**Program Director Checklist Sample**

**Paramedic Program**

| **Activity** | **Timing** | **VerifyActivity** |
| --- | --- | --- |
| **Evaluations: Program** |
| *\*Complete the Resource Assessment Matrix*: all groups complete the surveys: students at **closeout** and faculty, Medical Director, and Advisory Committee at the **Advisory meeting.** Complete the RAM annually. | CloseoutAdvisory meetingTabulate RAM at year end |       |
| Evaluate the instructors and/or presentations: recommended **weekly** for new instructors, at least **once during each course** for current faculty. | Weekly new instructorsOnce during each course for current faculty |       |
| Observe each faculty member in the classroom **annually** and complete the *Instructor Classroom Observation* form. | Annually |       |
| Evaluate skill instructors: **frequently** for new instructors, at least **once during each course** for current adjuncts. | FrequentlyOnce during each course for current adjuncts |       |
| Evaluate the Program: end of Program **at closeout.** | At closeout |       |
| Complete *Program Summary Repor*t at the **end of each cohort.** | End of each cohort |       |
| Evaluate the clinical sites (by students and faculty) **annually.** | Students each cohortFaculty annually |       |
| Evaluate the field internship sites by students and faculty **annually.** | Students each cohortFaculty annually |       |
| Evaluate the field preceptors by students (**all**). | Each preceptor |       |
| Send the *\*Graduate Surveys*: **6-12 months** after graduation. | 6-12 months after graduation |       |
| Send the *\*Employer Surveys*: **6-12 months** after graduation. | 6-12 months after graduation |       |
| Complete a SWOT analysis: **annually** with *Action Plan (optional).* | Annually |       |
| Complete a *Long-Range Planning* form: **annually** based on results of feedback and analysis. | Annually |       |
| **Evaluations: Student** |
| Conduct an academic advising session with each student **during each term** and complete the *Student Academic Progress* form. | Each term |       |
| Communicate with Medical Director **frequently** regarding cohort progress and any issues: may be by email or phone. File emails and maintain a log if phone communication. | Weekly |       |
| Complete the *Medical Director Review Form* for students during didactic/lab; clinical; and field internship which is signed by the Medical and Program Director. Keep a copy in the course/cohort file. | During didactic/lab; clinical, field internship |       |
| **Other: Student** |
| Schedule Medical Director in Program activities **multiple times** throughout the cohort: orientation, classroom, psychomotor testing, other course activities. | Multiple timesthroughout the cohort |       |
| Monitor student progression in attaining competencies (grades and skill competency tracking) **frequently.** | Every two weeks |       |
| Complete *Major/High Stakes Exam Analysis* for **each major unit exam, final, and summative examinations.** | Each major unit exam, final, and summative examination |       |
| Monitor clinical visits/contact by faculty **frequently.** | Every two weeks |       |
| Monitor field internship visits/contacts by faculty **frequently.** | Every two weeks |       |
| Monitor capstone field internship preceptor training **as preceptors are added.** Refresh as needed. | As preceptors added |       |
| Complete a final affective behavior evaluation at **closeout** (part of summative evaluation with cognitive and psychomotor). | Closeout |       |
| *Complete a Graduation Checklist*: each student at **closeout.** | Closeout |       |
| *\*Complete Terminal Competency Forms*: each student at **closeout.** | Closeout |       |
| **Other: Administrative** |
| Conduct **monthly** campus staff meetings and maintain minutes/meeting notes. | Monthly |       |
| Maintain and post schedules for **each cohort.**  | Each cohort |       |
| Maintain a cohort file for **each cohort.** | Each cohort |       |
| Monitor that affiliate contracts are current.  | Ongoing |       |
| Screen, onboard, and orient faculty and adjunct instructors. | As needed |       |
| Maintain a personnel file on each staff member. | Ongoing  |       |
| Faculty completes *Professional Development Tracking* **annually.** | Annually |       |
| Hold Advisory Committee meetings at least a**nnually.** | Annually |       |
| Complete the \*CoAEMSP Self-Study Report **as directed.** | Every 5 years |       |
| Submit the program’s response to a Site Visit Findings letter or a Progress Report or **as directed.** | As needed |       |
| Annual accreditation fee to CoAEMSP, billed each May, **due July 1.** | Annually |       |
| Annual accreditation fee to CAAHEP, billed each May, **due July 1.** | Annually |       |
| **As Needed: Student** |
| Conduct interviews for reported incidents **as necessary.** | As needed |       |
| Complete *Student Progress Notes* **as appropriate.** | As needed |       |
| Conduct student counseling and document appropriately **as necessary** on a *Student Counseling* form. | As needed |       |
| Complete a *Performance Improvement Plan* **as necessary.** | As needed |       |

| **Activity** | **Timing** | **VerifyActivity** |
| --- | --- | --- |
| **Changes or adds: Submitted to CoAEMSP within 30 days** |
| \*Program Director | As needed |       |
| \*Medical Director | As needed |       |
| \*Lead Instructor (satellite) | As needed |       |
| \*Dean | As needed |       |
| \*CEO | As needed |       |
| \*Location | As needed |       |
| **Requests** |
| Submit a *Request* for \**Approval of a Satellite location* to CoAEMSP prior to each new satellite location. | As needed |       |
| Submit a *Request* for \**Approval of an Alternate location* to CoAEMSP prior to each new alternate location. | As needed |       |
| Submit a \**Voluntary Closure of a Satellite Location Template Letter* to CoAEMSP to discontinue a satellite location. | As needed |       |
| Submit a \**Voluntary Closure of an Alternate Location Template Letter* to CoAEMSP to discontinue an alternate location. | As needed |       |
| Obtain State approval for courses as required. | As needed |  |
| **Reports** |
| \*CoAEMSP Annual report submitted by: **May 15** | May 15 |       |
| Publish outcomes on webpage by: **May 15**  | May 15 |       |
| Regulatory agency reports as required | As specified |       |

|  |
| --- |
| **\*Indicates a required CoAEMSP form from the Resource Library** |