Accreditation Standards for

Entry into Respiratory Care Professional Practice

Essentials/Standards initially adopted in 1962;

revised in 1972, 1977, 1986, 2000, 2003, 2010, 2015, 2016, 2018, 2020, 2022, and 2027

Approved by the

CoARC Board of Commissioners on March 21, 2026

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SECTION 1 - PROGRAM ADMINISTRATION AND SPONSORSHIP

This section establishes the institutional responsibilities for sponsoring and administering a respiratory care program. Programs must be sponsored by accredited, degree-granting postsecondary institutions authorized by state authorities and capable of providing the resources and oversight necessary to support the program. Sponsors are responsible for curriculum oversight, faculty coordination, access to required educational and clinical experiences, and compliance with accreditation policies. When programs operate through consortium arrangements, formal agreements must clearly define governance, responsibilities, and lines of authority among participating entities.

Program Sponsorship

1.01 The educational sponsor of an entry-into-practice program must be a post-secondary academic institution accredited by a federally recognized institutional accrediting agency, and must award program graduates an associate, baccalaureate, or graduate degree upon successful completion of their professional coursework and degree requirements. In addition, the sponsor must be approved by the appropriate state authorities to provide the program.

Interpretive Guideline:

To demonstrate compliance with this Standard, the program must provide evidence that its sponsor meets all eligibility requirements related to institutional status, accreditation, degree-granting authority, and state authorization.

The sponsor must hold current accreditation from a federally recognized institutional accrediting agency. Documentation verifying this status, in the form of an official accreditation certificate or letter, must be submitted with the Letter of Intent Application and the Application for Accreditation Services. Accreditation must be current and in good standing at the time of submission and throughout the accreditation period.

The sponsor must award an associate, baccalaureate, or graduate degree upon successful completion of the professional curriculum and all institutional degree requirements. The Letter of Intent Application and the Application for Accreditation Services must include verification that the degree awarded complies with this requirement.

The sponsor must be approved by the appropriate state authorities to provide postsecondary education and to confer the degree associated with the program. The Letter of Intent Application and the Application for Accreditation Services must include verification of the sponsor's legal authority under applicable state law.

In accordance with the CoARC Accreditation Policies and Procedures, the sponsor is responsible for notifying CoARC in a timely manner of any adverse change in its institutional accreditation status, degree-granting authority, state authorization, or sponsorship. Failure to maintain compliance with these requirements may affect the program's accreditation status.

Evidence of Compliance:

- Documentation of the sponsor's current institutional accreditation status
- Documentation verifying that the sponsor awards an associate, baccalaureate, or graduate degree upon successful completion of the program and all institutional degree requirements
- Documentation of authorization by a state agency to provide the conferred degree. If the sponsor is part of a consortium arrangement, provide the documentation for the degree-granting institution(s)
- Documentation that the sponsor is authorized to provide clinical education experiences in other states, where required (if applicable)
- Documentation that the sponsor is authorized to provide distance education in other states, where required (if applicable)

Consortium

1.02 When more than one entity is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard 1.01. The consortium must be able to provide all the resources necessary for the degree. There must be a formal document (affiliation agreement, Memorandum of Understanding (MOU), etc.) that delineates the responsibilities of consortium partners for all aspects of the program, including instruction, student supervision, resources, reporting, governance, and lines of authority.

Interpretive Guideline:

This Standard applies only to programs sponsored by a consortium, defined as two or more entities that share sponsorship of the program (including Off-Campus Laboratory Sites (OCLS)) and excluding clinical affiliation agreements that do not constitute shared program sponsorship.

At least one member of the consortium must meet the requirements of Standard 1.01. The consortium must collectively demonstrate the ability to provide all resources necessary for the degree, including, but not limited to, administrative support, instructional resources, student services, clinical education resources, and institutional infrastructure.

A formal written agreement (e.g., an affiliation agreement, an MOU, or a Business Contract) must be in place and signed by all consortium partners. The agreement must clearly delineate the responsibilities of each member for all aspects of the program, including:

- *Instruction*

- *Student supervision*
- *Provision of resources*
- *Reporting obligations*
- *Governance structure*
- *Lines of authority and accountability*

The agreement must also include language addressing:

- *The sharing of program accreditation documents and official correspondence among consortium members*
- *Processes for communication with CoARC*
- *Procedures for dissolution of the consortium and provisions to ensure students' ability to complete the program in the event of dissolution*

Employment of the Program Director (PD) and Director of Clinical Education (DCE) by the degree-granting consortium partner is not required. However, the PD and DCE must demonstrate an appropriate and formal relationship with the degree-granting institution, including a formal appointment, appropriate privileges, and access to institutional resources necessary to fulfill their assigned responsibilities. The degree-granting consortium partner must demonstrate that the PD and DCE are appropriately integrated into the program's academic and operational structure, consistent with the established governance and lines of authority outlined in the consortium agreement.

Evidence of Compliance:

- Documentation identifying the consortium member that meets Standard 1.01
- Duly executed consortium agreement, contract, or MOU that delineates responsibilities for instruction, student supervision, resources, reporting, governance, lines of authority, accreditation communication, and dissolution provisions
- Documentation of the process and timeline for initiating, reviewing, approving, executing, and renewing the consortium agreement(s)
- Organizational chart(s) clearly depicting governance structure, reporting relationships, and lines of authority across consortium members
- Documentation demonstrating the formal appointment, privileges, and institutional integration of the PD and DCE when not employed by the degree-granting consortium partner, if applicable

Sponsor Responsibilities

1.03 The sponsor must be capable of providing required general education courses or have a process for accepting transfer credit for these courses from other institutionally accredited institutions. The sponsor must provide the necessary didactic instruction and ensure that students have access to the laboratory and clinical experiences required to attain the expected competencies. In the event of program closure and/or loss of

accreditation, the sponsor is responsible for ensuring that all currently enrolled students are taught through completion in accordance with the requirements of the sponsor's institutional accreditor, CoARC, and all applicable state and federal laws. If the sponsor is unable to teach students through completion, the sponsor must arrange for the transfer of affected students to another CoARC-accredited program.

Interpretive Guideline:

This Standard applies to all programs and program options, regardless of sponsorship. Programs must publish a complete curriculum and course list, including the responsible consortium member for each course (if applicable).

All required institutional resources (per Standard 2.01) must be in place before students are admitted. Programs with a distance learning component must ensure—prior to each student's enrollment—that all required laboratory and clinical instruction/experience is arranged and meets applicable Standards at all instructional locations.

All clinical sites must have a current clinical affiliation agreement that defines policies for student access to educational resources and clinical experiences. Agreements must specify the terms of participation between the sponsor and the clinical affiliate, describe the sponsor–site relationship, and clearly define the roles of the program, sponsor, and clinical site. A single agreement covering multiple disciplines is acceptable, but it must explicitly document the program's participation terms with each clinical entity. Sponsors must have a process to routinely review these agreements.

Each program must develop institution-approved transfer credit policies that address the maximum allowable transfer credits, evaluation criteria, and possible outcomes (including alignment with current course offerings). If transfer credit results in the waiver of coursework that contains required competencies or assessment elements, the program must implement alternate methods to assess and document the student's performance in those areas.

For programs offering OCLS(s), there must be an agreement defining the policies governing student access to educational resources and laboratory experiences for all the program's OCLS(s). These agreements must include specific notations delineating the terms of participation and describe the relationship between the program and the laboratory site(s), and clearly define the roles of the program, its sponsor, and the laboratory site(s).

In the event of program closure or loss of accreditation, the sponsor must maintain a current, institutionally approved teach-out plan, consistent with Section 1 of the CoARC Accreditation Policies and Procedures Manual, that ensures all currently enrolled students can complete the program. The plan must be consistent with the requirements of the sponsor's institutional accreditor, CoARC, and all applicable state and federal laws. If the sponsor is unable to provide instruction through completion, the sponsor must document and implement procedures for arranging the transfer of affected students to another CoARC-accredited program, as outlined in Section 1 of the CoARC Accreditation Policies and Procedures Manual.

Evidence of Compliance:

- Institutional academic catalog listing program(s) of study and course offerings
- Current affiliation agreements or MOUs with all OCLS, simulation, and clinical sites
- A list of all sites used for clinical training
- Documentation of the process and timeline for initiating, reviewing, approving, executing, and renewing agreements and MOUs
- Transfer of credit policies, if applicable
- A list of all sites used for OCLS training, if applicable

1.04 The sponsor is responsible for ensuring curriculum planning, course selection, and coordination of instruction by program faculty. Institutional policies related to academic standards must support academic and professional judgments of the program faculty. The program faculty must determine student progression through each stage of the program.

Interpretive Guideline:

Program faculty must be involved in the development, review, and revision of academic program policies. Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. On at least an annual basis, the sponsor should provide program faculty with the time and support needed to conduct a curriculum review and revision (as defined in Standard 4.08) and develop action plans to address any shortcomings identified in this evaluation, as well as to reassess curriculum design and course delivery format and enhance the curriculum based on feedback from course evaluations by students, graduates and instructors. During the academic year, program faculty should meet regularly to assess the outcomes of curricular revisions, discuss student course evaluations, and make any necessary modifications to ensure the curriculum is up to date and effective. Programs must maintain the minutes of these meetings for a minimum of five years.

Evidence of Compliance:

- Institutional policies and governance documents demonstrating that the sponsor ensures curriculum planning, course selection, and coordination of instruction are carried out by program faculty
- Institutional policies affirming that academic and professional judgments of program faculty regarding curriculum and student progression are supported by the institution
- Documentation that program faculty develop, implement, regularly review, and revise the curriculum
- Minutes of program faculty meetings reflecting curriculum planning, course selection, coordination of instruction, and student progression decisions

1.05 The sponsor ensures the ongoing professional development and scholarly activities of the PD and DCE. In addition, the sponsor must provide sufficient time and financial resources

in support of the PD and DCE, as applicable to their job description, for:

a) maintenance of certification and licensure; and
b) professional development directly relevant to respiratory care education.

Interpretive Guideline:

"Professional development" requires that the PD and DCE maintain current clinical, academic, and instructional competencies and develop new knowledge and skills as necessary to fulfill their assigned responsibilities in respiratory care education. Ongoing scholarly activity is an expected component of professional development.

The sponsor must ensure that the PD and DCE are supported in their continued professional development. In addition, the sponsor must provide sufficient time and financial resources to the PD and DCE, as applicable to their job descriptions, to support:

- *Maintenance of required certification and licensure; and*
- *Professional development directly relevant to respiratory care education and program leadership responsibilities.*

Institutional support for professional development may include, but is not limited to:

- *Funding for maintenance of National Board for Respiratory Care (NBRC) credentials and other required certifications or licenses.*
- *Payment of dues and fees associated with credential maintenance.*
- *Support for attendance at state, regional, or national professional meetings and continuing education conferences relevant to respiratory care education.*
- *Provision of non-vacation release time for professional organizational involvement, clinical practice, research, and scholarly activities.*
- *Support for faculty pursuit of advanced degrees through tuition remission or workload adjustments.*
- *Allocated time for study, review, and preparation necessary for credential maintenance.*

Such support must be sufficient to allow the PD and DCE to meaningfully maintain required credentials and engage in professional development activities consistent with their roles.

Evidence of Compliance:

- Institutional policies that support continued professional development of the PD and DCE (e.g., release time, workload reduction, funding)
- Documentation of professional development activities of the PD and DCE and institutional support for these activities related to respiratory care education

1.06 Program academic policies must apply equally to students and faculty at each location where instruction occurs. For students and faculty at OCLS locations, the sponsor must provide access to academic support services and other resources equivalent to those on

the main campus.

Interpretive Guideline:
Program academic policies must apply equally to all students and faculty, regardless of location or instructional method. Policies must be consistent across all instructional settings, including didactic, laboratory, clinical, and distance education formats. Programs with multiple instructional sites, including OCLS locations, must ensure that academic policies are uniformly implemented and enforced across all locations.

For students and faculty at OCLS locations, the sponsor must provide access to academic support services and other institutional resources that are equivalent to those available on the main (base) campus. Equivalent access may be provided through on-site, remote, or alternative delivery methods, provided the level, quality, and timeliness of support are comparable to those available at the main campus.

Services and resources that support students in achieving academic and career goals typically include academic advising, tutoring, career services, financial aid assistance, and access to computing and library resources. Resources available to instructional faculty include, but are not limited to, computing services, instructional design support, information technology services, library resources, and employee assistance programs. Programs must clearly inform students and faculty how to access these services, including when access is provided remotely or through alternative means.

Clinical affiliation agreements or MOUs may require compliance with site-specific operational, safety, or employment policies. However, such agreements may not supersede or conflict with the program's academic policies. The program retains responsibility for ensuring consistent application of academic standards and policies across all instructional locations.

Evidence of Compliance:

- Published program policies demonstrating equal application to students and faculty across all instructional locations (didactic, laboratory, clinical, distance education, and OCLS locations)
- Student Handbook outlining consistent academic policies and access to support services across all locations, including for OCLS students and faculty
- Clinical affiliation agreements or MOUs demonstrating that site-specific policies do not supersede or conflict with program academic policies
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate Surveys and results/analysis/action plan(s) (RCS)

1.07 The sponsor must report substantive change(s) to the CoARC prior to such changes, or within the time limits prescribed. For details (including a delineation of such changes), see Section 9 of the CoARC Accreditation Policies and Procedures Manual.

Interpretive Guideline:

The sponsor must demonstrate compliance with all components of this Standard. As noted, the process for reporting substantive changes is defined in the CoARC Accreditation Policies and Procedures Manual (available at www.coarc.com). A sponsor considering or planning any significant change should contact CoARC early in the process. This will provide the sponsor with an opportunity to consult CoARC Executive Office staff on whether the change is 'substantive', the procedures to be followed, and the potential effect of the change on its accreditation status.

If, during an accreditation review, a substantive change that has already been implemented without CoARC approval is discovered, the CoARC Executive Office must be contacted as soon as possible to determine the course of action.

Evidence of Compliance:

- Documentation demonstrating submission of the CoARC Application for Substantive Change prior to implementation and related documentation required by CoARC Policies
- Documentation confirming CoARC approval of the change

SECTION 2 - INSTITUTIONAL RESOURCES AND PERSONNEL RESOURCES

This section defines the institutional resources, personnel qualifications, and organizational structure required to sustain a high-quality respiratory care program. Sponsors must provide sufficient fiscal, academic, and physical resources across all instructional locations to support program goals and student learning outcomes. Programs must appoint qualified Key Personnel—including a Program Director, Director of Clinical Education, and Medical Director—and ensure adequate faculty and support staff for instruction, supervision, and administration. Ongoing resource assessment and advisory committee input are required to support continuous program improvement.

Institutional Resources

2.01 The sponsor must ensure that fiscal, academic, and physical resources are sufficient to achieve the program's goal(s), as defined in Standards 3.01 and 3.02, for all instructional locations, regardless of the instructional methodology used.

Interpretive Guideline:
The sponsor must have sufficient fiscal, academic, and physical resources to develop, implement, and sustain the program on a continuing basis in a manner that ensures achievement of the program's goals and outcomes as defined in Standards 3.01 and 3.02. Resource sufficiency must be demonstrated at all instructional locations, regardless of instructional methodology.

The sponsor must demonstrate the financial resources required to both develop and sustain the program on a continuing basis. The sponsor must be able to recruit and retain sufficient qualified faculty and to purchase, maintain, and update sufficient and appropriate academic resources, as reflected in annual budget appropriations. Annual appropriations should provide for innovations and changes, including technological advances, necessary to reflect current concepts in education and in the profession. The budget must ensure adequate resources for all enrolled students at all instructional locations, even in the event of program closure (see Section 1 of the CoARC Accreditation Policies and Procedures Manual).

