CoAEMSP INTERPRETATIONS OF THE CAAHEP 2023 *STANDARDS AND GUIDELINES*

for the Accreditation of Educational Programs in the EMS Professions

This companion document contains the CAAHEP ***Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*** with CoAEMSP interpretations adopted by CoAEMSP through policies. The interpretations are NOT part of the CAAHEP *Standards and Guidelines* document and are subject to change by CoAEMSP. Policy revisions may occur often, so this document should be reviewed frequently to ensure the most current version. Please refer to the Glossary for the definition of terms which is available at www.coaemsp.org/policies. Questions regarding the interpretations can be directed to CoAEMSP. [Standards interpretations first approved by CoAEMSP February 2024.]

Description of the Profession (as per EMS Agenda for Future, NHTSA)

The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. "Stand-alone" EMT and Emergency Medical Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Advanced Emergency Medical Technician

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Technician

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Responder

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a

comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

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STANDARD I. SPONSORSHIP

Standard I.A. Program Sponsor

A program sponsor must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.

2. A post-secondary academic institution outside of the United States and its territories that is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate or equivalent at the completion of the academic program.

3. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services and authorized under applicable law to provide healthcare and authorized under applicable law to provide the post-secondary program, which awards a minimum of a certificate at the completion of the program.

4. A branch of the United States Armed Forces or a federal, state, or local governmental or municipal agency which awards a minimum of a certificate at the completion of the program.

5. A consortium, which is a group made up of two or more members that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.- I.A.4.
   a. The consortium governing board must meet at least annually.

   Consortium does not refer to clinical affiliation agreements with the program sponsor.

For a distance education program, the location of program is the mailing address of the sponsor.

Interpretation of Compliance with the Standard:

1. *A list of approved accrediting organizations can be found on the US Department of Education website.*

   If academic credits are not granted by the program offered in the accredited academic institution (e.g., the program is offered through continuing education), there must be an articulation agreement for graduates who complete the program to obtain credit.

   It is the responsibility of the program sponsor to ensure that the State EMS office for each state in which students are accessing the program has been successfully notified that the program has students in that state.

2. *Determined on a case-by-case basis.*

3. *A hospital, clinic, or medical center may be a sponsor must be accredited by The Joint Commission or its equivalent and authorized by the state to provide healthcare.*

   There must be an articulation agreement with an accredited educational institution (Standard I.A.1) that can award college credits for the education.

*An **articulation agreement** is an agreement between an educational institution and a program sponsor to award college credit to individuals completing the education program. This agreement allows students to receive college credit **if** they enroll at the educational institution; it does not require that students who do not register receive college credit. The articulation agreement may be a memorandum of understanding, or other suitable instrument, if the requirements of articulation are met.*

4. *A governmental fire academy or EMS training agency may be a sponsor:*
   It is an agency of the federal, state, city, or county government.
   - *Authorized by the state to provide initial educational programs.*

     ***EITHER:** has an articulation agreement with an educational institution (Standard I.A1) that can provide college credits for the education, if it cannot award credits*

     OR is recognized by the state as a post-secondary educational institution.

5. *A consortium agreement is an agreement, contract, or memorandum of understanding between two or more entities to provide governance of a program. The members of the consortium appoint a separate governing entity to establish and run an educational program. The governance, lines of authority, and roles of each partner must be established in the agreement, and it must include an organizational chart.*

   In at least one of its comprehensive publications customarily used to officially convey institutional information, a consortium sponsored program identifies all current members of the consortium where CoAEMSP Letter of Review (LoR) or CAAHEP accreditation is referenced.

Examples of Evidence for this Standard:

- Valid institutional accreditation [All I.A.1 or I.A.3 sponsors]
- Legal authorization to provide postsecondary education [All I.A.2 sponsors]
- Articulation agreement [All I.A.2, I.A.3, I.A.4, and I.A.5 sponsors or I.A.1 sponsors that do not award college credit for the program]
- Documentation indicating that each State EMS Office has been notified that the program has students in that state [For out of state clinical/field sites if applicable]
- Program-specific organizational chart [All sponsors] (form available at https://coaemsp.org/resource-library)
- Corporate organizational chart

Consortium

- Current executed consortium agreement, contract, or memorandum of understanding [I.A.5] [Consortium Sponsorship Agreement sample available at https://coaemsp.org/resource-library].
- Corporate organizational chart (one for each consortium member) [I.A.5]
- Consortium governing body meeting minutes (most current or specific # of years' worth) [I.A.5]
- I.A sponsor member's institutional accreditor has been notified of the sponsorship involvement with the consortium [I.A.1 or I.A.3 sponsors]
- Formal letter from the CEO/President of the eligible I.A. sponsor member acknowledging the institutional accreditor has been notified [I.A.1 or I.A.3 sponsors]

Standard I.B. Responsibilities of Program Sponsor
The program sponsor must

1. Ensure that the program meets the Standards;

2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and,

3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

Interpretation of Compliance with the Standard:

The sponsor(s) demonstrates commitment to program success by taking an active role in ensuring the resources and educational oversight necessary for the ~~Paramedic~~ program to remain in compliance with the CAAHEP Standards and Guidelines.

The preparedness plan may be program-specific or an institutional plan that includes specifics for didactic, laboratory, clinical and field internship activities.

Examples of Evidence for this Standard:

- Current articulation agreement
- Participation in the annual resource assessment
- Participation on the program Advisory Committee and Consortium governing body (as applicable)
- Review of the program's Annual Report
- Long-term planning activities
- CoAEMSP Plan of Action as applicable (form available at https://coaemsp.org/resource-library)
- Preparedness plan for unanticipated interruption (form available at https://coaemsp.org/resource-library)

STANDARD II. PROGRAM GOALS

Standard II.A. Program Goals and Minimum Expectations
The program must have at least one of the following minimum expectations statements for the following program(s) it offers:

- **Paramedic**: "To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

- **Advanced Emergency Medical Technician**: "To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an emergency medical services professional. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

In this Standard, "field" refers to the profession.

