# Medical Director Review Form

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| --- | --- |
| Program Sponsor/Institution Name: |  |
| CoAEMSP Program Number: | 60xxxx |
| Program Level (select one): | AEMT or Paramedic |

| **Category** | **Topic** | **Signature** | **Date** |
| --- | --- | --- | --- |
| **Curriculum/Courses** |  |  |  |
| Didactic |  |  |  |
| Lab |  |  |  |
| Clinical |  |  |  |
| Capstone Field Internship |  |  |  |
| **Evaluation** |  |  |  |
| **Exams** |  |  |  |
|  | Exam #1 |  |  |
|  | Exam #2 |  |  |
|  | Exam #3 |  |  |
|  | Exam #4 |  |  |
|  | Exam #5 |  |  |
|  | Exam #6 |  |  |
|  | Mid-Term |  |  |
|  | Didactic Final |  |  |
|  | Summative Final |  |  |
| **Program** |  |  |  |
| Course Evaluations |  |  |  |
| Resource Surveys |  |  |  |
| Graduate Surveys |  |  |  |
| Employer Surveys |  |  |  |
| **Clinical/Field Forms** |  |  |  |
| Clinical |  |  |  |
| Field Daily |  |  |  |
| Field Major |  |  |  |
| **Manuals/Documents** |  |  |  |
| Application |  |  |  |
| Student Manual |  |  |  |
| Student Internship Manual |  |  |  |
| Clinical Manual |  |  |  |
| Field Preceptor Manual |  |  |  |
| Program Policy Manual |  |  |  |
| **Other** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Program Director Signature: Date: