



Self-Study Report
For
Seeking
Continuing Accreditation

This Self-Study was submitted to CoARC on

For additional information about CoARC and accreditation services visit: www.coarc.com

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

1248 Harwood Road Bedford, TX 76021-4244 (817) 283-2835 FAX: (817) 354-8519



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

INTRODUCTION

Each program must conduct a self-study review process, which culminates in the preparation of a report. The CoARC will use this report and any additional information submitted to assess the program's degree of compliance with the *2010 Standards for the Profession of Respiratory Care (Standards)* available at www.coarc.com.

The Continuing Accreditation Self-Study Report (CSSR) has two general objectives: (i) to verify that the professional degree program (hereinafter referred to as the "program") in Respiratory Care continues to meet prescribed Standards and (ii) to promote programmatic self-evaluation and continuous quality improvement. Through the self-study, the sponsoring institution should identify programmatic strengths, weaknesses, and areas in which improvement is needed or desired. This CSSR includes documentation, data, and descriptive text that collectively provide evidence of compliance with Standards and support the sponsoring institution's self-evaluation of the degree to which the program meets, exceeds, or fails to meet (as appropriate) the requirements of each Standard. This CSSR should also describe strategies undertaken or planned to ensure that compliance and programmatic strengths are maintained and areas in which improvement is needed or desired are addressed in a timely and efficient manner.

The Executive Office provides an administrative review of the CSSR followed by a detailed analysis by the Program Referee. The results of this review and analysis are documented on the Referee Analysis of the CSSR which serves as the basis for final determination by the CoARC Board of Commissioners (the "Board") of compliance (or otherwise) with the *Standards* and subsequent conferral or denial of Continuing Accreditation. The primary objective of the Referee Analysis of the CSSR is to facilitate consistency of evaluation within and between Program Referees as well as consistency of the accreditation actions and recommendations of the Board.

By providing the framework and criteria for determination of compliance to sponsoring institutions in advance of the evaluation of their program, CoARC is being more transparent. The Referee Analysis of the CSSR – exactly as used by the Program Referee and Board – is available (at www.coarc.com) as a companion piece to this CSSR. As described below, **CoARC strongly recommends and requests that sponsoring institutions use it as the basis for completing this self-study.** In this way, the format and criteria of the sponsoring institution's self-evaluation will mirror the format and criteria used by the Program Referee and Board. CoARC believes that this approach is more efficient and effective. It should benefit the sponsoring institution whose program is being evaluated by providing an easy-to-follow format and criteria for completing the CSSR, as well as benefiting CoARC through the close alignment of the sponsoring institution's self-study report with the main tool used by the Program Referee and Board.

The next section provides instructions for completing the CSSR and other requirements related to its submission to the CoARC. Any questions related to the completion and submission of this CSSR and related documentation should be addressed to the CoARC Executive Office.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

INSTRUCTIONS

In order for the CSSR to receive a timely review, please complete all sections carefully and completely. Complete and include an Application for Accreditation Services, include the appropriate fees, and **three (3) flash drive (USB drive) copies** of the completed CSSR in the appropriate format. Missing or inadequate documentation or data negatively affects CoARC's ability to evaluate aspects of the program and to determine compliance (or otherwise) with the *Standards*. Accordingly, insufficient or inadequate information in the CSSR may (indirectly) result in a determination of "Does Not Appear to Meet the Standard."

APPLICATION FOR ACCREDITATION SERVICES:

The sponsoring institution must include a completed **CoARC Application for Accreditation Services** (see Section A for instructions) when submitting this CSSR.

FEES:

Please submit a check for the amount invoiced upon receiving the Continuing Accreditation Self Study Report (CSSR) template.

(For a complete list of all accreditation fees, please visit <http://www.coarc.com>.)

EVALUATION OF EACH STANDARD:

- Describe how the program meets the *Standard* (when indicated). Use no more than 5 lines of narrative (on average) per *Standard*.
- Describe noteworthy areas or concerns/plans or strategies for quality improvement (when indicated).
- Identify and briefly describe the evidence of compliance submitted as indicated.

APPENDICES:

Complete all sections of the appendices as noted in the instructions for each section.

ATTACHMENTS:

Attach, in numerical order, the documentation, data, and supplemental information that address how the program meets the *Standards* (see refer to the Step-By-Step Instructions for further details).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

GUIDELINES FOR SUBMITTING SELF-STUDY DOCUMENTS:

When completing this self-study, please make sure that all preset automatic links work properly and manual links have been included where appropriate. Failure to do so may cause delays in the processing of your self-study report. If you are using Adobe Reader you will not be able to manually link the attachments. Be sure to follow the instructions carefully for including additional attachments. **ALL** preset automatic links will work for both Adobe Reader and Adobe Software users.

Media: flash drive (USB drive) only

File Formats: Adobe Portable Document Format (.pdf); Microsoft Word (.doc) or (.docx); Microsoft Excel (.xls).

Make the document readable: Avoid using complex, colorful background patterns and images that can obstruct the readability of text on a page. Ensure correct spelling, grammar, and punctuation.

Label and date all media: Label flash drives (USB drives) to make them easy to identify once they have been removed from their cases or packaging. Labels should minimally include the name of the sponsoring institution, CoARC program number, and the date that the information was mailed.

Organize the materials for quick search and retrieval: Documents should be positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents should not be restricted. **Please click here to reference the step-by-step instructions.**

Facilitate in-document note taking: Use applications for presenting text-based documents that allow in-document note taking. Disable document features (e.g., Adobe Acrobat® passwords) that prevent the reviewer from taking notes.

Limit web access or file downloads to optional materials: The CoARC must retain a snapshot of the information presented at the time of the submission of the report. For this reason, the **information within the report must not link to the Internet.** To ensure that the Commission retains the correct information, please add all web-based information into the report by saving and including it within any of the accepted file formats [Adobe Portable Document Format (.pdf); Microsoft Word (.doc) or (.docx); Microsoft Excel (.xls)]. The sponsoring institution must provide all information and materials that are required for the CSSR.

Use computer-based video, photographs, animations and audio sparingly: Avoid using computer-based video, animations and audio except where they add to information about the program or present the content more effectively than other methods (e.g., a visual tour of facilities). If these media are used, give the reviewer full control over playback including the ability to fast-forward or skip presentations. Photographs, unless directly related to your report, should be limited. Further, photographs which require a photo wizard for viewing should not be included.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

TIMING OF COMPREHENSIVE SITE VISIT:

A comprehensive site visit will be arranged once the CoARC Executive Office has finished an administrative review of the self-study and has concluded that the overall report is completed. At that time, the CoARC Site Visit Dates Request form will be sent to the Program Director via email and must be completed as directed. The on-site evaluation should occur approximately 3 to 5 months following approval of the CSSR.

DUE DATE: The CSSR is due on the date communicated to the program by the Executive Office.

Submit all USB drive copies of this report with appropriate fee to:

Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, Texas 76021-4244

Step-By-Step Instructions

The self-study template is an interactive Adobe Acrobat Document (PDF) that is compatible with Adobe Acrobat Software 5.0 and later. Adobe software is required to enable a manual link. If using only Adobe Reader/Viewer, then all preset links will work providing the document is named exactly as listed and the same type of file format has been used. You will not be able to manually link the attachments using only Adobe Reader, so it is very important that the numbers listed within the self-study match with the numbers listed in the Table of Contents and Supplementary Documents folder.

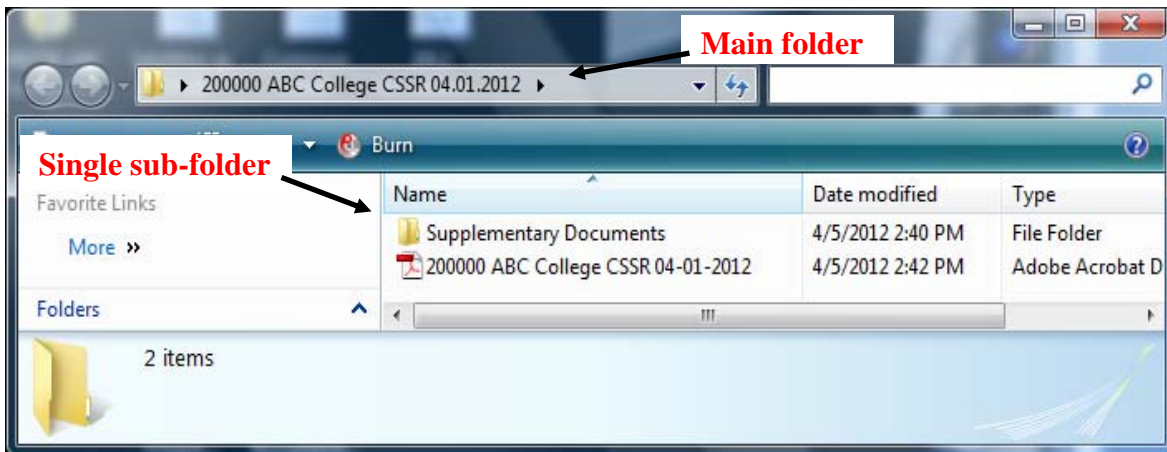
There are a few helpful tools that you will need available in your toolbar. Those are the hand tool, link tool, previous page view button, and bookmarks panel. All tools can be located by selecting View, Toolbars, and More Tools. The hand tool allows you to fill in the highlighted fields, link tool enables you to link, and previous view enables you to go back and forth within the template. Make sure you re-select the hand tool after you complete any manual links. The bookmark panel allows the user to navigate to different set pages quickly within the document and is located in the navigation pane.

Please be sure that documents are positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents is not restricted.

Please use the steps on the following pages as a guide in completing the self-study. *[Please note: Any time a page number is reference in the steps below, you can click on it to go directly to that particular page. To return, just use the previous page view button.]*

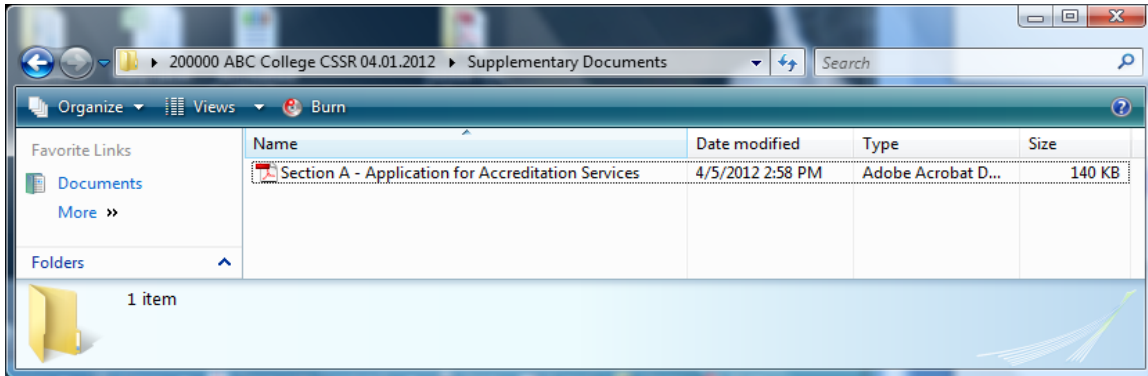
*****Remember to save your work often as you fill the template out*****

1. Create a main folder on your desktop that is labeled with the “Program #, Sponsor Name, CSSR, Submission Date” (i.e., 200000 ABC College CSSR 04.01.2012).
2. Open the main folder and create one sub-folder for the supplementary documents/attachments named **Supplementary Documents**.
3. Save the self-study template sent to you via email to the main folder you created on the desktop.
4. Name the self-study template the same as the main folder “Program #, Sponsor Name, CSSR, Submission Date” (i.e., 200000 ABC College CSSR 04.01.2012). If you open your main folder it should look like the example below.

