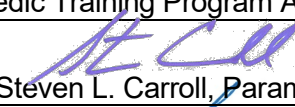



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Training Program Approval		Policy Number 1135	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	October 20, 1993	Effective Date: December 1, 2021	
Date Revised:	May 13, 2021		
Date Last Reviewed:	May 13, 2021		
Next Review Date:	May 31, 2024		

- I. PURPOSE: To define the procedure to be followed when applying for approval for a paramedic training program in Ventura County.
- II. AUTHORITY: Health and Safety Code Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100. California Code of Regulations, Title 22 Division 9, Sections 100137, 100148 - 100156, 100159, and 100162.
- III. POLICY: The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support (ALS) within an organized Emergency Medical Services (EMS) system. The following procedure shall be followed when applying for approval for a paramedic training program approval.
- IV. DEFINITION(S): Paramedic training program approving authority means an agency or person authorized by the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 1, Section 100137 to approve a paramedic training program, as follows:
 - A. The approving authority for a paramedic training program that is conducted by a qualified statewide public safety agency shall be the Director of the California EMS Authority.
 - B. The approving authority for any paramedic training program(s) based in the County of Ventura shall be the Ventura County Emergency Medical Services Agency (VCEMS).
- V. PROCEDURE:
 - A. Approved Training Programs
 1. Eligibility for paramedic training program approval shall be limited to the following institutions:
 - a. Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the Department of Consumer Affairs, Bureau for Private Postsecondary Education

- b. Medical training units of the United States Armed Forces or Coast Guard
 - c. Licensed general acute care hospitals which meet the following criteria:
 - 1) Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5;
 - 2) Provide continuing education (CE) to other health care professionals; and
 - 3) Are accredited by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association
 - d. Agencies of government
2. All approved paramedic training programs shall be accredited and shall maintain current accreditation or be in the process of receiving accreditation approval by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) in order to operate as an approved paramedic training program.
3. All approved paramedic training programs shall:
- a. Receive a Letter of Review (LoR) from CoAEMSP prior to starting classes; and
 - b. Submit their application, fee, and Initial Self-Study Report (ISSR) to CoAEMSP for accreditation within six (6) months of the first class' graduation; and
 - c. Receive and maintain CAAHEP accreditation no later than two (2) years from the date of the ISSR submission to CoAEMSP for accreditation
4. Paramedic training programs approved according to the provisions outlined in this policy shall provide the following information in writing to all their paramedic training program applicants prior to the applicants' enrollment in the paramedic training program:
- a. The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP.

- b. The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP.
5. Failure of the paramedic training program to maintain its LoR, submit their RAS form and ISSR to CoAEMSP, or obtain and maintain its accreditation with CAAHEP, as described above, by the date specified shall result in withdrawal of program approval as outlined in Section V.K of this policy.
6. Students graduating from a paramedic training program that fails to apply for, receive, or maintain CAAHEP accreditation by the dates required will not be eligible for state licensure as a paramedic.
7. Paramedic training programs shall submit to VCEMSA all documents submitted to, and received from CoAEMSP and/or CAAHEP, including but not limited to the RAS form, ISSR, and documents required for maintaining accreditation.
8. Paramedic training programs shall submit to the California EMS Authority the date their initial RAS form was submitted to CoAEMSP and copies of documentation received from CoAEMSP and/or CAAHEP verifying accreditation.

B. Student Eligibility

1. To be eligible to enter a paramedic training program an individual shall meet the following requirements:
 - a. Possess a high school diploma or general education equivalent; and
 - b. possess a current basic cardiac life support (CPR) card equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the healthcare provider level; and
 - c. possess a current EMT certificate or NREMT-Basic registration; or
 - d. possess a current AEMT certificate in the State of California; or
 - e. be currently registered as an Advanced-EMT with the NREMT.

C. Teaching Staff

1. Each paramedic training program shall have a medical director who is a physician currently licensed in the State of California, has experience in emergency medicine, and has education experience or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to the following:

- a. Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
 - b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 - c. Approval of hospital clinical and field internship experience provisions.
 - d. Approval of principal instructor(s).
2. Each training program shall have a program director who is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education. Duties of the program director shall include, but not be limited to the following:
- a. Administration, organization, and supervision of the educational program.
 - b. In coordination with the training program medical director, approve the principal instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
 - c. Ensure training program compliance with all aspects of this policy, applicable sections of the California Code of Regulations, and other related laws.
 - d. Sign all course completion records.
 - e. Ensure the preceptors are trained according to VCEMS Policy 319 – Paramedic Preceptor.
3. Each training program shall have a principal instructor(s), who is responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall meet the following criteria:
- a. Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.