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

times, with appropriate supervision.

Physical resources refer to the space allocated to the program at each instructional location and must be sufficient to support achievement of program goals. Such resources include, but are not limited to, offices; classrooms; laboratories; space for confidential student counseling; program conferences and meetings; and secure storage of student files and records.

For distance education programs or programs that include distance learning components, arrangements for all necessary laboratory and clinical instruction/experience for each student must be completed prior to the student's enrollment into the program. These arrangements must be sufficient to support achievement of the program's goals and must be maintained throughout the student's matriculation in the program. The sponsor must ensure that equivalent fiscal, academic, and physical resources are available to students enrolled through distance methodology as are provided to students at the base program location.

Evidence of Compliance:

- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- Approved program budgets and institutional support documentation demonstrating fiscal sufficiency, sustainability, innovation/technology support, and teach-out provisions
- Documentation of sufficient qualified faculty and adequate academic and physical resources, including equitable student access across all instructional locations
- For distance education or distance components, copies of agreements/contracts with laboratories, clinical site(s), OCLS(s), secured prior to enrollment and maintained throughout matriculation, with documentation of resource equivalency to the base program instruction

Key Program Personnel

2.02 The sponsor must appoint, at a minimum, a full-time PD, a full-time DCE, and a Medical Director (MD).

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

Interpretive Guideline:
The PD and DCE must hold full-time appointments (as defined by the sponsor) with an appointment length (e.g., 10-month, 12-month, etc.) sufficient to fulfill the responsibilities

outlined in Standards 2.03 and 2.07, respectively, as well as any additional sponsor responsibilities. These positions require clear lines of authority and accountability; therefore, the responsibilities of the PD and DCE may not be shared among multiple individuals. Only one individual can serve in each role.

The Medical Director (or designated co-directors, if applicable) is not required to hold a full-time appointment. However, the sponsor must ensure that the MD is sufficiently involved in the program to fulfill the responsibilities defined in the Standards.
Programs offering optional components must appoint the following Key Personnel:

- *A Primary Sleep Specialist Instructor for programs offering a sleep specialist option.*
- *A Satellite Site Coordinator for each approved satellite location.*
- *An ADT Coordinator for each geographically separate ADT location.*

The sponsor must ensure that these individuals have clearly defined roles, qualifications appropriate to their assignments, and sufficient time and institutional support to fulfill their responsibilities effectively.

All Key Personnel (including the PD, DCE, MD, Primary Sleep Specialist Instructor, Satellite Site Coordinator, and ADT Coordinator, when applicable) must meet the educational and credentialing requirements of the sponsor and applicable regulatory or accrediting agencies.

At a minimum, Key Personnel must hold academic appointments and be granted privileges comparable to those of other faculty within the institution who have similar academic responsibilities.

Documentation of employment for Key Personnel must include current Letters of Appointment and Acceptance (templates are available on the CoARC website). Letters of Appointment and Acceptance, as well as corresponding Job Descriptions, must:

- *Be current*
- *Clearly define assigned responsibilities, and*
- *Show evidence of periodic review in accordance with institutional evaluation cycles*

A current listing of all Key Personnel and program faculty must be readily accessible on the program's website.

Evidence of Compliance:

- Current Letters of Appointment and Acceptance for all Key Personnel (PD, DCE, MD, and, when applicable, Sleep, Satellite, and ADT Coordinators), reflecting appointment status, including full-time designation for the PD and DCE
- Current Job Descriptions for all Key Personnel that define responsibilities and qualifications, and show evidence of periodic review per institutional evaluation cycles
- Documentation verifying that Key Personnel hold appropriate academic appointments and privileges, meet institutional and regulatory credentialing requirements, and are listed with program faculty on the program website

- Organizational chart(s) showing reporting relationships, clear lines of authority and accountability, and inclusion of all required Key Personnel

Program Director

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

Interpretive Guideline:

The PD serves as the primary and official point of contact between the program and the accrediting body. All accreditation-related communications, submissions, reports, and official correspondence shall be coordinated through the PD. Sponsors may support accreditation activities by providing additional administrative personnel; however, such support does not supersede the PD's authority or responsibility as the primary point of contact for accreditation-related matters. The CoARC recognizes the PD as the individual responsible for ensuring timely, accurate, and complete communication on the program's behalf.

The PD serves as the academic and administrative leader of the program (and all applicable program options) and is responsible for ensuring compliance with all CoARC Standards. The PD's responsibilities encompass fiscal planning, program planning and development, and the ongoing review and analysis of all program activities to verify that the program fully complies with the current Standards. The PD also maintains educational responsibilities, including continuous curriculum development, periodic curriculum review, and teaching. The PD must collaborate with the DCE to ensure that clinical education is effectively coordinated with didactic and laboratory instruction and that all program outcomes required by the Standards are met.

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

Administrative Release Time

The PD must be allocated formal, documented release time within the institutional workload, reflecting a reduction of no less than 25% in one or more workload areas—teaching, research, or service. This allocation must ensure that the PD has sufficient time to fulfill all administrative and accreditation responsibilities.

Institutional Policy Alignment:
Institutional policies related to academic standards, faculty roles, and workload must be applied in a manner that recognizes and supports the academic and technical aspects of the respiratory care program. This includes provisions for reductions in teaching load and appropriate workload adjustments for administrative functions.

Definition of the 25% Release Time:
The 25% release time requirement is based on the sponsor's standard full-time workload (e.g., 15 credit hours of teaching or an equivalent number of workload units per semester). For example, a 25% release corresponds to approximately 3.75 credit hours per semester, or an equivalent percentage of research or service time, depending on the institutional model. Institutions that calculate workload in hours rather than percentages must document an equivalent workload reduction that meets or exceeds 25% of a full-time assignment.

Functions Considered for Release Time:
The sponsor must identify and document specific administrative functions that warrant release time. These functions include, but are not limited to:
- Program administration and operational oversight;
- Coordination of clinical education with didactic and laboratory components;
- Preparation of accreditation reports, self-studies, and annual assessments;
- Program assessment and evaluation activities;
- Faculty recruitment, mentorship, and evaluation;
- Student recruitment, advising, and retention initiatives;
- Institutional and professional service related to program administration.

Teaching-related activities (such as, but not limited to, setting up for didactic, laboratory, and simulation activities) and stipends do not count as workload release. Only a documented reduction in assigned administrative duties qualifies for the 25% requirement.

Professional Development:
Time devoted to professional development may be considered part of the PD's administrative workload only when such activities directly support program management, accreditation, assessment, or compliance with Standards. General professional development unrelated to these functions shall not be applied toward the 25% administrative release requirement.

Workload Distribution and Role Balance:
PDs who also hold additional leadership roles within the institution (e.g., Dean, Department Chair, Division Chair) or engage in non-program activities such as clinical practice, teaching, or research must have a workload balance that allows sufficient time to fulfill program administrative duties.

For example, if regular faculty have a 90% teaching / 10% service appointment and the PD's assignment reflects 60% teaching / 40% administration, this distribution satisfies the release time requirement, provided documentation confirms that the 40% administrative allocation meets or exceeds a 25% reduction from standard faculty expectations.

Accreditation and Other Administrative Duties:
The 25% administrative release time is not limited solely to accreditation activities. It is intended to encompass the full scope of the PD's administrative responsibilities for the base program and all program options (if applicable), including but not limited to accreditation, strategic program planning, faculty supervision, assessment, and sponsor collaboration.

Sponsors must not interpret the 25% requirement as applying only to accreditation-related tasks. Instead, it should represent a comprehensive allocation supporting all administrative and leadership functions of the PD role.

Evidence of Compliance:

- Sponsor letter of appointment and acceptance (or equivalent), current PD job description, and organizational chart confirming full-time status, leadership authority, and designation as the official CoARC point of contact
- CoARC Teaching and Administrative Workload Form; sponsor workload policy; and documentation verifying a minimum 25% formal administrative release from standard full-time workload (exclusive of stipends or teaching-related duties)
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- Documentation of PD involvement in budget development, fiscal oversight, and resource allocation
- Evidence that the PD coordinates accreditation reports, submissions, and official correspondence to ensure compliance with CoARC Standards
- Documentation of appropriate workload distribution for PDs with additional roles and, if remote, evidence of adequate sponsor support and access to necessary resources

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

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

Interpretive Guideline:
Degrees are considered acceptable only if awarded by an academic institution accredited by a federally recognized institutional accrediting agency. For degrees awarded by institutions located outside the United States, CoARC will use an external credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or an equivalent organization to determine whether the foreign degree meets the required minimum degree specified in the Standard. The required degree may be in any field of study.

Evidence of Compliance:

- Official transcript denoting the highest degree earned
- Documentation verifying that the awarding institution is accredited by a federally recognized institutional accrediting agency at the time the degree was conferred
- If applicable, official credential evaluation demonstrating the equivalency of the foreign degree to the required minimum degree

2.05 The PD must:

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

Interpretive Guideline:

The PD must hold a valid RRT credential awarded by the NBRC and maintain a current, active state license authorizing practice as required by law. Acceptable documentation of credential validity includes a copy of the NBRC certificate or an official NBRC Credentials Verification Letter. An expired RRT credential does not meet this Standard. The PD must maintain licensure sufficiently to legally perform the responsibilities of the position, including any additional licensure required by state law or the sponsor. In distance education or border-state situations, licensure must ensure legal authorization to practice in the jurisdiction(s) applicable to the PD's role.

The PD must document a minimum of four (4) years' experience as an RRT, including at least two (2) years in clinical respiratory care, and at least two (2) years of teaching experience in a CoARC-accredited respiratory care program as an appointed faculty member or as a clinical instructor/preceptor. All experience must be verifiable.

The PD is required to complete the CoARC Key Personnel Training Program (PD/DCE Academy). A newly appointed PD who has served in a permanent Key Personnel role (PD or DCE) in a CoARC-accredited program for at least twelve (12) months within the thirty-six (36) months preceding appointment—and who previously completed the required training—will be considered to have met this requirement. When required, the PD/DCE Academy must be completed within twenty-four (24) months of assuming the permanent PD position. Failure to complete the training within this timeframe will result in the program being placed on Administrative Probation.

Individuals serving in a temporary or acting PD capacity are not required to complete the PD/DCE Academy during the interim appointment. However, upon permanent appointment as PD, the individual must comply with the training requirement and complete the Academy within twenty-four (24) months of that appointment if it has not already been completed. Transitional personnel may complete the Academy prior to a permanent appointment; if not completed beforehand, the same twenty-four (24)- month completion timeline applies after a permanent appointment. All

programs filling a permanent PD vacancy must ensure compliance with this Standard.

Evidence of Compliance:

- Documentation of a valid RRT credential
- Documentation of a current state license
- Completed CoARC CV Outline verifying required RRT, clinical, and teaching experience
- CoARC Key Personnel Training Program certificate of completion (if required)

2.06 The PD must be accessible and available to students and faculty and have frequent and consistent contact with students and faculty at all instructional locations while students are enrolled in professional courses.

Interpretive Guideline:
The PD is accessible and available to students and faculty throughout their enrollment in professional courses. The PD maintains frequent and consistent contact with students and faculty across all instructional locations to support effective program oversight, instructional continuity, and student support. This contact is facilitated through regularly scheduled on-campus and virtual office hours, electronic communication, participation in didactic and clinical instructional activities, and ongoing collaboration with faculty and clinical affiliates. These practices ensure that the PD remains actively engaged and accessible regardless of instructional location. Student course evaluations and interview responses during on-site visits should affirm that the PD is accessible to students throughout their course of study and that the extent of interaction between the PD and students facilitates the achievement of program goals.

Evidence of Compliance:

- Documented PD office hours (all locations and virtual)
- Results of student course evaluations
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)

Director of Clinical Education

2.07 The DCE must provide effective leadership in developing, conducting, and ongoing assessment of the clinical education program. There must be evidence that sufficient time is allocated to the DCE so that his or her educational and administrative responsibilities can be met.

Interpretive Guideline:
The DCE serves as the primary and official point of contact for matters related to the program's clinical education component, including communication with clinical affiliates, clinical faculty, and clinical instructional sites. The DCE is responsible for coordinating, overseeing, and documenting all clinical education activities, including clinical site evaluation, student supervision and

assessment, and alignment of clinical learning experiences with curriculum, program goals, and expected competencies.

While the sponsor may provide administrative or clerical support for clinical education activities, such support does not supersede the DCE's authority or responsibility for the management, evaluation, and continuous improvement of the clinical education program. The CoARC recognizes the DCE as the individual responsible for ensuring that clinical education experiences are sufficient, effective, and compliant with applicable accreditation Standards, and that communication related to clinical education is timely, accurate, and complete.

Management of the program's clinical activities includes:

- *organization, development, and administration of the clinical curriculum.*
- *planning for, acquisition of, and communication with, instructional locations needed for development of evolving practice skills.*
- *ensuring that appropriate supervision/assessment of students is available at all clinical sites.*
- *and ongoing assessment of the overall effectiveness of the clinical training for all students.*

The DCE must work with the PD to ensure that student clinical experiences are coordinated with their didactic and laboratory education. The DCE may assume other responsibilities – within the program (administrative, teaching in the classroom and the laboratory) or as determined by the sponsor – when assigned.

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

<u>Administrative Release Time</u>

The DCE must be allocated formal, documented release time within the institutional workload, reflecting a reduction of no less than 25% in one or more workload areas—teaching, research, or service. This allocation must ensure that the DCE has sufficient time to fulfill all administrative and accreditation responsibilities.

Institutional Policy Alignment:
Institutional policies related to academic standards, faculty roles, and workload must be applied in a manner that recognizes and supports the academic and technical aspects of the respiratory care program. This includes provisions for reductions in teaching load and appropriate workload adjustments for administrative functions.

Definition of the 25% Release Time:

The 25% release time requirement is based on the sponsor's standard full-time workload (e.g., 15 credit hours of teaching or an equivalent number of workload units per semester). For example, a 25% release corresponds to approximately 3.75 credit hours per semester, or an equivalent percentage of research or service time, depending on the institutional model. Institutions that calculate workload in hours rather than percentages must document an equivalent workload reduction that meets or exceeds 25% of a full-time assignment.

Functions Considered for Release Time:
The sponsor must identify and document specific administrative functions that warrant release time. These functions include, but are not limited to:
- Administration and operational oversight of the clinical education component;
- Coordination of clinical education with didactic and laboratory components;
- Preparation of accreditation reports, self-studies, and annual assessments;
- Assessment and evaluation activities of the clinical education component;
- Student recruitment, advising, and retention initiatives;
- Institutional and professional service related to the administration of the clinical education component.

Teaching-related activities (such as, but not limited to, setting up for didactic, laboratory, and simulation activities) and stipends do not count as workload release. Only a documented reduction in assigned administrative duties qualifies for the 25% requirement.

Professional Development:
Time devoted to professional development may be considered part of the DCE's administrative workload only when such activities directly support program management, accreditation, assessment, or compliance with Standards. General professional development unrelated to these functions shall not be applied toward the 25% administrative release requirement.

Workload Distribution and Role Balance:
DCEs who also hold additional leadership roles within the institution (e.g., Dean, Department Chair, Division Chair) or engage in non-program activities such as clinical practice, teaching, or research must have a workload balance that allows sufficient time to fulfill program administrative duties.

