to the
 2863 CoARC-approved maximum enrollment. Compliance will be determined by verifying
 2864 enrollment via the Annual RCS. Failure to reduce the enrollment to the CoARC-approved level
 2865 within the timeframe specified will result in an adverse accreditation action.
 2866
- 2867 E. In addition (#3 above), programs that increase enrollment without prior approval may also be
 2868 subject to a focused site visit to assess the program's ability to provide adequate resources
 2869 for the currently enrolled students. If the CoARC determines that the program does not have
 2870 the resources to support the increased enrollments, the program will be placed on
 2871 Probationary Accreditation and may be required to reduce subsequent admissions below the
 2872 maximum annual enrollment so that student enrollment matches program resources. The
 2873 reduced maximum enrollment will remain in place until the deficiencies have been corrected
 2874 and approved by the CoARC. Students who have already been enrolled in the program will
 2875 be allowed to continue (see definition [Programmatic Enrollment](#)).
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2878 **9.09 Change in Base Program Location/Change in or /Addition of On-Campus Laboratory**
 2879 **Site/Change in or Addition of Off-Campus Laboratory Site(s)**

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- 2881 B. Change in Base Program Location
 2882 When the program changes its base campus location and/or the location of its teaching
 2883 facilities (i.e., lab, classrooms, etc.).
 2884
- 2885 C. Change in or Addition of On-Campus Laboratory Site
 2886 [Only base programs and program options not on Probation or Administrative Probation are](#)
 2887 [eligible to add an On-Campus Laboratory Site, unless approved by the CoARC as part of a](#)
 2888 [remediation plan for a progress report.](#)
 2889
- 2890 D. Change in or Addition of Off-Campus Laboratory Site(s)
 2891 An off-campus laboratory site (OCLS) is any location physically apart from the base program
 2892 campus where the required laboratory instruction takes place. This does not include a
 2893 satellite campus as defined in CoARC Policy 2.05. [Only base programs and program options](#)
 2894 [not on Probation or Administrative Probation are eligible to add an OCLS.](#)
 2895 1. A clinical affiliate site at which *only* clinical instruction is delivered is *not* an OCLS.
 2896 2. [Each OCLS must have a designated OCLS Coordinator responsible for overseeing the](#)
 2897 [lab instruction at that site. This individual must sign the OCLS Affirmation form.](#) There is
 2898 no minimum number of students or minimum distance from the base program campus
 2899 necessary for a site to qualify as an OCLS. An OCLS typically does not have a full range
 2900 of administrative and student services staffed by the facility's personnel. Such services
 2901 may be provided from the base program campus.
 2902 3. All OCLS offerings must be approved by the CoARC. A site visit may be required prior to
 2903 final approval.
 2904 4. All OCLS offerings must be listed in the Annual RCS.

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5. Site names must be unique for an OCLS; the program sponsor cannot have multiple sites with identical names.
6. Site addresses must be unique for an OCLS; a program sponsor cannot have multiple sites with identical addresses.
7. A memorandum of Understanding (MOU) or agreement (separate from the clinical affiliate agreement) is required for each OCLS that describes who is responsible for laboratory instruction, equipment purchase maintenance, etc.).

SECTION 10.0: COMPLAINT PROCEDURE

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10.01 It is the policy of the CoARC to review all complaints against an accredited program received from any source, including students, (a) provided that the complainant identifies himself or herself by name and contact information and (b) provided further that the complaint is related to programmatic compliance with the CoARC's *Standards, Policies, and Procedures*. The CoARC will endeavor to resolve complaints in a fair and timely manner. Furthermore, it is the policy of the CoARC to retain all documentation associated with any complaint for a period of not less than one accreditation cycle (typically ten years). For those complaints not based on programmatic compliance with CoARC *Standards, Policies, or Procedures*, the retention will be for at least five (5) years.

10.02 The CoARC will not become involved unless the complaint meets the requirements in 10.01. The CoARC will not intervene on behalf of individuals or become involved on behalf of faculty members or students in matters of admission, grades, appointment, promotion, or dismissal. The CoARC cannot assume authority for enforcing the policies of programs or institutions regarding faculty, professional staff, or student rights. The CoARC's role is to ensure that institutional/program policies and procedures governing complaints are implemented fairly and as written or, if policies are not present, to require the program to develop and implement such policies and procedures.

Should a complainant invoke the aid of a court or other entity to adjudicate or mediate his/her allegation(s), the CoARC will await the outcome of these processes before determining whether to take action. If this process concludes that the program has acted appropriately, the CoARC will not second guess that judgment and will consider the complaint closed; no further action will be taken. If the process results in findings (a) that there have been violations of program, institutional, or CoARC policies or (b) that the program has engaged in conduct that would violate such policies, the CoARC will take these findings into account in its review of the complaint. Copies of the CoARC *Standards, Policies, and Procedures* may be obtained through the CoARC Web site (www.coarc.com) or by contacting the CoARC Executive Office.

10.03 Before submitting a complaint related to program compliance with CoARC *Standards, Policies, or Procedures*, the complainant should attempt to resolve the complaint directly with the program/institution by following the applicable grievance procedures provided by the program/institution. However, if the complainant believes that attempting to resolve the complaint with the program/institution would either be unavailing or otherwise not appropriate, the complainant may submit the allegations of non-compliance to the CoARC. In submitting a complaint to the CoARC, the complainant should either (a) state that attempts to resolve the complaint with the program/institution were unavailing or (b) briefly describe why attempting to resolve the complaint in that matter would have been unavailing or otherwise not appropriate.

- 2958 **10.04** To receive formal consideration, all complaints must be submitted in writing to the CoARC
 2959 Executive Office using the Complaints Reporting Form (available on the CoARC website). The
 2960 formal complaint must:
 2961 a. describe the allegation in detail and cite the CoARC *Standards, Policies, or Procedures*
 2962 pertaining to the complaint;
 2963 b. document that the complainant has made reasonable efforts to resolve the complaint, or
 2964 alternatively that such efforts would either be unavailing or otherwise not appropriate;
 2965 c. be signed and dated by the complainant; and
 2966 d. include the complainant's postal address, email, and phone number.

