



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISIT REVIEW REPORT (For Use with BASE ENTRY CSSR)

INSTRUCTIONS FOR USE OF SITE VISIT REVIEW REPORT

The Site Visit Review Report form (SVRR) is designed to allow for standardized review and reporting on Respiratory Care programs. The Site Visit Review is an integral component of the accreditation review process. As such, the site visit review team should focus its review on the following:

1. The Evidence of Compliance required at time of site visit evaluation (specific evidence is listed in this report and relevant Standards are highlighted);
2. Standards identified as “Appear Not Met” or for which compliance could not be determined at time of self-study review;
3. Specific issues (Form X) identified by the Program Referee;
4. Findings from Self-Study Report questionnaires and site visit interviews.

In order to make the best use of the time available for the site visit review, the site visit team should refrain from reviewing Standards that have been previously determined to be compliant based on evidence submitted during the self-study, unless circumstances dictate. However, should the site visit team identify deficiencies in Standards previously identified by the self-study review to be compliant, the site visit team should check “Not Met” on Form B with a rationale, and provide further comments to the Referee on the second page of Form X.

How to Use the Form:

1. Meet as a team to discuss the agreement with each Standard. Complete the Summary Checklist (Form B) by noting “Standard Appears Met,” or “Standard Appears Not Met.” Include the Rationale as to how the findings of the Team support the citation. Be specific.
2. List program strengths (Form C).
3. Complete Suggestions for Enhancement (Form D) if appropriate.
4. Complete Additional Comments (Form E) if appropriate.
5. Complete Form X to provide to the Referee comments or possible remedies for each citation listed on Form B. Do not present these recommendations to the program.
6. Circulate Form A to have each Summation Conference attendee print his/her name, so you may type each name on the electronic report.

Communication of Findings:

The team should meet with the program personnel prior to the Summation Conference to discuss findings and to eliminate any potential misunderstandings.

Submitting the Report:

Typing in the names of each team member on Form A is considered an electronic signature and both are in agreement with the report findings and submission of the SVRR. The Team Captain is responsible for submitting the report electronically within 5 working days of the visit. All Forms must be returned to the Executive Office. Reimbursement for all trip expenses will not be paid until the report is submitted.



SITE VISIT REVIEW REPORT

(For use with the Base Entry Continuing SSR)

Program Name: Ohlone College

Program #: 200289

Site Visit Reviewer Check List:

Read Opening Script

Conduct interviews

CEO, Dean/Division Chair

Support Personnel

Advisory Committee members

Key Personnel (PD, DCE, MD)

Program Faculty

Other: Students, grads

Review documentation

(Including Minimal Evidence of Compliance Available for Site Visit Review Team)

COURSE MATERIALS

Results of student course evaluations (**2.06/2.10/2.13/5.09**)

Student evaluations performed by faculty, including supporting the equitable administration of the evaluations (**3.06**)

Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation and the equitable administration of the evaluations (**3.06**)

Results of proctored exams and an explanation of means used to assure academic integrity (**3.06**)

Course syllabi for all respiratory care and sleep specialist (if applicable) courses which include course description, general and specific course objectives, methods of evaluation, content outline, criteria for successful course completion (**4.02/4.03/5.13**)

KEY PERSONNEL / FACULTY

Records of interaction with key personnel including Advisory Committee meetings (**2.11**)

Documentation of contact with PD & DCE (**2.14**) If N/A

Current curriculum vitae of program faculty (**5.13**)

CLINICAL MATERIALS

List of all sites used for clinical training (**4.10**)

Detailed clinical schedules (**4.11/5.13**)

Formal written clinical affiliation agreements or memoranda of understanding with each clinical site (**4.10/4.11/5.08/5.09**)



