



Committee on Accreditation of Educational Programs  
For the EMS Professions  
8301 Lakeview Pkwy, Suite 111-312  
Rowlett, TX 75088

□

# SAMPLE

## Self-Study Report Format

### For Programs Seeking Initial Accreditation

CoAEMSP is providing this document as a sample to illustrate the type of information that might apply. The names used are fictitious and any resemblance to actual persons or locations is purely coincidental and unintentional.

Since each program is unique, responses provided in the sample document would not be exactly the same for another program. **It is not appropriate for programs to copy and paste verbatim any sample information into their own documents.**

Specific questions about the preparation of accreditation documents can be directed to the CoAEMSP Executive Office.  
([www.coaemsp.org/contact.htm](http://www.coaemsp.org/contact.htm))

For additional information about CoAEMSP and accreditation services visit:  
[www.coaemsp.org](http://www.coaemsp.org)

# INITIAL-ACCREDITATION SELF-STUDY REPORT (ISSR) for an Educational Program for the Paramedic

## INSTRUCTIONS

Each accredited program conducts an internal review culminating in the preparation of an initial-accreditation self-study report (ISSR). The CoAEMSP will use the report, and any additional information submitted, to assess the program's degree of compliance with the *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) [[www.caahep.org](http://www.caahep.org)]. Programs should carefully read the *Standards & Guidelines* as well as the *CoAEMSP Interpretations to the Standards and Guidelines* to fully understand and respond to the corresponding questions in the ISSR. The CoAEMSP Executive Office will review the ISSR and any additional documentation for completeness.

Electronic copies may be submitted on CD or flash/thumb drive in the format set forth in this document (**no paper copies** are required). The ISSR (electronic) and the Student Evaluation SSR Questionnaires (sent separately) must both be received in the CoAEMSP executive office for the submission to be complete.

### **FEES:**

The Technology fee, Initial-Accreditation Self Study Report Evaluation fee, and Site Visit deposit are due with submission of the ISSR. The first CoAEMSP Annual fee (prorated, if applicable) is due upon submission of the CAAHEP Request for Accreditation Services. (see fee schedule at [www.coaemsp.org/Fees.htm](http://www.coaemsp.org/Fees.htm) ).

### **REPORT FORMAT:**

- Type the text of the response for each question directly into the spaces provided on the template form.
- Consecutively number each page of the report, including appendices.
- Prepare **four (4)** electronic copies on CDs or flash drives. (**no paper copies are submitted**)

### **CAAHEP REQUEST FOR ACCREDITATION SERVICES**

Programs must electronically submit the CAAHEP Request for Accreditation Services (RAS) and pay the first CoAEMSP Annual fee (prorated, if applicable), when filing the ISSR, if not previously submitted and/or paid. (There is no CAAHEP fee due with the RAS). Click [here](#) to go to the on-line RAS form. (Internet connection required.)

Submit the report with appropriate fees to:

**Committee on Accreditation of Educational Programs for the EMS Professions  
8301 Lakeview Pkwy, Suite 111-312 • Rowlett, TX 75088**

### **TIMING OF ON-SITE REVIEW:**

An initial-accreditation on-site review will occur as scheduled by CoAEMSP and agreed to by the program. The CoAEMSP **Site Visit Information** form must be completed and copied to each CD/flash drive.

Click [here](#) for the link to the on-line form.

## TITLE PAGE

- 1 Program Name: Accordance Community College - Paramedic Program
2. CoAEMSP Program #: (assigned and entered by CoAEMSP after submission)
3. Name and address of the program sponsor:

Name Accordance Community College  
Address 1001 North Main Street

City/State/Zip Centerville, NE 68986

Voice 308-555-120 FAX 308-555-1201

Web site www.accordancecc.edu

4. Name and contact data for person(s) responsible for the preparation of the report:

Name: Daniel Thompson  
Title: Program Director  
Phone #: 308-555-1234  
FAX #: 308-555-1231  
Email: daniel.thompson@accordancecc.edu

Name: Helen Anderson-Roberts  
Title: Clinical Coordinator  
Phone #: 308-555-1235  
FAX #: 308-555-1231  
Email: helen.andersonroberts@accordancecc.edu

## TABLE OF CONTENTS

After sequentially numbering all pages in the self-study report, including appendices, reference the questions in each **PART** and each **Appendix** in the Table of Contents with the appropriate page indicated. The document contains hyperlinks to assist with navigation.

Copy on to each CD/jump-flash drive: **CoAEMSP Site Visit Information** form.

Section	Page	Section	Page	Section	Page
General Information		<b>PART C:</b> Standard III		<b>PART E:</b> Standard V	
1.	5	5.	13	1.	22
2.	5	6.	13	2.	22
3.	5	7.	14	3.	22
4.	5	8.	15	4.	22
5.	6	9.	15	5.	22
6.	6	10.	15	6.	22
7.	7	11.	16	7.	22
		12.	17	8.	22
		13.	17	9.	22
<b>PART A:</b> Standard I		14.	17	10.	23
1.	8	15.	17	<b>Attachment 8</b>	
2.	8	16.	17	<b>Attachment 9</b>	
3.	8	17.	18		
4.	8	18.	18	<b>PART E:</b> Supplemental	
<b>PART B:</b> Standard II		<b>Attachment 1</b>		1.	25
		<b>Attachment 2</b>		2.	25
1.	9	<b>Attachment 3</b>		3.	25
2.	10	<b>Attachment 4</b>		4.	26
3.	10			5.	26
4.	11	<b>PART D:</b> Standard IV		6.	26
5.	11			7.	26
6.	11	1.	19	8.	26
7.	11	2.	19		
8.	11	3.	19	<b>Appendix A</b>	29
9.	11	4.	20	<b>Appendix B</b>	33
10.	11	6.	20	<b>Appendix C</b>	34
		7.	20	<b>Appendix D</b>	48
		8.	21	<b>Appendix E</b>	50
<b>PART C:</b> Standard III		9.	21	<b>Appendix F</b>	54
1.	13	10.	21	<b>Appendix G</b>	58
2.	13			<b>Appendix H</b>	59
3.	13	<b>Attachment 5</b>		<b>Appendix I</b>	60
4.	13	<b>Attachment 6</b>		<b>Appendix J</b>	61
		<b>Attachment 7</b>		<b>Appendix K</b>	62
				<b>Appendix L</b>	NA
				<b>Appendix M</b>	68

Attachments 1-4 (Part C), 5-7 (Part D), and 8-9 (Part E) are copied directly to CD/flash drive.