- b. Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E; and
 - c. Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
 - d. Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
4. A principal instructor may also be the training program medical director or training program director.
5. Each training program may have a clinical coordinator(s) who is either a physician, registered nurse, physician assistant or paramedic currently licensed in the State of California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the clinical coordinator shall include, but not be limited to, the following:
 - a. The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as described in Section V.C.8 of this policy
 - b. Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contracts established by the paramedic training program as required for continued CAAHEP accreditation.
 - c. The tracking of student internship evaluation and terminal competency documents.
6. Each training program may have teaching assistant(s) who has training and experience to assist with teaching the course. The teaching assistant(s) shall be supervised by a principal instructor, the program director and/or the program medical director.
7. Each paramedic training program shall have a field preceptor(s) who meet all criteria outlined in VCEMS Policy 319 – Paramedic Preceptor.
8. Each paramedic training program shall have a hospital clinical preceptor(s) who shall meet the following criteria:

- a. Be a physician, registered nurse or physician assistant currently licensed in the State of California.
- b. Have worked in emergency medical care services or areas of medical specialization for the last two (2) years.
- c. Be under the supervision of a principal instructor, the program director, and/or the program medical director.
- d. Receive training in the evaluation of paramedic students in clinical settings. Instructional tools may include, but need not be limited to:
 - 1) Evaluate a student's ability to safely administer medications and perform assessments.
 - 2) Document a student's performance.
 - 3) Review clinical preceptor requirements outlined in this policy
 - 4) Assess student behaviors using cognitive, psychomotor, and affective domains.
 - 5) Create a positive and supportive learning environment.
 - 6) Identify appropriate student progress.
 - 7) Counsel the student who is not progressing.
 - 8) Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous materials.

D. Education and Training for Paramedic Students

1. Paramedic training program shall assure that no more than six (6) students are assigned to one instructor/teaching assistant during skills practice/laboratory
2. Hospital Clinical Education and Training
 - a. An approved paramedic training program shall provide for and monitor a supervised clinical experience at a hospital(s) that is licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the VCEMS Medical Director. The maximum number of hours in the expanded clinical

- setting shall not exceed forty (40) hours of the total clinical hours specified in Section V.E of this policy
- b. Paramedic training program shall not enroll any more students than the training program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the training program. The paramedic training program course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).
 - c. Paramedic training programs in nonhospital institutions shall enter into written agreement(s) with a licensed general acute care hospital(s) that holds a permit to operate a basic or comprehensive emergency medical service for the purpose of providing this supervised clinical experience.
 - d. Paramedic clinical training hospital(s) and other expanded settings shall provide clinical experience, supervised by a clinical preceptor(s). The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include performance of procedures or administration of medications as specified in VCEMS Policy 310 – Paramedic Scope of Practice. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.
3. Field Internship
- a. A field internship shall provide emergency medical care training and experience to paramedic students under continuous supervision, instruction, and evaluation by an authorized preceptor and shall promote student competency in medical procedures, techniques, and the administration of medications as specified in VCEMS Policy 310 – Paramedic Scope of Practice, in the prehospital emergency setting within an organized EMS system.

- b. An approved paramedic training program shall enter into a written agreement with Advanced Life Support (ALS) service provider(s) that provide field internship services to students. This agreement shall include provisions to ensure compliance with this policy.
- c. The VCEMS Medical Director shall have medical control over the paramedic intern
- d. The assignment of a student to a field preceptor shall be a collaborative effort between the paramedic training program and the provider agency
 - 1) The assignment of a student to a field preceptor shall be limited to duties associated with the student's training or the student training program
- e. In the event the ALS service provider is located outside the jurisdiction of the County of Ventura, the paramedic training program shall do the following:
 - 1) Ensure the student receives orientation in collaboration with the LEMSA where the field internship will occur. The orientation shall include that LEMSA's local policies, procedures, and treatment protocols,
 - 2) Report to the LEMSA, where the field internship will occur, the name of the paramedic intern, the name of the field internship provider, and the name of the preceptor.
 - 3) Ensure the field preceptor has the experience and training as required in VCEMS Policy 319 – Paramedic Preceptor.
 - 4) The LEMSA Medical Director where the internship is located shall have medical control over the paramedic intern
- f. The paramedic training program shall enroll only the number of students it is able to place in field internships within ninety (90) days of completion of their hospital clinical education and training phase of the training program. The paramedic training program director and a student may agree to start the field internship at a later date in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.). This agreement shall be in writing.

