

Committee on Accreditation of Educational Programs for the  
Emergency Medical Services Professions

# Policies & Procedures for Programs



Credible education  
through accreditation

Approved by the CoAEMSP Board of Directors February 5, 2022 ~~November 5, 2021~~

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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 national voluntary accreditation of Paramedic programs in the United States 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 Committee on Accreditation for the EMS Professions (CoAEMSP) is committed to transparency and consistency in its accreditation activities, and the CoAEMSP *Policies and Procedures 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)), and EMS Program Directors should keep both Manuals available 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 fully 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 by the CoAEMSP to ensure currency and clarity.

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

## CoAEMSP POLICIES & PROCEDURES FOR PROGRAMS

### I. SEEKING ACCREDITATION

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).

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

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. Sponsoring Institutions desiring accreditation should view the information at [www.coaemsp.org](http://www.coaemsp.org).
3. To begin the accreditation process, a completed LoR Application along with the required non-refundable/non-transferable fees must be submitted to the CoAEMSP. The LoR Application is valid for twelve (12) months. Additional non-refundable/non-transferable fees may apply for re-submissions based on unsatisfactory sponsorship and/or core content deficiencies. Upon acceptance of the LoR Application:
  - a. The CoAEMSP approved Program Director of the sponsoring institution must attend a CAAHEP Accreditation Workshop presented by the CoAEMSP within twelve (12) months prior to the submission of the LSSR.
  - b. Verification of workshop attendance by the CoAEMSP approved Program Director is required prior to the submission of a Letter of Review Self-Study (LSSR). The LSSR will not be processed if workshop attendance cannot be verified.
  - c. Programs that do not submit the LSSR within twelve (12) months of workshop attendance will be required to reapply by submitting a completed LoR Application along with the required non-refundable/non-transferable fees.
  - d. Programs must achieve the LoR no later than two (2) years following the date of the original LSSR submission. Programs that do not achieve the LoR within the two (2) year period will be required to follow the reapplication process.
4. The LSSR will be reviewed and an Executive Analysis will be forwarded to the sponsoring institution.

- a. If the LSSR demonstrates compliance with the CAAHEP *Standards*, programs will be approved to conduct 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.
5. 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 & Guidelines*. The site visit will also serve to answer questions and provide guidance.
  6. 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.
  7. 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. 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 Paramedic education program.

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

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)"

- b. Provided the requirements of paragraph "1.B.2.a." 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."

- c. Provided the requirements of paragraph "1.B.2.a." 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.
- d. When the CoAEMSP logo is used, it must be accompanied by the statement in 1.B.2.a or 1.B.2.b.

### 3. Suspension, Revocation, Voluntary Withdrawal or Suspension 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. 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].”

2. 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., catalogues) 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. 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].”

2. 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
  - a. provide the names, email addresses, and on-time completion date of all currently enrolled students, and
  - b. provide the permanent location of student records, and
  - c. provide a teach-out plan, and
  - d. 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:

1. the request authorized by the President/CEO of the sponsor,
2. the date of that request,
3. 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),
4. the names, email addresses, and on-time date of completion of all currently enrolled students, and
5. the permanent location of student records, and
6. a teach-out plan, to include who is responsible to complete the current cohort to point of eligibility for National Registry (or State examination).

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

### d. Voluntary Suspension

1. Programs that hold a **Letter of Review (LoR)** may request a period of voluntary suspension. A program may remain on 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 expire. Any sponsor which has allowed the LoR to expire may be prohibited from re-entering the LoR process for two (2) years beginning on the effective date of the expiration. This prohibition applies to new LoR requests for programs that are "substantively the same".
  - b. When the sponsor has either suspended the LoR or allowed the LoR to expire, a Program Director or official must remain available to continue to validate individual graduate National Registry eligibility.
  - 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.

## C. 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 Letter of Review (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

All documents and communications involved in the accreditation and re-accreditation processes conducted by the CoAEMSP will be in the English language.