2967
 2968 The complaint documents should be either submitted electronically or mailed to the CoARC at
 2969 the following address:

2970
 2971 Chief Executive Officer
 2972 Commission on Accreditation for Respiratory Care
 2973 264 Precision Blvd, Telford, TN 37690
 2974 Ph: (817) 283-2835 Fax: (817) 354-8519
 2975 E-mail: tom@coarc.com
 2976
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- 2978 **10.05** If the complaint describes circumstances which, if substantiated, would denote noncompliance
 2979 with CoARC *Standards, Policies, or Procedures*, the Chief Executive Officer will contact the
 2980 complainant to obtain additional documentation or corroboration, as needed. If the complainant
 2981 does not comply with such a request, the file may be closed, and no further action may be taken.
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- 2983 **10.06** To the extent possible, the CoARC shall attempt to maintain the confidentiality of complaints and
 2984 any corroborating material. However, the CoARC cannot guarantee confidentiality. The
 2985 complainant will be required to sign an authorization that will allow the CoARC, once it has
 2986 determined that the complaint meets its requirements, to forward the written complaint and
 2987 corroborating materials to the program sponsor – without including the name or contact
 2988 information of the complainant unless authorized by the complainant to provide such information.
 2989 The CoARC will also make the complaint and corroborating materials available to CoARC staff
 2990 and Commission members, their respective attorneys, and appropriate outside parties, as
 2991 required by law or as necessary, to fully investigate the complaint.
 2992

- 2993 **10.07** The CoARC will not accept complaints that are submitted anonymously. It will take whatever
 2994 action it deems appropriate regarding complaints in which the complainant has not given consent
 2995 to being identified. Receipt of all written complaints in which the name and contact information
 2996 of the complainant are identified will be acknowledged within ten (10) business days.
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3000 **10.08 Process for a Complaint Regarding a Respiratory Care Program**
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Procedure	Timeline
The complaint is submitted to the CoARC Executive Office as a written, signed, and dated statement using the method specified in Policy 10.04 . The CoARC Chief Executive Officer will determine whether the complaint relates to the program's compliance with accreditation <i>Standards, Policies, or Procedures</i> . (10.01)	

<p>If the CoARC Chief Executive Officer determines that the complaint relates to CoARC Standards, Policies, or Procedures, the CEO will notify the complainant in writing that a copy of the complaint, with identification of the complainant deleted to the extent practical, is being forwarded to the program director and the chief executive officer of the program/institution for a response. The complainant will be notified only whether or not an investigation will be undertaken. The complainant will not be informed of the result of any such investigation.</p>	<p>Within ten (10) business days of receipt of the complaint.</p>
<p>The CoARC Executive Office will send a copy of the complaint to the Program Director and the institution's chief executive officer, with the name of the complainant deleted, for a response.</p>	<p>Within ten (10) business days of receipt of the complaint.</p>
<p>The institution will be required to submit a response to the complaint to the CoARC Executive Office. This will be reviewed by the CoARC Executive Committee.</p>	<p>Within thirty (30) calendar days following the CoARC's mailing of the complaint.</p>
<p>If the CoARC Executive Committee determines that CoARC <i>Standards</i>, Policies, and Procedures have not been violated, the CoARC Executive Office will complete the file by sharing this finding in writing with the institution.</p>	<p>Within ten (10) business days.</p>
<p>If the CoARC Executive Committee finds that one or more CoARC <i>Standards</i>, Policies, or Procedures were violated, the complaint will be submitted to the CoARC Board for further action. The program will be informed of the Executive Committee's findings and will be required to provide a written response within 30 calendar days; to include any corrective action the program has taken and/or plans to address the findings.</p>	<p>Within ten (10) business days.</p>
<p>The CoARC can (a) accept the corrective action, (b) request additional documentation regarding the corrective action, (c) request a focused site visit, and/or (d) place the program on probationary accreditation. Unless otherwise indicated, the decision or the CoARC Board shall be final. The CoARC reserves the right to notify the appropriate institutional accreditor, the appropriate state agency, and/or the NBRC of the final action taken.</p>	<p>At the next scheduled meeting occurring at least thirty (30) days after receipt of the written response.</p>

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10.09 Process for a Complaint Regarding the CoARC Staff, Commissioners, Program Referees, or Site Visitors

- A. Complaints regarding the CoARC staff, Commissioners, program referees, or site visitors with respect to the CoARC’s monitoring of a program’s compliance with the CoARC *Standards* or its adherence to CoARC Accreditation Policies or procedures will be under the jurisdiction of the Executive Committee of the CoARC Board. When such a complaint is received, the Executive Committee will, subject to the Conflict of Interest Policy, appoint a special committee to investigate the complaint in a fair and timely manner. Commissioners shall not participate in any capacity on the special committee.
- B. The CoARC is dedicated to providing high-quality programmatic evaluation and review. Established procedures must be followed when the CoARC receives complaints related to the behavior of its site visit evaluation team members or alleging that the CoARC has not complied with established accreditation practices, including noncompliance with its *Standards*, Policies, and Procedures, or that it is exceeding its mandate as defined by the *Standards*. The CoARC will not include in this process complaints pertaining to an adverse accreditation action or to actions related to program/sponsor noncompliance with CoARC *Standards*, Policies, or Procedures. If a program wishes to appeal such adverse action, it should refer to the Requests for Reconsideration and Appeal in Section [1.06](#).

The CoARC will not harass, take an adverse accreditation action against, or otherwise retaliate against an institution or person who, in good faith, has submitted a complaint about the CoARC, its members, agents, or staff.

C. Procedure and Timeline

Procedure	Timeline
The complaint is submitted to the CoARC Executive Office. It must be in writing, identify the name and contact information of the complainant, be signed and dated, and include supporting evidence.	
The CoARC Executive Office shall forward the complaint to the CoARC Executive Committee along with any relevant information from CoARC records.	Within ten (10) business days of receipt of the complaint.
The CoARC Executive Committee shall review the complaint and may request additional information from the complainant or the CoARC staff.	Within ten (10) business days of receipt of the complaint.
The President will appoint a special committee of three persons composed of: <ul style="list-style-type: none"> • 2 representatives from CoARC accredited programs; • 1 public member. 	Within thirty (30) calendar days.
If the analysis by the CoARC Special Committee finds that the policies and procedures have been implemented fairly and	Within ten (10) business days.

as written, the Special Committee will complete the file by sharing this finding in writing with the complainant and the program director.	
The special committee presents its findings/recommendations to the CoARC Board. The special committee will: (a) Affirm that policies and procedures have been applied appropriately; or (b) Affirm that policies and procedures have been violated. It will also recommend a course of action.	At the next scheduled CoARC meeting occurring at least thirty (30) days after the findings of the special committee are presented to the Board.
The complainant will be notified of the committee's decision and the action (if any) to be taken by the CoARC.	Within thirty (30) calendar days of the CoARC meeting.