- g. The internship, regardless of the location, shall be monitored by the training program staff, in collaboration with the assigned field preceptor.
- h. Training program staff shall, upon receiving input from the assigned field preceptor, document the progress of the student. Documentation shall include the identification of student deficiencies and strengths and any training program obstacles encountered by, or with, the student.
- i. Training program staff shall provide documentation reflecting student progress to the student at least twice during the student's internship.
- j. No more than one (1) trainee, of any level, shall be assigned to a response vehicle at any one time during the paramedic student's field internship.

E. Required Course Hours

- 1. The total paramedic training program shall consist of not less than one thousand and ninety-four (1094) hours. These training hours shall be divided into:
 - a. A minimum of four-hundred and fifty-four (454) hours of didactic instruction and skills laboratories that shall include not less than four (4) hours of training in tactical casualty care principles as provided in Section V.F of this policy
 - b. The hospital clinical training shall consist of no less than one-hundred and sixty (160) hours
 - c. The field internship shall consist of no less than four-hundred and eighty (480) hours
- 2. The student shall have a minimum of forty (40) documented ALS patient contacts during the field internship as specified in V.C.3 of this policy. An ALS patient contact shall be defined as the student performance of one or more ALS skills identified in VCEMS Policy 310 – Paramedic Scope of Practice, with the exception of 3 or 4 lead cardiac monitoring and CPR, on a patient
 - a. When available, up to ten (10) of the required ALS patient contacts may be satisfied through the use of high fidelity adult simulation patient contacts.

- 1) High Fidelity Simulation means using computerized manikins, monitors, and similar devices or augmented virtual reality environments that are operated by a technologist from another location to produce audible sounds and to alter and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest sounds, and saturation of oxygen.
 - b. Under the supervision of the preceptor, students shall document patient contacts utilizing the Ventura County electronic Patient Care Reporting system (VCePCR) in accordance with VCEMS Policy 1000 – Documentation of Prehospital Care.
 - 1) The ALS Service provider hosting the paramedic student will provide access to VCePCR through a username and password that is unique to that student.
 - c. For at least half of the ALS patient contacts the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through transfer of care to hospital personnel.
3. The student shall have a minimum of twenty (20) documented experiences performing the role of team lead during the field internship. A team lead shall be defined as a student who, with minimal to no prompting by the preceptor, successfully takes charge of EMS operation in the field including, at least, the following:
 - a. Lead coordination of field personnel,
 - b. Formulation of field impression,
 - c. Comprehensively assessing patient conditions and acuity.
 - d. Directing and implementing patient treatment,
 - e. Determining patient disposition, and
 - f. Leading the packaging and movement of the patient.
4. The minimum hours outlined in this subsection shall not include the following:
 - a. Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
 - b. Examination for student eligibility.

- c. The teaching of any material not prescribed in Section V.F of this policy.
 - d. Examination for paramedic licensure.

- F. Required Course Content
 - 1. The content of a paramedic course shall meet the objectives contained in the January 2009 U.S. Department of Transportation (DOT) National Emergency Medical Services Education Standards, DOT HS 811 077E, and be consistent with the paramedic basic scope of practice specified VCEMS Policy 310 – Paramedic Scope of Practice
 - 2. In addition to the above, the content of the training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles. The minimum competency-based topics and skills for this TCC requirement are outlined in California Code of Regulations, Title 22, Division 9, Chapter 4, Article 3, Section 100155(b).

- G. Required Testing
 - 1. Approved paramedic training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this policy.
 - 2. Documentation of successful student clinical and field internship performance shall be required prior to course completion

- H. Course Completion Record
 - 1. A tamper resistant course completion record shall be issued to each person who has successfully completed the paramedic training program. The course completion record shall be issued no later than ten (10) working days from the date the student successfully completes the paramedic training program.
 - 2. The course completion record shall contain the following:
 - a. The name of the individual.
 - b. The date of completion.
 - c. The following statement:
 - 1) “The individual named on this record has successfully completed an approved paramedic training program.”
 - d. The signature of the training program director

- e. The name and location of the training program issuing the card
 - f. A list of optional scope of practice procedures and/or medications approved by the VCEMS Medical Director taught in the course.
- I. Procedure for Paramedic Training Program Approval
- 1. Eligible training programs, as outlined in Section V.A of this policy shall pay the established paramedic training program application fee and submit a written request, in addition to the completed application checklist attached to this policy, to VCEMS for program approval. The following documentation shall be submitted along with written request for approval and application checklist:
 - a. A statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.
 - b. An outline of course objectives.
 - c. Performance objectives for each skill.
 - d. The names and qualifications of the training program director, program medical director, and principal instructors.
 - e. Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 - f. Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 - g. The location at which the courses are to be offered and their proposed dates.
 - h. Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.
 - i. Written contracts or agreements between the paramedic training program and a provider agency (ies) for student placement for field internship training.
 - j. A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.