## GENERAL INFORMATION

### 1. Chief Executive Officer (to whom all correspondence will be directed)

Name Donald Stewart, PhD  
Title President  
Address 1001 North Main Street  
  
City/State/Zip Centerville, NE 68986  
Voice 308-555-1210 FAX 308-555-1211  
E-mail donald.stewart@accordancecc.edu

### 2. Dean or Comparable Administrator

Name Elizabeth Rogers, MEd  
Title Dean, Allied Health Programs  
Address 1001 North Main Street  
  
City/State/Zip Centerville, NE 68986  
Voice 308-555-1250 FAX 308-555-1251  
E-mail elizabeth.rogers@accordancecc.edu

### 3. Program Director:

Name Daniel Thompson, BS NREMT-P  
Title Program Director  
Address 1001 North Main Street  
  
City/State/Zip Centerville, NE 68986  
Voice 308-555-1234 FAX 308-555-1231  
E-mail daniel.thompson@accordancecc.edu

Is the Program Director employed by the sponsor?  Full-time  Part-time

### 4. Clinical Coordinator (if applicable)

Name Helen Anderson-Roberts, RN BSN NREMT-P  
Title Clinical Coordinator

Address 1001 North Main Street

City/State/Zip Centerville, NE 68986

Voice 308-555-1235 FAX 308-515-1231

E-mail helen.andersonroberts@accordancecc.edu

Is the Clinical Coordinator employed by the sponsor?  Full-time  Part-time

### 5. Medical Director(s)

Name William Bell, MD MPH PhD FACS

Title Medical Director

Address 1600 Hospital Parkway  
Suite 500

City/State/Zip Centerville, NE 68986

Voice 308-555-8090 FAX 308-555-8091

E-mail wbellmd@nebraskahospitals.org

### Co-Medical Director (if applicable)

Name

Title

Address

City/State/Zip

Voice

FAX

E-mail

### 6. List the other health professions programs offered by or within this institution/consortium.

Dental Assisting  
Dental Hygiene  
Health Information Technology  
Laboratory Technician  
Pharmacy Technician  
Physical Therapy Assistant  
Radiologic Technician  
Respiratory Therapy  
Sonography/Ultrasound Technician  
Surgical Technology

7. Write a brief (no more than 2 pages) description of the history and development of the program from its inception. Include significant events affecting the program

In 1998 a committee of EMS Providers from the five Counties of the Accordance College District approached the administration of the College concerning the need for a college based paramedic program in the region. Since 1984 paramedic training has been offered on a sporadic basis through the Continuing Education Department at Central Nebraska Hospital. This program was eliminated in 1993 because of a combination of budgetary needs, difficulty finding competent instructors, and poor student outcome. The committee requested that Accordance College continue the program that Nebraska Central had begun, and agreed to offer developmental and clinical support to the program.

The curriculum and instruction committee of Accordance College agreed to the creation of a college based paramedic program and began working with the Continuing Education Department from Central Nebraska to outline a basic curriculum. The original plan was to provide three years of paramedic training, and reevaluate the needs and benefits of the program. Susan Allen Carter an emergency room nurse and paramedic agreed to take the role of Program Director.

Starting in August of 1999 the program enrolled its first group of 24 paramedic students. At the end of the 12-month program, 22 of the original students completed the prescribed curriculum and 16 passed the National Registry Exam on the first attempt. All remaining students passed on the second attempt. Success in the next two classes convinced the College to continue the program permanently.

In 2006 the college expanded the certificate paramedic program to award an Associates of Applied Science degree in Emergency Medical Services. The first 16 AAS graduates completed the program in 2007.

As the program approached 10 years of service, the college began the process of achieving accreditation through the Commission on Accreditation of Allied Health Educational Programs. Daniel Thompson was hired to give the college a bachelors prepared program director and Helen Anderson-Roberts was brought aboard to strengthen the clinical and internship components of the program.

**PART A: Sponsorship (Standard I)**

1. Is the sponsor a consortium? ..... Yes No  
(If yes, at least one member must meet Standard I.A requirements. Proceed to question #2 and include a copy of the Consortium Agreement in **Appendix L**)

**Complete the following for the sponsoring institution:**

2. Type of Sponsoring Institution (check only one of the following):
- a.  U.S. Post-secondary institution (Standard I.A.1)
  - b.  Foreign post-secondary institution (Standard I.A.2)
  - c.  Hospital, clinic, or medical center (Standard I.A.3)
    - (1) Is there an allied health program sponsored by the institution? Yes No
    - (2) If no, is there an office of graduate medical education with at least one residency program for post-graduate physician education? Yes No N/A
    - (3) If no to #1 and #2, include a copy of the Articulation Agreement in **Appendix L**)
  - d.  Branch of the United States Armed Forces (Standard I.A.4)
  - e.  Governmental education or medical service (Standard I.A.4)
    - (1) The sponsor is under the auspices of which government (check only one):  
Federal State County City/Town
    - (2) Is the sponsor authorized by the State to provide initial educational programs? (If no, then not eligible under Standard I.A.4) ..... Yes No
    - (3) Is the sponsor authorized to award college credit? ..... Yes No
    - (4) If no, is the sponsor recognized by the State as a post-secondary institution? ..... Yes No N/A
    - (5) If no to #3 and #4, include a copy of the Articulation Agreement in **Appendix L**)

3. Type of award upon program completion: **Certificate**  
(Note: Choose only one award level. Accreditation is granted only to the award level curriculum that gives the graduate eligibility for entry into the profession.)

4. Sponsoring Institution Accreditation
- a. Name of Institutional Accrediting Agency:  
**North Central Association of Colleges and Schools, Commission on Institutions of Higher Education**
  - b. Current Accreditation Status **Accreditation**  
Date of Last Accreditation Review: **June 2005**  
Date of Next Accreditation Review: **June 2015**
  - c. Is the sponsoring institution legally authorized under applicable state laws to provide postsecondary education? ..... Yes No



## PART B: Program Goals (Standard II)

1. List any communities of interest served by the program in addition to those specified in Standard II.A. Describe the needs and expectations of each of the communities of interest.

Community of Interest	Needs and Expectations
1. Students	<ul style="list-style-type: none"> <li>- Known admissions standards</li> <li>- Quality and up-to-date instruction</li> <li>- Fair and valid examinations</li> <li>- Valuable and relevant clinical experiences</li> <li>- Educational assistance</li> <li>- Thorough preparation for National Registry CBT exam</li> <li>- Thorough preparation for job market</li> </ul>
2. Graduates	<ul style="list-style-type: none"> <li>- Post graduate support</li> <li>- Continuing education opportunities</li> <li>- Employment resource</li> </ul>
3. Faculty	<ul style="list-style-type: none"> <li>- Appropriate and modern teaching materials</li> <li>- Operational audio / visual support</li> <li>- Professional development opportunities</li> </ul>
4. Sponsor administration	<ul style="list-style-type: none"> <li>- Maintenance of student records</li> <li>- Adherence to policies and procedures</li> <li>- Adherence to state and federal educational laws and regulations</li> <li>- Adherence to state and federal EMS regulation</li> <li>- Promotion of the program in the region and state</li> </ul>
5. Hospital/clinic representatives	<p>As clinical site:</p> <ul style="list-style-type: none"> <li>- Schedules of assigned students</li> <li>- Student orientation to hospital / clinic policies and procedures, HIPPA,</li> </ul> <p>As a receiving center</p> <ul style="list-style-type: none"> <li>- Cooperative transfer of care</li> <li>- Seamless transition from prehospital environment</li> </ul>
6. Physicians	<ul style="list-style-type: none"> <li>- Paramedic practice following standard of care and local protocol</li> <li>- Quality pre-hospital assessment and interventions</li> <li>- Accurate documentation of patient care.</li> </ul>
7. Employers	<ul style="list-style-type: none"> <li>- Properly prepared employee candidates</li> <li>- Knowledge, skills and attitudes expected of entry level employment candidates</li> <li>- Knowledge, skills, and attitudes expected of local EMS personnel</li> <li>- Input into needs for future graduates, in number and capabilities</li> </ul>
8. Police and fire services	<ul style="list-style-type: none"> <li>- Properly prepared employee candidates</li> <li>- Knowledge, skills and attitudes expected of entry level employment candidates</li> </ul>

	- Knowledge, skills, and attitudes expected of local EMS personnel - Input into needs for future graduates, in number and capabilities
9. Key governmental officials	- Graduate awareness of legal EMS operation, certification responsibilities, recertification responsibilities, and continuing education requirements
10. The public	- Preparation of competent pre-hospital care providers.
11.	
12.	

2. Describe how the Paramedic program is responsive to the demonstrated needs and expectations of the communities of interest.

Through frequent assessments of students, graduates, faculty and employers, the program maintains awareness of our ability to serve our community. Contact with the advisory committee assures the program maintains the highest quality standards.

3. List of the individuals and the communities of interest that they represent on the program advisory committee (must include at least one representative from each group in the drop down list) (for individuals not on the drop down list, use rows 11-20):

Member Name	Community of Interest
1. Timothy Brown	Graduate
2. Thomas Campbell	Hospital/Clinic Representative
3. Steven Clark	Student
4. Shirley Collins, DO	Physician
5. Sharon Cook	Employer
6. Sarah Davis	Police/Fire Service
7. Sandra Edwards	Key Governmental Official
8. Ruth Evans	Police/Fire Service
9. Robert Gonzales	Faculty
10. Paul Hall	Police/Fire Service
11. Elizabeth Rogers	Sponsor Administration
12. Edward Sanchez	Public
13. Carol White	Hospital/Clinic Representative
14. Brian Williams	Employer
15.	
16.	

4. Has the advisory committee met at least once?  
If No, please explain:

Yes     No

5. List the dates of all advisory committee meetings in the last 2 calendar years:  
The advisory committee meets annually during the summer semester. The last meeting was June 16, 2009. The committee met previously on June 23 of 2008.
6. Place in **Appendix M** copies of Advisory Committee minutes for the meetings listed in question B5.
7. Standard II.C. states the minimum expectation goal as: "To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.."

Are there any additional goals to be reviewed for accreditation?  Yes  No

If yes, describe the methods/process by which the additional stated goal(s) were developed/adopted:

8. Indicate and describe the methods by which the program ensures that the goal(s) and learning domains will continue to meet the needs and expectations of the communities listed.

- Advisory Committee
- Employer Surveys
- Graduate Surveys
- Other, please describe:  
Clinical Evaluation forms

9. Describe how the goal(s) and learning domains are utilized in program planning and implementation.

Each year during the advisory committee meeting, the terminal results of the program are reviewed. This review includes reasons for attrition (academic verses non-academic), success on the National Registry exams, graduate satisfaction, and employer satisfaction. In all areas we evaluate the performance of program graduates in the three learning domains (cognitive, psychomotor, and affective) and determine if adjustments need to be made to the program in the teaching process, clinical environment, or program policy

10. Describe any special considerations that impact your program characteristics.

Accordance Community College serves a mostly rural environment, with few of the resources and amenities of urban settings. This is true in our hospital clinical settings and EMS providers as well. Due to low patient encounters, we have been forced to rely on patient simulation and a well structured laboratory setting to assure naturalization of psychomotor skills. Clinical rounds have been added that pair the paramedic student with a practicing physician to work on patient assessment, decision making, and diagnostic skills.

