



**Middle Georgia
State University**

Respiratory Therapy

100 University Parkway, Macon, GA 31206
478.471.2783 mga.edu

Macon
Cochran
Dublin
Eastman
Warner Robins
and online everywhere

January 18, 2018

Dear Commission on Accreditation for Respiratory Care Administration,

It is my pleasure to announce that Middle Georgia State University's Department of Respiratory Therapy (Program 200424) has developed a curriculum to transition our entry level Associate of Science in Respiratory Therapy to an entry level Bachelor of Science in Respiratory Therapy. This development was initiated following our recent accreditation site visit and in response to the site visitors' suggestion for our program to move in this direction. Upon the discussion to pursue such a degree change, we consulted with Dr. Smalling and were instructed that if we plan to deactivate our AS entry program, we could submit for a substantive change for transition to a BS level entry program, which is our desire.

We developed this program of study to align with CoARC standards and with significant input from our Respiratory Therapy Advisory Committee, our Medical Director, and community clinical partners. They support this transition fully. This program of study has been submitted through Middle Georgia State University's academic affairs, faculty senate and the University System of Georgia's Board of Regents with approval given at each level.

Our Department of Respiratory Therapy has a faculty with over 70 years of combined experience in Respiratory Therapy higher education, as well as an exceptional team of clinical instructors poised to implement this change in Fall 2018 with your support. Our current AS students will be taught out under their program of study, with the last graduates of the AS entry program completing Spring 2019.

We ask that CoARC give its support for us to implement this change for Fall 2018, making baccalaureate prepared Respiratory Therapists available in the middle and south Georgia regions. Attached you will find the required completed substantive change application, as well as the required documentation outlined in the application. Please let us know if there is additional information you require. Many thanks for your time and consideration of this exciting new opportunity for Georgia, our students, and our profession.

Sincerely,

Teresa J. Miller, Chair & Program Director



**BOARD OF REGENTS OF
THE UNIVERSITY SYSTEM OF GEORGIA**

Dr. Martha L. Venn, Ph.D.
Deputy Vice Chancellor For Academic Affairs
Office Of Academic Affairs
270 Washington Street, S.W.
Atlanta, Georgia 30334

Phone: 404-962-3097
Fax: 404-962-3196
email: Martha.Venn@usg.edu

November 29, 2017

Dr. Christopher Blake
President
Middle Georgia State University
Office of the President
100 College Station Drive
Administration Building-Office 224
Macon, GA 31206

Dear President Blake:

At the November 2017 meeting, the Board of Regents approved the following request related to academic programs. Approval for the following program was effective November 15, 2017.

- Establishment of a Bachelor of Science with a major in Respiratory Therapy

If you have any questions or need additional documentation please let me know.

Sincerely,

Martha L. Venn, Ph.D.
Deputy Vice Chancellor for Academic Affairs

Cc: Dr. Melanie Hatch, Provost



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

Process for Reporting Substantive Changes

1. These instructions and application supplement the CoARC Policy on Substantive Changes (Section 9.0) and CoARC Accreditation Standard on Substantive Changes (Standard 1.08/DA1.6/A6). Programs are strongly encouraged to review the CoARC Accreditation Policies and Procedures Manual (www.coarc.com) for further explanation.
2. A substantive change is one that the CoARC believes is significant enough to require the program to notify the CoARC of its occurrence. The sponsor must report substantive change(s) to the CoARC prior to the intended date of implementation, with the exception of an adverse action by the institutional accrediting agency or a change in the program's institutional accreditation status (see Policy 1.07).
3. A program considering or planning a substantive change should notify CoARC early in the institution's planning. Such notification will provide an opportunity for a program to seek consultation from CoARC Executive Office staff regarding the potential effect of the change on the accreditation status and the procedures to be followed. If an accredited program is unclear as to whether a change is substantive, it should consult with the CoARC Executive Office.
4. If a program fails to follow this substantive change policy and its procedures, the program may be subject to an adverse accreditation action.
5. The CoARC Executive Office will review the substantive change application to ensure all questions of compliance with the *Standards* and Policies are met with the implementation of the change. Approval of the change is granted when compliance is demonstrated. CoARC Executive Office will notify the program of:
 - a. The need for additional information or clarification;
 - b. The need to assign a Referee to conduct further review of the application;
 - c. The decision by the Referee to place the application on the next scheduled meeting for CoARC consideration;
 - d. Approval of the change with no further documentation required.
6. This Application along with a cover letter on institutional letterhead must be sent to the Executive Office prior to implementing any of the following changes describing the nature of the change and the projected implementation date. In addition to the above, the sponsor must follow any additional procedures described within this application. Please submit all documentation electronically by emailing Shelley at shelley@coarc.com or by faxing 817-510-1063.
7. An Application for Substantive Change that does not meet all of the above requirements will be returned with an explanation.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

Date Application Completed: 01/16/2018

CoARC Program ID #(s) affected by this change: 200424

Name of Individual

Completing This Form: Teresa J. Miller

Title: Chair Department of Respiratory Therapy- Program Director

Phone: (478) 471-2069

Email: teri.miller@mga.edu

Name of the Institution/

Consortium sponsoring the program:

Address: Middle Georgia State University
100 University Parkway

City: Macon

State: GA

Zip Code: 31206

1. Indicate the substantive change(s) the program is requesting (check all that apply).
2. Complete the appropriate section(s) of this application and provide any additional documentation required for each substantive change.

Policy 9.01

- ☐ Change in Institutional Accreditor/
☐ Ownership/Sponsorship/
☐ Legal Status or Change in Control

Policy 9.02

- ☒ Change in Degree Awarded

Policy 9.03

- ☐ Change in Program Goal(s)

Policy 9.04

- ☒ Change in Curriculum or Delivery Method

Policy 9.10

- ☐ Increase in Enrollment Request

Policy 9.11

- ☐ Change in Program Location

Note: The following substantive changes require separate documentation described under each CoARC Policy. No Substantive Change Application is required for these changes:

9.05 Initiation of Sleep Disorders Specialist Program Option (See Accreditation Policy 2.04)	9.09 Initiation of (a) Satellite location(s) (See Accreditation Policy 2.05)
9.06 Request for Inactive Accreditation Status (See Accreditation Policy 1.058)	9.12 Initiation of (a) Additional Degree Track Program(s) (See Accreditation Policy 2.03)
9.07 Withdrawal of Accreditation – Voluntary (See Accreditation Policy 1.056)	9.13 Transition of Program Option to Base Program (See Accreditation Policy 2.06)
9.08 Key Personnel Vacancy/Replacement (See Accreditation Policy 6.0)	



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

**Change in Institutional Accreditor/Ownership/Sponsorship/Legal Status
or Change in Control***

(Refer to Accreditation Standards 1.01/DA1.6/A6 and Policy 9.01)

** This includes, for example, merger or consolidation with another institution; sale of more than 50% of the stock or the interest or membership in an institution; or beginning or ending of non-profit status.*

EVERYONE completes questions 1 through 5, if requesting changes in this section*.

***If requesting BOTH Institutional Accreditor and Ownership/Sponsorship/Legal Status or Changes in Control complete this entire section.**

- 1) Submit, in addition to this application, a completed *CoARC Application for Accreditation Services Form* (available at www.coarc.com). Please obtain appropriate signatures and complete the form with the revised/new information.
- 2) The proposed date of the transfer/change:
- 3) Describe the rationale for the change/transfer.
- 4) Submit, in addition to this application, a description of any other significant changes that will occur as a result of the transfer/change.

Comments:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

5) Based on the requested change(s)/transfer:

a) Will the key program personnel remain the same? ☒ YES ☐ NO

If **NO**, the new sponsor must submit, **in addition to this application**, key personnel information (**See Accreditation Policy 6.0**).

b) Will the program relocate to a new physical location within the same campus community? ☐ YES ☒ NO

If **YES**, the new sponsor must submit, **in addition to this application**, an updated Resource Assessment Matrix and a Clinical Site Affirmation Form for all new clinical sites.

c) Will the program relocate to a new campus community? ☐ YES ☒ NO

If **YES**, the new sponsor must reinitiate accreditation by submitting a Letter of Intent Application and required documentation (**See Policy 2.0**). Such a change is not considered to be simply a change in sponsorship by CoARC. CoARC will assign a new program ID number and the program will be required to submit a new Annual Report of Current Status (RCS).

For Institutional Accreditor changes only:

Complete questions 6 & 7, in addition to questions 1 through 5.
You may skip questions 8 through 12.