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	<p>Program submits ISSR (and all supporting documents) and non-refundable/non-transferable fees.</p> <p>All submissions are via CoAEMSP specified online file sharing application.</p>	<p>Program submits CSSR (and all supporting documents) and non-refundable/non-transferable fees.</p> <p>All submissions are via CoAEMSP specified online file sharing application.</p>
3. CoAEMSP Review	CoAEMSP sends 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 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 put on administrative probation, which can lead to withdrawal of accreditation.
4. CoAEMSP schedules site visit	CoAEMSP works with 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 leaving a <i>Summary of Findings</i> with the program. The program must wait to respond until 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 or alleges inaccuracies).	
7. Program Responds to FL	Program submits the required response to deficiencies in FL, if any.	
8. CAAHEP Recommendation	CoAEMSP formulates confidential recommendation to CAAHEP.	
9. CAAHEP Communication	CAAHEP informs program of its decision and posts the accreditation award letter on their 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;
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.
  - c. 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 in 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>• Associate Medical Director</li> <li>• Assistant Medical Director</li> <li>• 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.
<b><u>CAAHEP Accreditation Workshop attendance</u></b>	<b><u>The permanent Program Director is required to attend a CAAHEP accreditation workshop by the deadline as specified in policy.</u></b>
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 on-site review	The program has agreed to a reasonable date that provides sufficient time for CAAHEP to act on a CoAEMSP recommendation.

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 sponsoring institution undergoes a change of name and/or change of controlling ownership, this information must be submitted to CAAHEP and the CoAEMSP in a letter or 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** (see CAAHEP Policy 207 for procedure)

CAAHEP accreditation cannot be transferred from one program to another. However, sponsorship of a CAAHEP accredited program may be transferred from one educational institution 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, or, the program is required to provide the following:

1. Signed and dated template letter from the President/CEO notifying CAAHEP of Withdrawal of Accreditation
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
4. teach-out plan, to include who is responsible to complete the current cohort to point of eligibility for National Registry (or State examination).

## **M. Change of Location**

In the event of a change of campus location the sponsor must provide the CoAEMSP with the following:

1. signed and dated letter from the President/CEO identifying the location and effective date of the re-location
2. change in Office Contact form for each key personnel affected by the move



## 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 the scheduling of a CAAHEP sanctioned site visit by the CoAEMSP for initial accreditation, no mention of CAAHEP accreditation may be made for the Paramedic program.
2. Once a site visit has been scheduled by the CoAEMSP, a Paramedic education 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.

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

"The [name of 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)

- b. Provided the requirements of paragraph "IV.A.3.a." 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 paragraph “IV.A.3.a.” 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. 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:

“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., catalogues) 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 and Guidelines*. 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 of 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 an Annual Report (AR) by the deadline set by the CoAEMSP. The CoAEMSP will review the Annual Reports of accredited programs. The review consists of outcomes meeting thresholds, other CAAHEP accreditation standards continuing to be met, as well as other information included in the report.

1. All programs (accredited and LoR) must publish their latest annual outcomes results for the National Registry or State Written Exam, Retention, and Positive Job Placement on the 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. If a program fails to meet any single outcome threshold for each year of three (3) consecutive years, the accredited program may be recommended for Probationary Accreditation. LoR programs fails to meet will have their LoR revoked.
6. 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 ~~three (3)~~ **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 and Guidelines* 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 Paramedic program's CAAHEP accreditation and/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 affect 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 Committee Personnel

If a complaint is received about a site visit that alleges that the integrity of the site visit is compromised, an investigation will be conducted and presented to the Chair of the Site Visit Subcommittee, who will assess the facts and will recommend appropriate remedial action to the Executive Committee. If the Executive Committee concurs, appropriate remedial action will be taken.

### B. Complaints about Accredited Programs

1. Complaints must be submitted in writing through the complaint portal of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) at <https://www.caahep.org/Students/Complaint-Policy/File-a-Complaint.aspx>. The complaint must:
  - a. be signed by the complainant (an electronic signature is acceptable);
  - b. contain allegations that are substantially related to one or more CAAHEP *Standards*, policies or guidelines; and
  - c. demonstrate that reasonable efforts have been made to resolve the complaint or that such efforts would be unavailing.
2. A complaint must include an authorization that the complaint may be forwarded to the program for a response. The identity of the complaining party may be kept confidential in the event such authorization is withheld, unless disclosure is required by legal process in a subsequent proceeding. Ordinarily CoAEMSP will not review complaints that are submitted anonymously, but in its sole discretion, may make an exception in the event such a complaint raises credible allegations that an accredited program is not meeting one or more CAAHEP *Standards*, policies or guidelines.
3. The CoAEMSP Executive Director, or their designee, will acknowledge receipt of the complaint in writing to the complainant and refer the complaint to the Executive Committee Chair.
4. The Committee Chair will determine whether the complaint relates to the manner in which the program complies with the *Standards* or follows established accreditation policies.
5. In the event the Committee Chair determines that the complaint does not meet the requirements of sections 1-2 above, the complainant will be notified accordingly within ten (10) business days and given one additional opportunity to provide additional information. If the information is not provided within the timeframe required by the Committee, the complaint will be considered abandoned, but may be refiled.
6. When it is determined that the complaint meets the requirements of items 1-2 above, within twenty (20) business days, the Committee will inform the filing party and share a description of the process and policies

which pertain to handling such complaints. The Committee will notify the Program Director and the chief executive officer of the sponsoring institution of the substance of the complaint and shall request a preliminary investigation and report on the findings within thirty (30) calendar days of the sponsoring institution's receipt of the notice. The response must address the substance of the allegation(s) and include documentation of compliance with the CAAHEP accreditation standards related to the complaint.

7. The Committee Chair will review the complaint and the program's response.

On receipt of the responses referred to above, the Committee shall consider the complaint and all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:

If the investigation reveals the program may not be or may not have been in substantial compliance with the *Standards* or may not have been following the established accreditation policies, one of two approaches shall be taken.

- a. The program may submit a report and documentation within thirty (30) calendar days following the investigation demonstrating the manner in which the substantiated complaint has been corrected. Should the Committee be satisfied with the response, the program, its sponsoring institution, and the party filing the complaint should be notified of the Committee's satisfaction with the resolution of the matter and notice that the program's accreditation status remains unaffected by the complaint.
- b. Should the Committee judge the program or sponsoring institution's response to the complaint inadequate and lacking in evidence of the program's continuing substantial compliance with the *Standards* or adherence to accreditation policies, the Committee may request and arrange for a return site visit of the program as soon as reasonably feasible, but not more than thirty (30) days following the investigation. The purpose of the return site visit shall be limited to an investigation of the complaint and the manner in which it affects compliance with the *Standards* or with accreditation policies. The cost of the return site visit shall be borne by the Committee.
  - 1) Should the Committee, on evidence received through the return on-site evaluation, consider the program to remain in substantial compliance with the *Standards* and in adherence with accreditation policies, the program, its sponsoring institution, and the complaining party shall be notified of this assessment and the fact that the program's current accreditation status remains unaffected by the complaint.
  - 2) Should the Committee consider the evidence of the site visit to indicate the complaint is valid and the program is not in substantial compliance with the *Standards* or with accreditation policies, the said committee shall recommend a change in accreditation status to CAAHEP.

8. Should 7.b.2) pertain, all information regarding the complaint, a full report of its investigation, and the Committee's recommendation shall be transmitted to CAAHEP for consideration and action.

9. In all instances, the complainant will be notified, periodically, of the procedural status of the complaint, including any change in the accreditation status of the program recommended to CAAHEP.
10. CAAHEP and CAAHEP Committees on Accreditation, including CoAEMSP, emphasize that they will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, appointment, promotion, or dismissal. It will act only when it believes practices or conditions indicate the program may not be in substantial compliance with the *Standards* or with established accreditation policies.



## VIII. CONFIDENTIALITY

- A. All information, not otherwise public, regarding specific program accreditation or re- 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 on-site evaluation 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 sponsoring institutions/programs 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 and/or core content deficiencies. The LoR Application will not be reviewed until all fees have been paid.

#### 2. Annual Fee

- a. For accredited and Letter of Review (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.
- b. Each approved satellite location is included on the Annual Fee invoice.
- c. Each approved Alternate Location is included on the Annual Fee invoice.

