

**COMMITTEE ON ACCREDITATION OF EDUCATIONAL
PROGRAMS FOR THE EMERGENCY MEDICAL
SERVICES PROFESSIONS**

POLICIES & PROCEDURES



Approved by the CoAEMSP Board of Directors February 2016

**COMMITTEE ON ACCREDITATION OF EDUCATIONAL PROGRAMS FOR
THE EMERGENCY MEDICAL SERVICES PROFESSIONS**

**ACCREDITATION POLICIES & PROCEDURES
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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 the website at: www.coaemsp.org

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.

NOTE: 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 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 NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

A. Letter of Review Process

1. Submit the CAAHEP Request for Accreditation Services (RAS) form.
2. Submit the Letter of review Self Study Report (LSSR), along with the LSSR Invoice Request Form, which details the required fees of first CoAEMSP annual fee (prorated by month of submission of the LSSR), Self Study Report Evaluation fee plus the Technology fee. (see Fees webpage).

NOTE: Program Director - Arrange for an official transcript for a minimum of a baccalaureate degree to be sent directly from the originating college to the CoAEMSP.

2. Accreditation documents (LSSR, RAS, organizational chart, articulation agreement, and consortium sponsorship agreement {if applicable}) are reviewed for meeting the provisions of the designated core content of the Standards
4. The authority to issue the LoR is delegated to the Executive Director, subject to approval by the Chair.
 - a. The Executive Director may recommend to the Chair, a Letter of Review after analysis of the LSSR and any additional material submitted if:
 - 1) The program appears to be in substantial compliance with the core *Standards and Guidelines*, and
 - 2) Such action is consistent with previous similar actions of the CoAEMSP, and
 - 3) The program has met all administrative requirements for the LoR.
 - b. If the core information is not satisfactory, then CoAEMSP will communicate that and wait for re-submission by the program to address the deficiencies.
5. Upon receipt of the LoR, the program must submit the start date of the next enrolled class and the on-time end date of that class (i.e., the "LOR class").

6. The Initial-accreditation Self Study Report (ISSR) is due to the CoAEMSP no later than 6 months after the on-time graduation date of the LoR class.

NOTE: When the complete core content review is conducted, there may be areas that require additional information. Plagiarism in any documents will result in immediate rejection. Additional fees may apply for re-submissions based on unsatisfactory core content deficiencies.

B. During the Letter of Review Period

1. The program must collect the patient contact tracking data in accordance with the minimum required numbers established by the program.
2. Programs are required to submit the specified parts of the annual report by the deadline set by CoAEMSP.
3. Publication of LoR Status:

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

- a. 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 NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

To contact CoAEMSP:
8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
214-703-8445
FAX 214-703-8992
www.coaemsp.org"

- b. Provided the requirements of paragraph "3.a" above have been met, when the sponsor additionally publishes the Letter of Review status of the program, it must state:

"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 "3.a." above have been met, the sponsor may choose, but is not required, to include the program accreditation statement in small publications such as newspaper ads, flyers, pamphlets, etc.

C. Suspension, Revocation, or Voluntary Withdrawal of the Letter of Review

1. In the sole discretion of the CoAEMSP, 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 accreditation 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.
2. If the Letter of Review (LoR) of a program is suspended by CoAEMSP:
 - a. it 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]."

Within 15 calendar days of the suspension, the program must submit to 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.

- b. 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 containing the above language. Any promotional pieces, print advertisements or areas on the program's website that make reference to LoR status must include the above language about suspension.

3. If the Letter of Review (LoR) of a program is revoked by CoAEMSP, it must remove all references to a Letter of Review and CoAEMSP and must 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].”

Within 15 calendar days of the revocation, the program must submit to CoAEMSP a description of how the program informs applicants, and the documentation provided to applicants of the LoR revocation.

4. A program may request voluntary withdrawal of the LoR at any time by officially communicating to CoAEMSP:
 - a. the request authorized by the CEO of the sponsor,
 - b. the date of that request,
 - c. 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),
 - d. the names, email addresses, and on-time date of completion of all currently enrolled students, and
 - e. the permanent location of student records.

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

NOTE: A program official must remain available to continue to validate NREMT eligibility.

