

2019 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



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To maintain transparency and advance education in respiratory care, the CoARC is fully committed to sharing its accreditation data. Annually, the CoARC Executive Office prepares this comprehensive report that provides a plethora of information about all CoARC accredited programs including descriptive statistics of the programs, the accreditation actions taken by CoARC over the previous year, and aggregate data on graduate, enrollment, and outcomes. This Annual Report on Accreditation in Respiratory Care Education is posted on the CoARC web site in PDF format. Access is unrestricted. When CoARC-published data is used by a third party as part of a separate publication, the CoARC requests that the publication include the following disclaimer:

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INTRODUCTION

It is my great pleasure to provide to you, on behalf of the Board and Executive Office Staff of the Commission on Accreditation for Respiratory Care (CoARC), the *2019 Report on Accreditation in Respiratory Care Education*. This report presents information on CoARC accredited programs and accreditation actions taken by the CoARC on an annual basis. The CoARC has developed this report to provide critical data in the following four areas:

- Descriptive statistics of CoARC Accredited Programs as of December 31, 2019;
- Accreditation actions taken in 2019;
- Aggregate statistics of graduate, enrollment, and outcomes data derived from the 2019 Annual Reports of Current Status submitted on February 1, 2020; and
- Programmatic data related to the AARC 2015 and Beyond Project.

There were 72 accreditation site visits in 2019 involving 54 volunteers. The commitment level of these volunteers is remarkable and truly appreciated. The CoARC expresses its gratitude to each of them for sharing the time and talent essential to the critically important goal of ensuring the quality of all respiratory care programs.

The CoARC collected annual report data using the annual reporting tool developed and maintained by KG Labs, LLC. The Annual Report of Current Status (RCS) was completed by a total of 421 programs and program options and submitted on February 1st following a delay in the release of the new annual reporting system. We truly appreciate your patience and cooperation this past year during the development of the new RCS system and we would like to acknowledge the considerable time and effort required to provide the important information encompassed by the RCS. The charts included in this report are derived from these data as well as other data sets used by the CoARC and are designed to provide aggregate information on accredited respiratory care educational programs and their graduates. This information can be used by the CoARC's communities of interest in their evaluations of the current state of the profession, both locally and nationally. In addition to this report, there is an interactive map of programmatic outcomes: <https://fortress.maptive.com/ver4/6479e039dd58e620af07c7aca8854194>.

Please feel free to share suggestions for improvements or changes by contacting our Chief Executive Officer, Tom Smalling, PhD, RRT, RRT-SDS, RPFT, RPSGT, FAARC, at tom@coarc.com.

Thank you for your support,

A handwritten signature in blue ink that reads "Pat Munzer".

Pat Munzer, DHSc, RRT, FAARC
President

EXECUTIVE SUMMARY

PROGRAMS BY PROGRAM TYPE

As of December 31, 2019, there were a total of 448 programs and program options under accreditation review by the CoARC. These include 420 Entry into Respiratory Care Professional Practice programs/ program satellites, 4 sleep specialist programs, 23 Degree Advancement programs, and 1 Advanced Practice Respiratory Therapist program.

PROGRAMS BY DEGREE OFFERED

As of December 31, 2019, 82% of the 420 accredited entry into respiratory care practice programs were associate degree and 17% were baccalaureate degree. Five programs (1% of total) offered a master's degree. Compared to data from the 2018 Report on Accreditation, the number of associate degree programs decreased by 9, the number of baccalaureate programs increased by 2, and the number of master's degrees decreased by 1. The AAS degree accounted for the largest (54%) of all degree types, a slight decrease from the previous year. There has been a 47% decrease in AS programs since 2013. The BS degree accounted for 16% of all degree types, an increase of 16% since 2013.

PROGRAMS BY INSTITUTIONAL TYPE

As of December 31, 2019, 58% of programs and satellites were offered at a community/junior college, and 25% of programs were offered at a four-year college/university; 14% of accredited programs were offered at a technical/vocational School; 2% at an academic HSC/medical Center; 1% at a career/technical college, and <1% of programs were offered by the U.S. military. Interestingly, 40 of the associate degree programs (10%) are offered at four-year colleges/universities.

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

As of December 31, 2019, 80% of the sponsors were operating under a public/not-for-profit status; 10% were operating under a private/for-profit (proprietary) status; 9% were operating under a private/not-for-profit status and <1% were controlled and funded by the federal government. Associate degree programs offered by sponsors operating under a public/not-for-profit status accounted for the largest (68%) group.

PROGRAMS BY STATE, D.C., AND PUERTO RICO

There are CoARC-accredited respiratory care programs in every state except Alaska. California remains the state with the largest number of programs and satellites with 36. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, the District of Columbia, and Puerto Rico. As of December 31, 2019, the associate degree is offered in 48 states and the District of Columbia (North Dakota, Alaska, and Puerto Rico are the exceptions). In 22 states/locations, the associate degree is the only degree offered. The baccalaureate degree is offered in 27 states/locations. The master's degree is offered in five states (GA, IL, KY, ND, and TX).

ACCREDITATION ACTIONS

In 2019 there were 184 accreditation actions taken by the Board, 45 accreditation actions processed by the Executive Office and 71 site visits conducted.

Applications for Substantive Change

Of the 23 applications for substantive change processed by the CoARC in 2019, 9 were increases in enrollment, and 13 were changes in curriculum or delivery methods, including changes in the number of clock or credit hours and/or other changes in the length of the program.

Changes in Program Information and Personnel

Of the 60 permanent changes in Program Director in 2019, 20 were due to retirement, 18 to resignation, 8 to re-assignment, and 10 were due to other reasons. Four did not provide a reason.

2019 ANNUAL REPORT OF CURRENT STATUS (RCS)

A total of 421 annual reports for respiratory programs were used to generate the aggregate data (January 1, 2016 through December 31, 2018) from the 2019 RCS reports.

Total Applications

Total applications reached a peak of 23,430 in 2011, and then decreased by 41% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. The mean number of applications per program was 41 in 2018. The median was 30.

RC Applications by Degree Offered

Compared to 2017, applications in 2018 increased by 5.9% for associate degree programs; by 6.8% for baccalaureate degree programs; and by 16% for masters programs.

RC Applications by Institutional Type

Compared to 2017, applications in 2018 increased by 6% for community/junior colleges; by 0.4% for technical/vocational schools; by 1.8% for U.S. military programs; by 55.4% for career/technical colleges; and by 5.2% for four-year colleges/universities. Applications decreased by 13.1% for academic HSC/medical centers.

RC Applications by Institutional Control/Funding

Compared to 2017, applications in 2018 increased by 3.8% in the public/not-for-profit sector; by 20.6% in the private/for-profit (proprietary) sector; by 0.2% in the private/not-for-profit sector; and by 26.9% for federal government (military) programs.

Applications by State (including D.C.) and Degree

California continues to have the largest (12.3% of total in 2018) number of applications, which is an increase of 9.3% from the previous year.

Total New Enrollments

For 2018, there were 8,027 new students enrolled – 64.5% of capacity. The mean maximum annual enrollment capacity per program was 31 and the mean number of new enrollments per program was 20. The median was 17. There was an 8.1% increase in new enrollments compared to 2017. For 2018, 8.8% (45 of the 400) programs reported new enrollments reaching maximum annual enrollment capacity. Of these 45

programs, 21 offered the AAS degree, 13 offered the AS degree, and 11 offered the BS degree. The 47 programs were in 19 different states.

New RC Enrollments by Degree Offered

Compared to 2017, new enrollments in 2018 increased by 8.5% for associate degree programs; and by 6.2% for baccalaureate programs. New enrollments decreased by 9.8% for masters programs.

New RC Enrollments by Institutional Type

Compared to 2017, new enrollments in 2018 increased by 5.9% for community/junior colleges; by 9.6% for technical/vocational schools; by 10.2% for four-year colleges/universities; by 0.7% for U.S. military programs; and by 43.1% for career/technical colleges. New enrollments decreased by 1.2% for academic HSC/medical centers.

New RC Enrollments by Institutional Control/Funding

Compared to 2017, new enrollments in 2018 increased by 18.3% in the private/for-profit (proprietary) sector; increased by 7.7% in the private/not-for-profit sector; increased by 5.9% in the public/not-for-profit sector; New enrollments decreased by 0.7% in the federal government sector.

New RC Enrollments by State (including D.C.) and Degree

California had the largest number of enrollments (8.4% of total) in 2018.

Total Graduates

There were 6,219 graduates in 2018. This is a 1.5% decrease compared to 2017. The mean number of graduates per program was 16. The median was 14.

RC Graduates by Degree Offered

Compared to 2017, number of graduates in 2018 decreased by 1.1% for associate degree programs; by 3% for baccalaureate degree programs; and by 15.4% for master's degree programs.

RC Graduates by Institutional Type

Compared to 2017, the number of graduates in 2018 increased by 0.7% in community/junior colleges; and by 35.4% in career/technical colleges. Applications decreased by 0.7% in technical/vocational schools; by 17.7% in academic HSC/medical centers; by 26.9% in U.S. military programs; and by 7.4% in 4-year colleges/universities.

RC Graduates by Institutional Control/Funding

Compared to 2017, the number of graduates in 2018 increased by 1.2% in the public/not-for-profit sector, and by 2.7% in the private/for-profit (proprietary) sector. The number of graduates decreased by 19.1% in the private/not-for-profit sector; and by 26.9% in the federal government sector.

RC Graduates by State (including D.C.) and Degree

California and Texas had the largest number of graduates (8.3% of total) in 2018.

Programmatic Retention

For the 2019 RCS, the mean retention rate was 91%. This is a 3.5% increase compared to 2018. Six programs (1.5% of total) reported retention rates below the CoARC-established threshold of 70%.

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

For the 2019 RCS, associate and baccalaureate degree programs had the lowest mean retention rate (91%) and master's degree programs had the highest (98%). Programs located in four-year colleges or universities, community or junior colleges, and academic HSC/medical centers had the highest mean, 90%. U.S. military programs had the lowest, 87%. Programs controlled/funded by the private/for-profit sector (proprietary) had the highest mean retention at 92%, while programs controlled/funded by the federal government had the lowest, at 87%.

Positive (Job) Placement

The 2019 RCS mean placement rate was 88.0 %. This is a 3.2% increase when compared to 2018 and is the highest mean placement rate recorded since at least 2013. The highest mean placement rate was 100% (n = 50) and the lowest rate was 33% (n=1).

Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

For the 2019 RCS, associate, baccalaureate, and master's degree programs showed significant increases in mean placement rates when compared to the 2018 RCS. Baccalaureate degree programs had a higher mean (89%) than associate degree programs (88%), however, master's degree programs had the highest (98%). Academic HSC/Medical Center programs had the highest overall mean (93%). Programs controlled/funded by the federal government had the highest mean (89%).

CRT Credentialing Success

For the 2019 RCS, the mean CRT credentialing success was 93.0% with the highest at 100% (n=111) and the lowest at 0% (n=1). This is a 0.7% decrease compared to 2018. A total of 26 programs (6.5% of total) reported success rates below the CoARC established threshold of 80%. The number of programs reporting the highest CRT success rate (100%) increased from 104 in 2013 to 111 in 2019.

CRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

CRT success for baccalaureate degree programs was the same (93%) as that of associate degree programs. Master's degree programs had the highest (8%). Twenty-one out of the 26 programs below the CoARC established threshold conferred the associate degree; the five remaining were baccalaureate degrees. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean CRT success at 99%. Mean CRT success in public/not-for-profit institutions, private/ not-for-profit institutions, and the federal government was highest, at 93%.

RRT Credentialing Success

The states that currently require RRT as a minimum requirement for a license to practice are: New Mexico, Oregon, Arizona, California, Ohio, and New Jersey. The mean RRT credentialing success was 80.0% with the highest at 100% (n=32) and the lowest at 0% (n=1). When compared to 2018 RCS data, the mean

RRT credentialing success rate decreased 0.2%, with an overall increase of 16.6% since the 2013 RCS. The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 in 2012 to 32 in 2019.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Baccalaureate and associate degree programs had the same mean RRT success (80%) as associate programs. Masters programs were slightly lower at 78%. Compared to 2018, mean RRT success for associate degree programs increased by 1.2%. Mean RRT success for baccalaureate and master degree programs decreased by 7.6% and 15%, respectively. By institutional type, academic HSC/medical center programs continued to demonstrate the highest mean at 87%. By funding criteria, the public/not-for-profit sector continued to demonstrate the highest mean (80%).

PROGRAMMATIC DATA RELATED TO THE AARC 2015 AND BEYOND PROJECT

As of 12/31/2019, 67 of the 420 (16% of total) RC programs and satellites fall under Category I. An additional 79 sponsors are currently qualified to offer both the entry into practice associate degree and the baccalaureate degree or to transition their associate degree to a baccalaureate degree (Category II). Under legislation passed by the various states in which they reside, 132 sponsors may offer both the entry associate degree and entry baccalaureate degree, or they may transition their associate degree to a baccalaureate degree (Category III) under certain circumstances. Based on legislation or regulations specific to the state in which they are located the 142 sponsors that do not have the authority to award a baccalaureate degree may be capable of participating in a consortia partnership with a 4-year degree-granting institution (Category IV).

Baccalaureate Degree Eligibility – Enrollment Capacity and Graduation Rates

As of December 31, 2019, the 67 programs in Category I produced 766 graduates (12.4% of the total of the 6,173 graduates from all 4 categories in 2018). The 79 programs in Category II produced 1,350 graduates (21.9% of the total graduates). The 132 programs in Category III produced 1,997 graduates (32.4% of the total graduates). The 142 programs in Category IV produced 2,060 graduates (33.4% of the total graduates).

MISSION AND SCOPE

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research and service. The CoARC accredits entry into professional practice programs in respiratory care at the Associate, Baccalaureate, and Master's Degree levels, degree advancement programs in respiratory care at the undergraduate and graduate levels, and Advanced Practice Respiratory Therapist (APRT) programs at the graduate level. The CoARC also accredits polysomnography programs offered by these programs. CoARC accreditation activities are limited to programs in the United States and its territories.

THE VALUE OF PROGRAMMATIC ACCREDITATION

Accreditation provides consumer protection, advances and enhances the profession of Respiratory Care, and protects against compromise of educational quality. Accreditation also supports the continuous improvement of these educational programs by mandating continuing reassessment of resources, educational processes, and outcomes. The CoARC is responsible for evaluating respiratory care educational programs and publicly recognizing those which meet agreed-upon accreditation standards. Respiratory therapists are members of a team of health care professionals working in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders.

HISTORICAL BACKGROUND

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the American Medical Association (AMA) adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (American Association for Inhalation Therapy [AAIT], American College of Chest Physicians [ACCP], American Medical Association [AMA], and American Society of Anesthesiologists [ASA]) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education (JRCRTE), the successor group to the Board of Schools came into being on January 15, 1970 as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA) of the AMA. The JRCRTE was dissolved in 1996 and the Committee on Accreditation for Respiratory Care became its successor organization, as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: the Commission on Accreditation for Respiratory Care (CoARC). The CoARC became a freestanding accreditor of respiratory care programs on November 12, 2009 and in September 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC.

Since 1986, the CoARC has used an outcomes-centered approach to its accreditation review process. This approach focuses on a specific set of outcomes that include but are not limited to: a) Graduate performance on national credentialing examinations; b) Programmatic retention; c) Graduate and employer satisfaction with program; and d) Job placement. The CoARC routinely monitors the program's outcomes results in relation to the thresholds via an Annual Report of Current Status (RCS). Any program not meeting all the thresholds must document in the RCS a detailed analysis of each deficiency and provide a specific action plan to address that deficiency.

PROGRAMS BY PROGRAM TYPE

Programs are grouped into three categories and are assigned a unique 6-digit number based on the category to which they are assigned:

1. **(200-level):** Programs that 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). 200-level program graduates can earn both the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) and RRT credentials. Programs in this category are subcategorized as Entry into Professional Practice base programs (200-level), Entry into Professional Practice Additional Degree Track (ADT) baccalaureate (210-level), and Entry into Professional Practice Additional Degree Track (ADT) Master's (220-level).
2. **(300-level or Satellite programs):** These are programs, offered by a base program at a location separate from the base program but within the U.S. and its Territories, at which all core Respiratory Care didactic and laboratory courses are available. This does not pertain to sites used by a completely on-line/distance education program for individual students or to base programs with students attending one or more classes via distance learning technologies. Satellite location(s) function under the direction of the Key Personnel of the base program.
3. **(400-level or Sleep Disorders Specialist programs):** Programs that 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). 400-level program graduates have the opportunity to earn both the NBRC SDS credential and Board of Registered Polysomnographic Technologists (BRPT) Registered Polysomnographic Technologist (RPSGT) credential.
4. **(500-level):** Degree Advancement (DA) programs meet the needs of practicing respiratory therapists with an RRT who, having already completed an accredited respiratory care program with an Entry into Respiratory Care Professional Practice degree, wish to obtain advanced training in Respiratory Care. Advanced educational experiences, designed to enhance a respiratory therapist's ability to function in clinical, teaching, administrative, or research environments, are essential components of DA programs.
5. **(600-level):** Advanced Practice Respiratory Therapist (APRT) programs train Registered Respiratory Therapists (RRTs) to provide advanced, evidence-based, diagnostic and therapeutic clinical practice and disease management. All APRT students must be graduates of a CoARC-accredited Entry into Respiratory Care Professional Practice degree program and hold the Registered Respiratory Therapist (RRT) credential prior to entry into the program.

As of December 31, 2019, there were a total of 448 programs and program options under accreditation review by the CoARC. Most of these programs are sponsored by public and private higher education institutions. Two programs are sponsored federally: one by the U.S. Army and one by the U.S. Air Force.

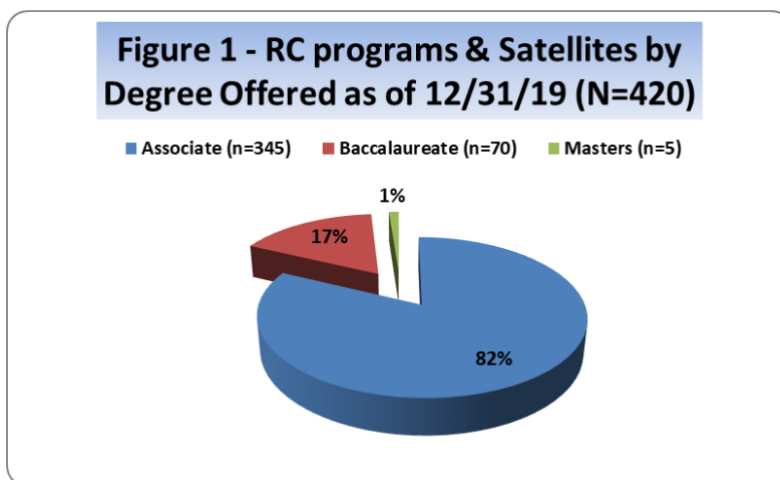
Of the 448 programs, 4 have applied for accreditation review, 8 hold an Approval of Intent (approval of their Letter of Intent applications to start developing an accredited program). Forty-three (43) programs hold Provisional Accreditation which is the term used by the CoARC to signify that a program has demonstrated sufficient compliance with the Standards to initiate a program and admit students. These include 15 DA programs and one APRT program. The CoARC also accredits 4 sleep disorders specialist programs as add-on program options to accredited respiratory care programs. There were 8 domestic satellite campuses.

Table 1 (below) provides a breakdown of program numbers by program type.

Table 1 – Program Numbers by CoARC Level as of December 31, 2019 (N=448)							
	200-level (Entry Base)	210-level (Entry ADT Baccalaureate)	220-level (Entry ADT Master’s)	300-level (U.S. Satellite)	400-level (SDS Certificate)	500-level (Degree Advancement)	600-level (APRT)
Continuing Accreditation	372	2	3	7	3	0	0
Probationary Accreditation	6	0	0	0	0	0	0
Provisional Accreditation	21	3	1	1	1	15	1
Inactive Accreditation	0	0	0	0	0	0	0
Approval of Intent	2	0	0	0	0	6	0
Letter of Intent	2	0	0	0	0	2	0

PROGRAMS BY DEGREE OFFERED

Programs accredited by the CoARC are in institutions which are accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree (CoARC Entry into Practice Standard 1.01). *Note: The subsequent data presented in this section includes data on Entry into Practice programs only.* Figure 1, below, provides a graphic representation of degrees offered.



As of December 31, 2019, there were 420 Entry into Respiratory Care Professional Practice programs/program satellites. Of these, 345 (82% of total) confer the associate degree upon graduation and 70 (17% of total) programs confer the baccalaureate degree. Five programs (1% of total) confer the master’s degree. Compared to data from the 2018 Report on Accreditation, the number of associate degree programs decreased by 9, the number of baccalaureate programs increased by 2, and the number of master’s degrees decreased by 1.

Table 2 provides a breakdown of program numbers by degree type. The Associate of Applied Science (AAS) degree accounted for the largest (54%) of all degree types offered in 2018, a slight decrease from the previous year. In 2015, AAS degree programs began outnumbering AS degree programs. In 2018, the number of AAS programs became the majority of all degree types. The Associate of Science (AS) degree accounted for 27% of all degree types offered in 2019. This is an 7% decrease compared to 2018 and a 47% decrease since 2013. The increase in AAS degrees between 2013 and 2018 are due in part to the increase in state-mandated limits on the number of credit hours for associate degree programs. The Bachelor of Science (BS) degree accounted for 16% of all degree types offered in 2018, an increase of 16% compared to 2013.

