**Medical Director Review Form**

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**CoAEMSP Program Number**:

**Paramedic Sponsor/Program Name**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Topic** | **Signature** | **Date** |
| **Curriculum/Courses** |  |  |  |
| Paramedic: Didactic |  |  |  |
| Paramedic: Lab |  |  |  |
| Paramedic: Clinical |  |  |  |
| Paramedic: 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** |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

Program Director Signature:



(Digital or handwritten) Date: