

**Annual Report of Current Status of Respiratory Therapy  
Program  
For submission by March 1 of each year**

**PART I. PROGRAM LEADERSHIP**

<b>Name of Institution</b>		No change from last submission (check)
<b>Web Site</b>		
<b>Program Director/Coordinator</b>		
Phone		
E-mail		
<b>Senior Administrator</b>		
Phone		
E-mail		
<b>Contact person for accreditation</b> (if other than above)		

**PART 2. PROGRAM CLINICAL SITES**

<i>Provide list of sites from last submission</i>

no change from last submission

<b>New clinical sites:</b>

Forward signed copies of clinical agreements for new clinical sites with annual report.

**PART 3. STUDENT DATA as of September 30**

**a) STUDENT NUMBERS**

Class of :	Year 1 Intake	Year 1 Attrition	Year 2 Intake	Year 2 Attrition	Year 3 Intake	Year 3 Attrition	Graduates
2010							
2011							
2012							
2013							

Outline basis for attrition:

Year	Number of students	Explanation for attrition
1		
2		
3		

**b) CSRT National Certification Examination (CBRC)**

	2009	2010	2011
Number of students writing exam			
Number of students who passed exam (first attempt only)			

**c) Results on Examination used by Provincial Regulatory Body for Certification  
(if applicable)**

<b><i>Specify name of exam:</i></b>	2009	2010	2011
Number of students writing exam			
Number of students who passed exam (first attempt only)			

not applicable

## PART 4. PROGRAM OVERVIEW & CHANGES

### Administration Component

Have any changes been made to the administrative structure of the respiratory therapy program within the past 12 months? If so, please specify below.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

### Didactic Component

Has the number of faculty changed within the past 12 months? If so, please specify.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Have any major changes been made to the didactic component of the program within the past 12 months? If so, please specify.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

### Clinical Component

Have any major changes been made to the clinical component of the program within the past 12 months? If so, please specify.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

## PART 5. PROGRAM EVALUATION

Provide evidence through program feedback that rationalizes changes to the program. Using Requirements; 1 Program structure, 2 Students' attainment of competency, and 3 Adequacy of human resources – faculty and support staff, identify source of data, feedback (both positive and for improvement) and changes implemented in each area. Use Appendix – Evaluation attached.

The following types of data are examples for what can be used in each section;

- Course evaluations – students
- Faculty evaluations
- Program evaluations
- Advisory council feedback
- Employer evaluations
- Graduate evaluations

**PART 6. CONFORMITY WITH CoARTE ACCREDITATION REQUIREMENTS**

a) There is a current, signed contractual agreement with all affiliated sites.

    
Yes                            No

If no, please specify what action is being taken to meet this requirement.

b) The program is in Conformity with all critical criteria.

    
Yes                            No

If no, please specify what action is being taken to meet these criteria.

c) The program is in Conformity or Partial Conformity with all noncritical criteria.

    
Yes                            No

If no, please specify what action is being taken to meet these criteria.

**PART 7. COMPLIANCE WITH PROVINCIAL REQUIREMENTS**

The program is in compliance with the provincial regulatory body's additional specific requirements where applicable.

    
Yes                            No

If no, specify the action being taken to meet the requirements.

\_\_\_\_\_

I (We) hereby verify that all information included in this report is accurate and recognize that reporting of false information or incomplete information can result in the educational program being put on Probation, (Accreditation Handbook, Tab 3, page R-2)

Program Director /Coordinator: \_\_\_\_\_

Senior Administrator: \_\_\_\_\_

Date: \_\_\_\_\_