



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines *for the Profession of Respiratory Care*

*Essentials/Standards initially adopted in 1962;
revised in 1972, 1977, 1986, 2000, 2003*

*Adopted by the
AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN SOCIETY OF ANESTHESIOLOGISTS
AMERICAN THORACIC SOCIETY
AND
COMMISSION ON ACCREDITATION
OF ALLIED HEALTH EDUCATION PROGRAMS*

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation for Respiratory Care.

These accreditation *Standards* are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Respiratory Care profession. The accreditation *Standards* therefore constitute the minimum requirements to which an accredited program is held accountable.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Association for Respiratory Care (AARC), the American College of Chest Physicians (ACCP), the American Society of Anesthesiologists (ASA), and the American Thoracic Society (ATS), cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Respiratory Care and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation *Standards*. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of Respiratory Care programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation *Standards*.

Description of the Profession of Respiratory Care

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. As members of this team, respiratory therapists should exemplify the standards and ethics expected of all health care professionals.

In addition to performing respiratory care procedures, respiratory therapists are involved in clinical decision-making and patient education. The scope of practice for respiratory therapy includes, but is not limited to:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies such as: obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management;
- participating in life support activities as required; and promoting evidence-based medicine; research; and clinical practice guidelines.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of an associate degree at the completion of the program.

*The intent of this **Standard** is that the respiratory care educational program exist as a formal, integrated, associate degree curricular offering, with the degree not awarded until all aspects of the program have been completed.*

Baccalaureate degree programs may grant special certificate(s) of completion that allow students to apply for the Entry Level and/or Advanced Practitioner credentialing exams after completion of all coursework commensurate with the requirements for an associate degree in respiratory care in that state/region.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must assure that the provisions of these **Standards** are met.

The sponsor is responsible for appointment of faculty, curriculum planning, selection of course content, receiving and processing applications for admission, coordination of classroom, laboratory and clinical instruction, supervision of clinical practice, and granting the associate

degree (or recognition beyond the associate degree) upon satisfactory completion of the educational program.

The sponsor should assist program faculty and staff to fulfill their job responsibilities by supporting such opportunities for their continuing professional growth as are appropriate and necessary to meet the program's desired outcomes. In this context, 'professional growth' should be taken to include ongoing training in respiratory care, teaching methodologies and administration.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, the public and nationally accepted standards of roles and functions.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of these communities of interest must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsoring institutional personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent Respiratory Therapists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies as well as specified advanced competencies prior to entry into the field.

Each program should incorporate within its goals and learning domains the expectation that graduates shall consistently demonstrate competence at the level for which they were prepared, as periodically defined by nationally accepted standards of practitioner roles, functions and behaviors. Such statements should clearly identify the specific competencies in each learning domain expected of program graduates. These competencies should provide the framework for structuring the program's instructional plan and for defining the objectives of its curriculum.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations,

equipment/supplies, computer resources, instructional reference materials, faculty/staff continuing education and physician instructional involvement.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Key Administrative Personnel

The sponsor must appoint a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

Full-time is defined as the usual and customary time commitment required by the institution for faculty members or employees in equivalent positions in other health educational activities. Under this definition, the Program Director and the Director of Clinical Education should be sufficiently free from service and other non-educational responsibilities to fulfill the educational and administrative responsibilities of the respiratory care program. The Medical Director need not be full-time.

a. Program Director

(1) Responsibilities

The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional and administrative capabilities.

(2) Qualifications

The Program Director must be a Registered Respiratory Therapist (RRT) and hold such professional license or certificate as is required by the state in which he or she is employed. The Program Director must possess at least a baccalaureate degree.

The Program Director should have a minimum of four (4) years experience as a Registered Respiratory Therapist, of which at least two (2) years should have been spent in clinical respiratory care and at least two (2) years in a teaching position in an accredited respiratory care program. Formal teacher training/experience is recommended.

b. Director of Clinical Education

(1) Responsibilities

The Director of Clinical Education must be responsible for organization, administration, continuous review, planning, development, and general effectiveness of clinical experiences for students enrolled in the respiratory care program.

The Director of Clinical Education should pursue ongoing, formal training designed to maintain and upgrade his/her professional, instructional and administrative capabilities.

(2) Qualifications

The Director of Clinical Education must be a Registered Respiratory Therapist (RRT) and hold such professional license or certificate as is required by the state in which he or she is employed. The Director of Clinical Education must possess at least a baccalaureate degree.

The Director of Clinical Education should have a minimum of four (4) years experience as a Registered Respiratory Therapist, of which at least two (2) years should have been spent in clinical respiratory care and at least two (2) years in a teaching position in an accredited respiratory care program. Formal teacher training/experience is recommended.

c. Medical Director

(1) Responsibilities

The Medical Director of the program must provide the input necessary to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, meet current standards of medical practice. He/she must also assure physician instructional involvement in the training of Respiratory Therapists.