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SECTION 11.0: DISCLOSURE OF ACCREDITATION

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11.01 The CoARC requires institutions and programs to be accurate in reporting a program's accreditation status to the public.

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- A. Programs must inform all current students and applicants in writing of any changes in the program's accreditation status.
- B. If an institution is seeking CoARC accreditation for a program and has submitted a Letter of Intent Application or has received an Approval of Intent, the institution must make the following disclosure:

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"[Name of sponsor] is currently in the process of seeking CoARC accreditation for a respiratory care program. However, [Name of sponsor] can provide no assurance that accreditation will be granted by the CoARC.

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- C. If accreditation has been withdrawn (Voluntary or Involuntary Withdrawal), the sponsor must no longer refer to the program as being accredited.

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- D. Use of language relating to accreditation other than what is designated by the CoARC requires prior written permission from the CoARC.

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- E. Any communication source that provides information to the public regarding the program must accurately reflect the current accreditation status. The failure of a program to do so is a violation of *Standards 5.01 and 5.02; DA5.1 and 5.2; E1 and E2.*

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11.02 If a program holds Provisional Accreditation status, the program's sponsor must use the following language when referring to that status. The program website must state:

"The [name of program, CoARC program number(s), degree(s) awarded, and campus location] holds Provisional Accreditation from the Commission on Accreditation for Respiratory Care (www.coarc.com).

3068 *This status signifies that a program with an Approval of Intent has demonstrated*
3069 *sufficient compliance with the Standards (through submission of an acceptable*
3070 *Provisional Accreditation Self-Study Report (PSSR) and any other documentation*
3071 *required by the CoARC, as well as satisfactory completion of an initial site visit), to*
3072 *be allowed to admit students. It is recognized as an accredited program by the*
3073 *National Board for Respiratory Care (NBRC), which provides enrolled students*
3074 *who complete the program with eligibility for the Respiratory Care Credentialing*
3075 *Examination(s). The program will remain on Provisional Accreditation until it*
3076 *achieves Continuing Accreditation.”*
3077

3078 **11.03 Public use of CoARC Accreditation Status by Programs and Sponsors**

3081 A. If a program holds Continuing Accreditation with the CoARC, the sponsor must use the
3082 following language when referring to that accreditation:

3083 1. The program website must state:

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3085 *“The [name of program, CoARC program number(s), degree(s) awarded,*
3086 *and campus location] holds Continuing Accreditation from the Commission*
3087 *on Accreditation for Respiratory Care (www.coarc.com).”*
3088

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3090 2. Provided the requirements of paragraph A.1 have been met, the sponsor may choose, but
3091 is not required, to include the program accreditation statement in small publications such
3092 as newspaper ads, flyers, pamphlets, etc.
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3094 B. When a program has been placed on Probationary Accreditation by the CoARC and the action
3095 is final, the program must inform all students and applicants, in writing, within thirty (30)
3096 calendar days of the CoARC action. The sponsor must disclose this sanction on the program
3097 website and whenever reference is made to its accreditation status by including the statement:

3098
3099 *“[Name of Program, CoARC program number(s), degree(s) awarded, and*
3100 *campus location] is accredited by the Commission on Accreditation for*
3101 *Respiratory Care (CoARC) (www.coarc.com). The program has been*
3102 *placed on Probationary Accreditation as of [date of Probation action].”*
3103

3104 Since **Probationary Accreditation** is a temporary status, publications that are published less
3105 frequently (e.g., catalogs) are not required to carry the above wording. However, whenever
3106 such publications are distributed to the program’s current students or potential applicants,
3107 they must include an insert containing the above language. Any promotional pieces, print
3108 advertisements, or areas on the program’s website that make reference to accreditation status
3109 must include the above language about **Probationary Accreditation.**”
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3111 C. If accreditation has been withdrawn by the CoARC, or the program has voluntarily withdrawn
3112 accreditation, the program must publicize this status to its students, faculty, administration,
3113 and program applicants. Such publication must occur within thirty (30) calendar days of the
3114 CoARC action to withdraw accreditation or within thirty (30) calendar days of the unfavorable
3115 disposition of the program’s request for reconsideration or appeal if either is filed, whichever
3116 occurs later. After all, students have completed the program teach-out following the
3117 withdrawal of accreditation (voluntary or involuntary), all references and claims to CoARC
3118 accreditation in electronic format must be deleted within thirty (30) days, and printed
3119 publications must be amended to remove references to CoARC accreditation status prior to
3120 the printing of future editions.
3121

3122 D. When a program holds Inactive Accreditation status, the program’s sponsor must use the following
3123 language when referring to that status. The program website must state:

3124 “The [name of program, CoARC program number(s), degree(s) awarded, and campus location]

3125 holds Inactive Accreditation status from the Commission on Accreditation for Respiratory Care
3126 (www.coarc.com)."

3127 3128 3129 **11.04 Public Notice of Program Information** 3130

3131 The current CoARC accreditation status of a program is available to any interested party upon
3132 request to the Executive Office and is also accessible via a directory of accredited programs on
3133 the CoARC website. The current accreditation status, accreditation review date, program actions
3134 taken by CoARC, contact information for the program director, the program website address, and
3135 information regarding degree(s) granted must be provided on the program website.
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3137 3138 **11.05 Public Notice of Accreditation Actions** 3139