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

A Self-Study Report Evaluation Fee is due and payable on the date of receipt of the appropriate Self-Study Report in 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 and/or core content deficiencies. Self-studies will not be reviewed until all fees have been paid.

- a. For programs seeking accreditation - upon submission of the LSSR
- b. For programs holding a Letter of Review (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. 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(s) plus the one-time technology fee plus all associated actual costs with the site visit.

## 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. Failure to Notify of a Personnel Change Fee

Programs are required to notify the CoAEMSP of a change in personnel [i.e., President/CEO, Dean (or comparable administrator), Program Director, Medical Director, Associate Medical Director, Assistant Medical Director, Lead Instructor]. Failure to do so within the times prescribed in Policy XV Personnel Changes will be assessed a fee.

## 11. Any program reapplying for a Letter of Review (LoR)

When the program sponsor was previously revoked, withheld, withdrawn, or expired 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 accreditation process.

## 12. Late submission of Findings Letters/Progress Reports and Annual Reports

- a. An additional processing fee will be assessed in accordance with the CoAEMSP Program Fee table for Findings Letters/Progress Reports not received by the specified due date.
- b. An Annual Report Fee is assessed when the original 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, Self-Study Report/Site Visit Fees, Satellite Fees, Alternate Location Fees, and Additional Processing 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 a Letter of Review (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 a Letter of Review (LoR).

## XI. PROGRAM PERSONNEL DEGREE REQUIREMENT

### A. Lead Instructor Degree Requirement

Effective July 1, 2017, all accredited programs or Letter of Review (LoR) programs adding or identifying a Lead Instructor must fill the position with an individual meeting all qualifications prescribed under the current CAAHEP *Standards and Guidelines*, including possession of an Associate Degree. The Associate Degree may be in any area of study.

Lead Instructors *who have been in this position continuously from date of hire prior to the 2015 CAAHEP Standards* who do not meet the Associate Degree requirement prescribed under the current CAAHEP *Standards and Guidelines* may continue in the role of Lead Instructor with that program, so long as that program continuously maintains CAAHEP accreditation. Should there be a change in the Lead Instructor, the new Lead Instructor **must** meet 2015 CAAHEP *Standards*.

## **XII. DISTANCE LEARNING**

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

A formal 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, correspondence study or audio, video and/or computer/internet technologies.

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

The program must provide 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 to 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 Paramedic students in that state.



### XIII. CAMPUS-BASED PROGRAM, ALTERNATE LOCATIONS & SATELLITES

Paramedic 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 CAAHEP accredited Paramedic 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. ~~Alternate location:~~ All sponsoring institution 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 foreign post-secondary institution the alternate location must be located within the same country.
2. Programs ~~must hold CAAHEP accreditation and be in good standing to be~~ **are** eligible to **submit a completed CoAEMSP Request for Approval of an Alternate Location form** (<https://coaemsp.org/resource-library>) **if the following are met. A separate form must be completed for each alternate location request.** (effective January 1, 2021).
  3. Submission by the sponsor of a completed CoAEMSP Request for Approval of an Alternate Location form: <https://coaemsp.org/resource-library>.
    - a. Programs must hold CAAHEP accreditation (i.e., Initial Accreditation or Continuing Accreditation). **Programs holding the status of Administrative Probation or Probationary Accreditation are not eligible for approval of new alternate locations.**
    - b. **Programs must have a permanent 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 or Associate Medical Director cannot provide out-of-state supervision, then the sponsor must appoint an Assistant Medical Director (Standard III.B.4.) that can legally provide supervision for out-of-state location(s). All program Medical Directors required CoAEMSP approval.**

