



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

**Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, and 2023;
and effective 01/2024**

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

**Endorsed by
American Academy of Pediatrics
American Ambulance Association
American College of Cardiology
American College of Emergency Physicians
American College of Surgeons
American Society of Anesthesiologists
International Association of Fire Chiefs
International Association of Fire Fighters
National Association of Emergency Medical Services Educators
National Association of Emergency Medical Services Physicians
National Association of Emergency Medical Technicians
National Registry of Emergency Medical Technicians**

and

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

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

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

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

Preamble

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

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

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

Description of the Profession

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

Paramedic

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

Advanced Emergency Medical Technician

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

Emergency Medical Technician

The primary focus of the Emergency Medical Technician (EMT) is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency

Emergency Medical Services Professions Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, 2023.

Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Responder

The primary focus of the Emergency Medical Responder (EMR) is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

I. Sponsorship

A. Program Sponsor

A program sponsor must be at least one of the following

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

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

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

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;

2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

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

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have at least one of the following minimum expectations statements for the following program(s) it offers

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

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

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

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

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

B. Program Advisory Committee

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

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

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

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

The program advisory committee minutes must document support of the program required minimum numbers of patient contacts.

III. Resources

A. Resources

1. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to

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

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

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

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

B. Personnel

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

At minimum, the following positions are required: Program Director, Medical Director, Faculty/Instructional Staff.

1. Program Director

- a. Responsibilities

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

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

b. Qualifications

The Program Director qualifications must include

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

It is recommended that the program director have a minimum of a Master's degree.

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

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

2. Medical Director

a. Responsibilities

The Medical Director must be responsible for medical oversight of the program, including but not limited to

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

It is recommended that corrective measures occur in the cases of failing academic or clinical or field internship performance.

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

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

b. Qualifications

The Medical Director must

- 1) Be a physician currently licensed and authorized to practice in the state in which the program is located, and board certified or the equivalent;
- 2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;
- 3) Have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program; and
- 4) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions; and
- 5) Be knowledgeable in teaching the subjects assigned, when applicable.

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

3. Associate Medical Director

When the program designates an Associate Medical Director, the Medical Director must specify the delegated responsibilities.

a. Responsibilities

The Associate Medical Director must

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

b. Qualifications

The Associate Medical Director must

- 1) Be a physician currently licensed and authorized to practice in the state in which assigned program activities occur with experience and current knowledge of emergency care of acutely ill and injured patients;

- 2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care; and
- 3) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

4. 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.

a. Responsibilities

The Assistant Medical Director must

- 1) Provide medical supervision and oversight of students participating in clinical rotations, field experience and capstone field internship.

b. Qualifications

The Assistant Medical Director must

- 1) Be a physician currently licensed to practice in the state or other like jurisdiction and authorized to practice in the jurisdiction where the student(s) are practicing;
- 2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;
- 3) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

In certain circumstances, such as an out of state satellite location, the program Medical Director may delegate designated program responsibilities to the Associate or Assistant Medical Director under the supervision of the program Medical Director.

5. Faculty/Instructional Staff

a. Responsibilities

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

It is recommended a faculty member assists in teaching and/or clinical coordination in addition to the program director.

b. Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

It is recommended that faculty members be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered.

6. Lead Instructor:

a. Responsibilities

When the Program Director delegates specified responsibilities to a lead instructor, the Lead Instructor must

- 1) Perform duties assigned under the direction and delegation of the Program Director.

The Lead Instructor duties may include teaching paramedic or AEMT course(s) and/or assisting in coordination of the didactic, lab, clinical and/or field internship instruction.

The Lead Instructor role may also include providing leadership for course coordination and supervision of adjunct faculty/instructors.

b. Qualifications

The Lead Instructor must possess

- 1) A minimum of an Associate degree;
- 2) A professional healthcare credential(s);
- 3) Experience in emergency medicine / prehospital care;
- 4) Knowledge of instructional methods; and
- 5) Teaching experience to deliver content, skills instruction, and remediation.

It is recommended that the Lead Instructors have a Bachelor's degree.