Interpretation of Compliance with the Standard:
The minimum expected program goal stated in the Standards must be published verbatim in the program materials. Although programs may elect to have additional goals, they may not add or subtract wording from the full statement of the minimum expected goal. If additional goals are added, each goal must be measured accordingly. The minimum expected program goal (and any additional goals) must be approved by the program Medical Director and reviewed and documented by the program Advisory Committee on an annual basis.

Examples of Evidence for this Standard:
- Published program goal(s) in program materials, student handbook, Advisory Committee minutes, website, and/or other materials.
- Advisory Committee meeting minutes and attendance (form available at https://coaemsp.org/resource-library)
- If a program sponsor offers both AEMT and Paramedic, there must be student and graduate representatives from both programs on the Advisory Committee.

Standard II.B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, clinical and capstone field internship representatives, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.

Program advisory committee meetings may be conducted using synchronous electronic means.

The program advisory committee minutes must document support of the program required minimum numbers of patient contacts.

Interpretation of Compliance with the Standard:

The Advisory Committee must meet at least once a year and review the program goals and outcomes for the last year and make recommendations to the program.

The Advisory Committee meetings must also include review of student minimum competency requirements, (including team leads), any action plans, and results of action where appropriate, review of the Annual Report, resource assessment, student surveys, and other objective data that supports program evaluation.

The meeting minutes must include an Advisory Committee roster indicating the communities of interest that the members represent and those present and absent. The Advisory Committee meeting minutes documents meaningful discussion and actions during the meeting. The Advisory Committee Chair should be selected from one of the non-sponsor affiliated communities of interest. Faculty and administration representatives are ex-officio members.

The public member of the Advisory Committee should be a person who has valuable input to the program. The public member is not employed by the sponsor or a clinical affiliate and does not qualify as any other named community of interest representative.

A public member:

- *is not employed as an EMS or healthcare provider*
- *is not a member of any trade association or membership organization that is related to the practice of emergency medical services*
- *does not hold a status named in the* CAAHEP Standards *(e.g., a retired physician, retired employer)*
- *is not employed by the sponsor of the AEMT or Paramedic educational program*
- *is not a relative of an individual who is employed by the sponsor of the AEMT or Paramedic Educational program*
- *does not hold any position with a CAAHEP accredited program or CoAEMSP Letter of Review program (see glossary definition in the CoAEMSP Policies and Procedures).*

Examples of Evidence for this Standard:

- Roster of current Advisory Committee members identifying at least one representative from each required stakeholder group (form available at https://coaemsp.org/resource-library). A roster of members listed on the Advisory Committee meeting minutes is acceptable.

- Advisory Committee meeting minutes and attendance (form available at https://coaemsp.org/resource-library)
- CoAEMSP Advisory Committee Public Member Bio Form (form available at https://coaemsp.org/resource-library)

STANDARD III. RESOURCES

Standard III.A.1. Resources – Type and Amount
Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to:

a. Faculty;
b. Administrative and support staff;
c. Curriculum;
d. Finances;
e. Faculty and staff workspace;
f. Space for confidential interactions;
g. Classroom and laboratory (physical or virtual);
h. Ancillary student facilities;
i. Clinical affiliates;
j. Field experience and capstone field internship affiliates;
k. Equipment;
l. Supplies;
m. Information technology;
n. Instructional materials; and
o. Support for faculty professional development.

Interpretation of Compliance with the Standard:
There are no set numbers for resources; the requirement is that the resources are sufficient as documented by the ongoing resource assessment system (see CAAHEP Standard III.D) and other objective data.

The same space can be used for class and lab provided the space is adequate for the number of students and accommodates the required activities.

Administrative support is reflected by the adequacy of program activities such as: timely filing of documents, organized records, up to date files, regardless of how the program accomplishes those tasks. Clerical support is not required.

For clinical and field experiences, the student should evaluate the experience and the site, not the individual preceptors.

For capstone field internship experiences, the student should evaluate each active capstone field internship preceptor.

Examples of Evidence for this Standard
- The annual program resource assessment using the CoAEMSP Resource Assessment Matrix [RAM] (form available at https://coaemsp.org/resource-library)
- Instructor Observation Form

- Presenter Evaluation Form
- Skill Instructor Evaluation Form
- Course Evaluation Form
- Student evaluations of clinical and field internship sites

Standard III.A.2. Clinical, Field Experience, and Capstone Field Internship Affiliations
For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint, and interventions in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience and capstone field internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

Interpretation of Compliance with the Standard:

The clinical resources must ensure opportunities for the student to complete assessment and management of the following patients and conditions: adult trauma and medical emergencies; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

The program establishes minimum competency numbers for ages, skills, and patient contacts for each listed category. The minimum numbers must be approved by the Medical Director and reviewed by the Advisory Committee with documentation of these actions. There is periodic evaluation that the established minimums are adequate to achieve competency. For any group or subgroup, including each pediatric age subgroup, minimum competency number must be two or more. Two patient encounters in each pediatric subgroup are live and cannot be achieved through simulation.

Tracking documentation must show the established minimums and confirm that each student has met the requirement.

Specific patient care units (e.g., ICU, psychiatric, labor & delivery) are not required for the student to obtain the ages and types and of patients. The location of the experiences is at the discretion of the program. Various locations and creative activities can provide the necessary type of patient encounters.

***Live patient encounters must occur**; however, appropriate simulations can be integrated into the educational process to provide skills acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. The program demonstrates that this method of instruction is contributing to the attainment of the program's goals and outcomes. The SMC identifies where simulation is appropriate.*

Evaluation of the clinical and capstone field internship sites should be conducted by the program. Evaluation should ensure, through tracking (Standard III.C.4) that the clinical and capstone field internship sites provide opportunities to meet the minimum requirements for competency (Standard IV.A.2.b).