## **PART C: Program Resources (Standard III)**

1. Place in **Appendix A**, the completed Resources Assessment matrix (at least the first 4 columns completed).
2. Place in **Appendix B**, a programmatic organizational chart of the sponsoring institution/consortium that portrays the administrative relationships under which the program operates. Start with the chief executive officer. Include all program Personnel and faculty, anyone named in the Self Study Report, and any other persons who have direct student contact except support science faculty. Include the names and titles of all individuals shown.
3. Explain any relationship in the programmatic organizational chart that is other than direct line.

None

4. Complete in **Appendix C** on the forms provided, the designated information for the Program Director, Medical Director, Clinical Coordinator (if applicable), and any other paid faculty. Also, include in the Appendix the job descriptions of the Program Director, the Medical Director, and Clinical Coordinator (if applicable).
5. Complete in **Appendix D** the Program Course Requirements Table to list all courses required in the Paramedic curriculum.
6. List the evaluation methods and the results of those methods by which the program has determined that the content of the curriculum meets the minimum expectations goal and learning domains. (i.e. comparison with the specified national documents – Standard III,C).

### Cognitive Domain

- Programmatic Summative Final Examination: For the last three years 100% of students completing internship have passed the Summative Final with an earned score about the cut score of 75%. No retests were required.
- National Registry CBT Examination: For the last three years 87% of students passed the National Registry on the first attempt. All students were able to pass the exam within the first three attempts. The program's Topic Area Performance exceeds the National average in all areas.
- Graduate Surveys: For the last three years, 100% of surveys returned indicated competence in expected paramedic knowledge.
- Employer Surveys: For the last three years, 100% of surveys returned indicated competence in expected paramedic knowledge.

### Psychomotor Domain

- Program Practical Final Assessment: For the last three years, 100% of students reaching the final have passed all required psychomotor assessments, with the one allowed retest.
- National Registry Practical Examination: For the last three years, 100% of students have passed the National Registry Practical needing no more than one retest.
- Graduate Surveys: For the last three years, 100% of surveys returned indicated competence in paramedic procedures and skills.
- Employer Surveys: For the last three years, 100% of surveys returned indicated

competence in paramedic procedures and skills.

#### Affective Domain

- Clinical Preceptor Evaluations: For the last three years, 100% of preceptor evaluations indicated that students meet or exceeded the attitudes and behaviors expected of EMS Personnel.
- Graduate Surveys: For the last three years, 100% of graduates indicated meeting or exceeding the attitudes and behaviors expected of entry level paramedics.
- Employer Surveys: For the last three years, 100% of employers indicated meeting or exceeding the attitudes and behaviors expected of entry level paramedics.

7. Analyze/discuss the results of those methods and describe the action plan(s) implemented or projected to be implemented to improve unsatisfactory results.

#### Cognitive Domain

- Programmatic Summative Final Examination: Results are satisfactory, but still need adjustment. Obviously, the summative final is not a clear indicator of NR performance. We are re-evaluating the summative final to strengthen the categories which have lower performance in comparison to the topic areas of the National Registry.
- National Registry CBT Examination: Results are satisfactory, but indicate some weaknesses since 100% of students are not passing on the initial attempt. We are strengthening the lecture and formative evaluations in the areas of lower performance as indicated in the topic areas of the National Registry.
- Graduate Surveys: Results are satisfactory, but our survey return rate is a low 40%. We are trying to find different means of encouraging survey returns.
- Employer Surveys: Results are satisfactory, but our survey return rate is a low 60%, on top of the low return rate from the graduates. This accounts for only 3 or 4 employer surveys returned for each class. We are trying to find different means of encouraging survey returns from both graduates and employers.

#### Psychomotor Domain

- Program Practical Final Assessment: Results are satisfactory. We are working to improve psychomotor performance through more structured laboratory practice.
- National Registry Practical Examination: Results are satisfactory. No direct action needed
- Graduate Surveys: Results are satisfactory, but our survey return rate is a low 40%. We are trying to find different means of encouraging survey returns.
- Employer Surveys: Results are satisfactory, but our survey return rate is a low 60%, on top of the low return rate from the graduates. This accounts for only 3 or 4 employer surveys returned for each class. We are trying to find different means of encouraging survey returns from both graduates and employers.

#### Affective Domain

- Clinical Preceptor Evaluations: Results are satisfactory. No action necessary.
- Graduate Surveys: Results are satisfactory, but our survey return rate is a low 40%. We are trying to find different means of encouraging survey returns.
- Employer Surveys: Results are satisfactory, but our survey return rate is a low 60%, on top of the low return rate from the graduates. This accounts for only 3 or 4 employer surveys returned for each class. We are trying to find different means of encouraging survey returns from both graduates and employers.

8. Describe instructional methodologies utilized and how their appropriateness is ascertained for each type of course in the Paramedic curriculum. (didactic, laboratory, and clinical/field internship).

#### Didactic

- The principle means of instruction in the cognitive domain is lecture. Attainment of cognitive objectives is measured through the use of multiple-choice examinations and the review of written case studies and patient reports from clinical rotations.
- Each multiple-choice examination, formative and summative, receives continuous analysis to assure questions are valid and the exams are reliable. Item analysis is performed on each question to measure short-term and long-term validity. Computerized studies of each exam allow the program to monitor the KR21 reliability, as well as the PBI of each question.

#### Laboratory

- Laboratory practice introduces and refines the psychomotor skills covered in the program. Attainment is measured through standardized practical assessments developed to meet or exceed the National Registry standards.
- To assure each instructor maintains a standardized approach all skills are taught based on the adopted skill manual. Prior to each assessment, inter-rater reliability is assured through instructor/evaluator orientation to the testing materials and the criteria required for scoring the assessment instrument.

#### Clinical / Field Internship

- Clinical objectives and preceptor orientation outline the students' role in the clinical and field setting. Annual preceptor orientation and programmed developed clinical evaluation forms helps to maintain inter-rater reliability.

9. Describe how the instruction is an appropriate sequence of classroom, laboratory, and clinical/field internship activities, and how the clinical/field internship and laboratory activities are integrated with the didactic portion of the program.