NOTE: For any program sponsor that voluntarily withdraws its LoR or has its LoR revoked, the substantially same program sponsor is prohibited from re-entering the LoR process for at least 3 years from the effective date of the withdrawal/revocation. Determination of “substantially same program sponsor” and the duration of the re-entry prohibition 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 first notice 1 year in advance of ISSR due date and sends second notice 6 months in advance of ISSR due date.	CoAEMSP sends notice of the CSSR due date approximately 18 months prior to CAAHEP anniversary date.
2. Program Submission	Program submits RAS, ISSR (and all supporting documents), and fees. All submissions are via web fileshare.	Program submits RAS, CSSR (and all supporting documents), and fees. All

		submissions are via web fileshare.
3. CoAEMSP Review	CoAEMSP sends Executive Analysis (EA) with due dates for additional materials, if applicable. If ISSR is not satisfactory within 30 calendar days, LoR may be suspended, which may lead to withdrawal.	CoAEMSP sends Executive Analysis (EA) with due dates for 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 report leaving UNOFFICIAL copy with program.	
6. Findings Letter (FL)	Program responds to factual accuracy of official site visit report and findings letter (confirms or alleges inaccuracies)	
7. Program Responds to FL	Program uploads 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 action	

III. ACCREDITATION CATEGORIES/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. Initial Accreditation may expire at the end of the five (5) years, if the program has not successfully completed the continuing accreditation process. A program may request reconsideration of CoAEMSP's decision to allow Initial Accreditation to expire. However, CoAEMSP's final decision is not appealable.

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 accreditation *Standards* but should be able to meet them within the specified time.

D. Withhold of Accreditation

...is an action taken when a program seeking initial accreditation is not in compliance with the CAAHEP accreditation *Standards*.

E. Withdrawal of Accreditation (Involuntary)

...is an action taken when an accredited program is no longer in compliance with the CAAHEP accreditation *Standards*.

NOTE: For any program sponsor that has accreditation withdrawn (involuntary), the substantially same program sponsor is prohibited from re-entering the accreditation process for at least 2 year from the effective date of the withdrawal. Determination of “substantially same program sponsor” is at the sole discretion of the CoAEMSP. The program must complete the regular accreditation process documents plus a supplement that specifically describes how the program has satisfactorily addressed the citations that led to the withdrawal.

F. Change of Name/Change of Ownership (does not require CAAHEP Board action)

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.

G. 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 CEO of the sponsor or by another designated individual (NOT the program director).

The request must include the following: the date of enrollment of the last class under CAAHEP accreditation; the date of graduation of the last class under CAAHEP accreditation; and the location where all records will be kept for students who have completed the program.

H. 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.

I. Inactive Status - Voluntary

Programs with continuing accreditation may request a period of inactive status. A program may remain inactive for up to two years. During this time the program is required to pay all CoAEMSP and CAAHEP fees. 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 the appropriate CAAHEP request for Inactive Status letter.

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.

K. Transfer of Sponsorship (see CAAHEP Policy 207 for procedure)

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 fees and informs the new sponsor of these fees.

J. Administrative Probation

... is a temporary status imposed when a program has not complied with administrative requirements.

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, 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	Full payment of fee(s), including processing fees, if applicable, has been received in the CoAEMSP Executive Office, 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 substantially complete electronic ISSR/CSSR has been uploaded to the CoAEMSP web fileshare.
Submission of a Progress Report	A substantially complete Progress Report has been reviewed by the CoAEMSP Review Team assigned to the program.
Submission of the Annual Report	A substantially complete Annual Report has been received electronically in the CoAEMSP Executive Office.
Notification of change in personnel [i.e. President/CEO, Dean (or comparable administrator, billing contact), Program Director, Medical Director, Associate Medical Director, Assistant Medical Director, Lead Instructor]	The Key Personnel Change form and appropriate supporting documentation have been received by the CoAEMSP Executive Office by the deadline, as specified in policy.
Notification of intent to transfer program sponsorship	A letter from the CEO or designee of the current sponsor AND a completed CAAHEP Request for Accreditation Services form from the new sponsor, have been received in the CoAEMSP Executive Office.
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.

IV. MAINTAINING ACCREDITATION

A. Publishing of Program Accreditation Status

1. Prior to the scheduling of a CAAHEP sanctioned site visit by the CoAEMSP, no mention of CAAHEP accreditation may be made for the Paramedic program.
2. Once a site visit has been scheduled by CoAEMSP, a Paramedic 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). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."

and there should be no claims of timelines or when accreditation will 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) 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
25400 US Highway 19 N., Suite 158
Clearwater, FL 33763
727-210-2350
www.caahep.org

To contact CoAEMSP:

8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
214-703-8445
FAX 214-703-8992
www.coaemsp.org”

- b. Provided the requirements of paragraph “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) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).”

- c. Provided the requirements of paragraph “3.a.” above have been met, the sponsor may choose, but is not required, to include the program accreditation statement in small 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) 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 containing the above language. Any promotional pieces, print advertisements or areas on the program’s website that make reference to accreditation status must include the above language about Probationary Accreditation.

B. Progress Reports

Accredited programs may be required to submit one (1) or more Progress Reports to document compliance with the *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, addition of a distance learning program, 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 are required to submit an Annual Report (AR) by the deadline set by CoAEMSP. The CoAEMSP will review Annual Reports of accredited programs. The review consists of outcomes meeting thresholds, other Standards continuing to be met as well as other information included in the report. CoAEMSP will notify programs of any deficiencies and required follow up, including Standardized Progress Reports (SPR), where thresholds are not met.

All programs must publish, preferably in a readily accessible place on their websites, the 3-year review-window average results of the outcomes for: National Registry (or State, as applicable) Written and Practical Exams, Retention, and Positive Placement.

At all times, the published results must be consistent with and verifiable by the on-line Annual Report of the program.

Each year in the Comments tab of the Annual Report, the program must state the website link (or other publication) where its results are published.

Programs not using a website must describe in the Comments tab the publication(s) used and submit those publication(s) as part of the annual report using the Related Documents tab.

E. Comprehensive Review Period

CoAEMSP conducts comprehensive reviews (i.e., self study report and site visit) approximately every five (5) years.

F. State Office Communication Process

The CAAHEP/CoAEMSP accreditation process is a separate process from any state's approval process, even if a state mandates compliance with the CAAHEP *Standards and Guidelines* for state approval.

1. Representative(s) from any program's home state EMS office may accompany a CAAHEP/CoAEMSP site visit team as a non-participant.
2. If a program desires both a national accreditation and a State approval process conducted jointly by the CoAEMSP and the State, the CoAEMSP will cooperate fully with the program's desires.
3. The CoAEMSP site visit report will remain confidential and with the program.
4. The CoAEMSP Executive Office will notify the State EMS office of upcoming site visits once they have been scheduled.

V. SITE VISIT PROCESS

See Site Visitor Manual.

VI. COMPLAINT POLICIES

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. The Executive Office will acknowledge receipt of the complaint regarding a CAAHEP accredited program in writing to the complainant.
2. The Executive Office may request additional information from the complainant.
3. The Executive Committee will determine if the allegation is relevant (i.e. substantially relates to one or more of the *Standards and Guidelines*).
 - a. The Executive Committee will notify the complainant in writing that no action can be taken if the allegation is not relevant.

- b. The Executive Committee will require the program to respond in writing within thirty (30) days to the substance of a relevant allegation, a copy of which notice will be forwarded to the complainant.
4. The Executive Office will advise the program and the complainant to meet in an attempt to resolve the matter and to notify the Executive Office of the matter is resolved.
5. The Executive Committee will review the response and determine if the complaint is meritorious (i.e. one or more of the *Standards and Guidelines* have not been met).
 - a. The Executive Committee will notify the program and the complainant in writing that no action will be taken if the complaint is not meritorious.
 - b. The Executive Committee will require the program to submit Progress Reports if one or more of the *Standards and Guidelines* are not being met and a copy of the notice will be forwarded to the complainant.
6. The CoAEMSP will make recommendations regarding accreditation status at the next meeting of the CoAEMSP following the due date of the Progress Report in accordance with its policies and procedures.
7. The Executive Office will not respond to anonymous complaints.

VII. 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 Executive Office.
- 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.

VIII. 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 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 shall 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, 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 Executive Office staff with a program whose accreditation is being acted upon shall refrain from any direct association, such as employment, with that program for a period of no less than one 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.

IX. ACCREDITATION FEES

Programs may refer to the CoAEMSP website, [Fees page](#) for specific amounts.

A. Fee Types:

Programs will be billed as noted for accreditation services. Payment is due and payable by the deadline on the invoice.

1. Annual fee
 - a. for programs becoming accredited, the annual fee or prorated portion is first paid on the date of receipt of an LSSR . The first annual fee is prorated at 1/12 of the annual amount for the # of months from the month following submission of the LSSR to July 1. Subsequently, programs in the process of becoming accredited or holding an accreditation status are invoiced for the full annual fee in May each year payable no later than July 31.
 - b. for accredited programs: the annual fee invoice is emailed to the billing contact of record in May of each year and due no later than July 31.

NOTE: The CAAHEP annual fee is in addition to CoAEMSP fees and is billed directly from and payable to CAAHEP.

2. Self-Study Report (SSR) evaluation fee is due and payable on the date of receipt of the appropriate Self-Study Report in the Executive Office.
 - 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

NOTE: When the complete content review is subsequently conducted, there may be other areas that require additional information. Plagiarism in any documents will result in immediate rejection. Additional fees may apply for re-submissions based on unsatisfactory sponsorship and/or core content deficiencies.

3. Technology fee is due and payable on the date of receipt of the Letter of Review Self-Study Report (LSSR) in the Executive Office (one-time fee).
4. Site visit fee:
 - a. A flat fee is invoiced for all regular site visits (i.e. 2 visitors for 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 of the grace amount.
 - b. For a site visit that requires more than 2 visitors, the program will be invoiced an additional amount per additional visitor.
 - c. For a site visit that requires more than 2 days, the program will be invoiced an additional amount per site visitor per additional day.
 - d. 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.

- e. 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. Each CoAEMSP fiscal year (July 1 through June 30), programs are assessed the Satellite fee for each location where students are enrolled anytime during that 12 month fiscal year. Classes that span two (or more) fiscal years (for example, start January 4 and end December 15) are assessed the location fee in each fiscal year.
6. 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.
7. Processing Fee: Programs are assessed a processing fee for payments not received by the due date.

B. Method of Payment

All fees will be paid in United States funds via a check drawn on a United States bank, certified check or a money order drawn on the United States Postal Service or a United States Bank or wire transfer or direct deposit.

C. Failure of Payment

1. Programs that have not paid the fee by the due date will be sent a 2nd notice and are subject to a processing fee.
2. Programs that have not satisfied in full the amount designated in the 2nd notice within 45 days of the date of the 2nd notice will be sent a 3rd notice (certified mail, return receipt requested) and are subject to an additional processing fee.
3. Programs that have not satisfied in full the amount designated in the 3rd notice within 14 days of receipt of the 3rd notice may be recommended to CAAHEP by the Executive Office for Administrative Probation.
4. In conjunction with the CAAHEP Administrative Probation, programs that have not satisfied in full the amount designated in the 3rd notice will be sent a 4th notice and are subject to an additional processing fee.
5. Programs that have not satisfied in full the amount designated in the 4th notice by five (5) business days prior to the CoAEMSP meeting following the date of administrative probation may be subject to a recommendation of Withdrawal of Accreditation. Programs recommended for Withdrawal of Accreditation will be sent a 5th notice and are subject to an additional processing fee.

X. CONTINUING PROGRAM DIRECTOR BACHELOR'S DEGREE REQUIREMENT

For programs that applied for accreditation prior to January 1, 2011, where the then Program Director, who has remained continuously in that position with the same program, did not possess a Bachelor's degree, must be currently enrolled and making continual satisfactory academic progress¹ towards a Bachelor's degree (in any major). Progress toward that degree must be reported in the form of an official transcript sent directly from the college to CoAEMSP once per year by the deadline designated by CoAEMSP. Failure to report, or to make satisfactory academic progress, may result in probationary accreditation. Failure to meet the requirements of this section by programs on probationary accreditation may result in withdrawal of accreditation.

¹ At least fifteen (15) semester hours, or equivalent per CALENDAR YEAR.

XI. DISTANCE EDUCATION

A. Distance education – 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. Distance Education Program

Delivery of the complete program that allows the completion of the entire curriculum without the need to attend any instruction on a campus location. (Note: this delivery is not hybrid or partial e-learning delivery.)

C. Out-of-State Physicians

The program must have a formal relationship with a physician currently authorized to practice in each state where the program's students are participating in patient care, to accept responsibility for the practice of those students.

