The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

Licensing the Advanced Practice Respiratory Therapist

THE JOURNEY BEGINS

By Bill Croft, EdD, PhD, RRT-NPS, RCP

North Carolina Respiratory Care Board Executive Director

According to Chinese philosopher, Lao Tzu, "the journey of a thousand miles begins with a single step. Applying that philosophy, the eventual licensing of the Advanced Practice Respiratory Therapist (APRT) requires 50 different state licensing boards walking in the same direction along this journey. It also necessitates a thousand

conversations which begin with a single conversation. In North Carolina, this journey started in August 2016 during my attendance at the National Board for Respiratory Care (NBRC) Liaison Meeting in Olathe, Kansas. At the meeting, the discussion turned to the APRT credential. The gist of the conversation was that there were too many unknown variables at the time to develop the credential, which was difficult to refute. Unknowns included: scope of practice, a cadre of established college and/or university programs, and APRT graduates. Dr. Bob Joyner, who was the NBRC President at the time, made an astute observation. To paraphrase Dr. Joyner: "What will they be as an APRT? Will they be just another mid-level practitioner? How would they be different than the physician's assistant? Until we define this one aspect, it was too early to consider a credential." My immediate thought turned to licensing. How would this be possible without the credential? It was the classic cart before horse dilemma. Nevertheless, the conversation continued later that year.

During the 2016 NC Society for Respiratory Care Fall Conference, Frank Salvatore, AARC President, addressed the group as the keynote speaker. He provided the AARC's vision for the future and during his talk, suggested that the APRT was at least a generation away. Many of us in the room respectfully disagreed. Moments after his talk, I ran into Dr. Joe Coyle outside the lecture hall. Dr. Coyle has been a champion of respiratory care in North Carolina as well as nationally. He served on our NC Board for at least 16 years in some capacity. As board chair, he ushered in rulings that impacted the profession significantly. Of course, he is very humble and reluctant to take any credit for his leadership, but many of us in NC miss his presence a great deal personally and professionally. Under his leadership at UNCC, the Bachelor of Science in Respiratory Therapy (BSRT) program graduated 352 students since the program started in 2007. This year the program will see an additional 78 graduates.

Dr. Coyle and I spoke at length regarding APRT licensing. The conversation began with: the key issue of prescriptive rights which is the number one premise preventing the APRT from achieving licensing. Other than this one issue, we both felt they could be licensed under the current state statute, but we would have to take prescriptive rights off the table for the moment. Eliminating prescriptive rights from the discussion, Dr. Coyle and I felt certain that it was possible. Since he was leaving for Boise, Idaho at the end of the school year, he suggested that I speak with Lanny Inabnit, MSc, RRT-ACCS, RRT-NPS, Clinical Assistant Professor and Program Coordinator for the University of North Carolina at Charlotte (UNCC).

Mr. Inabnit provided the APRT and Master of Science in Respiratory Care (MSRC) curriculums to the Board that was proposed by Dr. Coyle before his departure. Despite the fact the UNCC administration did not approve the APRT, there was still hope that it could be reintroduced in the future if the opportunity presented itself. However, the MSRC program was approved which could be converted to the APRT program later. Mr. Inabnit asked the Board to

determine if the provision the advanced practice graduate programs proposed by Commission on Accreditation for Respiratory Care (CoARC) is within the scope of practice for those completing an APRT and the current MSRC program under the Respiratory Care Practice Act and Board Rules.

On November 10, 2016, the Board discussed the need for a declaratory ruling for the advance practice endorsement for the master's degree in advanced respiratory care practice during the scheduled Quarterly Board Meeting. Board Chair, Larry Simpson BS, RRT, RCP, established an ad hoc committee to consider the requirements for this level of respiratory care practice. The committee members included: 1) Dr. Eric Olson, MD: Committee Chair and NCRCB Board Member; 2) Ricky Bowen, BS, RRT, RCP: NCSRC President; 3) Tina Lovings, BSRT, RRT, RCP: Wake Forest University Hospital; 4) Gerrian Pritchett, BSRT, RRT, RCP: First Health of the Carolinas; 5) Amanda M. Dexter, MS, RC, RRT, CHSE: UNC-Charlotte; 6) Lanny Inabnit, MSc, RRT-ACCS, RRT-NPS, RCP: UNC-Charlotte; 7) Garry W. Kauffman RRT, FAARC, MPA, FACHE: Past President of the AARC; 8) Bill Croft, Ed.D. Ph.D., RRT, RCP: Ex-Officio Member NCRCB Executive Director.

In December 2016, the Ad hoc Committee on Advanced Practice Endorsement met for the first time to construct a declaratory ruling that would interpret the applicability of N.C. Gen. Stat. § 90- 648 (10)(b) regarding licensed Respiratory Care Practitioners (RCPs) practicing as APRT. Over the next 15 months, the committee met on a quarterly basis looking at the evidence to support the future ruling. The committee reviewed roles, practice settings, educational, and credentialing requirements. The general role considered was a physician extender without prescriptive rights but within a protocol-based system of delivery in Long-term acute care hospitals (LTACHs), physician offices, and hospital-based intensive care units. The minimum credentialing and educational requirements considered included a master's degree in respiratory care with the NBRC Registered Respiratory Therapist (RRT) and Adult Critical Care Specialty (ACCS) credentials plus all advanced life savings competencies for the adult, pediatric and neonatal patients. The scope of practice discussion was extensive and revolved around the AARC 2015 and Beyond Competencies and current MSRC Requirements at UNC Charlotte as the focus of the meetings. Also, we reviewed the Ohio State University Program plan sent to us by Kelty S. Norton BSRC, RRT-ACCS, RRT-NPS.

We considered several models from other therapy groups. The physical therapy model served as the initial template, but later it was determined the radiological assistant (RA) model was more aligned with our situation. According to the American Society of Radiologic Technologists, "radiologist assistants are experienced, registered radiographers who have obtained additional education and certification that qualifies them to serve as radiologist extenders. They work under the supervision of a radiologist to provide patient care in the

diagnostic imaging environment" (https://www.asrt.org/main/careers/radiologist-assistant Accessed May 26, 2018). The RA takes a leading role in patient management and assessment. Some of the duties include: 1) adapting exam protocols to improve diagnostic quality; 2) serving as a patient advocate; 3) performing selected radiology examinations and procedures under the supervision of a radiologist (https://www.asrt.org/main/careers/radiologist-assistant Accessed May 26, 2018). Radiological assistants are credentialed but not licensed in NC, and they are not recognized by Medicare for reimbursement.

After considering the various models, the declaratory ruling started taking shape by June 2017. One thing was clear to the group; the AARC would need to develop a scope of practice since the Board cannot legally expand the scope within the ruling. North Carolina G.S. 90-648(10) (f), the practice of respiratory care is partially defined as "...the performance of diagnostic testing and therapeutic application of... New and innovative respiratory care and related support activities in appropriately identified environments and under the training and practice guidelines established by the American Association of Respiratory Care (AARC). The term also means the interpretation and implementation of a physician's written or verbal order pertaining to the acts described in this subdivision." With this in mind, we looked to the rules and discovered a need to redefine more clearly the definitions, and update the Board rules to ensure clarity. The following definitions were adopted by the Board:

1) Respiratory care means the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health and wellness, using scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system within practice guidelines established by the American Association for Respiratory Care (AARC), and as taught in accredited educational programs recognized in N.C. Gen. Stat. § 90-653, or in approved continuing education programs recognized under the rules of this Board;

2) The practice of respiratory care means the performance of assessments and diagnostic tests, and implementation of advanced treatment procedures and protocols related to the cardiopulmonary system pursuant to G.S. 90-648(10) (f), and under training and practice guidelines defined by AARC; and those AARC guidelines are incorporated by reference in this Declaratory Ruling, including subsequent amendments.