Table 2 – RC Programs and Satellites by Degree for 2013 through 2019

	as of 12/31/13 (N=441)	as of 12/31/14 (N=438)	as of 12/31/15 (N=427)	as of 12/31/16 (N=428)	as of 12/31/17 (N=443)	as of 12/31/18 (N=430)	as of 12/31/19 (N=420)
Associate of Science (AS)	215	196	172	153	136	122	113
Associate of Applied Science (AAS)	161	174	186	198	227	228	226
Associate of Specialized Technology (AST)	3	2	2	3	4	4	4
Associate of Occupational Studies (AOS)	2	2	2	3	3	2	2
Bachelor of Science (BS)	57	60	60	64	65	66	67
Bachelor of Applied Science (BAS)	0	1	1	1	2	2	3
Master of Science (MS)	3	3	4	6	6	6	5

PROGRAMS BY INSTITUTIONAL TYPE

The CoARC assigns programs to one of six categories that define the type of institution sponsoring the respiratory care program. These categories are: (1) Academic HSC/Medical Center; (2) Career or Technical College; (3) Community College or Junior College; (4) Four-Year College or University; (5) Technical or Vocational School, and (6) U.S. Military. As of December 31, 2019, there were 243 respiratory care programs and satellites offered at a community or junior college. This was the largest (58%) of the categories, and a decrease of 12 compared to 2018 data. One hundred-four (25%) programs were offered at a four-year college or university, which is an increase of 5 compared to 2018 data. Fifty-seven (14%) programs were offered at a technical or vocational school. Ten (2%) programs were offered at an academic health sciences or medical center. Four (1%) programs were offered at a career/technical college. Two programs (<1%) were offered at a U.S. military. **Figure 2** illustrates these categories.

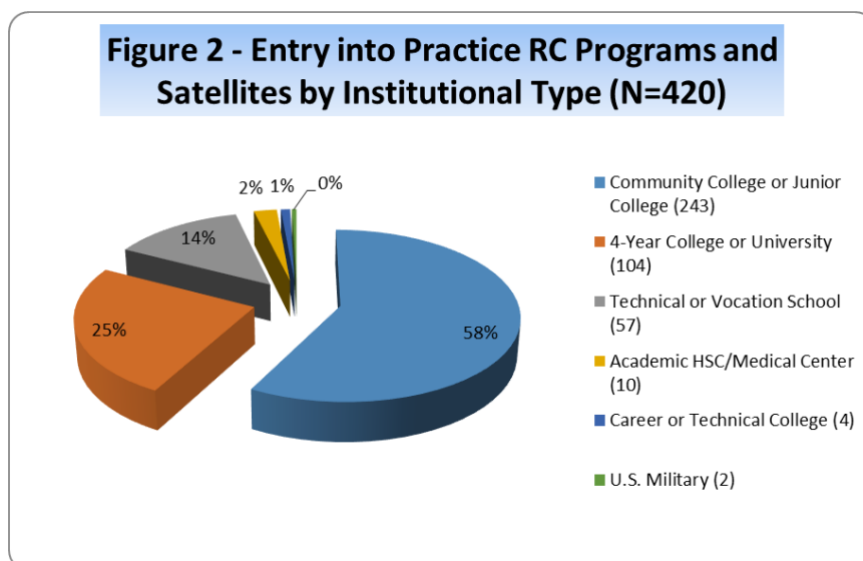


Table 3 provides a comparison of programs by institutional type and degree. As of December 31, 2019, the majority (57%) of programs conferring the associate degree are offered at community or junior colleges. Interestingly, 40 programs (10%) conferring the associate degree were offered at four-year colleges or universities. Three baccalaureate programs offered by a community college are Spokane Community College, WA, Highline College, WA, and Seattle Central College, WA.

Table 3 – RC Programs and Satellites by Institutional Type and Degree (2017 thru 2019)									
	Associate			Baccalaureate			Masters		
	as of 12/31/19 (N=420)	as of 12/31/18 (N=430)	as of 12/31/17 (N=443)	as of 12/31/19 (N=420)	as of 12/31/18 (N=430)	as of 12/31/17 (N=443)	as of 12/31/19 (N=420)	as of 12/31/18 (N=430)	as of 12/31/17 (N=443)
Community of Junior College	240	251	251	3	3	2	0	0	0
Technical or Vocational School	57	55	60	0	0	0	0	0	0
Four-Year College or University	40	41	44	60	58	61	4	2	5
Career or Technical College	4	10	10	0	0	0	0	0	0
Academic HSC/Medical Center	2	3	3	7	5	4	1	1	1
U.S. Military	2	2	2	0	0	0	0	0	0

PROGRAMS BY INSTITUTIONAL CONTROL/FUNDING

The CoARC assigns programs to one of four categories based on the governance of its sponsor: by publicly elected/appointed officials, with its major source of funds from public sources (Public/Not-For-Profit); by privately elected or appointed officials, with its major source of funds from private sources (Private/Not-For-Profit or Private/For Profit); or by a branch of the Armed Forces, with its major source of funds from federal appropriations (Federal Government). As of December 31, 2019, 337 (80%) institutions sponsoring a respiratory care program were operating under a public/not-for-profit status (an increase in 5 compared to 2018). Forty-three (10%) institutions were operating under a private/for-profit (proprietary) status (an increase in 1 compared to 2018). Thirty-eight (10%) institutions were operating under a private/not-for-profit status (a decrease in 15 compared to 2018). Two (<1%) institutions were controlled and funded by the federal government. **Figure 3** illustrates these categories.

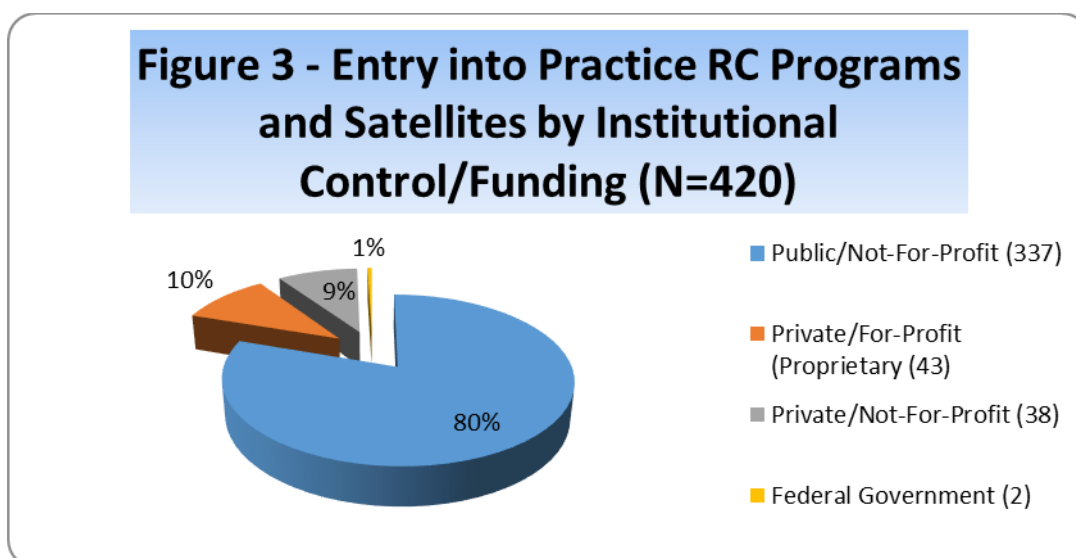


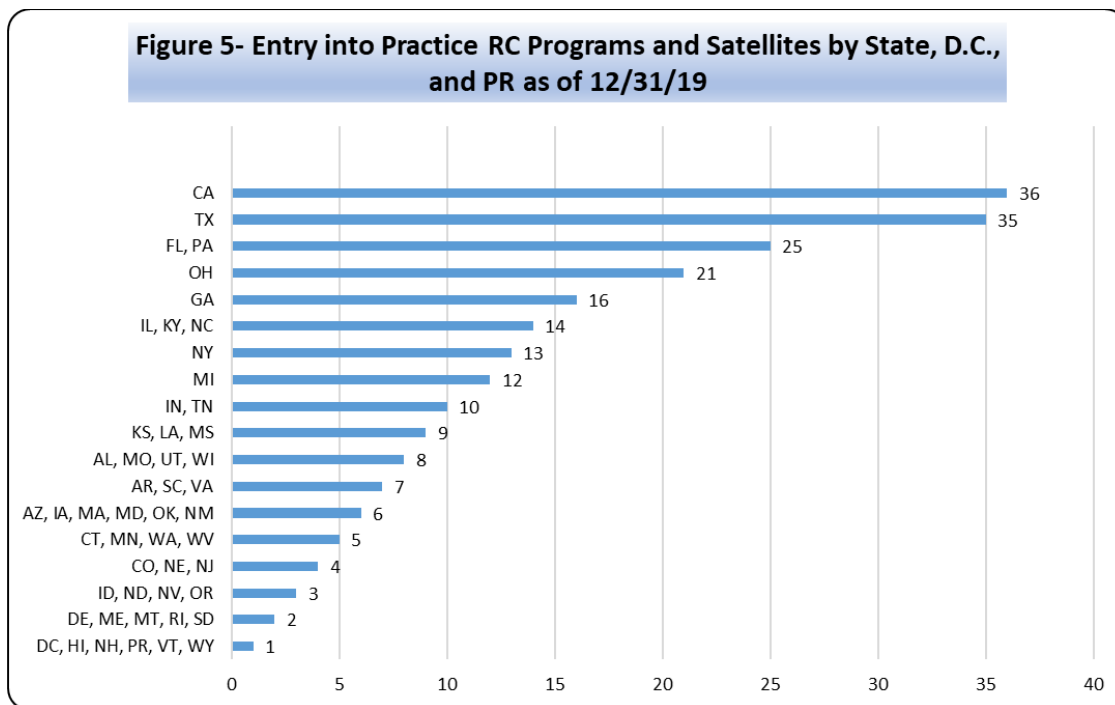
Table 4 provides a comparison of programs by institutional control and degree offered. As of December 31, 2019, the majority (68%) of programs conferring the associate degree are sponsored by public/not-for-profit institutions.

Table 4 – RC Programs and Satellites by Institutional Control and Degree (2017 thru 2019)

	Associate			Baccalaureate			Masters		
	As of 12/31/19 (N=420)	As of 12/31/18 (N=430)	As of 12/31/17 (N=443)	As of 12/31/19 (N=420)	As of 12/31/18 (N=430)	As of 12/31/17 (N=443)	As of 12/31/19 (N=420)	As of 12/31/18 (N=430)	As of 12/31/17 (N=443)
Public-Not-For-Profit	285	288	299	50	42	46	2	2	1
Private/For-Profit (Proprietary)	43	42	49	0	3	0	0	0	0
Private-Not-For-Profit	15	23	21	20	24	20	3	4	5
Federal Government	2	2	2	0	0	0	0	0	0

PROGRAMS BY STATE, D.C., AND PUERTO RICO

Figure 5 displays the number of respiratory care programs and satellites in each state, the District of Columbia, and Puerto Rico. CoARC-accredited respiratory care programs are in every state except Alaska. As of December 31, 2019, California remains the state with the largest number of programs and satellites with 36. States/locations with only one program include Wyoming, Vermont, New Hampshire, Hawaii, the District of Columbia, and Puerto Rico.



Bars represent the number of programs and satellites for each state listed.

Table 5 (next two pages) provides a comparison of programs by state (including District of Columbia and Puerto Rico) and degree. As of December 31, 2019, the associate degree is offered in 48 states and the District of Columbia (North Dakota, Alaska, and Puerto Rico are the exceptions). In 22 states/locations, the associate degree is the only degree offered. The baccalaureate degree is offered in 27 states/locations. The master’s degree is offered in five states (GA, IL, KY, ND, and TX).

Table 5 –Entry into Practice RC Programs and Satellites by State, D.C., and PR and Degree (N=420) as of 12/31/19

	Associate	Baccalaureate	Masters
Alabama (n=8)	5	3	0
Alaska (n=0)	0	0	0
Arkansas (n=7)	6	1	0
Arizona (n=6)	5	0	0
California (n=36)	34	2	0
Colorado (n=4)	4	0	0
Connecticut (n=5)	4	1	0
District of Columbia (n=1)	1	0	0
Delaware (n=2)	2	0	0
Florida (n=25)	23	2	0
Georgia (n=16)	11	4	1
Hawaii (n=1)	1	0	0
Iowa (n=6)	6	0	0
Idaho (n=3)	2	1	0
Illinois (n=14)	12	1	1
Indiana (n=10)	8	2	0
Kansas (n=9)	8	1	0
Kentucky (n=14)	11	2	1
Louisiana (n=9)	6	3	0
Massachusetts (n=6)	6	0	0
Maryland (n=6)	5	1	0
Maine (n=2)	2	0	0
Michigan (n=12)	12	0	0
Minnesota (n=5)	3	2	0
Missouri (n=8)	6	2	0
Mississippi (n=9)	9	0	0
Montana (n=2)	2	0	0
North Carolina (n=14)	14	0	0
North Dakota (n=3)	0	2	1
Nebraska (n=4)	3	1	0
New Hampshire (n=1)	1	0	0
New Jersey (n=4)	4	0	0
New Mexico (n=6)	6	0	0
Nevada (n=3)	3	0	0
New York (n=13)	9	4	0
Ohio (n=21)	14	7	0
Oklahoma (n=6)	6	0	0
Oregon (n=3)	2	1	0

Pennsylvania (n=25)	17	8	0
Puerto Rico (n=1)	0	1	0
Rhode Island (n=2)	2	0	0
South Carolina (n=7)	7	0	0
South Dakota (n=2)	2	0	0
Tennessee (n=10)	7	3	0
Texas (n=35)	29	5	1
Utah (n=8)	4	4	0
Virginia (n=7)	5	2	0
Vermont (n=1)	1	0	0
Washington (n=5)	2	3	0
Wisconsin (n=8)	7	1	0
West Virginia (n=5)	4	1	0
Wyoming (n=1)	1	0	0

ACCREDITATION ACTIONS

The CoARC makes most accreditation decisions during its Board meetings (which occur three times per year typically in March, July, and November), based on an accreditation review cycle described in Section 1 of the 2019 CoARC Accreditation Policies and Procedures Manual (revised version available at <https://coarc.com/Accreditation-Resources.aspx>.) The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation and Voluntary Inactive Accreditation do not require a vote by the CoARC Board and are processed by the Executive Office throughout the year. **Table 8** is a summary of accreditation actions taken by both the Commission and the CoARC Executive Office in 2019. The three columns (March, July, and November) relate to specific actions taken by the Commission at Board meetings.

Table 8 – CoARC Accreditation Actions for 2019					
		March 2019	July 2019	December 2019	Total
Approval of Intent		5	4	1	10
Provisional Accreditation		0	6	5	11
Continuing Accreditation	Base Program	21	26	16	63
	Additional Degree Track	0	0	1	1
	Satellite Option	0	0	2	2
	Sleep Specialist Program Option	0	0	0	0
Probationary Accreditation	Conferred	3	2	0	5
	Removed	1	0	2	3
	Reviewed	9	0	3	12
Progress Report Reviewed	Accepted as Final	4	1	13	18
	Additional PR Requested	31	0	26	57
Withdrawal of Accreditation – Involuntary		2	0	0	2
Withhold of Accreditation		0	0	0	0
Substantive Changes Reviewed by the Commission		0	0	0	0
Total Number of Accreditation Actions taken by the Commission in 2019					184
Letter of Intent Applications					8
Voluntary Inactive Accreditation					0
Voluntary Withdrawal Accreditation					14
Application for Substantive Change					23
Total Number of Accreditation Actions processed by the CoARC Executive Office in 2019					45

The CoARC is required to keep the public informed about its accreditation actions. One of the ways the CoARC does this is to provide the public with information about the accreditation decision process, the nature and scope of CoARC accreditation activity and the importance and value of accreditation (<https://coarc.com/>). The CoARC also provides the public with detailed descriptions of its accreditation policies and procedures by publishing its Accreditation Policies and Procedures Manual (<https://coarc.com/Accreditation-Resources.aspx>). In addition, prior to each Board meeting, the CoARC provides a list of programs scheduled to be reviewed and, following each meeting, the accreditation actions taken (<https://coarc.com/News-and-Events/Meetings-and-Events/CoARC-Board-Meetings-Archive.aspx>).

The following section lists the specific accreditation actions taken by the CoARC during 2019.

Letter of Intent Applications Submitted

The first step in the accreditation process is the submission of a Letter of Intent (LOI) application that declares the sponsor’s intention to start a new program. The application, including supplementary materials, is reviewed by the CoARC Executive Office to ensure completeness, and subsequently by the Program Referee (a member of the CoARC Board who serves as the liaison between the program and the Commission). Further details regarding the Letter of Intent application process can be found in CoARC Policy 2.0.

Program Name	Type/Degree	Location	Date Application Received
Skyline College	DA BS	San Bruno, CA	1/3/2019
Clarion University	Entry BS	Oil City, PA	2/1/2019
The Ohio State University	APRT MS	Columbus, OH	3/19/2019
Texas State University	DA BS	Round Rock, TX	6/3/2019
Texas State University	DA MS	Round Rock, TX	6/3/2019
University of Mary	DA BS	Bismarck, ND	8/1/2019
Youngstown University	DA BAS	Youngstown, OH	12/16/2019
Youngstown University	DA MS	Youngstown, OH	12/16/2019

Approval of Intent Granted

An Approval of Intent (AOI) is an action taken by the CoARC, following the submission of a Letter of Intent (LOI) Application. An AOI indicates that a sponsoring institution’s plan to start a program or program option is acceptable. An AOI authorizes the sponsor to submit a Provisional Accreditation Self-Study Report (PSSR) and to undergo a Provisional Accreditation site visit.

Program #	Program Name (date LOI application received)	Type/Degree	Location	Effective
200639	Marywood University (7/18/2018)	Entry BS	Scranton, PA	3/22/2019
200640	Liberty University (11/1/2018)	Entry BS	Lynchburg, VA	3/22/2019
510011	Northern Kentucky University (10/17/2018)	DA BS	Highland Heights, KY	3/22/2019
510012	University of Kansas (10/22/2018)	DA BS	Kansas City, KS	3/22/2019
510013	Liberty University (11/1/2018)	DA BS	Lynchburg, VA	3/22/2019
510014	Kent State University at Ashtabula (11/13/2018)	DA BS	Ashtabula, OH	3/22/2019
500015	University of Cincinnati (10/9/2018)	DA BS	Cincinnati, OH	3/22/2019
210517	Clarion University (2/1/2019)	Entry BS	Oil City, PA	4/30/2019
510016	Skyline College (1/3/2019)	DA BS	San Bruno, CA	7/19/2019
510017	Texas State University (6/3/2019)	DA BS	Round Rock, TX	7/19/2019
520017	Texas State University (6/3/2019)	DA MS	Round Rock, TX	7/19/2019
620001	Ohio State University (3/19/2019)	APRT MS	Columbus, OH	7/19/2019
510018	University of Mary (8/1/2019)	DA BS	Bismarck, ND	12/14/2019

Provisional Accreditation Granted

Provisional Accreditation status signifies that a program has demonstrated sufficient compliance with the Standards to initiate a program. Such compliance includes the completion and submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and other documentation required by the CoARC and completion of Provisional on-site visit. The program will remain on Provisional Accreditation until it achieves Continuing Accreditation. The conferral of Provisional Accreditation authorizes the sponsor to admit its first class of students and signifies that the program is recognized by the NBRC, thus providing graduates of these programs with eligibility to the Respiratory Care Credentialing Examination(s). After at least three (3) years of outcomes have been collected, reported and analyzed (i.e. following the graduation of at least 3 cohorts of students), a provisionally accredited program may apply for Continuing Accreditation. If the program does not progress to Continuing Accreditation, enrolled students completing a program under Provisional Accreditation are still considered graduates of a CoARC accredited program.

Program #	Program Name (date AOI granted)	Location	Effective
200633	Andrew College (3/9/2018)	Cuthbert, GA	3/22/2019
300035	Southern West Virginia Community & Tech (11/11/2017)	Mt. Gay, WV	3/22/2019
500006	University of Michigan-Flint (3/9/2018)	Flint, MI	3/22/2019
510007	Boise State University (3/9/2018)	Boise, ID	3/22/2019
520007	Boise State University (3/9/2018)	Boise, ID	3/22/2019
200635	St. Clair County Community College (7/16/2018)	Port Huron, MI	7/19/2019
200638	Trenholm State Community College (7/16/2018)	Montgomery, AL	7/19/2019
200640	Liberty University (3/22/2019)	Lynchburg, VA	7/19/2019
210517	Clarion University (4/30/2019)	Oil City, PA	7/19/2019
510008	Modesto Junior College (11/9/2018)	Modesto, CA	7/19/2019
510013	Liberty University (3/22/2019)	Lynchburg, VA	7/19/2019
510009	University of Southern Indiana (11/9/2018)	Evansville, IN	12/14/2019
510010	Nebraska Methodist College (11/9/2018)	Omaha, NE	12/14/2019
510011	Northern Kentucky University (3/22/2019)	Highland Heights, KY	12/14/2019
510014	Kent State University at Ashtabula (3/22/2019)	Ashtabula, OH	12/14/2019
620001	Ohio State University (7/19/2019)	Columbus, OH	12/14/2019

Continuing Accreditation Granted

Continuing Accreditation is conferred when 1) an established, program with Continuing Accreditation demonstrates compliance with the *Standards* following submission of an acceptable continuing accreditation self-study report and completion of an on-site visit, or 2) a program holding Provisional Accreditation has demonstrated compliance with the *Standards* during the Provisional Accreditation period. Continuing Accreditation remains in effect until it is withdrawn: either voluntarily - the program withdraws from the accreditation process; or involuntarily - accreditation is withdrawn by the CoARC because of the program's failure to comply with the *Standards*.