Examples of Evidence for this Standard:

- Completed Student Minimum Competency (SMC) Recommendations (form available at https://coaemsp.org/resource-library)
- Advisory Committee minutes (form available at https://coaemsp.org/resource-library)

Standard III.B. Personnel
The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

At minimum, the following positions are required: Program Director, Medical Director, Faculty/Instructional Staff.

Standard III.B.1.a. Program Director Responsibilities
The program director must be responsible for all aspects of the program, including, but not limited to

1) Administration, organization, and supervision of the program,

2) Continuous quality review and improvement of the educational program;

3) Academic oversight, including curriculum planning and development; and

4) Orientation/training and supervision of clinical and capstone field internship preceptors.

Interpretation of Compliance with the Standard:
As part of the administration, organization, and supervision of the program, the Program Director must ensure that there is clinical and field experience liaison orientation and capstone field internship preceptor training.

Clinical rotations may include hospital departments, clinic or outpatient locations, physician offices, or other sites of patient contact. A liaison must be identified at each facility or site and the program provides that individual with an orientation to the purpose, the processes involved, and evaluation of the student. The liaison is responsible for orienting other personnel that interact with students.

The orientation, includes at a minimum, include the following topics:
- *Purposes of the student rotation (minimum competencies, skills, and behaviors)*
- *Evaluation tools used by the program*
- *Criteria of evaluation for grading students*
- *Contact information for the program*

Field experience refers to assigned rotations on an advanced life support (ALS) vehicle that provides the student initial exposure to the roles and responsibilities of the Paramedic and a period of familiarization with the ALS equipment, protocols, and approach to patient care. A liaison is identified at each EMS agency and the program provides that individual with an orientation to the purpose, the process involved, and the evaluation of the student. That liaison is responsible for orienting other personnel that interact with students.

The orientation, includes at a minimum, include the following topics:
- *Purposes of the student rotation (minimum competencies, skills, and behaviors)*
- *Evaluation tools used by the program*
- *Criteria for evaluation of students*
- *Contact information for the program*

The capstone field internship provides the student the opportunity to complete team leads and allows the preceptor to evaluate student competency. The capstone field internship occurs after all clinical content of the Paramedic curriculum has been completed and the individual is prepared to assess and manage all

patient ages, types, and conditions. All capstone field internship preceptors complete training that includes the following:

- *Purposes of the student rotation (minimum competencies, skills, and behaviors)*
- *Evaluation tools used by the program*
- *Criteria of evaluation for grading students*
- *Contact information for the program*
- *Program's definition of Team Lead*
- *Program's required minimum number of Team Leads*
- *Coaching and mentorship techniques*

The training media may take various forms: written documents, formal course, power point presentation, video, on-line course, or there can be designated trainers onsite. The program should tailor the method of delivery to the type of rotation (e.g., hospital, physician office, field).

*The program demonstrates that **each capstone field internship preceptor** has completed the training. For example, there may be an on-line session documenting completion by the preceptor, or there may be a written packet provided by the program, which is read and signed by the preceptor at the start of the rotation, or a representative of the program may meet with the potential preceptors at that location.*

The program provides evidence of the completion of the training of capstone field internship preceptors by dated rosters of participants, electronic logs, or signed acknowledgement by the capstone field internship preceptor.

Examples of Evidence for this Standard:

- Teaching and administrative workload assignments
- Faculty teaching schedules
- Results of student course evaluations
- Program Director Responsibilities Form (form available at https://coaemsp.org/resource-library)
- Rosters, electronic log, or other documentation of orientation of clinical and field liaisons and training of capstone field internship preceptors.
- Liaison and preceptor orientation and training materials
- Preceptor manual

Standard III.B.1.b. Program Director Qualifications
The program director qualifications must include

1) A minimum of a Bachelor's degree or the equivalent 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;

2) Documented education or experience in instructional methodology;

3) Academic training and experience equivalent to that of a paramedic;

4) Experience in the delivery of prehospital emergency care; and

5) Knowledge about the current versions of the *National EMS Scope of Practice* and *National EMS Standards*, and about evidenced-informed clinical practice.

It is recommended that the program director have a minimum of a Master's degree.

It is recommended that the program director's degree be in a health-related profession, EMS, or education.

It is recommended that the program director is a full-time position.

Interpretation of Compliance with the Standard:
The bachelor's degree may be in any major.

The Associate's degree may be in any major.

Examples of Evidence for this Standard:
Documents submitted to CoAEMSP and on file for approval of the Program Director
- Official transcript (minimum of bachelor's or associate degree)
- Professional certification or licensure
- CV/resume with formal education/degree(s) and related experience
- Attestation of appointment and acceptance

Standard III.B.2.a. Medical Director Responsibilities

The medical director must be responsible for medical oversight of the program, including but not limited to

1) Review and approve the educational content of the program to include didactic, laboratory, clinical experience, field experience, and capstone field to ensure it meets current standards of medical practice;

2) Review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards;

3) Review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, field experience, and capstone field internship;

4) Review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures;

It is recommended that corrective measures occur in the cases of failing academic or clinical or field internship performance.

5) Ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains;

6) Engage in cooperative involvement with the program director; and

7) Ensure the effectiveness and quality of any Medical Director responsibilities delegated to an Associate or Assistant Medical Director.

It is recommended that the Medical Director interaction be in a variety of settings, such as lecture, laboratory, clinical, capstone field internship. Interaction may be by synchronous electronic methods.

Interpretation of Compliance with the Standard:

There is written documentation that the Medical Director fulfills each of the responsibilities:

1) Documentation can include a signed document stating the nature of review activities including dates conducted.

2) There is evidence of interaction between the Medical Director and the students.

3) Documentation includes a terminal competency form for each graduate signed and dated by the Medical Director at the completion of the program. There is a form for each student and not the entire cohort. A CoAEMSP Terminal Competency form is available on the CoAEMSP website for use by the program, if desired.