6) Name of the new institutional accreditor:

7) Submit, **in addition to this application**, a copy of the new institutional accreditation letter and/or certificate and any response(s) from the sponsor to the letter.

Comments:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

For Ownership/Sponsorship/Legal Status or Changes in Control only: **

Complete questions 8 through 13, in addition to questions 1 through 5.

You may skip questions 6 & 7.

****Specify the requested change. Please check all that apply.**

☐ Ownership ☐ Sponsorship ☐ Legal Status ☐ Control

8) If this is a change in legal status or control [e.g., public; not for profit, private; not for profit, private; for profit], describe the change below:

9) Name of the former owner(s)/sponsor(s); identification of the consortium members (when appropriate) :

10) Name of the new owner(s)/sponsor(s); identification of the consortium members (when appropriate):

a) Contact information for the new owner(s)/sponsor(s).

Address:

City:

State:

Zip Code:

Phone:

Fax:

Website:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
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b) Contact information for additional owner(s)/new sponsor(s).

Address:

City:

State:

Zip Code:

Phone:

Fax:

Website:

11) Name(s) of the Chief Executive Officer(s) of the new owner(s)/sponsoring organization(s):

12) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

13) Submit, **in addition to this application**, an organizational chart identifying the program's position within the organizational structure for the current owner(s)/sponsor/consortium and proposed new owner(s)/sponsor/consortium. For privately owned institutions, include the name(s) of the owner(s), contact information, and percent ownership.

Comments:

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

Change in Degree Awarded

(Refer to Accreditation Policy 9.02 and Standard 1.01/DA1.6/A6)

- 1) The proposed effective date: **8/13/2018**
- 2) The original degree awarded: **AS**

Graduation date of the last cohort to receive this degree (month/year): **05/2019**

Original degree requirements (specify):

Students currently enrolled in our program graduate with an Associate of Science in Respiratory Therapy after completion of 76 credit hours, of which 42 credit hours are Respiratory Therapy major coursework. Students must successfully complete all Respiratory (RESP) curriculum with a grade of "C" or higher, meet all catalog curricular requirements, and meet all institutional requirements for graduation.

- 3) The new degree awarded: **BS**

Enrollment date of the first cohort to receive this degree (month/year): **08/2018**

Graduation date of the first cohort to receive this degree (month/year): **05/2020**

New degree requirements (specify):

Students enrolled in this program will graduate with a Bachelor of Science in Respiratory Therapy after completion of 120 credit hours, of which 60 credit hours will be Respiratory Therapy major coursework. Students must successfully complete all Respiratory (RESP) curriculum with a grade of "C" or higher, meet all catalog curricular requirements, and meet all institutional requirements for graduation.

- 4) Describe the rationale for the proposed change in degree awarded.

Following the advise and support of our recent CoARC site visitors, in alignment with the profession's desire to increase advanced degree offerings for Respiratory Therapists and to support Middle Georgia State University's mission of offering more baccalaureate prepared graduates to our community, the Department of Respiratory Therapy sought the input of its communities of interest, community partners, students and faculty in development of this Bachelor of Science in Respiratory Therapy degree. The additional credit hours will allow more focused time with incorporation of more clinical hours. simulation preparation. neonatal/pediatric content. as well as content



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

- 5) Submit, in addition to this application, a copy of the approval from the state agency and/or institutional accrediting agency authorizing the sponsor to award the new degree. If agency policies require CoARC approval first, check this box: ☐

Comments:

The University System of Georgia's Board of Regents has approved the awarding of this degree. See attached.

- 6) Submit, in addition to this application, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

This program of study was developed with significant input from our advisory committee which gave its approval for its proposal and implementation. See attached.

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:

University System of Georgia Board of Regents Approval
Advisory Committee Minutes/E-vote Documentation



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

Change in Program Goal(s)

(Refer to Accreditation Policy 9.03 and Standard 3.01-3.03/DA 3.1-3.2/C1-C2)

- 1) The proposed effective date:

- 2) Describe the change(s) to the program goal(s).

- 3) Describe the rationale for the proposed change(s).

- 4) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

Change in Curriculum or Delivery Method

(Refer to Accreditation Policy 9.04 and Standards Section 4.0/DA 4.0/D)

- 1) The proposed effective date: **8/13/2018**
- 2) Is there a change in the number of clock or credit hours (10% or higher) required for successful completion of the program? ☒ YES ☐ NO

If YES, please describe the change:

The program of study will change from 76 credit hours total to 120 credit hours total. This represents additional core as well as 18 additional hours in the major. These additional major hours include content in clinical, simulation, quality management, education and research.