- 3140 A. A notification letter will be sent to the President/CEO of the sponsor, and copies will be mailed
3141 to the Dean and Program Director.
3142
- 3143 B. Public Notice of Approval of Intent, Provisional Accreditation, and Continuing Accreditation
3144 1. The CoARC endeavors to notify institutions of applicable accreditation decisions within
3145 thirty (30) calendar days following a CoARC meeting. Once an accreditation action is
3146 final, information regarding these actions is available to the public within thirty (30)
3147 calendar days on the CoARC website.
3148
- 3149 C. Public Notice of Voluntary Withdrawal or Inactive Accreditation
3150 1. The CoARC will notify the public through its website after receiving the required
3151 documentation for voluntary withdrawal (see Policy 1.056) or inactive accreditation (see
3152 Policy 1.058).
3153
- 3154 D. Public Notice of Probationary Accreditation, Withhold of Accreditation, or Involuntary
3155 Withdrawal of Accreditation
3156 1. The CoARC notifies institutions of Probationary Accreditation, Withhold of Accreditation,
3157 or Involuntary Withdrawal of Accreditation decisions within thirty (30) calendar days
3158 following the CoARC meeting at which this action occurred. Final decisions (following the
3159 reconsideration/appeal process) to place a program on Probationary Accreditation,
3160 Withhold of Accreditation, or Withdrawal of Accreditation will be publicly disclosed via a
3161 posting on the CoARC website.
3162 2. The CoARC also makes available a statement, called a Public Disclosure Notice,
3163 summarizing the reasons for final decisions for adverse accreditation actions; and the
3164 official comments, if any, that the institution may wish to make with regard to that decision.
3165 If there are no official comments from the institution, then evidence that the institution has
3166 been offered the opportunity to provide official comment will be included in the Notice.
3167 a. The Public Disclosure Notice will be drafted and sent to the sponsor for review at the
3168 same time as the notification letter. This statement will contain:
3169 1. The accreditation status conferred on the program;
3170 2. The effective date of the accreditation status;
3171 3. *Standards* with which the program is not in compliance;
3172 4. Specific reasons why the adverse accreditation action was taken;
3173 5. Future options available to the program.
3174 b. Institutions that wish to respond to the notification letter must do so within fifteen (15)
3175 business days. Responses are limited to agreement with the conferred status, or
3176 identification of any factual inaccuracies and/or potentially misleading comments in the
3177 notification. If the response from the institution identifies problems with the letter, the
3178 letter will be revised, so long as the revision accurately reflects the decision made by
3179 the CoARC. Lacking a response from the institution, the Public Disclosure Notice will
3180 indicate that no response was received.
3181

- 3182 E. Final accreditation actions will be disclosed on the 'Summary of Meeting Actions' listing on
3183 the CoARC website, the program directory, and in written responses to written or verbal
3184 inquiries. Notification of final accreditation actions is also conducted through the Annual
3185 Report of Accreditation, prepared and distributed annually to the communities of interest and
3186 posted on the CoARC website.
3187
3188 F. The CoARC reserves the right to disclose any adverse action to the public or to relevant state,
3189 federal, or accrediting agencies prior to final action.
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3192 **11.06 Misrepresentation of CoARC Actions**
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- 3194 A. It is expressly against CoARC policy for programs, or their sponsor, to mislead the public
3195 regarding program outcomes or accreditation status. If the CoARC becomes aware that the
3196 institution/program has released information that is misleading, the institution/program will be
3197 notified that corrective action must be taken within a specified time period. If corrective action
3198 is not taken within the time specified, the program will be in violation of Standard
3199 5.01/DA5.1/E1. The CoARC may release a public statement providing the correct information.
3200
3201 B. If programs notice an inaccurate or misleading accreditation status in any CoARC printed or
3202 electronic medium, this should be reported to the CoARC Executive Office immediately. The
3203 Chief Executive Officer will verify the inaccuracy and publish a correction on the CoARC
3204 website as soon as possible.
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3208 **SECTION 12.0: ACCREDITED ENTRY AND DEGREE ADVANCEMENT PROGRAMS**
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3210 **12.01 Institutions Offering both Accredited Entry and Degree Advancement Programs in**
3211 **Respiratory Care**
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3213 Institutions offering both accredited Entry into Respiratory Care Professional Practice degree
3214 programs and degree advancement programs (other than continuing education programs) have
3215 an obligation to explain program differences to potential students and to the community.
3216 Therefore, any information publicizing the institution's programs should indicate which programs
3217 are accredited by the CoARC and which are not. Because the establishment of a degree
3218 advancement program may dilute the instructional resources available to students in the
3219 accredited program, the CoARC reserves the right to request information about such a program
3220 and its relationship to the accredited program. Institutions currently offering a degree
3221 advancement program must provide information related to the program as requested.
3222

3223 Institutions planning to offer such a program must provide information about the program and its
3224 relationship to the accredited program, in compliance with the CoARC's policy on reporting
3225 substantive changes (see Section [9.0](#)).
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3228 **12.02 Entry into Respiratory Care Professional Practice Programs**
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3230 An *Entry into Respiratory Care Professional Practice (Entry) Degree Program* is an educational
3231 program designed to provide students who have no prior training in respiratory care with the
3232 knowledge and clinical skills required to function competently as registered respiratory therapists
3233 (RRTs). Conferral of an Entry degree requires the following: completion of the academic
3234 prerequisites to be admitted to an accredited program and at least two years of college-level
3235 study, which is equivalent to the level required of an Associate degree and includes all didactic,
3236 laboratory, and clinical training necessary for graduates to function as a registered respiratory
3237 therapist. An Entry degree program must adhere to the CoARC Accreditation *Standards* for the

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Profession of Respiratory Care. An Entry degree in respiratory care is required by law or custom to practice the profession in most locations within the U.S.

OJTs and graduates of 1-year programs who subsequently enroll in an Entry program for degree completion purposes are considered to be Entry degree students and must be included [when the program is assessing in the](#) enrollment for CoARC reporting purposes.

12.03 Degree Advancement Programs

A *Degree Advancement (DA) Program* is an educational program designed to meet the needs of practicing respiratory therapists who, having already earned an Entry into Respiratory Care Professional Practice degree, wish to obtain advanced training related to Respiratory Care.

DA programs in respiratory care should only admit students who have graduated from an accredited *Entry* program in Respiratory Care. Accordingly, the curriculum of DA programs should not include coursework designed to prepare graduates for either the NBRC TMC or CSE exams but should teach professional skills at an advanced level. Sponsors that offer both DA programs and *Entry* programs must not include data for the DA program when providing outcomes data for their *Entry* program. Such sponsors must also explain any discrepancies between the NBRC Annual School Summary and the CoARC Annual Report of Current status that may be related to the simultaneous offering of these programs.

12.04 ~~CRT to RRT Completion Programs~~

~~A *CRT to RRT Completion Program* is an educational program designed to meet the needs of the practicing respiratory therapist who, having completed an accredited (100-level) respiratory care program is returning to school to complete a 200-level program in order to meet eligibility requirements for the NBRC RRT examination. The emphasis in CRT to RRT completion programs is on teaching the didactic, laboratory, and clinical competencies required of a registered respiratory therapist (RRT). CRT to RRT students must be classified as Advanced Placement (AP) in the CoARC Annual Report of Current Status and must be included when assessing the program's annual enrollment.~~

~~A sponsor that offers a CRT to RRT completion program AND an *Entry* program must provide the CoARC with an explanation of any discrepancies between the program's NBRC Annual School Summary and the CoARC Annual Report of Current status that may be related to the program's offering both programs. The CoARC may request a Credential Verification letter from the NBRC, a copy of the CRT certificate issued by the NBRC or a report from the NBRC showing the name and date when each individual student received the CRT credential to confirm which students attained the CRT credential prior to enrollment in the program.~~