The Program Director may serve as the Lead Instructor.

7. Clinical Coordinator

a. Responsibilities

The clinical coordinator must

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

b. Qualifications

The clinical coordinator must

- 1) Have documented experience in emergency medical services;
- 2) Possess knowledge of the curriculum; and

- 3) Possess knowledge about the program's evaluation of student learning and performance.

The Clinical Coordinator may be an EMS faculty member with other teaching responsibilities or assignments.

C. Curriculum

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

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

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

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

D. Resource Assessment

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

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

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

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

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

2. Documentation

- a. Student evaluations must be maintained in sufficient detail to document learning progress and achievements.
- b. The program must track and document that each student successfully meets each of the program established student minimum competency requirements according to patient ages; conditions, pathologies, or complaints; motor skills; and management in lab, clinical, field experience, and field internship.

B. Outcomes

The program must meet the established outcomes thresholds set by the CoAEMSP.

1. Assessment

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

Outcomes assessments must include but are not limited to national or state credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment or volunteering in the profession or in a related profession.

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

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

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

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

2. Reporting

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

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

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students:
 - a. Sponsor's institutional and programmatic accreditation status;
 - b. Name and website address of CAAHEP;
 - c. Admissions policies and practices;
 - d. Technical standards;
 - e. Occupational risks;
 - f. Policies on advanced placement, transfer of credits, and credits for experiential learning;
 - g. Number of credits required for completion of the program;
 - h. Availability of articulation agreements for transfer of credits;
 - i. Tuition/fees and other costs required to complete the program;
 - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
 - k. Policies and process for assignment of clinical experiences.
3. At least the following must be made known to all students:
 - a. Academic calendar;
 - b. Student grievance procedure;
 - c. Appeals process;
 - d. Criteria for successful completion of each segment of the curriculum and for graduation; and
 - e. Policies by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain and make available to the public on its website a current and consistent summary of student/graduate achievement that includes the results of one or more of these program outcomes: national or state credentialing examination(s), programmatic retention, and placement in full or part-time employment or volunteering in the profession or a related profession as established by the CoAEMSP.

B. Lawful and Non-discriminatory Practices

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

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

C. Safeguards

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

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

D. Student Records

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

E. Substantive Change

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

1. Change in sponsorship;
2. Change in location;
3. Addition of a satellite location;
4. Addition of an alternate location; and
5. Addition of a distance learning program

F. Agreements

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

APPENDIX A

Application, Maintenance, and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it electronically or by mail to:

CoAEMSP
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CoAEMSP. The on-site review will be scheduled in cooperation with the program and CoAEMSP once the self-study report has been completed, submitted, and accepted by the CoAEMSP.

2. Applying for Continuing Accreditation

- a. Upon written notice from the CoAEMSP, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it electronically or by mail to:

CoAEMSP
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CoAEMSP.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CoAEMSP forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the CoAEMSP and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the CoAEMSP of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the [CoA] that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The CoAEMSP has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.
- c. The sponsor must promptly inform CAAHEP and the CoAEMSP of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CoAEMSP in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CoAEMSP and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CoAEMSP and CAAHEP fees within a reasonable period of time, as determined by the CoAEMSP and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with CoAEMSP policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on an CoAEMSP accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CoAEMSP.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CoAEMSP and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer 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 additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CoAEMSP forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CoAEMSP forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CoAEMSP’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the CoAEMSP forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CoAEMSP’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CoAEMSP arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for

accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

Curriculum Competencies for Educational Programs in the Emergency Medical Services Professions

Appendix B does not contain the complete outline of the competencies required to demonstrate compliance with Standard III.C. For complete information, refer to the *National EMS Education Standards* published by the U.S. Department of Transportation.