D. State OEMS Notification(s)

For each state in which the program has enrolled students, the program must document that it has successfully notified the State EMS office that the program has students in that state.

XII. SECTIONS AND SATELLITES

Paramedic programs may be delivered in various settings by various methods to various groups of students (cohorts):

A. Main-campus:

...the location designated by the sponsor as the primary location of the program and where students attend to complete the laboratory (or similar hands-on skills) professional courses of the curriculum.

B. Program Section:

...the delivery of the program to a distinct cohort of students who attend the main-campus for one or more of the laboratory (or similar hands-on skills) professional course(s) of the curriculum. A cohort may be distinguished by time of day for primary completion of the curriculum (e.g., day vs evening), by day of the week for primary completion of the curriculum (e.g. weekday vs weekend), or by contract with a third party for a specified group of students (e.g. employees of a municipal fire service). Each section is reported as a separate enrolled class in the Annual Report.

The section would have the same curriculum and same graduation requirements.

C. Program Satellite:

...off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor where students can complete at least the laboratory (or similar hands-on skills) professional course(s) without attending the main campus. A satellite does not pertain to sites used by a completely on-line/distance education program for individual students. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program.

CoAEMSP approval of a program satellite location and each cohort of students enrolled at that location requires:

1. submission by the sponsor of a CoAEMSP Request for Approval of a Satellite Location form for each location and each entering class that includes start date and on-time graduation date for that class
2. upon review of the Request for Approval information, the Executive Director will determine any additional review activities, including but not limited to:
 - a. submission of a Satellite Self Study Report to CoAEMSP.
 - b. a site visit of the satellite location
 - c. associated fees for each location

Once accreditation is extended by CAAHEP to a satellite location, future re-accreditation review activities will be coordinated with re-accreditation of the main campus location.

The Executive Director will determine whether a separate annual report (separate CoAEMSP program ID#) will be required for the satellite location or whether the satellite cohorts can be included in the main campus annual report.

XIII. CONSORTIUM SPONSORSHIP

- A.** A template Consortium Agreement is available on the CoAEMSP [web site](#)
- B.** Consortium Organizational Chart – see template on CoAEMSP [web site](#)
 1. The organizational chart should include, but not be limited to, the following components:
 - Consortium members (organizations)

- Consortium Governing body, including designation of the Chair and Vice-Chair
- Advisory Committee
- Program Director
- Medical Director
- Classroom Instructors
- Hospital/Clinical Affiliates
- Field Experience/Internship Sites

XIV. REQUEST FOR RECONSIDERATION OF AN ADVERSE CoAEMSP RECOMMENDATION

- A.** When CoAEMSP first formulates a recommendation of Withhold of Accreditation, Probationary Accreditation, or Withdrawal of Accreditation, the Chief Executive Officer of the sponsor will be notified in writing of that CoAEMSP action. The sponsor will have fourteen (14) calendar days after receipt of that written notice (sent certified mail, return receipt requested) 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 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 Review Team presents a proposed recommendation for the reconsideration action by the CoAEMSP 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 Review Team formulates a separate recommendation on the status of the LoR.
- G.** The CoAEMSP 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 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 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.

XV. PERSONNEL CHANGES

- A. Key Personnel are the Program Director and the Medical Director.
 - 1. Program Director: As of January 1, 2011, programs must have a Program Director who is qualified as defined by *Standards* III.B.1.b.1) through III.B.1.b.6), except as provided in policy “X” above.
 - 2. Medical Director: Programs must have a Medical Director who is qualified as defined by *Standards* III.B.2.b.1) through III.B.2.b.4).
- B. The same individual cannot simultaneously hold the position of Program Director and the position of Medical Director.
- C. The *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 in the chief executive officer, dean of health professions or equivalent position, and required program personnel (i.e. program director and medical director).
- D. Vacancy of Program Director:
 - 1. For purpose of this section, a vacancy is defined as the permanent loss (e.g., resignation, retirement) of the Program Director.
 - 2. The Executive Office must be notified of the Program Director vacancy no later than fifteen (15) calendar days following the effective date of the vacancy.
 - 3. Program Director vacancies must be filled either on a Temporary, Acting, or permanent basis within thirty (30) calendar days following the effective date of the vacancy.
- E. Absences of Program Director
 - 1. For the purpose of this section, an absence is when the individual holding the permanent Program Director position is on approved leave (e.g., sabbatical, illness, leave of absence).
 - 2. When an absence is expected to last more than thirty (30) calendar days, the program must notify the Executive Office of that absence no later than fifteen (15) calendar days following the start of the absence.
 - 3. If the absence is expected to exceed sixty (60) days, a Temporary or Acting replacement must be appointed within thirty (30) days following the start of the absence.
- F. Temporary Replacement of Program Director