SECTION 13.0: SPECIAL CERTIFICATE OF COMPLETION FOR CRT/RRT ELIGIBILITY

~~On January 15, 2014, the CoARC and the National Board for Respiratory Care (NBRC) issued a joint announcement that CoARC Policy 13 and related admissions policies would be discontinued as of January 1, 2015.~~

~~To avoid penalizing students who were at that time matriculated in a program holding a Special Certificate of CRT/RRT Eligibility (Special Certificate), the NBRC Board of Trustees determined that the Special Certificate would continue to be a route for admission to the Therapist Multiple Choice and Clinical Simulation Examinations (NBRC Exams) until December 31, 2015, for those individuals issued such a certificate by an authorized program. After this date, all candidates must be graduates of a CoARC-accredited respiratory therapy education program to be eligible to take the NBRC Exams.~~

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SECTION 4413.0: ETHICAL STANDARDS OF PRACTICE

4413.01 Ethical Standards

CoARC Commissioners, staff, and volunteers are required to adhere to ethical standards of practice in all CoARC-related activities. The CoARC is a member of the Association of Specialized and Professional Accreditors (ASPA) and, accordingly, subscribes to the ASPA code of ethics (posted on the ASPA website <http://www.aspa-usa.org/>).

4413.02 Conflict of Interest

Conflict of interest refers to any situation in which a Commissioner, staff member, or site visitor of the CoARC stands to gain materially from his or her association with the CoARC.

- A. A conflict of interest exists when any CoARC Commissioner, staff member, or volunteer (or his/her immediate family) stands to realize financial or tangible personal or proprietary gain as a result of any action of the CoARC in which s/he participates.
- B. No Commissioner, staff member, or volunteer may enter into an employment relationship with persons or activities directly or indirectly detrimental to the CoARC.
- C. All Commissioners and committee members of the CoARC will sign, annually, a statement that acknowledges they have read and understood the CoARC's Conflict of Interest and Confidentiality Statements. Site visitors are required to sign a similar statement. Current, signed statements are kept on file with the Executive Office.

4413.03 Confidentiality

All records generated or received by the CoARC that relates to programmatic accreditation status (including but not limited to accreditation letters, survey reports, and progress reports) are confidential and will not be released unless authorized by the program involved, except when required to meet the recognition criteria of the Council for Higher Education Accreditation (CHEA), or as required by law. All records pertaining to a program may be made available to its sponsor's institutional accrediting agency, its state education and/or respiratory therapy licensing agency, and the U.S. Department of Education, as deemed appropriate by the CoARC. The following information will not be treated as confidential and may be released to the public:

- Program Director's contact information
- Total number of current program enrollees
- Maximum annual enrollment
- Total number of program graduates per year
- Accreditation Cycle, including the year of the next review
- Current Status of Public Recognition (see Policy [1.05](#)), including any *Standard* citations
- Programs that have submitted a Letter of Intent application
- Programs holding an Approval of Intent
- Approved Substantive Changes
- Programs scheduled for review at a CoARC meeting
- Accreditation actions, consistent with the CoARC's Policy on Public Notice of Accreditation Actions ([11.06](#))
- List of anticipated site visits for the upcoming calendar year

- CoARC-Accredited Program Outcomes

4413.04 Discrimination

As a national accreditor of respiratory care education programs, the CoARC prohibits and does not engage in the discrimination or harassment of individuals on the basis of race, color, religion, national origin, gender, age, sexual orientation, disability, status as a veteran or disabled veteran; nor does it discriminate against programs/institutions on the basis of affiliation, status, size or fiduciary resources.

4413.05 Ownership of Records

All materials submitted to the CoARC (e.g. Self-Study documents, Progress Reports, Annual Reports, and Reconsideration or Appeals materials) shall become the property of the CoARC.

4413.06 Cost of Compliance with Third-Party Discovery Requests

Costs to the CoARC related to compliance with third-party discovery requests regarding its accredited programs cannot be reasonably anticipated for budgeting purposes. When reimbursement for copying and delivery costs is not offered to the CoARC by the party serving the subpoena or document request, the CoARC may charge the accredited program at a reasonable rate for these costs.

4413.07 Policy Statement on CoARC Access to School Graduate/Student Certification Licensure Examination Data

As an integral part of its review of programs for compliance with the *Standards* and determination of accreditation status, the CoARC must assess program outcome data that provide appropriate measures for assessing the quality of education provided. One of the most critical outcome measures is certification and licensure examination pass rate data, which is used in calculating credentialing success. Accordingly, as a condition of continued participation in CoARC's accreditation review process, programs explicitly acknowledge CoARC's right to receive such data directly from the National Board for Respiratory Care. Programs agree, as a condition of continued participation in CoARC's accreditation process, to execute the "Certification and Licensing Examination Authority Acknowledge and Release" form contained in the CoARC's annual Report of Current Status, and the Application for Accreditation Services, both of which expressly permit relevant certification and licensing examination authorities to provide CoARC direct access to these data.

143.08 Faculty Strike or Work Stoppage Notification and Contingency Plan Requirement

Sponsors of CoARC-accredited programs must notify CoARC as soon as there is a credible potential for a faculty strike, work stoppage, or labor disruption that may affect instruction, student support, laboratory activities, or clinical education. Notification must occur no later than five (5) business days after the program sponsor becomes aware of the potential disruption, and within twenty-four (24) hours if a strike or work stoppage begins. The sponsor must provide CoARC with a summary of the situation, anticipated dates, scope of impact, affected program functions, and key institutional contacts responsible for program oversight.

Within ten (10) business days of notification, the sponsor must submit a written contingency plan to CoARC that describes how it will maintain compliance with the applicable CoARC Accreditation Standards and ensure the continuity of student learning. The plan must address how the sponsor

3406 [will maintain adequate qualified instructional resources, deliver didactic and laboratory instruction,](#)
3407 [preserve clinical placement and supervision, ensure student safety, document competency](#)
3408 [attainment, communicate with students and clinical partners, and implement remediation or make-](#)
3409 [up experiences as needed to ensure students meet required outcomes and graduation](#)
3410 [requirements.](#)
3411

SECTION 1414.0: RESEARCH USING PUBLISHED COARC DATA

3412
3413 To maintain transparency and advance education in respiratory care, the CoARC is fully committed to
3414 sharing its accreditation data. Annually, the CoARC Executive Office prepares a comprehensive report
3415 that provides a plethora of information about all CoARC accredited programs, including descriptive
3416 statistics of the programs, the accreditation actions taken by CoARC over the previous year, and
3417 aggregate data on graduates, enrollments, and outcomes. This Annual Report on Accreditation in
3418 Respiratory Care Education is posted on the CoARC website in PDF format. Access is unrestricted.
3419 When CoARC-published data is used by a third party as part of a separate publication, the CoARC
3420 requests that the publication include the following disclaimer:

3421
3422 *"The analysis and opinions contained in this publication are those of the author(s). All*
3423 *compilations of data from these records were prepared by the author(s), who is/are solely*
3424 *responsible for their accuracy and completeness. The CoARC is not a party to, nor does it*
3425 *sponsor or endorse, this publication."*
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SECTION 1415.0: USE OF COARC LOGO

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3431 **1415.01** The CoARC® logo is the exclusive property of the CoARC and is protected by law. Except
3432 for the authorized uses listed below, it may not be reproduced or published without prior written
3433 approval from the Commission on Accreditation for Respiratory Care.
3434

3435
3436 **1415.02** This policy applies to CoARC-accredited respiratory care programs and to other parties
3437 wishing to use the CoARC's logo, trademarks, or images in promotional, advertising, instructional,
3438 or reference materials or on their websites, products, labels, or packaging. Any person or entity
3439 using a CoARC trademark, in whole or in part, acknowledges that the CoARC is the sole owner
3440 of the trademark and agrees that it will not interfere with the CoARC's rights in the trademark,
3441 including challenging the CoARC's use, registration of, or application to register such trademark,
3442 alone or in combination with other words, anywhere in the world, and that it will not harm, misuse,
3443 or bring into disrepute, any CoARC trademark. The goodwill derived from using any part of a
3444 CoARC trademark exclusively inures to the benefit of, and belongs to, the CoARC. Except for the
3445 limited right of use as expressly permitted under this policy, no other rights of any kind are granted
3446 hereunder, by implication or otherwise. Use of the logo is subject to revocation by the CoARC
3447 when, in its sole judgment, its continued use would not serve the best interests of the CoARC or
3448 the public.
3449

3450
3451 **1415.03** A CoARC-accredited Entry into Respiratory Care Professional Practice degree program
3452 in respiratory care may use the CoARC logo in printed and electronic formats. Such use must
3453 always be in close conjunction with a prescribed statement identifying the name of the institution's
3454 program and its accreditation status as defined in Section 11 of this document. The CoARC Logo
3455 shall display the appropriate registration designation, i.e., ®.
3456

3457 If there are any questions regarding this policy, or if any user would like to receive camera-ready
3458 or electronic copies of the CoARC logo, please contact the Chief Executive Officer at
3459 tom@coarc.com.
3460

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1615.04 Link to the CoARC Website

Web sites that serve as noncommercial electronic informational forums concerning the CoARC policies, procedures, and services may use the CoARC logo to indicate a link to the CoARC's website at www.coarc.com. The area around the CoARC logo must be clean and uncluttered, and the CoARC logo must not be altered, used as a design element, or incorporated into any other design, graphic, illustration, or logo on the website.

1615.05 Unauthorized Use of CoARC Logo

CoARC logo: Programs shall not use the CoARC logo in connection with websites, products, packaging, manuals, promotional/advertising materials, presentations, or for any other purpose except as authorized above without prior written approval from the Commission on Accreditation for Respiratory Care. The CoARC logo may only be used by currently accredited respiratory care programs. The logo may NOT be used by programs that have applied for but not yet received accreditation.

The Company, Product, or Service Name: Programs shall not use or register, in whole or in part, the CoARC logo, or an alteration thereof, as, or as part of, a company name, trade name, product name, or service name except as specifically noted in this policy.

Variations, Takeoffs, or Abbreviations: Programs shall not alter or use the CoARC logo as design elements or incorporate them into any other design, graphic, or illustration for any purpose.

Disparaging Manner: Programs shall not use the CoARC logo in a disparaging manner or in any manner that would impinge upon the integrity of CoARC.

Endorsement or Sponsorship: Programs shall not use the CoARC logo in a manner that would indicate or imply the CoARC's affiliation with, or endorsement, sponsorship, or support of, a third-party product or service.

Merchandise Items: Programs shall not manufacture, sell, or give-away merchandise items, such as T-shirts and mugs bearing the CoARC logo, except pursuant to express, prior written approval of the CoARC.

GLOSSARY

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While the CoARC recognizes and supports the prerogative of institutions to use and adopt the terminology of their choice, it is necessary for the CoARC and staff to have a consistent understanding of terminology. With that purpose in mind, the CoARC will use the following basic definitions:

Academic Term: A portion of an academic year (e.g., semester, quarter, module, unit, etc.) as defined by the sponsor.

Accreditation: A status of public recognition granted when a program is in substantial compliance with the accreditation *Standards*. It remains in effect until due process has demonstrated cause for its withdrawal or the sponsor voluntarily withdraws.

Accreditation Record: All written materials available to the CoARC when it formulated its status of public recognition.

3516 **Administrative Probation:** A status of accreditation assigned when a program has not complied with
3517 administrative requirements.

3518
3519 **Advanced Practice Respiratory Therapy (APRT) Program:** A graduate-level education program
3520 designed to educate and train the Registered Respiratory Therapist beyond the skills required for entry
3521 into practice. The Advanced Practice Respiratory Therapist delivers care under the supervision and
3522 responsibility of a licensed physician.

3523
3524 **Advanced Placement:** A student who, upon entering a program on or after the initial enrollment date
3525 for a cohort, has received credit for: prior experience, transfer of respiratory care credits from another
3526 institution, and/or credentialing in health care that leads to transfer credit. The program must have an
3527 Advanced Placement policy in place for a student to be classified in this way. An example of an AP
3528 student includes graduates of CoARC/JRCRTE accredited CRT-only programs (with or without the CRT
3529 credential).

3530
3531 **Adverse Action:** Assignment of accreditation statuses other than Continuing Accreditation, including:
3532 (1) Withhold of Provisional Accreditation, (2) Deny a Request for Reactivation, (3) Probation (subject to
3533 Reconsideration only), (4) Withhold of Continuing Accreditation, and (5) Withdrawal of Accreditation
3534 (Involuntary).

3535
3536 **Approval of Intent:** An authorization by the CoARC for a sponsor to move forward in the accreditation
3537 process. It indicates that the sponsor's plan to start a Respiratory Care program is acceptable and that
3538 the sponsor may submit a Provisional Accreditation Self Study Report (PSSR).

3539
3540 **Base program:** The Respiratory Care program established by the sponsoring educational institution
3541 where the Program Director and Director of Clinical Education are based.