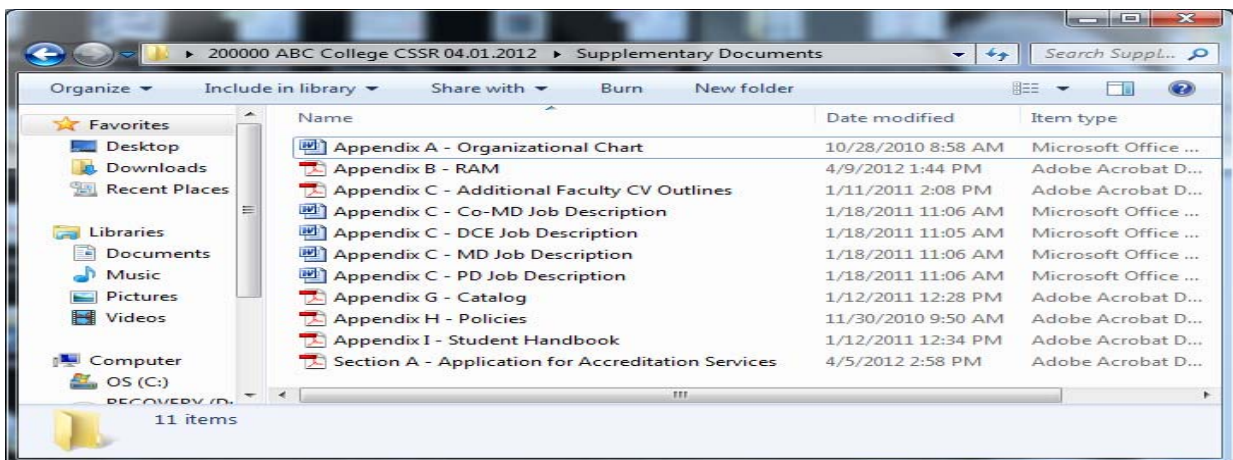


5. Open the saved template and complete the requested information on page 1 and read pages 2-5 prior to filling out any other information.
6. Skip the Table of Contents (pages 12-13) for now.

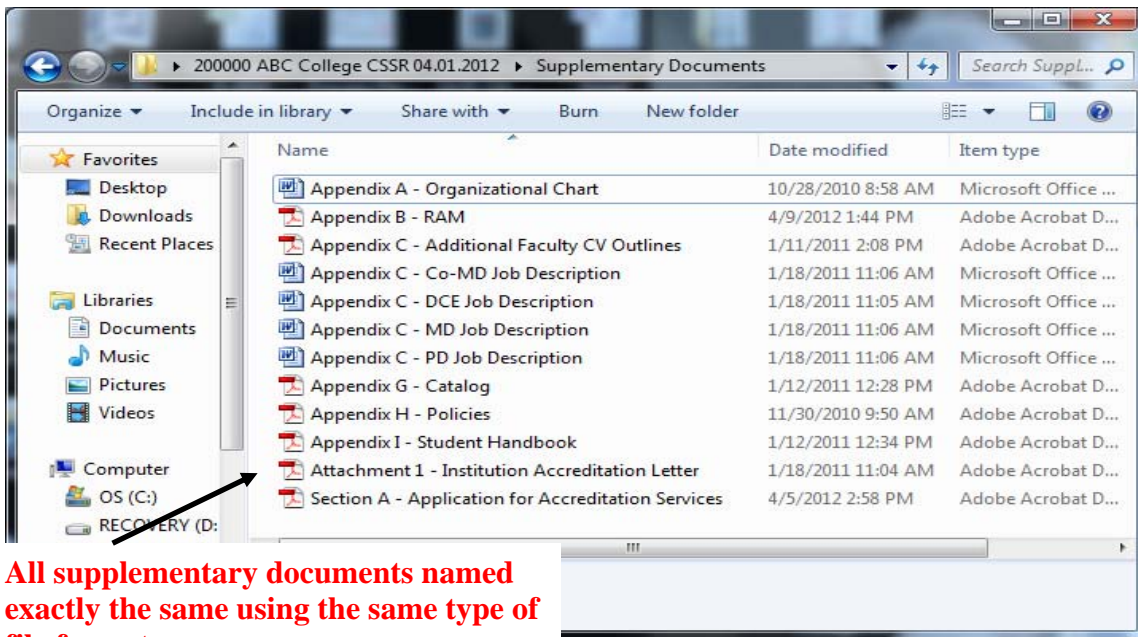
7. Complete the Application for Accreditation Services and place it in the **Supplementary Documents** folder as instructed in Section A on page 16. At this point, if you open the **Supplementary Documents** folder it should look like the example below.



8. Check the **CoARC Application** link on page 16 to make sure it works. If not, be sure that the document is named exactly as listed and you are using the same type of file format as specified. (Be sure to include the spaces on either side of the hyphen)
9. Skip Sections B-F (pages 17-58) for now.
10. Place all documentation requested for Appendices A-C & G-I (pages 59-68 & 95-97) in the **Supplementary Documents** folder. Each of the supplementary documents should be named exactly as listed on each of the appendices pages using the same type of file format as specified for the automatic links to work. **All appendices have a preset link.** Once you have finished, the inside of your **Supplementary Documents** folder should look like the example below. However, you may not have a Co-Medical Director.

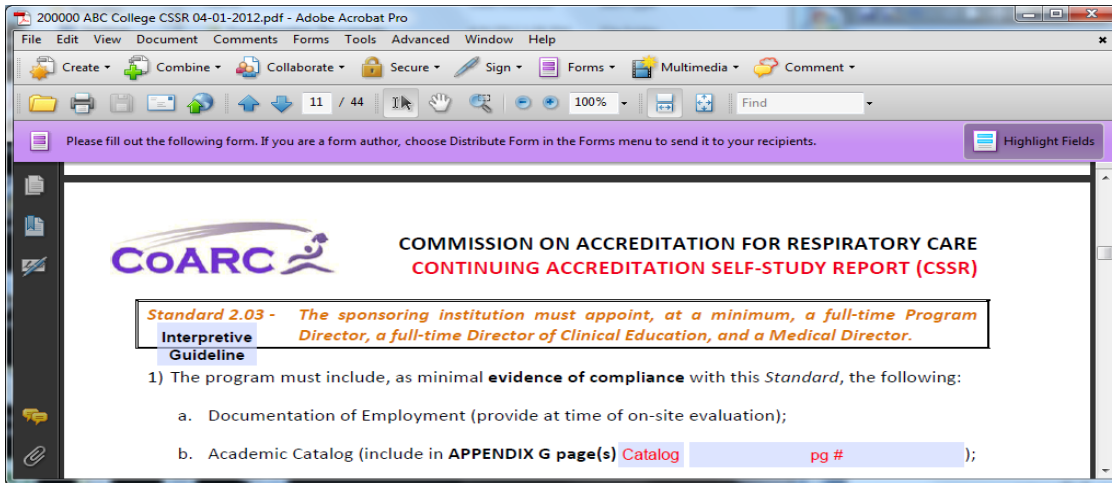


11. Part of Appendix C (pages 63-68) and all of Appendices D, E, and F (pages 69-94) are included in the template and **do not** have to be added to the **Supplementary Documents** folder. Complete the included Appendices D, E, and F. All Appendices should be completed at this point.
12. Go back to Sections B-F (pages 17-58).
13. The interpretive guideline has been included next to each of the corresponding Standards throughout Sections B-F (pages 17-58). To view a guideline, simply place your cursor over the box containing the words 'Interpretive Guideline'. Do not click on the box.
14. The first item in Section B on page 17 requires you to include a copy of the most current valid institutional accreditation letter as an attachment in the **Supplementary Documents** folder (see example below). This is the only attachment that has a preset link.

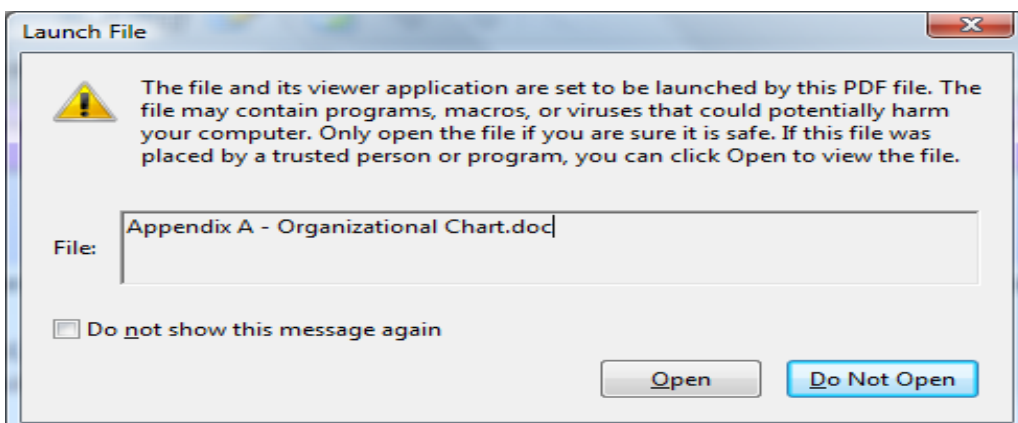


15. For all other attachments, you will need to place the next sequential number in the space provided, manually link the attachment (see page 99 for instructions), and fill out the Table of Contents (page 12-15). You **do not** have to provide attachments for any of the areas that are optional.

16. Proceed to filling out the highlighted fields in Sections B-F (17-58). **Do not** rename any of the highlighted fields that coincide with appendices, except for the fields that request specific page numbers within that particular document. For example, Standard 2.03 on page 25 (**Catalog**). The Catalog field would not be change, but you would provide exact page(s) where the information being requested is found within the catalog.



17. As you complete Sections B-F, check all of the highlighted fields coinciding with appendices to make sure the automatic links work. For example, if you click on the **Org Chart** link on page 18 you will see the following message. In fact, you will see the following message for any of the links that are not directed to another area within the self-study or are not PDF documents. Select open and it should open the organizational chart you placed in the **Supplementary Documents** folder. If it does not open, then more than likely you either have the name or file format wrong.





**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

18. Go back to the Table of Contents (pages 12-15). You will notice that pages 12-13 include the number of the attachment next to the standard you included it in within the self-study. Make sure you placed the title of the attachment next to the coinciding number on pages 14-15. Double check to be sure you placed the attachments in the Supplementary Documents folder and manually linked all of them as instructed on page 99.

19. Once everything has been reviewed, save the entire main folder to **each** of the flash drives (USB drives).

20. **CONGRATULATIONS!!** You should have all fields completed and all required documents included in the Supplementary Documents folder. The USB drives should now be mailed to the CoARC Executive Office.
BE SURE TO SAFEGAURD YOUR WORK WHEN SHIPPING BY USING A TRACKING NUMBER.