The terminal competency form for each student contains a dated original signature by the Medical Director. A stamped signature is not acceptable. A secure electronic signature is acceptable.

A secure electronic signature is not *a jpeg or other type of image inserted into a document. A secure electronic signature is unique and under the sole control of the individual signing the document, The technology identifies if the document was changed in any way after the electronic signature was applied.*

If the CoAEMSP form is not used, the program's terminal competency form includes the following statement: "We hereby attest that the candidate listed below successfully completed all of the terminal competencies required for graduation from the [AEMT or Paramedic] Education program as a

minimally competent, entry-level, [AEMT or Paramedic] and as such is eligible for State and National Certification examination as applicable in accordance with our published policies and procedures." The form includes a section that the Medical Director attests to the competence of the graduate in all three domains: cognitive, psychomotor, and affective.

6) The Medical Director maintains final responsibility for items 1 thru 5.

Examples of Evidence for this Standard:

- Job description or contract
- Schedule reflecting interaction with the students
- Evidence of review of annual resource assessment results
- Evidence of review and approval of the overall progress of each student
- Evidence of approval of curriculum
- Documentation of approval of terminal competency for each student
- Regular communication with PD (emails, log of activities, etcetera.)

Standard III.B.2.b. Medical Director Qualifications

The Medical Director must

1) Be a physician currently licensed and board certified or equivalent;

2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;

3) Have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program; and

4) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions; and

5) Be knowledgeable in teaching the subjects assigned, when applicable.

It is recommended that the Medical Director be board certified in EMS Medicine or Emergency Medicine.

Interpretation of Compliance with the Standard:

The program must have a formal relationship with a physician currently authorized to practice in each state where the program's students are participating in patient care, to accept responsibility for the practice of those students.

Board certification is required for Medical Directors for programs in the United States and its territories.

Board certification equivalency for Medical Directors of programs outside the U.S. and its territories will be reviewed on a case-by-case basis.

Examples of Evidence for this Standard:

Documents submitted to CoAEMSP for approval and on file for the Medical Director

- CV/resume to include formal education/degrees & related experience.
- Copy of state license for each state where oversight of students occurs.
- Attestation of appointment and acceptance

Standard III.B.3.a. Associate Medical Director Responsibilities

When the program designates an associate medical director, the MD must specify the delegated responsibilities. The Associate Medical Director must

1) Fulfill responsibilities as delegated by the program Medical Director.

Interpretation of Compliance with the Standard:

There is written documentation that the Associate Medical Director fulfills each of the specified responsibilities delegated by the program Medical Director.

Examples of Evidence for this Standard (if applicable):

- Job description or contract
- CoAEMSP Medical Director Responsibilities form for each Associate Medical Director specifically regarding responsibilities number 7 (form available at https://coaemsp.org/resource-library)
- Copy of medical license for each state where oversight of students occurs.

Standard III.B.3.b. Associate Medical Director Qualifications

The Associate Medical Director must

1) Be a physician currently licensed and authorized to practice in the state in which assigned program activities occur with experience and current knowledge of emergency care of acutely ill and injured patients;

2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care; and

3) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

Interpretation of Compliance with the Standard:

For programs with an Associate Medical Director who works collaboratively with the program Medical Director, the program demonstrates the individual is qualified to perform the delegated responsibilities on behalf of the Medical Director.

Examples of Evidence for this Standard (if applicable):

- CV/resume to include formal education/degrees and related experience.
- Copy of medical license for each state where oversight of students occurs.

Standard III.B.4.a. Assistant Medical Director Responsibilities

When the program Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s) of the educational activities of the program, the sponsor must appoint an Assistant Medical Director. The Assistant Medical Director must

1) Provide medical supervision and oversight of students participating in clinical rotations, field experience and capstone field internship

Interpretation of Compliance with the Standard:

If an Associate or Assistant Medical Director was used for an out-of-state program, clinical, field experience, or capstone field internship site(s), the required documentation must be maintained by the program for each out-of-state site.

Examples of Evidence for this Standard (if applicable):

- Job description or contract
- CoAEMSP Medical Director Responsibilities form for each Associate Medical Director specifically regarding responsibilities number 7 (form available at https://coaemsp.org/resource-library)
- Copy of medical license for each state where oversight of students occurs

Standard III.B.4.b. Assistant Medical Director Qualifications

The Assistant Medical Director must

1) Be a physician currently licensed to practice in the state or other like jurisdiction and authorized to practice in the jurisdiction where the student(s) are practicing;

2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;

3) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

In certain circumstances, such as an out of state satellite location, the program Medical Director may delegate designated program responsibilities to the Associate or Assistant Medical Director under the supervision of the program Medical Director.

Interpretation of Compliance with the Standard:

If an Associate or Assistant Medical Director was used for an out-of-state program or clinical, field experience, or capstone field internship site(s), the required documentation must be maintained by the program for each out-of-state site.

The physician is currently licensed to practice in the state or other like jurisdiction and authorized to practice in the jurisdiction where the student(s) are practicing.

Examples of Evidence for this Standard (if applicable):

- CV/resume with formal education/degrees & related experience
- Copy of medical license for each state where oversight of students occurs

Standard III.B.5.a. Faculty / Instructional Staff Responsibilities

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

It is recommended a faculty member assists in teaching and/or clinical coordination in addition to the program director.

Interpretation of Compliance with the Standard:

Instructional faculty includes full or part time or adjunct faculty, instructional staff, preceptors, or any other title associated with the individual responsible for the supervision and/or assessment of the student. Faculty/instructional staff demonstrate effective teaching techniques as measure by student evaluations and educational outcomes.

Examples of Evidence for this Standard:

- Job description

Standard III.B.5.b. Faculty / Instructional Staff Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

It is recommended that faculty members be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered.

Interpretation of Compliance with the Standard:

The program maintains documentation which includes the required qualifications and position functions for the program faculty.