- 3) Is there a change in the length of the program (i.e., (change by at least one academic term)? ☐ YES ☒ NO

If YES, please describe the change:

- 4) Is there a change in the use of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum (e.g. 25% or higher)? ☐ YES ☒ NO

If YES, please describe the change:

- 5) Describe the rationale for the proposed change(s).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

- 6) Submit, in addition to this application, a *Program Course Requirements and Sequencing Table* (available at www.coarc.com) for **both** the current curriculum and the proposed new curriculum highlighting the changes.

Comments:

See attached.

- 7) Explain how the new curriculum or delivery method will impact the mission, goals and learning outcomes of the program.

The new curriculum will not change the mission, goals or learning outcomes of the program. These will remain the same, as they are designed around established CoARC goals and outcomes.

- 8) Submit, in addition to this application, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

See attachment.

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:

Program Course Requirements and Sequencing Table for AS and BS program of study

Advisory Committee Minutes/E-vote Results



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

Increase in Enrollment Request

(Refer to Accreditation Policy 9.10)

Note: A Substantive Change in enrollment is defined as an increase in maximum annual enrollments by more than 5 students or 10%, whichever is less. Only base programs and program options with a status of Continuing Accreditation without any pending Progress Reports or on Administrative Probation are eligible to request an increase in their annual enrollments.

1) The proposed effective date:

2) The program is requesting a **Please Select** increase in maximum annual enrollment.

If **permanent**, please provide the first calendar year (January 1 through December 31) that the enrollment will permanently increase:

If **temporary**, please provide the requested calendar year(s) (January 1 through December 31) that the enrollment will temporarily change: to

The program will return to their original maximum annual enrollment beginning January 1,

	Current CoARC-approved enrollment status (check with CoARC Executive Office)	Requested new enrollment status
Number of maximum annual enrollments admitted per calendar year*		

*Calendar year: defined as January 1 through December 31.

3) Describe the rationale for the requested enrollment increase.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

- 4) Submit, **in addition to this application**, a resource assessment matrix documenting how program resources will accommodate the increased enrollment.

Comments:

- 5) Submit, **in addition to this application**, evidence (e.g., meeting minutes or e-vote) that the requested enrollment increase has been reviewed and approved by the program's Advisory Committee.

Comments:

- 6) Submit, **in addition to this application**, written affirmations from the appropriate administrative officer and the Director/Manager of Respiratory Care for each clinical site the program proposes to use to accommodate the increased number of students that states the number of students that it can support and that it has sufficient clinical resources to support its share of the clinical activities of the program. Programs must use the CoARC-approved *Clinical Site Affirmation Form - RRT* available at www.coarc.com.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

Application for Substantive Change

Provide the names of the clinical sites below that are expected to submit the *Clinical Site Affirmation Form* to the CoARC Executive Office.

	Name of Proposed Clinical Affiliate	City	State
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

IN ADDITION TO THE CLINICAL AFFIRMATION FORMS ABOVE, LIST ANY OTHER DOCUMENTS TO BE RECEIVED WITH THIS SECTION:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
Application for Substantive Change

Change in Program Location

(Refer to Accreditation Policy 9.11)

- 1) The proposed effective date:
- 2) For changes in the program's location (i.e., location of labs, classrooms, etc.).

- a) State the current program location:

Address:

City:

State:

Zip Code:

Phone:

Fax:

- b) State the proposed new program location:

Address:

City:

State:

Zip Code:

Phone:

Fax:

- c) Approximate distance (one-way in miles) between new and current location:

- 3) Describe the rationale for the proposed change(s).



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
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- 4) Submit, in addition to this application, a resource assessment matrix documenting how program resources will accommodate the new program location and/or teaching facilities.

Comments:

- 5) Submit, in addition to this application, evidence (e.g., meeting minutes or e-vote) that these proposed changes have been reviewed and approved by the program's Advisory Committee.

Comments:

LIST OF ADDITIONAL DOCUMENTS TO BE RECEIVED WITH THIS SECTION:

**If you have any questions regarding the use of this form or the CoARC Accreditation Policies,
please contact the Executive Office at 1-817-283-2835 ext. 101.**