**Checklist for Program Directors of CAAHEP-Accredited Programs**

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The checklist below is a tool to assist you, the program director, with managing what CoAEMSP requires to maintain CAAHEP accreditation. The checklist is an internal document for the program’s use. Due dates will differ for each program. The date is listed where the due date is the same for every program, such as the annual report and annual fee. This checklist is based on the 2023 *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*.

\*Indicates a required CoAEMSP form from the Resource Library

| **Activity** | | **Timing** | **Verify Activity** |
| --- | --- | --- | --- |
| **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. | | Closeout  Advisory meeting  Tabulate 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 instructors  Once 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. | | Frequently  Once 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 cohort  Faculty annually |  |
| Evaluate the field internship sites by students and faculty **annually.** | | Students each cohort  Faculty 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 times throughout 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 | |  |
| **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 | |  |