

# Policies & Procedures for Programs

*Approved by the CoAEMSP Board of Directors  
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The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) is a not-for-profit 501(c)(3) corporation initially organized under the laws of Massachusetts and currently incorporated under the laws of Texas. The purpose of the CoAEMSP is to serve the public, the Emergency Medical Services (EMS) professions, and the programs delivering professional education in the Emergency Medical Services professions, by providing services for voluntary accreditation of Advanced Emergency Medical Technicians (AEMT) and Paramedic programs as a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), subject to the bylaws, policies, and procedures of both organizations.

For additional information, documents, and procedures related to CoAEMSP and its policies, consult [www.coaemsp.org](http://www.coaemsp.org).

The CoAEMSP is committed to transparency and consistency in its accreditation activities, and the *CoAEMSP Policies and Procedures Manual* for Programs (CoAEMSP Policy Manual) supports that goal.

The CoAEMSP Policy Manual works in conjunction with the CAAHEP *Policies and Procedures Manual* ([www.caahep.org](http://www.caahep.org)). Program Directors should keep both manuals accessible on the respective websites for easy reference.

The CoAEMSP Policy Manual supports and bolsters the accreditation process for the CoAEMSP Letter of Review and the CAAHEP accredited EMS programs in further enhancing the competency-based education that they offer. The policies outlined in the CoAEMSP Policy Manual ensures that CoAEMSP's communities of interest are informed about the method by which CoAEMSP makes decisions about accreditation recommendations. It is expected that EMS Program Directors of CoAEMSP Letter of Review and the CAAHEP accredited programs will adhere to these policies.

In addition to providing policy information, the CoAEMSP Policy Manual also, when applicable, provides the Program Director with information about the procedures to ensure a clear understanding of the method by which policy decisions are enacted.

The *CoAEMSP Policies and Procedures Manual* is reviewed at least annually to ensure currency and clarity. Revisions to the *CoAEMSP Policies and Procedures Manual* may be released twice a year and when necessary.

The Committee on Accreditation of Educational Program for the EMS Professions (CoAEMSP) reserves the right to request specific forms, formats, and requests for information as part of the accreditation process.

**Note:** Throughout this document the term 'program' is used to refer to the AEMT or Paramedic education program presented by a sponsor that meets the CAAHEP definition of a program sponsor.

# CoAEMSP POLICIES & PROCEDURES FOR PROGRAMS

## I. Seeking Accreditation for AEMT and/or Paramedic

All new programs follow the same pathway to enter the accreditation system. Programs first seek a Letter of Review (LoR) issued by CoAEMSP.

Sponsors seeking initial CAAHEP accreditation must first apply for and be issued the CoAEMSP Letter of Review (LoR).

All documents and communications involved in the LoR process conducted by the CoAEMSP will be in the English language.

The Letter of Review is not a CAAHEP accreditation status, it is a status granted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) signifying that a program seeking initial accreditation from CAAHEP has demonstrated sufficient compliance with the CAAHEP *Standards* through the Letter of Review Self-Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the National Registry's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation by CAAHEP.

1. Written materials concerning accreditation, policies, CAAHEP *Standards*, and procedures related to the accreditation process are available on the CAAHEP and CoAEMSP websites.
2. Program sponsors desiring accreditation should view the information at [www.coaemsp.org](http://www.coaemsp.org).

### A. Letter of Review (LoR) Application Process

1. To begin the accreditation process, a completed LoR Application Invoice Request form must be submitted to the CoAEMSP per the instructions outlined within the form.
  - a. Once the sponsor program receives the invoice, the following steps can be completed in any order and must be completed prior to the submission of the LSSR. The LSSR will only be accepted after the following three (3) items are satisfied.
    - i. Submission of the required non-refundable/non-transferable LoR Application fees;
    - ii. Submission and approval of the completed LoR Application; and,
    - iii. Verification of attendance by the CoAEMSP approved Program Director of the program sponsor at a Fundamentals of Accreditation Workshop for the EMS Professions presented by CoAEMSP. The CoAEMSP approved Program Director must complete the required workshop within fifteen (15) months prior to or fifteen (15) months after submission of the LoR Application.

- b. Additional non-refundable/non-transferable fees may apply for LoR Application re-submissions or LSSR re-submissions based on unsatisfactory sponsorship and/or core content deficiencies.
  - c. Programs must achieve the LoR no later than two (2) years following the date of the first item received in I.A.3.a.i or I.A.3.ii above. Programs that do not achieve the LoR within the two (2) year period will have their application voided, forfeit all fees, and be required to follow the reapplication process.
2. The LSSR will be reviewed, and an Executive Analysis will be forwarded to the program sponsor.
  - a. If the LSSR demonstrates compliance with the CAAHEP *Standards*, programs will be approved to host the preliminary site visit.
  - b. If the LSSR does not demonstrate compliance with the CAAHEP *Standards*, programs must resubmit the LSSR documentation to address the deficiencies until compliance with the CAAHEP *Standards* is demonstrated and the preliminary site visit is approved. Additional non-refundable/non-transferable fees may apply for re-submissions based on unsatisfactory core content deficiencies.
3. A preliminary site visit will be conducted as a means of ensuring that an initial applicant complies with all eligibility criteria and is in substantial compliance with the CAAHEP *Standards*. The site visit will also serve to answer questions and provide guidance.
4. The authority to issue the LoR is delegated to the Executive Director, subject to approval by the CoAEMSP Chair.
  - a. When it is determined the program is in substantial compliance with the CAAHEP *Standards*, the LoR will be issued.
  - b. When it is determined the program is not in substantial compliance with the CAAHEP *Standards*, the LoR will be withheld. Programs may request reconsideration and will be placed on the next scheduled CoAEMSP Board of Directors meeting. The CoAEMSP Board of Directors will make the final determination.
5. A cohort must be enrolled and begin no later than two (2) years following issuance of the CoAEMSP Letter of Review. Additional cohorts may be enrolled once the CoAEMSP Letter of Review has been issued. If a cohort is not enrolled within two (2) years following issuance of the LoR, the LoR will be revoked.
6. The Initial-accreditation Self-Study Report (ISSR) is due to the CoAEMSP no later than six (6) months after the on-time graduation date of the LoR cohort.

## **B. Paramedic Programs Applying for AEMT Letter of Review (LoR) Process**

1. To begin the accreditation process, a completed LoR Application Invoice Request form must be submitted to the CoAEMSP per the instructions outlined within the form.



- a. Once the sponsor program sponsor receives the invoice, the following steps can be completed in any order and must be completed prior to the issuance of the CoAEMSP Letter of Review (LoR). The preliminary site visit will only be scheduled after the following three (3) items are satisfied.
    - i. Submission of the required non-refundable/non-transferable applicable LoR Application fees;
    - ii. Submission and approval of the completed Abridged LoR Application/LSSR; and,
    - iii. When the CoAEMSP approved Program Director for the AEMT program is different from the currently approved Paramedic Program Director, verification of attendance by the AEMT Program Director at a Fundamentals of Accreditation Workshop for the EMS Professions presented by CoAEMSP is required. The CoAEMSP approved AEMT Program Director must complete the required workshop within fifteen (15) months prior to or fifteen (15) months after submission of the LoR Application.
  - b. Additional non-refundable/non-transferable fees may apply for LoR Application/ LSSR re-submissions based on unsatisfactory sponsorship and/or core content deficiencies.
  - c. AEMT programs must achieve the LoR no later than two (2) years following the date of the first item received in I.B.3.a.i or I.B.3.a.ii above. Programs that do not achieve the LoR within the two (2) year period will have their application voided, forfeit all fees, and be required to follow the reapplication process.
  - d. The Paramedic program must be in good standing to apply for an AEMT program. Good standing is defined as a program holding active status as a CoAEMSP Letter of Review program (LoR) or active CAAHEP accreditation, that is not a suspended or revoked CoAEMSP LoR program, or a program holding CAAHEP Probationary Accreditation for any reason in the past 3 years.
2. The Abridged LoR Application/LSSR will be reviewed, and an Executive Analysis will be forwarded to the program sponsor.
    - a. When the Abridged LoR Application/LSSR demonstrates compliance with the CAAHEP *Standards*, programs will be approved to host the preliminary site visit.
    - b. When the Abridged LoR Application/LSSR does not demonstrate compliance with the CAAHEP *Standards*, programs must resubmit the Abridged LoR Application/LSSR documentation to address the deficiencies until compliance with the CAAHEP *Standards* is demonstrated and the preliminary site visit is approved. Additional non-refundable/non-transferable fees may apply for re-submissions based on unsatisfactory core content deficiencies.
  3. A preliminary site visit will be conducted as a means of ensuring that the AEMT program complies with all eligibility criteria and is in substantial compliance with the CAAHEP *Standards*. The site visit will also serve to answer questions and provide guidance.
  4. The authority to issue the LoR is delegated to the Executive Director, subject to approval by the CoAEMSP Chair.

- a. When it is determined the program is in substantial compliance with the CAAHEP *Standards*, the LoR will be issued.
  - b. When it is determined the program is not in substantial compliance with the CAAHEP *Standards*, the LoR will be withheld. Programs may request reconsideration and will be placed on the next scheduled CoAEMSP Board of Directors meeting. The CoAEMSP Board of Directors will make the final determination.
5. An AEMT cohort must be enrolled and begin no later than two (2) years following the issuance of the CoAEMSP Letter of Review. Additional cohorts may be enrolled once the CoAEMSP Letter of Review has been issued. If a cohort is not enrolled within two (2) years following issuance of the LoR, the LoR will be revoked.
6. The due date for the next Self-Study Report (SSR) will be synchronized with the due date for the program sponsor's next comprehensive review of the Paramedic program.

### C. AEMT Applying for Paramedic Letter of Review (LoR) Process

1. To begin the accreditation process, a completed LoR Application Invoice Request form must be submitted to the CoAEMSP per the instructions outlined within the form.
  - a. Once the sponsor program sponsor receives the invoice, the following steps can be completed in any order and must be completed prior to the issuance of the CoAEMSP Letter of Review (LoR). The preliminary site visit will only be scheduled after the following three (3) items are satisfied.
    - i. Submission of the required non-refundable/non-transferable applicable LoR Application fees;
    - ii. Submission and approval of the completed Abridged LoR Application/LSSR; and,
    - iii. When the CoAEMSP approved Program Director for the Paramedic program is different from the currently approved AEMT Program Director, verification of attendance by the Paramedic Program Director at a Fundamentals of Accreditation Workshop for the EMS Professions presented by CoAEMSP is required. The CoAEMSP approved Paramedic Program Director must complete the required workshop within fifteen (15) months prior to or fifteen (15) months after submission of the LoR Application.
  - b. Additional non-refundable/non-transferable fees may apply for LoR Application re-submissions or LSSR re-submissions based on unsatisfactory sponsorship and/or core content deficiencies.
  - c. Paramedic programs must achieve the LoR no later than two (2) years following the date of the first item received in I.A.3.a.i or I.A.3.a.ii above. Programs that do not achieve the LoR within the two (2) year period will have their application voided, forfeit all fees, and be required to follow the reapplication process.
  - d. The AEMT program must be in good standing to apply for a Paramedic program. Good standing is defined as a program holding active status as a CoAEMSP Letter of Review program (LoR) or active initial or continuing CAAHEP accreditation, that is not a

suspended or revoked CoAEMSP LoR program, or a program holding CAAHEP Probationary Accreditation for any reason in the past 3 years.

2. The Abridged LoR Application/LSSR will be reviewed, and an Executive Analysis will be forwarded to the program sponsor.
  - a. If the Abridged LoR Application/LSSR demonstrates compliance with the CAAHEP *Standards*, programs will be approved to host the preliminary site visit.
  - b. If the Abridged LoR Application/LSSR does not demonstrate compliance with the CAAHEP *Standards*, programs must resubmit the Abridged LoR Application/LSSR documentation to address the deficiencies until compliance with the CAAHEP *Standards* is demonstrated and the preliminary site visit is approved. Additional non-refundable/non-transferable fees may apply for re-submissions based on unsatisfactory core content deficiencies.
3. A preliminary site visit will be conducted as a means of ensuring that the Paramedic program complies with all eligibility criteria and is in substantial compliance with the CAAHEP *Standards*. The site visit will also serve to answer questions and provide guidance.
4. The authority to issue the LoR is delegated to the Executive Director, subject to approval by the CoAEMSP Chair.
  - a. If it is determined the program is in substantial compliance with the CAAHEP *Standards*, the LoR will be issued.
  - b. If it is determined the program is not in substantial compliance with the CAAHEP *Standards*, the LoR will be withheld. Programs may request reconsideration and will be placed on the next scheduled CoAEMSP Board of Directors meeting. The CoAEMSP Board of Directors will make the final determination.
5. A Paramedic cohort must be enrolled and begin no later than two (2) years following the issuance of the CoAEMSP Letter of Review. Additional cohorts may be enrolled once the CoAEMSP Letter of Review has been issued. If a cohort is not enrolled within two (2) years following issuance of the LoR, the LoR will be revoked.
6. The due date for the next Self-Study Report (SSR) will be synchronized with the due date for the program sponsor's next comprehensive review of the AEMT program.

## **D. During the Letter of Review (LoR) Period**

### **1. Collection of Data**

The program must collect the student minimum competency data in accordance with the minimum required numbers established by the program.

### **2. Publication of LoR Status**

Prior to CoAEMSP issuing a Letter of Review (LoR), no mention of the CoAEMSP Letter of Review or the CAAHEP accreditation process may be made by or for the AEMT or Paramedic education program.

If a program holds a CoAEMSP Letter of Review, the sponsor must use the following language when referring that status.

a. AEMT

- 1) In at least one of its comprehensive publications customarily used to officially convey institutional information, it *must* state:

"The [name of sponsor] AEMT program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation standards through the Letter of Review Self-Study Report (LSSR) and other documentation. The Letter of Review NOT a guarantee of eventual accreditation.

To contact CoAEMSP:

214-703-8445

[www.coaemsp.org](http://www.coaemsp.org)"

- 2) Provided the requirements of paragraph "1.D.2.a.1)" above have been met, when the sponsor additionally publishes the Letter of Review status of the program, it must include a hyperlink to the comprehensive publication or state the following:

"The [name of sponsor] AEMT program holds a Letter of Review, which is NOT a CAAHEP accreditation status, but is a status granted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation standards through the Letter of Review Self-Study Report (LSSR) and other documentation. However, it is NOT a guarantee of eventual accreditation."

