

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

Credible education through accreditation

CoAEMSP

**Checklist for Program Directors of CoAEMSP Letter of Review Programs**

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The following checklist is a tool to assist you, the Program Director, with managing what is required by CoAEMSP to maintain the CoAEMSP Letter of Review and seek CAAHEP accreditation. The checklist is an internal document for a program’s use. Due dates will differ for each program; therefore, the due date column is empty in many cases. You may fill in the Program’s due date. Where the due date is the same for every program, such as the annual report and annual fee, the date is listed. This checklist is based on the 2023 *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*.

| **What** | **Location** | **Comments** |
| --- | --- | --- |
| **Should have in place** prior **to seeking Initial Accreditation…** |
| **Minimums for patient/skill contacts** CAAHEP *Standards* to reference*:** II.A. Program GoalsAppropriateness of Goals and Learning Domains
* III.B.2.a.2) ResourcesMedical Director – Minimum Numbers
* III.C.4. ResourcesCurriculum – Minimum Numbers
 | Student Minimum Competency (SMC) Recommendations located at[www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | *Note*: the minimum number of patient encounters must be two or more, including each of the pediatric age subgroups.The program’s established minimums for patient encounters must be approved by the program’s Medical Director (documentation of that endorsement) and reviewed by the program’s Advisory Committee (meeting minutes of that review). |
| **Tracking System**CAAHEP *Standards* to reference*:** IV.A.2. Student and Graduate Evaluation/AssessmentDocumentation
 | [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | Detailed patient encounter tracking system, in use for at least one entire class of students (enrollment through graduation) that will show that every student has met the minimum requirements, in each category, as specified in Student Minimum Competency (SMC) Recommendations.Programs may develop their own tracking system or use a commercially available tracking tool. |
| **Clinical & Field Sites**CAAHEP *Standards* to reference:* III.A.2. ResourcesHospital/Clinical Affiliations and Field/Internship Affiliations
 |  | Ensure sufficient clinical and capstone field internship resources necessary to provide every student with the specified number of patient/skill contacts and competencies. |
| **Action Plan for not meeting minimums** |  | Develop an action plan by which students can demonstrate competence on the rare occasion when a student does not get live patient encounters (e.g., high-fidelity simulation). *Note:* the alternative method must encompass the psychomotor and affective learning domains associated with the patient encounter. In other words, a written test alone cannot substitute for a patient encounter.  |
| **Advisory Committee** CAAHEP *Standards* to reference:* II.A. Program GoalsProgram Goals and Outcomes

Composition and responsibilities are detailed in the *Standards*. Evidence must exist to demonstrate that the Advisory Committee plays a substantial role with the program. | [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | The Advisory Committee must include at least one each of the following categories:* students
* graduates
* faculty
* sponsor administration
* employers
* physicians
* clinical and capstone field internship representatives
* the public