3542
3543 **Calendar year (also referred to as 'reporting year'):** Defined as January 1 through December 31.

3544
3545 **CHEA:** The Council for Higher Education Accreditation.

3546
3547 **Citation:** A statement describing non-compliance with an accreditation Standard. The citation includes:
3548 the text of the relevant Standard; the Rationale used to determine non-compliance; and the
3549 Documentation required to confirm that the cited shortcoming(s) have been addressed.

3550
3551 **Combined Review:** Simultaneous administration of comprehensive and streamlined accreditation
3552 reviews. This occurs when the accreditation cycle of a program option is synchronized with the
3553 accreditation cycle of the base program, thus lessening the burden of preparation and associated costs
3554 when compared to having each review occur separately.

3555
3556 **Comprehensive Review:** A full accreditation review (requiring the submission of a continuing
3557 accreditation self-study and a site visit) to determine compliance of a base program with all applicable
3558 accreditation *Standards*. A comprehensive accreditation review is conducted during both the initiation of
3559 continuing accreditation (program moving from Provisional to Continuing Accreditation) and the
3560 reaffirmation of continuing accreditation for a base program, as well as during the conversion of a program
3561 option to a base program.

3562
3563 **Continuing Accreditation:** A status of accreditation conferred when 1) an established, currently
3564 accredited program demonstrates continued compliance with the *Standards* or 2) a program holding
3565 Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional
3566 Accreditation period. Under both circumstances, compliance with the *Standards* is confirmed by a
3567 Comprehensive Review. Continuing Accreditation remains in effect until the program withdraws from the
3568 accreditation process or until accreditation is withdrawn for the failure of the program to comply with the
3569 *Standards*.

3570 **Control:** The possession, direct or indirect, of the power to regulate or command the management and
3571 policies of a corporation, partnership, or individual, whether through the ownership of securities, by
3572 contract, or otherwise.
3573

3574 **Defer Accreditation:** Decisions regarding program accreditation are made by the CoARC Board at its
3575 three regular meetings each year. The Board may defer a decision on the accreditation status of a given
3576 program if it lacks sufficient information about specific issues that preclude an informed decision. The
3577 program will be required to submit additional information, and resolution of the program's accreditation
3578 status will likely occur at the next regularly scheduled Board meeting. Failure of the program to submit
3579 the required information by the date set by the Board may result in an adverse accreditation decision for
3580 the program. The program's response may be followed by a focused site visit, addressing the reasons
3581 for the deferral and assessing the program's response.
3582

3583 **Degree Advancement Program:** An educational program designed to meet the needs of practicing
3584 respiratory therapists who, having already earned an Entry into Respiratory Care Professional Practice
3585 degree, wish to obtain advanced training related to Respiratory Care.
3586

3587 **Distance Education:** Education that uses one or more technologies (i.e., internet, telecommunication,
3588 video link, or other electronic media) to deliver didactic instruction to students who are physically
3589 separated from the instructor, and to support regular and substantive interaction between these students
3590 and the instructor, either synchronously or asynchronously. Distance education technologies do not apply
3591 to laboratory education or student participation in clinical experiences.
3592

3593 **Distance Learning Technologies:** Technologies such as the internet, telecommunication, or other
3594 electronic media through which didactic courses may be offered to students who are physically separated
3595 from their instructors.
3596

3597 **Enrolled:** Registered for, and participating, in academic course(s).
3598

3599 **Focused Review:** An accreditation review targeted at determining the compliance of a program (base
3600 or program option) with a limited number of accreditation *Standards*. Focused visits may be conducted
3601 at any time: to evaluate a specific *Standards*-related problem(s) identified by the CoARC; in response to
3602 a complaint received by the CoARC; related to unapproved increases in enrollments; and prior to
3603 reactivating a program. Programmatic requirements/responsibilities for the focused visit are conveyed to
3604 the sponsor in writing prior to the visit.
3605

3606 **Fundamental respiratory care core coursework:** Program coursework focused on the knowledge
3607 and skills required for certification of a program graduate as a respiratory care professional.
3608

3609 **Graduation Date:** The graduation date is the date on which the degree was conferred by the program's
3610 educational sponsor, not the date on which the student fulfilled all program requirements.
3611

3612 **Inactive (Voluntary) Status:** Programs with continuing accreditation may request a period of inactive
3613 status. Once current students have completed a teach-out, no students may be enrolled or matriculated
3614 in the program during the time period in which the program is inactive. A program may remain inactive
3615 for up to two years. Failure to reactivate the program prior to the end of the two-year period will result in
3616 involuntary withdrawal of accreditation.
3617

3618 **"In Writing":** is defined as a written notification sent via regular mail, certified mail, overnight carrier,
3619 fax, and/or email, which provides the program with specific information, instructions, facts, and/or
3620 warnings. Written notifications are official announcements or statements addressed to a specific
3621 individual, signed and dated by the individual(s) responsible, which identify a specific period of time for
3622 the required response.

3623 **Letter of Intent Application:** A written communication from a sponsor to the CoARC that declares the
3624 sponsor's intention to start a new Respiratory Care program. Supplementary materials, specified on the
3625 CoARC website, are required as part of the Letter of Intent Application process.

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Matriculated: When a student is officially recognized by a post-secondary academic institution as formally admitted to and pursuing a degree or certificate in a particular course of study.

Maximum Aggregate Enrollment: The maximum number of students that may be enrolled simultaneously at any point in time.

Maximum Annual Enrollment: The maximum number of students that may be admitted during a calendar year (see definition for [Programmatic Enrollment](#)).

Off-Campus Laboratory Site: 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.

Ownership (or ownership interest): A legal or beneficial interest in an entity, or a right to share in the profits derived from the operation of an entity. The term does not include the interests of a publicly traded mutual fund, of an institutional investor, or of a profit-sharing plan in which all employees of an entity may participate. A change in ownership of an institution that results in a change of control may include but is not limited to: the merger of two or more eligible institutions; conversions of the institutions from a for-profit to a nonprofit status; sale of the institution; transfer of the controlling interest of stock of the institution or its parent corporation; transfer of the liabilities of an institution to its parent corporation; or transfer of assets that comprise a substantial portion of the educational business of the institution (except where the transfer consists exclusively in the granting of a security interest in those assets).