Examples of Evidence for this Standard:

- CV/resume to include formal education/degrees & related experience
- Professional certification or licensure
- Evaluations of the instructional personnel by students and other faculty as appropriate.

Standard III.B.6.a. Lead Instructor Responsibilities

When the Program Director delegates specified responsibilities to a lead instructor, the Lead Instructor must**:**

1) Perform duties assigned under the direction and delegation of the Program Director.

The Lead Instructor duties may include teaching paramedic or AEMT course(s) and/or assisting in coordination of the didactic, lab, clinical and/or field internship instruction.

Interpretation of Compliance with the Standard:

When the program utilizes a Lead Instructor, there is evidence that the Lead Instructor fulfills each of the specified responsibilities delegated by the Program Director.

A Lead Instructor is required to be CoAEMSP approved and on file for each satellite location.

Examples of Evidence for this Standard:

Documents submitted to CoAEMSP for approval of the satellite Lead Instructor

- Job description
- Attestation of appointment and acceptance

Standard III.B.6.b. Lead Instructor Qualifications

The Lead Instructor must possess

1) A minimum of an Associate degree;
2) A professional healthcare credential(s);
3) Experience in emergency medicine / prehospital care;
4) Knowledge of instructional methods; and
5) Teaching experience to deliver content, skills instruction, and remediation.

It is recommended that the Lead Instructors have a Bachelor's degree.

The Lead Instructor role may also include providing leadership for course coordination and supervision of adjunct faculty/instructors.

The Program Director may serve as the Lead Instructor.

Interpretation of Compliance with the Standard:

The Associate's degree may be in any major. ~~(01/01/2016)~~

Examples of Evidence for this Standard:

Documents submitted to CoAEMSP for approval of the satellite Lead Instructor

- Official transcript (minimum of Associate degree)
- CV/resume with formal education/degrees & related experience
- Professional certification or licensure

Standard III.B.7.a. Clinical Coordinator Responsibilities

The clinical coordinator must

1) Coordinate clinical education;
2) Ensure documentation of the evaluation and progression of clinical performance;
3) Ensure orientation to the program's requirements of the personnel who supervise or instruct students at clinical and capstone field internship sites; and
4) Coordinate the assignment of students to clinical and field internship sites.

Interpretation of Compliance with the Standard:

The Clinical Coordinator may be a part-time or full-time role. The clinical coordination responsibilities can be assigned to another faculty member(s) or the Program Director depending on program staffing. If responsibilities are shared among faculty, an identified Clinical Coordinator is responsible for oversight of monitoring student progression in the clinical, field experience, and capstone field internship experiences.

Examples of Evidence for this Standard:

- Job description

Standard III.B.7.b. Clinical Coordinator Qualifications
The clinical coordinator must

1) Have documented experience in emergency medical services;
2) Possess knowledge of the curriculum; and
3) Possess knowledge about the program's evaluation of student learning and performance.

The Clinical Coordinator may be an EMS faculty member with other teaching responsibilities or assignments.

Interpretation of Compliance with the Standard:
The Clinical Coordinator may be a part-time or full-time role. The clinical coordination responsibilities can be assigned to another faculty member(s) or the Program Director depending on program staffing. If responsibilities are shared among faculty, an identified Clinical Coordinator is responsible for oversight of monitoring student progression in the clinical, field experience, and capstone field internship experiences.

Examples of Evidence for this Standard:
- CV/resume to include formal education/degrees and related experience.
- Professional certification or licensure
- Evaluations of the instructional personnel by students and the other faculty as appropriate.

Standard III.C. Curriculum
The curriculum content must ensure that the program goals are achieved.

1. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation/program completion.

2. Instruction must be delivered in an appropriate sequence of classroom, laboratory, clinical and field activities.

3. The program must demonstrate that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards listed in Appendix B of these Standards.

4. The program must set and require minimum student competencies for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.

5. The capstone field internship must provide the student with an opportunity to serve as team leader in a variety of prehospital advanced life support emergency medical situations.

It is recommended that programs establish an on-time graduation date for each cohort and a maximum amount of time to complete all components of the education program.

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

Interpretation of Compliance with the Standard:
Progression of learning typically involves didactic/theory integrated with or followed by laboratory practice followed by clinical experience followed by capstone field internship.

The required curriculum content topics should be documented through course syllabi, lesson plans,

supplemental instructional materials, textbooks, reference materials, etcetera, which lead to accomplishment of the program goals and outcomes.

Programs have a separate syllabus for each course listed in the Program Course Requirements table. Each syllabus clearly defines the expectations and responsibilities of the student required for progression and completion of the course. At a minimum, this includes a course description, description of prerequisite or preparatory work, objectives, methods of evaluation, topic outline (as applicable), and required competencies. Syllabi address didactic, laboratory, clinical, and field experience. There is a separate syllabus for the capstone field internship. A schedule is not a syllabus.

To assure entry-level competence, the program adopts a formative skills assessment system that documents the evaluation of the progression of each student through individual skills acquisition, scenario labs, clinical rotations, field experience, and capstone field internship. The program evaluates and documents student progression over time. The assessment system should represent best practices in education, and measurement and documentation of the cognitive, psychomotor, and affective domains.

Program completion is defined as successful completion of all program phases (didactic, laboratory, clinical, field experience, and capstone field internship).

The program must establish the minimum number of encounters for each of the required competencies. (see Interpretation III.A.2)

For AEMT and Paramedic programs, CoAEMSP recommends the minimum number of encounters for each competency.

The capstone field internship site must provide the students the opportunity to assess and manage patients in the prehospital environment where they progress to the role of Team Leader.

The program has a written definition of a successful team lead available to the students and preceptors (e.g., syllabus, student handbook, field internship and/or preceptor manual, or evaluation form).

*Minimum team leads must be established by the program and accomplished by **each** student. The number of team leads is established and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the profession. The timing and sequencing of the team leads occurs as a capstone experience in relation to the didactic and clinical phases of the program.*

Evaluating the effectiveness of being a team lead is under Standard III.C.5. and IV.A.2.