For example, if regular faculty have a 90% teaching / 10% service appointment and the PD's assignment reflects 60% teaching / 40% administration, this distribution satisfies the release time requirement, provided documentation confirms that the 40% administrative allocation meets or exceeds a 25% reduction from standard faculty expectations.

Accreditation and Other Administrative Duties:
The 25% administrative release time is not limited solely to accreditation activities. It is intended to encompass the full scope of the DCE's administrative responsibilities for the base program and all program options (if applicable), including but not limited to accreditation, strategic program planning, faculty supervision, assessment, and sponsor collaboration.

Sponsors must not interpret the 25% requirement as applying only to accreditation-related tasks. Instead, it should represent a comprehensive allocation supporting all administrative and leadership functions of the DCE role.

Evidence of Compliance:

- Sponsor letter of appointment and acceptance (or equivalent), current DCE job description, and organizational chart confirming full-time status, leadership authority, and responsibility for oversight of the clinical education component
- CoARC Teaching and Administrative Workload Form; sponsor workload policy; and documentation verifying a minimum 25% formal administrative release from standard full-time workload (exclusive of stipends or teaching-related duties)
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- Evidence of clinical education oversight and site management, including curriculum administration, affiliation agreements, site evaluations, supervision verification, and student assessment documentation
- Evidence that the DCE coordinates with the PD on the clinical education component to ensure compliance with CoARC Standards
- Documentation of appropriate workload distribution for DCEs with additional roles and, if remote, evidence of adequate sponsor support and access to necessary resources

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

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

Interpretive Guideline:

Degrees are considered acceptable only if awarded by an academic institution accredited by a federally recognized institutional accrediting agency. For degrees awarded by institutions located outside the United States, CoARC will use an external credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or an equivalent organization to determine whether the foreign degree meets the required minimum degree specified in the Standard. The required degree may be in any field of study.

Evidence of Compliance

- Official transcript denoting the highest degree earned
- Documentation verifying that the awarding institution is accredited by a federally recognized institutional accrediting agency at the time the degree was conferred
- If applicable, official credential evaluation demonstrating the equivalency of the foreign

degree to the required minimum degree

2.09 The DCE must:

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

Interpretive Guideline:

The DCE must hold a valid RRT credential awarded by the NBRC and maintain a current, active state license authorizing practice as required by law. Acceptable documentation of credential validity includes a copy of the NBRC certificate or an official NBRC Credentials Verification Letter. An expired RRT credential does not meet this Standard. The DCE must maintain licensure sufficiently to legally perform the responsibilities of the position, including any additional licensure required by state law or the sponsor. In distance education or border-state situations, licensure must ensure legal authorization to practice in the jurisdiction(s) applicable to the DCE's role.

The DCE must document a minimum of four (4) years' experience as an RRT, including at least two (2) years in clinical respiratory care, and at least two (2) years of teaching experience in a CoARC-accredited respiratory care program as an appointed faculty member or as a clinical instructor/preceptor. All experience must be verifiable.

The DCE is required to complete the CoARC Key Personnel Training Program (PD/DCE Academy). A newly appointed DCE who has served in a permanent Key Personnel role (PD or DCE) in a CoARC-accredited program for at least twelve (12) months within the thirty-six (36) months preceding appointment—and who previously completed the required training—will be considered to have met this requirement. When required, the PD/DCE Academy must be completed within twenty-four (24) months of assuming the permanent DCE position. Failure to complete the training within this timeframe will result in the program being placed on Administrative Probation.

Individuals serving in a temporary or acting DCE capacity are not required to complete the PD/DCE Academy during the interim appointment. However, upon permanent appointment as DCE, the individual must comply with the training requirement and complete the Academy within twenty-four (24) months of that appointment if it has not already been completed. Transitional personnel may complete the Academy prior to a permanent appointment; if not completed beforehand, the same twenty-four (24)- month completion timeline applies after a permanent appointment. All programs filling a permanent DCE vacancy must ensure compliance with this Standard.

Evidence of Compliance:

- Documentation of a valid RRT credential
- Documentation of a current state license

- Completed CoARC CV Outline verifying required RRT, clinical, and teaching experience
- CoARC Key Personnel Training Program certificate of completion (if required)

2.10 The DCE must be accessible and available to students and faculty and have frequent and consistent contact with students, clinical faculty, and clinical affiliates at all instructional locations while students are enrolled in professional courses.

Interpretive Guideline:
The DCE is accessible and available to students and faculty throughout their enrollment in professional courses. The DCE maintains frequent and consistent contact with students and faculty across all instructional locations to support effective oversight of clinical education programs, instructional continuity, and student support. This contact is facilitated through regularly scheduled on-campus and virtual office hours, electronic communication, participation in didactic and clinical instructional activities, and ongoing collaboration with faculty and clinical affiliates. These practices ensure that the DCE remains actively engaged and accessible regardless of instructional location. Student course evaluations and interview responses during on-site visits should affirm that the DCE is accessible to students throughout their course of study and that the extent of interaction between the DCE and students facilitates the achievement of program goals.

Evidence of Compliance:

- Documented DCE office hours (all locations and virtual)
- Results of student course evaluations
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)

Medical Director

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

Interpretive Guideline:
The sponsor must formally appoint an MD who is a licensed physician and Board-certified by a member board of the ABMS or the AOA in a specialty relevant to respiratory care. The physician's specialty should reflect clinical expertise appropriate to the scope and depth of respiratory care education, such as pulmonary medicine, critical care medicine, anesthesiology, sleep medicine, neonatology, or another closely related specialty.

Documentation of the MD's appointment must include letters of appointment and acceptance. The program must maintain a current curriculum vitae or a completed CoARC Curriculum Vitae Outline for Program Faculty. The CV must document current licensure and Board certification. Evidence confirming that licensure and Board certification are valid and current may include copies of the license and board certificate or primary-source verification letters from the appropriate licensing and credentialing agencies.

The MD must provide medical guidance to the program and assist the PD and DCE in ensuring that didactic, laboratory, and supervised clinical instruction meet current practice guidelines. This responsibility includes advising program leadership on the accuracy and appropriateness of medical content, integration of current evidence-based practice guidelines, emerging technologies and therapeutic modalities, patient safety standards, and ethical medical practice. The MD's involvement should be ongoing and substantive, demonstrating active collaboration with the PD and DCE to ensure that the curriculum remains current, clinically relevant, and aligned with contemporary standards of care.

Evidence of the MD's provision of medical guidance and assistance may include documentation of participation in curriculum review, written feedback or recommendations regarding course content, meeting minutes reflecting consultation on instructional matters, or other records demonstrating engagement in program evaluation and continuous improvement processes.

The Medical Director must also facilitate physician interaction with students. This requirement is intended to promote interprofessional education, professional socialization, and exposure to physician perspectives in respiratory care practice. Facilitation may occur directly through the MD or through coordination with other qualified physicians. Documentation of physician interaction with students may include logs of clinical interactions, physician-led lectures or case discussions, records of student presentations to physicians in didactic or clinical settings, physicians' participation in simulation activities, or documentation of students' involvement in research or scholarly activities supervised by physicians. Programs should demonstrate that such interaction is structured and recurring rather than incidental.

Documentation of the MD's participation in the Advisory Committee (AC), including attending AC meetings, must be maintained. However, participation in the AC does not substitute for the MD's required responsibilities under this Standard.

The program is responsible for ensuring that the MD's licensure and Board certification remain current and that documentation supporting compliance with this Standard is maintained and available for review.

Evidence of Compliance:

- Documentation of a current state medical license
- Documentation of current ABMS or AOA valid board certificate(s) in a specialty relevant to respiratory care
- Current curriculum vitae or completed CoARC Curriculum Vitae Outline documenting

licensure, Board certification, and relevant clinical expertise
- Job description outlining responsibilities consistent with Standard 2.11 (provision of medical guidance; collaboration with the PD and DCE; facilitation of physician interaction with students)
- Institutional letter of appointment and acceptance confirming formal designation as MD
- Evidence of ongoing, substantive medical guidance and collaboration with Key Personnel (e.g., documented curriculum input and program evaluation participation)
- Documentation of participation in AC meetings
- Documentation of structured, recurring physician interaction with students (e.g., clinical or didactic engagement, case discussions, presentations, simulation, or supervised scholarly activities)
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)

Primary Sleep Specialist Instructor

2.12 For programs offering the sleep specialist program option, there must be a faculty member designated as the primary instructor for that portion of the program. In addition to the Certified Respiratory Therapist-Sleep Disorders Specialist (CRT-SDS), RRT-SDS, or a Registered Polysomnographic Technologist (RPSGT) credential, this individual must have a minimum of an associate degree, at least three (3) years of clinical experience in sleep technology, and at least one (1) year of experience in a teaching position.

Interpretive Guideline:
For programs offering the sleep specialist program option, the individual designated as the primary instructor for that option is considered Key Personnel by CoARC. This individual is responsible for the overall organization, development, instruction, and evaluation of the sleep specialist curriculum. The primary instructor must ensure that course content, laboratory instruction, and clinical experiences are current, evidence-based, and aligned with applicable credentialing examination content outlines and professional standards. The primary instructor is accountable for maintaining academic integrity, monitoring student progress in the sleep option, and ensuring program compliance with CoARC Standards related to sleep education.

The designated primary instructor must hold a current Certified Respiratory Therapist–Sleep Disorders Specialist (CRT-SDS), Registered Respiratory Therapist–Sleep Disorders Specialist (RRT-SDS), or Registered Polysomnographic Technologist (RPSGT) credential. Documentation of credential validity must include a copy of the NBRC or Board of Registered Polysomnographic Technologists (BRPT) certificate or a current NBRC/BRPT Credentials Verification Letter. Expired credentials are not acceptable.

Documentation of employment with the sponsor must include Letters of Appointment and Acceptance (templates are available on the CoARC website). At a minimum, key program

personnel must hold academic appointments, have authority, and enjoy privileges comparable to those of other faculty with similar academic responsibilities within the institution.

Degrees are considered acceptable only if awarded by an academic institution accredited by a federally recognized institutional accrediting agency. For degrees awarded by institutions located outside the United States, CoARC will use an external credential evaluation service that is a member of the NACES or an equivalent organization to determine whether the foreign degree meets the required minimum degree specified in the Standard. The required degree may be in any field of study.

Evidence of Compliance:

- Documentation of a valid credential(s) as a CRT-SDS, RRT-SDS, or RPSGT
- Completed CoARC CV Outline, verifying a minimum of three (3) years of clinical experience in sleep technology, and at least one (1) year of teaching experience
- Institutional letter of appointment and acceptance (or equivalent) as primary sleep specialist instructor, confirming institutional employment and academic status
- Current job description identifying the individual as the designated primary instructor with responsibility for sleep curriculum oversight, instruction, and compliance
- Official transcript verifying at least an associate degree
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- If applicable, official credential evaluation demonstrating the equivalency of the foreign degree to the required minimum degree

Satellite Site Coordinator/ADT Coordinator

2.13 Programs with satellite location(s) and ADT location(s) geographically separate from the base program must assign a faculty member who is an RRT to be the site coordinator at each location. This coordinator is considered Key Personnel. At a minimum, this individual must hold a bachelor's degree. This individual is responsible for ensuring that the educational experiences of students on that site are equivalent to those of the base program students and for maintaining adequate, ongoing communication with the PD and DCE.

Interpretive Guideline:

Programs with geographically separate satellite or ADT locations must document that each site coordinator meets all requirements of this Standard. The site coordinator must hold a current Registered Respiratory Therapist (RRT) credential. Acceptable documentation includes a copy of the NBRC certificate or an NBRC Credentials Verification Letter. Expired credentials do not meet this requirement.

The site coordinator must also hold, at a minimum, a bachelor's degree. Documentation of degree

conferral may include an official or unofficial transcript or a copy of the diploma that indicates the degree earned and the date of conferral. As Key Personnel, the site coordinator must have a current curriculum vitae on file; the CoARC Curriculum Vitae Outline for Program Faculty may be used to satisfy this requirement.

The primary responsibilities of the site coordinator include ensuring that students assigned to the satellite or ADT location receive educational experiences equivalent to those of students at the base program; facilitating consistent implementation of the curriculum; supporting oversight of didactic, laboratory, and simulation instruction at the site; monitoring student progress; and maintaining adequate, ongoing communication with the PD and DCE.

Programs must demonstrate that the site coordinator maintains adequate, ongoing communication with the PD and DCE. Evidence may include communication logs, electronic correspondence, or faculty meeting minutes reflecting coordination activities.

The program must document that students at satellite or ADT locations receive educational experiences equivalent to those of students at the base program. Evidence may include consistent syllabi and instructional materials, comparable clinical assignments and competency tracking, assessment data across locations, and documentation of oversight and evaluation processes. Programs must demonstrate systematic oversight to ensure equivalency in curriculum delivery, clinical education, student evaluation, and access to support services across all locations.

Degrees are considered acceptable only if awarded by an academic institution accredited by a federally recognized institutional accrediting agency. For degrees awarded by institutions located outside the United States, CoARC will use an external credential evaluation service that is a member of the NACES or an equivalent organization to determine whether the foreign degree meets the required minimum degree specified in the Standard. The required degree may be in any field of study.

Evidence of Compliance:

- Documentation of a valid credential(s) as an RRT
- Completed CoARC CV Outline
- Institutional letter of appointment as site coordinator and acceptance (or equivalent) confirming institutional employment and academic status
- Current job description identifying the individual as the designated site coordinator with responsibility for curriculum oversight, instruction, and compliance
- Official transcript verifying at least a bachelor's degree
- Evidence of adequate, ongoing communication with the PD and DCE (e.g., communication logs, electronic correspondence, meeting minutes)
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- If applicable, official credential evaluation demonstrating the equivalency of the foreign degree to the required minimum degree

Instructor Qualifications, Instructional Capacity, and Student Supervision Requirements

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

Interpretive Guideline:

The program must ensure that a sufficient number of appropriately trained, licensed, and credentialed faculty/instructors are available to support students at each instructional location. Faculty and instructors must be qualified in the content areas they teach, meaning they have demonstrated adequate knowledge, skills, and competence in those areas. Appropriate credentials will vary depending on the topics and skills being taught. Expired credentials are not considered valid.

The program must develop and implement training to promote consistent student evaluation practices across all settings. This training must include instruction on the use of programmatic checkoffs and other evaluation tools. The program should review student evaluations of clinical preceptors and clinical sites to identify potential inconsistencies in clinical evaluation practices. The DCE should collaborate with employer representatives serving on the program's AC and/or clinical site, and with department supervisors, to include as many clinical instructors and preceptors as possible in the training process.

The program's training and assessment process must be revised when any of the following occurs:

- *Significant changes are made to the clinical evaluation process*
- *New clinical competencies are introduced into the curriculum*
- *There is a significant change in the NBRC content outline*

Programs may determine that maintaining student-to-instructor ratios lower than CoARC-required minimums in clinical, laboratory, and simulation settings improves the quality of learning experiences. Clinical sites may also maintain lower ratios to ensure patient safety or limit the number of students assigned to the site.

Laboratory Instruction Ratios:

The student-to-instructor ratio requirement for laboratory instruction applies when students are actively engaged in laboratory-based skill instruction, hands-on practice, competency checkoffs, or other instructor-supervised performance activities. The required ratio must reflect the actual educational activity occurring during the scheduled laboratory period, regardless of how the time

is labeled on the course schedule.

Lecture content delivered during scheduled laboratory time is not considered laboratory instruction for ratio purposes, provided it is delivered as traditional didactic instruction and does not involve hands-on skill performance, supervised practice, or competency evaluation occurring simultaneously. If hands-on instruction or skill evaluation occurs during the same scheduled period, the laboratory ratio requirement applies.