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- Documentation of DCE contact with clinical faculty/affiliates (2.10)
- Documentation of physician interaction with students (2.11)
- Results of program evaluations of all clinical sites and preceptors (3.12/4.09)
- Results of student evaluations of clinical courses, sites, and preceptors (3.12/4.09)
- Clinical syllabi detailing student competencies (4.08)
- Evaluations that document the student's ability to perform all diagnostic and therapeutic procedures safely and effectively in patient care settings (4.04/5.12)
- Evaluations that document the student's ability to communicate effectively in a variety of patient care settings and to interact well with other members of the health care team (4.05/5.12)
- Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions (4.06/5.12)
- Evaluations that document the student's demonstration of ethical behavior and professional responsibility (4.07/5.12)
- Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting (4.08/5.12)
- Documentation that student exposure to clinical experiences is equivalent regardless of the clinical locations attended (4.09)

INTER-RATER RELIABILITY

- Documentation of review and analysis of clinical evaluations completed by individuals performing clinical evaluations (3.07)
- Documentation of implementation of an action plan to reduce inconsistency when variability is identified (3.07)

STUDENT RECORDS

- Student advanced placement and course equivalency documentation (5.07) If N/A
- Proof that the student met applicable published admission criteria (5.12)
- Official transcripts (5.12)

ADVISING, COUNSELING AND REMEDIATION

- Records of student advising sessions and academic counseling (3.06/5.11)
- Records of remediation (5.12)
- Records of disciplinary action (5.12)

MEETING MINUTES

- Advisory Committee meeting minutes (5.13)
- Program faculty meeting minutes (5.13)



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SURVEYS

- Hard copy or electronic records of completed CoARC Graduate and Employer Surveys (3.08/4.04/4.05/4.06/4.07/4.08/4.11/5.13)
- CoARC Student-Program and Personnel-Program Resource Surveys (5.13)

COMPLAINTS

- Record of complaints (if any) that includes the nature and disposition of each complaint (5.05)

WORK STUDY

- Work study contracts (5.09) If N/A

Additional Documentation:

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Handbook | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Catalog | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Website | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Inspect facilities:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Classrooms | <input checked="" type="checkbox"/> Student ancillary |
| <input checked="" type="checkbox"/> Laboratories (respiratory, computer) | <input checked="" type="checkbox"/> Offices |
| <input checked="" type="checkbox"/> Secretaries' office | <input type="checkbox"/> _____ |

- Prepare preliminary site visit report on site
- Consultation Conference
- Summation Conference: read Summation Script, including strengths and deficiencies
- Finalize site visit report, if necessary
- File site visit report with CoARC Executive Office within 5 working days of visit



FORM A

Site Visit Review
Attendance List

FORM A

Program #: 200289 Referee: Kevin O'Neil, MD, FACP, FCCP
Name of Program: Ohlone College
Program Address: 39399 Cherry St.
City, State, Zip: Newark, CA 94560
Accreditation Status: Continuing Accreditation
Date(s) Visited: April 20-21, 2020
Program Director: Elizabeth Postovit, MS, RRT-NPS
Director of Clinical Education: Harleen Toor, BS, RRT
Medical Director: Carmen Agcaoili, MD

Summation Conference Attendees:

Print Name and Title	Print Name and Title
Elizabeth Postovit, PD	
Harleen Toor, DCE	
Rob Gabriel, Dean	
Tony Salvo, VP	
Carol McNamee Cole - faculty	
Robin Gordon- faculty	
Ednalee Warnecke - faculty	
Eric Tung - student rep	

Ian J Gilmour, MD
Name/Credentials of Team Captain (PRINT)

Monica Schibig, MA, RRT-NPS, CPFT
Name/Credentials of Team Member (PRINT)

Note: Typing in the Site Visit reviewer's name represents an electronic signature of this document.



Summary Checklist

FORM B

Program Name: Ohlone College

Program #: 200289

Instructions: Check the appropriate box indicating the team’s judgment of the compliance with each of the Standards based on the review of the evidence obtained from the Site Visit review. After the report is submitted to CoARC, the program Referee may add, delete, or modify the content of the report prior to sending the report to the program. The program is then allowed the opportunity to respond in writing before final action is taken by the CoARC Board.

Note: Evidence for compliance with **highlighted Standards** must be made available to Site Visit review team.

Standard	Standard Description	Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)	Compliance determined at time of self-study submission
I	PROGRAM ADMINISTRATION AND SPONSORSHIP			
	Institutional Accreditation			
1.01	Sponsor is accredited and authorized to award a minimum of an Associate’s degree.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Consortium			
1.02	Responsibilities of consortium formally documented. <input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Sponsor Responsibilities			
1.03	Required gen ed/transfer credit/didact/lab/clinical.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.04	Curric planning/course selection/faculty growth.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.05	Provides equivalent academic support and resources to all program locations (satellite only). <input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.06	Program academic policies apply to all locations.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Substantive Changes			
1.07	Substantive Changes reported according to CoARC Policy 9.0 <input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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II	INSTITUTIONAL AND PERSONNEL RESOURCES			
	Institutional Resources			
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Key Program Personnel			
2.02	Sponsor appoints FT PD and DCE, and MD.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Program Director			
2.03	Responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.04	Minimum degree qualifications.	Compliance with Standard verified by documentation previously received by EO.		
2.05	Minimum/valid credentials and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.06	Regular/consistent contact w/faculty & students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Director of Clinical Education			
2.07	Responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.08	Minimum degree qualifications.	Compliance with Standard verified by documentation previously received by EO.		
2.09	Minimum/valid credentials and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.10	Regular/consistent contact w/clin fac, sites, students	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Medical Director			
2.11	Responsibilities/valid credentials and qualifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Primary Sleep Specialist Instructor			



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2.12	Minimum/valid credentials, education, and qualifications.	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
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Standard	Standard Description	Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)	Compliance determined at time of self-study submission
2.13	Sufficient faculty; student to clin faculty ratio ≤ 6:1.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.14	Site coordinator qualifications and responsibilities (satellite only).	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Administrative Support Staff				
2.15	Sufficient administrative and clerical support.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Assessment of Program Resources				
2.16	Documented/assessed annually by using RAM.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT			
Statement of Program Goals				
3.01	Statements define minimum expectations.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.02	Review/analysis of goals and outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.03	Optional goals compatible w/ nationally accepted standards.	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.04	Advisory committee composition & responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Assessment of Program Goals				
3.05	Systematic assessment process formulated.	Reviewed at the time of the annual report submission for compliance.		
Student Evaluation				



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Standard	Standard Description	Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)	Compliance determined at time of self-study submission
3.06	Conducted uniformly and equitably; Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.07	Inter-rater reliability for clinical evaluations.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.08	Assessed annually using CoARC surveys.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Reporting of Program Resources			
3.09	Outcomes meet CoARC assessment thresholds.		Reviewed at the time of the annual report submission for compliance.	
3.10	CoARC Annual RCS reporting tool submitted.		Reviewed at the time of the annual report submission for compliance.	
3.11	Action plan developed for sub-threshold outcomes.		Reviewed at the time of the annual report submission for compliance.	
	Clinical Site Evaluation			
3.12	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

IV	CURRICULUM			
	Minimum Course Content			
4.01	Appropriate course sequencing of content areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.02	Exposure to variety of practice settings; Content areas specific to baccalaureate and master's programs included.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.03	RC course content sufficiently covered; Consistent with expected competencies; Reviewed/ revised to ensure consistency with defined competencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Core Competencies			
4.04	RC diagnostic and therapeutic procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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Standard	Standard Description	Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)	Compliance determined at time of self-study submission
4.05	Inter-professional teamwork and communication skills in a variety of patient care settings.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.06	Application of problem solving strategies.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.07	Ethical decision-making and prof responsibility.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.08	Sufficient to acquire knowledge/competencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Equivalency			
4.09	Course content, learning experiences, and access to learning materials regardless of location.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Clinical Practice			
4.10	Clinical affiliation agreements/MOUs for each site.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.11	Sufficient quality/duration to meet program goals; Students not responsible for site selection/ determining competencies/acquiring preceptors.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

V	FAIR PRACTICES AND RECORDKEEPING			
	Disclosure			
5.01	Published info accurately reflects program offered.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.02	Required info made known to applicants & students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Public Information on Program Outcomes			
5.03	CoARC URL on program website/known to public.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Non-discriminatory Practice			
5.04	Program activities are non-discriminatory and lawful.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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Standard	Standard Description	Standard Appears Met	Rationale: (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance determined at time of self-study submission
5.05	Appeal procedures ensure fairness/due process.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.06	Faculty grievance procedure made known to faculty.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.07	Advanced placement policies documented. <input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Safeguards				
5.09	Appropriate supervision; Students are not substituted for staff; No remuneration in exchange for clin coursework.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.10	No clinical coursework while in an employee status.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Academic Guidance				
5.11	Timely access to faculty for assistance/counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Student and Program Records				
5.12	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.13	Program records maintained in sufficient detail/5 years min.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



FORM C

Strengths

FORM C

Program Name: Ohlone College

Program #: 200289

Write the Strengths of the program.
PD and DCE are dedicated to the program and focused on continuous quality improvement.
Medical Director is very involved with the program and much appreciated by students and graduates.
Advisory Committee is very supportive of the program; employer representatives on the committee are very happy to hire program graduates.
Well equipped and spacious classroom and laboratory facilities
Clinical sites that offer excellent depth and breadth of clinical experiences for students
Administration that is very involved with and supportive of the program.
Dedicated and knowledgeable faculty
Ohlone College seems to have an excellent reputation within the community.

*Duplicate as Necessary



FORM D

Suggestions for Enhancement

FORM D

Program Name: Ohlone College

Program #: 200289

Standard (Reference)	Write the Suggestions for Enhancement. (Note: Programs are <u>not</u> required to respond to Suggestions for Enhancement).
2.15	Suggest that there be an increase in clerical support for allied health programs
2.10	Having an individual specified to assist the DCE might be beneficial, particularly to help with visiting the large number of clinical sites, some of which are several hours away from the college. In person visits by the DCE/assistant would be very helpful to program students as well as improving the program's assessment of the sites, preceptors, etc. In addition there should be a reassessment of college coverage of costs related to these visits.
5.02	Students/graduates think that more frequent estimates/reminders of program costs would be helpful.
4.05/4.06/ 4.07	Consider increased use of a simulation lab to provide students with more training, especially in these areas.
5.02	Prior to admission to the program, students should be provided with more detailed information regarding the acquisition of the credentials required for licensure, specifying that, in order to obtain the credential(s), they need to pass the NBRC examinations, which are available only in English.

Duplicate as Necessary



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FORM E

**Additional
Comments**

FORM E

Program Name: Ohlone College

Program #: 200289

<p>Write Additional Comments, if any.</p> <p>(Note: Programs are <u>not</u> required to respond to Additional Comments).</p>
<p>Respiratory Therapy Education is a truly national system. Accordingly we would suggest that the college provide more financial support for Key Personnel to attend the AARC national meetings - especially the Summer Forum for educators - on a reasonably frequent basis. This would be very beneficial in allowing them to interact with other Key personnel and obtain ideas useful in addressing common problems.</p>

*Duplicate as Necessary



FORM F

**Referee's Analysis of the
Site Visit Review Report-
BASE ENTRY CSSR**

FORM F

Program Name: Ohlone College

Program #: 200289

Dear Sponsor and Program Director,

I have reviewed the findings documented by the Site Visit team during the recent site visit review of your program and made revisions, as necessary. Please review the entire report. Stated below are required means by which the program must demonstrate compliance with the Standards cited.

In a separate communication, CoARC has informed you of the opportunity and deadline to verify/challenge the accuracy of this report as well as the deadline by which you may submit new information indicating the manner in which the citations have been addressed.

If you have any questions, please feel free to contact me or the Executive Director.

Standard (from Form B)	Rationale for Citation	Documentation to Address Compliance with Standard

Duplicate as Necessary

Referee Signature Signifying Approval of Document Release to the Program:

Kevin O'Neil, MD

Date: **03/14/2021**

Note: Typing in the Referee's name represents an electronic signature of this document.

Chief Executive Officer Signature Signifying Approval of Document Release to the Program:

Tom Smalling, PhD, RRT, RRT-SDS, RPFT, RPSGT, FAARC

Date: **03/16/2021**

Note: Typing in the Chief Executive Officer's name represents an electronic signature of this document