The practice settings addressed were identified in the CoARC (https://www.coarc.com/CoARC/media/Documents/APRT-Standards-effective-11-13-16.pdf Accessed May 26, 2018) which recognize that APRT skills may be utilized in multiple settings across the healthcare spectrum including but not limited to acute emergency department or urgent care, critical care, acute and sub-acute care, preventative care, as well as chronic care, ambulatory, and out-patient care. However, the overall scope of practice for an APRT will be

defined by the AARC, while the diagnostic, therapeutic, critical care and preventive care services offered in any setting will be determined by the employing organization. With practice settings in physician's offices or other outpatient locations, the training and annual competency training may occur within a hospital setting in accordance with the policies, procedures, and protocols of the facility, and under the direct supervision of an appropriately licensed and skilled clinician. Several meetings later, the final rewrites were in place. The committee met one final time in March 2018 to review it one last time. On April 12, 2018, the Board approved the ruling.

A respiratory care practitioner with advanced practice endorsement described in the ruling is considered a physician extender in defining the patient care plan and determining the elements of that plan appropriate for delegation to other licensees according to the scope of practice identified by the AARC and enforced by the Board. The board physicians were clear that a master's degree or higher in advanced respiratory therapy clinical practice should include a minimum of one-year or 1000 hours of clinical training. It should emphasize the competencies in the management of cardiopulmonary dysfunction as required by CoARC APRT accreditation standards and as identified in the scope of practice by the AARC (https://www.aarc.org/aarc-board-moves-on-key-initiatives/ Accessed May 26, 2018). Also, the committee decided that the following credentials offered by the National Board for Respiratory Care would be necessary:

- Registered Respiratory Therapist (RRT); and
- Registered Pulmonary Function Technologist (RPFT); and
- Adult Critical Care Specialty (ACCS); and
- Neonatal/Pediatric Respiratory Care Specialty (NPS); or
- Advanced Practice Respiratory Therapy (APRT) credential when offered by the National Board for Respiratory Care.

In short, the APRT replaces the requirement to earn all the NBRC credentials. The Board determined that it would be an acceptable compromise since a credential may take years to develop, but the APRT scope has not been determined. The fact was that the law does not allow scope expansion in a declaratory ruling, but we found a way to link it the AARC. However, the committee did come up with a potential which could not be included in the ruling. It was created by converting ACCS category for assisting physicians and changing the words to the following:

- Perform head to toe assessments
- Interpret imaging reports
- Insert chest tubes

- Perform bronchoscopy
- Perform hemodynamic monitoring line insertion
- Prescribe medications
- Order
    - Labs
    - Therapeutic changes
    - Ventilator changes
    - Imaging

The Board concluded based upon the information provided, that practitioners completing an accredited APRT program and having achieved the required credentials may provide advanced care procedures and administer pharmacologic agents related to these procedures under the supervision of a physician and within policies established by a licensed facility or physician licensed pursuant to Chapter 90 of the North Carolina General Statutes. Since Chapter 90 covers the practice of medicine, the NC Medical Board has agreed to consider the potential for licensing APRTs in the future for prescriptive rights. While this step will take time, it will depend on developing programs, graduating practitioners, and marketing to physicians.

In conclusion, the passage of this ruling represents a fraction of the steps that will be taken along the journey of thousands of steps. It is just a start, thus requiring many more conversations. Nevertheless, we all need to consider the steps it took to acquire licensing in 49 states. It did not happen overnight, but it did happen. We must as a profession commit to the goal of walking in the same direction to arrive at our destination.

Professional Positions Posted at http://www.cobgrte.org/professionalpositions.html
*University of South Alabama, *Liberty University, *Texas State University, *University of Texas Health Sciences Center – San Antonio, *University of Hartford, *University of North Carolina – Charlotte, *East Tennessee State University, *University of Virginia Health System, *The University of Toledo, *Salisbury University, *Skyline College, *Boise State University, *Canisius College, *Boston Children's Hospital, *Nova Southeastern University, *Northern Kentucky University, *Iman Abdulrahman Bin Faisal University.

Call for Nominations

Nominations are now open for the following CoBGRTE Board of Directors (BOD) and Officer's positions:

- Secretary (term of office is two years)
- Treasurer (term of office is two years)
- Medical Advisor (term of office is two years)
- Director, Board of Directors (four positions open; term of office is five years)

Nominations for BOD officer positions (i.e. Secretary, Treasurer and Medical Advisor) *must come from current BOD members*. *Director nominations must come from current, Active or Institutional CoBGRTE members.*

The purpose of the CoBGRTE is to improve respiratory therapy education. CoBGRTE currently has 65 institutional members, which include almost all of the colleges and universities awarding the baccalaureate and/or master's degree in respiratory care. A primary goal of the association is to increase the number of BS and graduate degree respiratory care programs in the United States. In addition CoBGRTE, awards scholarships, provides a forum and means of communication among those interested in baccalaureate and graduate respiratory care education, assists associate degree programs in developing consortium and transfer agreements with colleges offering baccalaureate and graduate degrees, advocates for the development and establishment of new baccalaureate and graduate respiratory therapy education programs, and keeps an up-to-date roster of programs awarding bachelors or master's degrees in respiratory care.

The Board of Directors are responsible for advancement of the goals and objectives of the CoBGRTE and management of the affairs of the association. Between Board meetings, and in conformance with association Bylaws, the Executive Committee may act on behalf of the Board. The elections committee will review all nominations and prepare the elections ballot, with the goal of at least two qualified individuals for each position. Term of office for each of these positions begins January 1, 2019.

Nominations should be submitted to Christy Kane (ckane@bellarmine.edu), chair of the Elections Committee, no later than June 30, 2018.

The Value of a Doctorate

By Gregg Marshall, PhD, RRT, RPSGT
Professor & Chair
Texas State University - Round Rock Campus
Department of Respiratory Care & Texas State Sleep Center

The AARC statement of 2015 regarding respiratory therapy education echoed the calls for advanced education in the profession from many educators, researchers and administrators. The last sentence of the position statement on respiratory therapist education by the AARC states "Respiratory therapists seeking to practice in advanced clinical settings, leadership roles, research, and in professional educator roles should seek higher education at the masters or doctoral levels."(http://www.aarc.org/wp-content/uploads/2017/03/statement-of-respiratory-therapist-education.pdf Accessed May 28, 2018.

While many other clinical-based disciplines in academia have organized advanced professional career ladders which include graduate studies within discipline. The choices of doctoral studies for respiratory therapists lean heavily on "related disciplines" including education, health sciences, public health, or physiology. Why then should a therapist get a doctorate? The reason for pursuing a doctorate is very similar to pursuing a master's degree--advancing career opportunities with a goal in mind such as job qualification. The tools one obtains in graduate studies are unlike anything experienced at the undergraduate level. Doctoral degrees have qualified therapist for positions as academic professors, researchers, and upper administration in both healthcare and academia. In academia, respiratory care is certainly a newcomer. Many therapists in academia have endured "misunderstandings" by other colleagues in academe with regards to the choice of graduate studies and the lack of graduate studies in our own discipline. Fortunately, that is changing within the profession. The need and importance of doctoral studies for the respiratory therapist is becoming more understood and, in most institutions, faculty members must hold one degree higher than the level being taught, to meet institutional accreditation requirements.

The road to doctoral completion is a long, arduous one with “perseverance" as the primary requirement and ingredient for success. Certainly, those who have completed doctoral studies best understand the tenacity and sacrifices required. In our Texas State University BSRC entry-level and MSRC graduate programs, faculty members have been working for years to advance their own professional degrees along with research, tenure, and promotion—all of which to support undergraduate and graduate studies within the profession. Currently, six of our ten faculty have completed doctorate degrees with two additional faculty members working on a

doctorate degree in progress. Most recently, Drs. De De Gardner and Joshua Gonzales completed their doctoral degrees and we celebrated that moment with them. Dr. Gardner earned her Doctorate in Public Health (Dr.P.H.) from the University of Texas Health Science Center at Houston, while Dr. Gonzales completed his Doctorate in Health Science (D.H.Sc.) from Nova Southeastern University. As the respiratory therapy profession continues to grow new faculty, researchers, and administrators, advanced graduate studies will be a critical part of that growth. I asked Drs. Gardner and Gonzales to share their thoughts on four questions of interest on the importance of pursuing advanced graduate education.

1. Why it is important for faculty to seek advanced degrees?

Dr. Gardner: It is important for faculty members to seek advanced degrees to move the profession forward through scholarship and research related to education, patient care and community service. Advanced degrees demonstrate the individual commitment to higher education and the profession.

Dr. Gonzales: It is important for faculty members to seek advanced degrees to advance the profession through research and scholarly publications. Also, it is important for faculty members to pursue advanced degrees to allow for promotion within their respective institution. The choice to pursue my doctorate was based on my ability to contribute to the strategic goals that were identified by the Department of Respiratory Care at Texas State University. Our department has experienced growth with the development of a new Master of Science in Respiratory Care degree and the RRT-to-BSRC Online Degree Completion Program. I felt it was necessary to pursue my doctorate to further develop my skills as a professor and to have the option of teaching at the master's level, if necessary. I work with an outstanding team of faculty members within the Department of Respiratory Care at Texas State University. It is important to me, that I am always in a position to contribute to this team in any way possible. This contribution is now more possible as a result of obtaining my doctorate.

2. Why you chose your particular institution for your doctorate?

Dr. Gardner: I chose the University of Texas Health Science Center - Houston - San Antonio campus for three reasons. When investigating different professional and clinical doctorates, I met with my Dean, Dr. Douglas Murphy, and discussed my academic future and goals. At the time, my goals were to continue the trajectory of academic leadership while maintaining my commitment to respiratory therapy and my community asthma education programs for children. He introduced me to Dr. Cooper, Dean of the UTHSC-Houston's San Antonio Campus. I met with her and shared my interest and learned the campus offered the Doctorate of Public Health in Management, Policy, and Community Health Practice (MPACHP) and in 2017 changed the name to Community Health Practice), PhD in Epidemiology and a PhD in Environmental Science. I learned a PRACTIUM was part of the DrPH program in addition to the dissertation. I loved the idea of the practicum and using my abilities and skills learned. In addition, there were many faculty on the San Antonio campus with a focus on asthma disease management and community health programs, and faculty with a focus on the environmental work life impact of asthma. I was thrilled and so excited to return to meet with Dr. Murphy and let him know this ***was the perfect fit for me***. A doctorate that encompassed leadership, policy and community health in ONE degree.

Dr. Gonzales: The process of selecting a doctoral level program that was a good fit for me was not easy. As a father of three young daughters, it was important to me that I select a program that would allow me to maintain a healthy work-life balance. For this reason, I began the process of evaluating several **online** doctoral level programs. After evaluating several programs, I chose to pursue a Doctorate in Health Sciences (DHSc) online from Nova Southeastern University (NSU).

3. Why did you chose your major course of study for your doctorate?

Dr. Gardner: I could enhance my leadership/management skills and my research skills. My first minor is in Health Care Management and Leadership which complimented my Bachelor of Science in Health Professions from Texas State University with a concentration in Hospital Administration and my Master of Science in Health Profession from Texas State with a concentration in Hospital Administration and Human Resources. I love leadership, and the management/leadership courses I took, only enhanced my leadership skills to lead a pretty strong respiratory care department and eventually a health science department.

Dr. Gonzales: It was important to me to select a major course of study that would develop my career in the areas of administration, teaching, and applied research. As a tenured professor, I began to develop an interest in administrative positions within my

department and university. At the same time, I needed to continue to develop my ability to conduct research and produce scholarly publications. The DHSc post-professional academic degree at NSU provided several courses that allowed me to do both. After completing the DHSc, I concluded that it was a perfect fit.

4. How have you see your career enhanced for the future having earned your doctorate?

Dr. Gardner: My career has already been enhanced by accepting my position at Texas State University. In many ways, I have not changed, however, I am now addressed as Dr. Gardner or Dr. De De (by students). I have been blessed to have had this experience at Texas State University.

In the fall of 2017, while finishing my dissertation, I was invited to participate in writing a NIH grant for preventing COPD readmissions at the Central Texas Medical Center (CTMC) in San Marcos. My grant contribution was enhanced by study of methods to promote the adoption and integration of evidence-based practices, interventions and policies into routine health care and public health settings.

In addition, I was invited because of my same skill set associated with implementation science, by the same team to write the Texas State's Multi-Disciplinary Internal Research Grant (MIRG) grant for COPD readmissions at CTMC and Dr. Horton has matched the funds - so we have about $50,000 to use for this project. I was just awarded the MIRG grant and will begin that project soon.

Having the desire to return to academic leadership in the future in respiratory care, public health, health administration or at the college or university levels, and my doctorate degree and related experiences will make me a uniquely qualified candidate.

Dr. Gonzales: During the process of completing my degree, I began to develop a passion for online education. As a result, much of my later coursework was focused on my development in learning best practices in online education instruction and design. I was intrigued by new instructional methods that promoted a healthy balance of student-to-professor interaction while still promoting individual student growth. As a result, my career has since shifted to an online teaching format. I have also been appointed as the Director of the RRT-to-BSRC Online Degree Completion Program at Texas State University. Honestly, I couldn’t be happier with the new direction of my career.

Texas State University Class of 2018

Congratulations to Master's Graduates Class of 2018

Dr. Kelly L. Colwell, director of the Master of Respiratory Care (MRC) Program at Youngstown State University in Ohio, reports the following members of the Class of 2018 (see photo L-R): Jodylynn Rolla, *Stewart health, (*inducted into Phi Kappa Phi*);* Katie Snyder, *University Hospital, Cleveland* (inducted into Phi Kappa Phi); Dr. Kelly L. Colwell, *Program director;* Elaine Homa, *Akron Children's,* and Michael Ford, *Mercy health;* missing from photo Sue Gole, *Cleveland Clinic* and Daniel Alamillo, *Oakland Children's Hospital, California.*

Dr. Tom Barnes reports there are 14 graduates in the Class of 2018 for the MS in Respiratory Care Leadership Program at Northeastern University. L-R: Cheryl Skinner, *University of Kansas Medical Center*, Eugene Macogay, *St. Petersburg College*; Christopher Mayo, *St. Petersburg College*; Patricia Daley, *Aerogen, Ltd, Manchester, CT*; Matthew Mendoza, *San Joaquin Valley College-Visalia, CA*; and Dr. Barnes. Not shown: Monica Collazo, *Golisano Children's Hospital of Southwest Florida*; Greg Donde, *Ontario, Canada*; Andrea Forman, *University of Colorado Hospital*; Kimberly Hart, *Arnold Palmer Hospital for Children, FL*; Karissa Kuneli, *St. Elizabeth Youngstown Hospital*; Ivan Lee, *Singapore General Hospital*; Shawna Tracy, *Pueblo Community College, Colorado*; Debra Victor, *Valley Springs, CA.*

Northeastern University Master of Science in Respiratory Care Leadership Program alumni on Capitol Hill working to pass the Telehealth bill.

L-R:
Tony Ruppert, 2013
Keith Hirst 2009
Gary Wickman 2016
Michele Pedicone 2015
Toni Larsen 2017
Karsten Roberts 2014

Karsten Roberts, MS, RRT and Matthew Mendoza, MS, RRT, alumni of the Northeastern University Master of Science in Respiratory Care Leadership Program during AARC PACT days on Capitol Hill.

CoBGRTE Summer Seminar and Round Table Dinner 2018: San Antonio Texas HILL COUNTRY!

CoBGRTE Summer Seminar

Monday July 16th

5:00-6:00pm- *"Growing and Mentoring New Faculty"*
Lynda Goodfellow, EdD, RRT, FAARC

6:00-7:00pm- *"Using Social Media to Market Your Program"*
Randy Case, MA, RRT-NPS

7:00-8:00pm-*"Panel Discussion on Increasing Student Numbers"*
Gregg Marshall, PhD, RRT, RPSGT, Paul Eberle, PhD, RRT, FAARC and Tim Op't Holt, EdD, RRT, FAARC

REGISTER HERE!!!

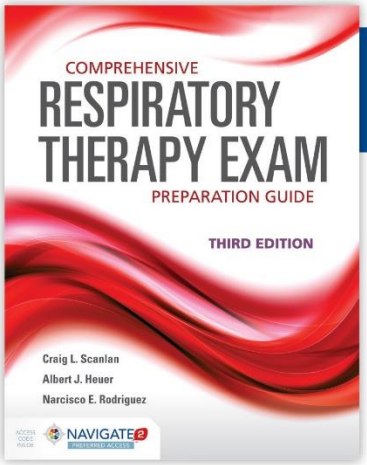
CoBGRTE Member- $30
AARC Member- $55
Other $70

Round Table Dinner & Discussion

Wednesday July 18th

Restaurant TBD

6:30-9:00pm



Craig L. Scanlan, EdD, RRT, FAARC
Al Heuer, PhD, MBA, RRT, RPFT
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The Ultimate Study Guide for the NBRC TMC & CSE Exams

Comprehensive Respiratory Therapy Exam Preparation Guide

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Newberry College

Eastern Tennessee State University

University of Cincinnati

University of Michigan – Flint

Liberty University

Ozarks Technical College

North Carolina Respiratory Care Board

Skyline College

Vidant Medical Center

If you haven't already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 14 reasons why you should join the coalition.

Reasons Why You Should Become a CoBGRTE Member

1. Award scholarships to baccalaureate and graduate respiratory therapy students.
2. Assist in the development of ASRT to BSRT Bridge Programs.
3. Collectively work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
4. Support a national association, representing the 63 colleges/universities awarding baccalaureate and graduate degrees in respiratory care, to move forward the recommendations of the third 2015 conference.
5. Help start new baccalaureate and graduate RT programs thus leading to a higher quality of respiratory therapist entering the workforce.
6. Work to change the image of the RT profession from technical-vocational-associate degree education to professional education at the baccalaureate and graduate degree level.
7. Mentoring program for new graduates as well as new faculty members.
8. Join colleagues to collectively develop standards for baccalaureate and graduate respiratory therapist education.
9. Develop public relations programs to make potential students aware of baccalaureate and graduate respiratory therapist programs.
10. Help to publicize, among department directors/managers, the differences between respiratory therapists with associate, baccalaureate and graduate degrees.
11. Access to over 45 Spotlight articles on BSRT and RT graduate programs, and major medical centers.
12. Round table discussion dinners and Meet & Greet member receptions held in conjunction with the AARC Summer Forum and the International Congress.
13. Help to support maintaining a roster and web site for all baccalaureate and graduate respiratory therapist programs.
14. Collaborate with CoARC and AARC to improve respiratory therapy education.

Become a CoBGRTE member by completing the application on the Membership Page: http://www.cobgrte.org/membership.html

Editorial Board

www.cobgrte.org

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"Dedicated to Improving Respiratory Therapy Education"