Program #	Program Name	Location	Next Re-evaluation
200022	Mt. San Antonio College	Walnut, CA	2029
200070	Dakota State University	Madison, SD	2029
200088	Delaware Co CC/Crozer-Chester Med Ctr	Upland, PA	2029
200105	Westchester Community College	Valhalla, NY	2029
200204	Delgado Community College	New Orleand, LA	2029
200211	Central Piedmont Community College	Charlotte, NC	2029
200226	GateWay Community College	Phoenix, AZ	2029
200292	Itawamba Community College	Tupelo, MS	2029
200329	Muskegon Community College	Muskegon, MI	2029
200342	Tennessee State University	Nashville, TN	2029
200374	Lake Superior College	Duluth, MN	2029
200379	Vermont Technical College	Williston, VT	2029
200384	Pima Medical Institute-Mesa	Phoenix, AZ	2029
200457	Hawkeye Community College	Waterloo, IA	2029
200510	Concorde Career College- Denver	Aurora, CO	2029
200511	Idaho State University	Pocatello, ID	2029
200520	Polk State College	Winter Haven, FL	2029
200526	Columbus Technical College	Columbus, GA	2029
200531	Cameron University	Lawton, OK	2029
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake, NY	2024
300015	Dakota State University Satellite	Rapid City, SD	2029
300016	Munson Medical Center	Traverse City, MI	2029
200055	Spokane Community College	Spokane, WA	2029
200076	Johnson County Community College	Olathe, KS	2029
200117	Newman University	Wichita, KS	2029
200152	Valencia College	Orlando, FL	2029
200161	Loma Linda University	Loma Linda, CA	2029
200183	Northern Essex Community College	Lawrence, MA	2029
200205	Long Island University	Brooklyn, NY	2029
200215	Santa Fe College	Gainesville, FL	2029
200267	University of South Alabama	Mobile, AL	2029
200300	Daytona State College	Daytona Beach, FL	2029
200344	Seattle Central College	Seattle, WA	2029
200360	Modesto Junior College	Modesto, CA	2029
200388	College of DuPage	Glen Ellyn, IL	2029
200398	East Tennessee State University	Elizabethton, TN	2029
200436	Washington State Community College	Marietta, OH	2029
200446	Mohawk Valley Community College	Utica, NY	2029
200448	Baptist College of Health Sciences	Memphis, TN	2029
200453	Mountain Empire Community College	Big Stone Gap, VA	2029
200454	Francis Tuttle Technology Center	Oklahoma City, OK	2029

200455	Eastern New Mexico University-Roswell	Roswell, NM	2029
200506	Marshall University/St. Mary's Med Ctr	Huntington, WV	2029
200517	Clarion University	Oil City, PA	2029
200519	Southcentral Kentucky Community & Tech	Bowling Green, KY	2029
200529	Jackson College	Jackson, MI	2029
200539	St. Johns River State College	St. Augustine, FL	2029
200611	Mandl School College of Allied Health	New York, NY	2024
200115	Northwest Mississippi Community College	Southaven, MS	2029
200127	Weber State University	Ogden, UT	2029
200144	Rose State College	Midwest City, OK	2029
200155	Greenville Technical College	Greenville, SC	2029
200154	Madison Area Technical College	Madison, WI	2029
200162	Georgia State University	Atlanta, GA	2029
200223	Florida State College at Jacksonville	Jacksonville, FL	2029
200383	Pima Medical Institute-Denver	Denver, CO	2029
200393	Northern Kentucky University	Highland Heights, KY	2029
200395	Piedmont Technical College	Greenwood, SC	2029
200432	Missouri Southern State University	Joplin, MO	2029
200449	Gulf Coast State College	Panama City, FL	2029
200464	Ivy Tech Community College – Lake County	Crown Point, IN	2029
200507	Pima Medical Institute-Las Vegas	Las Vegas, NV	2029
200544	Wilkes Community College	Wilkesboro, NC	2029
200610	Hartnell College	Salinas, CA	2024
220162	Georgia State University	Atlanta, GA	2029
300029	Weber State University-Davis Campus	Layton, UT	2029
300030	Weber State University-Univ of Utah	Salt Lake City, UT	2029

Probationary Accreditation Conferred

Probationary Accreditation is a temporary status* of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies, and progress reports submitted do not demonstrate correction of these deficiencies. Probationary Accreditation can also be conferred when a sponsor receives an adverse accreditation action as described in CoARC Policy 1.07. Following conferral of Probationary Accreditation, the program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time the program can rectify all the deficiencies that resulted in Probationary Accreditation, supported by CoARC's review of the Probation Report, and thereby achieve compliance with the *Standards*, the CoARC will consider removing probationary status. If compliance with all *Standards* is not demonstrated within two (2) consecutive years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probationary status exceed 2 years. If the program remains out of compliance with the *Standards* at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless it determines that the program is making a good faith effort to come into compliance with the *Standards*. A decision to confer probation is subject to reconsideration but cannot be

appealed (See CoARC Policy 1.06). Enrolled students completing a program that is under Probationary Accreditation are considered graduates of a CoARC accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed. The CoARC requires the sponsor to complete a teach-out plan when: a program placed on probation; requests inactive status; or when accreditation is withdrawn - voluntarily/involuntarily (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective*
200385	Pittsburgh Career Institute	Pittsburgh, PA	3/22/2019
200469	Concorde Career College- Memphis	Memphis, TN	3/22/2019
200543	METC – Air Force	Fort Sam Houston, TX	3/22/2019
200560	Platt College	Moore, OK	3/22/2019
200587	St. Augustine College	Chicago, IL	3/22/2019
200342	Tennessee State University	Nashville, TN	7/19/2019
200586	Simi Institute/Excelsior College	Simi Valley, CA	7/19/2019

*This action does not become final until after the program has exhausted its rights to seek reconsideration (see CoARC Policy 1.07 – Reconsideration and Appeal).

Probationary Accreditation Removed**

**Following review of the Probation Report, Probationary Accreditation was removed, and the programs listed below resumed their previous accreditation status.

Program #	Program Name (date initially placed on probation)	Location	Effective
200303	Midland College	Midland, TX	3/22/2019
200442	Howard College	San Angelo, TX	3/22/2019
200469	Concorde Career College- Memphis	Memphis, TN	12/14/2019
200543	METC – Air Force	Fort Sam Houston, TX	12/14/2019

Probation Report Reviewed*

* Following review of the Probation Report, Probationary Accreditation remains for the program listed below.

Program #	Program Name (date initially placed on probation)	Location	Next Action
200438	McLennan Community College (11-11-17)	Waco, TX	12/2019
200602	American College for Medical Careers (11-11-17)	Orlando, FL	12/2019
200605	Arkansas State University Mid-South (11-11-17)	West Memphis, AR	12/2019
200438	McLennan Community College (11-11-17)	Waco, TX	3/2020
200602	American College for Medical Careers (11-11-17)	Orlando, FL	3/2020
200605	Arkansas State University-Mid South (11-11-17)	West Memphis, AR	3/2020

Progress Reports Reviewed*

*All programs listed below are required to submit an additional Progress Report (PR).

For general information about progress reports, please visit <https://coarc.com/Accreditation-Resources/Progress-Reports.aspx> . For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document (<https://coarc.com/News-and-Events/Meetings-and-Events/CoARC-Board-Meetings-Archive.aspx>) for the specific Board meeting date.

Program #	Program Name	Location	Next CoARC Mtg
200276	California College San Diego	San Diego, CA	12/2019
200326	Eastern Gateway Community College	Steubenville, OH	12/2019
200378	Robeson Community College	Lumberton, NC	12/2019
200440	Concorde Career College- North Hollywood	North Hollywood, CA	12/2019
200559	Concorde Career Institute- Miramar	Miramar, FL	12/2019
200597	Concorde Career College- Dallas	Dallas, TX	12/2019
200084	Nassau Community College	Garden City, NY	3/2020
200107	Cuyahoga Community College	Parma, OH	3/2020
200276	California College San Diego	San Diego, CA	3/2020
200292	Itawamba Community College	Tupelo, MS	3/2020
200302	Tallahassee Community College	Tallahassee, FL	3/2020
200326	Eastern Gateway Community College	Steubenville, OH	3/2020
200329	Muskegon Community College	Muskegon, MI	3/2020
200342	Tennessee State University	Nashville, TN	3/2020
200360	Modesto Junior College	Modesto, CA	3/2020
200378	Robeson Community College	Lumberton, NC	3/2020
200450	Collins Career Technical Center	Chesapeake, OH	3/2020
200476	Chippewa Valley Technical College	Eau Claire, WI	3/2020
200490	Stevens-Henager College	Salt Lake City, UT	3/2020
200506	Marshall University / St. Mary's Med Ctr	Huntington, WV	3/2020
200528	Southeast Arkansas College	Pine Bluff, AR	3/2020
200533	University of Arkansas – Pulaski Tech	North Little Rock, AR	3/2020
200597	Concorde Career College- Dallas	Dallas, TX	3/2020
200598	Hutchinson Community College	Hutchinson, KS	3/2020
210290	Gannon University	Erie, PA	3/2020
300009	BGSU-Lorain County Community College	Elyria, OH	3/2020

Progress Report Reviewed (Final)*

The CoARC requires a program to submit documentation addressing any *Standard* not met (i.e. a citation) as a progress report. The CoARC may request a Standardized Progress Report (series of questions developed by the CoARC) for a variety of deficiencies including failing to meet thresholds for the following outcomes: retention, credentialing success, graduate and employer satisfaction, and on-time graduation rate.

The decision to request a progress report is made by the Program Referee or the Executive Office during the accreditation review process. The progress report addressing the standard(s) with which the program has been found to be in non-compliance must be submitted before the specified deadline. The progress report will constitute the basis for subsequent Commission action. If the program comes into compliance with all the CoARC *Standards*, the action will be to accept the report. If the report does not demonstrate compliance with the *Standards*, or if it was not submitted within the time frame specified in the request for the progress report, the Commission may either (1) request an additional progress report or (2) confer a Probationary Accreditation status. For general information about progress reports, please visit <https://coarc.com/Accreditation-Resources/Progress-Reports.aspx>. For detailed information on the actions taken by the CoARC Board, please visit the Accreditation Actions document (<https://coarc.com/News-and-Events/Meetings-and-Events/CoARC-Board-Meetings-Archive.aspx>) for the specific Board meeting date.

*All Progress Reports were accepted as final for the programs listed below.

Program #	Program Name	Location	Next Re-evaluation
200180	Parkland College	Champaign, IL	2026
200208	Texas Southern University	Houston, TX	2026
200249	River Valley Community College	Claremont, NH	2026
200277	Georgia Southern University-Savannah	Savannah, GA	2028
200293	Texas Southmost College	Brownsville, TX	2022
200340	Northland Community & Technical College	E Grand Forks, MN	2028
200533	University of Arkansas – Pulaski Tech	N Little Rock, AR	2028
200536	Carrington College – Las Vegas	Las Vegas, NV	2019
200545	Concorde Career Institute- Jacksonville	Jacksonville, FL	2020
200591	Shelton State Community College	Tuscaloosa, AL	2021
300006	University of Missouri at Mercy Hospital	St. Louis, MO	2022
200511	Idaho State University	Pocatello, ID	2029
200088	Delaware Co CC/Crozer Chester Med Ctr	Upland, PA	2029
200116	Borough of Manhattan Community College	New York, NY	2026
200117	Newman University	Wichita, KS	2029
200204	Delgado Community College	New Orleans, LA	2029
200396	Northeast Iowa Community College	Peosta, IA	2021
200406	Copiah-Lincoln Community College	Natchez, MS	2023
200425	San Joaquin Valley College-Bakersfield	Bakersfield, CA	2025
200440	Concorde Career College- North Hollywood	N Hollywood, CA	2022
200461	Northeast Kentucky Consortium	Morehead, KY	2021
200531	Cameron University	Lawton, OK	2029
200559	Concorde Career Institute- Miramar	Miramar, FL	2027
200566	American Career College – Ontario	Ontario, CA	2027
300035	Southern West Virginia Community & Technical	Mt. Gay, WV	2024

Withhold Accreditation*

A program seeking Provisional Accreditation or Continuing Accreditation may have such accreditation status withheld if, following submission of a self-study and completion of an on-site evaluation, the accreditation review process confirms that the program is not in compliance with the Standards. A program that has had its accreditation status withheld can no longer admit students. The CoARC requires a sponsor to formulate and complete a teach-out plan when the CoARC acts to withhold/withdraw a program’s accreditation (see Policy 1.13). Enrolled students who satisfactorily complete the program during the teach-out are considered graduates of a CoARC accredited program. *This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Program #	Program Name	Location	Effective
	N/A		

Withdrawal Accreditation – Involuntary*

This status is conferred when an accredited program is not in compliance with the Accreditation Standards and has failed to address cited deficiencies to the satisfaction of the CoARC. Specific circumstances warranting a withdrawal of accreditation are described in CoARC Policy 1.057. A program that has had its accreditation status withdrawn cannot admit students. When the CoARC confers Withdrawal of Accreditation, the CoARC requires the sponsor to formulate and complete a teach-out plan for any students remaining in the program (see CoARC Policy 1.13). For programs that receive a Withdrawal of Accreditation status, enrolled students who satisfactorily complete the program teach-out are considered graduates of a CoARC accredited program.

Program #	Program Name	Location	Effective
200343	Southern University at Shreveport	Shreveport, LA	3/22/2019
320276	Independence University	Salt Lake City, UT	3/22/2019

*This action does not become final until after the program has exhausted its rights to seek reconsideration and to file an appeal (see CoARC Policy 1.06 – Reconsideration and Appeal).

Withdrawal Accreditation - Voluntary

This status is conferred when a sponsor notifies the CoARC that it wants its program(s) to be removed from the accreditation process. Sponsoring institutions may notify the CoARC of Voluntary Withdrawal of Accreditation, at any time, either for all activities of the program or for any program options. For programs that receive a ‘Withdrawal of Accreditation – Voluntary’ status, enrolled students who satisfactorily complete the teach-out are considered graduates of a CoARC accredited program (See CoARC Policy 1.06 for Reconsideration and Appeal Policy).

Program #	Program Name	Degree Conferred	Location	Effective
300036	Ferris State University-Grand Rapids	AAS	Grand Rapids, MI	1/14/2019
300033	California College San Diego	AS	San Marcos, CA	1/30/2019
200614	Cochise College	AAS	Sierra Vista, AZ	2/14/2019
200537	Trinity College of Nursing & Health Sc	AAS	Rock Island, IL	2/15/2019
200620	Samford University	MS	Birmingham, AL	5/6/2019
400247	Youngstown State University	SDS	Youngstown, OH	5/13/2019
200572	Rush University Medical Center	BS	Chicago, IL	6/1/2019
200569	Ivy Tech Eastern Indiana RC Consortium	AS	New Castle, IN	8/19/2019
200496	Orangeburg-Calhoun Technical College	AS	Orangeburg, SC	9/1/2019
200560	Platt College	AS	Moore, OK	9/27/2019
200264	Wheeling Jesuit University	BS	Wheeling, WV	12/16/2019
200051	Shenandoah University	BS	Winchester, VA	12/31/2019
200516	Southern State Community College- Fayette	AAS	Washington Court House, OH	12/31/2019
300034	Shenandoah University Northern Virginia	BS	Leesburg, VA	12/31/2019

Inactive Accreditation

Base programs and/or program options on Administrative Probation or with a status of Continuing Accreditation without any pending Progress Reports are eligible to request inactive status for up to two years. No students may be enrolled or matriculated in the program while the program is on inactive status. Programs offering additional options may request voluntary inactive status for these program options without affecting the accreditation status of the base program. The Inactive Status does not affect the date of the next scheduled site visit. During inactive status, programs must continue to submit documents (e.g., annual reports) and pay applicable fees, unless otherwise directed by the CoARC. The CoARC requires a sponsor to formulate and complete a teach-out plan when a program requests inactive status (see CoARC Policy 1.13).

Program #	Program Name	Location	Effective
	N/A		

Administrative Probation

Administrative Probation is conferred when a program, or any program option with a separate CoARC ID number, does not comply with any of the CoARC's administrative requirements. Administrative Probation status will not affect the eligibility of its students for the NBRC Examinations. During a period of Administrative Probation, all listings of a program's accreditation status must include the words "Administrative Probation". Following conferral of Administrative Probation, failure of the program to provide requested material/fees etc. will result in the program's being placed on the agenda of the next scheduled CoARC meeting for consideration of Withhold or Withdrawal of Accreditation (see CoARC Accreditation Policy 1.054 and 1.057). If conferral of Administrative Probation was for failure to meet personnel requirements, the deficiency will be brought before the CoARC Board at its next meeting and may result in an adverse accreditation decision (see CoARC Accreditation Policy 6.011I).

Program #	Program Name (date Admin Pro Conferred)	Location	Reason	Date Admin Pro Removed
	N/A			

Site Visits Conducted

A site visit is the most complex aspect of the accreditation process. It is also the most visible function of the CoARC. Site visitation teams usually have two members, one of whom may (and in some cases, must) be a physician. Site visitors are trained to be objective on-site observers and gatherers of data, which are then reported back to the CoARC Referee. During the campus visit, site visitors interact with all of the communities of interest, review pertinent documents, and, when appropriate, inspect program facilities. Through this process, the CoARC ensures that the documentation provided to the CoARC prior to the visit supports the program's analysis and action plans related to its resources and outcomes. Further, the visit offers an opportunity to confirm the extent to which the program meets the Standards. Further details regarding the site visit process can be found at <https://www.coarc.com/Site-Visitors/Resources.aspx>. In 2019, there were a total of 71 site visits, listed below.

Program #	Program Name	Location	Dates of Site Visit in 2019
200055	Spokane Community College	Spokane, WA	4/25/18
200076	Johnson County Community College	Olathe, KS	2/21/19
200109	Miami Dade College	Miami, FL	10/24/19
200115	Northwest Mississippi Community College	Southaven	9/19/19
200127	Weber State University	Ogden, UT	2/21/19
200132	Crafton Hills College	Yucaipa, CA	12/9/19
200144	Rose State College	Midwest, OK	10/3/19
200152	Valencia College	Orlando, FL	2/18/19
200154	Madison Area Technical College	Madison, WI	10/24/19
200155	Greenville Technical College	Greenville, SC	9/12/19
200161	Loma Linda University	Loma Linda, CA	5/30/19
200162	Georgia State University	Atlanta, GA	10/14/19
200183	Northern Essex Community College	Lawrence, MA	4/22/19
200194	American River College	Sacramento, CA	11/14/19
200205	Long Island University	Brooklyn, NY	4/22/19
200207	Victor Valley Community College	Victorville, CA	9/16/19
200211	Central Piedmont Community College	Charlotte, NC	2/11/19
200215	Santa Fe College	Gainesville, FL	3/11/19
200223	Florida State College at Jacksonville	Jacksonville, FL	4/11/19
200224	Augusta University	Augusta, GA	11/14/19
200288	Southern Maine Community College	South Portland	11/4/19
200300	Daytona State College	Daytona, FL	3/7/19
200344	Seattle Central College	Seattle, WA	4/29/19
200350	Northeast Wisconsin Technical College	Green Bay, WI	10/7/19
200352	Ivy Tech Community College – Central IN	Indianapolis, IN	10/3/19

200360	Modesto Junior College	Modesto, CA	4/11/19
200383	Pima Medical Institute-Denver	Denver, CO	3/14/19
200388	College of DuPage	Glen Ellyn, IL	4/4/19
200393	Northern Kentucky University	Highland Heights, KY	10/28/19
200395	Piedmont Technical College	Greenwood, SC	6/27/19
200398	East Tennessee State University	Elizabethton, TN	2/28/19
200432	Missouri Southern State University	Joplin, MO	9/19/19
200436	Washington State Community College	Marietta, OH	2/25/19
200446	Mohawk Valley Community College	Utica, NY	4/28/19
200448	Baptist College of Health Sciences	Memphis, TN	4/4/19
200449	Gulf Coast State College	Panama City, FL	9/26/19
200453	Mountain Empire Community College	Big Stone Gap	3/28/19
200454	Francis Tuttle Technology Center	Oklahoma City	1/31/19
200455	Eastern New Mexico University-Roswell	Roswell, NM	2/7/19
200464	Ivy Tech Community College-Lake County	Crown Point, IN	10/17/19
200506	Marshall University/St. Mary's Med Ctr	Huntington, WV	1/14/19
200507	Pima Medical Institute-Las Vegas	Las Vegas, NV	7/8/19
200517	Clarion University	Oil City, PA	6/6/19
200519	Southcentral Kentucky Community & Tech	Bowling Green, KY	3/28/19
200520	Polk State College	Winter Haven, FL	1/17/19
200529	Jackson College	Jackson, MI	6/3/19
200530	Northwest Kansas Technical College	Goodland, KS	10/28/19
200536	Carrington College - Las Vegas	Las Vegas, NV	11/14/19
200539	St. Johns River State College	St. Augustine, FL	4/15/19
200544	Wilkes Community College	Wilkesboro, NC	8/29/19
200545	Concorde Career Institute- Jacksonville	Jacksonville, FL	9/26/19
200586	Simi Institute/Excelsior College	Simi Valley, CA	4/11/19
200610	Hartnell College	Salinas, CA	9/9/19
200611	Mandl School College of Allied Health	New York, NY	6/17/19
200633	Andrew College	Cuthbert, GA	2/18/19
200635	St. Clair County Community College	Port Huron, MI	6/3/19
200638	Trenholm State Community College	Montgomery, AL	2/11/19
200640	Liberty University	Lynchburg, VA	6/6/19
210517	Clarion University	Oil City, PA	6/6/19
220162	Georgia State University	Atlanta, GA	10/14/19
300029	Weber State University-Davis Campus	Layton, UT	2/21/19
300030	Weber State University-Univ of Utah	Salt Lake City, UT	2/21/19
500006	University of Michigan - Flint	Flint, MI	2/21/19
510007	Boise State University	Boise, ID	3/7/19
510008	Modesto Junior College	Modesto, CA	4/11/19
510009	University of Southern Indiana	Evansville, IN	10/24/19
510010	Nebraska Methodist College	Omaha, NE	10/17/19
510011	Northern Kentucky University	Highland Heights, KY	10/28/19

510013	Liberty University	Lynchburg, VA	6/6/19
510014	Kent State University at Ashtabula	Ashtabula, OH	11/21/19
520007	Boise State University	Boise, ID	3/7/19
620001	The Ohio State University	Columbus, OH	11/4/19

Applications for Substantive Change

A substantive change is any modification, affecting either the program or the program’s sponsor, that the CoARC has determined to have the potential to affect program outcomes and thus requires the program to notify the CoARC prior to its occurrence (<https://coarc.com/Accreditation/Program-Resources/Substantive-Changes.aspx>). The sponsor must report substantive change(s) to the CoARC for approval prior to the intended date of implementation, except for either an adverse action by the sponsor’s institutional accrediting agency, a change in the program sponsor’s institutional accreditation status or changes that are emergent or unexpected (see Accreditation Policy 1.07). While the decision to implement a substantive change is an institutional prerogative and/or responsibility, the CoARC is obligated to assess the potential of any substantive change to adversely affect the program’s ability to meet the *Standards* and *Policies*.

Program #	Program Name	State	Policy #	Date Approved
200573	Concorde Career Institute-Tampa	FL	9.10	1/1/2019
200410	Fletcher Technical Community College	LA	9.11	1/10/2019
300030	Weber State University-Univ of Utah	UT	9.11	1/23/2019
200550	Walters State Community College	TN	9.04	2/15/2019
200616	Blessing-Reiman College of Nursing	IL	9.11	3/26/2019
200339	Bowling Green State U-Firelands	OH	9.02, 9.03, 9.04	4/16/2019
200321	Florida A&M University	FL	9.04	4/25/2019
300009	Bowling Green State U-Firelands	OH	9.02, 9.03, 9.04	4/25/2019
200066	SUNY Upstate Medical University	NY	9.04, 9.10	4/25/2019
200109	Miami Dade College	FL	9.03	4/26/2019
200452	College of Southern Nevada	NV	9.02, 9.04	6/10/2019
200352	Ivy Tech Community College-Central IN	IN	9.10	6/14/2019
200608	YTI Career Institute-Altoona	PA	9.04, 9.10	6/24/2019
200276	California College San Diego	CA	9.04	8/16/2019
200312	Radford University	VA	9.01	8/16/2019
200065	Highline College	WA	9.02, 9.04	9/1/2019
200373	Edgecombe Community College	NC	9.10	9/17/2019
200145	St. Petersburg College	FL	9.10	9/17/2019
200359	Seminole State College of Florida	FL	9.04	9/24/2019
200005	Chattanooga State Community College	TN	9.04	10/25/2019
200542	Carrington College	CA	9.10	11/1/2019
200298	Madisonville Community College	KY	9.04, 9.10	12/9/2019
200407	Catawba Valley Community College	NC	9.04, 9.10	12/11/2019

Changes in Program Information and Personnel

The CoARC Executive Office is responsible for maintaining accurate programmatic information. Programs are required to report changes in program name, address, and certain personnel to the CoARC in a timely manner. The following is a list of reported changes from January 1, 2015 through December 31, 2019:

Type of Change Reported		Number Reported in 2015	Number Reported in 2016	Number Reported in 2017	Number Reported in 2018	Number Reported in 2019
Change in Program Name		11	4	5	1	1
Change in Program Address		2	1	1	4	2
Change in Billing Contact		56	38	46	26	19
Change in President/CEO		73	61	60	40	75
Change in Dean		113	104	109	73	94
Change in Program Director	Permanent	49	55	72	55	60
	Temporary	7	11	3	11	15
	Acting	1	5	10	5	5
Change in Director of Clinical Education	Permanent	83	91	87	91	107
	Temporary	22	20	21	20	31
	Acting	2	3	5	3	5
Change in Medical Director	Permanent	31	42	40	42	39
	Temporary	0	0	1	0	2
Change in Co-Medical Director		3	2	5	7	6
Change in Primary Sleep Specialist Instructor		1	0	0	2	0
Total # of Changes Reported		446	405	453	392	461

Of the 55 permanent changes in Program Director in 2015, 18 were due to retirement, 15 to resignation, 13 to re-assignment, and 9 were due to other reasons.

Of the 49 permanent changes in Program Director in 2016, 20 were due to retirement, 14 to resignation, 6 to re-assignment, and 9 were due to other reasons.

Of the 55 permanent changes in Program Director in 2017, 16 were due to retirement, 17 to resignation, 13 to re-assignment and 9 were due to other reasons.

Of the 72 permanent changes in Program Director in 2018, 19 were due to retirement, 22 to resignation, 22 to re-assignment, and 9 were due to other reasons.

Of the 60 permanent changes in Program Director in 2019, 20 were due to retirement, 18 to resignation, 8 to re-assignment, and 10 were due to other reasons. Four did not provide a reason.

2019 ANNUAL REPORT OF CURRENT STATUS (RCS)

Overview

The CoARC defines program outcomes as “performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Examples include but are not limited to program completion rates, job placement rates, certification pass rates, and graduate satisfaction” (2015 Standards, p.47). Outcomes measures used by the CoARC reflect metrics of program effectiveness and student achievement. The CoARC uses an outcomes-centered approach in its accreditation review process. This approach focuses on a specific set of outcomes which include the following: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention; c) Graduate satisfaction with program; d) Employer satisfaction with program graduates; and e) Job placement.

The CoARC believes that continuous assessment of the educational quality of a respiratory care program (inclusive of distance education modalities and program options), will maximize the academic success of the enrolled students in an accountable and cost-effective manner. To achieve this outcome the assessment must be broad-based, systematic, and designed to promote achievement of program goals. The CoARC routinely monitors programmatic outcomes in relation to the CoARC thresholds via program submission of an Annual Report of Current Status (RCS). The CoARC provides definitions of each of the minimum performance criteria in Standard 3.09, its *Accreditation Policies & Procedures Manual*, and on its website (<https://www.coarc.com/Accreditation-Resources/Outcomes-Thresholds.aspx>).

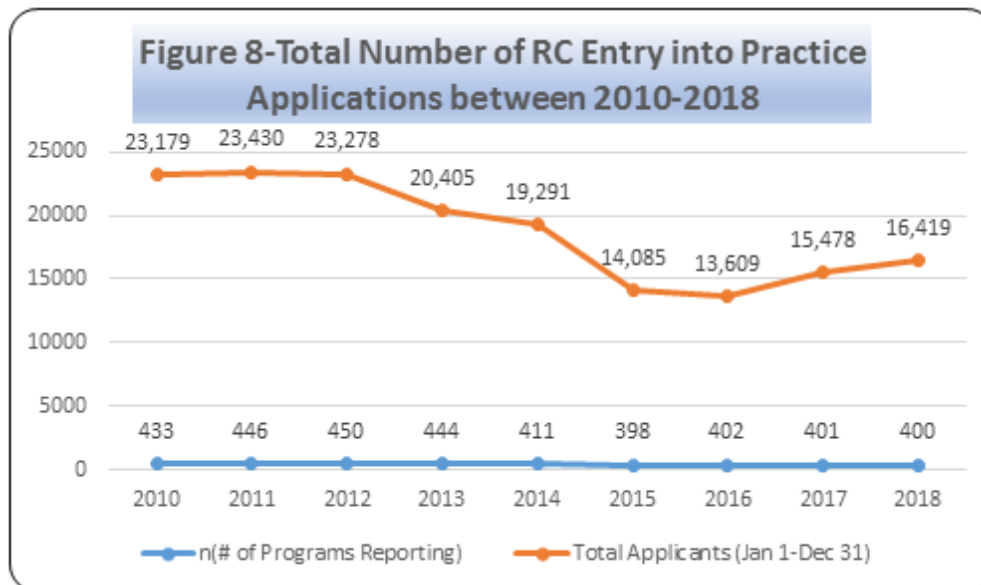
In May 2011, the CoARC launched its online Annual RCS system with a deadline for submission of July 1st, 2011. In preparation for this launch, the CoARC redesigned its reporting tool. The focus of this redesign was to simplify, and increase the accuracy of, data entry for programs. To achieve this goal, the CoARC adopted a reporting system that is *driven by student data*. Programs can now capture and record cohort information that includes individual student data throughout their enrollment in the program. Once a cohort has been created and students for that cohort have been entered into the reporting system, the program can update student data, such as graduation, retention, credentials earned, and job placement, at any time. This student-specific information is then used to automatically generate aggregate programmatic outcomes data.

Outcomes are updated on an annual basis with submission of each program’s Annual RCS. The CoARC works with programs throughout the data submission and validation phases to ensure that these performance data are accurate. With the 2015 RCS, the CoARC added overall employer and graduate satisfaction, as well as on-time graduation rates, to the outcomes metrics reported to the public.

The CoARC completed its verification of the outcomes data from the 2018 Annual Report of Current Status (RCS) in April 2020. A total of 421 program and program option annual reports were used to generate the data in this section. Programs on Approval of Intent are not included since they do not have outcomes data to report. These data are reported by program personnel to the CoARC and reflect the aggregate data for the three-year period being reported (January 1, 2016 through December 31, 2018 for the 2019 RCS reports accepted by the CoARC Executive Office). *Note: The data do not reflect any changes made to the RCS data after the 2019 RCS reports were accepted. Any such changes will be reported in the 2020 RCS reports.*

Total Applications

Each year, programs are required to report the number of applications they received. **Figure 8** shows the total number of applications to RC programs from 2010 through 2018. Total applications reached a peak of 23,430 in 2011, and then decreased by 41% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018. The mean number of applications per program was 41 in 2018, 39 in 2017, 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, and 52 from 2010 through 2012. The median number of applications per program was 30 in 2019, 30 in 2017, 27 in 2016, 35 in 2015, 32 in 2014, 34 in 2013, 38 in 2012, 40 in 2011, and 38 in 2010.



Not included in **Figure 8** are the enrollment data for the sleep disorders specialist certificate programs. The total number of applications to polysomnography was 14 in 2018 (n=4), 28 in 2017 (n=6), 38 in 2016 (n=8), 49 in 2015 (n=7), 54 in 2014 (n=5), 50 in 2013 (n=7), 59 in 2012 (n=7), 85 in 2011 (7), 50 and in 2010 (n=11). The mean number of applications per program option was 4 in 2019, 5 in 2017, 8 in 2016, 10 in 2015, 11 in 2014, 7 in 2013 and 2012, 10 in 2011, and 5 in 2010. The median number of applications per program option was 3 in 2019, 10 in 2017, 6 in 2016, 8 in 2015, 10 in 2014, 5 in 2013, 7 in 2012, 10 in 2011, and 0 in 2010.

RC Applications by Degree Offered

Table 9 –RC Applications by Degree Offered between 2014 and 2018										
Degree Offered	2018 Applications (N=400)		2017 Applications (N= 401)		2016 Applications (N= 402)		2015 Applications (N=398)		2014 Applications (N=411)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	14,184	42	13,399	40	12,221	36	17,372	49	18,336	48
Baccalaureate	2,039	33	1,910	32	1,796	32	1,708	31	2,003	33
Masters	196	49	169	28	68	34	211	70	66	22

Table 9 shows the annual respiratory care applications in relation to the degree offered. There were 14,184 applications in 2018. The 334 programs offering associate degrees accounted for 86.4% of the total number of applications in 2018. This is a 5.9% increase compared to 2017 for this category and a 22.6% decrease when compared to 2014. The mean number of applications per program for this category was 42 in 2018, 40 in 2017, 34 in 2016, 36 in 2015, and 49 in 2014.

The 62 programs offering baccalaureate degrees accounted for 12.4% of the total number of applications in 2018. This is a 6.8% increase when compared to 2017 for this category, and a 1.8% increase when compared to 2014. The mean number of applications per program for this category was 33 for 2018, 32 in 2017, 34 in 2016, 32 in 2015, and 31 in 2014.

The 4 programs offering master’s degrees accounted for 1.2% of the total number of applications in 2018. This is a 16% increase compared to 2017 for this category, and a 197% increase when compared to 2014. The mean number of applications per program for this category was 49 for 2018, 28 in 2017, 30 in 2016, 34 in 2015, and 70 in 2014.

RC Applications by Institutional Type

Table 10 – RC Applications by Institutional Type between 2014 and 2018										
Institutional Type	2018 Applications (N=400)		2017 Applications (N= 401)		2016 Applications (N= 402)		2015 Applications (N=398)		2014 Applications (N=411)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	10,078	43	9,501	41	8,746	39	9,411	41	11,430	48
Four-Year College or University	3,085	34	2,933	31	2,956	31	2,654	29	3,686	41
Technical or Vocational School	2,309	44	2,299	43	1,394	23	1,615	27	3,465	53
Academic HSC/ Medical Center	185	23	213	27	249	36	191	21	365	33
Career or Technical College	474	47	305	31	240	27	192	24	131	26
U.S. Military	288	144	227	114	25	13	22	11	214	107

Table 10 shows the annual applications for respiratory care programs by institutional type. The 235 programs offered in community or junior colleges accounted for 61.3% of the 10,078 applications in 2018. This is still the largest category. There was a 6% increase in applications to such institutions compared to 2017 and an 11.8% decrease compared to 2014. The mean number of applications per program for this category was 43 in 2018, 41 in 2017, 39 in 2016, 41 in 2015, and 48 in 2014.

The 92 programs offered in four-year colleges or universities accounted for 18.8% of the total number of applications in 2018. This is a 5.2% increase compared to 2017 and a 16.3% decrease compared to 2014. The mean number of applications per program for this category was 34 in 2018, 31 in 2017, 31 in 2016, 29 in 2015, and 41 in 2014.

The 53 programs offered in technical or vocational schools accounted for 14% of the total number of applications in 2018. This is a 0.4% increase compared to 2017 and a 33.4% decrease compared to 2014. The mean number of applications per program was 44 in 2018, 43 in 2017, 23 in 2016, 27 in 2015, and 53 in 2014.

The 8 programs offered in academic HSC/medical centers accounted for 1.2% of the total number of applications in 2018. This is a 13.1% decrease compared to 2017 and a 49.3% decrease compared to 2014. The mean number of applications per program was 23 in 2018, 27 in 2017, 36 in 2016, 21 in 2015, and 33 in 2014.

The 10 programs offered in career or technical colleges accounted for 2.9% of the total number of applications in 2018. This is a 55.4% increase compared to 2017 and a 261% increase compared to 2014. The mean number of applications per program was 47 in 2018, 31 in 2017, 27 in 2016, 24 in 2015, and 26 in 2014.

The 2 programs offered in the U.S. military accounted for 1.8% of the total number of applications in 2018. This is a 26.9% increase compared to 2017 but a 34.6% increase compared to 2014. The mean number of applications per program was 144 in 2018, 25 in 2017, 13 in 2016, 11 in 2015, and 107 in 2014.

RC Applications by Institutional Control/Funding

Table 11 –RC Applications by Institutional Control/Funding between 2014 and 2018

Institutional Control/Funding	2018 Applications (N=400)		2017 Applications (N= 401)		2016 Applications (N= 402)		2015 Applications (N=398)		2014 Applications (N=411)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	12,381	39	11,928	39	11,695	38	12,172	39	14,286	44
Private/For-Profit (Proprietary)	2,492	59	2,067	47	1,081	28	1,217	26	3,652	70
Private/Not-For-Profit	1,258	33	1,256	26	809	22	674	20	1,139	38
Federal Government	288	144	227	113.5	25	13	22	11	214	107

Table 11 shows the annual applications to respiratory care programs in relation to institutional control/funding. The 318 programs controlled/funded by public/not-for-profit institutions accounted for 75.4% of the 16,419 applications in 2018. This is still the largest category. There was a 3.8% increase compared to 2017 and a 13.3% decrease compared to 2014. The mean number of applications per program for this category was 39 in 2018, 39 in 2017, 38 in 2016, 39 in 2015, and 44 in 2014.

The 42 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 15.1% of the total number of applications in 2018. This is a 20.6% increase compared to 2017 and a 31.8% decrease compared to 2014. The mean number of applications per program for this category was 59 in 2018, 47 in 2017, 28 in 2016, 26 in 2015, and 70 in 2014.

The 38 programs controlled/funded by private/not-for-profit institutions accounted for 7.7% of the total number of applications in 2018. This is a 0.2% increase compared to 2017 and a 10.4% increase compared to 2014. The mean number of applications per program for this category was 33 in 2018, 26 in 2017, 22 in 2016, 20 in 2015, and 38 in 2014.

The 2 programs controlled/funded by the federal government accounted for 1.8% of the total number of applications in 2018. This is a 26.9% increase compared to 2017 and a 34.6% increase compared to 2014. The mean number of applications per program was 144 in 2018, 113.5 in 2017, 13 in 2016, 11 in 2015, and 107 in 2014.

Applications by State (including D.C. and PR) and Degree

Table 12 provides data on applications to respiratory care programs for 2013-2018 by state and degree offered. As expected, California continues to have the largest (12.3% of total in 2018) number of applications.

Table 12 –Applications by State (including D.C. and PR) and Degree between 2013 and 2018							
State (# of programs reporting)	Degree	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)
AL (n=6)	Total	341	288	246	335	290	336
4	Associate	255	214	218	300	260	265
2	Baccalaureate	86	73	27	35	30	71
0	Masters	N/A	1	1	N/A	N/A	N/A
AR (n=6)	Total	154	215	291	252	251	239
5	Associate	140	208	267	240	225	234
1	Baccalaureate	14	7	24	12	26	5
AZ (n=5)	Total	471	315	147	170	522	512
5	Associate	471	315	147	170	522	512
0	Baccalaureate	0	0	0	0	0	0
CA (n=35)	Total	2,530	2,314	1,673	1,819	3,349	3,281
34	Associate	2,488	2,269	1,623	1,765	3,317	3,252
1	Baccalaureate	42	45	50	54	32	29
CO (n=4)	Total	362	268	87	77	168	154
4	Associate	362	268	87	77	168	154
0	Baccalaureate	0	0	0	0	0	0
CT (n=5)	Total	150	156	154	240	235	257
4	Associate	130	142	139	215	205	227
1	Baccalaureate	20	14	15	25	30	30
DC (n=1)	Total	6	12	13	15	12	18
1	Associate	6	12	13	15	12	18
0	Baccalaureate	0	0	0	0	0	0
DE (n=2)	Total	40	64	60	72	95	96
2	Associate	40	64	60	72	95	96
0	Baccalaureate	0	0	0	0	0	0
FL (n=24)	Total	987	1,004	884	905	1,092	1,251
22	Associate	930	963	830	858	1,057	1,221
2	Baccalaureate	57	41	54	47	35	30
GA (n=15)	Total	383	382	458	391	585	648
10	Associate	217	242	272	222	451	518
4	Baccalaureate	155	127	170	161	123	110
1	Masters	11	13	16	8	11	20
HI (n=1)	Total	30	30	30	18	25	N/A
1	Associate	30	30	30	18	25	N/A
0	Baccalaureate	0	0	0	0	0	0

State (# of programs reporting)	Degree	2018 Applications (N=400)	2017 Applications (N=402)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)
IA (n=6)	Total	187	164	132	189	233	260
6	Associate	187	164	132	189	233	260
0	Baccalaureate	0	0	0	0	0	0
ID (n=3)	Total	115	93	54	65	77	81
2	Associate	40	42	21	25	26	37
1	Baccalaureate	75	51	33	40	51	44
IL (n=13)	Total	377	394	406	402	643	581
12	Associate	350	362	361	402	488	501
0	Baccalaureate	N/A	N/A	N/A	N/A	15	36
1	Masters	27	32	45	N/A	140	44
IN (n=10)	Total	411	382	218	317	310	356
8	Associate	330	321	176	236	270	301
2	Baccalaureate	81	61	42	81	40	55
KS (n=9)	Total	260	196	191	155	203	217
8	Associate	224	176	165	147	181	202
1	Baccalaureate	36	20	26	8	22	15
KY (n=13)	Total	332	335	364	343	397	388
10	Associate	295	298	317	313	354	372
2	Baccalaureate	29	31	47	30	43	16
1	Masters	8	1	N/A	N/A	N/A	N/A
LA (n=9)	Total	208	158	198	212	225	254
6	Associate	176	119	168	168	203	226
3	Baccalaureate	32	39	30	44	22	28
MA (n=5)	Total	167	188	163	285	245	276
5	Associate	167	188	163	285	245	276
0	Baccalaureate	0	0	0	0	0	0
MD (n=6)	Total	243	245	268	277	310	360
5	Associate	193	195	208	207	250	235
1	Baccalaureate	50	50	60	70	60	125
ME (n=1)	Total	43	40	40	69	78	85
1	Associate	43	40	40	69	78	85
0	Baccalaureate	0	0	0	0	0	0
MI (n=11)	Total	363	454	425	411	404	476
11	Associate	363	454	425	411	404	476
0	Baccalaureate	0	0	0	0	0	0
MN (n=5)	Total	137	118	122	144	185	170
3	Associate	92	85	85	115	137	125
2	Baccalaureate	45	33	37	29	48	45

