

**Crosswalk of the 2015 to the 2023 CAAHEP Standards and Guidelines
for the Accreditation of Educational Programs in the Emergency Medical Services Professions**

The text that appears in **dark maroon** is the NEW language.
The document is intended to illustrate the differences between the 2015 and 2023 CAAHEP Standards, and better assist program directors with meeting the 2023 CAAHEP Standards.

Standard	SRef	Ver	
Sponsorship	IA	2015	<p>IA. Sponsoring Institution</p> <p>A sponsoring institution must be at least one of the following, and must either award credit for the program or have an articulation agreement with an accredited post-secondary institution:</p> <ol style="list-style-type: none"> 1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program. 2. A foreign post-secondary academic institution acceptable to CAAHEP, which is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate/diploma 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 or other acceptable authority to provide healthcare, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program. 4. A governmental (i.e., state, county, or municipal) educational or governmental medical service, and which is authorized by the State to provide initial educational programs, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program. 5. A branch of the United States Armed Forces or other Federal agency, which awards a minimum of a certificate/diploma at the completion of the program. <p><i>For a distance education program, the location of program is the mailing address of the sponsor.</i></p>
		2023	<p>IA. Sponsoring Institution</p> <p>A sponsoring institution must be at least one of the following, and must either award credit for the program or have an articulation agreement with an accredited post-secondary institution:</p> <ol style="list-style-type: none"> 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 diploma certificate at the completion of the program. 2. A foreign post-secondary academic institution acceptable to CAAHEP, which 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, diploma 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 or other acceptable authority to provide healthcare; and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program. 4. A governmental (i.e., state, county, or municipal) educational or governmental medical service, and which is authorized by the State to provide initial educational programs, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program. 5. A branch of the United States Armed Forces or other Federal, state, or local governmental or municipal agency; which awards a minimum of a certificate, diploma 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 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. <ol style="list-style-type: none"> a. The consortium governing board must meet at least annually. <p align="center">Consortium does not refer to clinical affiliation agreements with the program sponsor.</p> <p><i>For a distance education program, the location of program is the mailing address of the sponsor.</i></p>
Consortium	IB	2015	<p>I.B. Consortium Sponsor</p> <ol style="list-style-type: none"> 1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A. 2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.
		2023	<p>I.B. Responsibilities of Program Sponsor</p> <p>The program sponsor must</p> <ol style="list-style-type: none"> 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. <p>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.</p>
Responsibilities of Sponsor	IC No Difference	2015	<p>I.C. Responsibilities of Sponsor</p> <p>The Sponsor must ensure that the provisions of these Standards and Guidelines are met.</p>
		2023	<p>I.C. Responsibilities of Sponsor</p> <p>This Standard has been included in I.B.</p>
Program Goals	IIA	2015	<p>II.A. Program Goals and Outcomes</p> <p>There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to: students, graduates, faculty, sponsor administration, hospital/clinic representatives, employers, police and/or fire services with a role in EMS services, key governmental officials, physicians, and the public.</p> <p>The Advisory Committee should have significant representation and input from non-program personnel. Advisory committee meetings may include participation by synchronous electronic means.</p> <p>Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.</p>
		2023	<p>Listed as II.C in the 2015 Standards</p> <p>II.A. Program Goals and Minimum Expectations</p> <p>The program must have at least one of the following minimum expectations statements for the following program(s) it offers</p> <ul style="list-style-type: none"> • 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." <p>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.</p> <p>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.</p> <p>The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.</p> <p>In this Standard, "field" refers to the profession.</p>

Appropriateness of Goals and Learning Domains	IIB	2015	<p>II.B. Appropriateness of Goals and Learning Domains The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.</p> <p>An advisory committee, which is representative of at least each of the communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts. .</p>
		2023	<p>Combined from parts of I.I.A. and II.B. in the 2015 Standards</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Program advisory committee meetings may be conducted using synchronous electronic means.</p> <p>The program advisory committee minutes must document support of the program required minimum numbers of patient contacts.</p>
Minimum Expectations	IIC	2015	<p>II.C. Minimum Expectations The program must have the following goal defining minimum expectations</p> <ul style="list-style-type: none"> - Paramedic: "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels." - Advanced Emergency Medical Technician: "To prepare competent entry-level Advanced Emergency Medical Technician in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains," <p>Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field with or without exit points at the Emergency Medical Technician, and/or Emergency Medical Responder levels.</p> <p>Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.</p>
		2023	<p>II.C. Minimum Expectations This Standard has been moved and included in I.I.A.</p>
Resources Type and Amount	IIIA1	2015	<p>III.A.1. Resources - Program Resources Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.</p>
		2023	<p>III.A.1 Resources - Program Resources Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to:</p> <ol style="list-style-type: none"> 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.
Resources Type and Amount	IIIA2	2015	<p>III.A.2. Resources - Hospital/Clinical Affiliations and 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.</p> <p>The clinical/field experience/internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.</p>
		2023	<p>III.A.2. Resources - 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.</p> <p>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.</p>
Resources Personnel	IIIB Exactly the same	2015	<p>III.B. Resources-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.</p>
		2023	<p>III.B. Resources-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.</p> <p>At minimum, the following positions are required: Program Director, Medical Director, Faculty/Instructional Staff.</p>

Program Director Responsibilities	III.B.1.a	2015	<p>III.B.1.a. Resources - Program Director Responsibilities</p> <p>The program director must be responsible for all aspects of the program, including, but not limited to:</p> <ol style="list-style-type: none"> 1) the administration, organization, and supervision of the educational program, 2) the continuous quality review and improvement of the educational program, 3) long range planning and ongoing development of the program, 4) the effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program, 5) cooperative involvement with the medical director, 6) the orientation/training and supervision of clinical and field internship preceptors 7) the effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.
		2023	<p>III.B.1.a. Resources - Program Director Responsibilities</p> <p>The program director must be responsible for all aspects of the program, including, but not limited to</p> <ol style="list-style-type: none"> 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.
PD Qualifications	III.B.1.b	2015	<p>III.B.1.b. Resources - Program Director Qualifications</p> <p>The program director must:</p> <ol style="list-style-type: none"> 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. <p>Program Directors should have a minimum of a Master's degree.</p> <ol style="list-style-type: none"> 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. <p>For most programs, the program director should be a full-time position.</p>
		2023	<p>III.B.1.b. Resources - Program Director Qualifications</p> <p>The program director qualifications must include</p> <ol style="list-style-type: none"> 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. <p><i>It is recommended that the program director have a minimum of a Master's degree.</i> <i>It is recommended that the program director's degree be in a health-related profession, EMS, or education.</i> <i>It is recommended that the program director is a full-time position.</i></p>
Medical Director Responsibilities	III.B.2.a	2015	<p>III.B.2.a. Resources - Medical Director Responsibilities</p> <p>The medical director must be responsible for medical oversight of the program, and must:</p> <ol style="list-style-type: none"> 1) review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed prehospital or emergency care 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, and field internship, 4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary. <i>Corrective measures should occur in the cases of adverse outcomes, falling academic performance, and disciplinary action.</i> 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, 7) ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician. 8) ensure educational interaction of physicians with students. <i>The Medical Director interaction should be in a variety of settings, such as lecture, laboratory, clinical, field internship. Interaction may be by synchronous electronic methods.</i>
		2023	<p>III.B.2.a. Resources - Medical Director Responsibilities</p> <p>The medical director must be responsible for medical oversight of the program, including but not limited to</p> <ol style="list-style-type: none"> 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; <i>It is recommended that corrective measures occur in the cases of falling academic or clinical or field internship performance .</i> 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. <i>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.</i>
Medical Director Qualifications	III.B.2.b	2015	<p>III.B.2.b. Resources - Medical Director Qualifications</p> <p>The Medical Director must:</p> <ol style="list-style-type: none"> 1) be a physician currently licensed and authorized to practice in the location of the program, 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, 3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care, 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.
		2023	<p>III.B.2.b. Resources - Medical Director Qualifications</p> <p>The Medical Director must</p> <ol style="list-style-type: none"> 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. <p><i>It is recommended that the Medical Director be board certified in EMS Medicine or Emergency Medicine.</i></p>