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Program Number:

Program Name:

TABLE OF CONTENTS

Section	Section	Page	Attachment(s) #
A	COMPLETED APPLICATION FOR ACCREDITATION SERVICES	16	
B	STANDARD I – PROGRAM ADMINISTRATION AND SPONSORSHIP		
	1.01	17	
	1.02	17	
	1.03	18	
	1.04	19	
	1.05	21	
	1.06	21	
	1.07	22	
	1.08	22	
	1.09	23	
C	STANDARD II – INSTITUTIONAL AND PERSONNEL RESOURCES		
	2.01	24	
	2.02	24	
	2.03	25	
	2.04	25	
	2.05	26	
	2.06	26	
	2.07	27	
	2.08	27	
	2.09	28	
	2.10	29	
	2.11	29	
	2.12	29	
	2.13	30	
	2.14	30	
	2.15	31	
	2.16	32	
	2.17	33	
D	STANDARD III – PROGRAM GOALS, OUTCOMES, AND ASSESSMENT		
	3.01	34	
	3.02	34	
	3.03	35	
	3.04	35	
	3.05	36	
	3.06	36	
	3.07	37	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

	3.08	38	
	3.09	38	
	3.10	39	
	3.11	40	
	3.12	40	
	3.13	41	
	3.14	41	
	3.15	41	
	3.16	42	
E	STANDARD IV – CURRICULUM		
	4.01	43	
	4.02	43	
	4.03	44	
	4.04	44	
	4.05	45	
	4.06	46	
	4.07	47	
	4.08	48	
	4.09	49	
	4.10	50	
	4.11	50	
	4.12	51	
F	STANDARD V – FAIR PRACTICES AND RECORDKEEPING		
	5.01	52	
	5.02	52	
	5.03	53	
	5.04	53	
	5.05	53	
	5.06	53	
	5.07	54	
	5.08	54	
	5.09	54	
	5.10	55	
	5.11	55	
	5.12	55	
	5.13	56	
	5.14	56	
	5.15	56	
	5.16	57	
	5.17	57	
	5.18	57	
	5.19	58	
	5.20	58	
	5.21	58	
	5.22	58	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**



APPENDICES		LINK
A	ORGANIZATIONAL CHART	
B	RESOURCE ASSESSMENT MATRIX (RAM)	
C	PROGRAM FACULTY CV OUTLINES AND SUPPORTING DOCUMENTATION	
D	PROGRAM DIRECTOR/DIRECTOR OF CLINICAL EDUCATION TEACHING AND ADMINISTRATIVE WORKLOAD FORMS	
E	PROGRAM COURSE REQUIREMENTS TABLE	
F	COMPARISON OF CURRICULUM TO NBRC CONTENT OUTLINE MATRIX	
G	INSTITUTIONAL ACADEMIC CATALOG	
H	PROGRAM POLICY AND PROCEDURE MANUAL	
I	STUDENT HANDBOOK	
J	FACULTY EVALUATION SSR QUESTIONNAIRES	

ATTACHMENT TITLE	ATTACHMENT #
Institutional Accreditation Letter	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Program Number:

Program Name:

SECTION A: APPLICATION FOR ACCREDITATION SERVICES

In this section, the sponsoring institution must include a completed [CoARC Application for Accreditation Services](http://www.coarc.com) (available at www.coarc.com) when submitting this self study report.

This **completed and signed** document must be included in the Supplementary Documents folder (see page 8 of the Step-By-Step Instructions for an example). This document has been preset to automatically link as an Adobe Portable Document (.pdf) to any field throughout the self-study referencing this section.

In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). It remains the responsibility of the program to provide this information in the format requested.

[Please Note: After all signatures have been obtained, the application must be scanned in order to change it from a Word format to a PDF format so the preset automatic link will work.]

Application Link:

Automatic Link Available

Exact name of document: Section A – Application for Accreditation Services

Type of File: Adobe Portable Document (.pdf)

Comments:



SECTION B:
STANDARD I – PROGRAM ADMINISTRATION AND SPONSORSHIP

Standard 1.01 - The sponsoring institution must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree at the completion of the program.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Valid institutional accreditation letter
(submit most current letter as attachment #).

Comments:

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) #).

Standard 1.02 - When more than one institution (e.g., consortium) is involved in the provision of academic and clinical education, at least one of the members of the consortium must meet the requirements in Standard 1.01. The responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority.

If not applicable, check here and proceed to next Standard.

1) **Describe concisely** how the program meets this *Standard*:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

2) **Describe concisely** the program’s assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Signed, duly executed consortium agreement
(submit most current agreement as attachment #);
- b. Organizational chart indicating reporting mechanisms (include as **APPENDIX A**).

4) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) #).

Standard 1.03 - The consortium must be capable of providing basic science education, clinical instruction and experience requisite to respiratory care education.

If not applicable, check here and proceed to next Standard.

1) **Describe concisely** how the program meets this *Standard*:

2) **Describe concisely** the program’s assessment of any areas of concern and its plans for addressing them with relevant timeframes:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Institutional academic catalog listing programs of study and course offerings (include in **APPENDIX G** page(s)).
[Please reference the exact page number(s) within the appendix.]

Provide a list of courses in the curriculum and which member of the consortium is responsible for each course.

(submit list as attachment #)

- b. Valid institutional accreditation certificates for each sponsor
(submit most current documents as attachment #).

4) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) #).

- Standard 1 .04 - The institution (or consortium) must be responsible for:**
- a) Assuring that the provisions of these Standards are met;**
 - b) Supporting curriculum planning, course selection and coordination of instruction by program faculty;**
 - c) Appointment of qualified faculty and staff, including key personnel;**
 - d) Supporting continued professional growth of faculty and staff;**
 - e) Maintaining student transcripts permanently;**
 - f) Managing and processing applications for admission;**
 - g) Assuring appropriate supervision for students in all locations where instruction occurs;**
 - h) Assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs;**
 - i) Granting the degree documenting satisfactory completion of the educational program.**



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

1) **Describe concisely** how the program meets this *Standard*:

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Duly executed consortium agreement, contract or memorandum of understanding; (submitted previously in Standard 1.02)
- b. Program policies and procedures addressing a-i (provide copies of relevant policies and procedures in **APPENDIX H** page(s)).
[Please reference the exact page number(s) within the appendix.];
- c. Clinical affiliate agreements (provide at time of on-site evaluation).

4) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) #).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 1.05 - Educational programs shall be located in accredited postsecondary institutions, or a consortium member institution, or in facilities sponsored by the U.S. military (as defined in 1.01).

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Published institutional academic catalog (include as **APPENDIX G**) and program information (submitted previously under 1.01).

- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) #).

Standard 1.06 - The sponsoring institution must provide students and faculty at geographically distant locations access to academic support services and resources equivalent to those on the main campus.

If not applicable, check here and proceed to next Standard.

- 1) **Describe concisely** how the program meets this *Standard*:

- 2) **Describe concisely** the program’s assessment of any areas of concern and its plans for addressing them with relevant timeframes:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Results of CoARC student resource assessment surveys (include as **APPENDIX B**);
- b. Results of CoARC graduate satisfaction surveys
(To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]).

4) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) #).

Standard 1.07 - Program academic policies must apply to all students and faculty regardless of location of instruction.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Student Handbook (include as **APPENDIX I**);
- b. Published program information
(include as **APPENDIX H** and **APPENDIX I**).

Standard 1.08 - The sponsor must report substantive change(s) as described in Section 9 of the CoARC Accreditation Policies and Procedures Manual in a timely manner. Substantive change(s) to be reported to the CoARC within the time limits prescribed include:

- a) Change of Ownership/Sponsorship/Legal status**
- b) Change in degree awarded**
- c) Change in program goal(s)**
- d) Change in the curriculum or delivery method**
- e) Addition of the Polysomnography option**
- f) Request for Inactive Accreditation Status**
- g) Voluntary Withdrawal of Accreditation**
- h) Addition of (a) Satellite location(s)**
- i) Requests for increases in Enrollment**
- j) Change in Program Location or Clinical Affiliates**
- k) Vacancy in Key Personnel positions**
- l) Change in Key Personnel**
- m) Addition of scheduling option(s)**
- n) Change in institutional accreditation status**



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

If not applicable, check here and proceed to next Standard.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Timely submission and subsequent approval of the CoARC Application for Substantive Change or related documentation required as per CoARC Policies.
(submitted as attachment # _____)

[Please note: Substantive Changes that have already been approved by CoARC do not need to be included in the self-study.]

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment(s) # _____).

Standard 1.09 - There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationships, roles, and responsibilities between the sponsor and that entity.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Copies of duly executed agreement, contract or memorandum of understanding for each affiliate (provide at time of on-site evaluation).

SECTION C:
STANDARD II – INSTITUTIONAL AND PERSONNEL RESOURCES

Standard 2.01 - The sponsoring institution must ensure that fiscal, academic and physical resources are sufficient to achieve the program's goals and objectives as defined in Standard III, regardless of location and instructional methodology used.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Results of annual program resource assessment as documented in the CoARC resource assessment matrix (RAM) (include in **APPENDIX B**).

- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 2.02 - The sponsoring institution must ensure the program has a sufficient number of appropriately qualified faculty members, clinical preceptors, administrative and technical support staff to achieve the program's goals as defined in Standard III.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Results of annual program resource assessment as documented in the CoARC resource assessment matrix (RAM) (submitted in **APPENDIX B**).

- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Teaching and administrative workload
(Complete PD Workload Form in **APPENDIX D**);
- b. Institutional job description (include in **APPENDIX C**).

4) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 2.05 - The Program Director must hold a valid Registered Respiratory Therapist (RRT) credential and hold such professional license or certificate as is required by the state in which he or she is employed.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. State license and RRT verification by the National Board for Respiratory Care
(provide at time of on-site evaluation).

Standard 2.06 - The Program Director must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE).

**Compliance with this Standard has been verified through documentation previously submitted to the CoARC Executive Office as per CoARC Policy 6.0.
Proceed to the next Standard.**



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 2.10 - The Director of Clinical Education must hold a valid Registered Respiratory Therapist (RRT) credential and hold such professional license or certificate as is required by the state in which he or she is employed.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. State license and RRT verification by the National Board for Respiratory Care (provide at time of on-site evaluation).

Standard 2.11 - The Director of Clinical Education must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE).

Compliance with this Standard has been verified through documentation previously submitted to the CoARC Executive Office as per CoARC Policy 6.0. Proceed to the next Standard.

Standard 2.12 - The Director of Clinical Education must have a minimum of four (4) years experience as a Registered Respiratory Therapist; of which at least two (2) years must include experience in clinical respiratory care.² The Director of Clinical Education must have a minimum of two (2) years experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Personnel records including curriculum vitae (include Program Faculty CV Outline in **APPENDIX C**).

² Programs accredited prior to 06/01/2010 will be held to this Standard only when a new program director is appointed.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 2.13 - The Director of Clinical Education must have regular and consistent contact with students, faculty, and clinical affiliates regardless of program location.