1. Temporary replacement is only available where the immediate previous Program Director was fully qualified.
2. Temporary replacement is NOT available to a program holding a Letter of Review.
3. A Temporary replacement may or may not meet all the qualifications required in 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 *Standards*.
4. A Temporary replacement must possess at least the following qualifications: III.B.1.b.2)-have appropriate medical or allied health education, training, and experience
5. A program may have Temporary 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 Temporary individuals appointed during that period.

G. Acting Replacement of Program Director

1. An Acting replacement meets **all** the qualifications of the applicable *Standards*, and is appointed to fulfill all of the duties and responsibilities of the position with the vacancy/absence as outlined in the applicable *Standards*.
2. An Acting replacement may fill a Program Director position for up to twelve (12) months. This twelve (12) month period begins from the date of the absence/vacancy.
3. If it appears that the absence/vacancy is going exceed twelve (12) months, the program may request prior approval from the Executive Office for an additional six (6) months. [see paragraph “e” below]
4. 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 Executive Office for consideration. However, in no event may a Program Director position be held by acting personnel for more than twenty-four (24) months.
5. The Executive Office must confer with the Chair of the CoAEMSP prior to approving any extension beyond the initial twelve (12) month period.

H. Change in Key Personnel Notification:

1. When there is a change in Program Director, whether on a permanent, Temporary, or Acting basis, the Executive Office must be notified no later than fifteen (15) calendar days following the effective date of replacement using the Personnel Changes procedure on the CoAEMSP web site (www.coaemsp.org). .
2. When there is a vacancy or change in Medical Director, the Executive Office must be notified no later than fifteen (15) calendar days following the effective date of vacancy/change using the Personnel Changes procedure on the CoAEMSP web site (www.coaemsp.org).

- I. Notification of change in administrative personnel (e.g., CEO, Dean) must submitted to CoAEMSP within thirty (30) days of the change.**

- J. Failure of the program to meet any of the above notification requirements may result in Administrative Probation. Failure of the program to meet any accreditation Standard may result in an adverse accreditation action.

XVI. DATA USE

The Board of Directors of the CoAEMSP recognizes the value of data collected via the annual report, self-study, site visit report, and other official data sources and realizes the importance of making such data available to researchers. 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, Chairperson of the Board, and Chairperson 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:
 - CoAEMSP Data Request Form (See Appendix A)
 - Research Proposal Form (See Appendix B)
 - Data Distribution Agreement (See Appendix C)
 - Submission of CoAEMSP Conflict of Interest Statement (See Appendix D)
 - 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 at minimum the submission of the following documents:
 - CoAEMSP Data Request Form (See Appendix A)
 - Submission of CoAEMSP Conflict of Interest Statement (See Appendix D)
- B. CoAEMSP, in 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

- C.** Requests must include an official institutional human subject review approval prior to data release.
- D.** All expenses incurred by the CoAEMSP as a result of the project (e.g. personnel costs, use of copiers, telephones, etc.) shall be reimbursed at cost. In addition, a data usage fee will be determined by the Executive Director in consultation with the Chairperson of the Board, Chairperson 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.
- E.** All data, surveys and reports remain the property of CoAEMSP.
- F.** CoAEMSP reserves the right to review and comment on the final manuscript/report prior to publication.
- G.** 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.
- H.** 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 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 Parkway, 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
 - Objective
 - Methods
 - Discussion
 - 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 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 #:

E-mail 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 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 CoAEMSP for review and approval.
- This agreement for use of CoAEMSP data is nontransferable. 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 CoAEMSP a copy of any abstract or manuscript once it has been accepted for publication or presentation. The copy must be submitted to CoAEMSP a minimum of forty-five (45) days prior to publication or presentation in order to permit review and comment by CoAEMSP. In addition, it is understood that CoAEMSP retains the right of rebuttal to the journal of record.
- Each manuscript/abstract will be reviewed by 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 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**

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.