Associate MD Responsibilities	IIIB3a	2015	<p>III.B.3.a.1. Resources - Associate Medical Director Responsibilities</p> <p>When the program Medical Director delegates specified responsibilities, the program must designate one or more Associate Medical Directors. The Associate Medical Director must:</p> <p>1) Fulfill responsibilities as delegated by the program Medical Director</p>	
		2023	<p>III.B.3.a. Resources - Associate Medical Director Responsibilities</p> <p>When the program designates an associate medical director, the MD must specify the delegated responsibilities. The Associate Medical Director must</p> <p>1) Fulfill responsibilities as delegated by the program Medical Director.</p>	
Associate MD Qualifications	IIIB3b	2015	<p>III.B.3.b. Resources - Associate Medical Director Qualifications</p> <p>The Associate Medical Director must:</p> <p>1) be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients, <i>For a distance education program, the location of program is the mailing address of the sponsor.</i></p> <p>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,</p> <p>3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care,</p> <p>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.</p>	
		2023	<p>III.B.3.b. Resources - Associate Medical Director Qualifications</p> <p>The Associate Medical Director must</p> <p>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;</p> <p>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</p> <p>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.</p>	
Assistant MD Responsibilities	IIIB4a	2015	<p>III.B.4.a. Resources - Assistant Medical Director Responsibilities</p> <p>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:</p> <p>1) Medical supervision and oversight of students participating in field experience and/or field internship</p>	
		2023	<p>III.B.4.a. Resources - Assistant Medical Director Responsibilities</p> <p>The Assistant Medical Director must</p> <p>1) Provide medical supervision and oversight of students participating in clinical rotations, field experience and capstone field internship.</p>	
Assistant MD Qualifications	IIIB4b	2015	<p>III.B.4.b. Resources - Assistant Medical Director Qualifications</p> <p>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:</p> <p>1) be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s) , with experience and current knowledge of emergency care of acutely ill and injured patients,</p> <p>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,</p> <p>3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care,</p> <p>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.</p>	
		2023	<p>III.B.4.b. Resources - Assistant Medical Director Qualifications</p> <p>The Assistant Medical Director must</p> <p>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;</p> <p>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;</p> <p>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.</p> <p><i>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.</i></p>	
Faculty/ Instructional Staff Responsibilities	IIIB3a	2015	<p>III.B.5.a. Resources - Faculty/Instructional Staff Responsibilities</p> <p>In each location where students are assigned for didactic or clinical instruction or supervised practice, there must be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.</p>	
	IIIB5a	2023	<p>III.B.5.a. Resources - Faculty/Instructional Staff Responsibilities</p> <p>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.</p> <p><i>It is recommended a faculty member assists in teaching and/or clinical coordination in addition to the program director.</i></p>	
Faculty/ Instructional Staff Qualifications	Exactly the same wording	IIIB3b	2015	<p>III.B.5.b. Resources - Faculty/Instructional Staff Qualifications</p> <p>The faculty must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.</p> <p>For most programs, there should be a faculty member to assist in teaching and/or clinical coordination in addition to the program director. The faculty member should 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.</p>
		IIIB5b	2023	<p>III.B.5.b. Resources - Faculty/Instructional Staff Qualifications</p> <p>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.</p> <p><i>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.</i></p>

Lead Instructor Responsibilities	IIIB6a	2015	<p>III.B.6.a. Resources - Lead Instructor Responsibilities</p> <p>When the Program Director delegates specified responsibilities to a lead instructor, that individual must: Perform duties assigned under the direction and delegation of the program director.</p> <p><i>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.</i></p>
		2023	<p>III.B.6.a. Resources - Lead Instructor Responsibilities</p> <p>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.</p> <p><i>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.</i></p>
Lead Instructor Qualifications	IIIB6b	2015	<p>III.B.6.b. Resources - Lead Instructor Qualifications</p> <p>The Lead Instructor must possess</p> <ol style="list-style-type: none"> 1) a minimum of an associate degree 2) 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. <p><i>Lead Instructors should 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.</i></p>
		2023	<p>III.B.6.b. Resources - Lead Instructor Qualifications</p> <p>The Lead Instructor must possess:</p> <ol style="list-style-type: none"> 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. <p><i>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.</i></p>
Lead Instructor Responsibilities	IIIB6a	2015	The 2015 Standards did not address III.B.7.a. Resources - Clinical Coordinator Responsibilities
		2023	<p>III.B.7.a. Resources - Clinical Coordinator Responsibilities</p> <p>The clinical coordinator must</p> <ol style="list-style-type: none"> 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.
Lead Instructor Qualifications	IIIB6b	2015	The 2015 Standards did not address III.B.7.b. Resources - Clinical Coordinator Qualifications
		2023	<p>III.B.7.b. Resources - Clinical Coordinator Qualifications</p> <p>The clinical coordinator must</p> <ol style="list-style-type: none"> 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. <p><i>The Clinical Coordinator may be an EMS faculty member with other teaching responsibilities or assignments.</i></p>
Curriculum	IIIC1	2015	<p>III.C.1. Curriculum</p> <p>The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities.</p> <p>Progression of learning must be didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience.</p> <p>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.</p> <p>The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.</p>
		2023	<p>III.C.1. Curriculum</p> <p>The curriculum content must ensure that the program goals are achieved.</p> <ol style="list-style-type: none"> 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. This Standard has been moved from III.C.2. Curriculum. 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. This Standard has been moved from III.C.3. Curriculum. 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. <p><i>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.</i></p>