The responsibilities are to:* meet at least annually
* assist the program and sponsor personnel in formulating and revising goals
* monitor needs and expectations
* ensure program responsiveness to change
 |
| **Resource Assessment**CAAHEP *Standards* to reference:* III.D. Resource Assessment
 | [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) |  |
| **Validity and Reliability of Major Exams**CAAHEP *Standards* to reference:* IV.A.1. Student and Graduate Evaluation/AssessmentFrequency & Purpose
 |  |  |
| **Outcomes Data Collection**CAAHEP *Standards* to reference:* IV.B.1. Student and Graduate Evaluation/AssessmentOutcomes Assessment
 |  |  |
| **Be Familiar with…** |
| Initial-Accreditation Self Study Report (ISSR) no later than . 🡪 due no later than 6 months after graduation of the cohort that firsts enroll after the date of issue of the LoR.🡪CoAEMSP letter awarding Letter of Review status will have the date. If you cannot locate the letter, contact Lynn at lynn@coaemsp.org). |
| CAAHEP *Standards* | [www.coaemsp.org](http://www.coaemsp.org) or [www.caahep.org](http://www.caahep.org)  |  |  |
| CoAEMSP Interpretations of the CAAHEP *Standards* | [www.coaemsp.org](http://www.coaemsp.org) |  |  |
| CoAEMSP Policies & Procedures (*for programs*) | [www.coaemsp.org](http://www.coaemsp.org) |  |  |
| CoAEMSP + CAAHEP websites | [www.coaemsp.org](http://www.coaemsp.org) and [www.caahep.org](http://www.caahep.org)  |  |  |
| **As Needed** |
| Notify CoAEMSP of Personnel Change |  |  | No later than 30 days following the effective date of vacancy[[1]](#footnote-1) |
| Program Director  | [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | Submit personnel form |
| Medical Director  |
| Associate Medical Director1 |
| Assistant Medical Director[[2]](#footnote-2) |
| Lead Instructor[[3]](#footnote-3) |
| CEO  | Name and contact information is sufficient |
| Dean of health professions (or equivalent) |
| Submit Self Study Report (SSR) | Flowchart of the accreditation process [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | CoAEMSP will notify the program director when the Letter of Review is issued by the CoAEMSP |  |
| Request for Approval of a Satellite Location | [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | Adding a satellite campus? Discontinuing a satellite campus? The CoAEMSP must be notified of all active satellite campuses for **each** location. A Request for Approval of a Satellite form must be submitted and approved prior to the class start date and applicable fees must be paid before final approval is granted. CoAEMSP approves each location. | each location |
| Request for Approval of an Alternate Location | [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | Adding an alternate location? Discontinuing an alternate location? The CoAEMSP must be notified of all active alternate locations for **each** location. A Request for Approval of an Alternate Location form must be submitted and approved prior to the class start date and applicable fees must be paid before final approval is granted. CoAEMSP approves each location. | each location |
| **Annually** |
| Annual Report |  | refer to <https://coaemsp.org/annual-reports-caahep-accredited-programs>  | May 15 |
| Annual Fee | Emailed to Program Director | Invoiced approximately May 1  | July 1 |
| Resource Assessment Matrix (RAM) | Tools available at [www.coaemsp.org](http://www.coaemsp.org)  | Site visit team will review the completed RAMs. | Annually |
|  Personnel [including PD, MD(s), faculty, staff] |  |  |
|  Students |  |  |
| Surveys | [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library) | Administer surveys 6-12 months after graduation | Annually |
|  Graduates |  |  |
|  Employers |  |  |
| Advisory Committee meeting  | Advisory Committee Meeting Minutes form: [www.coaemsp.org/resource-library](http://www.coaemsp.org/resource-library)  | Advisory Committee meets at least annually | Annually |

**WHO TO CONTACT AT CoAEMSP**

|  |  |
| --- | --- |
| *Submissions*: Self Study Reports, SurveyMonkey Questionnaires | Kathryn |
| ShareFile User Names + Passwords | Sarah |
| Accreditation Workshops | Jennifer |
| Paramedic specific content | George Mike |
| Consortium Agreements + Sponsorship  | GeorgeMike |
| Best Practices for Programs | Mike |
| Distance Education | Mike |
| Accreditation Tools  | Jennifer  |
| Accreditation Process | LisaLynn |
| Community Relations | Jennifer |
| Satellite Campus & Alternate Location Approval & Deactivation | Lynn |
| Program Personnel Changes | Lynn |
| Invoices  | Michelle |
| CoAEMSP Letter of Review | Lynn |
| Transfer of Sponsorship | LynnLisa |

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| **Contact information for the CoAEMSP Staff is available on Contact/Staff/Closings page of the About tab on the CoAEMSP Website at** **https://coaemsp.org/coaemsp-contact-staff-members or 214-703-8445** |

1. 1 **Associate Medical Director**: When the program Medical Director ***delegates*** specified responsibilities, the program must designate one or more Associate Medical Directors. [↑](#footnote-ref-1)
2. 2 **Assistant Medical Director**: When the program Medical Director or Associate Medical Director cannot legally provide supervision for ***out-of-state location(s)*** of the educational activities of the program, the sponsor must appoint an Assistant Medical Director. [↑](#footnote-ref-2)
3. 3 **Lead Instructor**: When the ***Program Director delegates*** specified responsibilities to a lead instructor. [↑](#footnote-ref-3)