The course is sequenced to give the greatest possible success for the student. The didactic schedule begins with Paramedic Introduction which provides a foundation of information. The initial laboratory classes reinforce basic airway skills, vital signs and patient assessment, before introducing the advanced skills of IV initiation. The initial weeks of the program provide clinical orientation and policy reinforcement, followed by rotations in the emergency department where the practice of patient assessment is stressed above the practice of advanced skills.

As the program progresses, the didactic sequence introduces, then reinforces, the prescribed paramedic curriculum. The laboratory focuses on assuring the student approaches "perfection" while developing quality motor memory. Upon assuring minimum performance the student is allowed to practice skills in the clinical setting. The sequence of clinical rotations is designed to allow the student time to practice each skill in the laboratory, and timed to follow the introduction of medical and traumatic conditions in the didactic portion of the program.



10. Describe the type and amount of all planned physician instructional involvement in the program.

- The medical director has three scheduled lectures in each paramedic program
- He conducts an initial orientation to the EMS environment and Roles and Responsibilities in the first week of class.
  - He teaches the laboratory practice session on patient assessment.
  - He teaches the summation lecture on ACLS management and use of algorithms.

11. Describe the teaching and administrative loads of each paid Paramedic faculty member. List the actual course title, number of lecture, laboratory, and/or clinical/field internship hours each faculty member teaches in each semester or quarter of the curriculum, as well as any assigned administrative time.

Daniel Thompson

Semester 1	Paramedic Introduction	4 hours / week (lecture)
	Pharmacology	3 hours / week (lecture)
	Office hours	10 hours / week
	Administrative time	20 hours per week

Semester 2	Medical Emergencies I	3 hours / week (lecture)
	Medical Emergencies II	3 hours / week (lecture)
	Office hours	10 hours / week
	Administrative time	20 hours per week

Semester 3	EMS Operations	3 hours / week (lecture)
	Office hours	10 hours / week
	Administrative time	20 hours per week

Helen Anderson-Roberts

Semester 1	Paramedic Introduction	3 hours / week (lab)
	Airway and Patient Assessment	3 hours / week (lab)
	Paramedic Clinical I	20 hours / week (Clinical)
	Office hours	10 hours / week

Semester 2	Medical Emergencies I	3 hours / week (lab)
	Medical Emergencies II	3 hours / week (lab)
	Paramedic Clinical II	20 hours / week (Clinical)
	Office hours	10 hours / week

Semester 3	EMS Operations	3 hours / week (lab)
	Paramedic internship	20 hours / week (Clinical)
	Office hours	10 hours / week

Robert Gonzalez

Semester 1	Airway and Patient Assessment	6 hours / week (lecture/lab)
	Electrocardiography	6 hours / week (lecture/lab)
	Office hours	10 hours / week

Semester 2 Trauma Emergencies 6 hours / week (lecture/lab)  
Special Populations 6 hours / week (lecture/lab)  
Office hours 10 hours / week

Semester 3 EMS Operations 3 hours / week (lab)  
Office hours 10 hours / week

Linda Martin  
Part time – On call 12 hours / week as needed in lab

Gary Rodriguez  
Part time – On call 12 hours / week as needed in lab

Dorothy Scott  
Part time – On call 12 hours / week as needed in lab

Deborah Taylor  
Part time – On call 12 hours / week as needed in lab

Charles Walker  
Part time – On call 12 hours / week as needed in lab

12. How many total active **clinical** affiliates are used by the program? 3

- As Paramedic Program Director, by checking the box, I verify that an appropriate, authorized clinical affiliate individual has provided and attested to the information presented in the corresponding form in Appendix E.

Complete in **Appendix E** a **Clinical** Affiliate Institutional Data form for each active hospital affiliate. (Use one page for each clinical affiliate. For more than four affiliates, use the supplemental form from the CoAEMSP web site. Insert as many forms as necessary to report on all affiliates.)

13. How many total active **field internship** affiliates are used by the program? 3

- As Paramedic Program Director, by checking the box, I verify that an appropriate, authorized field internship individual has provided and attested to the information presented in the corresponding form in Appendix F.

Complete in **Appendix F** a **Field Internship** Affiliate Institutional Data form for each active hospital affiliate. (Use one page for each clinical affiliate. For more than four affiliates, use the supplemental forms from the CoAEMSP web site. Insert as many forms as necessary to report on all affiliates.)

14. Complete in **Appendix G** the Student **Clinical** Rotation Matrix.

15. Complete in **Appendix H** the Student **Field Internship** Rotation Matrix.



16. Describe the system by which the program tracks the number of times each student successfully performs each of the competencies required for Paramedics according to age, pathologies, complaint, gender, and interventions.

Program developed database tracks all student contacts. After each clinical encounter students submit their clinical evaluation forms to the clinical coordinator. The clinical evaluations are then entered into the database by the program's administrative assistant.

17. Describe how the field internship provides each student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.

Through the preceptor orientation, the oversight of the clinical coordinator, and the instructions on the internship evaluations, preceptors are encourage to allow students the opportunity to act as the team leader on as many calls as possible. To complete the program, students are required to act as the team leader on a minimum of 20 calls, and at least 10 calls in which advanced life support is delivered.

18. Do students in the Paramedic program receive all support services available to other students enrolled in the educational institution? .....
- |   |   |                             |
|---|---|-----------------------------|
|   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. access to the same health services .....   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. receive the same personal counseling ..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. receive the same academic advising .....   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

19. Copy to the CD/ flash drive a sample, representative syllabus of a didactic, a laboratory, a clinical, and a field internship course that include at least learning goals, course objectives, and competencies required for graduation (See Standard III.C).

**Attachment 1 – didactic course syllabus**  
 Course Title: Paramedic Introduction  
 CD/drive filename: Attachment 1 - Didactic Course Syllabus 6'09

**Attachment 2 – laboratory course syllabus**  
 Course Title: Paramedic Introduction  
 CD/drive filename: Attachment 2 - Laboratory Course Syllabus 6'09

**Attachment 3 – clinical course syllabus**  
 Course Title: Paramedic Clinical I  
 CD/drive filename: Attachment 3 - Clinical Course Syllabus 6'09

**Attachment 4 – field internship course syllabus**  
 Course Title: Paramedic Internship  
 CD/drive filename: Attachment 4 - Internship Course Syllabus 6'09

## **PART D: Student and Graduate Evaluation / Assessment (Standard IV)**

1. Are evaluations of students conducted in accordance with the requirements of Standard IV,A,1? .....Yes No
2. Describe the type and frequency of evaluations of students that are conducted in the didactic, laboratory, and clinical/field internship components of the program.

Didactic evaluations are composed of two primary types. Daily evaluations include prescribed quizzes which cover either the assigned reading or ECG interpretation / drug calculations. Major exams are given four times in each didactic class, with a summative final at completion. At the completion of the program, a capstone examination, developed to mimic the intensity of the National Registry exam, is given as a final assessment of the expected knowledge of a paramedic. A grade of 70 is required to pass each course, and each summative or comprehensive examination.

Laboratory evaluations consist of skills assessments at the end of each semester. These assessments grow in intensity with each semester and progress from simple performance, to integration into complete patient management. A total of 42 “skills” are assessed throughout the program, including oral scenarios. A final capstone examination of the National Registry skills is conducted at the completion of internship. Students must pass all skills to pass the course / program. One retest is allowed for each skill each semester.

Clinical and field evaluations are conducted by preceptors at the conclusion of each assigned shift. Clinical / Internship evaluation forms have been designed to increase inter-rater reliability and measure the students’ attitudes and behaviors in 5 categories, psychomotor competencies in 6 categories, and knowledge in 6 categories. Each preceptor is asked to make a general statement of the progress of the student based on the day’s performance. The back of the clinical evaluation also asks the student to evaluate the clinical site. Once each month the student meets with the clinical coordinator to review the clinical assignments and discuss the patient encounters, skills performed and diagnosis, looking for best practices and areas for improvement. During internship evaluations, the clinical coordinator meets every three rotations with the intern and three times during the internship with the preceptor to discuss calls, team leadership, and progress.

3. Describe how student progress is tracked through the didactic, laboratory, and clinical/field internship courses and how students are regularly informed of their academic status throughout the program.

Didactic grades are posted within 24 hours of each test on the college website. Students can access their grades and progress at any time. Students who are found to be performing below the acceptable standard, usually 75 percent, are counseled by program faculty. Students with grades below passing are placed with a mentor, either a adjunct faculty member or a high performing student, to improve study habits, and to provide basic tutoring.

In the laboratory setting students document each skill in a skills performance booklet. Laboratory instructors monitor the number of each successful skill to assure students are prepared for upcoming examinations.

Clinical / Field examination forms are gathered and entered into a database which produces tracking reports on each student’s progress. These reports give skills numbers, patient encounters by category, and a numerical rating of the preceptor’s impression of the student’s progress. Didactic grades are posted within 24 hours of each test on the college website.

Students can access their grades and progress at any time. Students who are found to be performing below the acceptable standard, usually 75 percent, are counseled by program faculty. Students with grades below passing are placed with a mentor, either a adjunct faculty member or a high performing student, to improve study habits, and to provide basic tutoring.

In the laboratory setting students document each skill in a skills performance booklet. Laboratory instructors monitor the number of each successful skill to assure students are prepared for upcoming examinations.

Clinical / Field examination forms are gathered and entered into a database which produces tracking reports on each student's progress. These reports give skills numbers, patient encounters by category, and a numerical rating of the preceptor's impression of the student's progress.

4. Are records of student evaluations maintained in sufficient detail to document learning progress and achievements.? .....Yes  No  
Location where they are stored:..... Health Occupations Building, Room 2421  
The # of years stored before disposal: .....5
5. Copy to the CD/ flash drive a sample, representative skill/check sheet for a laboratory, a clinical, and a field internship course used to assess student competency.

**Attachment 5 – laboratory course skill/check sheet**  
Course Title: Airway and Patient Assessment  
CD/drive filename: Attachment 5 - Laboratory Course Skill Check Sheet 6'09

**Attachment 6 – clinical course skill/check sheet**  
Course Title: Paramedic Clinical I  
CD/drive filename: Attachment 6 - Clinical Course Skill Check Sheet 6'09

**Attachment 7 – field internship skill/check sheet**  
Course Title: Paramedic Internship  
CD/drive filename: Attachment 7 - Field Internship Skill Check Sheet 6'09

6. Describe the process by which the program will track retention/attrition for each entering cohort of students?

A master grade sheet is maintained for each cohort of students, separate from the grade sheets for each class. A component of this master grade sheet is the tracking of attrition, capturing the point of separation from the program and the reason separation. Both academic and non-academic attrition is tracked Academic attrition is tracked for cognitive / didactic, psychomotor, and affective difficulties. Non-academic records personal reasons, change of job, military service / activation, and illness / injury

7. Describe how the program will survey its graduates using the DataARC system within 6 to 12 months after graduation of each graduating cohort?

Graduate surveys will be sent to students 180 days after graduation, and again at 730 days. Prescribed dates are built into the master grade sheet, triggering a flag that surveys are due.

8. Describe how the program will survey the employers of its graduates using the DataARC system within 6 to 12 months after graduation of each graduating cohort?

Employer surveys are conducted 60 days after the graduate surveys in order to identify the graduate's employer. Prescribed dates are built into the master grade sheet, triggering a flag that surveys are due.

9. Which examination(s) is/are used for Paramedics in your state? (check all that apply)

NREMT written       NREMT practical  
 state written       state practical

10. Describe how the program will utilize the outcomes data (i.e. retention, graduate surveys, employer surveys, Paramedic examinations) in program evaluation and revision (if warranted)?

All data collected from retention monitoring, graduate and employer surveys, and examination results are brought before the advisory committee for review. Areas of poor performance on the part of the program are evaluated to determine the most effective means of correction. Trending is also monitored to identify and separate the "unusual class" from a "developing problem". Identified corrections are submitted to college administration for revision and approval.

**PART E: Fair Practices (Standard V)**

1. Does the institution/consortium publish a general catalogue/bulletin for its educational programs?.....Yes  No  
If yes, year(s) of the latest edition?.....2009
2. Are admissions non-discriminatory, and made in accordance with defined and published practices? .....Yes  No
3. Does the institution/consortium have a student grievance policy? .....Yes  No
4. a. Does the institution/consortium have policies and procedures to ensure compliance with the ADA? .....Yes  No
- b. Does the Paramedic program disclose technical standards in compliance with ADA? .....Yes  No
- c. When are students informed of the program's technical standards?  
Standards are posted on-line and available at all times. Students are officially informed of the technical standards at the initial orientation meeting, approximately two weeks before the start of class.
5. Does the institution/consortium have a faculty grievance policy? .....Yes  No
6. a. Are all activities required in the program educational?.....Yes  No  
If no, briefly describe.
- b. Are students ever substituted for staff? Yes  No
7. Are grades and credits for courses recorded on the student transcript and permanently maintained?.....Yes  No  
Location where they are stored: .....Registrar's Office  
If No, # of years stored before disposal: .....Stored electronically permanently
8. Is there a formal affiliation agreement or memorandum of understanding with all other entities that participate in the education of the students? .....Yes  No

Copy to the CD/ flash drive a sample, representative agreement for a hospital affiliation and for a field internship affiliation:

- Attachment 8 – sample hospital clinical affiliation agreement**
- Attachment 9 – sample field placement affiliation agreement**

9. Place in **Appendix I** a copy of the most recent college catalogue and any other documents that make known to applicants and students the information specified in Standard V.A.2. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page #
Accreditation status of the sponsor with address and phone number	College Catalog	2
Accreditation status of the program with address and phone number	Pending	
Admission policies and practices	College Catalog	15
Policies on advanced placement	College Catalog	67
Policies on transfer of credits	College Catalog	26
Policies on credits for experiential learning	College Catalog	28
Number of credits required for program completion	College Catalog	132
Tuition, fees, and other program costs	College Catalog	18
Policies and procedures for student withdrawal	College Catalog Program Policies and Procedures	21 20
Policies and procedures for refunds of tuition/fees	College Catalog	19

Link to on-line catalogue, if applicable: [www.accordance.edu/catalog](http://www.accordance.edu/catalog)

10. Place in **Appendix J** a copy of additional material to be provided to enrolling students that makes known the information specified in Standard V.A.3 and Standards V.B and V.C. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page #
Academic calendar	College Catalog	9
Student grievance procedure	Program Policies and Procedures	10
Criteria for successful completion of each segment of the program	Program Policies and Procedures	9
Criteria for graduation	College Catalog	23
Policies and procedures for performing service work while enrolled in the program	Program Policies and Procedures	20
Non-discrimination policy for student admissions	College Catalog	11

Non-discrimination policy for faculty employment	College Policies and Procedures	115
Policies and procedures for processing faculty grievances	College Policies and Procedures	136
Policies and procedures to safeguard student health and safety	College Catalog Program Policies and Procedures	94 11

Link(s) to on-line additional materials, if applicable:      College Catalog -  
[www.accordancecc.edu](http://www.accordancecc.edu)      College Policies and Procedures -  
[www.accordancecc.edu/faculty/ppmanual](http://www.accordancecc.edu/faculty/ppmanual)

[NOTE: Links to [accordancecc.edu](http://accordancecc.edu) will not work. For examples of policies and procedures contact the CoAEMSP for accredited programs in your area who are willing to share materials.]



## PART F: Supplementary Information / Materials

### 1. Program Information

	Paramedic
a. Length of program (in months)	12, plus 8 for AAS
b. Total credit hours for completion	32
c. Maximum class size (capacity)	36
d. Actual current enrollment – 1 <sup>st</sup> year students	24
e. Actual current enrollment – 2 <sup>nd</sup> year students (if applicable)	- - -
f. Month(s) in which classes are enrolled (e.g., Jan, Sep)	August
g. Certificate of Completion granted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h. # of paid full-time Paramedic program faculty	3
i. # of paid part-time Paramedic program faculty	5
j. # of unpaid Paramedic program faculty	0
k. Number of satellite campuses (see relevant Policy)	0
l. Number of program sections (locations) (see relevant Policy)	1
m. Date of most recently admitted class	August 2009
n. Date of completion of next class	August 2010
o. Month / Year program enrolled the first class ever	August 1998

### Program Strengths & Limitations

#### 2. List the program's areas of strength:

1. Dedicated faculty, both full-time and adjunct. The faculty has worked to achieved "academic preparation to teach"; beyond paramedic certification and field experience, all faculty members have earned college credit in medically related course work, increasing the depth of knowledge needed to teach entry level paramedics.
2. Committed EMS community. All EMS providers in the ACC EMS Program service area are committed to the success of our program and our students. Through clinical opportunities and assistance with equipment, the strength of our relationship with our EMS providers is a valued strength.
3. Helpful clinical staff, from physicians to clerks. The staff at all of our local clinical sites are excellent resources for our students. They assure that learning opportunities are available despite the limited numbers of our rural setting. Physicians encourage the students to accompany them on rounds and perform the patient assessment. As the program progresses, the physicians expect the student to make accurate diagnoses and direct the initial management and treatment of the patient.

#### 3. List the program's limitations (areas that need improvement):

1. As a rural community, clinical resources are limited in both variety and number. Travel to large medical centers is time consuming and involved.
2. Budget is adequate to meet the needs of the students, but not the faculty. There is no available funding for faculty to attend state and national EMS or EMS instructor conferences / workshops. Faculty must find their own funding to attend these events.



3. The program has no clerical support. With three full-time personnel who are in class or other assignments and a regular basis, it is difficult to perform the routine clerical support.

4. Describe the processes and/or evaluation systems used to identify the program's strengths and limitations.

- Advisory Committee recommendations
- Program Personnel Resource Survey
- Student Resource Survey

5. Provide the program's analysis of the data collected assessing its strengths and limitations.

The program's strengths provide the students with an excellent educational base as well as solid and dedicated learning opportunities while on clinical and field rotations. The local medical community, both EMS and hospital, have taken a strong interest in assuring that our graduates are capable and knowledgeable paramedics.