1) **Describe concisely** how the program meets this *Standard*:

2) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

a. Results of student course evaluations (provide at time of on-site evaluation).

Standard 2.14 - The program must appoint a Medical Director to provide and ensure direct physician interaction and involvement in student education in both the clinical and non-clinical settings; the Medical Director must be a Board certified, licensed physician, credentialed at one of its clinical affiliates, with recognized qualifications, by training and/or experience, in the management of respiratory disease and in respiratory care practices.

1) **Describe concisely** how the program meets this *Standard*:

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Curriculum Vitae
(include Program Faculty CV Outline in **APPENDIX C**);
- b. Appointment Letter/Contractual Agreement
(provide at time of on-site evaluation);
- c. Schedules of physician teaching interaction with students
(provide records of physician instructional input at time of on-site evaluation);
- d. Results of annual program resource assessment as documented in the CoARC resource assessment matrix (RAM) (submitted in **APPENDIX B**).

4) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 2.15 - In addition to the key personnel, there must be sufficient faculty to provide effective instruction in the didactic, laboratory, and clinical setting. In clinical rotations, the student to faculty ratio cannot exceed 6:1.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Results of annual program resource assessment as documented in the CoARC resource assessment matrix (RAM) (submitted in **APPENDIX B**);
- b. Institutional student surveys of instruction (e.g., course evaluation)
(provide at time of on-site evaluation);
- c. Course class lists and faculty teaching schedules
(complete Program Course Requirements Table in **APPENDIX E**).

SECTION D:
STANDARD III – PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Standard 3.01 - The program must have the following 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).” For programs offering the polysomnography option, the program must have the following additional goal defining minimum expectations: “To prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS).”

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Published program goals in program promotional materials, student handbook, advisory committee minutes
(provide evidence of approval of program goal in most recent advisory committee meeting minutes [include as attachment #], CoARC Annual Report of Current Status (To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]), and/or other locations (include as attachment #]).

Please Note: Only the most recent Advisory Committee Minutes must be submitted with this self study. However, the program must have the most recent five (5) years of Advisory Committee Minutes available for the on-site evaluation.

Standard 3.02 - The program goals must form the basis for program planning, implementation and evaluation. Program goals with measurable outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsoring educational institution.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Documentation that the program’s goals are compatible with the sponsoring institution’s mission
(submitted as attachment #);
 - b. Documentation of the program’s outcomes
(To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]);



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

- c. Documentation of annual review of the goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings (provide evidence in faculty meeting minutes as attachment #).

Please Note: Only the most recent Program Faculty Minutes must be submitted with this self study. However, the program must have the most recent five (5) years of Program Faculty Minutes available for the on-site evaluation.

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 3.03 - Program goals must be compatible with nationally accepted standards of roles and functions of registered respiratory therapists and registered sleep disorders specialists for programs offering the polysomnography option.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Documented comparison of program goals and objectives with the periodic job analysis report by the national credentialing agency (submit comparison of curriculum with current NBRC RRT content matrix in **APPENDIX F**).

Standard 3.04 - An advisory committee, with representation from each of the communities of interest and key personnel must meet at least annually to assist the program and sponsoring institutional personnel in reviewing and evaluating any changes to educational goals, program outcomes, instructional effectiveness, and program response to change. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Current advisory committee membership list identifying the community of interest with which each member is affiliated (submitted as attachment #);
- b. Minutes and attendance list of advisory committee meetings (previously submitted under Standard 3.01).

Standard 3.05 - The program must formulate a systematic assessment process to evaluate the achievement of its mission, goals and objectives.

**To be reviewed with the most recent submission of the
Annual Report of Current Status (RCS).
Proceed to the next Standard.**

Standard 3.06 - Programs that include distance education components must document and report instructional effectiveness and program outcomes separately for base programs and program options.

If not applicable, check here and proceed to next Standard.

1) **Describe concisely** how the program meets this *Standard*:

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Results of student outcome assessments by cohort groups separately for base programs and program options (To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]);
- b. Results of student course and faculty evaluations by cohort groups separately for base programs and program options (provided at time of on-site evaluation).

4) [OPTIONAL]

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 3.07 - The program must, at least annually, assess the appropriateness and effectiveness of the resources described in Standard II. The results of resource assessment must be the basis for ongoing planning and appropriate change. Any deficiency identified in program resources requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by subsequent ongoing resource assessment.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Results of annual program resource assessment (using the CoARC resource assessment matrix [RAM]), over sufficient years to document the implementation of action plans and subsequent reevaluations of their effectiveness (include in **APPENDIX B**).

2) [OPTIONAL]

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 3.08 - At a minimum, the following components must be documented for each resource assessed: a) Purpose statements; b) Measurement systems; c) Dates of measurement; d) Results; e) Analysis of results; f) Action plans and implementation, and g) Reassessment.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Results of annual program resource assessment (using the CoARC resource assessment matrix [RAM]), over sufficient years to document the implementation of action plans and subsequent reevaluations of their effectiveness (submitted in **APPENDIX B**).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 3.09 - The program must conduct and document evaluations with sufficient frequency to keep students apprised of their progress toward achieving the curriculum competencies, and to allow immediate identification of learning deficiencies and the development of a means for their remediation in a reasonable time frame.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Student handbook or other documents readily available to students (e.g. course syllabi which is provided at time of on-site evaluation), that explains remediation policies (included in **APPENDIX I page(s)**) and the number and frequency of student evaluations (attachment #).
[Please reference the exact page number(s) within the appendix.];
 - b. Student evaluations performed by faculty (provide at time of on-site evaluation);
 - c. Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation (provide at time of on-site evaluation);
 - d. Records of student academic counseling (provide at time of on-site evaluation).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

2) [OPTIONAL]

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 3.10 - The program must administer evaluations uniformly and equitably to all students in the program for didactic, laboratory, and clinical education components.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Student evaluations performed by faculty, supporting the uniform and equitable administration of the evaluations (provide at time of on-site evaluation);
- b. Student evaluations of instruction documenting satisfaction with the uniform and equitable administration of evaluations (provide at time of on-site evaluation).

2) [OPTIONAL]

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 3.11 - The program must develop processes that facilitate the development of inter-rater reliability among those individuals who perform student clinical evaluations.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Records of training participation by clinical evaluators (provide at time of on-site evaluation);
 - b. Results of a review of student evaluations for the purpose of determining inter-rater reliability (provide at time of on-site evaluation).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 3.12 - Programs must assess their outcomes annually, using standardized CoARC surveys of employers, faculty, students and graduates.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Hard copy or electronic records of completed CoARC survey instruments (provide records of CoARC graduate and employer surveys at time of on-site evaluation);
 - b. Results of annual Report of Current Status submitted to CoARC
(To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]).



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Standard 3.13 - The program must, at a minimum, meet the assessment thresholds established by CoARC for the following program outcomes, regardless of location and instructional methodology used: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention/attrition; c) Graduate satisfaction with program; d) Employer satisfaction with program; and e) Job placement.

**To be reviewed with the most recent submission of the
Annual Report of Current Status (RCS).
Proceed to the next Standard.**

Standard 3.14 - Programs not meeting the established CoARC outcomes assessment thresholds must begin a dialogue with CoARC to develop an appropriate plan of action for program improvement that includes addressing the identified shortcomings.

**To be reviewed with the most recent submission of the
Annual Report of Current Status (RCS).
Proceed to the next Standard.**

Standard 3.15 - The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC containing its goal(s), learning domains, evaluation systems (including type, cut score, appropriateness, validity, and reliability), outcomes, analysis of the outcomes and an appropriate action plan based on the analysis.

**To be reviewed with the most recent submission of the
Annual Report of Current Status (RCS).
Proceed to the next Standard.**



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 3.16 - The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences. The program must apply comparable evaluation processes to all clinical sites regardless of geographic location.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program evaluation plan (submit evaluation plan as attachment # _____); and results of these evaluations for all clinical sites and preceptors (provide at time of on-site evaluation);
 - b. Results of student evaluations of clinical courses, sites, and preceptors (provide at time of on-site evaluation);
 - c. Results of student and program personnel resource assessment surveys (included in **APPENDIX B** _____; provide records of CoARC Program-Personnel Resource Surveys (PPRS) and Student-Program Resource Surveys (SPRS) at time of on-site evaluation).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment # _____).



**SECTION E:
STANDARD IV – CURRICULUM**

Standard 4.01 - The program must prepare students to meet the recognized competencies for registered respiratory therapists identified in these Standards.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Documentation of competencies encompassing knowledge, technical proficiency, and behaviors expected of program graduates (provide at time of on-site evaluation);
- b. Evaluation mechanisms designed to monitor knowledge, performance, and behavior (provide at time of on-site evaluation).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 4.02 - The program must define and list the competencies it requires for graduation. The program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Evaluation mechanisms designed to monitor knowledge, performance, and behavior (provide at time of on-site evaluation);
- b. Published materials demonstrating communication of competencies to students (provide in **APPENDIX I page(s)**).
[Please reference the exact page number(s) within the appendix.]

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 4.03 - Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning outcomes, and evaluation procedures must be provided to students at the initiation of each respiratory care course.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Written course descriptions (included in **APPENDIX G page(s)**), content outlines, including topics to be presented, specific instructional objectives, learning outcomes, and evaluation procedures for each respiratory care course (included in the course syllabi provided at time of on-site evaluation) **[Please reference the exact page number(s) within the appendix.]**
 - b. Published materials demonstrating communication of course descriptions, instructional objectives, learning outcomes, and evaluation procedures to students (included in the course syllabi provided at time of on-site evaluation).

Standard 4.04 - The curriculum must include content in the following areas: oral and written communication skills, social/behavioral sciences, biomedical/natural sciences, and respiratory care. This content must be integrated to ensure achievement of the curriculum's defined competencies.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Course syllabi for all respiratory care courses (provided at time of on-site evaluation);
 - b. Published curriculum demonstrating appropriate course sequencing (complete Course Program Requirements Table in **APPENDIX E**);
 - c. Catalog course descriptions for all required courses in the curriculum (included in **APPENDIX G page(s)**).

- 2) **[OPTIONAL]**
The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Standard 4.05 - Biomedical/natural sciences content must include human anatomy and physiology, cardiopulmonary anatomy and physiology, cardiopulmonary pathophysiology, chemistry, physics, microbiology, and pharmacology.

Please complete the following table:

Biomedical/Natural Sciences	List Course Number(s)
Human Anatomy & Physiology	
Cardiopulmonary Anatomy & Physiology	
Cardiopulmonary Pathophysiology	
Chemistry	
Physics	
Microbiology	
Pharmacology	

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Catalog course descriptions for all required biomedical/natural sciences courses (include in **APPENDIX G page(s)**).

[Please reference the exact page number(s) within the appendix.]

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 4.06 - Respiratory Care content must include respiratory care of the adult, pediatric, and newborn patient, health promotion, education, and disease management; fundamental principles of healthcare reimbursement; fundamental principles of evaluating current scientific literature; medical ethics; provision of health care services to patients with transmissible diseases; provision of services for and management of patients with special needs; community respiratory health; medical emergencies; and legal and ethical aspects of respiratory care practice.