Team Leadership Definition: The student has successfully led the team if they have conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather were in charge of the assessment), and formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions were made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, and disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or crew.

For the capstone field internship to meet the breadth of the profession, team leads include transport to a medical facility and may occasionally include calls involving transfer of care to an equal or higher level of medical authority, termination of care in the field, or patient refusal of care. For an interfacility transfer to be documented as a patient contact during the field experience or the capstone field internship, the patient is transferred to a higher level of care requiring assessment and management.

Capstone field internship team leads cannot be accomplished with simulation.

Examples of Evidence for this Standard:

- List of all courses required for completion of the program [Program Course Requirements Table form available at https://coaemsp.org/resource-library].
- Documentation demonstrating the comparison of program curriculum with the current National EMS Education Standards
- Syllabi for all required courses in the curriculum including the required elements
- Approval by Medical Director (e.g., signed letter, email correspondence) and documentation of review by Advisory Committee (e.g., minutes)
- Completed Student Minimum Competency (SMC) Recommendations (form available at https://coaemsp.org/resource-library)
- Summary tracking demonstrating that all graduates met program required minimum competency numbers including team leads.

Standard III.D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these ***Standards***. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

Interpretation of Compliance with the Standard:

The resource assessment surveys must be administered at least annually and are reflected in the Resource Assessment Matrix. The completed Matrix is presented to the Advisory Committee as part of the evaluation system. Recognized deficiencies have an action plan and a method of review to ensure the deficiency is corrected.

For sponsors that offer both AEMT and Paramedic, separate resource assessments are completed and reported.

Examples of Evidence for this Standard:

- Results of student and personnel resource surveys using the CoAEMSP Resource Assessment Matrix [RAM] to include an action plan (form available at https://coaemsp.org/resource-library)
- Advisory Committee meeting minutes. (form available at https://coaemsp.org/resource-library)
- Course Evaluation Form (form available at https://coaemsp.org/resource-library)

STANDARD IV. STUDENT AND GRADUATE EVALUATION/ASSESSMENT

Standard IV.A.1. Student Evaluation – Frequency and Purpose
Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains at the completion of the program.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

Interpretation of Compliance with the Standard:
Achievement of the competencies required for graduation must be assessed by program criterion-referenced, summative, comprehensive final evaluations. ***Summative program evaluation is a capstone event that occurs when the capstone field internship is at or near completion****.*

Summative comprehensive evaluation must include the cognitive, psychomotor, and affective domains. This includes written (cognitive) and scenario (psychomotor) and affective evaluations necessary to perform a summative assessment.

Didactic/Cognitive Evaluation *(see also IV.A.2- Documentation)*
The didactic evaluation system includes both formative and summative types of evaluations (e.g., quizzes, high-stakes exams).

There should be a progression in the level of questions toward higher levels of critical thinking.

The examinations are reviewed for validity and medical accuracy. The Medical Director reviews the medical content and accuracy of the examination system. These activities must be documented [see III.B.2.a.2)]

Validity is demonstrated on major exams, but methods may vary depending on the number of students. All exams should be reviewed by item analysis, which may include difficulty index (p+) and discrimination index (point bi-serial correlation).

For programs using a commercial testing product, the program demonstrates, through the program's own item analysis, that the test items used are valid and reliable for the program. Quoting the national validity and reliability information provided by the vendor does not adequately establish that the test items are valid and reliable for the curriculum of the specific program.

The results of the review (based on program established criteria) are documented and any changes to exams that resulted from the review. Programs with large enrollments may be able to employ recognized mathematical formulas.

Psychomotor Evaluation *(see also IV.A.2-Documentation)*
The program should have a system that provides evidence that the student progresses from novice to enter the profession as an AEMT or a Paramedic for each skill as evaluated individually and through scenario-based or patient care activities. The frequency of evaluations is determined by each program; however certain evaluations are required.

The program designates the minimum number of times that each student successfully performs each skill and justifies their required minimum numbers, which may relate to the national standards, local community needs, input from the Advisory Committee, and approval by the Medical Director.

Affective Evaluation *(see also IV.A.2-Documentation)*
Ongoing, documented affective evaluations are completed that assess student behaviors for all learning settings (i.e., didactic, laboratory, clinical, and field) with combined or separate instruments. Evaluations should be completed on a regular basis to provide the student, the Program Director, and Medical Director with their performance/progress throughout the program. These periodic affective evaluations are in addition to the required summative, comprehensive affective evaluation at the end of the program.

When the program determines that a student is not exhibiting appropriate behaviors, there is evidence of documented counseling to attempt to correct the behavior and documentation of continued evaluation of successful remediation or academic action (e.g., probation, termination).

Terminal Competence
The program documents that each student has reached terminal competence to enter the profession as an AEMT or a Paramedic in all three learning domains through a system of evaluation from novice to entry level competence and through scenario-based activities and patient encounters.

Determination of terminal competence is a joint responsibility of the Program Director and Medical Director. The Medical Director certifies and document terminal competence. [see III.B.2.a.4)].

Examples of Evidence for this Standard:
- Exam Analysis Form (all forms available at https://coaemsp.org/resource-library)

Standard IV.A.2. Student Evaluation – Documentation

a. Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

b. The program must track and document that each student successfully meets each of the program established student minimum competency requirements according to patient ages; conditions, pathologies, or complaints; motor skills; and management in lab, clinical, field experience, and field internship.

Interpretation of Compliance with the Standard:
The program must have adequate methods to document those items described in Standard IV.A.1.

Didactic/Cognitive Documentation
The program keeps a master copy of all exams used in the program. Also, the program maintains a record of student performance on every didactic evaluation.

Psychomotor Documentation
The program keeps a master copy of all psychomotor evaluation instruments used in the program. Also, the program maintains a record of student performance on every psychomotor evaluation. The record could be a summary of scores or the individual graded skill sheets.

Documentation should show the progression of students toward terminal competency.

Affective Documentation
The program keeps a master copy of all affective evaluation instruments used in the program. Also, the program maintains a record of every student's affective evaluation(s).

Evaluations of all learning domains should be reviewed with students and documented in a timely fashion.

A record of all counseling and the results of the discussion are maintained by the program.

It is expected that the program will meet with each student at least once each academic session (e.g., semester, term, quarter) in sufficient time that the student can adequately respond to the advising or counseling, as needed. Specifics of each discussion should be documented.

Counseling includes, but is not limited to, the exchange of information between program personnel and a student providing academically related advice or guidance for each of the three learning domains.

The documentation of advising and counseling sessions should include at a minimum:

- *Date of the session*
- *Reason for the session*
- *Essential elements of the discussion including corrective action and the timeline for that action*
- *Decision of the result of the counseling*
- *Signature of the school official doing the counseling*
- *Student's response to the counseling*
- *Signature of the student acknowledging receipt of the counseling completed form.*

The program publishes a policy on when student advising and counseling will occur, such as:

- *Routinely during an academic session (e.g., semester, quarter, term)*
- *included as part of due process for disciplinary action*
- *Academic deficiencies and the path for improvement*
- *Other issues that interfere with the learning process*
- *The academic status of the student and what must occur that will result in academic success.*

Capstone Field Internship Documentation
The program keeps a master copy of all capstone field internship evaluation instruments used in the program. Also, the program maintains a record of student performance on every capstone field internship evaluation. The record could be a summary of ratings or the individual evaluation instruments.

Documentation should show the progression of the student to the role of team leader as required by the program.

The program has a mechanism for demonstrating consistency of evaluation by preceptors and progression of the student during team leadership.

Terminal Competence Documentation
The program maintains a document signed by the Medical Director and the Program Director demonstrating that the student has achieved the established terminal competencies for all phases of the program.

There is a tracking system for the required minimum competencies: either paper or electronic.
The tracking system must identify the (program required minimum competency numbers based on the CoAEMSP Student Minimum Competency Recommendations. Tracking includes patient ages (required pediatric age subgroups are: newborn, infant, toddler, preschooler, school-ager, and adolescent).

The tracking system must clearly identify those students not meeting the program required minimum competency numbers.

Examples of Evidence for this Standard:

- Terminal Competency Form (form available at https://coaemsp.org/resource-library)
- Summary tracking for each cohort demonstrating that all graduates met the program required SMC.

Standard IV.B.1. Outcomes Assessment
The program must meet the established outcomes thresholds set by the CoAEMSP.

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national or state credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment or volunteering in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

It is recommended that a national certification examination program be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.

Interpretation of Compliance with the Standard:
All programs (accredited and LoR) must publish on the program's homepage of their website their latest annual outcomes including the results for retention, the National Registry or State certification exam, and placement. At all times, the published results must be consistent with and verifiable by the latest Annual Report of the program (see CoAEMSP Policy IV.B.2.).

For program sponsors that offer both AEMT and Paramedic, separate outcomes reporting are completed and reported. Graduate and employer surveys are also reported separately.

Examples of Evidence for this Standard:
- CoAEMSP Annual Report
- Program webpage
- Results of graduate and employer surveys

Standard IV.B.2. Outcomes Reporting
At least annually, the program must periodically submit to the CoAEMSP the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the CoAEMSP that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

Interpretation of Compliance with the Standard:
All programs (accredited and LoR) must publish on the program's homepage of their website their latest annual outcomes including the results for retention, the National Registry or State certification exam, and placement. At all times, the published results must be consistent with and verifiable by the latest Annual Report of the program (see CoAEMSP Policy IV.B.2.).

For program sponsors that offer both AEMT and Paramedic, separate outcomes reporting are completed and reported. Graduate and employer surveys are also reported separately.

Examples of Evidence for this Standard:

- CoAEMSP Annual Report
- For program sponsors that offer both AEMT and Paramedic, separate Annual Reports must be submitted.
- Program Summary Form (form available at https://coaemsp.org/resource-library)

STANDARD V. FAIR PRACTICES

Standard V.A.1. Publications and Disclosures
Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.

Interpretation of Compliance with the Standard:
Sponsors of AEMT and Paramedic programs must provide clear and accurate information about all aspects of the program. Published information about the program must be consistent wherever it appears (i.e., website, catalog, student handbook, etcetera.). Published information should be reviewed annually to ensure it is up-to-date and consistent with current CAAHEP Standards and CoAEMSP policies and for internal consistency with program sponsor and/or state requirements.

For program sponsors that offer both AEMT and Paramedic courses, program information is described separately.

Examples of Evidence for this Standard:

- Catalogue
- Student handbook
- Website (current snapshot)

Standard V.A.2. Publications and Disclosures
At least the following must be made known to all applicants and students:

a. Sponsor's institutional and programmatic accreditation status;
b. Name and website address of CAAHEP;
c. Admissions policies and practices;
d. Technical standards;
e. Occupational risks;
f. Policies on advanced placement, transfer of credits, and credits for experiential learning;
g. Number of credits required for completion of the program;
h. Availability of articulation agreements for transfer of credits;
i. Tuition/fees and other costs required to complete the program;
j. Policies and processes for withdrawal and for refunds of tuition/fees; and
k. Policies and process for assignment of clinical experiences.

Interpretation of Compliance with the Standard:
The statement of program accreditation must be in accordance with CoAEMSP policy IV.A.3. and

CAAHEP policy 302.

The statement of a program holding a Letter of Review (LoR) must be made in accordance with CoAEMSP policy I.B.3.

All students who are accepted for advanced placement (AP) are included in the annual report. Programs demonstrate how advanced placement graduates meet all program minimum competency requirements in didactic, lab, clinical, and capstone field internships. All programs publish a policy on advanced placement for the EMS program whether or not they offer advanced placement.

Examples of Evidence for this Standard:

- Catalogue
- Institutional policies and procedures
- Program policies and procedures
- Student handbook
- Faculty handbook

Standard V.A.3. Publications and Disclosures

At least the following must be made known to all students:

a. Academic calendar;
b. Student grievance procedure;
c. Appeals process;
d. Criteria for successful completion of each segment of the curriculum and for graduation; and
e. Policies by which students may perform clinical work while enrolled in the program.

Interpretation of Compliance with the Standard:

The program information specified in this Standard must be made known and available to students in at least one of the program's publications (i.e., website, catalog, student handbook, policies and procedures, etcetera.).

Examples of Evidence for this Standard:

- Catalog
- Institutional policies and procedures
- Program policies and procedures
- Student handbook
- Faculty handbook
- Website (current snapshot)

Standard V.A.4. Publications and Disclosures

The sponsor must maintain and make available to the public on its website a current and consistent summary of student/graduate achievement that includes the results of one or more of these program outcomes: national or state credentialing examination(s), programmatic retention, and placement in full or part-time employment or volunteering in the profession or a related profession as established by the CoAEMSP.

It is recommended that the sponsor develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g., through a website or electronic or printed documents).

Interpretation of Compliance with the Standard:

Institutions and programs accredited by the recognized accrediting organization provide timely, readily

accessible, accurate and consistent aggregate information to the public about institutional or programmatic performance and student achievement, as such information is determined by the institution or program, based on quantitative or qualitative information with external verification as appropriate. (see Council for Higher Education Accreditation [CHEA] policy XI.A.1).

All programs (CAAHEP accredited and CoAEMSP LoR) must publish on the program's homepage of their website their latest annual outcomes including the results for retention, the National Registry or State certification exam, and placement. At all times, the published results must be consistent with and verifiable by the latest Annual Report of the program (see CoAEMSP Policy IV.B.2.).

Examples of Evidence for this Standard:

- Website (current screenshot)

Standard V.B. Lawful and Non-Discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

A program conducting educational activities in other State(s) must provide documentation to CoAEMSP that the program has successfully informed the state Office of EMS that the program has enrolled students in that state.

Interpretation of Compliance with the Standard:

The program information specified in this Standard must be made known and available to students and faculty in at least one of the program's publications (i.e., website, catalog, student handbook, policies and procedures, etcetera.).

Examples of Evidence for this Standard:

- Evidence of successful notification for each State where educational activities occur.

Standard V.C. Safeguards

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Emergency medical services students must be readily identifiable as students.

All activities required in the program must be educational and students must not be substituted for staff.

Interpretation of Compliance with the Standard:

For all educational activities, individuals must be clearly identified as students, under the auspices of the program Medical Director. At all times, students must function under direct supervision and remain in the student capacity when rendering patient care.

Programs provide policies on immunizations, health and/or background clearances, and post-injury/exposure processes. Students are notified that clinical and field experience and capstone field internship affiliates and/or state, provincial, tribal, or local regulations may have additional requirements.

Examples of Evidence for this Standard:

- Student handbook
- Program policies addressing immunization requirements, health and/or background clearances, and post-injury/exposure processes.

- Executed affiliation agreement(s) including the scope of student roles and responsibilities.

Standard V.D. Student Records
Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

Interpretation of Compliance with the Standard:
The program has the responsibility to ensure that student records are maintained in accordance with state records retention laws, including the items listed in this Standard. Student academic transcripts that document student attendance dates, credits earned, if any, and grades shall be permanently maintained.

Examples of Evidence for this Standard:
- Student records

Standard V.E. Substantive Change
The sponsor must report substantive change(s) as described in Appendix A to the CAAHEP/CoAEMSP in a timely manner. Additional substantive changes to be reported to CoAEMSP within the time limits prescribed include:

1. Change in sponsorship
2. Change in location
3. Addition of a satellite location
4. Addition of an alternate location
5. Addition of a distance learning program

Interpretation of Compliance with the Standard:
The sponsor must report substantive changes in a timely manner to the CoAEMSP and may require additional information.

Examples of Evidence for this Standard:
- CoAEMSP approval email of a satellite or alternate location

Standard V.F. Agreements
There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.

Interpretation of Compliance with the Standard:
There must be current affiliation agreements with clinical partners, field experience, and capstone field internship sites that define the responsibilities of both the program and the sponsor, detailing what the students can do, and the responsibilities of the preceptor. Students may not participate in clinical and field assignments unless there is a current executed affiliation agreement.

For program sponsors that offer both AEMT and Paramedic courses, affiliation agreements must include both programs.

If the sponsor is a consortium, the agreements must be with a legal entity that can enter into such an agreement (i.e., one of the consortium members). The responsibility for maintaining such agreements

must be included in the Consortium Memorandum of Understanding.

Contracts may have automatic renewal provisions, but the program should show evidence of periodic review that the affiliation continues to meet the needs of the program and that the agreements reflect the current name of the parties.

If the program uses a secure electronic signature, all members must agree to allowing such signatures. A jpeg or other type of image attached to a document is not a secure electric signature. A secure electronic signature is unique and under the sole control of the individual creating the signature and, and the technology must be able to identify if the document was changed in any way after the electronic signature was applied.

Examples of Evidence for this Standard:

- List of active clinical, field experience, and capstone field internship affiliates
- Executed affiliation agreement(s)

APPENDICES

Appendix A: Application, Maintenance, and Administration of Accreditation

Refer to the CAAHEP *Standards and Guidelines* for Appendix A in its entirety.

Appendix B: Curriculum Competencies for Educational Programs in the Emergency Medical Services Professions

Appendix B does not contain the complete outline of the competencies required to demonstrate compliance with Standard III.C. For complete information, refer to the *National EMS Education Standards* published by the U.S. Department of Transportation.

Refer to the CAAHEP *Standards and Guidelines* for Appendix B in its entirety.