- 3) Provided the requirements of paragraph "1.D.2.a.2)" above have been met, the sponsor may choose, but is not required, to include the program accreditation statement in other publications such as newspaper ads, flyers, pamphlets, etc.
- 4) When the CoAEMSP logo is used, it must be accompanied by the statement in 1.D.2.a.1) or 1.D.2.a.2)

b. Paramedic

- 1) In at least one of its comprehensive publications customarily used to officially convey institutional information, it **must** state:

"The [name of sponsor] Paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation standards through the Letter of Review Self-Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the National Registry's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

To contact CoAEMSP:  
214-703-8445  
[www.coaemsp.org](http://www.coaemsp.org)"

- 2) Provided the requirements of paragraph "1.D.2.b.1)" above have been met, when the sponsor additionally publishes the Letter of Review status of the program, it must include a hyperlink to the comprehensive publication or state the following:

"The [name of sponsor] Paramedic program holds a Letter of Review, which is NOT a CAAHEP accreditation status, but is a status granted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation standards through the Letter of Review Self-Study Report (LSSR) and other documentation. However, it is NOT a guarantee of eventual accreditation."

- 3) Provided the requirements of paragraph "1.D.2.b.2)" above have been met, the sponsor may choose, but is not required, to include the program accreditation statement in other publications such as newspaper ads, flyers, pamphlets, etc.
- 4) When the CoAEMSP logo is used, it must be accompanied by the statement in 1.D.2.b.1). or 1.D.2.b.2)

### 3. [Suspension, Revocation, or Voluntary Withdrawal of the Letter of Review](#)

The Letter of Review may be suspended or revoked for any of the following circumstances:

- a. Failure to remain in substantial compliance with all CAAHEP *Standards*.
- b. Lack of a qualified Program Director.
- c. Lack of a qualified Medical Director.
- d. Failure to meet administrative requirements.
- e. Failure to meet established deadlines.

If a Letter of Review (LoR) has been revoked or voluntarily withdrawn, the sponsor may be prohibited from re-entering the LoR process for two (2) years, beginning on the effective date of the revocation/withdrawal. This includes new submissions of "substantively the same" programs. After the two (2) year moratorium, if the program sponsor wishes to reapply it will be considered

a new program and must follow the procedures outlined in Section I Seeking Accreditation of this document.

#### a. Suspension

If the Letter of Review (LoR) of a program is suspended by CoAEMSP:

##### 1) AEMT

The program must inform all students and applicants in writing, and must disclose this sanction whenever reference is made to its CoAEMSP status, by including the statement:

“The AEMT program of [name of sponsor] holds a Letter of Review from CoAEMSP, which has been suspended as of [date of suspension].”

##### 2) Paramedic

The program must inform all students and applicants in writing, and must disclose this sanction whenever reference is made to its CoAEMSP status, by including the statement:

“The Paramedic program of [name of sponsor] holds a Letter of Review from CoAEMSP, which has been suspended as of [date of suspension].”

##### 3) Within fifteen (15) calendar days of the suspension, the program must submit to the CoAEMSP the written notice that was sent to the current students, the date it was sent, a description of how the program informs applicants, and the documentation provided to applicants of the LoR suspension.

Since suspension of the LoR may be a temporary status, publications that are published less frequently than once a year (e.g., catalogs) are not required to carry the above wording. However, whenever such publications are distributed to the program's current students or potential applicants, they must include an insert or addendum containing the above language. Any promotional pieces, print advertisements or locations on the program's website that make reference to LoR status must include the above language regarding suspension.

#### b. Revoked

If the Letter of Review (LoR) of a program is revoked by CoAEMSP, the program must remove all references to a Letter of Review and CoAEMSP and in addition must:

##### 1) AEMT

Disclose this sanction to applicants in writing with the following statement:

“The Letter of Review for AEMT program of [name of sponsor] has been revoked by CoAEMSP as of [date of revocation].”

##### 2) Paramedic

Disclose this sanction to applicants in writing with the following statement:



“The Letter of Review for Paramedic program of [name of sponsor] has been revoked by CoAEMSP as of [date of revocation].”

- 3) Within fifteen (15) calendar days of the revocation, the program must submit to the CoAEMSP a description of how the program informs applicants, and the documentation provided to applicants of the LoR revocation, and
- provide the names, email addresses, and on-time completion date of all currently enrolled students, and
  - provide the permanent location of student records, and
  - provide a teach-out plan, and

If the program is a Paramedic program, then

- maintain a qualified and approved Program Director until eligibility to test for the credentialing exam has been verified with the National Registry or State Office of EMS.

#### c. Voluntary Withdrawal

A program may request voluntary withdrawal of the LoR at any time by officially communicating to the CoAEMSP:

- the request authorized by the President/CEO of the sponsor, and
- the date of that request, and
- the requested effective date of the voluntary withdrawal (not later than the due date of the ISSR or the on-time completion date of the currently enrolled students, whichever occurs earlier), and
- the names, email addresses, and on-time date of completion of all currently enrolled students, and
- the permanent location of student records, and

If the program is an AEMT program, then

- a teach-out plan to include who is responsible to complete the current cohort.

If the program is a Paramedic program, then

- a teach-out plan to include who is responsible to complete the current cohort to point of eligibility for Paramedic National Registry (or State examination).

The CoAEMSP will make the final determination of the effective date of withdrawal.

#### d. Voluntary Suspension

- Programs that hold a Letter of Review (LoR) may request a period of voluntary suspension for up to two (2) years. During this time, the program is required to pay all non-refundable/non-transferable fees to the CoAEMSP. No students may be enrolled or be matriculated or in progress in the program during the time-period in which the program is on voluntary suspension. To request voluntary suspension, a program must submit the appropriate CoAEMSP request for **Voluntary Suspension of LoR Status** letter. A Voluntary Suspension of the Letter of Review may only be requested one time.

- a. To reactivate the program, the President/CEO or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to the CoAEMSP. In the event the sponsor does not reactivate the program within the two (2) year time-period, the LoR will be revoked. Any sponsor which has been revoked may be prohibited from re-entering the LoR process for two (2) years beginning on the effective date of the revocation. This prohibition applies to new LoR requests for programs that are "substantively the same".
- b. When the sponsor has either suspended the LoR or the LoR has been revoked, a Program Director or official must remain available to continue to validate individual graduate National Registry eligibility as applicable.
- c. Programs that transition back to the Letter of Review status must submit the Initial-accreditation Self-Study Report (ISSR) no later than twelve (12) months from the date the Letter of Review is approved. If the ISSR was submitted prior to the **Voluntary Suspension of LoR Status**, then a new ISSR will be required.

## E. Reapplication Process

All sponsors must follow the same pathway to re-enter the accreditation system outlined in "Section I. Seeking Accreditation" of this document. Programs first seek a Letter of Review (LoR) issued by CoAEMSP.

Any sponsor that has the LoR revoked or voluntarily withdrew its LoR may be prohibited from re-entering the LoR process for two (2) years from the effective date of the revocation/withdrawal. If the sponsor wishes to reapply, they will be considered a new program and must follow the procedures outlined in Section I Seeking Accreditation of this document.

Sponsors that have applied for CAAHEP accreditation and were withheld or obtained CAAHEP accreditation which was withdrawn (voluntary or involuntary) are prohibited from re-entering the LoR process for two (2) years from the effective date of the withhold/withdrawal and if they wish to re-apply must follow the procedures outlined in Section I Seeking Accreditation of this document.

Determination of "substantially same program sponsor" is at the sole discretion of the CoAEMSP.



## II. Accreditation Process

The following table outlines the steps for programs holding both the CoAEMSP LoR and CAAHEP accreditation.

Step	Programs Holding CoAEMSP Letter of Review (LoR)	Programs Holding CAAHEP Accreditation
1. Notification	CoAEMSP sends an official notice six (6) months in advance of ISSR due date.	CoAEMSP sends an official notice of the CSSR approximately twenty-four (24) months prior to CAAHEP anniversary date.
2. Program Submission	Program submits ISSR (and all supporting documents) and non-refundable/non-transferable fees.  All submissions are via CoAEMSP specified online file sharing application.	Program submits CSSR (and all supporting documents) and non-refundable/non-transferable fees.  All submissions are via CoAEMSP specified online file sharing application.
3. CoAEMSP Review	CoAEMSP sends the Executive Analysis (EA) with due dates for any additional materials, if applicable. If requested materials are not satisfactory by the deadline, the LoR may be suspended, which may lead to revocation.	CoAEMSP sends the Executive Analysis (EA) with due dates for any additional materials, if applicable. If requested materials are not satisfactory by the deadline, the program may be placed on administrative probation, which can lead to withdrawal of accreditation.
4. CoAEMSP schedules site visit	CoAEMSP works with the program to schedule the site visit, setting the dates of the visit, the number of team members, and the length of the visit.	
5. Site Visit	Site visit team prepares an <b>unofficial</b> site visit report. The program responds when the <b>official</b> Site Visit Findings Letter is received.	
6. Findings Letter (FL)	Program responds to factual accuracy of the official site visit report and Findings Letter (confirms accuracy or alleges inaccuracies).	
7. Program Responds to FL	Program submits the required response to deficiencies in FL, if any.	
8. CAAHEP Recommendation	CoAEMSP formulates a confidential recommendation to CAAHEP.	
9. CAAHEP Communication	CAAHEP informs the program of its decision and posts the accreditation award letter on the CAAHEP website.	

### III. Accreditation Statuses and Actions

#### A. Initial Accreditation

...is the first status of accreditation granted by CAAHEP upon the recommendation of CoAEMSP, to a program that has demonstrated substantial compliance with CAAHEP Standards. Initial accreditation is for a period of five (5) years. At any point during the initial accreditation period, a program may be recommended for continuing accreditation or, if warranted, for probationary accreditation.

#### B. Continuing Accreditation

...is granted by CAAHEP, upon the recommendation of CoAEMSP, to a program after it is re-evaluated at specified intervals by comprehensive review (i.e., self-study report and site visit) and demonstrates that it remains in substantial compliance with the CAAHEP *Standards*. Comprehensive reviews occur approximately every five (5) years.

#### C. Probationary Accreditation

...is a temporary status of accreditation imposed by CAAHEP, upon the recommendation of CoAEMSP, when a program does not continue to meet CAAHEP *Standards* but should be able to meet them within the specified time. Probation will remain in place until another status is awarded by CAAHEP.

#### D. Withhold of Accreditation

...is an action taken when a program seeking initial accreditation is not in compliance with the CAAHEP *Standards*.

#### E. Withdrawal of Accreditation - Involuntary

...is an action taken when an accredited program is no longer in compliance with the CAAHEP *Standards*.

#### F. Withdrawal of Accreditation - Voluntary

A sponsor may voluntarily withdraw a program from the CAAHEP system of accreditation by submitting to CAAHEP the appropriate template letter signed by the President/CEO of the sponsor or by another designated individual (not the Program Director). The request must include the following:

1. date of enrollment of the last cohort under CAAHEP accreditation; and
2. date of graduation of the last cohort under CAAHEP accreditation; and
3. location where all records will be kept for students who have completed the program.

## **G. Withdrawal of Accreditation – Voluntary in Lieu of an Adverse Action**

When a program chooses to voluntarily withdraw rather than have a recommendation sent to CAAHEP for an adverse action (probationary accreditation or withdrawal of accreditation-involuntary), the effective date of that voluntary withdrawal will be the same as the date on which the CAAHEP Board would have considered the recommendation for an adverse action.

## **H. Inactive Status**

1. Programs holding a CAAHEP accreditation status may request inactive status. A program may remain inactive for up to two (2) years. During this time, the program is required to pay all non-refundable/non-transferable fees to CoAEMSP and CAAHEP. No students may be enrolled or be matriculated in the program during the time period in which the program is inactive. To request an inactive status, a program must submit to both CAAHEP and the CoAEMSP the appropriate CAAHEP request for Inactive Status letter.
  - a. The sponsor must notify CAAHEP and the CoAEMSP of its intent to reactivate a program or voluntarily withdraw by the end of the two (2) year period. To reactivate the program, the President/CEO or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the CoAEMSP. The sponsor will be notified by the CoAEMSP of any additional requirements that must be met in order to restore the program to active status.
  - b. If the sponsor does not notify CAAHEP and the CoAEMSP of its intent to reactivate a program or voluntary withdrawal by the end of the two (2) year period, the program will be recommended to CAAHEP for Withdrawal of Accreditation at the next scheduled CoAEMSP Board of Directors meeting.
2. Programs with no students for two (2) consecutive years, will be designated as inactive retroactively to the date inactive status first became effective.
  - a. The program must submit a documented plan with timelines for reactivation or voluntarily withdraw within fifteen (15) calendar days of notification of the inactive status.
  - b. If a plan or voluntary withdrawal is not submitted or the plan is not satisfactory, the program will be recommended to CAAHEP for Withdrawal of Accreditation at the next scheduled CoAEMSP Board of Directors meeting.

## **I. Administrative Probation**

...is a temporary status imposed when a program has not complied with administrative requirements.

The CoAEMSP may request that CAAHEP place a program on Administrative Probation for failure to provide a “Sufficient Program Response” for the following circumstances. If a program is placed on Administrative Probation, the CoAEMSP would request removal of Administrative Probation once the program has made the specified “Sufficient Program Response” as follows:

Required Action by Program on or before CoAEMSP specified deadline	Sufficient Program Response
Payment of fees ( <a href="#">see Fees webpage</a> )	Full payment of non-refundable/ non- transferable fee(s), including processing fees if applicable, has been received by the CoAEMSP, has been deposited in the CoAEMSP account, and has cleared the originating bank.
Submission of Initial accreditation Self-Study Report (ISSR) or Continuing- accreditation Self-Study Report (CSSR)	A complete electronic ISSR/CSSR must be uploaded to the CoAEMSP specified online file sharing application by designated due date.
Submission of a Progress Report	A complete Progress Report must be submitted by designated due date.
Submission of the Annual Report	A complete Annual Report has been received electronically by the CoAEMSP by designated due date.
Notification of change in key personnel <ul style="list-style-type: none"> <li>• President/CEO</li> <li>• Dean (or comparable administrator)</li> <li>• Program Director</li> <li>• Medical Director</li> <li>• Satellite Lead Instructor</li> </ul>	The Key Personnel Contact form and appropriate supporting documentation have been received by the CoAEMSP by the deadline, as specified in policy.
Fundamentals of Accreditation Workshop for the EMS Professions attendance	The permanent Program Director is required to attend a Fundamentals of Accreditation Workshop for the EMS Professions by the deadline as specified in policy.
Notification of intent to transfer program sponsorship	A letter from the President/CEO or designee of the current sponsor and a completed CAAHEP Request for Accreditation Services form from the new sponsor, have been received by the CoAEMSP.
Scheduling of site visit	The program has agreed to a reasonable date that provides sufficient time for CAAHEP to act on a CoAEMSP recommendation.

- a. Failure to address Administrative Probation may lead to a recommendation by CoAEMSP to CAAHEP for Withdrawal of Accreditation.

