One critical aspect of the Letter of Review (LoR) is that, from the date of the LoR forward, the school (sponsor) is required to operate its Paramedic program in accordance with the provisions of ALL CAAHEP accreditation Standards (i.e. the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions)

Submission of a complete Initial-Accreditation Self Study Report (ISSR) requires that the program document how it meets ALL CAAHEP accreditation Standards for at least one (1) entire Paramedic class of students.

In particular, the program must submit the students’ patient encounters tracking data for an entire class of students as specified in CAAHEP accreditation Standards III.C.2. and III.C.3.

For CAAHEP accreditation Standards III.C.2. and III.C.3., prior to the start of the first class of students enrolled after the date of the LoR (or sooner), the program must have the following in place:

1. Appendix G establishing the minimum number of patient encounters for each category. Note: the minimum number of patient encounters must be two (2) or more, including each of the pediatric age subgroups.

2. Approval of the Appendix G minimum numbers by the program’s Medical Director (documentation of that approval) and endorsement of the program’s Advisory Committee (meeting minutes of that endorsement).

3. The clinical and field internship resources necessary to provide every student with the specified number of patient encounters (Standard III.A.2).

4. A detailed patient encounter tracking system, in use for at least one (1) entire class of students (enrollment through graduation), that will show that every student has met the required minimum patient encounter numbers, in each category, as specified in Appendix G.

5. An action plan by which students can demonstrate competence on the rare occasion where a student does not get live patient encounters (e.g., high-fidelity simulation). Note: the alternative method must encompass the psychomotor and affective learning domains associated with the patient encounter. In other words, a written test alone cannot substitute for a patient encounter.

There are other CAAHEP accreditation Standards that require careful planning and preparation (for example, Advisory Committee [II.A. & II.B.], resources assessment [III.D.], validity and reliability of major exams [IV.A.1.], and outcomes data collection [IV.B.1.]).

In conclusion, from the date the program receives the LoR (or sooner), the program should carefully study all the CAAHEP accreditation Standards, should read the entire ISSR template, and should put in place the educational and administrative systems that will allow the preparation of a complete ISSR for submission to CoAEMSP no later than six (6) months after graduation of that class of students that was first enrolled after the date of issue of the LoR.