Simulation Ratios:
The program must ensure that sufficient instructors are present during simulation experiences to allow for direct observation and evaluation of student performance. At least one qualified individual must be specifically assigned to monitor student performance, apply evaluation criteria, and complete required assessment documentation. This individual must be able to observe student actions, clinical decision-making, and competency demonstration in real time.

When laboratory time includes both laboratory instruction and simulation activities, the program must comply with the applicable ratio based on the activity occurring at that time (i.e., the laboratory ratio during laboratory instruction and the simulation ratio during simulation activities).

Clinical and Laboratory Instructor Requirements:
Clinical instructors may include off-site clinical supervisors or similar personnel who do not hold employment contracts with the sponsor. However, all clinical preceptors must be employed by the clinical site where they supervise students. For all individuals involved in clinical student evaluation, the program must maintain documentation confirming that orientation was provided, addressing evaluator roles and responsibilities, clinical policies and procedures, and the use of clinical checkoffs and evaluation tools.

The program must document that laboratory instructors have received appropriate orientation and training related to their roles and responsibilities, program policies and procedures, and the evaluation instruments used to assess student competencies. OCLS instructors must maintain adequate and ongoing communication with the PD and DCE.

Instructors may include individuals outside respiratory care who possess advanced degrees, specialized training, or relevant experience in related disciplines (e.g., physicians, pharmacists, nurses, pulmonary function technologists). Volunteer, adjunct, part-time, and full-time instructors may all meet this Standard.

Evidence of Compliance:

- Documentation of compliance with required student-to-instructor ratios in laboratory (12:1), clinical (6:1 instructor; 2:1 preceptor), and simulation (6:1) settings, including schedules, rosters, and student assignment records reflecting the instructional activity occurring
- Laboratory, simulation, and clinical schedules identifying qualified individuals assigned to

directly observe, evaluate, and document student performance
- Documentation of orientation and training for instructors in all instructional settings, addressing roles, responsibilities, program policies, and use of evaluation tools and checkoffs
- Student surveys of faculty performance (e.g., course evaluations)
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)

Academic, Administrative, and Clerical Support Staff

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

Interpretive Guideline:
Administrative, academic, and clerical support may include shared ("pool") staff who support multiple programs. The level of support must be sufficient to enable the program to meet its goals as defined in Standard III and to allow Key Personnel to fulfill their educational and administrative responsibilities.

Administrative support staff should assist with program operations, including budgeting, scheduling, reporting, accreditation documentation, and coordinating recruitment and admissions activities. Clerical support staff should assist in preparing course materials and correspondence, maintaining student records, managing communications, and supporting day-to-day program functions.

Academic support staff may include instructional designers, curriculum specialists, assessment and testing personnel, learning support services, technology specialists, and counseling resources. These individuals and services should be accessible as needed to support curriculum development, student learning, assessment processes, and program evaluation.

Programs must demonstrate that the level and type of academic, administrative, and clerical support are appropriate relative to enrollment, faculty workload, delivery format, and program complexity to ensure achievement of programmatic outcomes and compliance with accreditation requirements.

Evidence of Compliance:
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- Budget documents, staffing plans, and FTE allocations showing sustained academic, administrative, and clerical support
- Job descriptions and workload documents identifying defined support roles

- Organizational chart showing dedicated and/or shared ("pool") academic, administrative, and clerical staff supporting the program
- Documentation of access to institutional academic support services (e.g., instructional design, assessment/testing services, learning support, technology services) as needed

Program Advisory Committee

2.16 The communities of interest served by the program include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, clinical affiliates, and the public. An AC, with representation from each of the above communities of interest (and others as determined by the program to help achieve its goals), must meet with Key Personnel at least annually. The purpose of this meeting is to assist program and sponsor personnel in evaluating the curriculum, program outcomes, technical standards, and the program's response to change; to consider additions or revisions to optional program goals; and to be informed of any substantive changes reported to CoARC.

Interpretive Guideline:
The AC serves in an advisory capacity to support program quality and continuous improvement. The AC must include representation from the program's communities of interest, including students, graduates, faculty, college administration, employers, physicians, clinical affiliates, and the public. The AC must meet with Program Key Personnel at least annually.

At a minimum, the AC must assist program and sponsor personnel in evaluating the curriculum, reviewing program outcomes and technical standards, assessing the program's response to change, considering additions or revisions to optional goals, and being informed of any substantive changes reported to CoARC. The AC is advisory; decision-making authority remains with the sponsor and program leadership.

The AC's structure and responsibilities must be defined in written policies. The Chair must be elected by the committee members. Employees of the sponsor and program Key Personnel may not serve as Chair. The PD and DCE should participate as non-voting members.

The AC must include at least one public member who provides a broad community perspective and has no direct relationship with the program or sponsor (e.g., not employed by, contracted with, enrolled in, or a graduate of the program). The public member may not be a current or former member of any health care profession.

Meeting minutes must document that the required review areas were addressed and that the AC was informed of substantive changes reported to CoARC. Programs must maintain written policies and records of membership, deliberations, and meeting minutes for the past 5 years to demonstrate compliance.

The PD and DCE should engage the AC in reviewing the annual Report of Current Status (RCS),

resource adequacy, and any progress reports, action plans, or accreditation actions. These activities strengthen oversight and community engagement.

Evidence of Compliance:

- Current membership list identifying each member's affiliation in the community of interest
- AC meeting minutes demonstrating review and documented input regarding optional goals, curriculum, technical standards, and substantive changes
- Documentation confirming the AC was informed of substantive changes reported to CoARC
- Documentation showing the AC was informed of progress reports, action plans, or adverse accreditation actions, if applicable
- Attendance records confirming that the AC met at least annually and that Key Personnel participated

Program Resources Assessment

2.17 The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard II. Survey data must be documented in the RAM. The results of resource assessment must be part of the PD's continuous analysis of the program and used to make appropriate changes to program resources. Identification of any deficiency requires developing an action plan, documenting its implementation, and evaluating its effectiveness through ongoing resource assessment.

Interpretive Guideline:

Programs must use the CoARC RAM format (available at www.coarc.com) to document the annual assessment of all resources described in Standard II. The RAM serves as the required reporting format for submission to CoARC and ensures consistent documentation of the following elements for each assessed resource:

a) Purpose statement
b) Measurement system(s)
c) Date(s) of measurement
d) Results
e) Analysis of results
f) Action plan(s) and documentation of implementation
g) Reassessment and evaluation of effectiveness

All specified resources must be assessed at least annually using the CoARC Student Program Resource Survey (SPRS) and Personnel Program Resource Survey (PPRS) (www.coarc.com). Survey results must be documented in the RAM and submitted to CoARC with the program's RCS.

The SPRS must be administered annually to all currently enrolled students, preferably near the

end of the academic year. The PPRS must also be administered annually, preferably in conjunction with the AC meeting held near the end of the academic year. If an in-person meeting does not occur, the survey may be completed electronically. The PPRS must be completed by program faculty, the MD, and AC members. Each respondent group must complete the survey items applicable to its role.

To identify potential deficiencies in resource areas, programs are expected to establish a defined performance threshold. CoARC considers a benchmark of at least 80% of responses rated 3 or higher (on the applicable survey scale) in each resource area to represent acceptable performance. Resource areas that do not meet the established benchmark should be considered deficient or suboptimal and require the development of an action plan.

When a deficiency is identified, the PD must:

- *Develop a written action plan,*
- *Document implementation of the plan,*
- *Evaluate the effectiveness of the intervention through ongoing reassessment in subsequent resource assessments.*

If survey data do not clearly identify specific causes for suboptimal performance, the PD should conduct additional evaluation (e.g., focused discussion, targeted review, supplemental assessment methods) to determine contributing factors before developing corrective actions. Resource assessment findings must be incorporated into the PD's continuous analysis of the program. Results, trends, action plans, and reassessment outcomes must inform program decision-making and appropriate modifications to program resources.

Resource Assessments must be reported separately for each program and program option and identified by the program's CoARC ID number. Financial resources must be evaluated using:

- *Applicable items within the Personnel Program Resource Survey, and*
- *A documented, itemized budget review conducted by program Key Personnel.*

Evidence of Compliance:

- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)

SECTION 3 - PROGRAM GOALS, ASSESSMENT, AND OUTCOMES

This section establishes the required program goals and the processes for evaluating student achievement and program effectiveness. Programs must prepare graduates who demonstrate competence in the cognitive, psychomotor, and affective domains of respiratory care practice and may establish additional optional goals with measurable outcomes. Student learning must be evaluated using systematic formative and summative assessments across all learning environments, with remediation provided when deficiencies are identified. Programs must analyze and report outcome data annually—including credentialing exam performance, retention, satisfaction, and employment outcomes—to support continuous improvement and accreditation compliance.

Primary and Degree-Specific Program Goals

3.01 All sponsors must have the following primary goal defining minimum expectations: "To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Registered Respiratory Therapists (RRTs)." Mandated program goals must be made known to all prospective and currently enrolled students. For sponsors offering the sleep specialist program option, the sponsor must have the following additional goal that defines minimum expectations: "To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by Sleep Disorders Specialists (SDS)."

In addition to the primary program goal statement, sponsors offering a baccalaureate degree must develop and publish a baccalaureate-level program goal statement. This goal statement must define the additional expected competencies (knowledge, skills, and professional behaviors) required of graduates at the baccalaureate level, including one or more of the following: leadership, education, research, and/or expanded clinical skills.

In addition to the primary program goal statement, sponsors offering a graduate degree must develop and publish a graduate-level program goal statement. This statement must define the advanced competencies (knowledge, skills, and professional behaviors) expected of graduates and must provide an in-depth experience in delivering respiratory care services to patients. The graduate-level goal statement must emphasize the application of purposeful, meaningful, evidence-based practice, applied research, education, and preparation for future leadership in the respiratory care profession.

Interpretive Guideline:
The CoARC requires that all Entry into Respiratory Care Professional Practice programs adopt the

primary goal statement exactly as written in this Standard, defining the minimum expectations for graduate competence.

Sponsors offering the sleep specialist program option must also adopt the required polysomnography goal statement exactly as written in this Standard.

Sponsors awarding a baccalaureate degree must develop and publish a baccalaureate-level goal statement that defines additional expected competencies beyond associate-level preparation and includes one or more of the following areas: leadership, education, research, and/or expanded clinical skills.

Sponsors awarding a graduate degree must develop and publish a graduate-level goal statement that defines advanced competencies, provides in-depth experience in delivering respiratory care services, and emphasizes evidence-based practice, applied research, education, and preparation for future leadership in the profession.

All required goal statements must be published in the institutional catalog, student handbook, and on the program or institutional (or consortium, if applicable) website to ensure they are made known to prospective and enrolled students.

Program outcome data, faculty and AC meeting minutes, program and sponsor publications, and information obtained during on-site interviews must demonstrate compliance with this Standard.

Evidence of Compliance:

- All required program goal statements, as written in this Standard, as published:
  - in an institutional catalog
  - in the Student Handbook, and
  - on the program or institutional (and consortium, if applicable) website

Optional Program Goals

3.02 In addition to the primary goal(s) outlined in Section 3.01, sponsors may establish optional program goals. Each optional goal must include at least one measurable outcome and be supported by a systematic process for assessing achievement of that outcome. Optional goals must be reviewed and approved annually by the program's Key Personnel and AC. Programs must also ensure that all prospective and currently enrolled students are informed of these optional goals.

Interpretive Guideline:
Optional program goals must be made known to all prospective and currently enrolled students. Each optional goal must include at least one measurable outcome and be supported by a systematic process for assessing achievement of that outcome. This systematic process should

identify the expected level of achievement for the measurable outcome, outline procedures for analyzing results, and describe actions to be taken when outcomes are not achieved. Documentation should demonstrate both the implementation of these actions and their evaluation for effectiveness as part of the program's ongoing assessment process.

Optional goals must be reviewed and approved at least annually by the program's Key Personnel and the AC. As part of this review, goals may be revised as needed to maintain alignment with the roles and functions of RRTs or RRT-SDSs (when applicable) and to ensure they remain appropriate and meaningful to the program and its communities of interest.

Evidence of Compliance:

- Documentation of at least one measurable outcome for each optional goal, including the expected level of achievement and the program's systematic process for assessing achievement
- Documentation of actions taken when outcomes are not achieved and evaluation of the effectiveness of those actions
- Minutes or other documentation demonstrating annual review and approval of optional program goals by Key Personnel and the AC
- Documentation that the optional program goals are communicated to prospective and currently enrolled students

Student Evaluations

3.03 The program must have clearly documented assessment measures by which each student is regularly evaluated on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. There must be formative and summative student evaluation methods that:

a. are utilized throughout the curriculum in all learning environments
b. are appropriate for all methods of delivery
c. align with the progression of student learning outcomes and expected competencies

Interpretive Guideline:

The program must maintain a written, systematic plan for evaluating student performance that demonstrates how each student is regularly assessed for the attainment of required knowledge, psychomotor skills, professional behaviors (attitudes), and competencies for graduation.

Evaluation methods must include both formative and summative assessments and be implemented throughout the curriculum in all learning environments, including didactic, laboratory, simulation, clinical, and any alternative delivery formats. Assessment strategies must be appropriate to the instructional setting and capable of valid measurement of student achievement.

The program must demonstrate alignment between evaluation methods, course objectives, student learning outcomes, and expected competencies. Assessment practices should reflect the developmental progression of learning, with increasing levels of complexity as students advance toward entry-into-practice competence.

The evaluation plan must clearly define grading criteria, progression standards, and requirements for program completion. These policies must be communicated to students upon entry and applied consistently. The program must also document ongoing review and analysis of student performance data to ensure the evaluation system's effectiveness, consistency, and integrity.

Evidence of Compliance:

- Copy of the program's comprehensive written student evaluation plan that documents:
  - Formative and summative assessment methods
  - Alignment of evaluation measures with course objectives, student learning outcomes, and expected competencies
  - Use of assessment across all learning environments (didactic, laboratory, simulation, clinical, and alternative delivery formats)
  - Criteria for progression, remediation, and program completion
  - Ongoing collection and review of student performance data
- Student Handbook, policy manual, and/or syllabi of professional courses demonstrating:
  - Clearly defined grading and performance standards
  - Frequency and types of evaluations
  - Progression and remediation policies
  - Communication of evaluation processes to students

Student Assessment and Remediation

3.04 The program must conduct and document evaluations with sufficient frequency to keep students informed of their progress toward achieving the expected competencies, and to allow for the prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable timeframe.

Interpretive Guideline:

Program faculty must establish, implement, and document a systematic process for evaluating student performance throughout the curriculum. Evaluations must occur at clearly defined points and with sufficient frequency to provide timely information about each student's progress toward achieving the program's expected competencies.

Faculty must review and analyze evaluation data for each student and provide documented feedback that clearly communicates the student's performance status, strengths, deficiencies, and progression expectations. Both formative and summative assessments, based on prespecified program criteria, must be used to ensure consistent and objective evaluation across didactic,

laboratory, and clinical settings.

When a student does not meet established criteria, the program must promptly develop and document a remediation plan that specifies deficiencies, outlines corrective actions, establishes measurable expectations, and includes defined timelines and follow-up evaluation. Remediation must occur within a reasonable timeframe to support student success.

Program faculty must also analyze evaluation data in the aggregate to identify trends and determine whether curricular or instructional modifications are needed. While clinical faculty may provide formative evaluations of clinical performance, program faculty retain ultimate responsibility for ensuring that all evaluations are based on program requirements, that supervisors are informed of evaluation criteria, and that summative evaluations and remediation decisions are implemented and documented appropriately.

Evidence of Compliance:

- Student Handbook, program policies, and syllabi of professional courses outlining evaluation methods, frequency, criteria, progression standards, equitable administration of evaluations, and remediation procedures
- Documented evaluations of individual student performance in didactic, laboratory, and clinical settings, including timely written feedback on academic standing and identified deficiencies
- Written remediation plans, when required, specifying deficiencies, corrective actions, measurable outcomes, defined timelines, and follow-up reassessment within a reasonable timeframe
- Records of academic advising or counseling documenting communication of progress and performance concerns
- Student evaluations of instruction documenting their satisfaction with the frequency and equitable administration of evaluations and opportunities for remediation
- Aggregate evaluation data and meeting minutes demonstrating periodic review of the student evaluation process and related curricular or instructional improvements

Academic Integrity

3.05 Program faculty must provide evidence of their ongoing review of all assessment processes to ensure their integrity, quality, and fairness.

Interpretive Guideline:

The program must provide evidence that faculty conduct ongoing, systematic, and documented review of all assessment processes, regardless of format or delivery method, to ensure integrity, quality, and fairness. This review should evaluate assessment design, alignment with program competencies and learning outcomes, grading consistency, and analysis of performance data

(e.g., item analysis, outcome trends, and reliability measures, as appropriate). Faculty must use these data to support continuous improvement and to ensure that assessments accurately measure students' knowledge, skills, and professional competencies.

Assessment integrity must be maintained through clearly defined security procedures appropriate to each format. Programs must protect examination materials, ensure proper exam administration, and prevent academic misconduct. For online or remote assessments, proctoring procedures must be clearly defined, consistently implemented, and communicated to students in advance.

When proctored examinations are required, the proctor must be an employee of the program's sponsor or a reputable third party that follows established standards for examination security and identity verification. Programs must document the qualifications of any third-party proctors. Student identity must be verified using valid, government-issued photo identification or other secure institutional methods to ensure results reflect the enrolled student's competence.

Fairness must be demonstrated through consistent grading criteria, use of defined rubrics when appropriate, periodic review for bias, and adherence to institutional accommodation policies. Students must be informed of assessment procedures, expectations, and appeal processes. Documentation of review activities—such as meeting minutes, assessment analyses, security procedures, and evidence of improvements—must be maintained to demonstrate ongoing oversight and continuous quality improvement.

Evidence of Compliance:

- Documentation describing assessment security measures used to ensure academic integrity (e.g., proctored exams, secure testing platforms, identity verification procedures)
- Documented faculty review of assessment processes, including evaluation of alignment with program outcomes, grading consistency, assessment data (e.g., item analysis or outcome trends), and the effectiveness of integrity measures
- Documentation of identified deficiencies and actions taken to support continuous improvement

Assessment of Program Goals and Outcomes

3.06 Program goals must be the basis for continuous program planning, implementation, evaluation, and revision. The program must formulate a systematic assessment process to evaluate the achievement of its goal(s).

Interpretive Guideline:

The program must implement a systematic, ongoing assessment process that is explicitly linked to its stated program goals and student learning outcomes. Program goals must serve as the basis for continuous program planning, implementation, evaluation, and revision. The assessment

process must demonstrate how data are collected, analyzed, and used to evaluate goal achievement and inform program improvement.

The program must collect timely, complete, and relevant qualitative and quantitative data related to student learning and program outcomes. Program faculty must critically analyze these data, document findings, and develop and implement action plans to address identified deficiencies. The effectiveness of action plans must be evaluated through subsequent review of outcomes to ensure continuous quality improvement.

NBRC Respiratory Therapist Examination results must be systematically reviewed using the RCS. For each of the three (3) content sections (I, II, and III) in which program performance falls below 85% of the national mean on the new candidate summary report for a given reporting period, the program must conduct a documented analysis and implement a curriculum-based action plan. Follow-up evaluation of the intervention must be documented.

CoARC Graduate and Employer Survey results are required components of the program's ongoing self-assessment process. The program must analyze survey findings, develop and implement action plans to address deficiencies, and evaluate the effectiveness of those actions.

The program must also review internal indicators of student achievement and program effectiveness, including course and clinical evaluations, faculty evaluations, failure rates, remediation outcomes, retention, and preparedness for clinical rotations. Documented analysis and action planning are required when deficiencies are identified.

Documentation must demonstrate an ongoing, faculty-engaged, data-driven process that links assessment findings to program improvement and revision.

Evidence of Compliance:

- Completed Annual RCS verified by CoARC, including:
    - documented analysis of NBRC Respiratory Therapist Examination results outcomes data, identified deficiencies, and implemented action plans
    - documented analysis by content area and curriculum-based action plans for any section falling below 85% of the national mean, including evidence of follow-up evaluation
- Documentation of analysis of internal indicators of student achievement and program effectiveness (e.g., course and clinical evaluations, failure rates, remediation outcomes, retention, and preparedness for clinical rotations), including action plans and follow-up assessments when deficiencies are identified
- CoARC Graduate and Employer Surveys and results/analysis (RCS)
- For baccalaureate and master's programs, documented outcome measures demonstrating assessment of required degree-specific goals (Standard 3.01) and optional program goals (Standard 3.02), including analysis and continuous improvement actions

Reporting Program Outcomes

3.07 Regardless of the degree awarded, all programs must, at a minimum, meet the thresholds established by CoARC for all mandated outcome measures, notwithstanding the instructional methodology used.

Each program assigned its own CoARC number must submit an annual RCS using the CoARC electronic reporting system on or before the mandated deadline. The RCS must include complete outcome data, a results analysis, and documented action plans for any subthreshold outcomes.

Interpretive Guideline:

CoARC has established minimum performance criteria (thresholds) for all mandated outcome measures. These thresholds apply to all accredited programs, regardless of the degree awarded or instructional methodology used. Each program assigned its own CoARC number is required to submit its own annual RCS using the CoARC electronic reporting system on or before the mandated deadline.

Outcome data are evaluated annually, and compliance is determined using the average of the most recent three-year reporting cycle. For purposes of compliance with CoARC-established outcome thresholds, all reported outcome percentages will be rounded to the nearest whole number. Standard rounding conventions apply (≥ 0.5 rounds up; < 0.5 rounds down). This rounding methodology applies to all mandated outcome measures and is consistent with CoARC reporting practices as reflected in official annual reports. Compliance determinations will be based on the rounded whole number value of the calculated outcome. Programs must meet all established thresholds based on this three-year average. The RCS must include complete and accurate outcome data for all mandated measures.

In addition to reporting data, each RCS must contain an appropriate analysis of the results and documented action plans for any outcomes that fall below established thresholds (subthreshold outcomes). The analysis should identify contributing factors, and the action plan should outline specific strategies, timelines, and methods for monitoring improvement.

The current CoARC-established thresholds are published on the CoARC website and are subject to revision. Programs are responsible for monitoring and complying with current requirements.

Credentialing Examination Performance

Credentialing exam performance is evaluated using the NBRC Respiratory Therapy Examination High Cut Score Success rate. CoARC defines High Cut Score Success as the percentage of program graduates—rather than the percentage of examination takers—who achieve the NBRC High Cut Score during the reporting period. The established threshold for Respiratory Therapy Examination High Cut Score Success is 60%, calculated as a three-year average.

Programs must submit a copy of the NBRC Annual School Summary Report and the NBRC Graduate Student Performance Report with the RCS to document examination outcomes.

There is no CoARC-established threshold for RRT Credentialing Success; however, programs are required to report RRT outcomes annually in the RCS.

CoARC permits excluding qualifying international students from credentialing examination outcome calculations when those students do not plan to take the NBRC credentialing examinations. For purposes of this exclusion, an international student is defined as an individual on a temporary visa who is enrolled (for credit) in a respiratory care program at an accredited U.S. institution of higher education. This definition does not apply to permanent residents, individuals with temporary protected status, undocumented individuals, refugees, or those who have applied for immigration status. Students who intend to apply for the NBRC examination must not be categorized as international for reporting purposes. The exclusion is permitted because certain international graduates must return to their home country shortly after graduation and may not be eligible to complete the credentialing process. Programs must ensure accurate classification and documentation when applying this exclusion.

Programs offering the SDS Program Option must document BRPT/RPSGT credentialing success and/or NBRC SDS credentialing success in accordance with CoARC reporting requirements.

Retention

Retention is defined as the percentage of students who were formally enrolled in the respiratory care program and who graduated after completing all programmatic and institutional graduation requirements, divided by the total number of students initially enrolled in that cohort.

The total number of students enrolled includes those who successfully completed the program and those who left prior to graduation for academic reasons, including failure to meet minimum grade requirements, ethical or professional violations, or violations of institutional or programmatic policies resulting in dismissal. Programmatic enrollment begins when a student enrolls in the first core respiratory care course available only to students matriculating into the respiratory care program (excluding survey or prerequisite coursework). This definition may differ from institutional definitions of enrollment or matriculation.

The established retention threshold is 70%, calculated as a three-year average. A subthreshold three-year average may result in CoARC action.

Graduate and Employer Satisfaction

Programs must administer graduate and employer satisfaction surveys between six (6) and twelve (12) months following graduation. For each survey question, at least 80% of respondents must rate overall satisfaction at 3 or higher on a 5-point Likert scale. The satisfaction threshold is calculated as a three-year average of satisfactory responses. A subthreshold three-year average may result in CoARC action. Programs are responsible for maintaining documentation supporting survey administration, response rates, and data calculations.

Job Placement

Job Placement is defined as a graduate who, within the reporting period, is employed in a position that utilizes skills within the scope of practice of the respiratory care profession, including full-time, part-time, or per-diem employment. There is no CoARC-established threshold for Job Placement; however, programs are required to report job placement outcomes annually in the RCS.

Evidence of Compliance:

- Completed Annual RCS (verified by CoARC), submitted for each CoARC-numbered program on or before the mandated deadline that includes:
    - Validation that all mandated outcome measures met CoARC-established thresholds, based on three-year averages
    - Required supporting documentation, including the NBRC Annual School Summary Report, Graduate Student Performance Report, RAM, and a current list of active clinical sites, was submitted as part of the RCS and verified by CoARC
    - Analysis of outcome data, including documented action plans for any subthreshold outcomes

3.08 Programs that do not meet the CoARC-established outcomes thresholds must engage with CoARC as soon as they receive written notification.

Interpretive Guideline:

This Standard applies to programs and program options that do not meet one or more of the CoARC-established outcomes assessment thresholds described in Standard 3.07. Programs with subthreshold results must engage with CoARC promptly upon receipt of a CoARC Program Action Letter, which is issued upon written notification.

Engagement with CoARC occurs through an accreditation dialogue designed to address identified outcomes deficiency(ies) and ensure compliance with the Standards and CoARC Accreditation Policies and Procedures. If the program does not have an assigned Referee, one will be appointed. The Referee, a member of the CoARC Board, serves as liaison between the program and CoARC; provides consultation during the reporting process; reviews submitted documentation for compliance; assists the program in developing strategies to remediate outcomes deficiency(ies); evaluates progress; and makes accreditation recommendations to the CoARC Board.

The accreditation dialogue may include submission of a resource assessment and one or more progress reports containing detailed data analyses and action plans to correct the identified deficiency(ies). Specific requirements and deadlines will be communicated by the CoARC Executive Office. CoARC may also require a focused on-site visit to assess the program's progress. If a focused visit is conducted, the program must make available all documentation related to the outcomes deficiency(ies), including the Program Action Letter and subsequent correspondence with CoARC and the Referee.

Evidence of Compliance:

- Timely written response to the CoARC Program Action Letter initiating the accreditation dialogue
- Documentation of ongoing communication with the assigned Referee and CoARC Executive Office, as applicable
- Completed Annual RCS verified by CoARC

Clinical Site Evaluation

3.09 The program must have consistent and effective processes for both the initial and ongoing evaluation of all clinical sites to ensure that clinical resources and student supervision at each site are sufficient to facilitate achievement of program goals.

Interpretive Guideline:

The program must demonstrate consistent, effective processes for the initial and ongoing evaluation of all clinical sites, ensuring that clinical resources, student supervision, and learning experiences are sufficient to support the achievement of program goals and expected student learning outcomes.

The self-study should include a concise narrative describing the criteria, methods, and frequency of clinical site and clinical faculty evaluations; the individuals responsible for conducting them; and the process for documenting results and implementing corrective actions. Evaluation tools should not be included in the self-study but must be available for review during the on-site visit.
Initial evaluation of clinical sites must verify that adequate resources are available, including appropriate patient volume and case mix, necessary equipment and technology, qualified personnel, and a learning environment that supports student development. The program must also confirm that clinical faculty are qualified and available to provide appropriate supervision, instruction, feedback, and mentoring.

Ongoing evaluation must ensure that each site continues to provide sufficient resources and supervision and that students at all locations achieve comparable learning outcomes. The program must monitor all sites, document findings, address deficiencies, and modify or discontinue sites when necessary. Evaluation results must be used to support continuous improvement of the clinical education component.

Evidence of Compliance:

- Documentation of initial approval and ongoing evaluation of all clinical sites and preceptors, including established criteria and evaluation frequency
- Results of program evaluations of clinical sites and preceptors, including assessment of clinical resources and adequacy of supervision
- Results of student evaluations of clinical courses, sites, and preceptors
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource

assessment (RAM)

- Documentation of analysis, corrective actions, follow-up monitoring, and modification or discontinuation of clinical sites as necessary

SECTION 4 - CURRICULUM

This section encompasses all aspects of the curriculum, including degree-specific courses, general education, and respiratory care professional coursework. The curriculum is built on a foundation of general education and expected professional competencies, aligning with the program's mission and goals. The curriculum must be designed to ensure the breadth and depth of requisite knowledge and skills needed for entry into respiratory care practice as an RRT. Programs are not required to have separate courses for each content area mentioned in this section. However, expected student learning outcomes for all content areas must be included in the curriculum and course syllabi.

Foundational Content

4.01 The general education curriculum and degree-specific requirements must provide the appropriate foundational/core knowledge and preparation that aligns with the expected competencies. The core curriculum must include content in oral and written communication skills, social/behavioral sciences, and biomedical/natural sciences. This content must be incorporated in a manner that promotes the achievement of the program's goal(s) as defined in Standard 3.01/3.02 and the curriculum's defined competencies relative to the degree level.

Interpretive Guideline:
General education must include oral and written communication, social/behavioral sciences, and biomedical/natural sciences, and must be delivered at a level sufficient to meet the degree requirements established by the sponsor and applicable state regulations. Beyond meeting credit or distribution requirements, these foundational areas must provide the breadth and depth of knowledge necessary to support achievement of the program's goals as defined in Standards 3.01/3.02 and to cultivate the curriculum's identified competencies appropriate to the degree level. The general education curriculum should be intentionally integrated with professional coursework so that foundational knowledge meaningfully supports the development, application, and advancement of respiratory care competencies.

Expectations for general education differ across associate, bachelor's, and master's degree programs, reflecting progressive increases in complexity, critical thinking, scientific rigor, and application of knowledge. Accordingly, programs must ensure that general education content aligns with the academic level of the credential awarded and prepares graduates for the scope of practice and professional responsibilities associated with that degree.

Evidence of Compliance:

- Curriculum published in the college catalog and Student Handbook demonstrating appropriate sequencing and documentation of required general education coursework (oral and written communication, social/behavioral sciences, biomedical/natural

sciences) consistent with the degree level awarded
- Documentation (e.g., curriculum map) demonstrating alignment and intentional integration of general education coursework with program goals (Standards 3.01/3.02) and defined competencies
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate and Employer Surveys and results/analysis/action plan(s) (RCS)

Professional Content

4.02 The professional curriculum must include the integrated content necessary for students to attain their student learning outcomes and for the program to achieve its goal(s) identified in Standard 3.01/3.02. The program must equip students for practice as RRTs in various settings (acute, post-acute, and ambulatory care) and across the lifespan. The curriculum must include didactic, laboratory, and clinical education, drawing on respiratory care clinical practice, current literature, practice guidelines, publications, and other evidence-based resources related to the profession.

Bachelor's degree programs must include professional content in one or more of the following areas: leadership, education, research, and/or expanded clinical skills. This content must be integrated in a way that supports the program's goal(s) and ensures students achieve the competencies defined at the bachelor's level.

Master's degree programs must include professional content focused on the application of purposeful evidence-based practice, applied research, and education, as well as on future leadership in the respiratory care profession. This content must be integrated in a way that supports the program's goal(s) and ensures students achieve the competencies defined at the master's level.

Interpretive Guideline:
The professional curriculum must be intentionally designed and integrated to ensure that students achieve the program's stated student learning outcomes and that the program fulfills its goals as defined under Standards 3.01 and 3.02. The curriculum must demonstrate clear horizontal and vertical integration of didactic, laboratory, simulation, and clinical learning experiences so that knowledge, skills, and professional behaviors develop progressively throughout the program.

Professional content areas must provide the foundational and applied knowledge necessary for respiratory care practice. This content must prepare students to assess patients, plan, implement, and evaluate respiratory care services, and function competently across the patient lifespan in a variety of practice settings, including acute care, post-acute care, ambulatory care, and other emerging healthcare settings. Curriculum design must ensure student exposure to neonatal, pediatric, adult, and geriatric populations.

The curriculum must be grounded in contemporary respiratory care clinical practice and informed by current literature, national practice guidelines, position statements, and other evidence-based resources relevant to the profession. Programs must demonstrate processes for regularly reviewing and updating curriculum content to reflect evolving standards of care and advances in evidence-based practice.

Educational experiences include didactic instruction, laboratory experiences, simulation activities, and supervised clinical education. Collectively, these experiences must demonstrate sufficient breadth and depth to ensure that students acquire the competencies required for entry-into-practice as RRTs. In addition to formal coursework, programs may incorporate case conferences, seminars, journal clubs, interprofessional learning, and other structured educational activities to reinforce integration of theory and practice.

Each clinical experience must be of sufficient quality, duration, and scope to enable students to achieve the objectives and competencies identified in the clinical syllabi for that rotation. Clinical education must be progressive, with increasing expectations for independence and complexity as students advance. The number of clinical hours and the level of responsibility should correspond to the student's stage of development. Programs must ensure that clinical sites provide appropriate physical resources, patient populations, interprofessional interactions, and qualified supervision necessary to meet program expectations. Students must be exposed to a comprehensive range of patient encounters, including emergent, acute, chronic, and rehabilitative care, as well as patient and family education.

For programs offering a sleep specialist program option, professional content areas must additionally address the essential knowledge, skills, and abilities required for the practice of sleep disorders testing and therapeutic intervention, consistent with current professional standards and evidence-based practice.

CoARC supports the appropriate use of simulation for didactic and laboratory competency training and evaluation, as well as for complementing clinical experiences. A maximum of 25% of the program-required clinical clock hours and associated clinical competency evaluation may be completed through simulation. For calculating clinical substitution, one hour of simulation may be counted as equivalent to two clinical hours. Simulation experiences must include pre-briefing, the structured simulation activity, theory-based debriefing, and evaluation. Programs utilizing simulation should employ evidence-based quality assurance processes consistent with recognized best-practice standards, including faculty preparation and structured debriefing methodologies. All students participating synchronously in simulation-based learning experiences should receive equivalent credit. Simulation activities used to substitute for clinical experiences may not also be counted as laboratory hours, as laboratory and simulation experiences serve distinct educational purposes. Laboratory instruction is intended to provide hands-on psychomotor skill development and technical practice under direct faculty supervision in a controlled educational setting.

Programs awarding a bachelor's degree must include professional content beyond associate-level

preparation in one or more of the following areas: leadership, education, research, and/or expanded clinical skills. This content must be integrated in a manner that supports program goals and ensures achievement of competencies appropriate to baccalaureate-level preparation. Students must demonstrate skills in areas such as leadership principles, instructional methodologies, research literacy and appraisal, quality improvement, healthcare systems, or advanced clinical decision-making, as defined by the program's stated outcomes.

Programs awarding a master's degree must include advanced professional content that emphasizes the purposeful application of evidence-based practice, applied research, and education, and prepares students for future leadership in the respiratory care profession. Master's-level curricula must demonstrate expectations for higher-order analysis, synthesis of evidence, implementation of practice improvement initiatives, and professional leadership competencies. The curriculum must clearly differentiate master's-level competencies from those expected at the entry or baccalaureate level and align these competencies with the program's mission and goals.

Each program is responsible for developing and maintaining its own curriculum consistent with these expectations. Course syllabi for professional courses must clearly communicate course purpose and expectations and must, at a minimum, include the course name, description, name and credentials of the faculty instructor of record, course goals or rationale, methods of student assessment and evaluation, grading criteria, an outline of topics aligned with instructional objectives, and measurable learning outcomes stated in terms that guide and assess competency acquisition.

Evidence of Compliance:

- Syllabi of professional courses demonstrating measurable learning outcomes; alignment with program goals and student learning outcomes; and integration of didactic, laboratory, simulation, and clinical content
- Curriculum map or crosswalk demonstrating horizontal and vertical integration and alignment of course objectives with program goals and student learning outcomes
- Curriculum published in the college catalog and Student Handbook, demonstrating appropriate sequencing, progressive competency development, exposure across the lifespan and practice settings, and all courses required for degree conferral
- Documentation of degree-level competencies, including:
    - Bachelor's programs: leadership, education, research, and/or expanded clinical skills
    - Master's programs: advanced evidence-based practice, applied research, education, and leadership preparation
- Documentation of curriculum review processes, ensuring currency with evidence-based guidelines and standards of care
- Detailed laboratory, simulation, and clinical schedules demonstrating progressive experiences, required patient care exposures, and compliance with simulation limitations

- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate and Employer Surveys and results/analysis/action plan(s) (RCS)

Core Competencies

Standards 4.03 through 4.07 describe five essential core competencies expected of graduates. These core competencies serve as pillars, ensuring that graduates acquire the essential skills, knowledge, behaviors, and abilities to provide effective, high-quality respiratory care and succeed in the profession.

4.03 All graduates must demonstrate proficiency in performing evidence-based diagnostic and therapeutic procedures essential for RRTs entering practice, and apply scientifically supported techniques to assess, treat, and manage patients with respiratory conditions.

Bachelor's degree graduates must demonstrate additional proficiency in one or more of the following areas: leadership, education, research, and/or clinical skills.

Master's degree graduates must demonstrate additional proficiency in applying purposeful, evidence-based practice, research, and education, as well as leadership skills.

Interpretive Guideline:
All graduates must demonstrate proficiency in performing evidence-based diagnostic and therapeutic procedures essential for RRTs entering professional practice. Graduates must be able to apply scientifically supported techniques to assess, treat, and manage patients with respiratory conditions across the lifespan and in a variety of healthcare settings. Competency must reflect entry-into-practice expectations and include safe, effective, and evidence-informed clinical decision-making.

Bachelor's Degree Graduates:
Graduates of bachelor's degree programs are expected to demonstrate additional proficiency beyond associate-level preparation. In addition to performing essential diagnostic and therapeutic procedures, bachelor's degree graduates must demonstrate additional proficiency in at least one of the following areas: leadership, education, research, and/or advanced clinical skills. Additional leadership proficiency may include managing teams, participating in departmental decision-making, and contributing to quality improvement or administrative functions within respiratory care services. Proficiency in education may include developing and delivering instructional materials, providing patient and staff education, and applying educational principles to improve learning outcomes. Proficiency in research may include participation in scholarly inquiry, analysis and interpretation of clinical data, and integration of current scientific evidence into practice. Proficiency in advanced clinical skills may include demonstrated competence in specialized techniques, technologies, or practice environments beyond associate-level expectations, such as advanced ventilatory management, neonatal or pediatric care, critical care

practice, pulmonary diagnostics, or rehabilitation services.

Master's Degree Graduates:
Graduates of master's degree programs must demonstrate advanced proficiency in the purposeful application of evidence-based practice, research, education, and leadership. Master's degree graduates are expected to integrate research findings into clinical and educational practice, apply systematic inquiry to improve patient outcomes, and contribute to the development or evaluation of clinical protocols and professional practices. They must demonstrate leadership skills that support professional advancement, interprofessional collaboration, and improvement of healthcare delivery systems. In addition, master's prepared graduates should be able to design, implement, or evaluate educational initiatives and scholarly activities that advance respiratory care practice and professional standards.

This tiered approach ensures that all graduates meet essential entry-into-practice RRT competencies while clearly distinguishing the expanded expectations for baccalaureate and master's degree preparation. The progression reflects increasing depth, integration, and application of leadership, education, research, and advanced clinical skills consistent with the degree awarded and the evolving demands of respiratory care practice.

Evidence of Compliance:

- Syllabi of professional courses demonstrating alignment of course objectives with required evidence-based diagnostic and therapeutic procedures and degree-level competencies
- A faculty- and AC–approved list of required evidence-based diagnostic and therapeutic procedures reflecting entry-into-practice expectations
- Laboratory, simulation, and clinical evaluation tools documenting each student's demonstrated proficiency in performing required procedures safely and effectively in patient care settings
- Examples of student work (didactic, laboratory, simulation, and clinical) demonstrating achievement of student learning outcomes
- For bachelor's degree programs, documentation demonstrating student proficiency in at least one additional area (leadership, education, research, and/or advanced clinical skills)
- For master's degree programs, documentation demonstrating integration and application of evidence-based practice, research, education, and leadership competencies
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate and Employer Surveys and results/analysis/action plan(s) (RCS)

4.04 All graduates must demonstrate the ability to find, evaluate, use, and communicate information to develop a respiratory care plan.

Bachelor's degree graduates must demonstrate additional proficiency by applying information to improve outcomes in one or more of the following areas: expanded clinical practice, education, research, or leadership.

Master's degree graduates must demonstrate additional proficiency in the use of valid and reliable data, research, and scholarship to further the practice of respiratory care.

Interpretive Guideline:

All graduates must demonstrate the ability to find, evaluate, use, and communicate information when developing a respiratory care plan. Information literacy includes efficiently accessing relevant sources, critically evaluating the credibility and applicability of information, integrating evidence into clinical reasoning, and clearly communicating findings to patients, families, and interprofessional team members.

Graduates must apply current evidence, clinical data, and practice guidelines to patient assessment and intervention decisions, and clearly document and communicate the rationale supporting the respiratory care plan. Communication may include written documentation, oral presentations, interprofessional collaboration, and patient education. The respiratory care plan must reflect an appropriate synthesis of clinical information and evidence to support safe, ethical, and effective care.

Programs are responsible for designing curricula and assessments that intentionally develop and measure information literacy skills. Students must demonstrate the ability to analyze the reliability and validity of sources, distinguish credible evidence from unsupported claims, and apply information ethically in clinical decision-making.

In addition to the competencies required of all graduates, bachelor's degree graduates must demonstrate the ability to apply information to improve outcomes in one or more of the following areas: expanded clinical practice, education, research, or leadership. This includes using evidence and data to inform quality improvement initiatives, clinical protocol development, patient education strategies, and leadership decisions that result in measurable enhancements in patient, programmatic, or organizational outcomes. Bachelor's degree graduates must demonstrate the ability to critically evaluate diverse sources of information, integrate current literature into practice decisions, and assess the impact of those decisions on outcomes.

Master's degree graduates must demonstrate advanced proficiency in the use of valid and reliable data, research methods, and scholarship to further the practice of respiratory care. This includes the ability to critically appraise research literature, apply appropriate analytical methods, interpret data accurately, and translate findings into practice improvements. Master's graduates must demonstrate engagement in scholarly activity, which may include the conduct of original research, systematic synthesis of evidence, or other scholarly work that contributes to the advancement of respiratory care practice, education, leadership, or policy. Their work must reflect rigorous evaluation of evidence, ethical use of data, and the application of research findings to improve professional practice and patient outcomes.

Through these expectations, programs ensure that graduates at all degree levels possess the competencies necessary to navigate an evolving healthcare environment, apply evidence-based decision-making, and contribute to the continued advancement of respiratory care.

Evidence of Compliance:

- Syllabi of professional courses demonstrating integration of information literacy, evidence-based practice, and respiratory care plan development
- Evaluations and rubrics requiring students to find, evaluate, apply, and communicate information in the development and documentation of respiratory care plans
- Examples of student work (didactic, laboratory, simulation, and clinical) demonstrating critical appraisal of sources, application of evidence-based guidelines, and clear communication of clinical reasoning
- For bachelor's degree programs, examples of assignments demonstrating application of evidence and data to improve outcomes in clinical practice, education, research, or leadership
- For master's degree programs, examples of scholarly work demonstrating the use of valid and reliable data, critical appraisal of research, and application of findings to the advancement of respiratory care practice
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate and Employer Surveys and results/analysis/action plan(s) (RCS)

4.05 All graduates must demonstrate critical thinking and problem-solving to arrive at evidence-based decisions that prioritize patient needs, available resources, and social context.

Bachelor's degree graduates must demonstrate additional proficiency in applying sound reasoning and judgment in one or more of the following areas: implementing research, education, and/or leadership strategies.

Master's degree graduates must demonstrate additional proficiency in applying purposeful, meaningful judgment and reasoning when implementing research, education, and leadership strategies.

Interpretive Guideline:

Instruction must prepare graduates to apply critical thinking and problem-solving skills to arrive at evidence-based decisions that prioritize patient needs, available resources, and the broader social and healthcare context. Graduates must demonstrate the ability to integrate clinical data, scientific evidence, patient preferences, and system constraints to formulate timely, effective, efficient, and appropriate plans of care. Critical thinking is defined as active, reflective, and analytical reasoning that synthesizes facts, interprets observations, evaluates alternatives, anticipates consequences, and supports sound clinical judgment in diverse patient care settings.

Educational strategies should provide students with opportunities to practice and demonstrate these skills in both classroom and clinical environments. Simulation and case-based learning may be used to promote the development, application, and evaluation of clinical reasoning and decision-making in realistic, resource-conscious scenarios.

Bachelor's degree graduates must demonstrate additional proficiency in applying sound reasoning and judgment in one or more of the following areas: implementation of research, education, and/or leadership strategies. This includes the ability to interpret and apply research findings to clinical practice, contribute to educational initiatives that support patient and professional learning, and participate in leadership activities that improve quality, safety, and system effectiveness. Graduates should demonstrate an understanding of how evidence, policy, resource allocation, and social determinants of health influence patient and organizational outcomes.

Master's degree graduates must demonstrate additional proficiency in applying purposeful, meaningful judgment and reasoning when implementing research, education, and leadership strategies. Graduates at this level are expected to translate research into practice, lead quality improvement and evidence-based initiatives, design and evaluate educational programs, and implement leadership strategies that influence clinical practice, healthcare systems, and patient outcomes. They must demonstrate advanced clinical judgment, critical analysis, and strategic decision-making that address patient needs while considering resource stewardship, interprofessional collaboration, and the social and regulatory environment of healthcare delivery.

Evidence of Compliance:

- Syllabi of professional courses demonstrating integration of critical thinking and evidence-based decision-making that address patient needs, resources, and social context
- Evaluation tools documenting students' ability to apply critical thinking, integrate evidence into clinical decisions, prioritize patient needs and resources, and adapt care plans appropriately and in a timely manner
- Examples of student work demonstrating achievement of learning outcomes in clinical reasoning, evidence-based practice, and degree-appropriate application of research, education, and/or leadership strategies
- For bachelor's degree programs, documentation of student application of sound reasoning in implementing research, education, and/or leadership activities
- For master's degree programs, documentation of purposeful implementation of research, education, and leadership strategies reflecting advanced clinical judgment
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate and Employer Surveys and results/analysis/action plan(s) (RCS)

4.06 All graduates must demonstrate ethical decision-making skills and an understanding of professionalism.

Interpretive Guideline:

Graduates must demonstrate ethical decision-making skills and professionalism consistent with the expectations of the respiratory care profession. Ethical decision-making involves analyzing complex situations, applying ethical principles, evaluating options, and making reasoned decisions that align with patient-centered care and the AARC Statement of Ethics and Professional Conduct.

Professionalism encompasses developing a professional identity and understanding one's responsibilities to patients, colleagues, the healthcare system, and the community. Graduates must demonstrate integrity, accountability, respect for confidentiality and informed consent, appropriate professional behavior, and effective interprofessional collaboration.

The curriculum must include structured content and learning experiences in ethics, professional values, leadership, service, and professional responsibilities. Students must have opportunities to apply ethical principles in clinical, classroom, and simulated environments.

Programs must assess and document students' ability to apply ethical principles and demonstrate professional conduct in both academic and clinical settings, including adherence to standards of intellectual honesty and professional behavior.

Evidence of Compliance:

- Syllabi of professional courses demonstrating inclusion of ethics, professional values, leadership, and professional responsibilities within the curriculum
- Assessment tools and evaluation instruments (e.g., clinical evaluations, simulation evaluations, grading rubrics) requiring students to demonstrate ethical decision-making and professional conduct
- Examples of student work demonstrating application of ethical principles and professionalism in didactic, laboratory, simulation, and clinical settings
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate and Employer Surveys and results/analysis/action plan(s) (RCS)

4.07 All graduates must be able to function proficiently within interprofessional teams and communicate in a responsive, responsible, respectful, and compassionate manner that meets the needs of the patient, caregiver, and other healthcare professionals.

Bachelor's degree graduates must demonstrate additional proficiency in one or more of the following areas: applying evidence-based practices, reviewing research, educating others, and/or using shared leadership abilities to support team effectiveness.

Master's degree graduates must demonstrate additional proficiency in applying purposeful, evidence-based practices; implementing applied research and education

strategies; and demonstrating shared leadership abilities to support team effectiveness.

Interpretive Guideline:

The program must prepare students to function proficiently within interprofessional, patient-centered healthcare teams. Preparation should include structured didactic, laboratory, simulation, and clinical experiences that foster responsive, responsible, respectful, and compassionate communication with patients, caregivers, and healthcare professionals. Students must demonstrate effective collaboration in both individual and group settings and adapt communication to individuals with diverse beliefs, cultures, languages, abilities, and health literacy levels.

Curricula must address the roles, responsibilities, and scopes of practice of other health professionals and emphasize coordinated, team-based care, shared decision-making, mutual respect, and accountability. Students should demonstrate behaviors that support collaboration, conflict resolution, and overall team effectiveness.

Programs must prepare students to practice within a dynamic healthcare system by addressing health disparities, social determinants of health, and bias in healthcare delivery. Students must demonstrate the ability to provide equitable, culturally responsive care to diverse patient populations. Exposure to varied patient populations and practice settings is expected. Programs are encouraged to incorporate interprofessional simulation or other structured collaborative learning experiences to strengthen teamwork competencies

Bachelor's degree graduates must demonstrate additional proficiency in one or more of the following areas as they relate to interprofessional team practice: application of evidence-based practice principles; critical review and integration of research to inform clinical decision-making; education of patients, caregivers, peers, or healthcare team members; and use of shared leadership skills to enhance team effectiveness and patient outcomes.

Master's degree graduates must demonstrate advanced proficiency in applying purposeful, evidence-based practice within interprofessional teams; implementing applied research findings to improve patient care, quality, and safety; designing and delivering educational strategies for patients, caregivers, students, or healthcare professionals; and exercising shared leadership abilities that promote collaboration, accountability, and continuous improvement in team performance.

Evidence of Compliance:

- Syllabi of professional courses demonstrating content in interprofessional practice, roles and responsibilities, patient-centered care, health disparities, evidence-based practice, research, education strategies, and shared leadership (as appropriate to degree level)
- Documentation of structured interprofessional education (IPE) activities (e.g., simulation) and associated assessment tools
- Evaluations documenting students' communication skills and effectiveness within interprofessional teams across care settings
- Examples of student work demonstrating application of evidence-based practice,

research (as appropriate), education activities, and shared leadership in didactic, laboratory, simulation, and clinical settings
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
- CoARC Graduate and Employer Surveys and results/analysis/action plan(s) (RCS)

Curriculum Review and Revision

4.08 The program must have a formal, written curriculum management plan, which includes:
   a. A curriculum map that effectively and logically organizes didactic courses, labs, and clinical experiences, outlining how content is introduced, reinforced, and competencies are assessed to achieve program goal(s)
   b. Evaluating the effectiveness of each course as it supports the program's goals and expected competencies
   c. A defined mechanism for coordinating instruction among program faculty
   d. An annual curriculum review and evaluation process with input from faculty, students, administration, AC, and other appropriate sources

Interpretive Guideline:
The program must maintain a formal, written curriculum management plan that ensures the curriculum is current, logically organized, and aligned with the program's stated goals and expected competencies. The plan must include a comprehensive curriculum map that clearly organizes didactic, laboratory, and clinical experiences and demonstrates how content and competencies are introduced, reinforced, and assessed across the program. Coursework should be thoughtfully sequenced to promote progressive learning, content integration, and the achievement of entry-into-practice competence while minimizing unnecessary redundancy.

The program must systematically evaluate the effectiveness of each course in supporting program goals and expected competencies. The evaluation should include analyses of course-level student learning outcomes, clinical performance, program outcomes, graduate feedback, and NBRC Respiratory Therapy Examination results. Findings must be used to identify gaps or misalignment and to guide documented curricular improvements.

A defined and documented mechanism must be in place to coordinate instruction among program faculty. This process should ensure communication, content integration, consistent competency expectations, and appropriate sequencing across courses and clinical experiences.

The curriculum must undergo an annual documented review with input from faculty, students, administration, the AC, and other appropriate stakeholders. This review must include an analysis of assessment data, stakeholder feedback, and NBRC Respiratory Therapy Examination

performance. The curriculum map should be updated as needed to address identified gaps or redundancies and maintain alignment with program outcomes.

Curricular content must be reviewed at least annually to ensure consistency with the competencies required of RRTs entering practice, as well as aligned with the NBRC's job analysis and examination content outline. A comprehensive review must occur following revisions to these national specifications. Sleep specialist options and degree-granting programs must likewise ensure annual alignment with applicable professional standards and stated program goals.

Evidence of Compliance:

- Curriculum management plan outlining processes for curriculum design, implementation, evaluation, revision, and faculty coordination
- Curriculum map aligning didactic, laboratory, and clinical courses with expected competencies and student learning outcomes, demonstrating introduction, reinforcement, and assessment of competencies, with evidence of review and updates
- Documentation of the comparison of the program curriculum to the most current national credentialing agency content outline, using the CoARC Content Outline Comparison Form
- Documentation of course-level and program-level evaluation, including analysis of outcomes and resulting improvements
- Documentation of comparison of the curriculum to the current NBRC Respiratory Therapy Examination content outline (CoARC Content Outline Comparison Form)
- Completed Annual RCS verified by CoARC
- Written policies and procedures for curriculum development, approval, implementation, review, and revision
- Minutes and attendance lists from faculty and AC meetings documenting annual curriculum review, stakeholder input, instructional coordination, and action plans with follow-up

Equivalency

4.09 The program must ensure that course content, learning experiences (didactic, laboratory, simulation, and clinical), and access to learning materials are equitable.

Interpretive Guideline:

For purposes of this Standard, "equitable" means educationally equivalent in substance, quality, and expected outcomes, though not necessarily identical in format or delivery. The program must ensure that course content, learning experiences (didactic, laboratory, simulation, and clinical), and access to learning materials provide all students—regardless of instructional location or delivery method, including distance education—with comparable opportunities to achieve required competencies.

When instruction is delivered across multiple locations or modalities, required curricular experiences must result in comparable learning outcomes. Variations in teaching methods or materials are acceptable provided they do not create disparities in educational quality, scope, or competency attainment.

The program must document the equivalency of student evaluation methods and outcomes across locations and delivery formats. Assessment approaches may differ, but they must measure the same competencies and apply comparable performance standards.

Access to learning resources must be sufficient and comparable across all settings to support achievement of program goals. Laboratory, simulation, and clinical experiences—considering their volume, breadth, depth, and complexity—must be comparable within the cohort and adequate to ensure attainment of all required competencies.

Evidence of Compliance:

- Documentation demonstrating that students at all instructional locations and delivery modalities have comparable access to course materials, laboratory and simulation resources, clinical experiences, and academic support services
- Documentation that required didactic, laboratory, simulation, and clinical experiences provide comparable volume, breadth, and depth within each cohort, regardless of location or site assignment
- Documentation that student evaluation methods measure the same competencies and apply comparable performance standards across all locations and delivery formats
- Comparative analysis of student clinical course evaluations across instructional locations and clinical sites demonstrating comparable learning experiences and competency achievement
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)

Management of Learning Experiences

4.10 The sponsor/consortium must maintain written agreements with institutions, organizations, and/or facilities that provide laboratory, simulation, and clinical practice experiences. Program policies and procedures must address the selection and periodic evaluation of the adequacy and appropriateness of facilities to ensure that instructional sites can provide laboratory, simulation, and clinical practice experiences compatible with the expected competencies.

Students must not be responsible for selecting clinical sites, determining which competencies to master at each site, or recruiting clinical instructors.

Interpretive Guideline:

The sponsor/consortium must maintain written agreements with all institutions, organizations, and facilities external to the sponsor/consortium that provide laboratory, simulation, or clinical practice experiences. Written agreements are not required for instructional experiences conducted at sponsor/consortium-operated locations.

The program is responsible for the selection, approval, and periodic evaluation of all external laboratory, simulation, and clinical sites to ensure that each provides experiences that are adequate, appropriate, and compatible with the program's expected competencies. Program policies and procedures must describe how sites are selected and how their ongoing suitability is evaluated.

Coordination of clinical education is a program responsibility and is typically assigned to the DCE. The program must identify, evaluate, and approve clinical sites and qualified preceptors. When program faculty are not present at a site, the DCE or designee must collaborate with the appropriate site representatives to ensure qualified supervision and appropriate learning experiences.

Students may suggest potential sites or preceptors, but must not be required to identify sites, determine competencies to be achieved at a site, or recruit clinical instructors. Any student-suggested site or preceptor must undergo the program's formal review and approval process, and the program must ensure that student learning outcomes at such sites are equivalent to those achieved at program-selected sites.

Responsibility for securing, approving, and evaluating laboratory, simulation, and clinical experiences rests with the Key Personnel of the sponsor/consortium and may not be delegated to students.

Evidence of Compliance:

- A current list of all laboratory, simulation, and clinical sites utilized by the program
- Current, fully executed affiliation agreements or MOUs with all external laboratory, simulation, and clinical sites
- Program policies and procedures describing the selection, approval, and periodic evaluation of laboratory, simulation, and clinical sites
- Documentation of site evaluation processes and results, including tools used to assess adequacy, appropriateness, and compatibility with expected competencies
- Detailed laboratory, simulation, and clinical schedules demonstrating structured and supervised student experiences
- CoARC Graduate Surveys and results/analysis/action plan(s) (RCS)

SECTION 5 - FAIR PRACTICES AND RECORDKEEPING

This section establishes expectations for transparency, fairness, and accountability in program operations. Programs must provide accurate, accessible public information on accreditation status, admission requirements, program policies, costs, and outcomes. Institutional policies must ensure non-discriminatory practices, fair grievance procedures, and protection of the health, safety, and privacy of students, patients, and faculty. Programs must also maintain secure records documenting admissions, student evaluations, competency achievement, and program outcomes for a minimum of five years.

Disclosure

5.01 All publicly available information, including websites, social media, academic catalogs, and any program or sponsor advertising, must accurately and clearly describe each respiratory care program offered.

Interpretive Guideline:
CoARC Accreditation Policies and Procedures require that both the sponsor and the program accurately describe the program's accreditation status in all publications, and that current students and applicants be informed, in writing, of both the program's current accreditation status and any impending changes to that status. Publication of a program's accreditation status must include the CoARC's full name and website address, as well as the program's CoARC number. Disclosure requirements for accredited programs and sponsors seeking program accreditation are delineated in Section 11 of the Accreditation Policies and Procedures Manual.

Sponsors and programs are responsible for providing clear, current, and accurate information to stakeholders, including any program options. Published information about the program must be valid and consistent wherever it appears. This information should be reviewed at least annually to ensure it is up to date and consistent with current CoARC Standards and Accreditation Policies.

Information provided on the program website must be readily available to the public. Ease of access includes clear, accurate labeling of links to pertinent information, no required self-identification or membership, and as few steps as possible to access the information.

Evidence of Compliance:
- Published information accurately documenting the program(s) offered

5.02 At least the following must be current, published, and readily accessible to the public:
a) The accreditation status of both the sponsor (including consortium members where appropriate) and the program, along with the names and contact information of their institutional accrediting agencies
b) Admission and transfer policies

c) Policies regarding advanced placement
d) Academic requirements for program admission
e) Program technical standards
f) All graduation requirements
g) Academic calendar
h) Academic credit required for program completion
i) Tuition, fees, and other costs related to the program
j) Policies and procedures for refunds of tuition and fees
k) Policies and procedures related to probation, suspension, dismissal, and voluntary student withdrawal
l) Policies and procedures for processing student grievances
m) Policies addressing student employment in the profession while enrolled in the program

Interpretive Guideline:

Because enrollment is limited by facility capacity, program admission criteria and procedures must ensure that selected students have the potential to complete the program successfully. In addition, the PD, in cooperation with appropriate sponsor personnel, should establish admissions procedures that are non-discriminatory and ensure that prospective students are made aware of all admission requirements, including pre-requisite coursework. The program may include, as additional evidence, ranking procedures or criteria for selection, minutes from admissions committee meetings, periodic analyses of program outcomes supporting the validity of established admission criteria and procedures, and, if applicable, processes used by the sponsor to establish admission criteria, to interpret admissions data, or to correlate these data with student performance.

The intent of this standard is to ensure that clear, accurate program information is readily accessible to the public. Program information must be accessible to the public without disclosure of identity or contact information and must be no more than one "click" away from the program's home webpage. If, during the accreditation process, it is determined that any of the above information is inaccurate or difficult to access, this Standard will be cited.

Prior to admission to the program, students must be informed of the academic and technical standards required for successful completion. Changes in program policies/procedures must be clearly and consistently communicated to students in an effective and timely manner.

Technical Standards are the physical requirements (sight, hearing, strength, mobility) deemed necessary by the program/sponsor for a student to acquire the competencies required to successfully complete the program. Students should be made aware of these requirements prior to admission to the program. Technical Standards may be different from those used by regional employers to assess the 'employability' of program graduates. The program should consider working with employer representatives on the AC to develop a list of the technical standards required by local employers, and, when appropriate, have students document their awareness of

these standards (in addition to those used by the program/sponsor) prior to admission into the program.

The sponsor must clearly publish prerequisites, corequisites, minimum grade point average, and required courses for each segment of the curriculum.

The sponsor must have clear, specific, published policies related to student privacy and academic integrity. The sponsor must have a student identity verification process that ensures that students who earn academic credits are the same individuals who did the coursework and received the assessments.

Sponsors that do not accept prior respiratory care education or work experience in lieu of required respiratory care coursework, and/or do not offer advanced placement, should provide statements to this effect in published program information.

Evidence of Compliance:

- Published sponsor and program information related to a-m above

Public Information on Program Outcomes

5.03 A link to the CoARC URL, where outcomes for all accredited programs can be found, must appear as a direct link on the program's main webpage and must be accessible to the public.

Interpretive Guideline:

Outcomes information from all programs and program options accredited by the CoARC must be readily accessible, enabling potential students to assess programmatic quality when selecting a program. Program outcomes must be accessible to the public without disclosing identity or contact information and must be no more than one "click" away from the program's home webpage. Programs must provide, at a minimum, timely, readily accessible, accurate, and consistent aggregate information to the public about programmatic performance and student achievement, based on quantitative or qualitative information with external verification as appropriate.

The program must publish on its website (or other publications readily available to program applicants if no website is available) a link to the CoARC website (https://coarc.com/students/programmatic-outcomes-data/), which provides outcomes data for all its accredited programs, along with the following statement explaining the link:

"*CoARC accredits respiratory therapy education programs in the United States and its territories. To achieve this end, it utilizes an 'outcomes-based' process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented.*"

Evidence of Compliance:

- The program's web page showing the CoARC outcomes URL

Non-discriminatory Practice

5.04 All activities associated with the program, including faculty and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations that prohibit discrimination.

Interpretive Guideline:
The college catalog, student and program manuals, sponsor and program websites, and all other published program information must include an official nondiscrimination statement affirming adherence to all applicable federal and state non-discrimination statutes governing faculty and student policies, recruitment, admissions, employment practices, and all program activities.

Evidence of Compliance:

- Academic catalog
- Sponsor/Program policies
- Program/institutional technical standards

5.05 Student grievance and appeal procedures must include provisions for the submission of both academic and non-academic grievances and mechanisms for their evaluation that ensure due process and fair disposition.

Interpretive Guideline:
The sponsor must maintain and publish clearly defined student grievance and appeal procedures that apply to both academic and non-academic matters. These procedures must identify the appropriate initial point of contact for grievance submissions and outline the process for filing, reviewing, and resolving complaints.

The grievance process must include clearly described mechanisms for evaluation, including designated decision-makers, defined levels of review, and an opportunity for appeal when appropriate. Procedures must ensure due process by providing students with timely notice of decisions, an opportunity to be heard, impartial review, protection from retaliation, and documented communication of outcomes. All grievance and appeal procedures must be published, readily accessible to all students, and applied consistently to ensure prompt, fair, and equitable disposition of all complaints.

Evidence of Compliance:

- Institutional grievance and appeal policies and procedures

- Sponsor statement confirming protection from retaliation
- Records of programmatic complaints (if any) that include the nature, appraisal, and disposition of each complaint

5.06 Faculty grievance procedures must be applicable and accessible to all faculty employed by the sponsor.

Interpretive Guideline:
Procedures for the filing of, and response to, faculty grievances and appeals must be clearly published and applicable/available to all program faculty.

Evidence of Compliance:

- Institutional faculty grievance policies and procedures

5.07 Programs granting advanced placement must document that students receiving advanced placement have demonstrated proficiency with the applicable competencies and that they meet both program and sponsor-defined criteria for such placement.

Interpretive Guideline:
This Standard applies only to programs that offer advanced placement within the professional curriculum. Programs granting advanced placement must establish and consistently apply written program- and sponsor-defined criteria for such placement. Criteria may vary by course or curricular component, provided they are clearly defined and consistently implemented. For each student granted advanced placement, the program must maintain documentation demonstrating that the student has met the applicable criteria and has demonstrated proficiency in the specific competencies for which advanced placement is awarded. Documentation must include evidence of competency assessment (e.g., examinations, skills evaluations, clinical performance evaluations, portfolio review, or other objective measures) completed prior to awarding advanced placement. The program must demonstrate that advanced placement decisions are based on verified competency and are equivalent to the outcomes expected of students who complete the standard curricular pathway.

Evidence of Compliance:

- Program and sponsor written policies and criteria for granting advanced placement
- Documentation of the evaluation process used to determine advanced placement eligibility
- Individual student records demonstrating assessment and verification of competency for the specific competencies for which advanced placement was awarded
- Documentation that the student met all program- and sponsor-defined criteria prior to placement

Safeguards

5.08 The health, privacy, and safety of all individuals (patients, students, faculty, and staff) associated with the educational activities and learning environment of the program must be adequately safeguarded.

Interpretive Guideline:

The program must have written, regularly reviewed policies and procedures that ensure a safe environment for students, patients, faculty, and staff at all instructional locations. Policies related to infectious and environmental hazards should address prevention, diagnosis, and post-exposure treatment (including the specification of financial responsibility for these activities), as well as the potential effects of infectious and environmental illnesses on student learning activities. The program must maintain a documented process for reporting, investigating, and resolving health, safety, and privacy incidents involving students, patients, or faculty, including documentation of corrective actions when applicable.

All individuals who provide patient care or have any contact with patients must follow all risk management standards to ensure a safe and healthy environment. Clinical site policies and procedures regarding health, safety, and security must be explicitly referenced in the applicable clinical affiliate agreement/MOU. Students must receive site-specific health, safety, and emergency procedures prior to the start of each clinical experience. The program must document that, prior to patient contact, students receive instruction and demonstrate competency in preclinical and clinical asepsis, infection prevention and control, exposure protocols, biohazard control, and hazardous waste disposal.

The program must ensure that all individuals comply with applicable federal and state privacy laws and institutional policies governing protected health information and student educational records. Documentation of required privacy training must be maintained. The confidentiality of information pertaining to the health status of individual students and faculty must be maintained in accordance with institutional policy and applicable law. Access to such information must be limited to individuals with a legitimate educational or administrative need.

The program must maintain documentation of required immunizations, screenings, and health clearances consistent with clinical affiliate and institutional requirements. Declination forms, where permitted, must be documented.

Evidence of Compliance:

- Written health, safety, and privacy policies, including exposure control and incident reporting procedures, with documented annual review and oversight
- Documented compliance with requirements of all clinical sites, as defined in clinical agreements/MOUs
- Documentation of required HIPAA/privacy training for students and faculty prior to patient contact

- Verified student competency in infection control, asepsis, biohazard management, and exposure protocols prior to clinical placement
- Confidentiality procedures ensuring restricted access to student/faculty health records

5.09 Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff.

Interpretive Guideline:

Programs must include a service work statement in program materials available to both students and clinical supervisors, specifying that program students must not be substituted for paid staff during clinical rotations. When students are in clinicals, they must not be asked to perform the job duties of their specific employee position. Clinical time is scheduled by the program and is focused on its objectives, rotations, and competencies. This does not prohibit a paid/unpaid 'internship' or 'apprenticeship' in states where this is allowed, but is intended to ensure that students are not used as 'back-ups' in the absence of paid staff during clinical rotations. Programs must ensure that students who opt to reinforce competencies and skill sets as 'interns' or 'apprentices' are adequately supervised.

The program must establish policies governing the wearing of identification badges and the appropriate identification of students (by badge and by personal interaction and introduction) in every clinical setting. The program must ensure that students are clearly identified as such in the clinical setting to distinguish them from interns, apprentices, clinical site employees, and other health profession students.

Students with knowledge, experience, and skills gained from previous experience (i.e., CRTs working towards an RRT) may assist faculty in didactic and laboratory sessions and may share their knowledge and skills with other students during clinical rotations. However, such students may not be the primary instructor or instructor of record for any component of the professional curriculum.

For programs participating in internships/apprenticeships, there must be an MOU/agreement delineating the terms of participation between the sponsor and the employer offering the internship/apprenticeship, and describing the responsibilities of the sponsor, the employer, and the interns/apprentices. These programs must be registered or certified by a state or federal agency overseeing apprenticeships. The main federal authority responsible for apprenticeship programs is the U.S. Department of Labor (DOL), particularly through the Office of Apprenticeship (OA). Some states operate their own State Apprenticeship Agencies, recognized by the U.S. DOL to administer apprenticeship programs within their jurisdictions.

Evidence of Compliance:

- Program policies prohibiting substitution of students for staff and defining supervision requirements
- Program policies ensuring students are clearly identified in clinical settings

- Contracts/agreements/MOUs with clinical sites specifying supervision and non-substitution provisions
- Results of student course evaluations
- Contracts/agreements/MOUs with institutions offering internship/apprenticeship programs, if applicable
- Internship/apprenticeship agreements and registration documentation, if applicable
- Published service work statement provided to students and clinical supervisors, if applicable

Academic Guidance

5.10 The program must ensure that, at all instructional locations, students have timely access to program faculty and to institutional academic support services for assistance with their academic concerns and problems.

Interpretive Guideline:
Academic support services must ensure that students have timely, equitable access to the resources needed to address academic concerns and achieve the program's expected learning outcomes. Access must be available at all instructional locations and across all teaching and learning modalities, including distance education.

Institutional academic support services may include, but are not limited to, library services, computer and technology resources, tutoring, academic advising, and other learning support resources. These services must be readily accessible to students and structured to support academic success.

Students must have clearly defined and disseminated information regarding how to access program faculty for academic advisement, mentoring, and assistance with academic concerns or problems. The roles and responsibilities of faculty in providing academic guidance must be established, communicated, and consistently implemented. Faculty must ensure they are available as scheduled and responsive to student needs in a timely manner.

The program must demonstrate that mechanisms—formal and/or informal—are in place to ensure students can obtain academic mentoring and support when needed. Access to academic counseling or related services must be available when academic issues interfere with student learning.

All academic support services and faculty access must be comparable and accessible to students regardless of instructional location.

Evidence of Compliance:

- Program/institutional policies defining faculty advisement roles, response-time expectations, and access to academic support services

- Documentation of institutional academic support services and student access instructions
- Documentation of advising sessions and faculty-student academic consultations (including distance modalities)
- Published faculty office hours and virtual access schedules
- CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)

Student and Program Records

5.11 Records of student evaluations must be maintained securely and in sufficient detail to document learning progress, deficiencies, and achievement of competencies for each student. Records of student admissions, including documentation that the student met published admission criteria, must also be maintained securely. These records must be retained for at least five (5) years after the student leaves the program, whether or not the student ultimately completes all graduation requirements.

Interpretive Guideline:

The intent of this Standard is to ensure that programs maintain secure, complete, and retrievable records of both student admissions and student evaluations sufficient to document each student's eligibility for admission, learning progress, identified deficiencies, and achievement of required competencies.

Admissions records must include documentation demonstrating that each matriculated student met the program's published admission criteria in effect at the time of acceptance. Such documentation may include, but is not limited to:

- *Application materials*
- *Transcripts*
- *Verification of prerequisite coursework*
- *Documentation of required certifications or testing*
- *Admission decision records*
- *Documentation of conditional admission requirements, if applicable, and confirmation that conditions were satisfied*

The purpose of maintaining these records is to verify that admissions decisions were consistent with published policies and applied equitably.

Student evaluation records must be maintained in sufficient detail to demonstrate:

- *Performance on all evaluation instruments used in the program (e.g., examinations, assignments, laboratory assessments, clinical competency evaluations).*
- *Documentation of identified deficiencies.*
- *Records of remediation and outcomes, when applicable.*
- *Documentation of progression through the curriculum; and*
- *Verification of achievement of required competencies prior to graduation.*

Maintaining copies of evaluation instruments or detailed descriptions of those instruments, a gradebook or equivalent record reflecting individual student performance, and documentation of competency completion and progression is sufficient evidence of compliance.

This Standard applies to documentation of evaluation outcomes and does not require retention of audio or video recordings of laboratory, simulation, or clinical activities unless required by institutional policy.

Student admissions and evaluation records must be retained in either paper or electronic format for at least five (5) years after the student leaves the program, regardless of whether the student has completed all graduation requirements. Programs should consult institutional policies to determine whether a longer retention period is required.

Evidence of Compliance:

- Documentation (hard copy or electronic format) verifying that each matriculated student met the program's published admission criteria in effect at the time of acceptance, including:
  a) Completed application materials
  b) Transcripts and verification of prerequisite coursework
  c) Documentation of conditional admission requirements and confirmation that all conditions were satisfied when applicable
  d) Documentation of required certifications, testing, or background checks, if applicable
- Documentation (hard copy or electronic format) demonstrating each student's performance, deficiencies and remediation (if applicable), progression, and competency achievement prior to program completion, including:
  a) Copies of evaluation instruments
  b) Gradebooks or equivalent records reflecting individual student performance
  c) Laboratory, simulation, and clinical competency check-off documentation
  d) Academic progression tracking records
- Documentation demonstrating that admissions and evaluation records are maintained securely in compliance with institutional policies and applicable privacy regulations
- Documentation demonstrating that records are retained for a minimum of five (5) years after the student has left the program, regardless of graduation status

5.12 Program records must provide detailed documentation (including analysis and action plans) of resource assessment and the extent to which it has achieved program goals and established outcomes. These records must be retained for a minimum of five (5) years.

Interpretive Guideline:

Program records must be maintained in paper or electronic format for a minimum of five (5) calendar years and must provide detailed documentation of the program's resource assessment processes and the extent to which program goals and outcomes have been achieved. Programs

should check with their sponsor to determine whether institutional accreditor policies or standards may require a longer time frame.

Documentation must demonstrate evaluation of program resources, including but not limited to faculty qualifications, clinical learning environments, equipment, fiscal resources, and support services, and must reflect any actions taken to maintain or improve these resources.

Records must include documented evaluation of program outcomes, including credentialing success, job placement, graduate and employer satisfaction, and other program-defined goals. Documentation must demonstrate whether established thresholds were met and what actions were taken if outcomes fell below expected levels.

Minutes of AC and faculty meetings must document discussion of resource assessment findings, outcome data, program effectiveness, and any resulting recommendations or actions.

In addition to retaining these records, the program must maintain documentation demonstrating systematic analysis of assessment data, identification of strengths and deficiencies, implementation of action plans when indicated, and subsequent evaluation of the effectiveness of those actions.

Evidence of Compliance:

- Hard copy or electronic records of the following:
  a) CoARC Graduate and Employer Surveys
  b) CoARC Program Personnel and Student Surveys and results/analysis of annual resource assessment (RAM)
  c) Syllabi of professional courses and evidence supporting ongoing curricular assessment
  d) Current affiliation agreements or MOUs with all OCLS, simulation, and clinical sites
  e) Student schedules for OCLS, simulation, and clinical sites
  f) AC meeting minutes and attendance lists
  g) Program faculty meeting minutes and attendance lists
  h) Current curriculum vitae of program faculty
  i) Completed Annual RCS and RAM verified by CoARC
  j) NBRC Exam-based reports submitted with RCS