## J. Change of Name/Change of Ownership

If a program sponsor undergoes a change of name and/or change of controlling ownership, this information must be submitted to CAAHEP and the CoAEMSP via email. If the CoAEMSP determines that such change will have no impact on the accredited program(s), it will notify CAAHEP of that fact and no CAAHEP Board action will be necessary. If the change is more significant and will impact factors mentioned in CAAHEP Policy 207 then it will be considered a Transfer of Sponsorship and should follow the procedure outlined in that section.

## K. Transfer of Sponsorship

CAAHEP accreditation cannot be transferred from one program to another. However, sponsorship of a CAAHEP accredited program may be transferred from one sponsor to another and such transfer may or may not affect the accreditation status of the program.

If critical factors such as sufficiency of funding sources, curriculum, faculty and facilities will remain unchanged, then the request for transfer of sponsorship will be considered without any change in the program's accreditation status.

If the materials submitted to the CoAEMSP indicate that the program continues to be in compliance with the CAAHEP *Standards*, the CoAEMSP recommends to CAAHEP approval of the transfer of sponsorship and an appropriate accreditation category, with or without a progress report requirement. The CoAEMSP determines applicable non-refundable/non-transferable fees and informs the new sponsor of these fees. If specified fees are not submitted in the required time frame, the CoAEMSP reserves the right to request a new self-study report and associated site visit.

## L. Program Closure Requirements

In the event a program closes due to Withhold of Accreditation; or Withdrawal of Accreditation, the program is required to provide the following:

1. Signed and dated template letter from the President/CEO notifying CAAHEP of Withdrawal of Accreditation; and
2. the names, email addresses, and on-time date of completion of all currently enrolled students, and
3. on-time completion date of the currently enrolled students; and

If the program is an AEMT program, then

4. a teach-out plan to include who is responsible to complete the current cohort.

If the program is a Paramedic program, then

5. a teach-out plan to include who is responsible to complete the current cohort to point of eligibility for Paramedic National Registry (or State examination).

## M. Change of Location

In the event of a change of location the sponsor must complete and provide the CoAEMSP with the following. CoAEMSP notification is required at least sixty (60) calendar days in advance.

1. signed and dated letter from the President/CEO identifying the location and effective date of the re-location;
2. a Personnel form for each key personnel affected by the move; and
3. a virtual site visit of the new campus location may be required as part of the approval process; and
4. evidence the 'new' location is considered part of the main campus and doesn't require approval by the institutional accreditor  
OR  
evidence the institutional accreditor approved the 'new' location as a campus or location including the name and address of the campus/location.

## IV. Maintaining Accreditation

Failure to comply with the following requirements may result in any of the accreditation statuses and actions described in Section III, including administrative probation, probationary accreditation, or withdrawal of accreditation.

### A. Publishing of Program Accreditation Status

1. Prior to scheduling the site visit by the CoAEMSP for initial accreditation, no mention of CAAHEP accreditation may be made for the AEMT or Paramedic program.
2. AEMT: Once a site visit has been scheduled by the CoAEMSP, the AEMT program may publish the following statement:

"The [name of sponsor] AEMT program has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) ([www.caahep.org](http://www.caahep.org)). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."

There should be no claims of timelines or when accreditation might be achieved.

3. Paramedic: Once a site visit has been scheduled by the CoAEMSP, the Paramedic program may publish the following statement:

"The [name of sponsor] Paramedic program has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) ([www.caahep.org](http://www.caahep.org)). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."

There should be no claims of timelines or when accreditation might be achieved.

4. If a program has CAAHEP accreditation, the sponsor must use the following language when referring to that accreditation:
  - a. AEMT:
    - i. In at least one of its comprehensive publications customarily used to officially convey institutional information, it must state:

"The [name of sponsor] AEMT program is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs  
727-210-2350  
[www.caahep.org](http://www.caahep.org)

To contact CoAEMSP:  
214-703-8445  
[www.coaemsp.org](http://www.coaemsp.org)

- ii. Provided the requirements of paragraph “IV.A.4.a.i.” above have been met, when the sponsor additionally publishes the accreditation status of the program, it must state:

“The AEMT program of [name of sponsor] is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).”

b. Paramedic:

- i. In at least one of its comprehensive publications customarily used to officially convey institutional information, it must state:

“The [name of sponsor] Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

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214-703-8445  
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- ii. Provided the requirements of paragraph “IV.A.4.b.i.” above have been met, when the sponsor additionally publishes the accreditation status of the program, it must state:

“The Paramedic program of [name of sponsor] is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).”

- c. Provided the requirements of paragraphs “IV.A.4.a.ii. or IV.A.4.b.ii.” above have been met, the sponsor may choose, but is not required, to include the program accreditation statement in other publications such as newspaper ads, flyers, pamphlets, etc.

5. If a program has been placed on Probationary Accreditation by CAAHEP, it must inform all students and applicants in writing, and must disclose this sanction whenever reference is made to its accreditation status, by including the statement:



- a. AEMT: “The AEMT Paramedic program of *[Name of sponsor]* is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The program has been placed on Probationary Accreditation as of *[date of Probation action]*.”
- b. Paramedic: “The Paramedic program of *[Name of sponsor]* is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The program has been placed on Probationary Accreditation as of *[date of Probation action]*.”

Since Probationary Accreditation is a temporary status, publications that are published less frequently than once a year (e.g., catalogs) are not required to carry the above wording. However, whenever such publications are distributed to the program’s current students or potential applicants, they must include an insert or addendum containing the above language. Any promotional pieces, print advertisements or locations on the program’s website that make reference to accreditation status must include the above language regarding Probationary Accreditation.

## **B. Progress Reports**

Accredited programs may be required to submit one (1) or more Progress Reports to document compliance with the CAAHEP *Standards*. After the second Progress Report, failure to meet a standard or to make significant progress in addressing a citation by the stated deadline may lead to an adverse accreditation action (e.g., Probationary Accreditation).

## **C. Substantive Changes in a Program**

Programs must notify the CoAEMSP within forty-five (45) calendar days of a change in sponsorship, change in program location, addition of a satellite location, change in sponsor administration personnel, or program key personnel. Substantive changes require submission of supporting documentation and may require immediate submission of a Progress Report and/or submission of a Self-Study Report and/or scheduling of a site visit.

## **D. Annual Report**

CAAHEP accredited programs and CoAEMSP Letter of Review (LoR) programs are required to submit Annual Reports (AR) by the deadline set by the CoAEMSP. The CoAEMSP will review the Annual Reports of LoR and accredited programs. The review consists of outcomes meeting thresholds, other CAAHEP *Standards* continuing to be met, as well as other information included in the report. The CoAEMSP established threshold for each of the following outcomes measures is 70%: credentialing, retention, and placement.

1. All programs (accredited and LoR) must publish their latest annual outcomes results for the National Registry or State Written Exam, Retention, and Placement on the AEMT and/or Paramedic program's homepage of their website.
2. At all times, the published results must be consistent with and verifiable by the latest Annual Report of the program.
3. Programs must provide the direct link to the website location of the published outcomes in their Annual Report.
4. The CoAEMSP will review all Annual Reports submitted.
5. The CoAEMSP established outcome thresholds for credentialing, retention, and placement are identified in the Annual Report as 70%.
6. Accredited programs that fails to meet any single outcome threshold for each year of three (3) consecutive years may be recommended for Probationary Accreditation. LoR programs that fail to meet any single outcome threshold for each year of three (3) consecutive years may have their LoR revoked.
7. Accredited programs recommended for Probationary Accreditation for failure to meet an established outcomes threshold will have up to two (2) years to demonstrate compliance with the established threshold or the program will be Involuntarily Withdrawn or may Voluntarily Withdraw their CAAHEP accreditation.

Failure to submit the Annual Report by the established due date will result in Administrative Probation for accredited programs; the LoR program will have their LoR suspended. Failure to satisfactorily address Administrative Probation may lead to a recommendation by CoAEMSP to CAAHEP for Withdrawal of Accreditation. Failure of LoR programs to satisfactorily address suspension will result in LoR revocation. Any sponsor which has had the Letter of Review (LoR) revoked or has voluntarily withdrawn its LoR, is prohibited from re-entering the LoR process for two (2) years, beginning on the effective date of the revocation/withdrawal. This includes new submissions of "substantively the same" programs.

## **E. Comprehensive Review Period**

CoAEMSP conducts comprehensive reviews (i.e., self-study report and site visit) approximately every five (5) years.

## **F. State Office of EMS Communication Process**

The CAAHEP accreditation process is a separate process from any state approval process, even if a state mandates compliance with the CAAHEP *Standards* for state approval.

1. The State Office of EMS will be notified of upcoming program site visits and State Office Representative(s) may accompany a CoAEMSP site visit team as an observer.

2. Wherever practicable, the CoAEMSP will accommodate requests for site visits to be conducted jointly by CoAEMSP and the State Office of EMS. The final decision on this matter is at the sole discretion of the CoAEMSP.
3. The CoAEMSP may, at its discretion, share information regarding the program's CAAHEP accreditation status or CoAEMSP Letter of Review status with relevant State Office(s) of EMS, the sponsor's institutional accrediting organization, and the National Registry for Emergency Medical Technicians (NREMT), at any time.

## V. Site Visit Process

See *Site Visitor Manual*.

## VI. Programs and the CAAHEP Standards

### A. Advanced Placement/Prior Learning Assessment

1. Prior learning assessment (PLA) awards credit for advanced placement through the assessment of knowledge acquired and how that knowledge translates into specific courses.
2. In order for a program to grant PLA credit for advanced placement, a mechanism must be in place that evaluates and documents evidence of acquisition of competency in the cognitive, psychomotor and affective domains that meets all of the competencies listed in the National EMS Education Standards. Evidence may include but is not limited to documentation from:
  - a. Military training
  - b. Certifications
  - c. Exams and psychomotor testing
  - d. Portfolio assessment
3. The process to assess the knowledge acquired is typically tailored to the specific individual.
4. The program must determine the most appropriate method(s) to assess and document all of the knowledge, skills and affective competencies necessary to achieve eligibility for the Paramedic National Registry or other credentialing examination and it must result in clear and defensible documented evidence of how the individual's competencies were evaluated and awarded relevant to the National EMS Education Standards.
5. Regardless of the amount of credit awarded through PLA for advanced placement, every candidate must complete a capstone field internship to be eligible for program completion and to sit for the Paramedic National Registry or other credentialing examination.
6. A program is not required to offer PLA or advanced placement but there must be a published policy stating such.
7. A program that does offer PLA/Advanced Placement must have a specific written and published policy regarding the processes, cost, timeline, and any other relevant information.
8. All advanced placement students must be considered as part of a cohort and documented as such on the annual report.
9. Refer to Appendix for additional details on Advanced Placement/Prior Learning Assessment.

## VII. Complaint Process

Complaints to the CoAEMSP will be managed by the Executive Committee.

### A. Complaints about CoAEMSP Board Members, Site Visitors, other Volunteers, or Staff

Complaints about CoAEMSP alleging violations of policies, procedures, and codes of conduct by board members, site visitors, other volunteers, or staff will be considered by CoAEMSP.

### B. Complaints about Accredited Programs

Programs holding CAAHEP accreditation are expected to remain in compliance with all CAAHEP Standards and accreditation policies throughout the accreditation period. One of the principal concerns when a complaint is received about an accredited program is whether the program is in compliance with the published Standards. The burden rests with the program sponsor to demonstrate that it is meeting CAAHEP's Standards and accreditation policies at all times. In addition, program sponsors are expected to monitor and promptly address all complaints they receive through an established and published student grievance procedure.

#### 1. Required elements of an Accredited Program Complaint

- a. Signed;
- b. Names an individual(s) or program sponsor over which CAAHEP and CoAEMSP has authority;
- c. Sets forth allegations related to CAAHEP Standards and accreditation policies;
- d. Identifies program volunteers or staff involved in the event;
- e. Describes efforts to resolve the complaint at the program level (if a current student, evidence should include results from the submission of concerns according to the institutional grievance policy);
- f. Supported by available documentation;
- g. Describes events that occurred within a reasonable period of submitting the complaint, generally within one year, permitting the facts to be ascertained through an investigation by CoAEMSP; and,
- h. Includes the complainant's consent to this complaint process and permits the disclosure of all information related to the complaint to CAAHEP, its representatives, CoAEMSP, its representatives, and the program sponsor.

If the complaint is unsigned or the complainant does not consent to the complaint process or disclosures outlined in the Complaint Policy and CAAHEP forwards the complaint to CoAEMSP, CoAEMSP will review the complaint but may, in its exclusive discretion and with notice to the complainant, elect not to process the complaint.

Neither CAAHEP nor CoAEMSP will intervene in personnel matters nor review an institution's internal administrative decisions in matters such as admissions, honor code or code of conduct violations, disputes concerning the assignment of grades, or similar issues unless the context of an allegation suggests that unethical or unprofessional conduct or action may

have occurred that might call into question the program sponsor compliance with accreditation Standards or policies.

## 2. Procedure for an Accredited Program Complaint

CoAEMSP follows due process procedures when written and signed complaints are received by CAAHEP alleging that an accredited program is not following CAAHEP Standards or accreditation policies.

All documents and communication indicated in the complaint procedure are digital unless noted otherwise. The complainant, the program sponsor, and CoAEMSP must provide an accurate email address and respond to items according to the policy timeline.

- a. All complaints against accredited programs must be submitted using the CAAHEP Complaint Form found on the CAAHEP website and in adherence with CAAHEP policy.
- b. If a complaint is not submitted to CoAEMSP via the CAAHEP Complaint Form, CoAEMSP staff will contact the complainant and request this be done if reasonably possible.
- c. When a complaint is received by CoAEMSP from CAAHEP, a CoAEMSP designee of the Executive Director will conduct an initial review of the complaint to determine if it sets forth information or allegations that suggests a program may not be in compliance with the *Standards* or accreditation policies established by CAAHEP and CoAEMSP.
  - i. If additional information or clarification is required, CoAEMSP will send a request to the complainant. If the requested information is not received within fifteen (15) calendar days, CoAEMSP will determine that the complainant no longer intends to pursue the complaint, and it may not be investigated by CoAEMSP.
  - ii. If CoAEMSP determines after the initial review of the complaint that the information or allegations do not demonstrate that a program is out of compliance with accreditation *Standards* or policies established by CAAHEP and CoAEMSP, the complaint may be closed. The complainant and CAAHEP will be notified accordingly within twenty (20) calendar days after receipt of the complaint by CoAEMSP.
- d. Within thirty (30) calendar days of receiving all requested information from the complainant, a Notice of Complaint will be provided from CoAEMSP to the Program Director, Medical Director, Dean and the Chief Executive Officer of the program sponsor, summarizing the allegations and requesting a preliminary investigation. During the investigation, CoAEMSP may request information or material relevant to the complaint from the complaining party, the program sponsor, or other relevant sources.
- e. The CoAEMSP Board of Director's Executive Committee will review the complaint, the results of the investigation, and the program sponsor compliance with the CAAHEP *Standards* or accreditation policies.
  - i. If CoAEMSP determines that the information does not establish that there has been a violation of CAAHEP *Standards* or accreditation policies, the complaint will be closed. The program, complainant, and CAAHEP will be notified of this decision within ten (10) calendar days of the completion of the investigation.