- 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. Alternate 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 cost associated with an alternate location site visit are the responsibility of the program. ~~The CoAEMSP reserves the right to schedule a site visit to the alternate location after review of the CoAEMSP Request for Approval of an Alternate Location form. This site visit to an alternate location shall include a visit to the main campus. All costs associated with an Alternate Location site visit are the responsibility of the program.~~
  4. Payment of the non-refundable/non-transferable annual alternate location fee is required before final CoAEMSP approval will be granted.
  5. CoAEMSP final approval of the sponsor's request for an alternate location must be received prior to delivery of instruction at that location. Failure to obtain CoAEMSP approval for the alternate location may result in a recommendation to CAAHEP for Probationary Accreditation which may lead to Withdrawal of Accreditation.
  6. ~~The program must ensure that all requirements to operate an alternate location are approved in advance by the State Office(s) of EMS in which the main campus and alternate location(s) are located.~~
  6. CoAEMSP tracks each alternate location. CoAEMSP must be notified of the following changes regarding any approved alternate location(s). ~~Changes must be made known to the CoAEMSP regarding any approved alternate location(s).~~
    - Change in location
    - Discontinuation of an alternate location
  7. The additional fee for each alternate location(s) 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 to the main campus 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. ~~Alternate location(s) is/are included in CAAHEP re-accreditation review of the main campus program.~~

11. 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. ~~Satellite location:~~ All sponsoring institution 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 (<https://coaemsp.org/resource-library>) **if the following are met. A separate form must be completed for each satellite location request.** ~~must hold CAAHEP Accreditation and be in good standing to be eligible to request CoAEMSP approval of a Satellite location (effective January 1, 2021).~~
  - a. Programs must hold CAAHEP Accreditation (i.e., Initial Accreditation or Continuing Accreditation). **Programs holding the status of Administrative Probation or Probationary Accreditation are not eligible for approval of new satellite locations.**
  - b. ~~The~~ **Programs must have a permanent Program Director approved by CoAEMSP** ~~to be approved for a new satellite location.~~
  - c. ~~Appointment of a~~ **A Lead Instructor must be appointed who is responsible for on-site coordination for the entirety of the instruction at the satellite location** ~~(effective January 1, 2021 for all new satellite requests).~~
    - i. Lead Instructors who have been in this position continuously from date of hire prior to the 2015 CAAHEP Standards who do not meet the Associate Degree requirement prescribed under the current CAAHEP Standards and Guidelines may continue in the role of Lead Instructor with that program, so long as that program continuously maintains CAAHEP accreditation.
    - ii. Should there be a change in the Lead Instructor, the new Lead Instructor MUST meet the 2015 CAAHEP Standards.
  - d. ~~If the~~ **Programs requesting has a satellite location(s) outside of the state in which the main campus is located ; then the program is are required to have a an Assistant Medical Director that can legally provide supervision for the out-of-state location(s).** ~~If the program's Medical Director or Associate Medical Director cannot provide out-of-state supervision, then the sponsor must appoint an Assistant Medical Director (Standard III.B.4.) that can legally provide supervision for out-of-state location(s).~~ All program Medical Directors require CoAEMSP approval.

- e. Programs ~~requesting approval of a satellite location~~ must demonstrate adequate resources including instructional staffing and oversight by the Program Director as detailed in the ~~Request for Approval of a Satellite location~~ **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. Failure to obtain CoAEMSP approval for the satellite location may result in 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**
    - **Satellite Medical Director**
    - **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** ~~be required to complete an annual Resource Assessment Matrix (RAM) from the main campus.~~
  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.

## **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

### 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 Review Team 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 Review Team 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 CHANGES

Key Personnel include President/CEO, Dean or comparable administrator, and required program personnel to include Program Director, Medical Director, Lead Instructor (if applicable) and Assistant or Associate Medical Director (if applicable).

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 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 will be assessed a non-refundable/non-transferable Failure to Notify of a Personnel Change fee (see Policy IX) and 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 fifteen (15) 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 fifteen (15) 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 permanent~~ Program Director who meets CAAHEP Standards III.B.1-6, the individual is considered to be provisionally approved. Formal approval of the Program Director will be issued upon verification of ~~until all requirements have been met including verified previous attendance at a CAAHEP Accreditation Workshop presented by CoAEMSP. The CAAHEP~~ or attendance at the Accreditation Workshop must be completed within the fifteen (15) months prior to or fifteen (15) months after the following appointment of the Program Director by the sponsor institution.

