



## CHANGE IN PROGRAM DIRECTOR

**CoAEMSP Program Number:**

**Sponsoring Institution/  
Consortium Name:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### PROGRAM DIRECTOR (PD) STATUS

<b>Permanent</b>	<b>Temporary</b>	<b>Acting</b>	<b>Effective Date:</b>	<b>New PD is also Billing Contact</b>	<b>Yes</b>	<b>No</b>
*Explanation of status is located in Accreditation Policies XV Personnel Changes				If <b>No</b> , please complete a Billing Contact Change Form		

### FORMER PROGRAM DIRECTOR

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Reason for Change:** \_\_\_\_\_

### NEW PROGRAM DIRECTOR (Office Contact Only)

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**National Registry Number :** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**State License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Please Note:** The program director must 1) possess a minimum of a Bachelor's degree to direct a Paramedic program and a minimum of an Associate's degree to direct an Advanced Emergency Medical Technician program, from an accredited institution of higher education. *Program Directors should have a minimum of a Master's degree;* 2) have appropriate medical or allied health education, training, and experience; 3) be knowledgeable about methods of instruction, testing and evaluation of students; 4) have field experience in the delivery of out-of-hospital emergency care; 5) have academic training and preparation related to emergency medical services at least equivalent to that of a paramedic; 6) be knowledgeable about the current versions of the *National EMS Scope of Practice* and *National EMS Education Standards*, and about evidenced-informed clinical practice. *For most programs, the program director should be a full-time position.* **[Standard IIIB1b] [see also Accreditation Policies XV]**

### REQUIRED DOCUMENTATION (Submit Items 1-5 Together)

- |   |  |
|---|--|
| 1. Completed PD Change Form                         | 2. CV with formal education/degrees & related exp.           |
| 3. Signed/dated Letter of Appointment               | 4. Signed/dated Letter of Acceptance                         |
| 5. Copy of the National Registry or State License   |  |
| 6. Official Transcript* <b>[Transcript sent via</b> | <b>E-Transcript from college or sealed envelope by mail]</b> |

\*Transcript must document the award of a minimum of an earned baccalaureate degree from an accredited academic institution must be sent **directly from the awarding college to CoAEMSP in either a sealed envelope or via e-transcript.** If the new hire holds a Master's or doctorate, a transcript for the highest degree is all that is required. Unofficial or scanned copies are not acceptable. Failure to do so may result in recommendation for Administrative Probation or Probationary Accreditation.

### SUBMISSION OF ALL REQUIRED DOCUMENTATION

<b>Email items 1-5 above:</b>	Lynn Caruthers	<b>If sent by Mail:</b>	CoAEMSP
<b>(+ Item 6 if sent e-transcript)</b>	<a href="mailto:lynn@coaemsp.org">lynn@coaemsp.org</a>	<b>Item 6 (only)</b>	8301 Lakeview Pkwy, Suite 111-312
			Rowlett, TX 75088