- ii. If CoAEMSP determines that the information may establish that there has been a violation of CAAHEP *Standards* or accreditation policies, CoAEMSP may take one of the following actions, notifying the program and complainant within ten (10) calendar days of its planned course of action:
  1. Postpone the final action on the complaint for a period not to exceed sixty (60) calendar days if there is evidence that the program is progressing toward addressing any violations of CAAHEP *Standards* or accreditation policies.
  2. Notify the program sponsor that, based on the information provided, CoAEMSP has determined that the program is failing to meet CAAHEP *Standards* or accreditation policies and that CoAEMSP is taking appropriate action. Such action may require the program sponsor to take specific corrective action, report to CoAEMSP, or host a special complaint-related (focused) site visit as soon as reasonably feasible, but not more than sixty (60) calendar days following this determination. The complaint-related site visit shall be limited to investigating the complaint and how it affects compliance with the *Standards* or accreditation policies. CoAEMSP and the program sponsor shall equally share the travel costs for site visitors for the complaint-related site visit.

### 3. CoAEMSP Determination

Based on the evidence received during the investigation, postponement period, submitted documentation, and/or focused site visit, CoAEMSP may make one of the following determinations:

- a. Find that the program remains in compliance with the *Standards* and accreditation policies. The program sponsor and the complaining party shall be notified of this assessment and include information that the program sponsor's current accreditation status is not affected by the complaint.
- b. Find that the program is not in compliance with the *Standards* and accreditation policies. CoAEMSP may require a progress report or recommend a change in accreditation status, including probationary accreditation. If CoAEMSP submits a recommendation for probationary accreditation to CAAHEP, it must include the complete complaint record, including all information regarding the complaint, a full report of the CoAEMSP investigation, and reasons supporting the CoAEMSP recommendation.

The failure of the program sponsor to provide either a response to the complaint or additional information as requested by CoAEMSP or CAAHEP within the specified time frames will be considered a violation of CoAEMSP policy and will be referred to CAAHEP for consideration and action.

In all instances, CoAEMSP will notify the complainant and the program regarding their determination within ten (10) calendar days of the decision. Notifications will include any required progress reporting or recommendations to change the program sponsor accreditation status.



#### 4. Review by CoAEMSP

Either the complainant or the program may request a review of CoAEMSP's determination of the complaint by submitting a written request for review to the CoAEMSP Executive Director. The request for review must specify and document the basis for the request.

#### 5. Records of Complaints

- a. CoAEMSP maintains records of all complaints. Complaints against applicants and accredited programs and their resolution are kept for five (5) years. CoAEMSP may consider the frequency, pattern, and seriousness of complaints about a program in recommending a program's application for initial or continuing accreditation.
- b. A log of complaints filed is tabulated, summarized, and presented at least annually to the CoAEMSP Board of Directors.

### C. Complaints about Letter of Review (LoR) Programs

Programs holding the CoAEMSP Letter of Review (LoR) are expected to remain in compliance with all CAAHEP Standards and accreditation policies. The burden rests with the program sponsor to demonstrate that it is meeting the CAAHEP Standards and accreditation policies. In addition, program sponsors are expected to monitor and promptly address all complaints they receive through an established and published student grievance procedure.

#### 1. Required elements of an LoR Program Complaint

- a. Signed;
- b. Names an individual(s) or program sponsor over which CoAEMSP has authority;
- c. Sets forth allegations related to CAAHEP Standards and accreditation policies;
- d. Identifies program volunteers or staff involved in the event;
- e. Describes efforts to resolve the complaint at the program level (if a current student, evidence should include results from the submission of concerns according to the institutional grievance policy);
- f. Supported by available documentation;
- g. Describes events that occurred within a reasonable period of submitting the complaint, generally within one year, permitting the facts to be ascertained through an investigation by CoAEMSP; and,
- h. Includes the complainant's consent to the CoAEMSP complaint process and permits the disclosure of all information related to the complaint to CoAEMSP, its representatives, and the program sponsor. This includes the identification of the complainant to the program sponsor.

If the complaint is unsigned or the complainant does not consent to the complaint process or disclosures outlined in the Complaint Policy, CoAEMSP will review the complaint but may, in its exclusive discretion and with notice to the complainant, elect not to process the complaint.

CoAEMSP will not intervene in personnel matters nor review an institution's internal administrative decisions in matters such as admissions, honor code or code of conduct



violations, disputes concerning the assignment of grades, or similar issues unless the context of an allegation suggests that unethical or unprofessional conduct or action may have occurred that might call into question the program sponsor compliance with accreditation Standards or policies.

All documents and communication indicated in the complaint procedure are digital unless noted otherwise. The complainant, the program sponsor, and CoAEMSP must provide an accurate email address and respond to items according to the policy timeline.

## 2. Procedure for a Letter of Review (LoR) Program Complaint

- a. All complaints against programs holding a Letter of Review (LoR) must be submitted using the CoAEMSP Complaint Form found on the CoAEMSP website and in adherence with CoAEMSP policies. If a complaint is not submitted to CoAEMSP via the CoAEMSP Complaint Form, CoAEMSP staff will contact the complainant and request this be done if reasonably possible.
- b. The complaint should include a narrative not exceeding ten (10) pages in length with supporting documentation to substantiate the allegations. Do not submit duplicate information. Complaints that do not contain the required information will be returned to the complainant with an explanation of why the complaint is being returned.
- c. When a complaint is received by CoAEMSP that has all the required elements, CoAEMSP staff will send a written response to the complainant acknowledging receipt of the complaint within (5) calendar days.
- d. A CoAEMSP designee of the Executive Director will conduct an initial review of the complaint to determine if it sets forth information or allegations that suggests a program sponsor may not be in compliance with the Standards or accreditation policies established by CAAHEP and CoAEMSP.
  - i. If additional information or clarification is required, CoAEMSP will send a request to the complainant. If the requested information is not received within fifteen (15) calendar days, CoAEMSP will determine that the complainant no longer intends to pursue the complaint, and it may not be investigated by CoAEMSP.
  - ii. If CoAEMSP determines after the initial review of the complaint that the information or allegations do not demonstrate that a program is out of compliance with accreditation Standards or policies established by CAAHEP and CoAEMSP, the complaint may be closed. The complainant and CAAHEP will be notified accordingly within twenty (20) calendar days after receipt of the complaint by CoAEMSP.
- e. Within thirty (30) calendar days of receiving all requested information from the complainant, a Notice of Complaint will be provided from CoAEMSP to the Program Director, Medical Director, Dean, and the Chief Executive Officer of the program sponsor, summarizing the allegations and requesting a preliminary investigation. During the investigation, CoAEMSP may request information or material relevant to the complaint from the complaining party, the program sponsor, or other relevant sources.

- f. The CoAEMSP Board of Director's Executive Committee will review the complaint, the results of the investigation, and the program sponsor compliance with the CAAHEP Standards or accreditation policies.
  - i. If CoAEMSP determines that the information does not establish that there has been a violation of CAAHEP Standards or accreditation policies, the complaint will be closed. The program sponsor and complainant will be notified of this decision within ten (10) calendar days of the completion of the investigation.
  - ii. If CoAEMSP determines that the information may establish that there has been a violation of CAAHEP Standards or accreditation policies, CoAEMSP may take one of the following actions, notifying the program and complainant within ten (10) calendar days of its planned course of action:
    - 1. Postpone the final action on the complaint for a period not to exceed sixty (60) calendar days if there is evidence that the program is progressing toward addressing any violations of CAAHEP Standards or accreditation policies.
    - 2. Notify the program sponsor that, based on the information provided, CoAEMSP has determined that the program is failing to meet CAAHEP Standards or accreditation policies and that CoAEMSP is taking appropriate action. Such action may require the program sponsor to take specific corrective action, report to CoAEMSP, or host a special complaint-related (focused) site visit as soon as reasonably feasible, but not more than sixty (60) calendar days following this determination. The complaint-related site visit shall be limited to investigating the complaint and how it affects compliance with the Standards or accreditation policies. CoAEMSP and the program sponsor shall equally share the travel costs for site visitors for the complaint-related site visit.

### 3. CoAEMSP Determination

Based on the evidence received during the investigation, postponement period, submitted documentation, and/or focused site visit, CoAEMSP may make one of the following determinations:

- a. Find that the program remains in compliance with the Standards and accreditation policies. The program sponsor and the complaining party shall be notified of this assessment and include information that the program sponsor's current LoR status is not affected by the complaint.
- b. Find that the program is not in compliance with the Standards and accreditation policies. CoAEMSP may require a progress report or other action that may include suspension pending resolution of Standards deficiencies or revocation of the Letter of Review. A Letter of Review that has been suspended will prohibit the program from enrolling students or beginning a new cohort of students until the suspension is resolved. If a Letter of Review is revoked, the program sponsor is required to develop a teach-out plan for all currently enrolled students to be submitted to CoAEMSP for review, and provide updates as requested.

The failure of the program sponsor to provide either a response to the complaint or additional information as requested by CoAEMSP within the specified time frames will be considered a violation of CoAEMSP policy and the Letter of Review may be suspended or revoked.

In all instances, CoAEMSP will notify the complainant and the program sponsor regarding their determination within ten (10) calendar days of the CoAEMSP decision.

#### 4. Review by CoAEMSP

Either the complainant or the program may request a review of CoAEMSP's determination of the complaint by submitting a written request for review to the CoAEMSP Executive Director. The request for review must specify and document the basis for the request.

## VIII. Confidentiality

- A. All information, not otherwise public, regarding specific program accreditation recommendations of the CoAEMSP is confidential.
- B. Any information, not otherwise public, regarding sponsors, programs, personnel, students, or affiliates will not be disclosed to any person or entity, either directly or indirectly, at any time during the accreditation process or at any time in the future.
- C. Any documents, not otherwise public, regarding sponsors, programs, personnel, students, or affiliates will not be revealed to any person or entity, either intentionally or unintentionally, at any time during the accreditation process or at any time in the future.
- D. All files containing confidential information or documents, whether paper or electronic, will be disposed of securely once the official duties performed on behalf of the CoAEMSP have been completed, with the exception of one (1) copy of all such files which will be retained at the CoAEMSP.
- E. Any breach of confidentiality may result in disciplinary action, which may include termination of employment as a staff member, site visitor, consultant, liaison representative, or agent of the CoAEMSP, or legal action against a board member, site visitor, consultant, liaison representative, or agent of the CoAEMSP.
- F. All board members, site visitors, consultants, liaison representative, and agents of the CoAEMSP will be required, on an annual basis, to attest in writing to their agreement to abide by these policies.
- G. To ensure the confidentiality of the site visit, the CoAEMSP prohibits the use of audio or video recording/monitoring of any portion of the site visit including interviews with students and staff, team meetings, deliberations, or the exit interview except for the purposes of security. The CoAEMSP reserves the right to take disciplinary action against a program or sponsor whose representatives knowingly violate this policy, including cancellation of a site visit scheduled or in progress, or recommendation of probationary accreditation or similar sanction.

## IX. Conflict of Interest

- A. A conflict of interest will be deemed to exist with respect to a particular matter when any Board member, site visitor, consultant, liaison representative, or agent of the CoAEMSP, immediate family, immediate employer, or sponsor, is directly associated with a program whose accreditation is to be acted upon or stands to realize financial or similar tangible personal, professional, or proprietary gain as a result of any action of the CoAEMSP.
- B. All Board members, site visitors, consultants, liaison representatives, and agents of the CoAEMSP are expected to avoid real or perceived conflicts of interest when involved in the official business of the CoAEMSP.
- C. Any Board member of the CoAEMSP with a real or perceived conflict of interest in any matter brought before the CoAEMSP for its consideration will declare such conflict prior to any discussion of the matter.
- D. Any Board member of the CoAEMSP who believes that another board member of the CoAEMSP has a real or perceived conflict of interest may similarly declare such conflict prior to any discussion of the matter.
- E. Any Board member of the CoAEMSP with a real or perceived conflict of interest will be recused from any and all discussion, decision, and voting upon the matter, and will be required to leave the meeting room or conference call until after the matter is acted upon.
- F. Any Board member of the CoAEMSP who is professionally employed in the same state as a program or who has been the site visitor in the most recent accreditation cycle, or whose accreditation is to be acted upon, will be recused from any and all consideration, discussion, decision, and voting upon the matter, and will be required to leave the meeting room or conference call during the time the matter is acted upon.
- G. Any Board member, site visitor, consultant, liaison representative, or agent of the CoAEMSP who has had direct involvement as a reviewer, site visitor, consultant, or CoAEMSP staff with a program whose accreditation is being acted upon will refrain from any direct association, such as employment, independent contractor or consultation, with that program for a period of no less than one (1) year following completion of the full cycle of the accreditation process.
- H. All Board members, site visitors, consultants, liaison representatives, and agents of the CoAEMSP will be required, on an annual basis, to attest in writing to their agreement to abide by these policies.

## X. Accreditation Fees

Programs may refer to the CoAEMSP website at the [Program Fees page](#) for specific amounts. All CoAEMSP fees are non-refundable/non-transferable. Additional processing fees assessed will not be waived. The CAAHEP fee is in addition to CoAEMSP fees and is billed directly from and payable to CAAHEP.

### A. Fee Types

Programs will be billed as noted for accreditation services. Payment is due and payable by the deadline on the invoice.

#### 1. Letter of Review (LoR) Application Fee

Advanced payments may be made in anticipation of the LoR Application submission and held for a maximum of twelve (12) months. If no LoR Application submission is received by the end of the twelve (12) month period, all fees are forfeited.

Additional non-refundable/non-transferable fees may apply for re-submissions based on unsatisfactory sponsorship or core content deficiencies. The LoR Application will not be reviewed until all fees have been paid.

#### 2. Annual Fee

- a. Programs issued the LoR are assessed the following based on the CoAEMSP's current fiscal year (July 1 through June 30):
  - 1) LoR issued July through December are assessed 100% of the current fiscal year annual fee.
  - 2) LoR issued January through June are assessed 50% of the current fiscal year annual fee.
- b. Following the initial invoice for the annual fee, programs are invoiced in May for the next fiscal year with payment due in July.
- c. For accredited and LoR programs the Annual Fee invoice is emailed to the Program Director of record in May of each year and is considered past due if payment is postmarked after July 31.
- d. Each approved satellite location is included on the Annual Fee invoice.
- e. Each approved alternate location is included on the Annual Fee invoice.

#### 3. Self-Study Report (SSR) Evaluation Fee

The Self-Study Report Evaluation Fee is due at the time the Self-Study Report is submitted to the CoAEMSP. If the Self-Study Report does not demonstrate compliance with CAAHEP Standards, each resubmission will be invoiced an additional evaluation fee.

Additional fees may apply for re-submissions based on unsatisfactory sponsorship or core content deficiencies. The Self-Study Report is reviewed when all fees have been received.

- a. For programs seeking the LoR - upon submission of the Abridge LoR Application/LSSR or LSSR
- b. For programs holding a LoR - upon submission of the ISSR
- c. For accredited programs - upon submission of the CSSR

#### 4. Site Visit Fee

##### a. Regular Site Visits (Accredited Programs)

- 1) A flat fee is invoiced for all regular site visits (i.e. two (2) visitors for two (2) days). If the actual costs exceed the flat fee plus the grace amount, then the program is invoiced for the amount in excess of that total; the CoAEMSP absorbs the costs if the actual costs fall within the grace amount.
- 2) For a site visit that requires more than two (2) visitors, the program will be invoiced an additional amount per additional visitor.
- 3) For a site visit that requires more than two (2) days, the program will be invoiced an additional amount per site visitor per additional day.

##### b. Preliminary Site Visits (Programs Seeking the Letter of Review [LoR])

- 1) A flat fee is invoiced for all preliminary site visits (i.e. one (1) visitor for one (1) day). If the actual costs exceed the flat fee plus the grace amount, then the program is invoiced for the amount in excess of that total; the CoAEMSP absorbs the costs if the actual costs fall within the grace amount.
- 2) For a preliminary site visit that requires more than one (1) visitor, the program will be invoiced an additional amount per additional visitor.
- 3) For a site visit that requires more than one (1) day, the program will be invoiced an additional amount per site visitor per additional day.

##### c. Focused Site Visits

- 1) A focused site visit is an evaluation of limited scope that examines specific aspects of a program relating to CAAHEP *Standards* and policies and occurs between comprehensive evaluations.
- 2) Focused visits are typically conducted by a team of two peer reviewers for two days. While the specific areas of focus will depend on the reason for the visit, the team will evaluate specific developments and changes to the program or follow up on concerns identified through a previous evaluation process. The team is expected to provide CoAEMSP with a report on such developments or concerns.

- 3) The reason for the site visit will determine the documentation the program is required to submit.
- 4) If a focused site visit is required, the program will be responsible for the site visit fee plus any actual costs incurred.

d. Rescheduling Site Visits (Regular and Preliminary)

- 1) If the program reschedules its site visit after it has been confirmed, the program will be responsible for a rescheduling fee plus any actual costs incurred as of the date of program notification of rescheduling plus all costs exceeding the base amount.
- 2) If a program cancels its site visit after it has been scheduled, the program will be responsible for actual costs incurred as of the date of cancellation.

## 5. [Satellite Fee](#)

For new satellite locations, an invoice will be sent when tentative approval is granted and is due no later than thirty (30) calendar days of issuance. Payment must be received before final approval is granted.

## 6. [Alternate Location Fee](#)

For new alternate locations, an invoice will be sent when the program's request is received and is due no later than thirty (30) calendar days of issuance. Payment must be received before approval is granted.

## 7. [International Program Fee](#)

International programs are assessed an annual fee plus the Self-Study Report Evaluation fee plus the one-time technology fee plus all associated actual costs with the site visit. Additional fees may apply for re-submissions based on unsatisfactory sponsorship or core content deficiencies.

## 8. [Transfer of Sponsorship Fee](#)

When a change of sponsorship is requested, an invoice will be sent and is due no later than thirty (30) calendar days of issuance. Payment must be received before the recommendation will be forwarded to CAAHEP.

## 9. [Additional Processing Fee](#)

Programs are assessed an additional processing fee for payments not received by the due date.

## 10. [Any program reapplying for the Letter of Review \(LoR\)](#)

When the program sponsor was previously revoked, withheld, or withdrawn the sponsor will be responsible for any and all fees previously invoiced and unpaid to the CoAEMSP. These fees



are in addition to all non- refundable/non-transferable fees associated with the LoR or accreditation process.

#### 11. Late submission of Annual Reports

An Annual Report Late Submission Fee is assessed when the report is submitted after the published due date.

### B. Method of Payment

Remittance of payment must be made in United States funds and can be made by check, Automated Clearing House (ACH), or as instructed in the invoice notification. Credit cards are not accepted.

### C. Failure of Payment of Annual Fees

1. Programs that have not paid a fee by the due date will be sent a second notice (certified mail, return receipt requested or by electronic notice with evidence of receipt) and are subject to an additional processing fee.
2. Programs that have not satisfied in full the amount designated in the second notice within thirty (30) calendar days of receipt of the second notice will be recommended to CAAHEP by the CoAEMSP for Administrative Probation and CoAEMSP Letter of Review (LoR) programs will be Suspended. In conjunction with the CAAHEP Administrative Probation or CoAEMSP Suspension, programs that have not satisfied in full the amount designated in the second notice will be sent a third notice (certified mail, return receipt requested or by electronic notice with evidence of receipt) and are subject to a second additional processing fee.
3. Programs that have not satisfied in full the amount designated in the third notice within thirty (30) calendar days following the issuance date of Administrative Probation or CoAEMSP Suspension will be placed on the next scheduled CoAEMSP Board of Directors meeting for a recommendation to CAAHEP for Withdrawal of Accreditation and LoR programs on suspension will be placed on the next scheduled CoAEMSP Board of Directors meeting for revocation of the CoAEMSP Letter of Review. Programs must pay any and all fees previously invoiced and unpaid to the CoAEMSP prior to reapplying for the LoR.

### D. Failure of Payment of all other Fees

1. Programs that have not paid a fee by the due date will be sent a second notice (certified mail, return receipt requested or by electronic notice with evidence of receipt) and given an additional thirty (30) calendar days to submit the full amount of the invoice.
2. Programs that have not satisfied in full the amount designated in the second notice within thirty (30) calendar days of receipt of the second notice will be recommended to CAAHEP by the CoAEMSP for Administrative Probation and CoAEMSP Letter of Review (LoR) programs will be Suspended. In conjunction with the CAAHEP Administrative Probation or CoAEMSP Suspension, programs that have not satisfied in full the amount designated in the second

notice will be sent a third notice (certified mail, return receipt requested or by electronic notice with evidence of receipt).

3. Programs that have not satisfied in full the amount designated in the third notice within thirty (30) calendar days following the issuance date of Administrative Probation or CoAEMSP Suspension will be placed on the next scheduled CoAEMSP Board of Directors meeting for a recommendation to CAAHEP for Withdrawal of Accreditation and LoR programs on suspension will be placed on the next scheduled CoAEMSP Board of Directors meeting for revocation of the CoAEMSP Letter of Review. Programs must pay any and all fees previously invoiced and unpaid to the CoAEMSP prior to reapplying for the LoR.

## XI. Program Personnel Degree Requirement

### A. AEMT Program Director Degree Requirement

1. The Program Director for an AEMT program is required to hold a minimum of an Associate's degree. Programs applying for the Letter of Review (LoR) for AEMT *before* January 1, 2030, may appoint an individual as Program Director who does not hold an Associate's degree with the following requirements:
  - a. The individual must be currently enrolled and making satisfactory academic progress towards an Associate's degree (in any major). Satisfactory progress is 15 semester credits per year or equivalent.
  - b. Progress toward that degree must be reported in the form of an official transcript sent directly from the college to CoAEMSP once per year by the deadline designated by CoAEMSP.
  - c. Failure to report or to make satisfactory academic progress may result in suspension of the CoAEMSP LoR (if the program holds the LoR) or CAAHEP Probationary Accreditation (if the program is accredited).
  - d. Failure to meet the requirements of this section by programs on Probationary Accreditation may result in Withdrawal of Accreditation.
2. A Program Director for an AEMT program hired *after* January 1, 2030, must hold a minimum of an Associate's degree and meet all qualifications prescribed under the current CAAHEP *Standards*.

## **XII. Distance Education**

### **A. Distance Education – Method of Instruction**

Distance education means education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support faculty initiated regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

1. The internet;
2. One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
3. Audioconferencing; or
4. Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).

CAAHEP recognizes the following instructional modalities pertaining to didactic and laboratory instruction. Refer to CAAHEP Policy #209 for the complete policy regarding Instructional Modalities.

1. Full Onsite (In-Person) Delivery: method of delivery in which all didactic and laboratory instruction is provided at an approved location (on or off campus), where instructors and students interact simultaneously in the same physical location.
2. Full Distance Education Delivery: method of delivery in which all didactic and laboratory instruction within a program is provided through distance education, meaning that the instructor and student are physically separated and using technology to interact. Instruction may be synchronous or asynchronous.
3. Blended (or Hybrid) Distance Education Delivery: method of delivery in which all didactic and laboratory instruction is provided using a combination of onsite (in-person) and distance education instruction, which may be synchronous or asynchronous.

### **B. Out-of-State Physicians**

The program must maintain evidence of a formal relationship with a licensed physician currently authorized to practice in each state where the program's students are participating in patient care and accept responsibility for the practice of those students.

### **C. State Office of EMS Notification(s)**

For each state in which the program has enrolled students, the program must provide evidence that it has successfully notified and gained approval from the State Office of EMS that the program has students in that state.

- D. The addition of distance delivery is considered a substantive change and is reported to CoAEMSP.
- E. Sponsor programs that offer blended or hybrid delivery develop and publish policies and/or statements demonstrating that they meet the CAAHEP Standards and Policies and address the following.
  - 1. Approval from the institutional accreditor to offer distance education (where applicable) Approval from states where students are located or participating in program activities (where applicable).
  - 2. State approvals may include, but are not limited to: Departments of Education, Health & Human Services, and State Boards.
  - 3. Prospective students are informed regarding which aspects of the education will be delivered through a distance modality.
  - 4. Prospective students are informed of the technology requirements for the distance course content.
  - 5. Technology support is available to students and faculty.
  - 6. Processes to uphold academic integrity and honesty: verifiable evidence that the work is being completed by the enrolled student.
  - 7. Program processes and activities to provide substantive interactions with the student on a predictable and regular basis.
  - 8. Program process to proactively monitor the student progress and provide feedback.
  - 9. Instructional design support for instructional staff in delivery of distance education.
  - 10. Professional development opportunities for instruction using distance delivery.
  - 11. Process to evaluate faculty on effectiveness in teaching via distance delivery.
- F. Courses offering full onsite (in-person) delivery that use a learning management system for assignments and other activities are not considered to be providing instruction through distance education.

### **XIII. Campus-Based Program, Alternate Locations, & Satellites**

Programs may be delivered in various settings by various methods to various groups of students (cohorts):

#### **A. Campus-Based Program**

The primary (main) campus location where groups of students attend at least the laboratory (or similar hands-on skills) professional course(s) of the program. The location would typically be where the Program Director is based. The curriculum may be offered in different scheduling venues (i.e., day, evening, and/or weekend).

#### **B. Alternate Location**

A location that is separate from the main campus of the CoAEMSP Letter of Review (LoR) or CAAHEP accredited education program where a portion of the program is conducted which may include skill practice or testing, periodic lecture or other learning activity, or other student assessments. This location does not meet the definition of a satellite and does not offer all the professional didactic and/or laboratory content of the program.

1. All program sponsor campus locations and alternate location(s) must be in the same country.
  - a. For programs sponsored by an institution located in the United States including its territories, the alternate location must be located in the United States including its territories.
  - b. For a program sponsored by a post-secondary academic institution outside of the United States and its territories the alternate location must be located within the same country.
2. Programs are eligible to submit a completed CoAEMSP Request for Approval of an Alternate Location form ([www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library)) if the following are met. A separate form must be completed for each alternate location request.
  - a. Programs must hold the CoAEMSP LoR or CAAHEP accreditation. Programs holding the status of Suspension, Administrative Probation, or Probationary Accreditation are not eligible for approval of new alternate locations.
  - b. Programs must have a Program Director approved by CoAEMSP.
  - c. Programs requesting alternate location(s) outside of the state in which the main campus is located, are required to have a Medical Director that can legally provide supervision for the out-of-state location(s). If the program's Medical Director cannot provide out-of-state supervision, then the sponsor must appoint an Associate or Assistant Medical Director (Standard III.B.4.) that can legally provide supervision for out-of-state location(s).
  - d. Programs must demonstrate adequate resources including instructional staffing and oversight by the Program Director as detailed in the request for approval.

- e. Programs with multiple alternate locations must demonstrate adequate resources, including instructional staffing and administrative oversight by the Program Director to manage all CoAEMSP approved alternate locations.
  - f. Programs must ensure that all requirements to operate an alternate location are approved in advance by the State/U.S. Territory Office(s) of EMS in which the main campus and alternate location(s) are located.
3. A Mobile Education Unit stocked with basic and advanced life support equipment and supplies is acceptable as an Alternate Location. The unit may be deployed to one or more locations to serve students enrolled in a cohort at the main campus.
4. Alternate locations require approval by CoAEMSP and are included in a CAAHEP accreditation review during any site visit to the main campus. A virtual site visit is included as part of the initial application approval process. All cost associated with an alternate location site visit are the responsibility of the program.
5. Payment of the non-refundable/non-transferable annual alternate location fee is required before final CoAEMSP approval will be granted.
6. CoAEMSP final approval of the sponsor's request for an alternate location must be received prior to delivery of instruction at that location. Approval is granted per alternate location, not per cohort. Failure to obtain CoAEMSP approval for the alternate location may result in suspension of the LoR which may lead to revocation or a recommendation to CAAHEP for Probationary Accreditation which may lead to Withdrawal of Accreditation.
6. CoAEMSP tracks each alternate location. CoAEMSP must be notified of the following changes regarding any approved alternate location(s).
  - Change in location
  - Discontinuation of an alternate location
7. The additional fee for each alternate location will be included in the CoAEMSP annual fee invoice.
8. Management of the alternate location and any educational activities are the responsibility of the Program Director.
  - i. The Program Director is required to make an in-person visit to the alternate location at least once per cohort. Virtual visits are encouraged on a more frequent basis.
9. Evidence of adequate resources will be required at the time of any site visit and will include a description of the learning environment including a floor plan with dimensions, a detailed equipment list, and photos and/or video of the location, equipment, and other available resources.
10. To discontinue an alternate location, the program must submit a completed [Voluntary Withdrawal of an alternate location template letter](#). If an alternate location has been discontinued and the sponsor program wishes to utilize the location again, then the sponsor must reapply and submit a new CoAEMSP Request for Approval of an Alternate Location form.



## C. Program Satellite

Off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor. The off-campus location(s) must offer all the professional didactic (which may include any distance education delivery modality) and laboratory content of the program. Satellites(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program. The CoAEMSP may establish additional requirements that are consistent with CAAHEP *Standards* and policies.