State # of programs reporting)	Degree	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)
MO (n=8)	Total	195	128	151	192	242	262
6	Associate	170	103	132	164	219	242
2	Baccalaureate	25	25	19	28	23	20
MS (n=9)	Total	382	382	387	383	393	395
9	Associate	382	382	387	383	393	395
0	Baccalaureate	0	0	0	0	0	0
MT (n=2)	Total	26	33	30	35	32	39
2	Associate	2	33	30	35	32	39
0	Baccalaureate	0	0	0	0	0	0
NC (n=14)	Total	64	600	617	618	703	795
14	Associate	64	600	603	618	703	795
0	Baccalaureate	0	0	0	0	0	0
ND (n=2)	Total	26	23	29	22	21	29
0	Associate	0	0	0	0	0	0
2	Baccalaureate	26	21	28	22	21	27
0	Masters	0	2	1	0	0	2
NE (n=4)	Total	85	85	108	76	100	121
3	Associate	81	79	98	66	95	106
1	Baccalaureate	4	6	10	10	5	15
NH (n=1)	Total	10	16	11	18	25	10
1	Associate	10	16	11	18	25	10
0	Baccalaureate	0	0	0	0	0	0
NJ (n=3)	Total	142	128	243	240	364	400
3	Associate	142	128	184	170	336	354
0	Baccalaureate	0	0	9	70	28	46
NM (n=6)	Total	126	123	78	120	115	148
6	Associate	126	123	78	120	115	148
0	Baccalaureate	0	0	0	0	0	0
NV (n=2)	Total	205	154	83	59	194	285
2	Associate	205	154	83	59	194	285
0	Baccalaureate	0	0	0	0	0	0
NY (n=13)	Total	791	705	890	878	948	897
10	Associate	699	618	829	815	847	759
3	Baccalaureate	92	87	61	63	101	138
OH (n=22)	Total	672	730	691	667	847	979
15	Associate	506	574	519	516	676	775
7	Baccalaureate	166	156	172	151	171	204

State (# of programs reporting)	Degree	2018 Applications (N=400)	2017 Applications (N=401)	2016 Applications (N=402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)
OK (n=7)	Total	241	149	126	110	185	172
7	Associate	241	149	126	110	185	172
0	Baccalaureate	0	0	0	0	0	0
OR (n=3)	Total	125	110	112	158	142	155
2	Associate	105	95	90	128	120	134
1	Baccalaureate	20	15	22	30	22	21
PA (n=22)	Total	904	864	737	732	937	1,067
15	Associate	509	504	467	453	677	867
7	Baccalaureate	395	360	270	279	260	200
PR (n=1)	Total	13	17				
1	Baccalaureate	13	1	N/A	N/A	N/A	N/A
RI (n=2)	Total	61	79	35	48	88	87
2	Associate	61	79	35	48	88	87
0	Baccalaureate	0	0	0	0	0	0
SC (n=7)	Total	149	175	187	168	186	218
7	Associate	149	175	187	168	186	218
0	Baccalaureate	0	0	0	0	0	0
SD (n=2)	Total	24	30	32	34	29	30
2	Associate	24	30	32	34	29	30
0	Baccalaureate	0	0	0	0	0	0
TN (n=10)	Total	454	403	378	390	521	556
7	Associate	353	300	258	268	409	418
3	Baccalaureate	101	103	120	122	112	138
TX (n=35)	Total	1,588	1,622	1,147	982	1,515	1,578
29	Associate	1,189	1,202	843	744	1,265	1,312
5	Baccalaureate	249	300	214	178	190	266
1	Master's	150	120	90	60	60	0
UT (n=7)	Total	369	224	131	91	520	592
4	Associate	240	124	29	3	448	451
3	Baccalaureate	129	100	102	88	72	141
VA (n=6)	Total	206	246	250	285	457	520
5	Associate	181	174	190	217	377	440
1	Baccalaureate	25	72	60	68	80	80
VT (n=1)	Total	44	40	1	33	40	40
1	Associate	44	40	35	33	40	40
0	Baccalaureate	0	0	0	0	0	0
WA (n=5)	Total	195	184	175	193	179	214
3	Associate	133	144	144	156	163	151
2	Baccalaureate	62	40	40	19	30	28

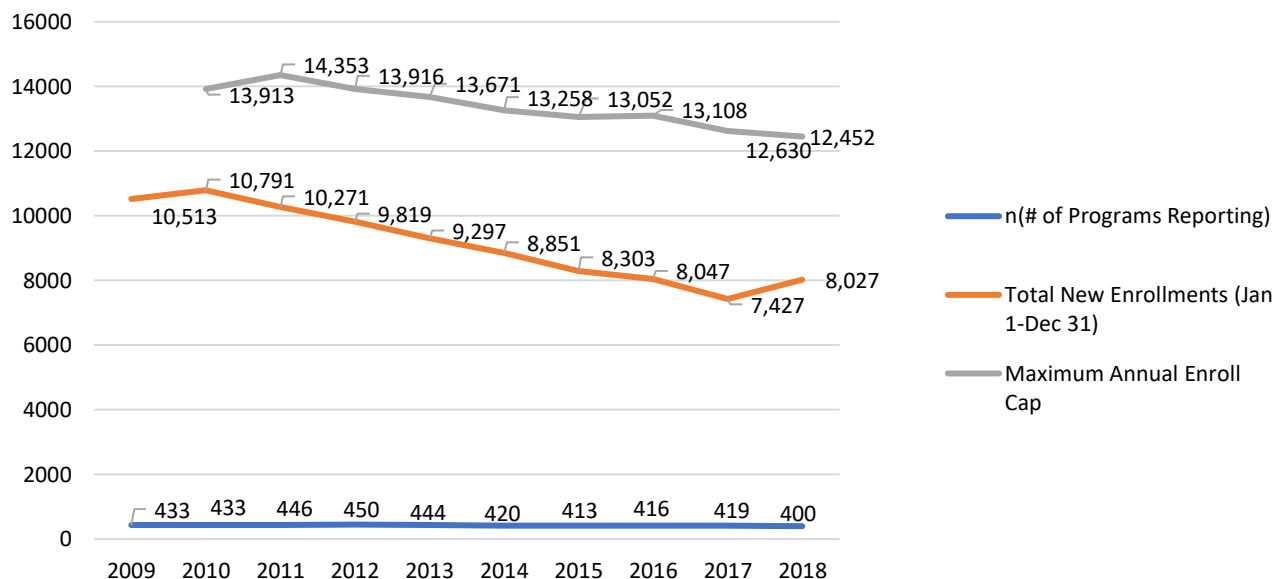
State (# of programs reporting)	Degree	2018 Applications (N=400)	2017 Applications (N= 401)	2016 Applications (N= 402)	2015 Applications (N=398)	2014 Applications (N=411)	2013 Applications (N=444)
WI (n=7)	Total	233	212	237	255	296	330
7	Associate	233	212	237	255	296	330
0	Baccalaureate	0	0	0	0	0	0
WV (n=3)	Total	205	186	76	119	268	184
2	Associate	195	170	65	98	250	157
1	Baccalaureate	10	16	11	21	18	27
WY (n=1)	Total	11	15	14	16	10	15
1	Associate	11	15	14	16	10	15
0	Baccalaureate	0	0	0	0	10	0

Total New Enrollments

Programmatic enrollment is deemed by the CoARC to occur when a student enrolls in the first core respiratory care course; i.e. a non-survey/non-prerequisite course available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used for calculating programmatic retention, on-time graduation rates, and maximum annual enrollment. **Figure 9** shows total new enrollments from 2009 through 2018. Enrollments for 2010 through 2018 are compared to the total maximum annual enrollment capacity¹. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 64.5% of maximum annual enrollment capacity in 2018, 58.8% of maximum annual enrollment capacity in 2017, 61.4% of capacity in 2016, 63.6% in 2015, 66.8% of capacity in 2014, 68.0% of capacity in 2013, 70.5% of capacity in 2012, 72% of capacity in 2011, and 78% of capacity in 2010. For 2018, 8.8% (45 of the 400) programs reported new enrollments reaching maximum annual enrollment capacity. Of these 45 programs, 21 offered the AAS degree, 13 offered the AS degree, and 11 offered the BS degree. The 47 programs were located in 19 different states.

The mean maximum annual enrollment capacity per program was 31 in 2018, 30 in 2017, 31 in 2016, 32 in 2015 and 2014, 31 in 2013 and 2012, and 32 in 2011 and 2010. The mean number of new enrollments per program was 20 in 2018, 18 in 2017, 19 in 2016, 20 in 2015, 21 in 2014 and 2013, 22 in 2012, 23 in 2011, 24 in 2010, and 24 in 2009. The median number of new enrollments per program was 17 in 2018, 16 in 2017, 17 in 2016, 18 in 2015, 25 in 2014, 18 in 2013, 19 in 2012 and 2011, 20 in 2010, and 19 in 2009. There was an 8.1% increase in new enrollments in 2018 compared to 2017 and a 23.6% decrease compared to 2009.

Figure 9-Total New Entry into Practice RC Program and Satellite Enrollments and Maximum Annual Enrollment Capacities between 2009 and 2018



¹ The *maximum annual enrollment capacity* is defined as the maximum number of new students that could be enrolled in a calendar year (defined as January 1 through December 31). This number is established by the CoARC based on information provided by the program and can only be increased upon approval of a request for a substantive change (see CoARC Policy 9.10).

Not included in **Figure 9** are the enrollment data for the 4 polysomnography certificate program options with reportable enrollment data. There were 14 new enrollments in 2018 which is a 36.4% decrease compared to 2017. The mean number of new enrollments per program option was 4 in 2019, 4 in 2017, 6 in 2016, 8 in 2015, 7 in 2014, 6 in 2013, 7 in 2012 and 2011, 5 in 2010, and 8 in 2009. The median number of new enrollments per program option was 3 in 2019, 5 in 2017, 10 in 2016, 6 in 2015, 5 in 2014, 4 in 2013, 5 in 2012, 3 in 2011, 3 in 2010, and 5 in 2009.

New RC Enrollments by Degree Offered

Table 13 – New RC Enrollments by Degree Offered between 2014 and 2018

Degree Offered	2018 Max Annual Enrollment Capacity		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)		2014 New Enrollments (N=420)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	10,743	32	6,989	21	6,442	19	7,089	20	7,289	21	7,852	22
Baccalaureate	1,461	24	992	16	934	15	903	16	948	16	948	17
Masters	96	24	46	12	51	9	55	13	66	22	51	17

Table 13 shows the new annual enrollments in respiratory care in relation to the degree offered. The 334 programs offering associate degrees accounted for 87% of the 8,027 new enrollments in 2018. This is an 8.5% increase compared to 2017 for this category and a 11% decrease compared to 2014. New enrollments in associate degree programs reached 65% of maximum capacity in 2018. The mean number of new enrollments per program for this category was 21 for 2018, 19 for 2017, 20 in 2016, 21 in 2015, and 22 in 2014.

The 62 programs offering baccalaureate degrees accounted for 12.4% of the total number of new enrollments in 2018. This is a 6.2% increase compared to 2017 for this category, and a 4.6% increase compared to 2014. New baccalaureate degree enrollments reached 68% of maximum capacity in 2018. The mean number of new enrollments per program for this category was 16 in 2018, 15 in 2017, 16 in 2016 and 2015, and 17 in 2014.

The 4 programs offering master’s degrees accounted for 0.6% of the total number of new enrollments in 2018. This is a 9.8% decrease compared to 2017, and a 9.8% decrease compared to 2014. New enrollments in these programs reached 48% of maximum capacity in 2018. The mean number of new enrollments per program for this category was 12 in 2018, 9 in 2017, 13 in 2016, 22 in 2015, and 17 in 2014.

New RC Enrollments by Institutional Type

Institutional Type	2018 Max Annual Enroll Capacity		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)		2014 New Enrollments (N=420)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	6,371	27	4,595	20	4,337	18	4,473	20	4,522	19	4,769	20
Four-Year College or University	2,507	27	1,610	18	1,461	15	1,667	17	1,846	19	1,888	21
Technical or Vocational School	2,583	49	1,312	25	1,197	23	1,380	23	1,425	23	1,797	26
Academic HSC/ Medical Center	173	22	94	12	101	11	98	12	134	12	148	13
Career or Technical College	438	44	279	28	195	20	272	27	210	26	91	18
U.S. Military	228	114	137	69	136	68	157	79	166	83	158	79

Table 14 shows the new enrollments in respiratory care programs in relation to institutional type for the years 2014-2018. The 235 programs offered in community or junior colleges is the largest category and accounted for 57.2% of the 8,027 new enrollments in 2018. This is a 5.9% increase in enrollments compared to 2017 and a 3.6% decrease compared to 2014. New enrollments reached 72% of maximum capacity in 2018. The mean number of new enrollments per program was 20 in 2018, 18 in 2017, 20 in 2016, 19 in 2015, and 20 in 2014.

The 92 programs offered in four-year colleges or universities accounted for 20.1% of the total number of new enrollments in 2018. This is a 10.2% increase compared to 2017 and a 14.7% decrease compared to 2014. New enrollments reached 64.2% of maximum capacity in 2018. The mean number of new enrollments per program was 18 in 2018, 15 in 2017, 17 in 2016, 19 in 2015, and 21 in 2014.

The 53 programs offered in technical or vocational schools accounted for 16.3% of the total number of new enrollments in 2018. This is a 9.6% increase compared to 2017 and a 27% decrease compared to 2014. New enrollments reached 50.8% of maximum capacity in 2018. The mean number of new enrollments per program was 25 in 2018, 23 in 2017/2016 and 2015, and 26 in 2014.

The 8 programs offered in academic HSC/medical centers accounted for 1.2% of the total number of new enrollments in 2018. This is a 6.9% decrease compared to 2017 and a 36.5% decrease compared to 2014. New enrollments reached 54.3% of maximum capacity in 2018. The mean number of new enrollments per program was 12 in 2018, 11 in 2017, 12 in 2016 and 2015, and 13 in 2014.

The 10 programs offered in career or technical colleges accounted for 3.5% of the total number of new enrollments in 2018. This is a 43.1% increase compared to 2017 and a 207% increase compared to 2014. New enrollments reached 63.7% of maximum capacity in 2018. The mean number of new enrollments per program was 28 in 2018, 20 in 2017, 27 in 2016, 26 in 2015, and 18 in 2014.

The 2 programs offered in the U.S. military accounted for 1.7% of the total number of new enrollments in 2018. This is a 0.7% increase compared to 2017, but a 13.3% decrease compared to 2014. New enrollments reached 60.1% of maximum capacity in 2018. The mean number of new enrollments per program was 69 in 2018, 68 in 2017, 79 in 2016, 83 in 2015, and 79 in 2014.

New RC Enrollments by Institutional Control/Funding

Table 15 – New RC Enrollments by Institutional Control/Funding between 2014 and 2018

Institutional Control/Funding	2018 Max Annual Enroll Capacity		2018 New Enrollments (N=400)		2017 New Enrollments (N=419)		2016 New Enrollments (N=416)		2015 New Enrollments (N=413)		2014 New Enrollments (N=420)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	8,074	25	5,656	18	5,341	16	5,715	18	5,924	18	6,150	18
Private/For-Profit (Proprietary)	2,510	60	1,490	35	1,259	31	1,506	30	1,467	29	1,984	37
Private/Not-For-Profit	1,491	39	744	20	691	14	669	16	746	21	559	18
Federal Government	228	114	137	69	136	68	157	79	166	83	158	79

Table 15 shows the new enrollments in respiratory care programs in relation to institutional control/funding for the years 2014-2018. The 318 programs controlled/funded by public/not-for-profit institutions is the largest category and accounted for 70.5% of the 8,027 new respiratory care enrollments in 2018. This is a 5.9% increase compared to 2017 and an 8% decrease compared to 2014. New enrollments were at 70.1% of maximum capacity in 2018 for programs in this category. The mean number of new enrollments per program was 18 in 2018, 16 in 2017, and 18 in 2016 through 2014.

The 42 programs controlled /funded by private/for-profit (proprietary) institutions accounted for 18.6% of the total number of new enrollments in 2018. This is an 18.3% increase compared to 2017 and a 24.9% decrease compared to 2014. New enrollments reached 59.4% of maximum capacity in 2018 for programs in this category. The mean number of new enrollments per program was 35 in 2018, 31 in 2017, 30 in 2016, 29 in 2015, and 37 in 2014.

The 38 programs controlled/funded by private/not-for-profit institutions accounted for 9.2% of the total number of new enrollments in 2018. This is a 7.7% increase compared to 2017, and a 33.1% increase compared to 2014. New enrollments reached 49.9% of maximum capacity in 2018 for programs in this category. The mean number of new enrollments per program was 20 in 2018, 14 in 2017, 16 in 2016, 21 in 2015, and 18 in 2014.

The 2 programs controlled/funded by the federal government accounted for 1.7% of the total number of new enrollments in 2018. This is a 0.7% increase compared to 2017, but a 13.4% decrease compared to 2014. New enrollments reached 60.1% of maximum capacity in 2018. The mean number of new enrollments per program was 69 in 2018, 68 for 2017, 79 in 2016, 83 in 2015, and 79 in 2014.

New RC Enrollments by State (including D.C. and PR) and Degree

Table 16 provides data on new enrollments in respiratory care programs for 2013-2018 by state and degree offered. As expected, California had the largest (8.4% of total) enrollments of any state in 2018.

Table 16 – New RC Enrollments by State (including D.C. and PR) and Degree between 2013 and 2018								
State (# of programs reporting)	Degree	2018 Maximum Annual Enroll Capacity	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)
AL (n=6)	Total	201	156	133	147	134	143	147
4	Associate	145	106	92	127	108	122	100
2	Baccalaureate	56	50	40	19	26	21	47
0	Masters	0	0	1	1	0	0	0
AR (n=6)	Total	124	74	69	100	90	117	134
5	Associate	100	64	64	90	74	100	118
1	Baccalaureate	24	10	5	10	16	17	16
AZ (n=5)	Total	353	207	165	176	194	229	189
5	Associate	353	207	165	176	194	229	189
0	Baccalaureate	0	0	0	0	0	0	0
CA (n=35)	Total	1,772	1,222	1,163	1,184	1,180	1,429	1,497
34	Associate	1,750	1,208	1,156	1,169	1,174	1,420	1,488
1	Baccalaureate	22	14	7	15	6	9	9
CO (n=4)	Total	227	129	93	119	97	105	99
4	Associate	227	129	93	119	97	105	99
0	Baccalaureate	0	0	0	0	0	0	0
CT (n=5)	Total	118	77	72	75	85	90	76
4	Associate	100	67	65	62	67	76	59
1	Baccalaureate	18	10	7	13	18	14	17
DC (n=1)	Total	24	4	7	4	4	7	24
1	Associate	24	4	7	4	4	7	10
0	Baccalaureate	0	0	0	0	0	0	0
DE (n=2)	Total	35	17	19	25	25	25	24
2	Associate	35	17	19	25	25	25	24
0	Baccalaureate	0	0	0	0	0	0	0
FL (n=24)	Total	697	495	482	511	486	482	526
22	Associate	642	456	450	479	449	454	498
2	Baccalaureate	55	39	32	32	37	28	28
GA (n=15)	Total	379	241	188	260	260	276	260
10	Associate	222	142	103	248	177	179	167
4	Baccalaureate	137	89	72	65	78	86	83
1	Masters	20	10	13	12	5	11	10
HI (n=1)	Total	16	16	14	13	16	17	16
1	Associate	16	16	14	13	16	17	16
0	Baccalaureate	0	0	0	0	0	0	0

State (# of programs reporting)	Degree	2018 Maximum Annual Enroll Capacity	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)
IA (n=6)	Total	123	62	47	71	80	84	87
6	Associate	123	62	47	71	80	84	87
0	Baccalaureate	0	0	0	0	0	0	0
ID (n=3)	Total	80	58	54	53	43	45	50
2	Associate	55	32	30	28	21	23	28
1	Baccalaureate	25	26	24	25	22	22	22
IL (n=13)	Total	383	241	220	234	248	263	279
12	Associate	359	234	211	223	232	238	255
0	Baccalaureate	0	0	0	N/A	3	3	5
1	Masters	24	7	9	11	13	22	19
IN (n=10)	Total	235	190	209	155	200	207	211
8	Associate	189	144	161	129	155	177	181
2	Baccalaureate	46	46	48	26	45	30	30
KS (n=9)	Total	192	132	101	118	104	122	132
8	Associate	168	110	90	100	98	101	123
1	Baccalaureate	24	22	11	16	6	21	9
KY (n=13)	Total	256	173	151	202	175	164	207
10	Associate	211	140	133	178	150	131	192
2	Baccalaureate	35	25	17	34	25	33	15
1	Masters	10	8	1	NA	NA	NA	NA
LA (n=9)	Total	183	98	104	115	112	106	122
6	Associate	116	76	78	83	78	87	106
3	Baccalaureate	67	22	26	32	34	19	16
MA (n=5)	Total	102	79	93	83	91	110	113
5	Associate	102	79	93	83	91	110	113
.0	Baccalaureate	0	0	0	0	0	0	0
MD (n=6)	Total	153	98	88	113	122	146	145
5	Associate	113	76	63	89	88	107	105
1	Baccalaureate	40	22	25	24	34	39	40
ME (n=1)	Total	20	17	16	15	32	30	33
1	Associate	20	17	16	15	32	30	33
0	Baccalaureate	0	0	0	0	0	0	0
MI (n=11)	Total	303	235	238	232	271	233	299
11	Associate	303	235	238	232	271	233	299
0	Baccalaureate	0	0	0	0	0	0	0
MN (n=5)	Total	123	89	79	74	87	101	90
3	Associate	83	58	52	46	64	68	57
2	Baccalaureate	40	31	27	28	23	33	33

COMMISSION ON ACCREDITATION FOR
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State (# of programs reporting)	Degree	2018 Maximum Annual Enroll Capacity	2018 New Enrollments (N=400)	2017 New Enrollments (N=430)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)
MO (n=8)	Total	267	145	100	96	141	160	160
6	Associate	243	126	78	86	120	145	149
2	Baccalaureate	24	19	22	10	21	15	11
MS (n=9)	Total	182	123	100	125	126	112	118
9	Associate	182	123	100	125	126	112	118
0	Baccalaureate	0	0	0	0	0	0	0
MT (n=2)	Total	31	17	21	18	17	22	25
2	Associate	31	17	21	18	17	22	25
0	Baccalaureate	0	0	0	0	0	0	0
NC (n=14)	Total	299	203	198	208	217	239	230
14	Associate	299	203	198	208	217	239	230
0	Baccalaureate	0	0	0	N/A	0	0	0
ND (n=2)	Total	24	24	16	24	20	18	23
0	Associate	0	0	0	0	0	0	0
2	Baccalaureate	24	24	14	23	20	18	21
0	Masters	0	0	2	1	0	0	2
NE (n=4)	Total	98	65	54	76	51	71	63
3	Associate	83	63	50	72	46	63	56
1	Baccalaureate	15	2	4	4	5	8	7
NH (n=1)	Total	16	9	11	11	10	16	10
1	Associate	16	9	11	11	10	16	10
0	Baccalaureate	0	0	0	0	0	0	0
NJ (n=3)	Total	130	84	76	115	124	119	136
3	Associate	130	84	76	94	112	108	119
0	Baccalaureate	0	0	0	21	12	11	17
NM (n=6)	Total	171	84	98	85	112	83	112
6	Associate	171	84	98	85	112	83	112
0	Baccalaureate	0	0	0	0	0	0	0
NV (n=2)	Total	162	78	87	82	89	94	104
2	Associate	162	78	87	82	89	94	104
0	Baccalaureate	0	0	0	0	0	0	0
NY (n=13)	Total	506	336	311	322	327	373	351
10	Associate	400	263	249	263	266	310	286
3	Baccalaureate	106	73	62	59	61	63	65
OH (n=22)	Total	583	358	351	366	348	388	435
15	Associate	427	265	263	285	273	295	358
7	Baccalaureate	156	93	88	81	75	93	77

COMMISSION ON ACCREDITATION FOR
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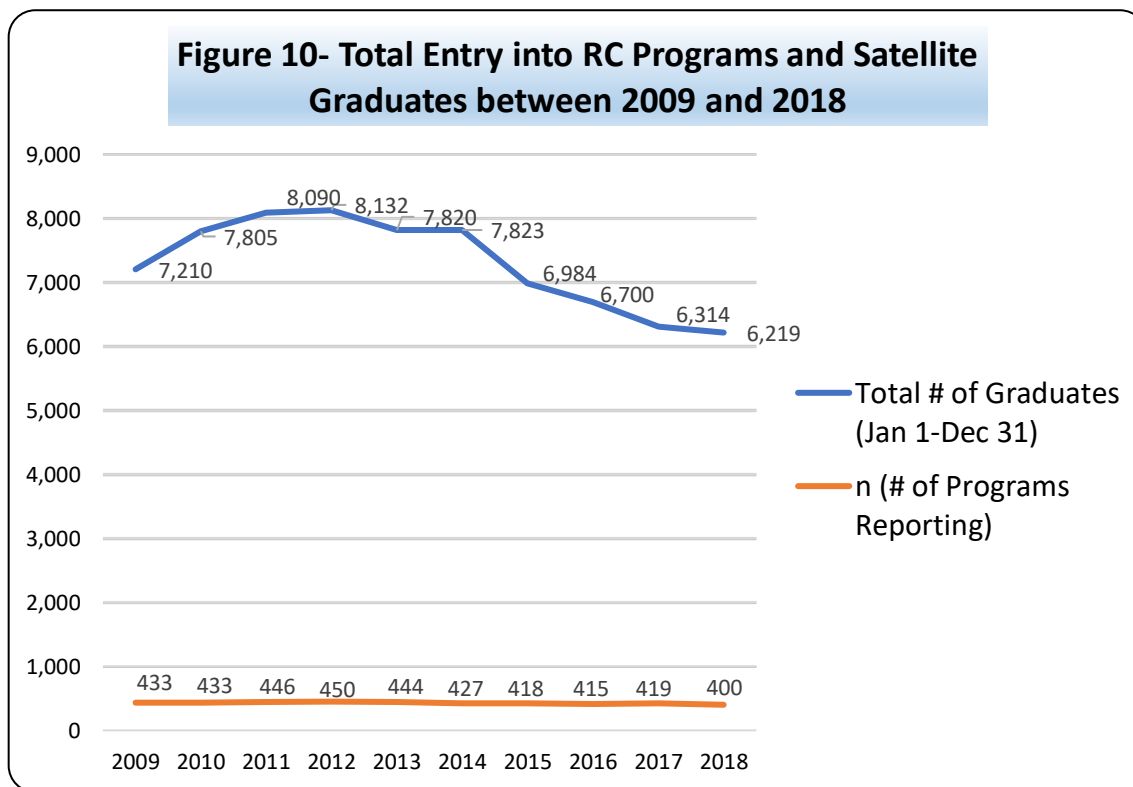
State (# of programs reporting)	Degree	2018 Maximum Annual Enroll Capacity	2018 New Enrollments (N=400)	2017 New Enrollments (N=420)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)
OK (n=7)	Total	169	122	89	101	71	102	98
7	Associate	169	122	89	101	71	102	98
0	Baccalaureate	0	0	0	0	0	0	0
OR (n=3)	Total	89	73	59	74	98	80	87
2	Associate	64	54	48	58	76	59	69
1	Baccalaureate	25	19	11	16	22	21	18
PA (n=22)	Total	528	326	262	310	371	434	423
15	Associate	416	236	175	223	289	347	328
7	Baccalaureate	112	90	87	87	82	87	95
PR (n=1)	Total	20	14	0	0	0	0	0
0	Associate	0	0	0	0	0	0	0
1	Baccalaureate	20	14	0	0	0	0	0
RI (n=2)	Total	64	47	62	51	53	55	54
2	Associate	64	47	62	51	53	55	54
0	Baccalaureate	0	0	0	0	0	0	0
SC (n=7)	Total	161	110	107	119	114	108	128
7	Associate	161	110	107	119	114	108	128
0	Baccalaureate	0	0	0	0	0	0	0
SD (n=2)	Total	24	14	14	16	22	20	23
2	Associate	24	14	14	16	22	20	23
0	Baccalaureate	0	0	0		0	0	0
TN (n=10)	Total	313	207	201	228	204	212	214
7	Associate	254	155	143	175	147	156	158
3	Baccalaureate	59	52	58	53	57	56	56
TX (n=35)	Total	1,225	763	829	846	838	843	924
29	Associate	1,042	644	681	704	684	732	799
5	Baccalaureate	141	98	123	112	106	93	125
1	Masters	42	21	25	30	48	18	0
UT (n=7)	Total	531	270	141	217	304	284	323
4	Associate	451	221	105	190	259	251	274
3	Baccalaureate	80	49	36	27	45	33	49
VA (n=6)	Total	193	126	128	134	170	164	173
5	Associate	155	114	101	109	136	121	131
1	Baccalaureate	38	12	27	25	34	43	42
VT (n=1)	Total	27	16	19	16	15	17	9
1	Associate	27	16	19	16	15	17	9
0	Baccalaureate	0	0	0	0	0	0	0

State (# of programs reporting)	Degree	2018 Maximum Annual Enroll Capacity	2018 New Enrollments (N=400)	2017 New Enrollments (N=420)	2016 New Enrollments (N=416)	2015 New Enrollments (N=413)	2014 New Enrollments (N=420)	2013 New Enrollments (N=444)
WA (n=5)	Total	152	108	104	106	120	93	117
3	Associate	100	77	69	91	101	78	90
2	Baccalaureate	52	31	35	15	19	15	27
WI (n=7)	Total	156	134	120	154	142	136	128
7	Associate	156	134	120	154	142	136	128
0	Baccalaureate	0	0	0	0	0	0	0
WV (n=3)	Total	65	50	43	57	49	66	72
2	Associate	45	40	24	48	33	49	59
1	Baccalaureate	20	10	19	9	16	17	13
WY (n=1)	Total	15	11	14	15	15	11	11
1	Associate	15	11	14	15	15	11	11
0	Baccalaureate	0	0	0	0	0	0	0

Total Graduates

Figure 10 provides the total number of graduates during the time period reported (i.e., January 1, 2009 through December 31, 2018). Graduation numbers includes both students that graduated on-time and students graduating after their expected graduation date. CoARC defines the graduation date as the date on which the degree was conferred by the program's educational sponsor, not the date on which the student fulfilled all program requirements.

There were 6,219 graduates in 2018. This is a 1.5% decrease compared to 2017 and a 13.8% decrease compared to the 2012. The mean number of graduates per program was 16 in 2018, 15 in 2017, 16 in 2016, 17 in 2015, 18 in 2014 and 2013 through 2010, and 16 in 2009. The median number of graduates per program was 14 in 2018, 13 in 2017, 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, 15 in 2012, 14 in 2011, 13 in 2010, and 14 in 2009.



Not included in **Figure 10** are the graduate data for 4 polysomnography certificate program options reporting data.

RC Graduates by Degree Offered

Table 17 – RC Graduates by Degree Offered between 2014 and 2018										
Degree Offered	2018 Graduates (N=400)		2017 Graduates (N=419)		2016 Graduates (N=415)		2015 Graduates (N=418)		2014 Graduates (N=427)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Associate	5,396	16	5,457	16	5,839	17	6,123	17	6,912	19
Baccalaureate	768	13	792	12	815	15	818	14	866	15
Masters	55	11	65	11	46	15	43	11	45	5

Table 17 shows the number of respiratory care graduates in relation to the degree offered. There were 6,219 graduates in 2018. The 335 programs offering associate degrees is the largest category and accounted for 86.8% of the total number of graduates in 2018. This is a 1.1% decrease compared to 2017, and a 21.9% decrease compared to 2014. The mean number of graduates per program for this category was 16 in 2018, 16 in 2017, 17 in 2016 and 2015, and 19 in 2014.

The 60 programs offering baccalaureate degrees accounted for 12.3% of the total number of graduates in 2018. This is a 3% decrease compared to 2017, and an 11.3% decrease in graduates for this category compared to 2014. The mean number of graduates per program for this category was 13 in 2018, 12 in 2017, 15 in 2016, 14 in 2015, and 15 in 2014.

The 5 programs offering master’s degrees accounted for 0.9% of the total number of graduates in 2018. This is a 15.4% decrease compared to 2017, and a 22% increase in graduates for this category compared to 2014. The mean number of graduates per program for this category was 11 in 2018, 11 for 2017, 15 in 2016, 11 in 2015 and 5 in 2014.

RC Graduates by Institutional Type

Table 18 –RC Graduates by Institutional Type between 2014 and 2018

Institutional Type	2018 Graduates (N=400)		2017 Graduates (N=419)		2016 Graduates (N=415)		2015 Graduates (N=418)		2014 Graduates (N=427)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Community or Junior College	3,532	15	3,508	14	3,486	15	3,701	15	3,944	16
Four-Year College or University	1,254	13	1,354	13	1,513	16	1,487	16	1,802	19
Technical or Vocational School	1,034	20	1,041	19	1,226	21	1,338	22	1,699	24
Academic HSC/Medical Center	79	10	96	11	102	13	116	10	184	14
Career or Technical College	195	20	144	14	205	20	192	21	101	20
U.S. Military	125	63	171	85	168	84	150	75	93	47

Table 18 shows the number of respiratory care graduates in relation to institutional type. The 233 programs offered in community or junior colleges is the largest category and accounted for 56.8% of the total number of respiratory care graduates in 2018. This is a 0.7% increase compared to 2017 and a 10.4% decrease compared to 2014. The mean number of graduates per program for this category was 15 in 2018, 14 in 2017, 15 in 2016 and 2015, and 16 in 2014.

The 94 programs offered in four-year colleges or universities accounted for 20.1% of the total number of graduates in 2018. This is a 7.4% decrease compared to 2017, and a 30.4% decrease compared to 2014. The mean number of graduates per program was 13 in 2018, 13 in 2017, 16 in 2016 and 2015, and 19 in 2014.

The 53 programs offered in technical or vocational schools accounted for 16.7% of the total number of graduates in 2018. This is a 0.7% decrease compared to 2017 and a 39.1% decrease compared to 2014. The mean number of graduates per program was 20 in 2018, 19 in 2017, 21 in 2016, 22 in 2015, and 24 in 2014.

The 8 programs offered in academic HSC/Medical Centers accounted for 1.3% of the total number of graduates in 2018. This is a 17.7% decrease compared to 2017, and a 57.1% decrease compared to 2014. The mean number of graduates per program was 10 in 2018, 11 in 2017, 13 in 2016, 10 in 2015, and 14 in 2014.

The 10 programs offered in career or technical colleges accounted for 3.1% of the total number of graduates in 2018. This is a 35.4% increase compared to 2017 and a 93.1% increase compared to 2014. The mean number of graduates per program was 20 in 2018, 14 in 2017, 20 in 2016, 21 in 2015, and 20 in 2014.

The 2 programs offered in the U.S. military accounted for 2% of the total number of graduates in 2018. This is a 26.9% decrease compared to 2017 and a 34.4% increase compared to 2014. The mean number of graduates per program was 63 in 2018, 85 for 2017, 84 in 2016, 75 in 2015, and 47 in 2014.

RC Graduates by Institutional Control/Funding

Table 19 –RC Graduates by Institutional Control/Funding between 2014 and 2018

Institutional Control/Funding	2018 Graduates (N=400)		2017 Graduates (N=419)		2016 Graduates (N=415)		2015 Graduates (N=418)		2014 Graduates (N=427)	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Public/Not-For-Profit	4,471	14	4,416	13	4,598	14	4,814	14	5,223	15
Private/For-Profit (Proprietary)	1,063	25	1,035	24	1,283	25	1,436	29	2,001	37
Private/Not-For-Profit	560	14	692	13	651	17	584	17	506	16
Federal Government	125	63	171	86	168	84	150	75	93	47

Table 19 shows the number respiratory care graduates in relation to institutional control/funding. The 315 programs controlled/ funded by public/not-for-profit institutions is the largest category and accounted for 71.9% of the total number of respiratory care graduates in 2018. This is a 1.2% increase compared to 2017 and a 14.4% decrease compared to 2014. The mean number of graduates per program was 14 in 2018, 13 in 2017, 14 in 2016 and 2015, and 15 in 2014.

The 43 programs controlled/funded by private/for-profit (proprietary) institutions accounted for 17.1% of the total number of respiratory care graduates in 2018. This is a 2.7% increase compared to 2017 and a 46.9% decrease compared to 2014. The mean number of graduates per program was 25 in 2018, 24 in 2017, 25 in 2016, 29 in 2015, and 37 in 2014.

The 40 programs controlled/funded by private/not-for-profit institutions accounted for 9% of the total number of respiratory care graduates in 2018. This is a 19.1% decrease compared to 2017, but a 10.7% increase compared to 2014. The mean number of graduates per program was 14 in 2018, 13 for 2017, 17 in 2016 and 2015, and 16 in 2014.

The 2 programs offered in the U.S. military accounted for 2% of the total number of graduates in 2018. This is a 26.9% decrease increase compared to 2017 and a 34.4% increase compared to 2014. The mean number of graduates per program was 63 in 2018, 86 in 2017, 84 in 2016, 75 in 2015, and 47 in 2014.

RC Graduates by State (including D.C. and PR) and Degree

Table 20 provides data on respiratory care graduates for 2013-2018 by state and degree offered. California and Texas graduated the largest number of graduates (8.3%) in 2018.

Table 20 –RC Graduates by State (including D.C. and PR) and Degree between 2013 and 2018							
State (# of programs reporting)	Degree	2018 Graduates (N=400)	2017 Graduates (N= 425)	2016 Graduates (N= 415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)
AL (n=5)	Total	86	67	83	97	107	129
3	Associate	71	49	68	74	53	87
1	Baccalaureate	14	18	15	23	54	42
1	Masters	1	0	N/A	N/A	N/A	N/A
AR (n=7)	Total	59	53	64	83	113	89
6	Associate	50	43	58	71	93	77
1	Baccalaureate	9	10	6	12	20	12
AZ (n=5)	Total	163	185	150	156	201	199
5	Associate	163	185	150	156	201	199
0	Baccalaureate	0	0	0	0	0	0
CA (n=35)	Total	907	933	1,043	1,138	1,424	1,395
34	Associate	895	929	1,035	1,129	1,405	1,382
1	Baccalaureate	12	4	8	9	19	13
CO (n=4)	Total	107	79	82	89	92	81
4	Associate	107	79	82	89	92	81
0	Baccalaureate	0	0	0	0	0	0
CT (n=5)	Total	61	63	68	50	70	79
4	Associate	51	55	50	40	56	68
1	Baccalaureate	10	8	18	10	14	11
DC (n=1)	Total	3	4	7	8	12	5
1	Associate	3	4	7	8	12	5
0	Baccalaureate	0	0	0	0	0	0
DE (n=2)	Total	20	17	16	17	23	23
2	Associate	20	17	16	17	23	23
0	Baccalaureate	0	0	0	0	0	0
FL (n=25)	Total	374	397	379	434	421	421
23	Associate	352	373	361	409	400	400
2	Baccalaureate	22	24	18	25	21	21
GA (n=14)	Total	210	181	220	231	228	213
9	Associate	125	116	145	159	153	143
4	Baccalaureate	73	60	65	67	71	70
1	Masters	12	5	10	5	4	N/A

State (# of programs reporting)	Degree	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)
HI (n=1)	Total	16	13	15	13	11	13
1	Associate	16	13	15	13	11	13
0	Baccalaureate	0	0	0	0	0	0
IA (n=6)	Total	55	39	67	67	68	69
6	Associate	55	39	67	67	68	69
0	Baccalaureate	0	0	0	0	0	0
ID (n=3)	Total	33	37	40	29	50	35
2	Associate	16	20	18	6	34	19
1	Baccalaureate	17	17	22	23	16	16
IL (n=13)	Total	175	213	202	217	252	230
12	Associate	162	198	179	197	226	209
0	Baccalaureate	0	2	4	4	2	21
1	Masters	13	13	19	16	24	N/A
IN (n=10)	Total	120	153	157	164	176	175
8	Associate	99	116	117	122	153	152
2	Baccalaureate	21	37	40	42	23	23
KS (n=9)	Total	110	62	94	100	105	118
8	Associate	94	56	73	92	87	102
1	Baccalaureate	16	6	21	8	18	16
KY (n=13)	Total	147	146	87	165	147	179
11	Associate	126	124	78	140	118	167
2	Baccalaureate	21	22	9	25	29	12
0	Masters	0	0	N/A	N/A	N/A	N/A
LA (n=9)	Total	80	90	96	96	103	95
6	Associate	61	64	61	74	83	77
3	Baccalaureate	19	26	31	22	20	18
MA (n=6)	Total	85	73	67	69	73	84
6	Associate	85	73	67	69	73	84
0	Baccalaureate	0	0	0	0	0	0
MD (n=6)	Total	96	99	116	121	128	122
5	Associate	69	70	81	85	90	91
1	Baccalaureate	27	29	35	36	38	31
ME (n=2)	Total	13	26	24	26	22	21
2	Associate	13	26	24	26	22	21
0	Baccalaureate	0	0	0	0	0	0
MI (n=11)	Total	171	230	171	184	202	204
11	Associate	171	230	171	184	202	204
0	Baccalaureate	0	0	0	0	0	0

State (# of programs reporting)	Degree	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)
MN (n=5)	Total	64	65	69	64	75	77
3	Associate	42	44	47	38	50	52
2	Baccalaureate	22	21	22	26	25	25
MO (n=8)	Total	106	112	111	129	121	156
6	Associate	98	92	96	118	110	146
2	Baccalaureate	8	20	15	11	11	10
MS (n=8)	Total	97	89	93	81	104	106
8	Associate	97	89	93	81	104	106
0	Baccalaureate	0		0	0	0	0
MT (n=2)	Total	16	14	16	16	21	18
2	Associate	16	14	16	16	21	18
0	Baccalaureate	0	0	0	0	0	0
NC (n=14)	Total	164	140	167	158	179	162
14	Associate	164	140	167	158	179	162
0	Baccalaureate	0	0	0	0	0	0
ND (n=3)	Total	19	22	16	21	24	18
0	Associate	0	0	0	0	0	0
2	Baccalaureate	18	2	16	19	24	16
1	Masters	1	1	0	2	0	2
NE (n=4)	Total	43	44	57	51	48	58
3	Associate	39	42	53	48	43	53
1	Baccalaureate	4	2	4	3	5	5
NH (n=1)	Total	11	12	12	7	5	11
1	Associate	11	12	12	7	5	11
0	Baccalaureate	0	0	0	0	0	0
NJ (n=3)	Total	67	61	98	100	114	131
3	Associate	67	61	85	92	101	115
0	Baccalaureate	0	0	13	8	13	16
NM (n=6)	Total	75	109	64	86	64	111
6	Associate	75	109	64	86	64	111
0	Baccalaureate	0	0	0	0	0	0
NV (n=3)	Total	79	37	71	89	61	79
3	Associate	79	37	71	89	61	79
0	Baccalaureate	0	0	0	0	0	0
NY (n=13)	Total	230	222	254	243	256	231
10	Associate	178	164	194	187	192	180
3	Baccalaureate	52	58	60	56	64	51

State (# of programs reporting)	Degree	2018 Graduates (N=400)	2017 Graduates (N=430)	2016 Graduates (N=415)	2015 Graduates (N=418)	2014 Graduates (N=427)	2013 Graduates (N=444)
OH (n=22)	Total	282	279	286	315	414	377
15	Associate	195	207	200	235	321	303
7	Baccalaureate	87	72	86	80	93	74
OK (n=6)	Total	110	82	83	87	104	108
6	Associate	110	82	83	87	104	108
0	Baccalaureate	0	0	0	0	0	0
OR (n=3)	Total	61	73	68	85	103	83
2	Associate	46	51	53	71	90	69
1	Baccalaureate	15	22	15	14	13	14
PA (n=22)	Total	238	236	324	321	310	316
17	Associate	173	181	258	258	251	259
5	Baccalaureate	65	55	66	63	59	57
PR (n=1)	Total	3	0	N/A	N/A	N/A	N/A
0	Associate	0	N/A	N/A	N/A	N/A	N/A
1	Baccalaureate	3	0	N/A	N/A	N/A	N/A
RI (n=2)	Total	42	32	44	43	37	32
2	Associate	42	32	44	43	37	32
0	Baccalaureate	0	0	0	0	0	0
SC (n=6)	Total	79	66	85	87	81	78
6	Associate	79	66	85	87	81	78
0	Baccalaureate	0	0	0	0	0	0
SD (n=2)	Total	11	12	19	17	17	15
2	Associate	11	12	19	17	17	15
0	Baccalaureate	0	0	0	0	0	0
TN (n=9)	Total	150	163	183	163	180	186
6	Associate	99	115	137	115	135	134
3	Baccalaureate	51	48	46	48	45	52
TX (n=35)	Total	660	716	691	714	662	681
29	Associate	542	567	591	599	583	596
5	Baccalaureate	90	102	83	95	62	85
1	Masters	28	47	17	20	17	0
UT (n=6)	Total	183	196	253	185	403	383
3	Associate	148	161	221	154	356	357
3	Baccalaureate	35	35	32	31	47	26
VA (n=6)	Total	91	8	113	127	130	124
5	Associate	78	104	77	97	94	93
1	Baccalaureate	13	28	36	30	36	31
VT (n=1)	Total	13	9	11	6	13	14
1	Associate	13	9	11	6	13	14
0	Baccalaureate	0	0	0	0	0	0

WA (n=5)	Total	73	95	92	84	89	102
3	Associate	43	64	77	62	73	83
2	Baccalaureate	30	32	15	22	16	19
WI (n=7)	Total	107	102	121	103	97	106
7	Associate	107	102	121	103	97	106
0	Baccalaureate	0	0	0	0	0	0
WV (n=4)	Total	43	23	48	43	72	67
2	Associate	29	11	34	28	64	53
2	Baccalaureate	14	12	14	15	8	14
WY (n=1)	Total	11	11	7	5	11	11
1	Associate	11	11	7	5	11	11
0	Baccalaureate	0	0	0	0	0	0

Programmatic Retention

Programmatic enrollment, as defined by the CoARC, begins when the respiratory student enrolls in the first core respiratory care course; i.e. a course available only to students matriculated in the respiratory care program. This date may be different than the enrollment or matriculation date determined by the institution. However, it is this date, as defined by the CoARC that must be used when calculating programmatic retention, on-time graduation rates and maximum annual enrollment. *Academic attrition* is due to failure to attain grades or acquire other programmatic competencies (e.g. ethics, professionalism, behavioral), or for violation of an academic policy that results in a student's expulsion from the program. *Non-Academic* attrition is due to reasons other than those defined as academic -financial hardship, medical, family, deployment, changing course of study, relocation, etc.

Beginning January 1, 2017, the CoARC Board stopped using the term "programmatic attrition" and began using the term "programmatic retention." CoARC defines programmatic retention as the number of students formally enrolled* in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class. The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.

Students are not included in the retention definition who:

1. leave the program by the last day they are eligible for 100% tuition reimbursement within the first term of fundamental respiratory care core coursework**;
2. are in good academic standing who leave the program due to: financial, medical, or family reasons, military deployment, a change in their course of study, relocation to a different community, or reasons other than those described under academic reasons;
3. are admitted to another educational program (same or different educational institution) prior to the scheduled graduation date of their RT class.

2019 RCS data on programmatic retention (**Table 21**) show a total of 412 programs reporting programmatic retention rates. The mean retention rate for the 2019 RCS was 91% with the highest rate of 100.0% (n=14) and the lowest rate of 58% (n=1). Six programs (1.5% of total) reported retention rates below the CoARC-established threshold of 70%. As per CoARC Standard 3.11, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

Not included in **Table 21** are the retention data for the 4 polysomnography program options in the 2019 RCS. For the 2017 RCS, the retention rate was 100% for all programs. For the 2016 RCS, the mean attrition rate was 5.5% (3.6% for the 2015 RCS, 5.2% for the 2014 RCS and 8.5% for the 2013 RCS) with the highest rate of 25.0% and the lowest rate of 0%. No program options reported retention rates below the CoARC-established threshold of 70% for the 2017 RCS.

Table 21 – RC Programmatic Retention for 2013 RCS through 2019 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Above/Below Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=442)	19.1% (10.9)	50.9%	0%	40%	14
2014 RCS Data from 1/1/11 to 12/31/13 (N=436)	19.1% (11.4)	62.5%	0%	40%	12
2015 RCS Data from 1/1/12 to 12/31/14 (N=437)	18.9% (10.9)	71.4%	0%	40%	9
2016 RCS Data from 1/1/13 to 12/31/15 (N=438)	18.5% (11.3)	75.0%	0%	40%	11
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	91.0% (.07)	100%	58.5%	70%	4
2018 RCS Data from 1/1/14 to 12/31/17 (N=419)	87.5% (16.9)	100%	60%	70%	20
2019 RCS Data from 1/1/16 to 12/31/18 (N=412)	91.0% (8)	100%	58%	70%	6

Retention by Degree Offered, Institutional Type, and Institutional Control/Funding

Degree Offered (N=412)	2019 RCS	Degree Offered (N=419)	2018 RCS	Degree Offered (N=420)	2017 RCS	Degree Offered (N=420)	2016 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)
Associate (n=342)	91% (5)	Associate (n=349)	87% (17)	Associate (n=354)	90.5% (4)	Associate (n=370)	19.9% (10)
Baccalaureate (n=64)	91% (1)	Baccalaureate (n=64)	89.2% (3)	Baccalaureate (n=61)	93.0%	Baccalaureate (n=64)	11.5% (1)
Masters (n=6)	98%	Masters (n=6)	98%	Masters (n=5)	98.7%	Masters (n=4)	5.6%

Table 22 compares programmatic retention data in relation to the degree offered for the 2016 through 2019 RCS. For the 2019 RCS, programs offering the associate and baccalaureate degrees both had mean retention rates of (91%) while programs offering the master’s degree were at (98%).

For the 2019 RCS, 5 of the 6 programs below the CoARC threshold of 70% offered the Associate degree and the other program offered the baccalaureate degree. For the 2019 RCS, 4 of the 6 programs below the CoARC threshold of 70% offered the AAS degree, one offered the AS, and the other one offered the BS degree.

Table 23 – RC Programmatic Retention by Institutional Type for 2016 through 2019 RCS

Institutional Type (N=412)	2019 RCS	Institutional Type (N=419)	2018 RCS	Institutional Type (N=420)	2017 RCS	Institutional Type (N=438)	2016 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)
Four-Year College or University (n=99)	91% (2)	Four-Year College or University (n=101)	90% (4)	Four-Year College or University (n=101)	13.2%	Four-Year College or University (n=96)	13.7%
Career or Technical College (n=10)	90%	Career or Technical College (n=10)	86%	Career or Technical College (n=9)	19.8%	Career or Technical College (n=5)	17.6%
Community or Junior College (n=239)	91% (2)	Community or Junior College (n=244)	86% (12)	Community or Junior College (n=248)	20.3% (8)	Community or Junior College (n=251)	20.9% (7)
Academic HSC/Medical Center (n=8)	91%	Academic HSC/Medical Center (n=9)	87% (1)	Academic HSC/Medical Center (n=14)	15.6% (1)	Academic HSC/Medical Center (n=13)	17.5% (1)
Technical or Vocational School (n=54)	90% (2)	Technical or Vocational School (n=53)	89% (3)	Technical or Vocational School (n=64)	20.4% (2)	Technical or Vocational School (n=70)	20.7% (1)
U.S. Military (n=2)	87%	U.S. Military (n=2)	89%	U.S. Military (n=2)	18.3%	U.S. Military (n=2)	18.9%

Table 23 compares programmatic retention data in relation to institutional type for the 2016 RCS, through the 2019 RCS. For the 2019 RCS, programs located in Four-Year Colleges or Universities, Community or Junior College, and Academic HSC/Medical Center all three tied for the highest retention rate (90%) followed by Technical or Vocational Schools/Career or Technical College both having (90%). The U.S. Military had the lowest mean retention rate of (87%).

For the 2019 RCS, 2 of the 6 programs below the CoARC threshold of 70% were located at a Four-Year College or University. Two programs were located a Community or Junior College. Two programs were located at the Technical or Vocational School.

Table 24 – RC Programmatic Retention by Institutional Control for 2016 RC through 2019 RCS

Institutional Control (N=412)	2019 RCS	Institutional Control (N=419)	2018 RCS	Institutional Control (N=420)	2017 RCS	Institutional Control (N=438)	2016 RCS
	Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Retention (# of programs below CoARC threshold)		Mean Attrition (# of programs above CoARC threshold)
Public/Not-For-Profit (n=325)	91% (5)	Public/Not-For-Profit (n=325)	87% (17)	Public/Not-For-Profit (n=327)	90.6% (4)	Public/Not-For-Profit (n=346)	18.7% (9)
Private/For-Profit (Proprietary) (n=43)	92%	Private/For-Profit (Proprietary) (n=41)	91%	Private/For-Profit (Proprietary) (n=49)	92.1%	Private/For-Profit (Proprietary) (n=51)	18.9% (1)
Private/Not-For-Profit (n=42)	91% (1)	Private/Not-For-Profit (n=51)	89% (3)	Private/Not-For-Profit (n=42)	92.5%	Private/Not-For-Profit (n=39)	16.1% (1)
Federal Government (n=2)	87%	Federal Government (n=2)	89%	Federal Government (n=2)	89.4%	Federal Government (n=2)	18.3%

Table 24 compares programmatic retention data in relation to institutional control/funding for the 2016 through the 2019 RCS. For the 2019 RCS, programs controlled/funded by the private/for-profit (proprietary) sector had the highest mean retention rate, at 92%. Programs of federal government had the lowest mean retention rate at 87%.

For the 2019 RCS, 5 of the 6 programs below the CoARC threshold of 70% were controlled/funded by Public/Not-For-Profit institutions; the remaining programs was funded by the private/not-for-profit sector.

Job Placement

Prior to November 1, 2015, job placement was defined by the CoARC as “a graduate who, within the 3-year reporting period, is employed utilizing skills within the scope of practice of the respiratory care profession (i.e. full- or part-time, or per diem).” In 2015, the CoARC eliminated the threshold. Data submitted with the 2015 RCS and prior reporting years reflect the previous job placement calculation.²

Table 25 – RC Job Placement for 2013 RCS through 2019 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	85.3% (11.7)	100%	13.8%	70%	41
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	84.6% (11.7)	100%	20.0%	70%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	85.5% (10.4)	100%	50.0%	N/A	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	84.3% (12.7)	100%	28.6%	N/A	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	86.0% (11.8)	100%	38.7%	N/A	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	84.8% (22)	100%	0%	N/A	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	88.0% (11)	100%	33%	N/A	N/A

2019 RCS data on job placement (**Table 25**) show a total of 400 programs reporting positive placement rates. The mean placement rate increased to 88% with the highest rate of 100% (n = 50) and the lowest rate of 33% (n=1). This is a 3.2% increase when compared to 2018 and is the highest mean placement rate recorded since at least 2013. The number of programs reporting the lowest placement was one, while the number of programs reporting the highest placement rate (100%) increased from 39 (2016 RCS) to 40 (2017 RCS) to 58 (2018 RCS) to 50 (2019 RCS). For the 2017 RCS, the mean placement rate was 88%.

² The definition in use at the time of the submission of the 2011 RCS was as follows: “A graduate who within ten (10) months after graduation is: a. employed in respiratory care (i.e. full- or part-time, per diem, etc.), or b. enrolled full- or part-time in another degree program, or c. serving in the military, or d. employed in the polysomnography field (i.e. full- or part-time, per diem, etc. for graduates of the polysomnography option of programs offering the same).”

Placement by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 26 – RC Job Placement by Degree Offered for 2016 RCS through 2019 RCS

Degree Offered (N=400)	2019 RCS	Degree Offered (N=419)	2018 RCS	Degree Offered (N=421)	2017 RCS	Degree Offered (N=433)	2016 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Associate (n=335)	88%	Associate (n=349)	85.7%	Associate (n=360)	85.3%	Associate (n=369)	83.4%
Baccalaureate (n=60)	89%	Baccalaureate (n=64)	81.9%	Baccalaureate (n=57)	90.2%	Baccalaureate (n=60)	89.5%
Masters (n=5)	98%	Masters (n=6)	64.5%	Masters (n=4)	96.0%	Masters (n=4)	96.8%

Table 26 compares job placement data in relation to the degree offered for the 2016 through 2019 RCS. For the 2019 RCS, programs offering the Master’s degree have the highest mean placement rate (98%) in this category while programs offering the Associate’s degree demonstrate the lowest mean placement rate at 88%. When compared to 2017 RCS data, all three categories-Associates’, Baccalaureate, and Master’s degree programs showed an increase in mean placement rate.

Table 27 – RC Job Placement by Institutional Type for 2016 RCS though 2019 RCS

Institutional Type (N=400)	2019 RCS	Institutional Type (N=419)	2018 RCS	Institutional Type (N=421)	2017 RCS	Institutional Type (N=433)	2016 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Four-Year College or University (n=94)	88%	Four-Year College or University (n=101)	82.5%	Four-Year College or University (n=99)	85.8%	Four-Year College or University (n=97)	87.3%
Career or Technical College (n=10)	89%	Career or Technical College (n=10)	89.5%	Career or Technical College (n=10)	89.5%	Career or Technical College (n=9)	86.8%
Community or Junior College (n=233)	88%	Community or Junior College (n=244)	85.3%	Community or Junior College (n=240)	86.2%	Community or Junior College (n=248)	84.5%
Academic HSC/Medical Center (n=8)	93%	Academic HSC/Medical Center (n=9)	95.9%	Academic HSC/Medical Center (n=8)	89.7%	Academic HSC/Medical Center (n=13)	81.1%
Technical or Vocational School (n=53)	89%	Technical or Vocational School (n=53)	84.2%	Technical or Vocational School (n=62)	80.4%	Technical or Vocational School (n=64)	78.8%
U.S. Military (n=2)	89%	U.S. Military (n=2)	88%	U.S. Military (n=2)	90.8%	U.S. Military (n=2)	86.7%

Table 27 compares job placement data in relation to institutional type for the 2016 RCS through 2019 RCS. For the 2019 RCS, Academic HSC/Medical Centers had the highest mean placement rate (93%). Programs located in Four-Year Colleges or Universities and Community or Junior Colleges demonstrated the lowest mean placement rate at 88%. Compared to the 2018 RCS, the Academic or HSC/Medical Centers showed a decrease in mean placement rate.

Institutional Control (N=400)	2019 RCS	Institutional Control (N=419)	2018 RCS	Institutional Control (N=421)	2017 RCS	Institutional Control (N=433)	2016 RCS
	Mean Placement		Mean Placement		Mean Placement		Mean Placement
Public/Not-For-Profit (n=315)	88%	Public/Not-For-Profit (n=325)	85.9%	Public/Not-For-Profit (n=329)	87.2%	Public/Not-For-Profit (n=345)	85.6%
Private/For-Profit (Proprietary) (n=43)	87%	Private/For-Profit (Proprietary) (n=41)	80.6%	Private/For-Profit (Proprietary) (n=51)	77.4%	Private/For-Profit (Proprietary) (n=51)	75.1%
Private/Not-For-Profit (n=40)	88%	Private/Not-For-Profit (n=51)	81.1%	Private/Not-For-Profit (n=39)	87.0%	Private/Not-For-Profit (n=35)	85.6%
Federal Government (n=2)	89%	Federal Government (n=2)	85%	Federal Government (n=2)	90.8%	Federal Government (n=2)	86.7%

Table 28 compares job placement data in relation to institutional control/funding for the 2016 RCS through the 2019 RCS. Programs controlled/funded by the Federal Government demonstrated the highest mean placement rate at 89%. Programs controlled/funded by private/for-profit (proprietary) institutions continued to demonstrate the lowest mean placement rate at 87%. When compared to 2018 RCS data, all categories showed an increase in mean placement rate.

CRT Credentialing Success

The National Board for Respiratory Care’s (NBRC) Therapist Multiple Choice (TMC) Examination administered by the NBRC is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the Clinical Simulation Examination. With the advent of the TMC Exam in January of 2015, all graduates seeking to enter the profession need only take a single written examination. The TMC exam has two cut scores; graduates attaining the lower cut score will obtain the Certified Respiratory Therapist (CRT) credential. Achieving the high cut score means that a graduate both earns the CRT credential and is eligible to take the Clinical Simulation Exam (CSE). Graduates who successfully complete the TMC at the high cut score and pass the CSE earn the RRT credential.

CRT Credentialing Success is defined by the CoARC as the percentage of program graduates who obtain the CRT credential upon successful achievement of the low-cut score on the TMC Examination, independent of the number of TMC exam attempts. The calculation is derived by dividing the total # of CRTs (numerator) by the # of graduates (denominator) in a three-year reporting period (e.g., 2016-18). Since the 2012 RCS, this calculation excludes graduates who earned the CRT credential prior to matriculation into the program (i.e., advanced placement)³. *Note: This metric is not the same as the NBRC CRT pass rate which measures the number of candidates passing the exam divided by the number of candidates attempting the exam.* In March 2020, the CoARC approved the elimination of CRT Credentialing Success as an outcome. CRT Credentialing Success (and its related threshold) has been replaced with an outcome for achievement of the high cut score on the TMC examination with a threshold for that outcome. Aggregate data on this new outcome metric will be reported in the 2020 Report on Accreditation (due this July 1st).

Table 29 – CRT Credentialing Success for 2013 RCS through 2019 RCS					
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	91.8% (9.7)	100%	45.5%	80%	41
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	92.4% (8.7)	100%	52.6%	80%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	92.3% (8.4)	100%	55.9%	80%	35
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	92.5% (8.7)	100%	46.7%	80%	35
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	93.1% (10.8)	100%	45.2%	80%	21
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	93.7% (8)	100%	49%	80%	21
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	93.0% (9)	100%	0%	80%	26

³ The 2011 RCS CRT credentialing success calculation did not subtract the number of students enrolling in an RC program having already earned a CRT credential prior to enrollment.

2019 RCS data on CRT credentialing success (**Table 29**) show a total of 400 programs reporting. The mean CRT credentialing success was 93% with the highest rate of 100% (n=111) and the lowest rate of 0% (n=1). A total of 26 programs (6.5% of total) reported CRT credentialing success rates below the CoARC-established threshold of 80%. As per CoARC Standard 3.11, these programs began a dialogue with the CoARC to develop an appropriate plan of action (i.e., a progress report) for program improvement.

When compared to the 2018 RCS data on CRT credentialing success rates, the 2019 RCS data shows a 0.7% decrease in the mean success rate. The program reporting the lowest mean success rate was at 0%. The number of programs reporting the highest success rate (100%) increased slightly from 104 (2013 RCS) to 109 (2014 RCS), decreased to 103 (2015 RCS) then from 110 (2016 RCS), then from 113 (2017), to 120 (2018), to 111 (2019). The number of programs reporting CRT credentialing success rates below the CoARC-established threshold decreased from 9.7% of total programs reporting in the 2013 RCS to 9.2% in the 2014 RCS to 8.1% in the 2015 and 2016 RCS, to its lowest level of 5% with the 2017 and 2018 RCS, and 6.5% for 2019.

CRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 30 –CRT Credentialing Success by Degree Offered for 2016 RCS through 2019 RCS

Degree Offered (n=400)	2019 RCS	Degree Offered (n=419)	2018 RCS	Degree Offered (n=421)	2017 RCS	Degree Offered (n=433)	2016 RCS
	Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)
Associate (n=335)	93% (21)	Associate (n=349)	93.3% (19)	Associate (n=360)	92.5% (21)	Associate (n=369)	91.8% (33)
Baccalaureate (n=60)	93% (5)	Baccalaureate (n=64)	95.8 (2)	Baccalaureate (n=57)	96.5%	Baccalaureate (n=60)	96.1% (2)
Masters (n=5)	98%	Masters (n=6)	97.5	Masters (n=4)	99.1%	Masters (n=4)	100%

Table 30 compares CRT credentialing success data in relation to the degree offered for the 2016 RCS through the 2019 RCS. For the 2019 RCS, RC Programs offering Master’s degrees had the highest mean (98%). RC Programs offering the associate and baccalaureate degree had the lowest mean (93%).

For the 2019 RCS 21 out of the 26 programs below the CoARC threshold of 80% offered the Associate Degree (12 AAS degree programs, 8 AS degree programs, and 1 AST degree program). The remaining 5 programs offered the Baccalaureate degree. For the 2018 RCS 19 out of the 21 programs below the CoARC threshold of 80% offered the Associate Degree (13 AAS degree programs, 5 AS degree programs, and 1 AST degree program). The remaining 2 programs offered the Baccalaureate degree. For the 2017 RCS, all 21 programs below the CoARC threshold of 80% offered the Associate degree (10 AAS degree programs and 11 AS degree programs). For the 2016 RCS, 33 of the 35 programs below the CoARC threshold of 80% offered the Associate degree (18 AAS degree programs, 13 AS degree programs, and 2 AST degree programs). The remaining 2 programs offered the Baccalaureate degree.