Content Area	Advanced EMT	Paramedic
1. Preparatory	Applies knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Integrates knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues intended to improve the health of EMS personnel, patients, and the community.
2. Anatomy and Physiology	Integrates knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS.	Integrates knowledge of the anatomy and physiology of all human systems
3. Medical Terminology	Uses anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals	Integrates anatomical and medical terminology and abbreviations into written and oral communication with colleagues and other health care professionals.
4. Pathophysiology	Applies knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.	Integrates knowledge of pathophysiology of major human systems.
5. Life Span Development	Applies knowledge of life span development to patient assessment and management.	Integrates knowledge of life span development.
6. Public Health	Applies knowledge of the principles of public health epidemiology including public health emergencies, public health monitoring, health promotion and illness and injury prevention.	Applies knowledge of principles of public health and epidemiology including public health emergencies, health promotion and illness and injury prevention.
7. Pharmacology	Applies (to patient assessment and management) knowledge of the medications carried by AEMTs that may be administered to a patient during an emergency and chronic or maintenance medications the patient may be taking.	Integrates knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient
8. Airway Management, Respiration and Ventilation	Applies knowledge of upper airway anatomy and physiology to patient assessment and management in order to assure a patent airway,	Integrates knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the

Emergency Medical Services Professions Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, 2023.

	adequate mechanical ventilation and respiration for patients of all ages.	goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
9. Assessment	Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history and reassessment) to guide emergency management.	Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
10. Medicine	Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.	Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implementation of a treatment/disposition plan for a patient with a medical complaint.
11. Shock and Resuscitation	Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.	Integrates knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.
12. Trauma	Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.	Integrates knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.
13. Special Patient Populations	Applies knowledge of growth, development and aging and assessment findings to provide basic and selected advanced emergency care and transportation for a patient with special needs.	Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a treatment/disposition plan for patients with special needs.
14. EMS Operations	Knowledge of operational roles and responsibilities to ensure patient, public and personnel safety.	Knowledge of operational roles and responsibilities to ensure patient, public and personnel safety.
Clinical Behavior/Judgement		
15. Assessment	Perform a basic history and physical examination to identify acute complaints and monitor changes.	Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient.

	Formulate a field diagnosis based upon an actual and/or potential illness or injury.	<p>Relate assessment findings to underlying pathological and physiological changes in the patient's condition.</p> <p>Integrate and synthesize the multiple determinants of health and clinical care.</p> <p>Formulate a field diagnosis based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology.</p> <p>Perform health screening and referrals.</p>
16. Therapeutic Communication and Cultural Humility	Effectively communicates in a non-discriminatory manner that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome.	Effectively communicates in a non-discriminatory manner that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome.
17. Psychomotor Skills	Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at this level.	Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at this level.
18. Professionalism	<p>Demonstrate professional affective domain behaviors including but not limited to:</p> <ol style="list-style-type: none"> Integrity Empathy/compassion Self-motivation Appearance/personal hygiene Communications Time management Teamwork/diplomacy Respect Patient advocacy Careful delivery of service Lifelong learning 	<p>Is a role model of exemplary professional affective domain behaviors including but not limited to:</p> <ol style="list-style-type: none"> Integrity Empathy/compassion Self-motivation Appearance/personal hygiene Communications Time management Teamwork/diplomacy Respect Patient advocacy Careful delivery of service Lifelong learning
19. Decision Making	Initiates interventions based on assessment findings intended to provide symptom relief (within the provider's scope of practice) while providing access to definitive care.	Performs interventions as part of a treatment plan intended to provide symptom relief and improve the overall health of the patient.

	Evaluates the effectiveness of interventions and modifies treatment plan accordingly.	Evaluates the effectiveness of interventions and modifies treatment plan accordingly. Evaluates decision making strategy for cognitive errors to enhance future critical thinking skills (metacognition)
20. Record Keeping	Report and document assessment findings, interventions performed, and clinical decision making.	Report and document assessment findings, interventions performed, and clinical decision making.
21. Team Dynamics	The entry-level clinician serves as a team member, while gaining the experience necessary to function as the team leader.	The entry-level clinician serves as a team member, while gaining the experience necessary to function as the team leader.
22. Safety	Ensure the safety of the rescuer, other public safety personnel, civilians, and the patient.	Ensure the safety of the rescuer, other public safety personnel, civilians, and the patient.