COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Frequently Asked Questions

Section 1: Program Administration and Sponsorship

Guidance for CoARC-accredited programs, sponsoring institutions, healthcare employers, and consortium partners

Based on the CoARC 2027 Entry into Practice Standards and the supplied apprenticeship planning documents

Commission on Accreditation for Respiratory Care
Effective date of cited Standards: January 1, 2027

Purpose. This FAQ explains common implementation questions related to Standards 1.01–1.07. It should be read together with the Standards, Interpretive Guidelines, Evidence of Compliance, and applicable CoARC policies and procedures.

At a glance

- 1.01 — Eligible educational sponsors and degree requirements
- 1.02 — Consortium sponsorship, governance, and agreements
- 1.03 — Educational resources, affiliation agreements, transfer credit, and teach-out obligations
- 1.04 — Program-faculty authority over curriculum and student progression
- 1.05 — Professional development support for the PD and DCE
- 1.06 — Consistent policies and equivalent resources at all locations
- 1.07 — Prior reporting and approval of substantive changes

Standard 1.01 — Program Sponsorship

1. What types of institutions may sponsor an entry-into-practice respiratory care program?

The sponsor must be a postsecondary academic institution accredited by a federally recognized institutional accrediting agency. It must also have appropriate state authorization and award an associate, baccalaureate, or graduate degree after the student completes the professional curriculum and all institutional degree requirements.

2. Must the sponsor itself award the degree?

Yes. The educational sponsor must award the qualifying degree. In a consortium, the degree may be awarded by the consortium member that meets Standard 1.01, as identified in the formal consortium arrangement.

3. Does CoARC require a baccalaureate degree for entry into practice?

No. Standard 1.01 permits an associate, baccalaureate, or graduate degree, provided all other sponsorship, accreditation, authorization, curriculum, and degree requirements are met.

4. What evidence verifies institutional eligibility?

Programs should maintain current documentation of institutional accreditation, degree-granting authority, and state authorization. When applicable, documentation must also show authorization to provide clinical education or distance education in other states.

5. What must be reported if the sponsor's institutional status changes?

The sponsor must notify CoARC in a timely manner of any adverse change in institutional accreditation, degree-granting authority, state authorization, or sponsorship. Such changes may affect the program's accreditation status. Consult with CoARC Executive Office staff for the appropriate documentation to submit.

Standard 1.02 — Consortium

6. When is an arrangement considered a consortium?

A consortium exists when two or more entities (e.g., a degree-granting institution and a medical center) share sponsorship of the program. This includes arrangements involving an Off-Campus Laboratory Site (OCLS) when the entities share sponsorship. A routine clinical affiliation agreement, by itself, does not constitute consortium sponsorship.

7. Must every consortium member meet Standard 1.01?

No. At least one consortium member must meet Standard 1.01. Collectively, however, the consortium must be able to provide all resources necessary for the degree and the program.

8. What must the consortium agreement address?

The executed agreement must clearly assign responsibilities for instruction, student supervision, resources, reporting, governance, and lines of authority. It must also address sharing accreditation documents and official correspondence, communication with CoARC, and dissolution procedures that protect students' ability to complete the program.

9. Must the PD and DCE be employed by the degree-granting consortium member?

No. If either is employed elsewhere, the program must document a formal relationship with the degree-granting institution, including appointment, appropriate privileges, access to necessary institutional resources, and integration into the program's governance and operations.

10. How often should consortium agreements be reviewed?

The Standards do not prescribe one universal renewal interval. The program must document its process and timeline for initiating, reviewing, approving, executing, and renewing the agreement and ensure the agreement remains current and accurate.

Standard 1.03 — Sponsor Responsibilities

11. Must the sponsor provide all general education courses directly?

Not necessarily. The sponsor may provide the courses or accept appropriate transfer credit from other institutionally accredited institutions under an institution-approved transfer-credit process.

12. What must a transfer-credit policy include?

It must address the maximum allowable transfer credit, evaluation criteria, and possible outcomes, including alignment with current course offerings. If transferred credit waives coursework that includes required competencies or assessments, the program must use alternative methods to assess and document the student's performance in those areas.

13. When must laboratory and clinical arrangements be in place?

Required institutional resources must be in place before students are admitted (typically at the time of the Provisional Site Visit). For distance-learning students, required laboratory and clinical instruction and experiences must be arranged before each student enrolls and must meet the Standards at every instructional location.

14. What must a clinical affiliation agreement contain?

It must define student access to educational resources and clinical experiences, specify the terms of participation, describe the sponsor–site relationship, and clearly state the roles of the program, sponsor, and clinical site. A multidisciplinary agreement is acceptable if it explicitly covers the respiratory care program's participation with each clinical entity. If existing clinical affiliation agreements identify programs by name, then respiratory care must be included.