(2) Qualifications

The Medical Director must be a Board Certified/eligible, licensed physician, with recognized qualifications, by training and/or experience, in the management of respiratory disease and in respiratory care practices.

2. Faculty and/or Instructional Staff

(a) Responsibilities

In classrooms, laboratories, and all clinical facilities where a student is assigned, there must be (a) qualified individual(s) clearly designated as liaison(s) to the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

(b) Qualifications

Instructors must be appropriately credentialed for the content area being taught, knowledgeable in subject matter through training and experience, effective in teaching their assigned subjects and who exhibit professional behavior in the workplace.

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation.

Curricular content should be periodically reviewed and revised to reflect both what is being done by Respiratory Therapists in the workplace (the National Board for Respiratory Care, Inc. (NBRC) Job Analysis) and the material covered in the appropriate national credentialing examination(s) (NBRC Examination Matrices), both of which are nationally accepted standards of roles and functions in Respiratory Therapy. Such nationally accepted standards should provide the basis for deriving the objectives and activities constituting the program's curriculum.

For those programs providing a Polysomnography "specialty" option, curricular content should be periodically reviewed and revised to reflect both what is being done by Polysomnographic Technologists in the workplace (the Board of Registered Polysomnographic Technologists, Inc. (BRPT) Job Analysis) and the material covered in the appropriate national credentialing examination (BRPT Examination Matrix), which are nationally accepted standards of roles and functions in Polysomnography.

The competencies stated and the curriculum objectives derived should be consistent with the level of practitioner preparation delineated in the program's goals, and should encompass the knowledge, technical expertise and behavior expected of graduates. These competencies should be achieved within the framework of appropriately sequenced units, modules and courses of instruction in general studies, basic science, clinical science, and respiratory care accompanied

or followed by a series of structured laboratory and clinical experiences. Particular effort should be expended to emphasize appropriate aspects of the affective domain throughout the curriculum.

In meeting the requirements of state and institutional accreditation, the following units, modules, and courses of instruction **may** be included:

1. *General Education Competencies*

Mathematics
Written and Oral Communication
Social/Behavioral Sciences
Computer Science
Critical Thinking Skills
Evidence-Based Scientific Literature and Technology Assessment

2. *Basic Sciences Related to Respiratory Care*

Human Anatomy and Physiology
Cardiopulmonary Anatomy and Physiology
Cardiopulmonary Pathophysiology
Chemistry
Physics
Microbiology
Pharmacology

3. *Specific Respiratory Care Content Areas*

Assessment of patients' cardiopulmonary status
Medical gas therapy
Aerosol and humidity therapy
Airway management
Lung inflation (pulmonary volume expansion) therapy
Bronchial hygiene therapies
Management of mechanical ventilation
Infection control
Cardiopulmonary assessment, monitoring and interpretation

- *Pulmonary function testing*
- *Arterial blood gases*
- *Hemodynamics*
- *Electrocardiography*
- *Noninvasive cardiopulmonary diagnostics*
- *Exercise testing*

Survey of polysomnographic assessment, monitoring, interpretation and treatment.
Cardiopulmonary resuscitation

- *Basic Life Support*
- *Advanced Life Support*

Use of clinical practice guidelines to assure appropriate respiratory care
Principles of case management
Alternate site care, to include:

- *Home care*
- *Subacute care (specialty unit)*
- *Skilled nursing facilities*
- *Hospice*
- *Physician office*
- *Patient and Care-Giver Education*

- *Cardiac rehabilitation*
- *Pulmonary rehabilitation*
- *Health promotion and disease prevention*
- *Tobacco products, smoking cessation, and research*
- *Disaster response/bio-terrorism*
- *Pediatrics and perinatology*
- *Geriatrics*
- *Medical record keeping, reimbursement*

Respiratory therapy as a profession

- *Medical ethics*
- *Licensure and credentialing*
- *Membership in professional associations*
- *Professional behavior*
- *Cultural awareness/diversity*

For a Respiratory Care/Polysomnography “specialty” accreditation option, the following additional units, modules, and courses of instruction may be appropriate:

Focused Polysomnographic Technology

- *Clinical Polysomnography-Sleep Staging & Pattern Recognition*
- *Electroneurodiagnostic Electronics & Instrumentation*
- *Electroneurodiagnostic Recording Techniques*
- *Electrographic and Clinical Correlations*
- *Pharmacology for Treatment of Sleep/Wake Disorders*
- *Neuroanatomy and Physiology*
- *Anatomy and Physiology related to sleep and sleep disorders*
- *Sleep disorders classifications*
- *Patient and equipment preparation for Polysomnography*
- *Fundamentals of Polysomnographic instrumentation*
- *Polysomnographic monitoring techniques*
- *Multiple Sleep Latency Testing/Maintenance of Wakefulness Testing*
- *Scoring of sleep, sleep related events and report generation*
- *Fundamentals of therapeutic intervention during Polysomnography*
 - Supplemental O₂
 - PAP titration (continuous or bi-level)
- *Other surgical, non-surgical and behavioral treatment modalities*

Multiple Program or Curriculum Designs

When more than one design is used to develop the same practitioner competencies, the program must use program resource and outcome assessment to demonstrate that all such program variations result in equivalent graduate outcomes.