Table 31 – CRT Credentialing Success by Institutional Type for 2016 RCS though 2019 RCS

Institutional Type (N=400)	2019 RCS	Institutional Type (N=419)	2018 RCS	Institutional Type (N=421)	2017 RCS	Institutional Type (N=433)	2016 RCS
	Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)
Four-Year College or University (n=94)	93% (9)	Four-Year College or University (n=10)	93.7% (6)	Four-Year College or University (n=99)	94.4% (3)	Four-Year College or University (n=97)	93.7% (6)
Career or Technical College (n=10)	96%	Career or Technical College (n=10)	95.6%	Career or Technical College (n=10)	95.8%	Career or Technical College (n=9)	93.3%
Community or Junior College (n=233)	93% (11)	Community or Junior College (n=244)	94.3% (8)	Community or Junior College (n=240)	93.3% (14)	Community or Junior College (n=248)	92.6% (16)
Academic HSC/Medical Center (n=8)	99%	Academic HSC/Medical Center (n=9)	97.9%	Academic HSC/Medical Center (n=8)	96.1%	Academic HSC/Medical Center (n=13)	96.1% (1)
Technical or Vocational School (n=53)	94% (6)	Technical or Vocational School (n=53)	90% (7)	Technical or Vocational School (n=62)	89.9% (4)	Technical or Vocational School (n=64)	89.3% (11)
U.S. Military (n=2)	93%	U.S. Military (n=2)	92.5%	U.S. Military (n=2)	88.1%	U.S. Military (n=2)	82.4% (1)

Table 31 compares CRT credentialing success data in relation to institutional type for the 2016 through 2019 RCS. For the 2019 RCS, RC Programs located in Academic HSC/Medical Centers continued to demonstrate the highest mean CRT credentialing success at 99%. Four-year College or university, community or junior college, and U.S. Military have the lowest mean CRT credentialing success at 93%. When compared to the 2018 RCS, there were increases in all categories except the Community or Junior Colleges.

For the 2019 RCS, 11 of the 26 programs below the CoARC threshold of 80% were located at a Community or Junior College, 6 were at a Technical or Vocational School and 9 programs were at a Four-Year College or University. For the 2018 RCS, 8 of the 21 programs below the CoARC threshold of 80% were located at a Community or Junior College, 7 were at a Technical or Vocational School and 6 programs were at a Four-Year College or University. For the 2017 RCS, 14 of the 21 programs below the CoARC threshold of 80% were located at a Community or Junior College, 4 were at a Technical or Vocational School and 3 programs were at a Four-Year College or University. For the 2016 RCS, 16 of the 35 programs below the CoARC threshold of 80% were located at a Community or Junior College, 11 were at a Technical or Vocational School and 6 programs were at a Four-Year College or University. The two remaining programs were at a U.S. Military institution and an Academic HSC/Medical Center.

Table 32 – CRT Credentialing Success by Institutional Control for 2016 RCS though 2019 RCS

Institutional Control (N=400)	2019 RCS	Institutional Control (N=419)	2018 RCS	Institutional Control (N=421)	2017 RCS	Institutional Control (N=433)	2016 RCS
	Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)		Mean CRT Success (# of programs below CoARC threshold)
Public/Not-For-Profit (n=315)	93% (15)	Public/Not-For-Profit (n=325)	94.6% (11)	Public/Not-For-Profit (n=329)	93.8% (14)	Public/Not-For-Profit (n=345)	93.3% (17)
Private/For-Profit (Proprietary) (n=43)	92% (5)	Private/For-Profit (Proprietary) (n=41)	88.2% (5)	Private/For-Profit (Proprietary) (n=51)	88.8% (6)	Private/For-Profit (Proprietary) (n=51)	88.2% (11)
Private/Not-For-Profit (n=40)	93% (6)	Private/Not-For-Profit (n=51)	92.5% (5)	Private/Not-For-Profit (n=39)	93.3% (1)	Private/Not-For-Profit (n=35)	90.8% (6)
Federal Government (n=2)	93%	Federal Government (n=2)	92.5%	Federal Government (n=2)	88.1%	Federal Government (n=2)	82.4% (1)

Table 32 compares CRT credentialing success data in relation to institutional control/funding for the 2016 RCS through the 2019 RCS. For the 2019 RCS, programs controlled/funded by Public/Not-For-Profit, private/not-for profit, and federal government institutions continued to demonstrate the highest mean CRT credentialing success at 93%. The private/for-profit (proprietary) demonstrated the lowest mean CRT credentialing success rate 92%. The private/for-profit (proprietary), private/not-for-profit sectors and federal government showed an increase in mean CRT credentialing success for the 2019 RCS when compared to the 2018 RCS.

For the 2019 RCS, 15 of the 26 programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions, five programs by Private/For-Profit (Proprietary) institutions, and six by Private/Not-For-Profit institutions. For the 2018 RCS, 11 of the 21 programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions, five programs by Private/For-Profit (Proprietary) institutions, and five by Private/Not-For-Profit institutions. For the 2017 RCS, 14 of the 21 programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions, six programs by Private/For-Profit (Proprietary) institutions and one by Private/Not-For-Profit institutions. For the 2016 RCS, 17 of the 35 programs below the CoARC threshold of 80% were controlled/funded by Public/Not-For-Profit institutions, eleven programs by Private/For-Profit (Proprietary) institutions and six by Private/Not-For-Profit institutions. The remaining program was controlled/funded by the Federal Government.

RRT Credentialing Success

RRT Credentialing Success is defined by the CoARC as the percentage of graduates who earn the RRT credential by achieving the high cut score on the Therapist Multiple-Choice Examination (TMC) and subsequently passing the Clinical Simulation Examination (CSE), regardless of the number of TMC or CSE exam attempts. RRT credentialing success is derived by dividing the total number of those achieving the RRT (numerator) by the # of graduates (denominator) in each three-year reporting period. *Note:* This metric is not the same as the NBRC RRT pass rate, which measures the number of candidates passing the exam divided by the number of candidates attempting the exam. The Therapist Multiple-Choice (TMC) Examination administered by the NBRC is designed to measure the essential knowledge, skills, and abilities acquired by graduates of entry-level respiratory therapy educational programs and determine their eligibility for the Clinical Simulation Examination. The RRT credential is required in certain states such as Ohio, California, Oregon, Arizona, New Jersey, and New Mexico to enter practice. Accordingly, graduates of CoARC-accredited programs in other states can choose to forego the CSE examination after earning the CRT credential and still obtain a license to practice. While programs are required to provide RRT outcomes data on the RCS, no threshold for this outcome has been established by the CoARC and, accordingly, no accreditation actions are taken based on RRT credentialing success. For more information related to this outcome measure, download the CoARC’s *Position Statement Regarding Exam-based Outcome Measures* available at www.coarc.com.

Table 33 – RRT Credentialing Success for 2013 RCS through 2019 RCS				
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	63.4% (22.1)	100%	0%	N/A
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	67.9% (21.3)	100%	0%	N/A
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	70.5% (20.4)	100%	11.1%	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	72.7% (20.0)	100%	15.6%	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	75.1% (19.0)	100%	13.8%	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	80.2% (17.6)	100%	0%	N/A
2019 RCS Data from 1/1/16 to 12/31/18 (N=400)	80.0% (18)	100%	0%	N/A

2019 RCS data on RRT credentialing success (**Table 33**) show a total of 400 programs reporting data. The mean RRT credentialing success was 80% with the highest rate (100%) achieved by 32 programs and the lowest rate of 0% (n=2). When compared to the 2018 RCS data, the 2018 data continued to show a decrease (0.2%), with an overall increase of 16.6% since the 2013 RCS. The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 for the 2012 RCS, to 13 for the 2013 RCS, to 19 for the 2014 RCS, to 23 for the 2015 RCS, to 28 for the 2016 RCS, to 19 for the 2017 RCS, to 34 for 2018 RCS, to 32 in 2019.

RRT Credentialing Success by Degree Offered, Institutional Type, and Institutional Control/Funding

Table 34 –RRT Credentialing Success by Degree Offered for 2016 RCS though 2019 RCS

Degree Offered (N=400)	2019 RCS Mean RRT Success	Degree Offered (N=419)	2018 RCS Mean RRT Success	Degree Offered (N=421)	2017 RCS Mean RRT Success	Degree Offered (N=433)	2016 RCS Mean RRT Success
Associate (n=335)	80%	Associate (n=349)	78.8%	Associate (n=369)	70.5%	Associate (n= 372)	67.8%
Baccalaureate (n=60)	80%	Baccalaureate (n=64)	87.6%	Baccalaureate (n=60)	84.9%	Baccalaureate (n=58)	85.5%
Masters (n=5)	78%	Masters (n=6)	93%	Masters (n=4)	96.9%	Masters (n=4)	97.0%

Table 34 compares RRT credentialing success data in relation to the degree offered for the 2015 RCS through the 2018 RCS. For the 2018 RCS, RC programs offering Associate and Baccalaureate degrees had the highest mean RRT credentialing success (80%). RC programs offering Masters degrees had the lowest mean RRT credentialing success (78%). The Associate degree category continued to demonstrate an increase in mean RRT credentialing success when compared to previous RCS data.

Table 35 – RRT Credentialing Success by Institutional Type for 2016 RCS though 2019 RCS

Institutional Type (N=400)	2019 RCS Mean RRT Success	Institutional Type (N=421)	2018 RCS Mean RRT Success	Institutional Type (N=421)	2017 RCS Mean RRT Success	Institutional Type (N=433)	2016 RCS Mean RRT Success
Four-Year College or University (n=94)	78%	Four-Year College or University (n=101)	80.2%	Four-Year College or University (n=98)	81.0%	Four-Year College or University (n=97)	78.5%
Career or Technical College (n=10)	80%	Career or Technical College (n=10)	79.4%	Career or Technical College (n=10)	72.4%	Career or Technical College (n=9)	69.1%
Community or Junior College (n=233)	80%	Community or Junior College (n=244)	72%	Community or Junior College (n=241)	74.7%	Community or Junior College (n=248)	72.3%
Academic HSC/Medical Center (n=8)	87%	Academic HSC/Medical Center (n=9)	88.3%	Academic HSC/Medical Center (n=8)	83.8%	Academic HSC/Medical Center (n=13)	89.4%
Technical or Vocational School (n=53)	79%	Technical or Vocational School (n=53)	71.5%	Technical or Vocational School (n=62)	67.6%	Technical or Vocational School (n=64)	64.0%
U.S. Military (n=2)	46%	U.S. Military (n=2)	40.5%	U.S. Military (n=2)	36.9%	U.S. Military (n=2)	30.1%

Table 35 compares RRT credentialing success data in relation to institutional type for the 2016 RCS through the 2019 RCS. For the 2019 RCS, RC programs located in Academic HSC/Medical Centers continued to have the highest mean RRT credentialing success at 87%. RC programs located at U.S. Military facilities continued to the lowest mean RRT credentialing success at 46%. Increases in mean RRT credentialing success occurred for all categories except Four-Year Colleges or Universities and Academic HSC/Medical Center facilities when compared to 2018 RCS data.

Table 36 – RRT Credentialing Success by Institutional Control for 2016 RCS through 2019 RCS

Institutional Control (N=400)	2019 RCS	Institutional Control (N=419)	2018 RCS	Institutional Control (N=421)	2017 RCS	Institutional Control (N=433)	2016 RCS
	Mean RRT Success		Mean RRT Success		Mean RRT Success		Mean RRT Success
Public/Not-For-Profit (n=315)	80%	Public/Not-For-Profit (n=325)	81.8%	Public/Not-For-Profit (n=324)	77.1%	Public/Not-For-Profit (n=345)	74.8%
Private/For-Profit (Proprietary) (n=43)	78%	Private/For-Profit (Proprietary) (n=41)	70%	Private/For-Profit (Proprietary) (n=51)	64.8%	Private/For-Profit (Proprietary) (n=51)	62.3%
Private/Not-For-Profit (n=40)	79%	Private/Not-For-Profit (n=51)	80.3%	Private/Not-For-Profit (n=44)	73.1%	Private/Not-For-Profit (n=35)	69.9%
Federal Government (n=2)	46%	Federal Government (n=2)	40.5%	Federal Government (n=2)	36.9%	Federal Government (n=2)	30.1%

Table 36 compares RRT credentialing success data in relation to institutional control/funding for the 2016 RCS through the 2019 RCS. For the 2019 RCS, RC Programs controlled/funded by public/not-for-profit institutions continued to demonstrate the highest mean RRT credentialing success (80%). RC Programs controlled/funded by the federal government continued to demonstrate the lowest mean RRT credentialing success rate (46%). Increases in mean RRT credentialing success occurred for RC programs in all except public/not for profit and private/not-for-profit categories when compared to 2018 RCS data.

Overall Graduate Satisfaction

The CoARC evaluates overall graduate satisfaction based on a CoARC developed survey which uses a 5-point Likert scale. Programs administer the survey to employed program graduates six (6) to twelve (12) months after graduation. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing the subject, 80% of returned graduate surveys must rate overall satisfaction at 3 or higher on a 5-point Likert scale. A copy of the survey template can be accessed at <https://www.coarc.com/Accreditation-Resources/Annual-Reporting-Tool.aspx>. CoARC sent a notification on November 16th, 2018 explaining that shortly after the release of its 2018 Annual RCS in late October, the CoARC was informed that graduate and employer survey data from prior years could not be transferred into the new RCS format. As a result, programs were only able to submit survey data for 2017 in their 2018 RCS. Accordingly, at its November 2018 meeting, the CoARC Board determined that no accreditation decisions based on subthreshold results in graduate and employer surveys would be taken until three years of data are available, which will occur with the submission of the RCS due July 1, 2020.

Overall Employer Satisfaction

The CoARC evaluates overall employer satisfaction based on a CoARC-developed survey which uses a 5-point Likert scale. Programs administer the survey to employers of their graduates six (6) to twelve (12) months after graduation. A copy of the survey template can be accessed at <https://www.coarc.com/Accreditation-Resources/Annual-Reporting-Tool.aspx>. The CoARC-established threshold for this outcome is 80%, meaning that, for the question specifically assessing this subject, 80% of returned surveys must rate overall employer satisfaction with program graduates at 3 or higher on a 5-point Likert scale. A copy of the survey template can be accessed at www.coarc.com. CoARC sent a notification on November 16th, 2018 explaining that shortly after the release of its 2018 Annual RCS in late October, the CoARC was informed that graduate and employer survey data from prior years could not be transferred into the new RCS format. As a result, programs were only able to submit survey data for 2017 in their 2018 RCS. Accordingly, at its November 2018 meeting, the CoARC Board determined that no accreditation decisions based on subthreshold results in graduate and employer surveys would be taken until three years of data are available, which will occur with the submission of the RCS due July 1, 2020.

PROGRAMMATIC DATA RELATED TO THE AARC 2015 AND BEYOND PROJECT

This intent of this section is to provide the CoARC’s communities of interest with additional programmatic data related to the American Association for Respiratory Care’s (AARC’s) *2015 and Beyond* project. These data should be particularly useful in addressing the following issues: (1) Maintaining an adequate respiratory therapy workforce; (2) Increasing access to baccalaureate degrees for respiratory therapy students enrolled in associate degree granting programs; and (3) Helping associate degree programs that wish to align with bachelor degree granting institutions develop consortial and/or cooperative agreements.

Baccalaureate Degree Eligibility Categories

Table 50 – Baccalaureate Degree Eligibility-Number of Programs for 2015 (N=427), 2016 (N=428), 2017 (N=431), 2018 (N=424), and 2019 (N=420)

Baccalaureate Degree Eligibility Category	# of Programs as of 12/31/15	# of Programs as of 12/31/16	# of Programs as of 12/31/17	# of Programs as of 12/31/18	# of Programs as of 12/31/19
I. Sponsoring institution offers a baccalaureate degree RC program	65	69	72	68	67
II. Sponsoring institution offers baccalaureate degrees in other disciplines	88	87	85	86	79
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances ⁴	108	106	107	108	132
IV. Sponsoring institution cannot offer a baccalaureate degree	166	166	167	162	142

Table 50 assigns RC programs and satellite options, based on data from the end of each calendar year to one of four baccalaureate degree eligibility categories.

Category I includes sponsoring institutions that offer an Entry into RC Professional Practice baccalaureate degree or higher upon graduation. As of 12/31/2019, 67 of the 420 (16% of total) RC programs and satellites fall under Category I.

Category II includes sponsoring institutions that can offer both the associate degree and baccalaureate degree or can transition their associate degree to a baccalaureate degree. As of 12/31/2019, 79 (19% of total) RC programs and satellites fall under Category II.

Category III includes sponsoring institutions offering an Entry into RC Professional Practice associate degree upon graduation, that are located in states that authorize community colleges to award bachelor's degrees under certain circumstances. According to the Community College Baccalaureate Association, 24

⁴ Source: Community College Baccalaureate Association <http://www.accbd.org>

states have legislation allowing community colleges to award bachelor's degrees. The 132 sponsoring institutions in this category may have the capability of offering both the associate degree and baccalaureate degree or may be able to transition their associate degree to a baccalaureate degree. However, because of differences in the applicable legislation the extent of this capability varies greatly from state to state. As of 12/31/2019, 132 of the 420 (31% of total) RC programs and satellites fall under Category III.

Category IV includes sponsoring institutions offering an Entry into RC Professional Practice associate degree upon graduation that do not have the authority to award a baccalaureate degree. However, depending on applicable state rules and regulations, sponsoring institutions in this category may be capable of articulating with, or participating in a consortial partnership with, a 4-year degree-granting institution. As of 12/31/2019, 142 of the 420 (34% of total) RC programs and satellites fall under Category IV.

Baccalaureate Degree Eligibility – Enrollment Capacity and Graduation Rates

Table 51 – Baccalaureate Degree Eligibility- Enrollment Capacity and Graduates for 2016 (N=431), 2017 (N=424), and 2018 (N=420)

Baccalaureate Degree Eligibility Category	Maximum Enrollment Capacity as of 12/31/16	Total Graduates as of 12/31/16	Maximum Enrollment Capacity as of 12/31/17	Total Graduates as of 12/31/17	Maximum Enrollment Capacity as of 12/31/18	Total Graduates as of 12/31/18
I. Sponsoring institution currently offers a baccalaureate degree RC program	1,546	875	1,491	792	1,612	766
II. Sponsoring institution offers baccalaureate degrees in other disciplines	3,241	1,615	3,422	1,538	3,167	1,350
III. Sponsoring institution located in a state that authorizes community colleges to award bachelor's degrees under certain circumstances ⁷	3,029	1,676	3,283	1,874	3,728	1,997
IV. Sponsoring institution cannot offer a baccalaureate degree	5,224	2,497	4,434	2,110	4,400	2,060

Table 51 provides an assessment of the maximum annual enrollment capacity and the total number of graduates for each calendar year (based on assignment of RC programs and satellite options to these four baccalaureate degree eligibility categories)

As of December 31, 2018, the 67 programs in Category I produced 766 graduates (12.4% of the total of the 6,173 graduates from all 4 categories in 2018). The 79 programs in Category II produced 1,350 graduates (21.9% of the total graduates). The 132 programs in Category III produced 1,997 graduates (32.4% of the total graduates). The 142 programs in Category IV produced 2,060 graduates (33.4% of the total graduates).

RC Program Consortia

In its accreditation *Standards*, the CoARC defines a consortium as “a legally binding contractual partnership of two or more sponsoring institutions (at least one of which is a duly accredited degree-granting institution of higher education) that come together to offer a program. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.” CoARC Entry Standard 1.02 and DA Standard 1.2 state that “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.” **Table 53** provides a listing of 35 consortium programs as of December 31, 2019 according to the CoARC’s database.

Table 53 – RC Program Consortia as of December 31, 2019				
Program #	Consortium Name	City	State	Degree
200014	Millersville University	Millersville	PA	BS
200019	Mansfield University	Mansfield	PA	AAS
200039	Indiana Respiratory Therapy Ed Consortium	Indianapolis	IN	BS
200088	Delaware Co CC/Crozer-Chester Med Ctr.	Upland	PA	AAS
200102	East Los Angeles College/Santa Monica	Monterey Park	CA	AS
200133/220133	St. Alexius Medical Center/University of Mary	Bismarck	ND	BS/MS
200138	Hudson Valley Community College	Troy	NY	AAS
200143	CHI Health/Midland University	Omaha	NE	BS
200172	Mayo Clinic College of Medicine School	Rochester	MN	BS
200260	Cincinnati State Tech-Community College	Cincinnati	OH	AAS
200299	Delaware Technical and Community College	Wilmington	DE	AAS
200313	West Chester University/Bryn Mawr Hospital	Bryn Mawr	PA	BS
200367	North Dakota State University/Sanford	Fargo	ND	BS
200392	Bossier Parish Community College	Bossier City	LA	AAS
200397	Frederick Community College	Frederick	MD	AAS
200430	Carver Career Center/Bridge Valley CTC	Charleston	WV	AS
200431	Pickens Technical College	Aurora	CO	AAS
200432	Missouri Southern State University	Joplin	MO	AS
200450	Collins Career Technical Center	Chesapeake	OH	AAS
200454	Francis Tuttle	Oklahoma City	OK	AS
200461	Northeast Kentucky Consortium	Morehead	KY	AAS
200463	Autry Technology Ctr/Northern OK College	Enid	OK	AAS
200490	Stevens-Henager College	Salt Lake City	UT	AAS
200497	Cape Girardeau Career & Technology Center	Cape Girardeau	MO	AS
200504	University of Rio Grande/Rio Grande CC	Rio Grande	OH	AS
200506	Marshall University/St. Mary’s Med Ctr.	Huntington	WV	BS

200531	Cameron University	Lawton	OK	AAS
200585	US Army Med Ed & Training Campus	Fort Sam Houston	TX	AAS
200586	Simi Institute/Excelsior	Simi Valley	CA	AS
200600	Sullivan Respiratory Care Consortium	Loch Sheldrake	NY	AAS
210273	York College of PA	York	PA	BS
300025	Monroe City Hall Annex	West Monroe	LA	AAS

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