- 1. Name:**
- 2. Telephone Number & E-mail Address:**
- 3. Role in Project:**
- 4. Title of Project:**
- 5. Principal Investigator:**
- 6. 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: _____

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 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:



COMMITTEE ON ACCREDITATION OF EDUCATIONAL PROGRAMS FOR THE EMERGENCY MEDICAL SERVICES PROFESSIONS (CoAEMSP)

ACCREDITATION GLOSSARY

Accreditation: is granted by CAAHEP when a program is in substantial compliance with the accreditation Standards. It remains in effect until due process has demonstrated cause for its withdrawal.

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

Administrative Probation: is conferred when a program has not complied with administrative requirements.

Attrition: the percentage of students in a given class who started on the enrollment date, but are no longer enrolled in the program and who the program does not believe have a reasonable likelihood of returning. The Committee requires programs to report attrition in the categories of: nonacademic reasons, general education courses, and professional courses.

Campus-based Program: a Paramedic program that has a 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: 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.

CAAHEP: the Commission on Accreditation of Allied Health Education Programs. It accredits Paramedic programs upon the recommendation of CoAEMSP.

CHEA: the Council for Higher Education Accreditation. CAAHEP is recognized by CHEA in the category of "Specialized and Professional Accrediting Organization".

Citation: a 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: an entity consisting of two or more members that exists for the purpose of operating an educational program. [See accreditation Standard I.B]

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

Day Venue: an 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 Education – 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.

Distance Education Program: delivery of the complete program that allows the completion of the entire curriculum without the need to attend any instruction on a campus location. (Note: this delivery is not hybrid or partial e-learning delivery).

Enrolled: registered for and participating in academic course(s).

Evening Venue: an 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.

Inactive (voluntary) Status: Programs 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: is the first status of accreditation granted to a program that has demonstrated substantial compliance with CAAHEP Standards. Initial accreditation for Paramedic programs is for a period of five (5) years. At the end of the allotted time, the program may be recommended for continuing accreditation or probationary

accreditation. If no such recommendation is forthcoming, the Initial Accreditation will automatically expire. A program may request reconsideration of CoAEMSP's decision to allow Initial Accreditation to expire. However, the CoAEMSP's final decision is not appealable.

Lead Instructor: If 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): a CoAEMSP status signifying that a program seeking Initial Accreditation has demonstrated sufficient compliance with the CAAHEP Standards through the Letter of Review Accreditation Self Study Report (LSSR) and other documentation.

Main-campus: the location designated by the sponsor as the primary location of the program and where students attend to complete the laboratory (or similar hands-on skills) professional courses of the curriculum.

Matriculated: officially recognized by a post-secondary academic institution as admitted to and pursuing a degree or certificate in a particular course of study.

National Accreditation: see "Accreditation"

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

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

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).

Satellite: off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor where students can complete at least the laboratory (or similar hands-on skills) professional course(s) without attending the main campus. A satellite does not pertain to sites used by a completely on-line/distance education program for individual students. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program.

Scheduling Venue: the 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.

Section: the delivery of the program to a distinct cohort of students who attend the main-campus for one or more of the laboratory (or similar hands-on skills) professional

course(s) of the curriculum. A cohort may be distinguished by time of day for primary completion of the curriculum (e.g., day vs evening), by day of the week for primary completion of the curriculum (e.g. weekday vs weekend), or by contract with a third party for a specified group of students (e.g. employees of a municipal fire service). Each section is reported as a separate enrolled class in the Annual Report. The section would have the same curriculum and same graduation requirements.

Standards: the 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: a 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 class 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 educational 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.

Terminal Competencies: the activities required to successfully complete the Paramedic program.

Venue: see Scheduling Venue

Weekend Venue: an 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 sponsor.

Withdrawal of Accreditation-Involuntary: is conferred when a program is no longer in compliance with the accreditation Standards.

Withdrawal of Accreditation-Voluntary: is granted when a sponsor notifies CAAHEP that its program(s) be removed from CAAHEP.

Withhold of Accreditation: is conferred when a program seeking Initial Accreditation is not in compliance with the accreditation Standards.