15. May students be placed at a clinical site before the agreement is fully executed?

No. Each clinical site must have a current clinical affiliation agreement. Programs should complete the institutional review and approval process before assigning students to the site.

16. What is required for an OCLS agreement?

The agreement must govern student access to educational resources and laboratory experiences, state the terms of participation, describe the relationship among the program, sponsor, and OCLS, and clearly assign each party's role.

17. What is the sponsor's responsibility if a program closes or loses accreditation?

The sponsor must maintain and implement a current, institutionally approved teach-out plan that complies with its institutional accreditor, CoARC requirements, and applicable law. If the sponsor cannot teach enrolled students through completion, it must arrange their transfer to another CoARC-accredited program.

Standard 1.04 — Curriculum and Academic Authority

18. Who controls curriculum planning and student progression?

The sponsor must ensure that curriculum planning, course selection, and coordination of instruction are carried out by program faculty. Program faculty must determine student progression through each stage of the program, and institutional policies must support their academic and professional judgments.

19. May centralized admissions or institutional offices participate in program decisions?

Yes, provided institutional processes do not displace the program faculty's required role. Program faculty must be involved in developing, reviewing, and revising policies related to recruitment, admission, retention, progression, and other academic matters, and their academic and professional judgments must be supported.

20. How often should the curriculum be reviewed?

The sponsor should provide time and support for a curriculum review and revision at least annually, consistent with Standard 4.08. Faculty should also meet regularly during the academic year to evaluate revisions, review course evaluation feedback, and make necessary updates.

21. How long must curriculum-related faculty meeting minutes be retained?

Programs must retain minutes of these meetings for at least five years. The minutes should demonstrate curriculum planning, course selection, coordination of instruction, and student-progression decisions.

Standard 1.05 — PD and DCE Professional Development

22. What support must the sponsor provide to the PD and DCE?

The sponsor must provide sufficient time and financial resources, as applicable to each position's job description, to maintain required certifications and licensure and to support professional development directly relevant to respiratory care education.

23. What may count as institutional support?

Examples include credential and licensure fees, professional dues, conference or continuing-education support, non-vacation release time for professional or scholarly activities, tuition assistance, workload adjustments, and time for study or preparation. Support must be meaningful and sufficient for the assigned roles.

24. Is attendance at a conference the only acceptable form of professional development?

No. Professional development may include activities that maintain or build clinical, academic, instructional, leadership, research, or scholarly competencies relevant to the PD's or DCE's responsibilities.

25. How should compliance be documented?

Maintain institutional policies that show available support and records of the PD's and DCE's professional development activities, including the time, funding, workload adjustments, or other support provided by the institution.

Standard 1.06 — Equivalency Across Locations

26. Must academic policies be identical at every instructional location?

Program academic policies must apply equally to students and faculty regardless of location or instructional method, including didactic, laboratory, clinical, distance education, and OCLS settings. Implementation and enforcement must be consistent across locations.

27. What does "equivalent access" mean for OCLS students and faculty?

The level, quality, and timeliness of support must be comparable to what is available at the main campus. Services may be delivered on-site, remotely, or by another method. Relevant resources include advising, tutoring, career and financial aid services, computing, library, instructional design, information technology, and employee support resources.

28. May a clinical site's policies override program academic policies?

No. Students may be required to follow site-specific operational, safety, or employment policies, but an affiliation agreement or MOU may not supersede or conflict with the program's academic policies. The program remains accountable for consistent academic standards.

29. How should programs demonstrate equivalency?

Use published policies, student-handbook language, affiliation agreements or MOUs, clear instructions for accessing services, and data from CoARC surveys and resource assessments. Programs should analyze results and take action when access, quality, or timeliness differs across locations.

Standard 1.07 — Substantive Change

30. When should a program contact CoARC about a planned change?

Contact the CoARC Executive Office early—before implementation—whenever a significant change is being considered. Staff can help determine whether the change is substantive, identify the required process and timeline, and explain possible accreditation implications.

31. Where are substantive changes defined?

Section 9 of the CoARC Accreditation Policies and Procedures Manual identifies substantive changes and the applicable reporting and approval requirements.

32. What documentation demonstrates compliance?

Maintain the submitted Application for Substantive Change, along with all required supporting documentation and written confirmation of CoARC approval. The change should not be implemented before approval unless the applicable policy expressly provides a different reporting timeframe.

33. What should a program do if it discovers that a substantive change was implemented without approval?

Contact the CoARC Executive Office as soon as possible to determine the required course of action. The program should not delay disclosure while attempting to correct the matter internally.

Reference

Primary source: CoARC 2027 Accreditation Standards for Entry into Respiratory Care Professional Practice, Section 1 — Program Administration and Sponsorship (Standards 1.01–1.07), approved March 2026. Substantive-change questions should also be evaluated in accordance with the current CoARC Accreditation Policies and Procedures Manual.