



## Request for Approval of a Satellite Location

**Definition of Program Satellite:** off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor where students can complete the laboratory (or similar hands-on skills) professional course(s) without attending the main campus. A satellite does not pertain to sites used by a completely online/distance education program for individual students. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program. [Policy XII.C and CAAHEP Policy 209 B Alternative Models of Education - Satellites]

This completed request form must be submitted, **in advance**, for EACH class for EACH satellite location. If the program sponsor wishes to apply for more than one satellite location, a separate form for each satellite location of the main campus must be submitted.

If there is a change to any of the following after CoAEMSP approval, the program must notify the CoAEMSP:

- 1) number of students who enroll in the class,
- 2) the class does not make,
- 3) submitted Start date and/or Graduation date changes

The program **MUST** notify CoAEMSP immediately. Both CAAHEP and CoAEMSP are tracking each satellite and each approved class; therefore, it is imperative that changes are made known to the CoAEMSP.

CoAEMSP verifies directly with NREMT the eligibility of graduates from each class of each satellite location. Failure to obtain prior CoAEMSP approval may result in the graduates from that location/class not being eligible for the national examinations for Paramedic.

Programs are assessed a Satellite fee for each location where students are enrolled at any time during the CoAEMSP fiscal year (July 1 through June 30). Classes that span two (or more) fiscal years (for example, start January 4 and end December 15) are assessed the Satellite fee in each fiscal year. Satellites will not be approved until all applicable fees are received. If there are applicable fees required upon receipt of this application, you will be sent an invoice. For more information regarding fees, visit

<http://coaemsp.org/Fees.htm>

Questions about this form and the approval process may be directed to Lynn Caruthers at 214-703-8445 ext. 115 or at [lynn@coaemsp.org](mailto:lynn@coaemsp.org).

**CoAEMSP Program Number:**

**Sponsoring Institution/**

**Consortium Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Program Director:**

**Medical Director:**

**Contact Person:**

**Contact Email Address:**

**Satellite Location Information**

**1. Satellite Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**2. What is the distance in miles from the main campus to the satellite location?**

**3. Is the satellite located in the same state as the main campus?**

**Yes (proceed to Question #4)**

**No**

**If No, in addition to this application, the sponsor program must submit the following:**

- A. Evidence that the program sponsor has notified the State Office of EMS (OEMS) in the state in which the satellite is located that the program has students in that state.**
  
- B. Evidence that if students participate in patient care in that state, the program has arranged for a licensed physician (Assistant Medical Director) in that state to accept the responsibility for the practice of those students. In order to add an Assistant Medical Director, please submit the completed Assistant Medical Director Change Form, as well as, provide required supporting documentation. The Assistant MD Change form is available on the CoAEMSP website at [http://coaemsp.org/Personnel\\_Changes.htm](http://coaemsp.org/Personnel_Changes.htm).**

**4. Are lab classes (i.e., pre-patient skills instruction) taught at this satellite location?**

**Yes**

**No**

**5. Briefly describe how this satellite location will deliver the Paramedic program:**

**6. Does this satellite location meet all the CAAHEP Accreditation Standards and CoAEMSP policies?**

**Yes (proceed to Question #7)**

**No**

If **No**, please explain what changes are needed to come into compliance.

**Satellite Class Information for this Location**

**7. Date of anticipated enrollment for the satellite class?**

(MM/DD/YYYY)

**8. Date of anticipated graduation for the satellite class?**

(MM/DD/YYYY)

**9. Number of anticipated students to be enrolled in the satellite class.**

Please Note: If there is a change to any of the following after CoAEMSP approval, the program must notify the CoAEMSP: 1) number of students who enroll in the class, 2) the class does not make, 3) submitted Start date and/or Graduation date changes, the program **MUST** notify CoAEMSP immediately. Both CAAHEP and CoAEMSP are tracking each satellite and each approved class; therefore, it is imperative that changes are made known to the CoAEMSP.

**10. Is distance education instruction used with the satellite class at the satellite location?**

**Yes**

**No**

If **Yes**, specify the type and amount?

**Thank you**

This form must be submitted to **Lynn Caruthers** at [lynn@coaemsp.org](mailto:lynn@coaemsp.org) at the CoAEMSP Executive Office.

**Please Note:** Programs must submit a 'Request for Approval of a Satellite Location' form for each and every class enrolled at each and every satellite location. Programs are assessed a Satellite fee for each location where students are enrolled at any time during the CoAEMSP fiscal year (July 1 through June 30). Classes that span two (or more) fiscal years (for example, start January 4 and end December 15) are assessed the Satellite fee in each fiscal year. Satellites will not be approved until all applicable fees are received. If there are applicable fees required upon receipt of this application, you will be sent an invoice. For more information regarding fees, visit <http://coaemsp.org/Fees.htm>.