The program should demonstrate that the teaching methods are valid for all students, that the evaluation systems are equivalent, and that the graduates of all program designs are equally competent. An example of multiple program design is the addition of distance learning to traditional instructional methods.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

The format for resource assessment documents should be:

- *purpose statements;*
- *measurement systems;*
- *dates of measurement;*
- *results;*
- *analyses;*
- *action plans;*
- *follow-up.*

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

The evaluation system should provide each student and the program with a thorough analysis of the student's knowledge, performance-based strengths and areas needing improvement, and his/her progress toward attainment of the competencies and objectives stated in the curriculum. The program should be able to demonstrate inter-rater reliability among those individuals who perform evaluations.

Faculty should demonstrate that the evaluation methods chosen are consistent with the competencies and objectives being tested. Methods of assessment should be carefully designed and constructed to measure stated objectives at the appropriate level of difficulty. To ensure their effectiveness, evaluation methods should undergo frequent reappraisal. The program should demonstrate that such reviews result in appropriate updating and revision of the methods employed or in the formulation of more effective methods.

Methods used to evaluate clinical skills and behaviors should be consistent with stated performance expectations and designed to assess competency attainment accurately and reliably.

Students should have adequate time to correct identified deficiencies in knowledge and/or performance. Guidance should be available: to help students understand course content; to comply with program practices and policies; to provide counseling or referral for problems that may interfere with their progress through the program. Students should be eligible for all services offered by the educational institution.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes Assessment

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments include, but are not limited to: national credentialing examinations performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

Programmatic summative measures, if used, should contribute to assessing effectiveness in specific learning domains. "Positive Placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/or serving in the military.

In an effort to keep programmatic attrition below the established CoARC Threshold, the program should provide objective, success-related admissions standards, and/or prerequisites, and effective methods of assessing basic academic skills for all prospective students. Prospective students should be admitted to the program after having demonstrated at least a minimum acceptable level of academic skills performance.

Program evaluation should be a continuing systematic process in consultation with employers, faculty, preceptors, students and graduates, involving internal and external curriculum validation.

Programs not meeting the established "Thresholds of Success" set by CoARC, will begin a dialogue with CoARC to develop an appropriate plan of action to respond to the identified shortcomings.

2. Outcomes Reporting

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

The program should maintain records of evaluations of the effectiveness of its action plan(s).

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies, admissions policies and practices, policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program, tuition/fees and other costs required to complete the program, policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

In accordance with the Americans with Disabilities Act (ADA) and other governmental regulations, technical standards that define the essential functions of respiratory care may be published and used in the lawful and non-discriminatory admission of students.

C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

Records of student evaluation should be maintained in sufficient detail to document learning progress, deficiencies and achievement of competencies. These records should remain on file until after the student has successfully completed all degree plan requirements for graduation. The institution should also maintain complete records for each student who is not successful in completing the prescribed course of instruction.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoARC in a timely manner. Other substantive change(s) to be reported to CoARC within the time limits prescribed include:

- Vacancy in Key Personnel positions
- Significant curriculum revision(s)

F. Agreements

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

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it to:

CoARC
1248 Harwood Road
Bedford, TX 76021
Phone: (817) 283-2835
Fax: (817) 354-8519

The “Request for Accreditation Services” form can be obtained from CoARC, CAAHEP, or the CAAHEP website at www.caahep.org.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from CoARC. The on-site review will be scheduled in cooperation with the program and CoARC once the self-study report has been completed, submitted, and accepted by CoARC.

2. Applying for Continuing Accreditation

- a. Upon written notice from CoARC, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

CoARC
1248 Harwood Road
Bedford, TX 76021
Phone: (817) 283-2835
Fax: (817) 354-8519

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of CoARC.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to CoARC forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform CoARC and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief

executive officer, dean of health professions or equivalent position, and required program personnel.

- b. The sponsor must inform CAAHEP and CoARC of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and CoARC that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. CoARC has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and CoARC of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by CoARC in accordance with its policies and procedures. The time between comprehensive reviews is determined by CoARC and based on the program's on-going compliance with the *Standards*; however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CoARC and CAAHEP fees within a reasonable period of time, as determined by CoARC and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with CoARC policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CoARC accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by CoARC.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP Accredited Program

Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to CoARC and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and CoARC. The sponsor will be notified by CoARC of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, CoARC forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before CoARC forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. CoARC’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before CoARC forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. CoARC’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when CoARC arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation *Standards*.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP accredited program.