### 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. Interim Program Directors that meet either CAAHEP Standards III.B.1-6 or CAAHEP Standards III.B.2-6 without a Bachelor's degree (CAAHEP Standards III.B.1) 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. A Interim Program Director is not required to attend a CAAHEP Accreditation Workshop presented by CoAEMSP.

## ~~D.C.~~ Interim Program Director

1. ~~Interim replacement of a Program Director is only applicable to CAAHEP Accredited Programs.~~
2. ~~An Interim Program Director replacement may or may not meet all the qualifications required in the applicable CAAHEP Standards and is appointed to fulfill all the duties and responsibilities of the position with the vacancy/absence as outlined in the applicable CAAHEP Standards.~~
3. ~~An Interim replacement must possess at least the qualifications of Standard III.B.1.b.2) through 6) or Standard III.B.2.b as applicable (see CAAHEP Standards and Guidelines).~~
4. ~~A program may have an Interim Program Director replacement(s) for a maximum of twelve (12) months. This twelve (12) month period begins from the date of the vacancy/absence and cannot be extended. The twelve (12) months is continuous and irrespective of the number of interim individuals appointed during that period.~~

## **F.D.**      **Acting Medical Director**

1. Acting replacement of a Medical Director is only applicable to CAAHEP accredited Programs.
2. An Acting replacement meets all the qualifications of the applicable CAAHEP *Standards* and is appointed to fulfill all of the duties and responsibilities of the position with the vacancy/absence as outlined in the applicable CAAHEP *Standards*.
3. An Acting replacement may fill a Medical Director position for up to twelve (12) months. This twelve (12) month period begins from the date of the absence or vacancy.
4. If it appears that the absence/vacancy is going exceed twelve (12) months, the program may request prior approval from the CoAEMSP for an additional six (6) months.
5. If it appears that the absence/vacancy is going to 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 acting personnel for more than twenty-four (24) months.
6. 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.

## **F.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 Probation 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 Probation which could ultimately lead to Withdrawal of Accreditation.

### ***WHERE APPLICABLE***

## **G.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 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*.
2. When there is an addition, change, or vacancy of an Associate Medical Director or Assistant Medical Director, the CoAEMSP must be notified no later than fifteen (15) calendar days following the effective date of the addition, change, or vacancy.

3. Within thirty (30) calendar days following the effective date of the addition, change, or vacancy the program must submit all required personnel documentation using the Personnel Contact form on [www.coaemsp.org](http://www.coaemsp.org).

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

1. When there is an addition of a Lead Instructor: the individual must meet all the qualifications of 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*.
2. When there is an addition, change, or vacancy of a Lead Instructor, the CoAEMSP must be notified no later than fifteen (15) calendar days following the effective date of the addition, change, or vacancy.
3. In the event that the approved Lead Instructor vacates the position and the program intends to replace this position, the program must fill the vacancy with an individual meeting current CAAHEP *Standards*.
3. Within thirty (30) calendar days following the effective date of the addition, change, or vacancy the program must submit all required personnel documentation using the Personnel Changes procedure on [www.coaemsp.org](http://www.coaemsp.org).
4. In the event the approved Lead Instructor vacates the position and the program does NOT intend to replace this position, the CoAEMSP requires written notification from the Dean or higher within fifteen (15) calendar days of the effective date of the vacancy.

### **H.H. Administrative Personnel**

Notification of Change in Administrative Personnel (e.g., President/CEO, Dean/) must be submitted to the CoAEMSP within fifteen (15) 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 and Guidelines*. The interpretations are adopted by CoAEMSP through policies. The interpretations are not part of the CAAHEP *Standards and Guidelines* document and are subject to change by CoAEMSP.

See CoAEMSP Interpretations of the CAAHEP *Standards and Guidelines*.

### 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 *Standards Interpretations* document.

1. The CoAEMSP Interpretations Committee meets twice annually or as necessary.
2. The Interpretations Committee may draft updates to the *Interpretations* document.
3. The *Interpretations* draft language will be reviewed and approved for public comment by the CoAEMSP Board of Directors.
4. The draft will be subject to the thirty (30)-day moratorium on release of information from the Board of Directors meeting.
5. 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
6. The above communications will include a link to an electronic survey tool which will provide an opportunity to comment.
7. The public comment period will be open for 45 days. The CoAEMSP is not required to consider comments received after the published public comment period deadline.
8. The Interpretations Committee will review the comments submitted for consideration of any additional changes to the draft Interpretations language.
9. Finalized revised draft language will then be forwarded to the CoAEMSP Board of Directors.