- k. Samples of written and skills examinations administered by the training program.
 - l. Samples of a final written examination(s) administered by the training program.
 - m. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.
- J. Program Approval / Disapproval
- 1. VCEMS shall, within thirty (30) working days of receiving a request for training program approval, notify the applicant that the request has been received, and shall specify if any additional information is needed to satisfy the requirements outlined in Section V.I
 - 2. The materials submitted will be reviewed and evaluated by VCEMS staff, an educator with a medical/nursing background who is not associated with the applicant, and an MD who is not associated with the submitting applicant
 - 3. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed ninety (90) days.
 - 4. VCEMS shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.
 - 5. Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval outlined in this policy.
- K. Withdrawal of Training Program Approval
- 1. Failure to comply with the requirements of this policy may result in denial, probation, suspension or revocation of program approval by VCEMS.
 - 2. The requirements for training program noncompliance notification and actions are as follows:
 - a. VCEMS shall provide written notification of noncompliance with this policy to the paramedic training program provider found in violation. The notification shall be in writing and sent by certified mail to the paramedic training program director.

- b. Within fifteen (15) days from receipt of the noncompliance notification, the approved training program shall submit in writing, by certified mail, to VCEMS one of the following:
 - 1) Evidence of compliance with the provisions of this policy, or
 - 2) A plan to comply with the provisions of this policy within sixty (60) days from the day of receipt of the notification of noncompliance.
 - c. Within fifteen (15) days from receipt of the approved training program's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the approved paramedic training program, VCEMS shall issue a decision letter by certified mail to the California EMS Authority and the approved paramedic training program. The letter shall identify the VCEMS' decision to take one or more of the following actions:
 - 1) Accept the evidence of compliance provided.
 - 2) Accept the plan for meeting compliance provided.
 - 3) Place the training program on probation.
 - 4) Suspend or revoke the training program approval.
 - d. The decision letter shall also include, but need not be limited to, the following information:
 - 1) Date of the program training approval authority's decision;
 - 2) Specific provisions found noncompliant by the training approval authority, if applicable;
 - 3) The probation or suspension effective and ending date, if applicable;
 - 4) The terms and conditions of the probation or suspension, if applicable;
 - 5) The revocation effective date, if applicable;
 - e. VCEMS shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter.
- L. Program Review and Reporting
- 1. All program materials specified in this policy shall be subject to review by VCEMS and shall also be made available for review upon request by the California EMS Authority.

2. All programs shall be subject to on-site evaluation by VCEMS and may also be evaluated by the California EMS Authority
3. Paramedic training program shall provide VCEMS with written notification of changes to course objectives, hours of instruction, program director, program medical director, principal instructor, provisions for hospital clinical experience, or field internship.
4. Paramedic training program shall provide VCEMS a list of Paramedic Preceptors being utilized for the purposes of field internships no later than thirty (30) days prior to the internship rotations beginning.
5. Written notification shall be provided in advance, when possible, and no later than thirty (30) days after changes have been identified.

M. Training Program Expansion

1. Approved paramedic training programs shall request approval to add additional training classes or to enlarge class size. The training program shall provide written confirmation guaranteeing clinical and internship placement as outlined in Sections V.D.2 and V.D.3 of this policy.