Please complete the following table:

Respiratory Care Content	List Course Number(s)
Adult Care	
Pediatric Care	
Newborn Care	
Health Promotion / Education	
Disease Management	
Fundamental Principles of Healthcare Reimbursement	
Fundamental Principles of Evaluating Current Scientific Literature	
Medical Ethics	
Provision of Services for and Management of Patients with Transmissible Diseases	
Provision of Services for and Management of Patients with Special Needs	
Community Respiratory Health	
Medical Emergencies	
Legal and Ethical Aspects of Respiratory Care Practice	

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Course syllabus for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, and criteria for successful course completion (provide at time of on-site evaluation).

2) [OPTIONAL]

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 4.07 - Curricular content in the respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists in the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the polysomnography option, curricular content must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications. These nationally accepted standards provide the basis for formulating the objectives and competencies of the program's curriculum. A review of the curricular content must be conducted after any revision in the credentialing examination specifications.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Course syllabi for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, criteria for successful course completion (provide at time of on-site evaluation);
 - b. Written documentation of the comparison of the program curriculum to the most current credentialing exam specifications (submitted previously under Standard 3.03);
 - c. Annual Report of Current Status submitted to CoARC documenting program outcomes on credentialing examinations
(To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 4.08 - Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

1) **Describe concisely** how the program meets this *Standard*:

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Documentation of relevant course content (submitted previously in Standard 4.03);
- b. CoARC employer surveys (provide records at time of on-site evaluation).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

4) [OPTIONAL]

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 4.09 - Graduates must be competent in the application of problem solving strategies in the patient care setting.

1) **Describe concisely** how the program meets this *Standard*:

2) **Describe concisely** the program's assessment of any areas of concern and its plans for addressing them with relevant timeframes:

3) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Summary of course evaluation mechanisms designed to evaluate the student's ability to apply knowledge, perform appropriate patient care, solve problems, and demonstrate appropriate behavior (provided in narrative #1 above);
- b. Results of CoARC employer satisfaction surveys (provide survey records at time of on-site evaluation).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

4) [OPTIONAL]

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment # _____).

Standard 4.10 - The program must ensure that the length of study in the respiratory care program is sufficient for students to acquire the expected knowledge and competencies. The minimum length of the program must be two academic years of full-time instruction or its equivalent.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Annual Report of Current Status submitted to CoARC documenting successful student achievements that meet thresholds (To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]);
 - b. Annual Report of Current Status submitted to CoARC documenting the satisfaction of faculty, graduates and employers with the program (To be reviewed with the most recent submission of the Annual Report of Current Status [RCS]);
 - c. Published curriculum outline in the academic catalog documenting the length of study required for graduation from the program (provided in **APPENDIX E** _____).

Standard 4.11 - The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are substantially equivalent for each student regardless of location.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Documentation showing that each clinical site, or collection of sites, provides sufficient breadth and depth of clinical exposure to ensure achievement of all clinical competencies (included in **APPENDIX B** _____; provide records of CoARC Student-Program Resource Surveys (SPRS) at time of on-site evaluation);
 - b. Documentation that students at various program locations have access to similar course materials, laboratory equipment and materials, and academic support services (included in **APPENDIX H** page(s) _____);
[Please reference the exact page number(s) within the appendix.]



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

- c. Results of student resource assessment surveys (included in **APPENDIX B**); provide records of CoARC Student-Program Resource Surveys (SPRS) at time of on-site evaluation).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).

Standard 4.12 - The program must document that clinical education experiences at each clinical site are of sufficient quality and duration to enable students to meet program goals and acquire the competencies needed for clinical practice.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting (provide at time of on-site evaluation);
- b. Clinical syllabi detailing student competencies (provide at time of on-site evaluation);
- c. CoARC graduate and employer surveys (provide records at time of on-site evaluation);
- d. Program evaluation plan and results of these evaluations for all clinical sites and preceptors (provide at time of on-site evaluation);
- e. Results of student and program personnel resource assessment surveys (included in **APPENDIX B** ; provide records of CoARC Program-Personnel Resource Surveys (PPRS) and Student-Program Resource Surveys (SPRS) at time of on-site evaluation).

2) **[OPTIONAL]**

The program includes, as additional **evidence of compliance** with this *Standard*, the following documentation (brief description):

(submitted as attachment #).



**SECTION F:
STANDARD V – FAIR PRACTICES AND RECORDKEEPING**

Standard 5.01 - Web pages, academic catalogs, publications and advertising must accurately reflect each respiratory care program offered.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Published program information documenting the program(s) offered
(include in **APPENDIX G page(s)** ,
APPENDIX H page(s) ,
and **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard 5.02 - At least the following must be defined, published, and readily available to all prospective and enrolled students:

- a) The sponsor’s institutional and programmatic accreditation status, including the name and contact information of the accrediting agencies;**
- b) Admissions and transfer policies;**
- c) Requirements for prior education or work experience;**
- d) Policies regarding advanced placement;**
- e) Required academic and technical standards;**
- f) Requirements for completion of each segment of the program;**
- g) All graduation requirements;**
- h) Academic calendar;**
- i) Academic credit required for program completion;**
- j) Estimates of tuition, fees and other costs related to the program;**
- k) Policies and procedures for student withdrawal, probation, suspension, and dismissal;**
- l) Policies and procedures for refunds of tuition and fees;**
- m) Policies that may allow students to work in clinical settings outside of formal educational activities outlined in the curriculum;**
- n) Policies and procedures for processing student grievances.**

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Published program information related to a-n above (include policies in one or more of the following: **APPENDIX G page(s)** ,
APPENDIX H page(s) ,
and **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 5.03 - A link to the CoARC website, or published URL, where student/graduate outcomes for all programs can be found must appear on the program’s website and be available to the public and to all applicants.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Screenshot of program’s website showing link (submitted as attachment #).

Standard 5.04 - All activities associated with the program, including 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.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program non-discriminatory policies
(include in **APPENDIX G page(s)** ,
APPENDIX H page(s) ,
and **APPENDIX I page(s)**);
 - b. Program’s technical standards
(include in **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard 5.05 - Appeal procedures must include provisions for academic and non-academic types of grievances and a mechanism for neutral evaluation that ensures due process and fair disposition.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program’s appeal policy and procedures
(include in **APPENDIX H page(s)**
and **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard 5.06 - There must be a faculty grievance procedure made known to all faculty.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Institutional faculty grievance policy and procedures
(include in **APPENDIX H page(s)**).

[Please reference the exact page number(s) within the appendix.]



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 5.07 - All personnel and student policies must be consistent with federal and state statutes, rules, and regulations.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Academic catalog
(included in **APPENDIX G page(s)**);
 - b. Program’s policies and procedures
(included in **APPENDIX H page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard 5.08 - Admission of students must be made in accordance with clearly defined and published practices of the institution and program.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Academic catalog and other published materials
(included in **APPENDIX G page(s)**);
 - b. Admission pre-requisites and rationale
(included in **APPENDIX G page(s)** ,
APPENDIX H page(s) ,
and **APPENDIX I page(s)**);
 - c. Admission policies and procedures
(included in **APPENDIX G page(s)** ,
APPENDIX H page(s) ,
and **APPENDIX I page(s)**),
including minimal technical standards
(included in **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard 5.09 - The program must secure formal written, duly executed agreements with all clinical education sites for students and must designate preceptors for students at each site; the program shall not require students to secure their own clinical education sites or preceptors for required clinical rotations.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Detailed clinical schedules (provide at time of on-site evaluation);
 - b. Formal written affiliation agreements (provide at time of on-site evaluation).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Standard 5.10 - Programs granting advanced placement must document that students receiving advanced placement have: a) Met program-defined criteria for such placement; b) Met institution-defined criteria for such placement, and c) Demonstrated appropriate competencies for the curricular components in which advanced placement is given.

If not applicable, check here and proceed to next Standard.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Program's policies and procedures related to advanced placement (included in **APPENDIX H page(s)** and **APPENDIX I page(s)**);
[Please reference the exact page number(s) within the appendix.]
 - b. Student advanced placement and course equivalency documentation (provide at time of on-site evaluation).

Standard 5.11 - The health and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Affiliate contracts/agreements (provide at time of on-site evaluation);
 - b. Published institutional and programmatic policies (included in **APPENDIX H page(s)** and **APPENDIX I page(s)**).
[Please reference the exact page number(s) within the appendix.]

Standard 5.12 - Students must not be used to substitute for clinical, instructional, or administrative staff.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
- a. Results of student course evaluations (provide at time of on-site evaluation);
 - b. Work study contracts (provide at time of on-site evaluation);
 - c. Program policies and procedures with reference to the clinical sites (included in **APPENDIX H page(s)** and **APPENDIX I page(s)**).
[Please reference the exact page number(s) within the appendix.]



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Standard 5.13 - Students must not complete clinical coursework while in an employee status at a clinical affiliate. Students shall not receive any form of remuneration in exchange for work they perform incident to their clinical education coursework and experiences.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Program's policies and procedures
(included in **APPENDIX H page(s)**
and **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard 5.14 - The program must ensure that guidance is available to assist students in understanding and abiding by program policies and practices.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Program orientation documentation
(included in **APPENDIX I page(s)**);
- b. Program's policies and procedures
(included in **APPENDIX H page(s)**
and **APPENDIX I page(s)**).

[Please reference the exact page number(s) within the appendix.]

Standard 5.15 - Students must have access to the academic support services that are provided to other students in the institution.

1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:

- a. Academic catalog
(included in **APPENDIX G page(s)**);
- b. Student manuals
(included in **APPENDIX I page(s)**);
- c. Clinical policies and procedures for students
(included in **APPENDIX I page(s)**);

[Please reference the exact page number(s) within the appendix.]

- d. Advisement meetings with students
(provide at time of on-site evaluation);
- e. Documented Health Insurance Portability and Accountability Act of 1996 (HIPAA) training
(provide at time of on-site evaluation).



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Standard 5.16 - The program must ensure that students have timely access to faculty for assistance and counseling regarding their academic concerns and problems.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program/institutional policies and procedures (included in **APPENDIX H page(s)** and **APPENDIX I page(s)**);
[Please reference the exact page number(s) within the appendix.]
 - b. Documentation of counseling sessions (provide at time on on-site evaluation);
 - c. Faculty office hours schedules (submitted as attachment #).

Standard 5.17 - The program must ensure that students are clearly identified as such in the clinical setting to distinguish them from clinical site employees and other health profession students.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Policies governing the wearing of identification badges and appropriate identification of students (by badge and by personal interaction and introduction) in every clinical setting (included in **APPENDIX I page(s)**).
[Please reference the exact page number(s) within the appendix.]

Standard 5.18 - Records must be securely maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program/institutional policies and procedures (included in **APPENDIX H page(s)**);
 - b. Hard copy or electronic student records (provide at time of on-site evaluation);
 - c. Description of procedure, including location, for maintaining security of records (included in **APPENDIX H page(s)**).
[Please reference the exact page number(s) within the appendix.]



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Standard 5.19 - Records of student evaluations must be maintained in sufficient detail to document learning progress, deficiencies and achievement of competencies. These records must remain on file (in electronic or hard-copy format) for at least five (5) years regardless of whether the student ultimately completes or fails to complete all requirements for graduation.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Hard copy or electronic student records (provide at time of on-site evaluation).