10. The Board approved revised language will be published by the methods identified above as final, following the 30-day moratorium.

The effective date will be included in the announcement and will provide a reasonable time for program compliance.

## B. Resource Assessment

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

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

Dr. George Hatch, Executive Director  
CoAEMSP  
8301 Lakeview Pkwy, Suite 111-312  
Rowlett, TX 75088

Research proposals must address all of 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 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 a Paramedic.

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 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 Paramedic 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**

<b>Content Area</b>	<b>Elaboration of Knowledge</b>
Preparatory	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 Gynecology Non-Traumatic Musculoskeletal Disorders Diseases of the Eyes, Ears, Nose, and Throat

Content Area	Elaboration of Knowledge
<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:** conferred when a program has not complied with administrative requirements.

**Alternate Location:** location that is separate from the main campus of the CAAHEP accredited Paramedic 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 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.

**Attrition:** percentage of students in a given cohort who started on the enrollment date but are no longer enrolled in 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 Paramedic learning in all educational domains.

**Capstone Field Internship:** provides an opportunity for students to assess and manage patients in the pre-hospital environment where he/she 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 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.

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

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

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

**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).

**Evening Venue:** offering of a Paramedic program, in which, a cohort of students is expected to complete the Paramedic 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 Paramedic level decision-making associated with pre-hospital patients.

**Governance Board for Consortium:** consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating a Paramedic education program. The members of the consortium must establish a Governance Board to oversee the education program. Each member of the consortium must have an equal representation on the Governance Board. The governance, lines of authority, and roles of each member of the Board must be established in the agreement and be reflected in an organizational chart. The Governance Board 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 Board with equal representation from Agency X and Agency Y. For example, if a Governance Board is comprised of six individuals, three will represent Agency X and three will represent Agency Y. Each Governance Board 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 continuing 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.

**Key Governmental Official:** represents the government at the local or state level, such as but not limited to an individual from the state/local office of EMS, an elected public official, a city council member, a county commissioner, or an individual involved in emergency management.

**Lead Instructor:** When a majority of an individual instructor's duties include teaching, Paramedic or AEMT 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 Accreditation Self Study Report (LSSR) and other documentation.

**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.

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

**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. This assessment system should represent best practices in education, measurement and documentation of the affective, cognitive, and psychomotor domains.

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

**Progress Report:** report required by the CoAEMSP in follow-up to a site visit, 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 and Guidelines*.

**Public Member or potential consumer:** public member represents consumers of the EMS System on the program Advisory Committee. The individual has a vested interest in the education of Paramedics for quality patient care. The public member should not be:

- A current or former employee of the program's sponsor
- A current or former employee of any clinical affiliate or field internship site associated with the Paramedic program
- A current or former student of the Paramedic program
- An employee, member of the governing board, owner, shareholder, or consultant of an EMS education program
- A member or representative of the EMS profession, any trade association or membership organization related to, affiliated with, or associated with the field of pre-hospital care
- An immediate family member of an individual affiliated with the Paramedic 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 (who began Paramedic coursework) who are enrolled, graduated, or stopped-out (i.e., reasonably expected to re-enroll at a later date).

**Resource Assessment Matrix:** 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 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 Paramedic curriculum is offered. A campus-based Paramedic program may be offered in any of the following venues – day, evening, and/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 learning goals, course objectives, and competencies required for graduation (Standard III.C), but often includes the course description, days/times of cohort meetings, required textbooks and other reference materials, attendance policy, evaluations (e.g., test, quizzes, projects, research papers), grading policy, ADA statement, content outline, and weekly topic outline.

**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 Paramedic 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 Paramedic 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 Paramedic program.

**Venue:** see Scheduling Venue

**Weekend Venue:** offering of a Paramedic program, in which, a cohort of students is expected to complete the Paramedic 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.