Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions

Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, and 2015

Adopted by the

American Academy of Pediatrics
American Ambulance Association
American College of Cardiology
American College of Emergency Physicians
American College of Osteopathic Emergency Physicians
American College of Surgeons
American Society of Anesthesiologists
International Association of Fire Chiefs
International Association of Fire Fighters
National Association of Emergency Medical Services Physicians
National Association of Emergency Medical Services Educators
National Association of Emergency Medical Technicians
National Association of State Emergency Medical Services Officials
National Registry of Emergency Medical Technicians
and CAAHEP

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Emergency Medical Services professions. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and American Ambulance Association, American Academy of Pediatrics, American Ambulance Association, American College of Cardiology, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, International Association of Fire Chiefs, International Association of Fire Fighters, National Association of Emergency Medical Services Physicians, National Association of Emergency Medical Services Educators, National Association of Emergency Medical Technicians, National Association of State Emergency Medical Services Officials, and National Registry of Emergency Medical Technicians cooperate to establish, maintain and promote appropriate standards of quality for educational programs in emergency medical services professions and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of emergency medical services profession programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

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.

I. Sponsorship

A. Sponsoring Institution

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:

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.

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

B. Consortium Sponsor

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.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these ***Standards and Guidelines*** are met.

II. Program Goals

A. Program Goals and Outcomes

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.

The Advisory Committee should have significant representation and input from non-program personnel. Advisory committee meetings may include participation by synchronous electronic means.

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.

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.

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.

C. Minimum Expectations

The program must have the following goal defining minimum expectations

- **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."

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.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

1. 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.

2. 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.

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.

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.

1. Program Director

a. Responsibilities The program director must be responsible for all aspects of the program, including, but not limited to:

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.

b. Qualifications: The program director must:

1) possess a minimum of a Bachelor's degree to direct a Paramedic program and a minimum of an Associate's degree to direct an Advanced Emergency Medical Technician program~~,~~ from an accredited institution of higher education.

Program Directors should have a minimum of a Master's degree.

2) have appropriate medical or allied health education, training, and experience,

3) be knowledgeable about methods of instruction, testing and evaluation of students,

4) have field experience in the delivery of out-of-hospital emergency care,

5) have academic training and preparation related to emergency medical services at least equivalent to that of a paramedic,

6) be knowledgeable about the current versions of the *National EMS Scope of Practice* and *National EMS Education Standards*, and about evidenced-informed clinical practice.

For most programs, the program director should be a full-time position.

2. Medical Director

a. Responsibilities: The medical director must be responsible for medical oversight of the program, and must:

1) review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital 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.

Corrective measures should occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.

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.

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.

b. Qualifications: The Medical Director must:

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.

3. Associate Medical Director: When the program Medical Director delegates specified responsibilities, the program must designate one or more Associate Medical Directors.

a. Responsibilities

1) Fulfill responsibilities as delegated by the program Medical Director

b. Qualifications: The Associate Medical Director must:

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,

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

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.

4. Assistant Medical Director: 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.

a. Responsibilities

1) Medical supervision and oversight of students participating in field experience and/or field internship

b. Qualifications:

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,

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.

5. Faculty / Instructional Staff

a. Responsibilities: 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.

b. Qualifications: 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.

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.

6. Lead Instructor: When the Program Director delegates specified responsibilities to a lead instructor, that individual must:

a. **Responsibilities**: 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.

b. **Qualifications**: The Lead Instructor must possess
   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.

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.

C. Curriculum

1. 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.

   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.

   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.

   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.

2. 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.

   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).

3. 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.

AEMT is based on competency, but may be typically 150-250 beyond EMT, which is 150-190, and may be taught separately or combined.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**.

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.

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.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. 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 competencies and learning domains stated in the curriculum.

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

2. Documentation

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.

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.

B. Outcomes

1. Outcomes Assessment

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.

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.

"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.

"National credentialing examinations" are those accredited by the Institute for Credentialing Excellence.

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.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

2. 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.

3. 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.

4. 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**.

   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).

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.

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.

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

D. 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.

E. 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

F. 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.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it to:

CoAEMSP
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088

The "Request for Accreditation Services" form can be obtained from CoAEMSP, CAAHEP, or the CAAHEP website at http://ras.caahep.org/.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CoAEMSP. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the CoAEMSP.

2. Applying for Continuing Accreditation

a. Upon written notice from the CoAEMSP, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form (http://ras.caahep.org/), and returns it to:

CoAEMSP
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088

b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CoAEMSP.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is-provided the opportunity to comment in writing and to correct factual errors prior to the CoAEMSP forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

a. The program must inform the CoAEMSP and CAAHEP within a reasonable period of time (as defined by the CoAEMSP and CAAHEP policies) of changes in their chief executive officer, dean of health professions or equivalent position, and required program personnel.

b. The sponsor must inform CAAHEP and the CoAEMSP of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CoAEMSP that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The CoAEMSP has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

c. The sponsor must promptly inform CAAHEP and the CoAEMSP of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

d. Comprehensive reviews are scheduled by the CoAEMSP in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CoAEMSP and based on the program's on-going compliance with the **Standards**, however, all programs must undergo a comprehensive review at least once every ten years.

e. The program and the sponsor must pay CoAEMSP and CAAHEP fees within a reasonable period of time, as determined by the CoAEMSP and CAAHEP respectively.

f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with CoAEMSP policy.

g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CoAEMSP accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CoAEMSP.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP-Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP-Accredited Program

Inactive status may be requested from CAAHEP at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CoAEMSP and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the CoAEMSP. The sponsor will be notified by the CoAEMSP of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CoAEMSP forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

   The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CoAEMSP forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CoAEMSP reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the CoAEMSP forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CoAEMSP reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CoAEMSP arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

   At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation **Standards**.

   Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

Appendix B

Curriculum

"The *National EMS Education Standards* represent another step toward realizing the vision of the *1996 EMS Agenda for the Future,* as articulated in the *2000 EMS Education Agenda for the Future: A Systems Approach*. The *National EMS Education Standards* outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the *National EMS Scope of Practice Model*." (*National EMS Education Standards*, U.S. Department of Transportation, National Highway Traffic Safety Administration, DOT HS 811 077A, January 2009)

Appendix B does not contain the complete curriculum content required to demonstrate compliance with Standard III.C. Only excerpts of the Table of Contents are presented. The complete curriculum is specified in the current edition of the *National EMS Education Standards*.

a. Anatomy and Physiology
b. Medical Terminology
c. Pathophysiology
d. Life Span Development
e. Public Health
f. Pharmacology
    1) Principles of Pharmacology
    2) Medication Administration
    3) Emergency Medications
g. Airway Management, Respirations and Artificial Ventilation
    1) Airway Management
    2) Respiration
    3) Artificial Ventilation
h. Assessment
    1) Scene Size-Up
    2) Primary Assessment
    3) History Taking
    4) Secondary Assessment
    5) Monitoring Devices
    6) Reassessment
i. Medicine
    1) Medical Overview
    2) Neurology
    3) Abdominal and Gastrointestinal Disorders
    4) Immunology
    5) Infectious Diseases
    6) Endocrine Disorders
    7) Psychiatric
    8) Cardiovascular
    9) Toxicology
    10) Respiratory
    11) Hematology
    12) Genitourinary/Renal
    13) Gynecology
    14) Non-Traumatic Musculoskeletal Disorders
    15) Diseases of the Eyes, Ears, Nose, and Throat
j. Shock and Resuscitation
k. Trauma
    1) Trauma Overview
    2) Bleeding
    3) Chest Trauma
    4) Abdominal and Genitourinary Trauma

5) Orthopedic Trauma
6) Soft Tissue Trauma
7) Head, Facial, Neck, and Spine Trauma
8) Environmental Emergencies
9) Multisystem Trauma

l. Special Patient Populations
1) Obstetrics
2) Neonatal care
3) Pediatrics
4) Geriatrics
5) Patients With Special Challenges

m. EMS Operations
1) Principles of Safely Operating a Ground Ambulance
2) Incident Management
3) Multiple Casualty Incidents
4) Air Medical
5) Vehicle Extrication
6) Hazardous Materials
7) Terrorism and Disaster

n. Clinical Behavior/Judgment
1) Assessment
2) Therapeutic Communication and Cultural Competency
3) Psychomotor Skills
4) Professionalism
5) Decision-Making
6) Record Keeping
7) Patient Complaints
8) Scene Leadership
9) Scene Safety