**Plan of Action** **Form**

The entire CAAHEP Standards and Guidelines are available at <https://coaemsp.org/Standards.htm>

**CoAEMSP Program Number**:

**Paramedic Sponsor/Program Name**:

**Indicate Standard/Deficiency Being Addressed**:

Provide the steps to be taken, implementation date(s) scheduled for each step, tools (resources needed) to complete the steps, date(s) when effectiveness/achievement of step(s) will be determined, and the target(s) (benchmarks) to be achieved.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan Steps** | **Implementation Date** | **Required Tools/Resources** | **Assessment Date** | **Program Benchmark Criteria** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 [NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]

 Program Director Signature:

 (Digital or handwritten) Date:

Dean (or equivalent) Signature:

 (Digital or handwritten) Date: