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**Standards and Guidelines
for the Accreditation of Educational Programs in
the Emergency Medical Services Professions**

9 **Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, and**
10 **202x**

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12 **Developed by**
13 **Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions**
14 **(CoAEMSP)**

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16 **Endorsed by**
17 American Academy of Pediatrics
18 American Ambulance Association
19 American College of Cardiology
20 American College of Emergency Physicians
21 American College of Surgeons
22 American Society of Anesthesiologists
23 International Association of Fire Chiefs
24 International Association of Fire Fighters
25 National Association of Emergency Medical Services Physicians
26 National Association of Emergency Medical Services Educators
27 National Association of Emergency Medical Technicians
28 National Registry of Emergency Medical Technicians

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30 and

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32 **Approved by the**
33 **Commission on Accreditation of Allied Health Education Programs**

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36 The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the
37 recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services
38 Professions (CoAEMSP).

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40 These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare
41 individuals to enter the Emergency Medical Services profession. Standards are the minimum requirements to which
42 an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that
43 elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

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45 Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface.*

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48 **Preamble**

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50 The Commission on Accreditation of Allied Health Education Programs (CAAHEP), Committee on Accreditation of
51 Educational Programs for the Emergency Medical Services Professions, and American Ambulance Association,
52 American Academy of Pediatrics, American Ambulance Association, American College of Cardiology, American
53 College of Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists,
54 International Association of Fire Chiefs, International Association of Fire Fighters, National Association of

55 Emergency Medical Services Physicians, National Association of Emergency Medical Services Educators, National
56 Association of Emergency Medical Technicians, and National Registry of Emergency Medical Technicians
57 cooperate to establish, maintain and promote appropriate standards of quality for educational programs in the
58 Emergency Medical Services and to provide recognition for educational programs that meet or exceed the minimum
59 standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational**
60 **Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation
61 process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are
62 designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are
63 published for the information of students, employers, educational institutions and organizations, credentialing
64 bodies, and the public.

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66 These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Emergency
67 Medical Services programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation
68 standards.

70 Description of the Profession

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72 The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and
73 Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT
74 levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP
75 accredited Paramedic and Advanced EMT programs. "Stand-alone" EMT and Emergency Medical Responder
76 programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical
77 Services Professions (CoAEMSP).

79 Paramedic

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81 The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical
82 care for critical and emergent patients who access the emergency medical system. This individual possesses the
83 complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of
84 a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and
85 advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care
86 system.

88 Advanced Emergency Medical Technician

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90 The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced
91 emergency medical care and transportation for critical and emergent patients who access the emergency medical
92 system. This individual possesses the basic knowledge and skills necessary to provide patient care and
93 transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response,
94 under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and
95 advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from
96 the scene to the emergency health care system.

98 Emergency Medical Technician

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100 The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and
101 transportation for critical and emergent patients who access the emergency medical system. This individual
102 possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical
103 Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical
104 Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency
105 Medical Technician is a link from the scene to the emergency health care system.

107 Emergency Medical Responder

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109 The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients
110 who access the emergency medical system. This individual possesses the basic knowledge and skills necessary

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

111 to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at
112 the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS
113 response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal
114 equipment.
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118 STANDARD I. SPONSORSHIP

121 I. Sponsorship

122 A. Program Sponsor

123 A program sponsor must be at least one of the following:

- 124 1. A post-secondary academic institution accredited by an institutional accrediting agency that is
125 recognized by the U.S. Department of Education and must be authorized under applicable law or other
126 acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at
127 the completion of the program.
- 128 2. A post-secondary academic institution outside of the United States and its territories that is authorized
129 under applicable law or other acceptable authority to provide a post-secondary program, which awards
130 a minimum of certificate or equivalent at the completion of the program.
- 131 3. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is
132 recognized by the U.S. Department of Health and Human Services and authorized under applicable
133 law to provide healthcare and authorized under applicable law to provide the post-secondary program,
134 which awards a minimum of a certificate at the completion of the program.
- 135 4. A branch of the United States Armed Forces or a federal, state, or local governmental or municipal
136 agency which awards a minimum of a certificate at the completion of the program.
- 137 5. A consortium, which is a group made up of two or more members that operate an educational program
138 through a written agreement that outlines the expectations and responsibilities of each of the partners.
139 At least one of the consortium partners must meet the requirements of a program sponsor set forth in
140 I.A.1.- I.A.5.

145 Consortium does not refer to clinical affiliation agreements with the program sponsor.

146 *For a distance education program, the location of program is the mailing address of the sponsor.*

151 B. Responsibilities of Program Sponsor

152 The program sponsor must:

- 153 1. Ensure that the program meets the Standards;
- 154 2. Award academic credit for the program or have academic credit accessible to students through an
155 articulation agreement(s); and
- 156 3. Have a preparedness plan in place that assures continuity of education services in the event of an
157 unanticipated interruption.