Ventura County Emergency Medical Services Agency Paramedic Training Program

Application Checklist

Sections 1-10 to be completed by training program

For additional information on requirements and approval process, please refer to VCEMS Policy 1135 – Paramedic Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Type of Institution		
<input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior College or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Post-Secondary School <i>(Submit Post-Secondary School Approval Document)</i> <input type="checkbox"/> Medical training unit of the United States Armed Forces or Coast Guard <input type="checkbox"/> Licensed general acute care hospital, with proof that facility meets the following criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5; <input type="checkbox"/> Provide continuing education (CE) to other health care professionals; and <input type="checkbox"/> Current accreditation by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association <input type="checkbox"/> Agency of Government	Name of Institution or Agency	
3. Program Accreditation		
<input type="checkbox"/> Copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation. <input type="checkbox"/> Sample of letter to training program applicants containing the following: <ul style="list-style-type: none"> <input type="checkbox"/> The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP. <input type="checkbox"/> The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP. <input type="checkbox"/> Copies of all documents submitted to, and received from CoAEMSP and/or CAAHEP including but not limited to the RAS form, ISSR, and any/all documents required for maintaining accreditation.		
4. Teaching Staff		
a. Program Medical Director <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Evidence of experience in emergency medicine <input type="checkbox"/> Evidence of experience in education and/or methods of instruction	Name of Program Medical Director	
b. Program Director <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Evidence of baccalaureate degree <input type="checkbox"/> Evidence of education and experience in methods, materials, and evaluation of instruction <input type="checkbox"/> Evidence of one (1) year experience in an administrative or management level position <input type="checkbox"/> Evidence of three (3) years academic or clinical experience in prehospital care education	Name of Program Director	

<p>c. Principal Instructor(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license(s) and certifications received <input type="checkbox"/> Evidence that individual(s) is knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E <input type="checkbox"/> Evidence of six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree. <input type="checkbox"/> Evidence of education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. 	<p>Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic)</p>
<p>d. Clinical Coordinator(s) (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Documentation of at least two (2) years of academic and/or clinical experience in emergency medicine or prehospital care 	<p>Name(s) and Title(s) of Clinical Coordinator(s) (MD, RN, PA, Paramedic)</p>
<p>e. Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Evidence of qualification by training and experience to assist with teaching <input type="checkbox"/> Approval by program director in coordination with the program medical director 	<p>Names(s) and Title(s) of Teaching Assistant(s)</p>
<p>5. Hospital Clinical Education and Training</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program. <input type="checkbox"/> Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training. 	
<p>6. Field Internship</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program. <input type="checkbox"/> Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training. 	
<p>7. Required Course Hours and Content</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009. <input type="checkbox"/> Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy. <input type="checkbox"/> Outline of course objectives. <input type="checkbox"/> Performance objectives for each skill. <input type="checkbox"/> Samples of written and skills examinations administered by the training program. <input type="checkbox"/> Samples of a final written examination(s) administered by the training program. 	
<p>8. Training Program Facilities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> The location at which the courses are to be offered and their proposed dates. <input type="checkbox"/> Evidence of adequate training program facilities, equipment, examination securities, and student record keeping. 	
<p>9. Administrative Requirements</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Provide copy of course completion record <input type="checkbox"/> Provide copy of fee schedule <input type="checkbox"/> Provide copy of liability insurance for students 	

<p>10. Program Representative Completing Application</p>	
<p>Name of Program Representative Completing Application</p>	
<p>Signature</p>	<p>Date</p>

Phone Number	Email Address

*****VCEMS Office Use Only*****

1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Written request for program approval	
<input type="checkbox"/> Training program application checklist	
<input type="checkbox"/> Payment of established fee	
<input type="checkbox"/> Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.	
<input type="checkbox"/> Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy.	
<input type="checkbox"/> An outline of course objectives.	
<input type="checkbox"/> Performance objectives for each skill.	
<input type="checkbox"/> Names, CV/Resume, and copies of license(s)/cert(s) for each of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Training program director <input type="checkbox"/> Program medical director <input type="checkbox"/> Principal instructor(s) <input type="checkbox"/> Clinical Coordinator(s) <input type="checkbox"/> Teaching Assistant(s) 	
<input type="checkbox"/> Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.	
<input type="checkbox"/> Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.	
<input type="checkbox"/> The location at which the courses are to be offered and their proposed dates.	
<input type="checkbox"/> Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.	
<input type="checkbox"/> Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training.	
<input type="checkbox"/> A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.	
<input type="checkbox"/> Samples of written and skills examinations administered by the training program.	
<input type="checkbox"/> Samples of a final written examination(s) administered by the training program.	
<input type="checkbox"/> Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.	
<input type="checkbox"/> Copy of Course Completion Record	
<input type="checkbox"/> Copy of Liability Insurance for Students	
<input type="checkbox"/> Copy of Fee Schedule	

2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration	Date

3. EMS Agency Representative Information	
Name of EMS Agency Representative Reviewing Application	
Signature	Date
Phone Number	Email Address