1. All program sponsor campus locations and satellite location(s) must be in the same country.
  - a. For programs sponsored by an institution located in the United States including its territories, the satellite must be located in the United States including its territories.
  - b. For a program sponsored by a foreign post-secondary institution the satellite must be located within the same country.
2. Programs are eligible to submit a completed CoAEMSP Request for Approval of a Satellite Location form ([www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library)) if the following are met. A separate form must be completed for each satellite location request.
  - a. Programs must hold the CoAEMSP Letter of Review (LoR) or CAAHEP Accreditation (i.e., Initial Accreditation or Continuing Accreditation). Programs holding the status of Suspension, Administrative Probation, or Probationary Accreditation are not eligible for approval of new satellite locations.
  - b. Programs must have a Program Director approved by CoAEMSP.
  - c. A Lead Instructor must be appointed who is responsible for on-site coordination for the entirety of the instruction at the satellite location.
  - d. Programs requesting satellite location(s) outside of the state in which the main campus is located are required to have a Medical Director that can legally provide supervision for the out-of-state location(s). If the program's Medical Director cannot provide out-of-state supervision, then the sponsor must appoint an Associate or Assistant Medical Director (Standard III.B.4.) that can legally provide supervision for out-of-state location(s).
  - e. Programs must demonstrate adequate resources including instructional staffing and oversight by the Program Director as detailed in the request for approval.
  - f. Programs with multiple satellite locations must demonstrate adequate resources, including instructional staffing and administrative oversight by the Program Director, to manage all CoAEMSP approved satellite locations.
  - g. Programs must ensure that all requirements to operate a satellite location are approved in advance by the State/U.S. Territory Office(s) of EMS in which the main campus and satellite location(s) are located.
3. Satellite locations require approval by CoAEMSP and are included in a CAAHEP re-accreditation review during any site visit to the main campus. A virtual site visit is included as part of the initial application approval process. All costs associated with a satellite campus site visit are the responsibility of the program.
4. Payment of the non-refundable/non-transferable annual satellite fee is required before final CoAEMSP approval will be granted.

5. CoAEMSP final approval of the sponsor's request for a satellite location must be received prior to delivery of instruction at that location. Approval is granted per satellite location, not per cohort. Failure to obtain CoAEMSP approval for the satellite location may result in suspension of the LoR which may lead to revocation or a recommendation to CAAHEP for Probationary Accreditation which may lead to Withdrawal of Accreditation.
6. Both CAAHEP and the CoAEMSP track each satellite location. CoAEMSP must be notified of the following changes regarding any approved satellite(s). (The CoAEMSP communicates the information to CAAHEP).
  - Satellite Lead Instructor
  - Change in Location
  - Discontinuation of satellite
7. Students at the satellite location(s) should be identified as a separate cohort(s) in the CoAEMSP Annual Report.
8. Satellite location(s) will include resource assessment data with the program's annual Resource Assessment Matrix (RAM). Each satellite location must complete a separate Resource Assessment Matrix (RAM).
9. The additional fee for each satellite location will be included in the CoAEMSP annual fee invoice.
10. Satellite requirements include:
  - a. Management of the satellite campus program by the main campus Program Director.
    - i. The Program Director is required to make an in-person visit to the satellite location at least once per cohort. Virtual visits are encouraged on a more frequent basis.
  - b. Curricula consistent with the main campus.
  - c. Syllabi, scheduled hours and sequencing, student evaluation, and required competencies consistent with the main campus.
  - d. Texts, assignments, and learning management platforms consistent with the main campus.
  - e. Application of Program policies and procedures consistent with the main campus.
  - f. Students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency medical care appropriate to the level of the Emergency Medical Services Profession(s) for which education is being offered.
  - g. Required minimum competencies must be consistent with the main campus.
  - h. Preceptor training consistent with the main campus.
  - i. Faculty monitoring and oversight of the clinical, field experience, and capstone field internship experiences consistent with the main campus.
  - j. Permanent student records are maintained at the main campus.
11. To discontinue a satellite location, the program must submit a completed Voluntary Withdrawal of a Satellite Location template letter. If a satellite location has been discontinued and the sponsor program wishes to utilize the location again, then the sponsor must reapply and submit a new CoAEMSP Request for Approval of a Satellite Location form.

## **D. Agreement(s) for Out-Sourced Instructional Services, Space, or Equipment**

When a sponsor partners with one or more organizations to provide resources for the program, which may include, among other resources, instructional services, space, or equipment, there must be a current, written agreement(s) that specifies the responsibilities of the parties. Agreements for instructional services must specify the reporting structure and lines of authority to the program sponsor. This type of agreement is separate from a consortium agreement or an articulation agreement. If the agreement is for space, programs should follow procedures for the approval of alternate locations and satellites, as applicable.

## **XIV. Consortium Sponsorship**

### **A. Consortium Agreement**

A template consortium agreement is available on [www.coaemsp.org](http://www.coaemsp.org)

### **B. Consortium Organizational Chart**

A template for the consortium organization chart is available on [www.coaemsp.org](http://www.coaemsp.org).

The organizational chart should include, but not be limited to, the following components:

1. Consortium members (organizations)
2. Consortium governing body, including designation of the Chair and Vice-Chair
3. Advisory Committee
4. Program Director
5. Medical Director
6. Classroom Instructors
7. Clinical Coordinators, if applicable
8. Hospital/Clinical Affiliates
9. Field Experience/Internship Sites

Corporate organizational charts for each of the members to the consortium in addition to the consortium organizational chart must be submitted.

### **C. Change in Consortium Partner**

A change of a consortium partner (i.e. withdrawal from the consortium, change in ownership of a consortium partner), effectively creates a new sponsor and requires approval by the CoAEMSP to initiate the Transfer of Sponsorship process. The remaining consortium partner must notify the CoAEMSP within fifteen (15) calendar days in writing, on letterhead, signed/dated by the Dean or higher of the change of partner.

### **D. Dissolution of Consortium**

If a consortium partner withdraws from the consortium, ultimately leaving the consortium unable to meet the sponsorship *Standard*, the consortium must: 1) notify the CoAEMSP within fifteen (15) calendar days in writing, on letterhead, signed/dated by the Dean or higher; 2) provide a copy of the letter of withdrawal from the consortium partner with the effective date of the withdrawal. The remaining partner(s) must determine if they will pursue another partner or withdraw their application from the accreditation process within the timeframe established by the CoAEMSP.

If Voluntary Withdrawal is the decision, the consortium must: 1) submit an official request for Voluntary Withdrawal letter, signed/dated by the President/CEO of the consortium using the template letter provided by CoAEMSP; 2) provide a roster of all currently enrolled students with their email address and on-time graduation date; 3) and pay all applicable fees until the effective date of withdrawal is determined either by CoAEMSP or CAAHEP.

## XV. Request for Reconsideration of an Adverse Recommendation

- A. When the CoAEMSP Board of Directors first formulates a recommendation of Withhold of Accreditation, Probationary Accreditation, or Withdrawal of Accreditation, the President/CEO of the sponsor will be notified in writing of that CoAEMSP recommendation to CAAHEP. The sponsor will have fourteen (14) calendar days after receipt of that written notice (sent certified mail, return receipt requested or by electronic notice with evidence of receipt) to request reconsideration of that recommendation or to request voluntary withdrawal of its accreditation or application.
- B. The notification will include the specific areas where the program was found deficient (CAAHEP *Standards* cited), the rationale for those citations, and the suggested documentation by which the program may demonstrate its compliance with the CAAHEP *Standards*.
- C. If the program does not request reconsideration by the deadline, the original CoAEMSP recommendation is forwarded to CAAHEP with the correspondence documenting that the program was notified of its rights and that due process was followed.
- D. If the program requests reconsideration, it is notified of a deadline to submit additional (new) material for consideration by the CoAEMSP.
- E. The CoAEMSP will place reconsideration of the original recommendation on its next agenda following the program's deadline for submission of materials.
- F. The CoAEMSP presents a proposed recommendation for the reconsideration action by the CoAEMSP Board of Directors based on all the materials at the time of the original recommendation as well as all new materials submitted by the Program. For programs holding a Letter of Review (LoR), the CoAEMSP formulates a separate recommendation on the status of the LoR.
- G. The CoAEMSP Board of Directors formulates a recommendation to CAAHEP for:
  - 1. Initial Accreditation or Withhold Accreditation for programs holding a Letter of Review, or
  - 2. Continuing Accreditation, Probationary Accreditation, or Withdrawal of Accreditation for currently accredited programs, including the CAAHEP *Standards* cited, the rationale for each citation, and the suggested documentation to correct each citation.
- H. If the CoAEMSP Board of Directors formulates a recommendation that could change the CAAHEP accreditation status of the program, the recommendation is forwarded to CAAHEP along with the correspondence documenting that the Program was notified of its rights and that due process was followed.

- I. If the CoAEMSP Board of Directors formulates a recommendation that would not change the CAAHEP accreditation status, but includes citations, the recommendation is not forwarded to CAAHEP, and a Progress Report is requested of the Program.
- J. CAAHEP provides a program's sponsor institution the mechanism to appeal an accreditation decision to withhold or withdraw accreditation.

## XVI. Personnel

Key Personnel include President/CEO, Dean or comparable administrator, Program Director, Medical Director, and, if applicable, Satellite Lead Instructor.

The same individual cannot simultaneously hold the position of Program Director and the position of Medical Director.

LoR programs must have a qualified Program Director and Medical Director at all times.

The CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*, Appendix A, Section 3.a. requires that a program inform the CoAEMSP and CAAHEP of changes.

Failure of the program to meet any of the key personnel notification requirements may result in Administrative Probation (see Policy III.I.).

### A. Vacancy of Personnel

For purpose of this section, a vacancy is defined as the permanent loss (e.g., resignation, retirement or relieved of duty) Key Personnel.

1. The CoAEMSP must be notified of Key Personnel vacancies no later than thirty (30) calendar days following the effective date of the vacancy.
2. Vacancy of Program Director and/or Medical Director:  
Within thirty (30) calendar days following the effective date of the vacancy for Program Director (Permanent or Interim) or Medical Director the program must submit all required personnel documentation using the Personnel Changes procedure on [www.coaemsp.org](http://www.coaemsp.org).

### B. Absence of Program Director or Medical Director

For the purpose of this section, an absence is when the individual holding the permanent Program Director or Medical Director position is on approved leave (e.g., sabbatical, illness, leave of absence).

When an absence is expected to last more than thirty (30) calendar days, the program must notify the CoAEMSP of that absence no later than thirty (30) calendar days following the start of the absence.

If the absence is expected to exceed ninety (90) calendar days for the Program Director, an Interim replacement for the Program Director must be appointed within thirty (30) calendar days following the start of the absence using the Personnel Changes procedure on the CoAEMSP website. If the absence is expected to exceed ninety (90) calendar days for the Medical Director, an Acting Medical Director must be appointed within thirty (30) calendar days following the start of the absence using the Personnel Changes procedure on the CoAEMSP website.



## C. Change of Program Director

### 1. Program Director

When a sponsor appoints a new Program Director who meets CAAHEP *Standards* III.B.1-6, the individual is considered to be provisionally approved by CoAEMSP until attendance at a Fundamentals of Accreditation Workshop for the EMS Professions presented by CoAEMSP is verified. The Fundamentals of Accreditation Workshop for the EMS Professions must be completed within fifteen (15) months prior to or fifteen (15) months after the appointment. For programs seeking the CoAEMSP Letter of Review (LoR), appointment is considered to begin with the submission of the LoR Application.

### 2. Interim Program Director

- a. The sponsor may appoint an Interim Program Director.
- b. Only programs that hold CAAHEP Accreditation may appoint an Interim Program Director. CoAEMSP Letter of Review (LoR) programs cannot appoint an Interim Program Director.
- c. For CAAHEP-accredited AEMT programs, Interim Program Directors that meet CAAHEP *Standard* III.B.1.b. with or without an Associate's degree may be appointed for a maximum of fifteen (15) months from the date of the vacancy/absence. The fifteen (15) months is continuous, regardless of the number of interim individuals appointed during that period, and cannot be extended.
- d. For CAAHEP-accredited Paramedic programs, Interim Program Directors that meet CAAHEP *Standards* III.B.1 with or without a Bachelor's degree may be appointed for a maximum of fifteen (15) months from the date of the vacancy/absence. The fifteen (15) months is continuous, regardless of the number of interim individuals appointed during that period, and cannot be extended.
- e. An Interim Program Director is not required to attend a Fundamentals of Accreditation Workshop for the EMS Professions presented by CoAEMSP.

## D. Change of Medical Director

### 1. Medical Director

- a. When a sponsor appoints a Medical Director who meets CAAHEP *Standards* III.B.2.b.1-5, formal approval of the Medical Director will be issued. A replacement meets all the qualifications of the applicable CAAHEP *Standards* and is appointed to fulfill all of the duties and responsibilities of the position.
- b. Medical Directors who have been in this position continuously from date of hire prior to the 2023 CAAHEP *Standards* who do not meet the board certification requirement prescribed under the current CAAHEP *Standards* may continue in the role of Medical Director with that program, so long as that program continuously maintains CAAHEP accreditation. Should there be a change in the Medical Director, the new Medical Director must meet 2023 CAAHEP *Standards*.

### 2. Interim Medical Director

- a. Interim Medical Directors that meet either CAAHEP *Standards* III.B.2.b.1-5 or CAAHEP *Standards* III.B.2.b.2-5 with or without board certification (CAAHEP *Standard* III.B.2.b.1)

may be appointed for a maximum of twelve (12) months. This twelve (12) month period begins from the date of the absence or vacancy.

- b. If it appears that the absence/vacancy will exceed twelve (12) months, the program may request prior approval from the CoAEMSP for an additional six (6) months.
- c. If it appears that the absence/vacancy will exceed eighteen (18) months, a request for prior approval of a further extension of up to six (6) months may be submitted to the CoAEMSP for consideration. However, in no event may a Medical Director position be held by interim personnel for more than twenty-four (24) months.
- d. The CoAEMSP must confer with the Chair of the CoAEMSP Board of Directors prior to approving any extension beyond the initial twelve (12) month period.

## **E. Failure to Fill Program Director or Medical Director Position**

1. Failure to fill the Program Director position following CoAEMSP policy, either on an Interim or Permanent basis, may result in Probationary Accreditation which could ultimately lead to Withdrawal of Accreditation.
2. Failure to fill the Medical Director position following CoAEMSP policy, either on an Interim or Permanent basis, may result in Probationary Accreditation which could ultimately lead to Withdrawal of Accreditation.

## **F. Adding/Changing an Associate Medical Director or Assistant Medical Director**

1. Addition of an Associate Medical Director or Assistant Medical Director: the individual must meet all the qualifications of CAAHEP *Standard* III.B.3.b. or III.B.4.b and is appointed to fulfill all of the duties and responsibilities of the position as outlined in the applicable CAAHEP *Standards*. Notification to the CoAEMSP is not required; however, documentation of changes will be maintained by the program.