161 *Examples of unanticipated interruptions may include unexpected departure of key personnel, natural
162 disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other
163 events that may lead to inaccessibility of educational services.*

STANDARD II. PROGRAM GOALS

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement:

- **Paramedic:** “To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”
- **Advanced Emergency Medical Technician:** “To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an emergency medical services professional. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

In this Standard, “field” refers to the Profession.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor employers, physicians, clinical and field internship representatives, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program’s communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.

Program advisory committee meetings may be conducted using synchronous electronic means.

STANDARD III. RESOURCES

III. Resources

A. Resources

1. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes.

Resources must include, but are not limited to

- a. Faculty;
- b. Administrative and support staff;
- c. Curriculum;
- d. Finances;
- e. Faculty and staff workspace;
- f. Space for confidential interactions;
- g. Classroom and laboratory (physical or virtual);
- h. Ancillary student facilities;
- i. Clinical affiliates
- j. Field affiliates;
- k. Equipment;
- l. Supplies;
- m. Information technology;
- n. Instructional materials; and
- o. Support for faculty professional development.

2. Hospital/Clinical, Field Experience, and Capstone Field Internship Affiliations

For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience and capstone field internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including but not limited to:

- 1) Administration, organization, supervision of the program;
- 2) Continuous quality review and improvement of the program;
- 3) Academic oversight, including curriculum planning and development;
- 4) Orientation/training and supervision of clinical and capstone field internship preceptors.

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b. Qualifications

The program director qualifications must include:

- 1) A minimum of a Bachelor's degree or the equivalent to direct a Paramedic program and a minimum of an Associate's degree to direct an Advanced Emergency Medical Technician program from an accredited institution of higher education;
- 2) Documented education or experience in instructional methodology;
- 3) Academic training and experience equivalent to that of a paramedic;
- 4) Experience in the delivery of prehospital emergency care;
- 5) Knowledgeable about the current versions of the *National EMS Scope of Practice* and *National EMS Education Standards*, and about evidenced-informed clinical practice.

It is recommended that the Program Director have a minimum of a Master's degree.

It is recommended that the degree be in a health-related profession, EMS, or education.

It is recommended that the program director is a full-time position.

2. Medical Director

a. Responsibilities

The medical director must

- 1) review and approve (rationale) the educational content of the program to include didactic, laboratory, clinical experience, field experience, and capstone field to ensure it meets current standards of medical practice;
- 2) review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards;
- 3) review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, field experience, and capstone field internship;
- 4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary;

It is recommended that corrective measures occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.

- 5) ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains;
- 6) engage in cooperative involvement with the program director;
- 7) ensure the effectiveness and quality of any Medical Director responsibilities delegated to an Associate or Assistant Medical Director.

It is recommended that the Medical Director interaction be in a variety of settings, such as lecture, laboratory, clinical, capstone field internship. Interaction may be by synchronous electronic methods.

b. Qualifications

The medical director must

- 1) be a physician currently licensed and board certified or equivalent;

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- 2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;
 - 3) have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program;
 - 4) be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions; and,
 - 5) be knowledgeable in teaching the subjects assigned, when applicable.

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It is recommended that the Medical Director be board certified in EMS Medicine or Emergency Medicine.

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3. Associate Medical Director:

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a. Responsibilities

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- 1) Fulfill responsibilities as delegated by the program Medical Director.

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b. Qualifications

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The Associate Medical Director must:

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- 1) be a physician currently licensed and authorized to practice in the state in which assigned program activities with experience and current knowledge of emergency care of acutely ill and injured patients;
 - 2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care; and,
 - 3) be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

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4. Assistant Medical Director

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When the program Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s) of the educational activities of the program, the sponsor must appoint an Assistant Medical Director.

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a. Responsibilities

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- 1) Medical supervision and oversight of students participating in clinical rotations, field experience and/or capstone field internship.

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b. Qualifications

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The Assistant Medical Director must:

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- 1) be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s) with experience and current knowledge of emergency care of acutely ill and injured patients;
 - 2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;
 - 3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care;

- 388 4) be knowledgeable about the education of the Emergency Medical Services Professions,
389 including professional, legislative and regulatory issues regarding the education of the
390 Emergency Medical Services Professions.
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392 *In certain circumstances, such as an out of state satellite location, the program Medical Director may*
393 *delegate program oversight responsibilities to the Associate or Assistant Medical Director under the*
394 *supervision of the program Medical Director.*
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396 **5. Faculty/Instructional Staff**

397 a. Responsibilities

398 For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be
399 qualified individual(s) clearly designated by the program to provide instruction, supervision, and
400 timely assessments of the student's progress in meeting program requirements.
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402 b. Qualifications

403 Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as
404 documented by appropriate professional credential(s)/certification(s), education, and experience in
405 the designated content area.
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407 *For most programs, it is recommended a faculty member assist in teaching and/or clinical coordination in*
408 *addition to the program director. It is recommended that the faculty member be certified by a nationally*
409 *recognized certifying organization at an equal or higher level of professional training than the Emergency*
410 *Medical Services Profession(s) for which training is being offered.*
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412 **6. Lead Instructor**

413 When the Program Director delegates specified responsibilities to a lead instructor.
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415 a. Responsibilities

416 The Lead Instructor must:

- 417 1) Perform duties assigned under the direction and delegation of the Program Director.
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419 *The Lead Instructor duties may include teaching paramedic or AEMT course(s) and/or assisting in*
420 *coordination of the didactic, lab, clinical and/or capstone field internship instruction.*
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422 b. Qualifications

423 The Lead Instructor must possess:

- 424 1) a minimum of an Associate degree;
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426 2) professional healthcare credential(s);
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428 3) experience in emergency medicine / prehospital care;
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430 4) knowledge of instructional methods; and,
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432 5) teaching experience to deliver content, skills instruction, and remediation.
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434 *It is recommended that the Lead Instructors have a Bachelor's degree.*
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436 *The Lead Instructor role may also include providing leadership for course coordination and supervision of*
437 *adjunct faculty/instructors.*
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439 *The program director may serve as the lead instructor.*
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441 **7. Clinical Coordinator**

442 a. Responsibilities

443 The clinical coordinator must:

- 444 1) coordinate clinical education;

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- 2) ensure documentation of the evaluation and progression of clinical performance;
- 3) ensure orientation to the program's requirements of the personnel who supervise or instruct students at clinical and capstone field internship sites;
- 4) coordinate the assignment of students to clinical and field internship sites.

b. Qualifications

The clinical coordinator must:

- 1) have documented experience in emergency medical services;
- 2) possess knowledge of the curriculum; and,
- 3) possess knowledge about the program's evaluation of student learning and performance.

The Clinical Coordinator can be a faculty member with other teaching responsibilities or assignments.

Depending on the program size and staffing structure, the same individual may fill the role and responsibilities of Program Director and/or Lead Instructor and/or Clinical Coordinator.

C. Curriculum

The curriculum content must ensure that the program goals are achieved.

1. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation/program completion.
2. Instruction must be delivered in an appropriate sequence of classroom, laboratory, clinical and activities.
3. The program must demonstrate that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards listed in Appendix B of these Standards.
4. The program must set and require minimum student competencies for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.
5. The capstone field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.

It is recommended that programs establish an on-time graduation date for each cohort and a maximum amount of time to complete all components of the education program.

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

STANDARD IV. STUDENT AND GRADUATE EVALUATION/ASSESSMENT

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains at the completion of all components of the program.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

a. Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

b. The program must track and document that each student successfully meets each of the program established student minimum competency requirements according to patient ages; conditions, pathologies, or complaints; motor skills; and management in lab, clinical, field experience, and field internship.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Established outcomes and assessments must include but are not limited to national or state credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment or volunteering in the profession or in a related profession. The program must meet the outcomes assessment thresholds established by the CoAEMSP.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military may be counted as placed.

It is recommended that a national certification examination program be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.

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2. Reporting

At least annually, the program must submit to the CoAEMSP the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the CoAEMSP that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

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STANDARD V. FAIR PRACTICES

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V. Fair Practices

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A. Publications and Disclosure

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1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.

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2. At least the following must be made known to all applicants and students

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3. At least the following must be made known to all students

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4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national or state credentialing examination(s), programmatic retention, and placement in full or part-time employment or volunteering in the profession or a related profession as established by the CoAEMSP.

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It is recommended that the sponsor develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g., through a website or electronic or printed documents).

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B. Lawful and Non-discriminatory Practices

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All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

605 A program conducting educational activities in other State(s) must provide documentation to CoAEMSP
606 that the program has successfully informed the state Office of EMS that the program has enrolled students
607 in that state.

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609 **C. Safeguards**

610 The health and safety of patients/clients, students, faculty, and other participants associated with the
611 educational activities of the students must be adequately safeguarded. Emergency medical services
612 students must be readily identifiable as students.

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614 All activities required in the program must be educational and students must not be substituted for staff.

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616 **D. Student Records**

617 Grades and credits for courses must be recorded on the student transcript and permanently maintained by
618 the program sponsor in an accessible and secure location. Students and graduates must be given direction
619 on how to access their records. Records must be maintained for student admission, advisement, and
620 counseling while the student is enrolled in the program.

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622 **E. Substantive Change**

623 The sponsor must report substantive change(s) as described in Appendix A to the CAAHEP/CoAEMSP in
624 a timely manner. Additional substantive changes to be reported to CoAEMSP within the time limits
625 prescribed include:

- 626 1. Change in sponsorship
- 627 2. Change in location
- 628 3. Addition of a satellite location
- 629 4. Addition of an alternate location
- 630 5. Addition of a distance learning program

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633 **F. Agreements**

634 There must be a formal affiliation agreement or memorandum of understanding between the program
635 sponsor and all other entities that participate in the education of the students describing the relationship,
636 roles, and responsibilities of the program sponsor and that entity.

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