Probationary Accreditation: A temporary status of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies (*Standards*), and progress reports submitted do not demonstrate correction of the identified deficiencies. The program must then file a Probation Report as directed by the CoARC Executive Office. If at any time the program is able, to the CoARC's satisfaction, to rectify all the deficiencies that resulted in Probationary Accreditation and thereby achieve compliance with the *Standards*, the CoARC will consider removing probationary status. If the program remains out of compliance with the *Standards* at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless the CoARC judges the program to be making a good faith effort to achieve compliance. If compliance with all *Standards* is not demonstrated within two (2) years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probation status exceed two (2) years. A program on probation maintains the accreditation status existing prior to conferral of probation and is required to submit its Annual Report of Current Status (RCS) on the due date. However, review and approval of the RCS do not affect the probationary status. Because probation is not a decision to reaccredit, the original accreditation cycle remains in effect until the CoARC makes a decision, based on the Probation Report, to remove probation or to withhold/withdraw accreditation. A probation decision can be subject to reconsideration but cannot be appealed (See Policy [1.06](#)). Enrolled students completing a program under Probationary Accreditation are considered graduates of a CoARC-accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed.

Program: An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession. It includes the curriculum and the support systems required to implement the sequence of all required educational experiences. A sponsor must establish, at a minimum, a base program.

Program Options: Additional educational opportunities that may be offered by a base program with no pending progress reports. Examples of program options include a Sleep Disorders Specialist, an additional degree track, and a Satellite.

Program Outcomes: Performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Examples include but are not limited

3681 to: program completion rates, job placement rates, certification pass rates, and graduate and employer
3682 satisfaction.
3683

3684 **Programmatic Retention:** Defined as the number of students formally enrolled* in a respiratory care
3685 program during a three-year reporting period who graduated from the program after completing all
3686 programmatic and graduation requirements, calculated as a percentage of the total number of students
3687 initially enrolled in that class. The total number of students enrolled includes those who successfully
3688 completed the program as well as students who left the program for academic reasons (failure to achieve
3689 minimum grade requirements, ethical, professional, or behavioral violations, or violations of academic
3690 policies) that resulted in their expulsion from the program prior to graduation.)
3691

3692 **Programmatic Enrollment:** Programmatic enrollment begins when a student enrolls in the first core
3693 respiratory care course (non-survey, non-prereq) available only to students matriculated in the respiratory
3694 care program. This may differ from the institutional definition of the enrollment or matriculation dates.
3695

3696 Fundamental respiratory care coursework is defined as: Professional coursework focused on the
3697 preparation of the student as a competent Respiratory Therapist, as defined in CoARC Standard 3.01.
3698

3699 **Progress Report:** A written report a program is required to submit in order to demonstrate that the
3700 program has addressed deficiencies specified previously by the CoARC.
3701

3702 **Program Referee:** The member of the CoARC Board assigned to a program to serve as the liaison
3703 between the program and the CoARC. The Referee will: provide consultation during the self-study
3704 process; analyze all submitted documents to assess program compliance with the *Standards* and
3705 Accreditation Policies and Procedures; help the program identify ways to meet the Standards;
3706 communicate with the program concerning clarification of program matters and concerns; and
3707 recommend appropriate accreditation action to the CoARC.
3708

3709 **Provisional Accreditation:** This status signifies that a program with Approval of Intent has
3710 demonstrated sufficient compliance with the *Standards* through the completion and submission of an
3711 acceptable Provisional Accreditation Self Study Report (PSSR) and other documentation required by the
3712 CoARC, and completion of a satisfactory initial site visit, to initiate a program and admit students. The
3713 program will remain on Provisional Accreditation until achieving Continuing Accreditation.
3714

3715 **Reporting Year:** (see [Calendar Year](#)).
3716

3717 **Satellite Program Option:** A location that is geographically separate from the sponsor's base program.
3718 A satellite campus must:

- 3719 1. be permanent in nature;
- 3720 2. be under the governance and lines of authority of the base program's sponsor;
- 3721 3. offer the same required curriculum as the base program;
- 3722 4. have a dedicated budget;
- 3723 5. have a satellite coordinator employed by the base program's sponsor;
- 3724 6. ensure that students are not required to physically attend the base program's campus for any
3725 required course; and
- 3726 7. not exceed the maximum aggregate enrollment as specified in Policy 2.05.
3727

3728 **Satisfaction (on Graduate & Employer Surveys):** CoARC threshold for satisfaction requires at least
3729 80% of returned graduate and employer surveys to rate overall satisfaction 3 or higher on a 5-point Likert
3730 scale.
3731

3732 **Sponsor:** The entity - a single sponsoring institution as defined in Standard 1.01/DA1.1/A1 or a
3733 consortium as defined in Standard 1.02/DA1.2/A2 - that provides the respiratory care program.
3734

3735 **Standards:** The most recently approved CoARC *Accreditation Standards for Entry into Respiratory Care*
3736 *Professional Practice, Accreditation Standards for Degree Advancement Programs, or Accreditation*
3737 *Standards for Advanced Practice Programs*, whichever is applicable to the program offered.
3738

3739 **Streamlined Review:** A condensed accreditation review to assess compliance of a program option with
3740 all applicable accreditation *Standards*. The review is condensed because the option is supplemental to
3741 the base program to which more of the *Standards* apply.
3742

3743 **Teach-out plan:** A written plan that provides for the completion of the education of enrolled students if
3744 an institution/program or program location that provides one hundred percent of the education for its
3745 enrolled students ceases to operate before all students have completed their program of study. This may
3746 include, if required by the institution's (sponsor's) accrediting agency, a teach-out agreement with a
3747 different institution/sponsor.
3748

3749 **Withdrawal of Accreditation-Involuntary:** A status of accreditation conferred by the CoARC when a
3750 program is no longer in compliance with the accreditation *Standards* (See Section [1.06](#) for
3751 Reconsideration and Appeal Policy).
3752

3753 **Withdrawal of Accreditation-Voluntary:** A status of accreditation conferred when a program sponsor
3754 requests that the CoARC remove its program(s) from the accreditation process.
3755

3756 **Withhold of Accreditation (Withhold):** A program seeking Provisional Accreditation or Continuing
3757 Accreditation may have such accreditation status withheld if, following the accreditation review process
3758 (submission of a self-study and completion of a site visit evaluation), the CoARC determines that the
3759 program is not in compliance with the Standards. A program that has had its accreditation status withheld
3760 can no longer admit students. However, those students enrolled in the program when the Withhold was
3761 conferred, who successfully complete the program, are considered graduates of a CoARC accredited
3762 program. (See Section [1.06](#) for Reconsideration and Appeal Policy).

APPENDIX A - ACCREDITATION PROCESS FLOW CHART

Double click on chart below to see a full-size view.