## **G. Adding/Changing a Satellite Lead Instructor**

1. When there is an addition of a Lead Instructor, the individual must meet all the qualifications of CAAHEP *Standard* III.B.6.b. and is appointed to fulfill all of the duties and responsibilities of the position as outlined in the applicable CAAHEP *Standards*. Notification to the CoAEMSP is not required; however, documentation of changes will be maintained by the program.
2. When there is an addition, change, or vacancy of a Lead Instructor for a satellite, the CoAEMSP must be notified no later than thirty (30) calendar days following the effective date of the addition, change, or vacancy.
3. In the event that the approved Lead Instructor for a satellite vacates the position and the program intends to replace this position, the program must fill the vacancy with an individual meeting current CAAHEP *Standards*.

4. Within thirty (30) calendar days following the effective date of the addition, change, or vacancy of the Lead Instructor for a satellite, the program must submit all required personnel documentation using the Personnel Changes procedure on [www.coaemsp.org](http://www.coaemsp.org).

## **H. Administrative Personnel**

Notification of Change in Administrative Personnel (e.g., President/CEO, Dean) must be submitted to the CoAEMSP within thirty (30) calendar days of the change using the Personnel Changes procedure on [www.coaemsp.org](http://www.coaemsp.org).

## XVII. Interpretations of CAAHEP Standards

The CoAEMSP has developed a companion document that contains interpretations of the CAAHEP *Standards*. The interpretations are adopted by CoAEMSP through policies. The interpretations are not part of the CAAHEP *Standards* document and are subject to change by CoAEMSP.

See CoAEMSP Interpretations of the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* on [www.coaemsp.org](http://www.coaemsp.org).

### A. Public Comment Period

The CoAEMSP seeks input from the various stakeholder groups regarding the interpretations of the CAAHEP *Standards*. In addition to opportunities to provide input to CoAEMSP staff at workshops, conferences, and other routine communication through phone and email contact, an additional path for communication is an open public comment period for proposed changes to the CAAHEP *Standards* Interpretations document.

1. The CoAEMSP meets twice annually or as necessary and may draft updates to the *Interpretations* document.
2. The *Interpretations* draft language will be reviewed and approved for public comment by the CoAEMSP Board of Directors.
3. The draft will be subject to the thirty (30)-day moratorium on release of information from the Board meeting.
4. Following the conclusion of the moratorium, a draft of substantive changes to the *Interpretations* will be published by the following methods:
  - a. The CoAEMSP electronic update distributed to all Program Directors and subscribers
  - b. A direct electronic communication to Program Directors of all CAAHEP accredited and CoAEMSP Letter of Review (LoR) programs
5. The above communications will include a link to an electronic survey tool which will provide an opportunity to comment.
6. The public comment period will be open for 45 days. The CoAEMSP Board is not required to consider comments received after the published public comment period deadline.
7. The CoAEMSP Board will review the comments submitted for consideration of any additional changes to finalize the Interpretations language and will be published by the methods identified above as final following the 30-day moratorium.

## B. Resource Assessment

The resource assessment process must be distinctly separate for AEMT and Paramedic programs.

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in the CAAHEP *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 analyzed and are 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.

## C. Graduate and Employer Surveys

The graduate and employer surveys must be distinctly separate for AEMT and Paramedic programs.

1. **Graduate surveys:** a survey sent to each program graduate no sooner than six months and no later than twelve months following graduation to assist the program in assessing strengths and areas for program improvement.
2. **Employer surveys:** a survey sent to the employer of each program graduate no sooner than six months and no later than twelve months following graduation to assist the program in assessing strengths and areas for program improvement.

## XVIII. Data Use Policy

The Board of Directors of the CoAEMSP recognizes the value of data collected via the Annual Report, Self-Study Report, Site Visit Report, and other official data sources and realizes the importance of making such data available to researchers. The CoAEMSP encourages the use of official accreditation related records and data for legitimate research purposes under the following conditions:

- A. Access to CoAEMSP data will be determined and approved by the Executive Director, Chair of the Board, and Chair of an appointed Ad-Hoc Data Subcommittee for one of the following purposes:
  - 1. **Research purposes for publication.** To test a stated hypothesis or answer a specific research question. A request for authorization for use of CoAEMSP data requires, at minimum, the submission of the following documents:
    - a. CoAEMSP Data Request Form (See Appendix 1)
    - b. Research Proposal Form (See Appendix 2)
    - c. Data Distribution Agreement (See Appendix 3)
    - d. Submission of CoAEMSP Conflict of Interest Statement (See Appendix 4)
    - e. Submission of Institutional Review Board (IRB) approval
  - 2. **Research purposes not for publication.** Where data will be used for project investigation that is not intended to be published in a peer-reviewed journal or any other media. A request for authorization for use of CoAEMSP data requires a minimum of the submission of the following documents:
    - a. CoAEMSP Data Request Form (See Appendix 1)
    - b. Submission of CoAEMSP Conflict of Interest Statement (See Appendix 4)
- B. The CoAEMSP, at its sole discretion, is responsible for ruling on the merit of the request for data. Approval for use of data will be based upon, but not limited to, the following criteria:
  - 1. The value and importance of the research to EMS education
  - 2. The integrity of the hypothesis and the appropriateness of the proposed research methodology
  - 3. Assurance that the data can support testing of the hypothesis
  - 4. Financial considerations or burden placed on CoAEMSP
  - 5. Qualifications to do the research
  - 6. Record of published research in refereed journals and prior research projects

Requests must include an official institutional human subject review board approval prior to data release.

- C. All expenses incurred by the CoAEMSP as a result of the project (e.g., personnel costs, use of copiers, telephones, etc.) will be reimbursed at cost. In addition, a non-refundable/non-transferable data usage fee will be determined by the Executive Director in consultation with the Chair of the Board, Chair of the appointed Ad-Hoc Data Committee, and the Executive Committee. Additional fees may be assessed based on the complexity of data and as

needed if future requests are made for additional information within the scope of the original project.

- D. All data, surveys and reports remain the property of the CoAEMSP.
- E. The CoAEMSP reserves the right to review and comment on the final manuscript/report prior to publication.
- F. If the data requested is to be used for publication of any additional manuscripts not proposed in the initial application, then the principal investigator must submit another application to the CoAEMSP requesting the use of that data for those additional manuscripts.
- G. The following statement must be published in the manuscript.

“The author wishes to thank the CoAEMSP for permission to use program records and for technical assistance. The analysis and opinions contained in the manuscript are those of the author(s). All compilations of data from the records made available were prepared by the author(s) who is/are solely responsible for the accuracy and completeness of the compilations. CoAEMSP is not a party to nor does it sponsor or endorse the conclusions or discussions in the manuscript.”



## Appendix 1: CoAEMSP Data Request Form

### Type of Request (Please check one)

- ☐ Non-Research Information Request  
☐ Research Proposal Request

Name of Requestor / Principal Investigator: \_\_\_\_\_

Affiliation/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Contact Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

What research question is intended to be answered by the data? \_\_\_\_\_

What specific data will be collected? \_\_\_\_\_

Explain the intended use of the data. \_\_\_\_\_

If a manuscript will be submitted for publication, indicate the intended journal. \_\_\_\_\_

-----  
(For CoAEMSP Use Only) Approved

- ☐ Approved  
☐ Denied

Explanation: \_\_\_\_\_

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Ad-Hoc Data Subcommittee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, CoAEMSP Board

\_\_\_\_\_  
Date

## Appendix 2: CoAEMSP Research Proposal Form

The following form is to be completed for all research proposals.

Please e-mail a single, complete PDF file with the CoAEMSP Data Request Form, Research Proposal Form, and the Data Distribution Agreement to:

Dr. George Hatch, Executive Director  
[george@coaemsp.org](mailto:george@coaemsp.org)

Research proposals must address all the sections listed below. Place the pages in the following order and number the pages consecutively, beginning with the title page.

1. Title of Study:
2. Investigator Information
3. Research Abstract
  - a. Objective
  - b. Methods
  - c. Discussion
  - d. References
4. Consent

A brief description of each section of the research proposal abstract is included below.

**Title:** The title should be brief, specific, and clear while stimulating interest. The title should not contain abbreviations.

**Investigator Information:** List the full names of all investigators, degrees, and institutional affiliations. If a large research or investigative group is submitting the proposal, the use of a collective study group name is encouraged.

**Abstract:** The abstract must consist of the following four (4) sections:

- **Objective.** Include a clear statement of the study purpose and/or the hypothesis. Any information, such as past work or controversy, that may add credibility to the need for the study should be included here.
- **Methods.** Include the following elements if relevant: study design, population, observations or key outcome measures, analytical methods, and any other relevant methodology.
- **Discussion.** Include a statement about how the study objective will enhance an understanding of the issue under investigation. Brief justification and interpretive statements should be included here.
- **Literature Review:** List citations in consecutive numerical order.

## Appendix 3: CoAEMSP Data Distribution Agreement

### ***Statement of Intended Use of CoAEMSP Data***

Principal Investigator: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address of Principal Investigator: \_\_\_\_\_

Study Title: \_\_\_\_\_

It is agreed as follows:

- The principal investigator must provide evidence that the research project has been approved by an official Institutional Review Board prior to the release of any data by the CoAEMSP.
- The CoAEMSP data requested for this study is to be used solely for the above stated research project.
- This agreement applies solely to the research project stated above and described in Appendix
- B. Additional research projects based on the release of these data must be resubmitted to the CoAEMSP for review and approval.
- This agreement for use of CoAEMSP data is non-transferable. Substantive changes made to the research project described above and/or the appointment of a new principal investigator will require the completion of a new “Data Distribution Agreement” form.
- The CoAEMSP data will not be used, either alone or in conjunction with any other information in any manner whatsoever to identify individuals or educational programs from which the data was obtained.
- Prompt publication of the results of the research project described above is encouraged. The principal investigator agrees to provide to the CoAEMSP a copy of any abstract or manuscript once it has been accepted for publication or presentation. The copy must be submitted to the CoAEMSP a minimum of forty-five (45) days prior to publication or presentation in order to permit review and comment by the CoAEMSP. In addition, it is understood that the CoAEMSP retains the right of rebuttal to the journal of record.
- Each manuscript/abstract will be reviewed by the CoAEMSP for consistency of data interpretation with previous publications.
- The principal investigator agrees to provide a copy of any and all published work resulting from the use of CoAEMSP data to the CoAEMSP.

- The principal investigator agrees to acknowledge the contributions of CoAEMSP in any and all presentations, disclosures, and publications resulting from the study described above.
- All survey instruments, survey items, and survey data remain the sole property of CoAEMSP.

---

Signature of Principal Investigator

---

Date

## Appendix 4: CoAEMSP Conflict of Interest Statement

Research reviewed by the CoAEMSP must be accompanied by disclosure (for all researchers, their spouses, and their dependent children) of any Financial Interest in the research under review. Financial Interest means (i) anything of monetary value that could reasonably appear to be affected by the research, or (ii) anything of monetary value in entities whose interests could reasonably be affected by the research. Financial Interest includes, but is not limited to, (i) salary and other payments for services (e.g., consulting fees or honoraria); (ii) equity interests (e.g., stocks, stock options or other ownership interests); and (iii) intellectual property rights (e.g., patents, copyrights and royalties from such rights). Disclosure is required at the time of application to the CoAEMSP.

Name: \_\_\_\_\_

Telephone Number & E-mail Address: \_\_\_\_\_

Role in Project: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Program Sponsor or Other Entity Providing Support: \_\_\_\_\_

Declaration Regarding Financial Interest (Please check as appropriate)

- ☐ I hereby declare that I, my spouse, and my dependent children have NO FINANCIAL INTEREST in the research described in this application.
- ☐ I hereby declare that the ATTACHED DISCLOSURE OF FINANCIAL INTERESTS accurately represents any and all such interests currently held by myself, my spouse, and my dependent children in the research described in this application.
- ☐ I will promptly update this Declaration should the relevant Financial Interests of myself, my spouse, or my dependent children change during the conduct of this research, or within one year following the completion of this research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix 5: CoAEMSP Disclosure of Financial Interests

Name: \_\_\_\_\_

I, my spouse, or dependent children:

- ☐ Own stock or have stock options or other equity interests in the sponsor or product  
(*Do not include stock held in a mutual fund*)
  - ☐ Serve in a managerial position with the sponsor Act as a paid consultant for the sponsor
  - ☐ Serve as member of an advisory or administrative board of the sponsor
  - ☐ Receive payment(s) of any type from the sponsor or any other party (e.g., grants, consulting fees, salary, payments for board membership, honoraria, retainers, etc.)
- a. If you do expect to receive payment from the sponsor, please indicate below what this payment is for (i.e., grants, consulting fees, salary, payments for board membership, honoraria, retainers, etc.).
- b. If you do receive payment from the sponsor, how much did you receive in the last twelve (12) months?
- c. How much do you expect to receive in the next twelve (12) months?
- ☐ Have intellectual property rights, patents, trademarks, copyrights, royalties, or other financial or proprietary interests in the research
  - ☐ Have any of the relationships noted above with a competitor of the sponsor
  - ☐ Have equity interests, intellectual property rights, patents, copyrights, proprietary interests, financial interests, or commitments of any kind, in addition to what was disclosed above, which may be perceived as a conflict of interest, as affected by the result of this research.

Please describe any steps taken to minimize conflict or bias. Use additional sheets if needed. If no steps are being taken to manage the financial interests disclosed above, explain clearly why you think such steps are not needed. If a previously approved plan remains in effect, so indicate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix 6: Advanced Placement/Prior Learning Assessment (PLA)

Prior learning assessment (PLA) awards credit for advanced placement through the assessment of knowledge acquired and how that knowledge translates into specific courses. (American Council on Education). In order for a program to grant PLA credit to be used for advanced placement, a mechanism must be in place that evaluates and documents evidence of acquisition of competency in the cognitive, psychomotor and affective domains that meet all of the competencies listed in the National EMS Education Standards for specific credit being awarded. Evidence may include but is not limited to documentation from:

- a. Military training - formal evaluation of military occupations and training.
- b. Certifications - national certifications that have been developed to meet EMS industry/professional standards and award credit for students holding these certifications.
- c. Exams and psychomotor testing - program formative and summative examinations in the cognitive and psychomotor domains that attest to competency of requisite knowledge and skills relevant to the coursework being sought.
- d. Portfolio assessment - in a portfolio, the knowledge and skills gained through work and other experiences are documented. This can be accomplished through clinical competency evaluations and confirmed by a current medical practitioner with an education level that is equal to or higher than the professional level of the course.