Standard 5.20 - Student records kept by the institution must include the following documentation:

- a) That the student has met published admission criteria;
- b) Student evaluations (see 5.19);
- c) Records of remediation;
- d) Records of disciplinary action;
- e) Official transcripts.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Hard copy or electronic student records (provide at time of on-site evaluation).

Standard 5.21 - Program records (as defined in 5.22) must be maintained in sufficient detail to document program resources and achievement of program goals and outcomes. These records must be kept for a minimum of five (5) years.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Program/institutional policies and procedures (included in **APPENDIX H page(s)**);
[Please reference the exact page number(s) within the appendix.]
 - b. Hard copy or electronic student records (provide at time of on-site evaluation).

Standard 5.22 - Program records kept by the institution must include the following documentation:

- a) Annual Report of Current Status and supporting documentation;
- b) Course syllabi;
- c) Resource assessment surveys;
- d) Clinical Affiliate Agreements and schedules;
- e) Advisory Committee minutes.

- 1) The program must include, as minimal **evidence of compliance** with this *Standard*, the following:
 - a. Hard copy or electronic copy of 5.22 a-e (provide at time of on-site evaluation)



APPENDIX A –Organizational Chart

Include an organizational chart of the sponsoring institution (or consortium) that portrays the administrative relationships under which the program operates. Start with the chief administrative officer. Include all program Key Personnel and faculty, anyone named in the self-study report, and any other persons who have direct student contact except support science faculty. Include the names and titles of all individuals shown.

Use the following link for samples of blank organizational charts (if needed)
<http://www.coarc.com>

Highlight any changes since the submission of the last self-study.

Place a completed organizational chart in the Supplementary Documents folder (see page 8 for an example). This document has been preset to automatically link to any field throughout the self-study referencing this appendix. In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file (not Word 2007 [.docx], Adobe Portable Document [.pdf], or Excel [.xls]). Please contact Lisa Collard (817-283-2835 ext 106) at the CoARC Executive Office if help is required.

Automatic Link Available

Exact name of document: Appendix A – Organizational Chart

Type of File: Microsoft Office Word 97-2003 Document (.doc)



APPENDIX B - Resource Assessment Matrix (RAM)

Programs seeking Continuing Accreditation are required to complete all columns of the RAM (Purpose, Measurement System, and Dates of Measurement).

Use this link to access a copy of you program's matrix by logging in to the Annual Report of Current Status

****Click here to view a sample RAM****

Follow the link above to log into the annual reporting tool. Select the tab labeled 'RAM' and update or complete the matrix. Select the 'Summary Report' tab on the left to print the completed RAM. **DO NOT** select the tab labeled 'Submit RAM Report'. Place a completed RAM in the Supplementary Documents folder (see page 8 for an example). This document has been preset to automatically link to any field throughout the self-study referencing this appendix. In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]).

The RAM must either be saved as a PDF or scanned for the preset automatic link to work.

- Using the full version of Adobe Acrobat software (not Adobe Reader), the RAM can be saved as a PDF document by selecting the PDF printing option.
- Using Adobe Reader only, the RAM must be printed and then scanned.

Please contact Lisa Collard (817-283-2835 ext 106) at the CoARC Executive Office if help is required.

Automatic Link Available

Exact name of document: Appendix B – RAM

Type of File: Adobe Portable Document (.pdf)

Please Note: The most recent RAM must be submitted with this self study. However, the program must have the most recent five (5) years of RAMs available for the on-site evaluation.



APPENDIX C – Program Personnel CVs and Supporting Documentation

Program Faculty CV Outline Forms for the PD, DCE, and MD have been included in the self-study following this page. Place the written job descriptions (that include minimal qualifications) for the PD, DCE, and MD in the Supplementary Documents folder (see page 8-9 for an example).

Include additional completed CV Outline Forms for the Co-MD and paid full- or part-time program instructional faculty. Follow the link at the bottom of the page for additional CV Outline Forms*. Create a single PDF document of all the additional completed CV Outline Forms, name the file as it is listed below, and place it in the Supplementary Documents folder (see page 8-9 for an example).

The following documents have been preset to automatically link to any field throughout the self-study referencing this appendix. In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file. Please contact Lisa Collard (817-283-2835 ext 106) at the CoARC Executive Office if help is required.

Automatic Links Available

Exact name of document: Appendix C – PD Job Description

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document: Appendix C – DCE Job Description

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document: Appendix C – MD Job Description

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document (only if applicable): Appendix C – Co-MD Job Description

Type of File: Microsoft Office Word 97-2003 Document (.doc)

Exact name of document: Appendix C – Additional Faculty CV Outlines

Type of File: Adobe Acrobat Document (.pdf)

*Additional Program Faculty CV Outline Forms are available at www.coarc.com.



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Complete the Program Faculty CV Outline Forms of Key Personnel (Program Director [PD], Director of Clinical Education [DCE], and Medical Director [MD]) following this page.

For the PD include:

- Program Faculty Curriculum Vitae Outline
- Written job description (that include minimal qualifications)

For the DCE include:

- Program Faculty Curriculum Vitae Outline
- Written job description (that include minimal qualifications)

For the Medical Director include:

- Program Faculty Curriculum Vitae Outline
- Written job description(s) (that include minimal qualifications)

Place completed Program Faculty CV Outline Forms of any additional paid full- or part-time program instructional faculty after the last job description.

For the Co-Medical Director (if applicable) include:

- Program Faculty Curriculum Vitae Outline*
- Written job description(s) (that include minimal qualifications)

For any additional paid full- or part-time program instructional faculty include:

- Program Faculty Curriculum Vitae Outline for each*

*Additional Program Faculty CV Outline Forms are available at www.coarc.com.



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

SECTION I Directions:

Complete the following section for the **Program Director**. Include additional paid full- or part-time program instructional faculty CV Outline Forms as directed on page 61.

Full Name:

Title:

Academic Rank:

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC Registry Number (include CRT Number if CRT only):

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:

Education (highest degree earned for each category – include institution):

A. RT Degree:

Institution:

Month/Year Earned:

B. Other:

Institution:

Month/Year Earned:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CURRICULUM VITAE OUTLINE FOR PROGRAM FACULTY**

Work experience in clinical respiratory care:

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Other Licenses/Certifications (e.g., ACLS, NRP, etc):



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

SECTION I Directions:

Complete the following section for the **Director of Clinical Education**. Include additional paid full- or part-time program instructional faculty CV Outline Forms as directed on page 61.

Full Name:

Title:

Academic Rank:

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Credentials (list all active credentials including applicable expiration dates):

NBRC Registry Number (include CRT Number if CRT only):

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:

Education (highest degree earned for each category – include institution):

A. RT Degree:

Institution:

Month/Year Earned:

B. Other:

Institution:

Month/Year Earned:



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CURRICULUM VITAE OUTLINE FOR PROGRAM FACULTY**

Work experience in clinical respiratory care:

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Please indicate specifically any experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor (if applicable):

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Other Licenses/Certifications (e.g., ACLS, NRP, etc):



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

SECTION II Directions:

Complete the following section for the **Medical Director**. For Co-Medical Director(s), include additional CV Outline Form(s) as directed on page 61.

Full Name:

Title:

Academic Rank:

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T):

Check here if not applicable

Board Certificates (list all active certificates including applicable expiration dates):

Name of the program clinical affiliate where you are credentialed:

MD Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CURRICULUM VITAE OUTLINE FOR PROGRAM FACULTY

Training/Experience in the management of respiratory disease and in respiratory care practices:

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

Other teaching-related activities:

(e.g., shared teaching, directed/independent study, guest teaching, coordination of teaching, and academic advising)

Administrative Service:

Category	Approx Hours (per wk)
Program Management and Administration	
Program Continuous Review and Analysis	
Program Planning	
Program Development	
Faculty Supervision	
Other:	
Other:	
TOTAL NUMBER OF HOURS:	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

Other teaching-related activities:

(e.g., shared teaching, directed/independent study, guest teaching, coordination of teaching, and academic advising)

Administrative Service:

Category	Approx Hours (per wk)
Program Management and Administration	
Program Continuous Review and Analysis	
Program Planning	
Program Development	
Faculty Supervision	
Other:	
Other:	
TOTAL NUMBER OF HOURS:	



APPENDIX F –Detailed Content Outline Comparison

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
I. PATIENT DATA EVALUATION AND RECOMMENDATIONS	
A. Review Data in the Patient Record	
1. Patient history e.g., • present illness • admission notes • respiratory care orders • medication history • progress notes • diagnoses • DNR status • patient education (previous)	
2. Physical examination relative to the cardiopulmonary system e.g., vital signs, physical findings	
3. Laboratory data e.g., • CBC • electrolytes • coagulation studies • culture and sensitivities • sputum Gram stain	
4. Pulmonary function results	
5. Blood gas results	
6. Imaging studies e.g., • radiograph • CT • MRI	
7. Monitoring data	
a. fluid balance	
b. pulmonary mechanics e.g., maximum inspiratory pressure, vital capacity	
c. respiratory e.g., • rate • tidal and minute volume • I:E	
d. pulmonary compliance, airways resistance, work of breathing	
e. noninvasive e.g., • pulse oximetry • VD/VT • capnography • transcutaneous O ₂ / CO ₂	
8. Cardiac monitoring	
a. ECG data results e.g., heart rate, rhythm	
b. hemodynamic monitoring results e.g., • blood pressure • CVP • PA pressure • cardiac output / index	
9. Maternal and perinatal / neonatal history and data • APGAR scores • gestational age • L / S ratio	
10. Sleep study results e.g., diagnosis, treatment	
B. Collect and Evaluate Additional Pertinent Clinical Information	
1. Assess a patient's overall cardiopulmonary status by inspection to determine	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
a. general appearance e.g., • venous distention • edema • accessory muscle activity • chest wall movement • diaphoresis • clubbing • cyanosis • breathing pattern	
b. airway assessment e.g., macroglossia, neck range of motion	
c. cough, sputum amount and character	
d. Apgar score, gestational age, transillumination of chest	
2. Assess a patient's overall cardiopulmonary status by palpation to determine	
a. pulse, rhythm, force	
b. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, secretions in the airway, and tracheal deviation	
3. Assess a patient's overall cardiopulmonary status by percussion	
4. Assess a patient's overall cardiopulmonary status by auscultation to determine presence of	
a. breath sounds	
b. heart sounds and rhythm	
c. blood pressure	
5. Interview a patient to determine	
a. level of consciousness and orientation, emotional state, and ability to cooperate	
b. level of pain	
c. presence of dyspnea, sputum production, and exercise tolerance	
d. nutritional status	
e. social history e.g., smoking, substance abuse	
f. advance directives e.g., DNR status	
6. Assess a patient's learning needs	
7. Review a chest radiograph to determine	
a. quality of imaging e.g., patient positioning, exposure	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
b. position of endotracheal or tracheostomy tube	
c. presence of, or change in, cardiopulmonary abnormalities e.g., <ul style="list-style-type: none"> • pneumothorax • pleural fluid • consolidation • pulmonary edema 	
d. position of indwelling tubes and catheters	
e. presence of foreign bodies	
f. position of or change in hemidiaphragms or mediastinum	
8. Review lateral neck radiographs e.g., epiglottitis, foreign body	
9. Perform procedures	
a. 12-lead ECG	
b. transcutaneous monitoring	
c. pulse oximetry and capnography	
d. tidal volume, minute volume, vital capacity, and peak flow measurements	
e. bedside spirometry e.g., FVC, FEV1	
f. arterial sampling – percutaneous or line	
g. arterialized capillary blood sampling	
h. timed walk test e.g., 6-minute	
i. oxygen titration with exercise	
j. blood gas / hemoximetry analysis	
k. exhaled nitric oxide	
l. cardiopulmonary calculations e.g., P(A-a)O ₂ , VD / VT	
m. hemodynamic monitoring e.g., blood pressure, CVP	
n. lung mechanics e.g., • plateau pressure • MIP • MEP • airways resistance • compliance	
o. ventilator graphics e.g., pressure / volume loop	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
p. apnea monitoring	
q. overnight pulse oximetry	
r. tracheal tube cuff pressure and / or volume	
s. arterial line insertion	
t. stress testing e.g., ECG, pulse oximetry	
u. pulmonary function laboratory studies	
v. CPAP / BIPAP titration during sleep	
w. auto-PEEP detection	
10. Interpret procedure results including	
a. 12-lead ECG e.g., • rate • irregular rhythm • artifacts	
b. transcutaneous monitoring	
c. pulse oximetry and capnography	
d. tidal volume, minute volume, vital capacity, and peak flow measurements	
e. bedside spirometry e.g., FVC, FEV1	
f. arterial sampling - percutaneous or line	
g. arterialized capillary blood sampling	
h. timed walk test e.g., 6-minute	
i. oxygen titration with exercise	
j. blood gas / hemoximetry analysis	
k. exhaled nitric oxide	
l. cardiopulmonary calculations e.g., P(A-a)O ₂ , VD / VT	
m. hemodynamic monitoring e.g., blood pressure, CVP	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
n. lung mechanics e.g., • plateau pressure • MIP • MEP	
o. ventilator graphics e.g., pressure/volume loop	
p. apnea monitoring	
q. overnight pulse oximetry	
r. tracheal tube cuff pressure and/or volume	
s. arterial line insertion	
t. stress testing e.g., ECG, pulse oximetry	
u. pulmonary function laboratory studies	
v. CPAP / BIPAP titration during sleep	
w. auto-PEEP detection	
C. Recommend Procedures to Obtain Additional Data	
1. Blood tests e.g., hemoglobin, potassium	
2. Radiographic and other imaging studies	
3. Diagnostic bronchoscopy e.g., evaluate hemoptysis, atelectasis	
4. Sputum Gram stain, culture and sensitivities e.g., pneumonia	
5. Bronchoalveolar lavage (BAL)	
6. Pulmonary function testing	
7. Lung mechanics e.g., compliance, airways resistance	
8. Blood gas analysis, pulse oximetry, and transcutaneous monitoring	
9. ECG	
10. Capnography	
11. Hemodynamic monitoring e.g., blood pressure, CVP	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
12. Insertion of monitoring catheters e.g., arterial	
13. Sleep studies	
14. Thoracentesis e.g., pleural effusion	
II. EQUIPMENT MANIPULATION, INFECTION CONTROL, AND QUALITY CONTROL	
A. Manipulate Equipment by Order or Protocol	
1. Oxygen administration devices	
a. low-flow devices e.g., nasal cannula	
b. high-flow devices e.g., air entrainment mask	
c. high-flow nasal cannula	
2. CPAP devices – mask, nasal, or bilevel	
3. Humidifiers	
4. Nebulizers	
5. Resuscitation devices e.g., manual resuscitator (bag-valve), mouth-to-valve mask resuscitator	
6. Ventilators	
a. pneumatic, electric, fluidic, and microprocessor	
b. noninvasive positive pressure	
c. high frequency	
7. Artificial airways	
a. oro- and nasopharyngeal airways	
b. endotracheal tubes	
c. tracheostomy tubes and devices	
d. speaking tubes and valves	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
e. intubation equipment	
f. laryngeal mask airway (LMA)	
g. esophageal-tracheal Combitube®	
8. Suctioning devices	
9. Gas delivery, metering, and clinical analyzing devices	
a. gas cylinders, regulators, reducing valves, connectors and flowmeters, and air/oxygen blenders	
b. oxygen conserving devices e.g., reservoir cannula, pulse-dose	
c. oxygen concentrators	
d. portable liquid oxygen systems	
e. portable oxygen concentrators	
f. air compressors	
10. Point-of-care analyzers e.g., blood gas, electrolytes	
11. Patient breathing circuits	
a. continuous	
b. IPPB	
c. CPAP and PEEP valve assemblies	
d. non-invasive ventilation	
12. Environmental devices	
a. incubators	
b. aerosol (mist) tents	
c. oxygen hoods	
13. Incentive breathing devices	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
14. Airway clearance devices	
a. percussors and vibrators	
b. high frequency chest wall oscillation	
c. positive expiratory pressure (PEP) devices	
d. vibratory PEP devices	
15. He / O ₂	
16. Manometers e.g., aneroid, digital, water	
17. Respirometers e.g., flow-sensing devices	
18. ECG monitors	
19. ECG machines (12-lead)	
20. Hemodynamic monitoring devices	
a. pressure transducers	
b. catheters e.g., arterial, pulmonary artery	
21. Vacuum systems e.g., pumps, collection bottles, regulators, pleural drainage devices	
22. Oximetry monitoring devices e.g., pulse oximeter, transcutaneous	
23. Metered dose inhalers (MDI) and MDI spacers	
24. Dry powder inhalers	
25. Bedside screening spirometers	
26. CO, He, O ₂ and specialty gas analyzers	
27. Bronchoscopes	
B. Ensure Infection Control	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
1. Assure cleanliness of equipment by <ul style="list-style-type: none"> • selecting or determining appropriate agent and technique for disinfection and/or sterilization • performing procedures for disinfection and/or sterilization • monitoring effectiveness of sterilization procedures 	
2. Assure proper handling of biohazardous materials	
3. Incorporate ventilator-associated pneumonia protocol	
4. Implement infectious disease protocols e.g., • avian flu • SARS • transmission prevention	
5. Adhere to infection control policies and procedures e.g., Standard Precautions	
C. Perform Quality Control Procedures For	
1. Blood gas analyzers, co-oximeters	
2. Gas analyzers	
3. Point-of-care analyzers	
4. Pulmonary function equipment	
5. Mechanical ventilators	
6. Gas metering devices e.g., flowmeter	
7. Noninvasive monitors e.g., transcutaneous	
8. Record and monitor QC data using accepted statistical methods	
III. INITIATION AND MODIFICATION OF THERAPEUTIC PROCEDURES	
A. Maintain Records and Communicate Information	
1. Record therapy and results using conventional terminology as required in the health care setting and/or by regulatory agencies	
a. specify therapy administered, date, time, frequency of therapy, medication, & ventilatory data	
b. note and interpret patient's response to therapy	
1) effects of therapy, adverse reactions, patient's subjective and objective response to therapy	
2) verify computations and note erroneous data	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
3) auscultatory findings, cough and sputum production and characteristics	
4) vital signs	
5) pulse oximetry, heart rhythm, capnography	
2. Communicate information	
a. regarding patient's clinical status to appropriate members of the health care team	
b. relevant to coordinating patient care and discharge planning	
3. Accept and verify patient care orders	
4. Apply computer technology to	
a. document patient management	
b. monitor workload assignments	
c. patient safety initiatives e.g., drug dispensing, order entry	
5. Communicate results of therapy and alter therapy by protocol(s)	
6. Explain planned therapy and goals to a patient in understandable terms to achieve optimal therapeutic outcome	
7. Educate a patient and family concerning smoking cessation and health management	
B. Maintain a Patent Airway Including the Care of Artificial Airways	
1. Properly position a patient	
2. Insert oro- and nasopharyngeal airways	
3. Perform endotracheal intubation	
4. Maintain position in the airway and appropriate cuff inflation of	
a. LMA	
b. esophageal-tracheal Combitube®	
c. endotracheal tube	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
d. tracheostomy tube	
5. Assess tube placement	
6. Perform tracheostomy care	
7. Change tracheostomy tubes	
8. Maintain adequate humidification	
9. Perform extubation	
C. Remove Bronchopulmonary Secretions	
1. Perform	
a. postural drainage, percussion, or vibration	
b. nasotracheal suctioning	
c. oropharyngeal suctioning	
d. airway clearance using mechanical devices e.g., high frequency chest wall oscillation, vibratory PEP	
2. Suction artificial airways	
3. Administer aerosol therapy with prescribed drugs	
4. Instruct and encourage bronchopulmonary hygiene techniques	
D. Achieve Adequate Respiratory Support	
1. Instruct a patient in	
a. deep breathing and incentive spirometry techniques	
b. inspiratory muscle training techniques	
2. Initiate and adjust	
a. IPPB therapy	
b. continuous mechanical ventilation settings	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
c. noninvasive ventilation	
d. elevated baseline pressure e.g., CPAP, PEEP	
3. Select ventilator graphics e.g., waveforms, scales	
4. Initiate and select appropriate settings for high frequency ventilation	
5. Administer medications	
a. aerosolized	
b. dry powder preparations	
c. endotracheal instillation	
6. Administer oxygen	
7. Initiate and modify weaning procedures	
8. Position patient to minimize hypoxemia	
9. Prevent procedure-associated hypoxemia e.g., oxygenate before and after suctioning and equipment changes	
10. Apply disease-specific ventilator protocols (e.g. ARDS-Net protocol)	
E. Evaluate and Monitor Patient's Objective and Subjective Responses to Respiratory Care	
1. Recommend and review a chest radiograph	
2. Obtain a blood gas sample	
a. by puncture	
b. from an arterial or pulmonary artery catheter	
c. from arterialized capillary blood	
3. Perform	
a. transcutaneous monitoring	
b. pulse oximetry	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
c. blood gas and hemoximetry analyses	
d. capnography	
e. hemodynamic assessment	
4. Interpret results of	
a. blood gases	
b. hemoximetry e.g., carboxyhemoglobin	
c. hemodynamics	
d. pulse oximetry	
e. capnography	
5. Observe for	
a. changes in sputum characteristics	
b. signs of patient-ventilator dysynchrony	
6. Measure & record vital signs, monitor cardiac rhythm, & evaluate fluid balance - intake & output	
7. Perform and interpret results of pulmonary function testing	
a. spirometry	
b. compliance and airways resistance	
c. lung volumes	
d. DLCO	
e. exercise	
f. bronchoprovocation studies	
8. Recommend blood tests e.g., hemoglobin, potassium	
9. Monitor airway pressures, and adjust and check alarm systems	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
10. Measure FIO2 and/or oxygen flow	
11. Auscultate the chest and interpret changes in breath sounds	
F. Independently Modify Therapeutic Procedures Based On The Patient's Response	
1. Terminate treatment based on patient's response to therapy	
2. Modify treatment techniques	
a. IPPB	
b. incentive breathing devices	
c. aerosol therapy	
1) modify patient breathing patterns	
2) change type of equipment and change aerosol output	
3) change dilution of medication	
4) adjust temperature of the aerosol	
d. oxygen therapy	
1) change mode of administration, flow, and FIO2	
2) set up or change an O2 blender	
3) set up an O2 concentrator or liquid O2 system	
e. specialty gas therapy e.g., He / O2, NO	
1) change mode of administration	
2) adjust flow or gas concentration	
f. bronchial hygiene therapy	
1) alter patient position and duration of treatment and techniques	
2) coordinate sequence of therapies e.g., chest percussion, PEP, postural drainage	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
g. management of artificial airways	
1) reposition or change endotracheal or tracheostomy tube	
2) change type of humidification equipment	
3) initiate suctioning	
4) inflate and / or deflate the cuff	
5) perform tracheostomy care	
h. suctioning	
1) alter frequency and duration of suctioning	
2) change size and type of catheter	
3) alter negative pressure	
4) instill irrigating solutions	
i. mechanical ventilation	
1) improve patient synchrony	
2) enhance oxygenation	
3) improve alveolar ventilation	
4) adjust I : E settings	
5) modify ventilator techniques	
6) adjust noninvasive positive pressure ventilation	
7) monitor and adjust alarm settings	
8) adjust ventilator settings based on ventilator graphics	
9) change type of ventilator	
10) change patient breathing circuitry	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
11) alter mechanical dead space	
12) initiate procedures for weaning	
G. Recommend Modifications In The Respiratory Care Plan Based On The Patient's Response	
1. Recommend	
a. institution of bronchopulmonary hygiene procedures	
b. treatment of pneumothorax	
c. sedation and/or use of muscle relaxant(s)	
d. adjustment of fluid balance	
e. adjustment of electrolyte therapy	
f. insertion or change of artificial airway	
g. weaning from mechanical ventilation	
h. extubation	
i. discontinuing treatment based on patient response	
2. Recommend changes in	
a. patient position	
b. inhaled drug dosage or concentration	
c. FIO2 and oxygen flow	
3. Recommend changes in mechanical ventilation to	
a. improve patient synchrony	
b. enhance oxygenation	
c. improve alveolar ventilation	
d. adjust I : E settings	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
e. modify ventilator techniques	
f. adjust noninvasive positive pressure ventilation	
g. monitor and adjust alarm settings	
h. adjust ventilator settings based on ventilator graphics	
i. change type of ventilator	
j. change patient breathing circuitry	
k. alter mechanical dead space	
l. reduce auto-PEEP	
m. reduce plateau pressure	
4. Recommend pharmacologic interventions including use of	
a. bronchodilators	
b. anti-inflammatory drugs e.g., leukotriene modifiers, cromolyn sodium, corticosteroids	
c. mucolytics and proteolytics e.g., acetylcysteine, hypertonic saline, RhDNase	
d. cardiovascular drugs e.g., ACLS protocol agents	
e. antimicrobials e.g., antibiotics	
f. sedatives	
g. analgesics	
h. paralytic agents	
i. diuretics	
j. surfactants	
k. vaccines e.g., pneumovax, influenza	
H. Determine the Appropriateness of the Prescribed Respiratory Care Plan and Recommend Modifications When Indicated by Data	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
1. Analyze available information to determine the pathophysiological state	
2. Review	
a. planned therapy to establish therapeutic plan	
b. interdisciplinary patient and family plan	
3. Determine appropriateness of prescribed therapy & goals for identified pathophysiological state	
4. Recommend changes in therapeutic plan when indicated	
5. Perform respiratory care quality assurance	
6. Develop	
a. quality improvement program	
b. respiratory care protocols	
7. Monitor outcomes of	
a. quality improvement programs	
b. respiratory care protocols	
8. Apply respiratory care protocols	
9. Conduct health management education	
I. Initiate, Conduct, or Modify Respiratory Care Techniques in an Emergency Setting	
1. Treat cardiopulmonary emergencies according to	
a. BCLS	
b. ACLS	
c. Pediatric Advanced Life Support (PALS)	
d. Neonatal Resuscitation Program (NRP)	
2. Treat a tension pneumothorax	



