COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Frequently Asked Questions

Section 5: Fair Practices and Recordkeeping

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

At a glance

- Standards 5.01–5.03 — Public Disclosure
- Standards 5.04–5.07 — Fair and Non-discriminatory Practices
- Standard 5.08 — Health, Privacy, and Safety Safeguards
- Standard 5.09 — Supervision, Service Work, Internships, and Apprenticeships
- Standard 5.10 — Academic Guidance
- Standards 5.11–5.12 — Student and Program Records

Standards 5.01–5.03 — Public Disclosure

1. What public information must accurately describe the program?

All websites, social media, catalogs, advertising, and sponsor or program publications must clearly and consistently describe every program and option offered.

2. What must an accreditation-status statement include?

The program's current status, CoARC's full name and website address, and the program's CoARC number. Students and applicants must receive written notice of their status and any impending changes, as required by CoARC policy.

3. How often should public information be reviewed?

At least annually and whenever a change occurs, so information remains current, consistent, accurate, and aligned with CoARC Standards and policies.

4. How accessible must the required information be?

It must be public without requiring identity, contact information, membership, or login and be no more than one click from the program's home webpage.

5. What categories must be publicly available under Standard 5.02?

Accreditation and accreditor contacts; admission, transfer, and advanced-placement policies; academic and technical admission standards; graduation requirements; calendar and credits; tuition, fees, costs, and refunds; probation, suspension, dismissal, and withdrawal policies; grievance procedures; and student-employment policies.

6. What if a program does not offer advanced placement or accept prior respiratory care education or work experience?

It should publish a clear statement to that effect.

7. What must be published about program outcomes?

A direct link on the main program webpage to CoARC's programmatic outcomes data page, accompanied by the explanatory statement prescribed in Standard 5.03.

Standards 5.04–5.07 — Fair and Non-discriminatory Practices

8. Which program activities are subject to nondiscrimination requirements?

All activities, including student and faculty policies, recruitment, admissions, employment, technical standards, and other program operations, must comply with applicable federal and state requirements.

9. What must student grievance procedures cover?

Both academic and non-academic grievances, with clear initial contact, filing, and review steps; designated decision-makers; levels of review; an appeal opportunity when appropriate; timely notice; an opportunity to be heard; impartial review; written outcomes; and protection from retaliation.

10. Must complaint records be maintained?

Yes. Records of programmatic complaints should document the nature, appraisal, and disposition of each complaint while protecting privacy as required.

11. Must faculty grievance procedures cover adjunct and part-time faculty?

They must be applicable and accessible to all faculty employed by the sponsor, regardless of appointment type.

12. When may advanced placement be awarded?

Only after the student meets published program and sponsor criteria and demonstrates proficiency in the specific competencies being waived, as determined through objective assessment before placement is granted.

13. What evidence may support advanced placement?

Examinations, skills assessments, clinical-performance evaluations, portfolio review, or other objective measures demonstrating outcomes equivalent to the standard curricular pathway.

Standard 5.08 — Health, Privacy, and Safety Safeguards

14. Who must be protected by program safeguards?

Patients, students, faculty, and staff at every instructional location.

15. What should infectious and environmental hazard policies address?

Prevention, diagnosis, post-exposure treatment, responsibility for costs, effects on learning activities, incident reporting and investigation, corrective action, and regular review.

16. What training is required before patient contact?

Students must receive and demonstrate competency in asepsis, infection prevention and control, exposure procedures, biohazard control, hazardous-waste disposal, privacy requirements, and applicable site-specific safety and emergency procedures.

17. How should health and educational records be protected?

Access must be restricted to individuals with a legitimate educational or administrative need and be maintained in accordance with institutional policy and applicable privacy law. Required privacy training and health clearances must be documented.

Standard 5.09 — Supervision, Service Work, Internships, and Apprenticeships

18. May a student substitute for paid staff during clinical education?

No. Clinical time must remain focused on program objectives, rotations, and competencies, and students may not serve as backups for absent clinical, instructional, or administrative staff.

19. May an employed student perform their regular employee duties during scheduled clinical time?

No. When in the student role during program-scheduled clinical education, the individual may not be assigned the duties of their employee position.

20. How must students be identified in clinical settings?

Program policy must require appropriate badges and personal introduction so patients and staff can distinguish students from employees, interns, apprentices, and other health-profession learners.

21. May an experienced student teach classmates?

The student may share knowledge and assist faculty but must not serve as the primary instructor or instructor of record for any part of the professional curriculum.

22. Are internships or apprenticeships permitted?

Yes, where legally permitted, if students remain adequately supervised, the arrangement does not substitute students for staff, and a sponsor-employer agreement clearly assigns responsibilities.

23. What additional requirement applies to apprenticeship programs?

They must be registered or certified by the applicable state or federal apprenticeship agency, and documentation of that status and the governing agreement must be maintained.

Standard 5.10 — Academic Guidance

24. What academic support must be available?

Students at every location and in every modality must have timely, equitable access to program faculty, advising, tutoring, library, computing and technology resources, counseling or related services, and other learning support needed to address academic concerns.

25. How should faculty availability be communicated?

Through clear published office hours, virtual access schedules, contact methods, advisement roles, and response-time expectations that are consistently implemented.

26. Must distance and off-campus students receive the same support format?

Not necessarily the same format, but access, responsiveness, quality, and usefulness must be comparable to those available at the base location.

Standards 5.11–5.12 — Student and Program Records

27. How long must student admissions and evaluation records be retained?

At least five years after the student leaves the program, whether or not the student graduates. A longer institutional retention requirement must also be followed.

28. What must admissions records demonstrate?

That each matriculated student met the published criteria in effect at acceptance, including prerequisites, transcripts, testing or certifications, decision records, and satisfaction of any conditional-admission requirements.

29. What must evaluation records demonstrate?

Individual performance, identified deficiencies, remediation and outcomes, academic progression, and completion of all required competencies before graduation, supported by evaluation instruments, gradebooks, and competency records.

30. Must programs retain audio or video recordings of student performance?

No, unless institutional policy requires it. The Standard requires retention of evaluation outcomes and sufficient documentation, not recordings themselves.

31. How long must program assessment and outcome records be retained?

At least five calendar years, or longer if required by the sponsor or institutional accreditor.

32. Which program records should be retained?

Resource surveys and RAM analyses; Graduate and Employer Surveys; professional-course syllabi and curriculum-assessment evidence; site agreements and schedules; Advisory Committee and faculty minutes; faculty CVs; verified RCS and RAM submissions; NBRC reports; analyses, action plans, and follow-up evaluations.

33. Is retaining raw data alone sufficient?

No. Records must show systematic analysis, identified strengths and deficiencies, implementation of action plans when needed, and subsequent evaluation of effectiveness.

Reference

Primary source: CoARC 2027 Accreditation Standards for Entry into Respiratory Care Professional Practice, Section 5 — Fair Practices and Recordkeeping, approved March 2026. Current CoARC policies, procedures, forms, thresholds, and deadlines should also be consulted when applicable.