**Documents for the Site Visit**

**Step-By-Step Instructions**

The following documents are required to be uploaded to the program folder on the CoAEMSP ShareFile site. The upload is required for programs scheduled *for both virtual and onsite visits*. The upload should be completed at least two weeks prior to the site visit date so that the site visitors have ample opportunity to prepare for the visit.

The additional documents bridge the time frame from submission of the Self-Study report to the site visit. The specified documents below are *only required* when they provide updated information, such as Advisory Committee minutes. Do not upload any documents provided with the program’s self-study submission.

In preparation for the site visit, you are encouraged to download an example of the Site Visit Report at [https://coaemsp.org/site-visits](https://coaemsp.org/site-visits-paramedic-program-directors).

The Step-By-Step Instructions below must be followed carefully to correctly complete the Documents for the Site Visit form. Click on the Step-By-Step Instructions link below to correctly compile and complete the Documents for the Site Visit form.

*For questions or help composing the Documents for the Site Visit form, please contact Lisa Collard (*[*lisa@coaemsp.org*](mailto:lisa@coaemsp.org) *or 214-703-8445 ext. 118).*

**CoAEMSP Program #:** 600000 (6-digit CoAEMSP number assigned)

**Program Sponsor Name:** Enter Sponsor's Name Here

If the answer is ‘Yes’ to any of the questions below, place the documentation in the Documents for the SV sub-folder and name each of the documents as outlined in the orange boxes below. Do not upload any documents provided in the program’s self-study submission. Any type of file format (i.e., Adobe Portable Document [.pdf], Word, 97-2003 [.doc], Word 2013 [.docx], PowerPoint Presentation [.ppt or .pptx], or Excel [.xlsx]) may be used.

For items with multiple documents, combine the documentation and create a single PDF file

(see Step By Step Instructions for creating a single PDF file).

1. **Minutes**

* Advisory Committee meeting minutes**\***
* Consortium meeting minutes**\***
* Faculty meetings (if applicable)

**\*Form available on** [**www.coaemsp.org**](http://www.coaemsp.org) **on the Resource Library page in the Instruments & Forms section.**

**Have there been any meetings since the Self-Study Report was submitted?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(01 type of minutes & revision date)

**01 Advisory Committee Meeting Minutes 202X.05.01**

**01 Advisory Committee Meeting Minutes 202X.10.15**

**01 Consortium Meeting Minutes 202X.09.05**

**01 Faculty Meeting Minutes 202X.08.20**

1. **Manuals**

* Student Handbook/Manual (updated/revised)
* Clinical manual (hospital) (if applicable)
* Capstone manual (if applicable)
* Preceptor manual (if applicable)

**Has the student handbook/manual been updated/revised since the Self-Study Report was submitted? If the program has a clinical, capstone, or preceptor manual, please include those.**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(02 type of manual & revision date)

**02 Capstone Manual 202X.09.05**

**02 Clinical Manual 202X.10.15**

**02 Preceptor Manual 202X.08.20**

**02 Student Handbook 202X.11.01**

1. **Summary Tracking (if applicable)**

* Summary tracking documentation\*  
  (For all graduated cohorts since submitting the Self-Study Report. Tracking is the Summary Tracking tab from the *Student Minimum Competency (SMC) Recommendations* document and is reported for the entire cohort and *not a report for individual students*.)

**\*Form available on** [**www.coaemsp.org**](http://www.coaemsp.org) **on the Resource Library page in the Program Minimum Numbers section.**

**Have any cohorts graduated since the Self-Study Report was submitted?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(03 Summary Tracking & cohort graduation date)

**03 Summary Tracking 202X.05.15**

**03 Summary Tracking 202X.12.05**

1. **Schedule (if applicable)**

* Program/cohort schedule for the current or most recent cohort including the anticipated graduation date

**Has there been a cohort(s) since the Self-Study Report was submitted or is there a current cohort(s)?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(04 Schedule & cohort start date)

**04 Schedule 202X.05.15**

1. **Reports (if applicable)**

* Annual Report (most recent reporting year)**\* (Form sent to programs)**
* Resource Assessment Matrix (RAM)**\***
* Screenshot of the most recently published outcomes on the program website that matches the data reported in the latest Annual Report

**\*Form available on** [**www.coaemsp.org**](http://www.coaemsp.org) **on the Resource Library page in the Resource Assessment section.**

**Have any reports been completed since the Self-Study Report was submitted?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(05 name of report & completion date)

**05 Annual Report 202X.05.15**

**05 Published Outcomes 202X.05.15**

**05 RAM 202X.12.05**

1. **Other planning documents (if applicable)**

* Documentation of long-range planning for the program**\***

**\*Form available on** [**www.coaemsp.org**](http://www.coaemsp.org) **on the Resource Library page in the Instruments & Forms section.**

**Have any planning documents been completed since the Self-Study Report was submitted?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

**06 Long Range Planning 202X.12.15**

1. **Agreements (if applicable)**

* Affiliation for clinical and field internship (new/renewed/revised)
* Articulation agreement (new/renewed/revised)
* Consortium agreement (new/renewed/revised)

**Have any agreements been renewed/revised/new since the Self-Study Report was submitted?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(07 document name & completion date)

**07 ABC College Articulation 202X.12.15**

**07 ABC Fire Department Affiliation 202X.12.15**

**07 ABC Hospital Affiliation 202X.12.15**

**07 ABC Consortium Agreement 202X.06.01**

1. **Evaluation and feedback (if applicable)**

* Documentation of student advising on academic progress (three students)\*
* Documentation of student counseling for cognitive, psychomotor, or affective issues\*

**\*Form available on** [**www.coaemsp.org**](http://www.coaemsp.org) **on the Resource Library page in the Instruments & Forms section.**

**Have students been evaluated for any of the above since the Self-Study Report was submitted?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(08 type of evaluation & completion date)

**08 Student Advising 202X.05.30**

**08 Student Counseling 202X.12.15**

1. **Other Updates (if applicable)**

* Personnel resume(s) for personnel changes (i.e., PD, MD, Associate/Assistant MD, Satellite Lead Instructor)\*
* Addition of an Alternate Location/Satellite
* Other program changes/update documents

**Have any of the above occurred since the Self-Study Report was submitted?**

Yes  No If “Yes”, title the document(s) using the following ***example***:

(09 type of evaluation & completion date)

**09 Personnel Resumes 202X.05.30**

**09 Alternate Location Approval Email 202X.12.15**

**09 Satellite Approval Email 202X.12.15**