Curriculum Tracking	IIIC2	2015	<p>III.C.2. Curriculum</p> <p>The program must set and require minimum numbers of patient/skill contacts 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.</p> <p><i>Further pre-requisites and/or co-requisites should be required to address competencies in basic health sciences (Anatomy and Physiology) and in basic academic skills (English and Mathematics).</i></p>
		2023	This Standard has been moved to item number 4 in Standard III.C.1. Curriculum.
Curriculum Team Leads	IIIC3 Exactly the same	2015	<p>III.C.3. Curriculum</p> <p>The field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.</p> <p><i>AEMT is based on competency, but may be typically 150-250 beyond EMT, which is 150-190, and may be taught separately or combined.</i></p>
		2023	This Standard has been moved to item number 5 in Standard III.C.1. Curriculum.
Resource Assessment	IIID	2015	<p>III.D. Resource Assessment</p> <p>The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards.</p> <p>The program must include results of resource assessment from at least students, faculty, medical director(s), and advisory committee using the CoAEMSP resource assessment tools.</p> <p>The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.</p>
		2023	<p>III.D. Resource Assessment</p> <p>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.</p>
Student Evaluation	IVA1	2015	<p>IV.A.1. Student Evaluation - Frequency and Purpose</p> <p>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 competencies and learning domains stated in the curriculum.</p> <p>Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains.</p>
		2023	<p>IV.A.1. Student Evaluation - Frequency and Purpose</p> <p>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.</p> <p>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.</p> <p><i>Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.</i></p>
Student Documentation	IVA2	2015	<p>IV.A.2. Student Evaluation - Documentation</p> <p>a. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements, including all program required minimum competencies in all learning domains in the didactic, laboratory, clinical and field experience/internship phases of the program.</p> <p>b. The program must track and document that each student successfully meets each of the program established minimum patient/skill requirements for the appropriate exit point according to patient age-range, chief complaint, and interventions.</p>
		2023	<p>IV.A.2. Student Evaluation - Documentation</p> <p>a. Student evaluations must be maintained in sufficient detail to document learning progress and achievements.</p> <p>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.</p>
Outcomes Assessment	IVB1	2015	<p>IV.B.1. Outcomes Assessment</p> <p>The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.</p> <p>Outcomes assessments must include, but are not limited to: national or state credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures (i.e. final comprehensive students evaluations in all learning domains). The program must meet the outcomes assessment thresholds established by the CoAEMSP.</p> <p>"Positive placement" means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.</p> <p>"National credentialing examinations" are those accredited by the Institute for Credentialing Excellence.</p>
		2023	<p>IV.B.1. Outcomes Assessment</p> <p>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.</p> <p>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.</p> <p>A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.</p> <p>Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.</p> <p><i>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).</i></p> <p><i>Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.</i></p>

Outcomes Reporting	IVB2	2015	IV.B.2. Outcomes Reporting The program must periodically submit to the CoAEMSP the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness/validity), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis. Programs not meeting the established thresholds must begin a dialogue with the CoAEMSP to develop an appropriate plan of action to respond to the identified shortcomings.
		2023	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.
Fair Practices	VA1 Exactly the same	2015	V.A.1. Fair Practices-Publications and Disclosure Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
		2023	V.A.1. Fair Practices-Publications and Disclosure 1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
Fair Practices	VA2	2015	V.A.2. Fair Practices-Publications and Disclosure At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
		2023	V.A.2. Fair Practices-Publications and Disclosure 2. 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.
Fair Practices	VA3 Exactly the same	2015	V.A.3. Fair Practices-Publications and Disclosure At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
		2023	V.A.3. Fair Practices-Publications and Disclosure 3. 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.
Fair Practices	VA4 Exactly the same	2015	V.A.4. Fair Practices-Publications and Disclosure The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards. <i>The sponsor should 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).</i>
		2023	V.A.4. Fair Practices-Publications and Disclosure 4. 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. <i>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).</i>
Lawful & Non-Discriminatory Practices	VB	2015	V.B. Fair Practices-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.
		2023	V.B. Fair Practices-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.

Student Safeguards	VC	2015	V.C. Fair Practices-Safeguards The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.
		2023	V.C. Fair Practices-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.
Student Records	VD Exactly the same	2015	V.D. Fair Practices-Student Records Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.
		2023	V.D. Fair Practices-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.
Substantive Change	VE	2015	V.E. Fair Practices-Substantive Change The sponsor must report substantive change(s) as described in Appendix A to 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 a distance learning program
		2023	V.E. Fair Practices-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
Affiliation Agreements	VF	2015	V.F. Fair Practices-Agreements There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.
		2023	V.F. Fair Practices-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.