COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Frequently Asked Questions

Section 3: Program Goals, Assessment, and Outcomes

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 Section 3. It should be read together with the Standards, Interpretive Guidelines, Evidence of Compliance, and applicable CoARC policies and procedures.

At a glance

- Standards 3.01–3.02 — Program Goals
- Standards 3.03–3.05 — Student Evaluation, Remediation, and Integrity
- Standard 3.06 — Assessment of Goals and Outcomes
- Standard 3.07 — Reporting Program Outcomes
- Standards 3.08–3.09 — Accreditation Dialogue and Clinical Site Evaluation

Standards 3.01–3.02 — Program Goals

1. Must the primary respiratory care goal be adopted exactly as written?

Yes. Every entry-into-practice program must adopt the Standard 3.01 primary goal statement exactly as written. Sleep specialist options must also adopt the prescribed polysomnography goal exactly as written.

2. Where must required goals be published?

In the institutional catalog, Student Handbook, and program or institutional website, including the consortium website when applicable, so prospective and enrolled students can readily find them.

3. What additional goal is required for a baccalaureate program?

A published baccalaureate-level goal defining competencies beyond associate-level preparation in one or more of these areas: leadership, education, research, and expanded clinical skills.

4. What additional goal is required for a graduate program?

A published goal defining advanced competencies and in-depth respiratory care practice, emphasizing purposeful evidence-based practice, applied research, education, and preparation for future leadership.

5. May a program establish optional goals?

Yes. Each optional goal must include at least one measurable outcome, an expected level of achievement, a systematic assessment process, and actions to take if the outcome is not achieved.

6. Who must review optional goals?

Key Personnel and the Advisory Committee must review and approve them at least annually. Optional goals must also be communicated to prospective and enrolled students.

Standards 3.03–3.05 — Student Evaluation, Remediation, and Integrity

7. What must the student-evaluation plan cover?

It must systematically evaluate each student's knowledge, skills, attitudes, and competencies using formative and summative methods across didactic, laboratory, simulation, clinical, and alternative delivery settings.

8. How should evaluations relate to progression?

Measures must align with course objectives, student learning outcomes, and expected competencies and reflect increasing complexity as students progress. Grading, progression, remediation, and completion criteria must be defined and consistently applied.

9. How frequently must students be evaluated?

Often enough to keep students informed, promptly identify deficiencies, and allow remediation within a reasonable timeframe. The program should identify defined evaluation points and provide timely, documented feedback.

10. What must a remediation plan include?

The identified deficiency, corrective actions, measurable expectations, a defined timeline, and follow-up reassessment. Program faculty retain ultimate responsibility for summative evaluation and remediation decisions.

11. Must faculty analyze evaluation data beyond individual students?

Yes. Aggregate data should be reviewed for trends that may indicate a need for changes to curriculum, instruction, assessment practices, or remediation processes.

12. What does ongoing review of assessment integrity include?

Faculty must examine alignment, assessment design, grading consistency, performance trends or item analysis, fairness, bias, accommodations, security, identity verification, and the effectiveness of integrity safeguards.

13. Who may proctor a required examination?

An employee of the sponsor or a reputable third party that follows standards for security and identity verification. The program must document third-party qualifications and communicate proctoring procedures to students in advance.

Standard 3.06 — Assessment of Goals and Outcomes

14. What makes a program assessment process systematic?

It links goals to timely qualitative and quantitative data, faculty analysis, documented findings, action plans for deficiencies, implementation, and follow-up evaluation of effectiveness.

15. When is a curriculum-based action plan required for NBRC content sections?

For each of the three NBRC examination content sections in which program performance is below 85% of the national mean for a reporting period, the program must analyze the result, implement a curriculum-based action plan, and document follow-up.

16. Which other data should be reviewed?

Graduate and Employer Surveys, course and clinical evaluations, faculty evaluations, failure rates, remediation results, retention, preparedness for clinical rotations, degree-specific goals, optional goals, and other indicators of program effectiveness.

Standard 3.07 — Reporting Program Outcomes

17. Does every CoARC-numbered program submit its own RCS?

Yes. Each program with a separate CoARC number must submit a complete annual RCS through the electronic system by the mandated deadline, including analysis and action plans for subthreshold results.

18. How does CoARC determine threshold compliance?

Outcome data are evaluated using the most recent three-year average and rounded to the nearest whole number per standard rounding rules. Programs must meet all current published thresholds.

19. What is the High Cut Score Success threshold?

60% as a three-year average. It is calculated as the percentage of program graduates—not examination takers—who achieve the NBRC Respiratory Therapy Examination High Cut Score during the reporting period.

20. Is there an RRT Credentialing Success threshold?

No CoARC threshold is established, but programs must report RRT outcomes annually.

21. What is the retention threshold and when does programmatic enrollment begin?

The retention threshold is 70% as a three-year average. Enrollment begins with the first core respiratory care course available only to students matriculating in the program, not survey or prerequisite coursework.

22. What are the graduate and employer satisfaction requirements?

Surveys must be administered six to twelve months after graduation. For each question, at least 80% of respondents must rate satisfaction at 3 or higher on a five-point scale, calculated as a three-year average.

23. Is there a Job Placement threshold?

No, but job placement must be reported annually. A placed graduate is employed full-time, part-time, or per diem in a role using skills within the respiratory care scope of practice.

24. May international students be excluded from credentialing calculations?

Only qualifying students on temporary visas who do not plan to take NBRC examinations may be excluded, provided accurate documentation is provided. The exclusion does not extend to permanent residents, holders of temporary protected status, undocumented individuals, refugees, or applicants for immigration status.

Standards 3.08–3.09 — Accreditation Dialogue and Clinical Site Evaluation

25. What should a program do after receiving notice of a subthreshold outcome?

Engage with CoARC promptly upon receipt of the Program Action Letter and follow all requirements and deadlines for the accreditation dialogue, progress reporting, action planning, and any focused visit.

26. What is the role of the CoARC Referee?

The Referee serves as liaison, consults with the program, reviews submissions, assists with remediation strategies, evaluates progress, and makes accreditation recommendations to the Board.

27. When must a clinical site be evaluated?

Before initial use and on an ongoing basis under a consistent process that assesses patient volume and case mix, equipment, technology, qualified personnel, supervision, feedback, mentoring, and the learning environment.

28. What if an ongoing clinical-site evaluation identifies a deficiency?

The program must document the finding, implement corrective action, monitor follow-up, and modify or discontinue the site when necessary. Sites must support comparable learning outcomes across locations.

Reference

Primary source: CoARC 2027 Accreditation Standards for Entry into Respiratory Care Professional Practice, Section 3 — Program Goals, Assessment, and Outcomes, approved March 2026. Current CoARC policies, procedures, forms, thresholds, and deadlines should also be consulted when applicable.