A variety of methods can be used to award credit towards advanced placement in a program for a single individual. Most often, this entire process is tailored to the specific individual. It is difficult to have one standard PLA process that evaluates a variety of medical professionals seeking advanced placement. It is the responsibility of the program to determine the most appropriate method(s) to assess and document all of knowledge, skills and affect competencies necessary to achieve eligibility for the Paramedic National Registry or other credentialing examination. Regardless of the method(s) used, it must result in clear and defensible documented evidence of how the individual's competencies were evaluated and awarded relevant to the National EMS Education Standards. Affect must also be assessed and evaluated. Regardless of the amount of credit awarded through PLA for advanced placement, every Paramedic candidate must complete a capstone field internship to be eligible for program completion and to sit for the Paramedic National Registry or other credentialing examination.

A program may elect to not offer PLA or advanced program placement. However, the program must still have a PLA/Advanced Placement Policy stating such. A program that does offer PLA/Advanced Placement must have a specific written policy regarding the processes, cost, timeline, and any other relevant information. These policies must be published with all other program policies on the website and in the EMS student handbook for public view.

All advanced placement students must be considered as part of a cohort and documented as such on the annual report. The advanced placement candidate must meet all of the competencies in every content area, competency, and additional knowledge related to the competency areas contained in the National EMS Education Standards in order for the candidate to be eligible for program completion, attestation of competency by the Program Director and Medical Director, and to sit for the Paramedic National Registry or other credentialing exam.



**National EMS Education Standards**

Content Area	Elaboration of Knowledge
<b>Preparatory</b>	EMS Systems Research Workforce Safety and Wellness Documentation EMS System Communication Therapeutic Communication Medical/Legal and Ethics
<b>Anatomy and Physiology</b>	
<b>Medical Terminology</b>	
<b>Pathophysiology</b>	
<b>Life Span Development</b>	
<b>Public Health</b>	
<b>Pharmacology</b>	Principles of Pharmacology Medication Administration Emergency Medications
<b>Airway Management, Respirations and Artificial Ventilation</b>	
<b>Assessment</b>	Scene Size-Up Primary Assessment History Taking Secondary Assessment Monitoring Devices Reassessment
<b>Medicine</b>	Medical Overview Neurology Abdominal and Gastrointestinal Disorders Immunology Infectious Diseases Endocrine Disorders Psychiatric Cardiovascular Toxicology Respiratory Hematology Genitourinary/Renal

Content Area	Elaboration of Knowledge
	Gynecology Non-Traumatic Musculoskeletal Disorders Diseases of the Eyes, Ears, Nose, and Throat
<b>Shock and Resuscitation</b>	
<b>Trauma</b>	Trauma Overview Bleeding Chest Trauma Abdominal and Genitourinary Trauma Orthopedic Trauma Soft Tissue Trauma Head, Facial, Neck, and Spine Trauma Environmental Emergencies Multisystem Trauma
<b>Special Patient Populations</b>	Obstetrics Neonatal Care Pediatrics Geriatrics Patients with Special Challenges
<b>EMS Operations</b>	Principles of Safely Operating a Ground Ambulance Incident Management Multiple Casualty Incidents Air Medical Vehicle Extrication Hazardous Materials Terrorism and Disaster
<b>Clinical Behavior/Judgment</b>	Assessment Therapeutic Communication and Cultural Competency Psychomotor Skills Professionalism Decision-Making Record Keeping Patient Complaints Scene Leadership Scene Safety

## Accreditation Glossary

**Accreditation:** granted by CAAHEP when a program is in compliance with the accreditation Standards. It remains in effect until due process has demonstrated cause for its withdrawal.

**Accreditation Standards:** minimum standards of quality used in accrediting programs that prepare individuals to enter the profession. Standards are the minimum requirements to which an accredited program is held accountable. The accreditation standards for the Emergency Medical Services Professions are the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*.

**Administrative Probation:** enacted when a program has not complied with administrative requirements.

**Agreement(s) for Out-Sourced Services:** When the sponsor partners with one or more organizations to provide resources for the program, which includes but is not limited to instructional services, space, or equipment, there must be a current, written agreement(s) that specifies the responsibilities of the parties. The agreement is separate from a consortium agreement or an articulation agreement. Programs should follow procedures for the approval of alternate locations and satellites, as applicable.

**Alternate Location:** location that is separate from the main campus of the CoAEMSP Letter of Review (LoR) or CAAHEP accredited education program where a portion of the program is conducted which may include skill practice or testing, periodic lecture or other learning activity, or other student assessments. This location does not meet the definition of a satellite and does not offer all the professional didactic and/or laboratory content of the program.

Evidence of adequate resources may be required at the time of the program site visit and may include a description of the learning environment including a floor plan with dimensions, a detailed equipment list, and photos and/or video of the location, equipment, and other available resources.

**Annual Report:** report compiled for a calendar year that programs use to summarize data on credentialing exams, retention, positive job placement, and results of graduate and employer surveys and to benchmark against established metrics.

**Asynchronous learning:** the instructor and students engage with the course content at different times (and from different locations). Students access materials at their own pace. Asynchronous activities may include watching pre-recorded lectures, reading assigned materials, and participating in discussion boards.

**Attrition:** percentage of students in a given cohort who did not complete the program. The Committee requires programs to report attrition in the categories of academic and non-academic reasons, general education courses, and professional courses.

**Campus-Based Program:** primary location (campus) where groups of students attend at least the laboratory (or similar hands-on skills) professional course(s) of the program. The location

would typically be where the Program Director is based. The curriculum may be offered in different scheduling venues (i.e., day, evening, and/or weekend).

**Capstone Experience:** set of activities occurring toward the end of the educational process to allow students to develop and practice high-level decision making by integrating and applying their learning in all educational domains.

**Capstone Field Internship:** provides an opportunity for students to assess and manage patients in the pre-hospital environment where they will progress to the role of Team Leader. The capstone field internship must occur after all core didactic, laboratory, and clinical experiences are completed.

**CAAHEP:** Commission on Accreditation of Allied Health Education Programs and accredits AEMT and Paramedic programs upon the recommendation of CoAEMSP.

**CHEA:** Council for Higher Education Accreditation. CAAHEP is recognized by CHEA in the category of “Specialized and Professional Accrediting Organization”.

**Citation:** statement describing non-compliance with an accreditation *Standard*. The citation includes the text of the relevant *Standard*, the Rationale for the non-compliance, and the suggested documentation to address the non-compliance.

**Clinical Experience:** planned, scheduled, educational student experience with patient contact activities in settings, such as hospitals, clinics, free-standing emergency centers, and may include field experience.

**CoAEMSP:** Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.

**Complaint:** A complaint is a written and signed grievance involving an alleged violation of the Accreditation *Standards* or policies established by CAAHEP and its Committees on Accreditation (CoAs).

**Consortium Sponsor:** entity consisting of two or more members that exists for the purpose of operating an education program. [See accreditation Standard I.A.5]

**Continuing Accreditation:** granted to a program when it is re-evaluated at specified intervals.

**Corporate Organizational Chart:** visual representation/chart that show the overall corporate structure of an organization. For consortium sponsored programs this includes a separate chart for each member to the agreement.

**Cohort:** A group of students enrolled together in the same program, beginning at the same time, and finishing the program together.

**Course:** a series of lectures, discussions, or other lessons in a particular subject.

**Day Venue:** offering of a program in which a cohort of students is expected to complete the program requirements primarily during the “day” hours as defined by the sponsor.

**Distance Education:** means education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

1. The internet;
2. One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
3. Audioconferencing; or,
4. Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).

**Distance Educational Methodology:** educational process in which the majority of synchronous and asynchronous instruction occurs when student and instructor are not in the same place. Distance education includes, but is not limited to, audio, video, and/or computer/internet technologies.

**Employer Surveys:** survey sent to the employer of each program graduate no sooner than six months and no later than twelve months following graduation to assist the program in assessing strengths and areas for program improvement.

**Enrolled:** student who is registered for and participating in academic course(s). For CoAEMSP reporting, students are enrolled after they have completed ten (10) percent of the AEMT or Paramedic core professional coursework.

**Evening Venue:** offering of a program, in which a cohort of students is expected to complete the program requirements primarily during the “evening” hours as defined by the sponsor.

**Field Experience:** planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development, but which does not include field internship (capstone) team leading and does not contribute to the CoAEMSP definition of field internship.

**Field Internship:** planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to critical and emergent patients who access the emergency medical system to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the AEMT or Paramedic level decision-making associated with pre-hospital patients.

**Good standing:** a program holding active status as a CoAEMSP Letter of Review program (LoR) or active initial or continuing CAAHEP accreditation, that is not a suspended or revoked CoAEMSP LoR program, or a program holding CAAHEP Probationary Accreditation for any reason in the past 3 years.

**Governance Body for Consortium:** consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an education program. The members of the consortium must establish a governance body to oversee the education program. Each member

of the consortium must have an equal representation on the governance body. The governance, lines of authority, and roles of each member of the body must be established in the agreement and be reflected in an organizational chart. The governance body is distinctly separate and independent of the program's Advisory Committee.

If the Consortium sponsor has two members, Agency X and Agency Y, it will have a governance body with equal representation from Agency X and Agency Y. For example, if a governance body is comprised of six individuals, three will represent Agency X and three will represent Agency Y. Each governance body must have a Chair elected by its members.

**Graduate Surveys:** survey sent to each program graduate no sooner than six months and no later than twelve months following graduation to assist the program in assessing strengths and areas for program improvement.

**Inactive Status:** Program with accreditation may request a period of inactive status. No students may be enrolled or be matriculated in the program during the time period in which the program is inactive. A program may remain inactive for up to two (2) years, after which, if not re-activated, will have accreditation voluntarily withdrawn.

**Initial Accreditation:** first status of accreditation granted by CAAHEP upon the recommendation of CoAEMSP, to a program that has demonstrated substantial compliance with CAAHEP *Standards*. Initial accreditation is for a period of five (5) years. At any point during the initial accreditation period, a program may be recommended for continuing accreditation or, if warranted, for probationary accreditation.

**Lead Instructor:** When a majority of an individual instructor's duties include teaching, course(s) and/or assisting in coordination of the didactic, lab, clinical, and/or field internship instruction, he or she is considered a Lead Instructor.

**Learning Domains:** categories of teaching/learning/evaluation consisting of cognitive (knowledge), psychomotor (skills), and affective (behavior).

**Letter of Review (LoR):** CoAEMSP status signifying that a program seeking Initial Accreditation has demonstrated compliance with the CAAHEP *Standards* through the Letter of Review Self-Study Report (LSSR), other documentation, and a preliminary site visit.

**Matriculated:** accepted for admission and actively pursuing courses leading to a certificate or degree.

**On-time Graduation:** date on which students complete all the required courses of the program (i.e., all didactic, laboratory, clinical, and field experience, and capstone field internship) in the normal allotted time in the sequence published by the program.

**Portfolio:** skills assessment system that documents the evaluation of the progression of each student over time through individual skills acquisition, scenario labs, and clinical and capstone field internship. It includes both formative and summative experiences. This assessment system should represent best practices in education, measurement and documentation of the affective, cognitive, and psychomotor domains.

**Probationary Accreditation:** temporary status of accreditation granted when a program does not continue to meet CAAHEP *Standards* but should be able to meet them within the specified time.

**Program:** system of curriculum delivery that meets all provisions of the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*.

**Programmatic Organizational Chart:** a visual representation of the program's personnel structure.

**Progress Report:** report required by the CoAEMSP, which addresses one or more deficiencies for which the program was cited. These reports are submitted, as requested by the CoAEMSP, on a periodic basis until all deficiencies have been corrected, and the program has come into full compliance with the CAAHEP *Standards*.

**Public Member:** public member represents consumers of the EMS System on the program Advisory Committee. The individual has a vested interest in the education of EMS providers for quality patient care. The public member is not and has not been:

- employed as an EMS or healthcare provider;
- a member of any trade association or membership organization that is related to the practice of emergency medical services;
- a position named in the CAAHEP *Standards* (e.g., a retired physician, retired employer);
- employed by the sponsor of the educational program;
- a relative of an individual who is employed by the sponsor of the educational program; and,
- in a position with a CoAEMSP LoR Program or CAAHEP-accredited program.

Recommended public members include individuals who have a passion for the quality of EMS patient care such as former patients or family members of patients.

**Retention:** percentage of students who started on the enrollment date and completed all course requirements for graduation.

**Resource Assessment Matrix (RAM):** tool used to compile the results of the standardized Resource Assessment results obtained from annually surveying students, Faculty, Medical Director, and Advisory Committee members. The ratings are calculated, and an action plan is formulated based on the results. The RAM is required each calendar year.

**Satellite:** off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor. The off-campus location(s) must offer all the professional didactic (which may include any distance education delivery modality) and laboratory content of the program. Satellite(s) are included in the CoAEMSP LoR or CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program. The CoAEMSP may establish additional requirements that are consistent with CAAHEP *Standards* and policies.

**Scheduling Venue:** time of day and/or days of the week when curriculum is offered. A campus-based program may be offered in any of the following venues – day, evening, or weekend.



**Site Visit Findings Letter:** official letter program receives following the site visit. The Site Visit Findings Letter is a compilation of the site visit findings and a review of the documentation submitted prior to the site visit, and may have additions, deletions, or modifications from the Site Visit Report.

**Standards:** CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*, which are the minimum requirements to which an accredited program is held accountable.

**Syllabus:** document that describes a body of instruction (e.g., course). It must include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation/program completion (Standard III.C), but often includes the days/times of cohort meetings, required textbooks and other reference materials, attendance policy, evaluations (e.g., test, quizzes, projects, research papers), and grading policy.

**Synchronous Learning:** instructors and students gather at the same time and place (virtual or physical) and interact in real-time. Interactions may be in-person, live-streaming lectures, or participating in video-conference discussions.

**Team Lead:** occurs during the *capstone field internship experience* in which students apply the concepts acquired and demonstrate that they have achieved the terminal goals for learning established by their education program, and are able to demonstrate entry-level competency in the profession including the cognitive, psychomotor, and affective learning domains. The capstone experience occurs after the didactic, lab and clinical, and optional field experience components have been completed and of sufficient volume to show competence in a wide range of clinical situations. A successful team lead should be clearly defined for preceptors and students to assist in inter-rater reliability.

The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.) To be counted as a Team Lead the student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field. For the capstone field internship to meet the breadth of the profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care. Capstone field internship team leads cannot be accomplished with simulation.



**Terminal Competencies:** activities required to successfully complete the program.

**Venue:** see Scheduling Venue

**Weekend Venue:** offering of a program, in which, a cohort of students is expected to complete the program requirements primarily during the “weekend” hours as defined by the program sponsor.

**Withdrawal of Accreditation-Involuntary:** conferred when a program is no longer in compliance with the CAAHEP *Standards*.

**Withdrawal of Accreditation-Voluntary:** granted when a sponsor notifies CAAHEP that it wishes to remove its program from the CAAHEP accreditation system.

**Withhold of Accreditation:** conferred when a program seeking Initial Accreditation is not in compliance with the CAAHEP *Standards*, making it impossible for the CoA to forward a positive accreditation recommendation to CAAHEP.