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)**

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
3. Participate in	
a. land / air patient transport	
b. intra-hospital patient transport	
c. disaster management	
d. medical emergency team (MET) e.g., rapid response team	
J. Act as an Assistant to the Physician Performing Special Procedures	
1. Intubation	
2. Bronchoscopy	
3. Thoracentesis	
4. Tracheostomy	
5. Chest tube insertion	
6. Insertion of venous or arterial catheters	
7. Moderate (conscious) sedation	
8. Cardioversion	
9. Ultrasound	
K. Initiate and Conduct Pulmonary Rehabilitation and Home Care	
1. Monitor and maintain home respiratory care equipment	
2. Initiate and adjust apnea monitors	
3. Explain planned therapy and goals to a patient in understandable terms to achieve optimal therapeutic outcome	
4. Educate a patient and family in health management	
5. Interact with a case manager	
6. Counsel a patient and family concerning smoking cessation	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

NBRC Therapist CRT / Written RRT Examination Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #)	List Course Number(s)
7. Instruct patient and family to assure safety and infection control	
8. Modify respiratory care procedures for use in home	
9. Initiate treatment for sleep disorders e.g., CPAP	



APPENDIX G – INSTITUTIONAL ACADEMIC CATALOG

Place this document in the Supplementary Documents folder (see pages 8-10 for an example). This document has been preset to automatically link as an Adobe Portable Document (.pdf) to any field throughout the self-study referencing this appendix. However, specific pages will need to be provided within the Standards sections. In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If a PDF format is unavailable, the program can provide any of the following formats: CD copy, snapshots, or Print Screen views. [It must not link to information on the Internet.](#) It remains the responsibility of the program to provide this information in an electronic format. Please contact Lisa Collard (817-283-2835 ext 106) at the CoARC Executive Office if help is required.

[Automatic Link Available](#)

Exact name of document: Appendix G – Catalog

Type of File: Adobe Portable Document (.pdf)



APPENDIX H – PROGRAM POLICIES AND PROCEDURES MANUAL

Please indicate, where appropriate, policies which are institution-wide rather than program-specific.

Place this document in the Supplementary Documents folder (see pages 8-10 for an example). This document has been preset to automatically link as an Adobe Portable Document (.pdf) to any field throughout the self-study referencing this appendix. However, specific pages will need to be provided within the Standards sections. In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If a PDF format is unavailable, the program can provide any of the following formats: CD copy, snapshots, or Print Screen views. It must not link to information on the Internet. It remains the responsibility of the program to provide this information in an electronic format. Please contact Lisa Collard (817-283-2835 ext 106) at the CoARC Executive Office if help is required.

Automatic Link Available

Exact name of document: Appendix H – Policies

Type of File: Adobe Portable Document (.pdf)



APPENDIX I – STUDENT HANDBOOK

Please include all policies provided to students during the course of study and indicate, where appropriate, policies which are institution-wide rather than program-specific.

Place this document in the Supplementary Documents folder (see pages 8-10 for an example). This document has been preset to automatically link as an Adobe Portable Document (.pdf) to any field throughout the self-study referencing this appendix. However, specific pages will need to be provided within the Standards sections. In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If a PDF format is unavailable, the program can provide any of the following formats: CD copy, snapshots, or Print Screen views. **It must not link to information on the Internet.** It remains the responsibility of the program to provide this information in an electronic format. Please contact Lisa Collard (817-283-2835 ext 106) at the CoARC Executive Office if help is required.

Automatic Link Available

Exact name of document: Appendix I – Student Handbook

Type of File: Adobe Portable Document (.pdf)

APPENDIX J – FACULTY & STUDENT EVALUATION SSR QUESTIONNAIRES

Detailed instructions for accessing both of the on-line questionnaires were sent with the CSSR template in the 'Continuing Accreditation Self Study Report Due' email.

Hardcopies of the surveys do not need to be provided.

The anonymous **Faculty Evaluation SSR Questionnaires** are required to be completed by each paid faculty member (didactic, laboratory, and clinical) and the Medical Director(s) as part of the self study process. The link to complete the on-line questionnaires was sent with the CSSR template in the 'Continuing Accreditation Self Study Report Due' email.

PROGRAM DIRECTOR: Please provide the total number of Faculty Evaluation SSR Questionnaires to be completed on-line by each of the following personnel categories:

Program Director

Director of Clinical Education

Medical Director/Co-Medical Director(s)

All full-time paid program faculty (if applicable)

All part-time/adjunct paid program faculty (if applicable)

Total number of Faculty Evaluation SSR Questionnaires

The anonymous **Student Evaluation SSR Questionnaires** are required to be completed by all currently enrolled students. The link to complete the on-line questionnaires was also sent with the CSSR template in the 'Continuing Accreditation Self Study Report Due' email.

PROGRAM DIRECTOR: Please provide the total number of Student Evaluation SSR Questionnaires to be completed on-line by all currently enrolled students:

Referees please use the following links to view the responses collected on-line:

(The links below will be set up by the CoARC Executive Office once the self-study has been submitted and the questionnaires have been completed)

Faculty Evaluation SSR Questionnaires

Student Evaluation SSR Questionnaires



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)

INCLUDE ATTACHMENTS

Place all attachments in the Supplementary Documents folder (see pages 9-10 for an example). **ONLY** the first attachment has been preset to automatically link. In order for the automatic link to work, the document must be named exactly as listed below and be the same type of file (not Word 97-2003 [.doc], Word 2007 [.docx], or Excel [.xls]). If the automatic link properties cannot be met, then this document will need to be manually linked. **Please keep in mind that you will not be able to manually link if you are using only Adobe Reader. (See below for manually linking directions.)**

For all other attachments, use the same naming pattern (i.e., Attachment 2 – Name of Document, Attachment 3 – Name of Document, etc.). Since the other attachments do not have a preset link, any type of file can be used (Word 97-2003 [.doc], Word 2007 [.docx], Adobe Acrobat Document [.pdf], or Excel [.xls]). Place the correct attachment number in the space provided within the Standard sections, link the attachment to its appropriate location in the self-study, and fill out the Table of Contents. Please contact Lisa Collard (817-283-2835 ext 106) at the CoARC Executive Office if help is required.

Automatic Link Available for 1st Attachment ONLY

Exact name of document: Attachment 1 – Institution Accreditation Letter

Type of File: Adobe Acrobat Document (.pdf)

Manual Link ** (Manual linking may vary depending on the software version) **

Create a link using the Link tool

1. Choose Tools > Advanced Editing > Link Tool, or select the Link tool in the Advanced Editing toolbar. The pointer becomes a cross hair, and any existing links in the document, including invisible links, are temporarily visible.
2. Drag a rectangle in the document where you want to create a link. This is the area in which the link is active.
3. In the Create Link dialog box, choose the options you want for the link appearance.
4. Select one of the following link actions:

Open A File Select the destination file and click Select. If the file is a PDF, specify how the document should open (in a new window), and then click OK.

Note: *If the filename is too long to fit in the text box, the middle of the name is truncated.*

****Please Remember**

If you only have an Adobe Reader/Viewer, then all preset links will work providing the document is named exactly as listed and the same type of file format has been used. You will not be able to manually link the attachments, so it is very important that the numbers listed within the self-study coincide with the numbers listed in the Table of Contents.