The program's limitations and weaknesses add to the expense of the students and faculty. Lack of clinical experiences forces us to send students to larger urban settings to experience patient cases which seldom occur in our rural setting. This is an expense on the student in both money and time.

For faculty, keeping abreast of EMS issues across the state and nation are difficult without the face to face networking opportunities provided at EMS conferences. Although faculty members currently fund these conferences personally, they can not be expected to maintain this effort indefinitely. Eventually, the program will suffer and degrade from lack of instructor maintenance.

The lack of clerical support results in missed calls from prospective students as well as long hours from faculty returning calls and maintaining records. As the program grows and evolves a continued lack of clerical support will worsen these problems.

6. Describe the action plans developed to correct deficiencies for all areas in need of improvement listed in question 3 above:

We are working with our clinical sites to improve the patient assessment and management components of the clinical experience. Laboratory sessions are evolving to incorporate more simulation, creating the experiences that are seldom seen in our rural community.

Requests have been made of the college administration to increase our budget for the purpose of faculty travel and faculty development, as well as for the creation of a dedicated clerical position. As of this self-study report, no answer has been given.

7. Insert the completed **Faculty Evaluation SSR Questionnaires** from each paid faculty member (didactic, laboratory, and clinical/field internship), the Medical Director(s), and the members of the Advisory Committee in **Appendix K**.
8. **Student Evaluation SSR Questionnaires:** Assign a student proctor to administer the Student Evaluation SSR Questionnaire. All currently enrolled students are to complete the questionnaire. Have the student proctor distribute a questionnaire to each student, then place all completed questionnaires in a pre-addressed, postage paid envelope, immediately

seal the envelope, and mail the envelope with the completed questionnaires **directly to the CoAEMSP Executive Office** separately from the Self Study Report.

Download the questionnaire from: [www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm)

It looks like this:

-----

**Committee on Accreditation of Educational Programs for EMS Professions**  
**Student Evaluation SSR Questionnaire**

**Directions to Program:** Each Paramedic student shall be given a copy of this questionnaire and provided with a means, either individually or in a group, to return it **directly** to the CoAEMSP Executive Office. [Note: when reproducing the questionnaire, please make single-sided copies only.]

**Directions to the Student:** In order to assist CoAEMSP with an anonymous evaluation of the Paramedic program, please complete this questionnaire and return it **directly** to the CoAEMSP Executive Office. The program must provide a postage paid envelope (as a group or individually) for your convenience and to ensure confidentiality.

Date: \_\_\_\_\_ CoAEMSP Program # (if known): \_\_\_\_\_ (accredited programs only)

Name of Sponsor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Level of Training: Paramedic

How many months have you been enrolled in this program? \_\_\_\_\_

Expected month/year of graduation from Paramedic program: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

---

**DISCLOSURE**

1. Were tuition/fees and other costs required to complete the program made known to you prior to admission into the program? .....  Yes  No  
If No, please explain.

etc.

(The complete questionnaire has a total of 24 questions.)

(Note: This questionnaire is NOT the Student Resource Survey instrument.)

**Provide an addressed envelope, postage paid to the student proctor. Mail surveys to:**

**Committee on Accreditation of Educational Programs for the EMS Professions**  
**4101 W. Green Oaks Blvd. Suite 305-599 • Arlington, TX 76016**

## LIST OF APPENDICES FOR SELF-STUDY REPORT

- APPENDIX A** = RESOURCES ASSESSMENT – complete at least the first four (4) columns of information
- APPENDIX B** = Programmatic organizational chart of the sponsoring institution/ consortium that portrays the administrative relationships under which the program operates
- APPENDIX C** = Curriculum Vitae of the key personnel (program director, medical director, and clinical coordinator (if applicable); any paid faculty. Job descriptions of key personnel.
- APPENDIX D** = Completed PROGRAM COURSE REQUIREMENTS table
- APPENDIX E** = Completed CLINICAL AFFILIATE INSTITUTIONAL DATA forms
- APPENDIX F** = Completed FIELD INTERNSHIP INSTITUTIONAL DATA forms
- APPENDIX G** = Completed STUDENT CLINICAL ROTATION MATRIX.
- APPENDIX H** = Completed STUDENT FIELD INTERNSHIP ROTATION MATRIX.
- APPENDIX I** = Copy of the most recent college catalogue and any other documents related to Standard V.A.2.
- APPENDIX J** = Additional materials (not provided in Appendix H) related to Standard V.A.3. Reference documents and page numbers in Appendix H materials, as applicable.
- APPENDIX K** = Copies of Faculty Evaluation Self Study Report Questionnaires
- APPENDIX L** = A copy of the Consortium Agreement (Standard I.B) or Articulation Agreement (Standard I.A.3 or I.A.4), as applicable
- APPENDIX M** = Copies of the Advisory Committee minutes.

## APPENDIX A - Resources Assessment

(Matrix Format)

Programs holding Accreditation are required to complete Resource Assessment at least annually (Standard III.D). Programs seeking Initial Accreditation are required to complete at least columns **B**, **C**, and **D** of this matrix (Purpose, Measurement System, and Dates of Measurement) or complete the same information using the alternative full-page forms. Listed Purpose statements and Measurement Systems are minimally required. Programs may write additional Purpose statements and/or add Measurement Systems for resource(s). (see resource survey instruments at [www.coaemsp.org](http://www.coaemsp.org))

(return to [PART C](#); [ToC](#))

#	(A) RESOURCE	(B) PURPOSE (S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM * (types of measurements)	(D) DATE (S) OF MEASUREMENT	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
1	FACULTY	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements.  Work with advisory committee, administration, clinical/field internship affiliates and communities of interest to enhance the program.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. August of each year 2. August of each year	All responses 3 or above	Continue to monitor
2	MEDICAL DIRECTOR (S)	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. August of each year 2. August of each year	All responses 3 or above	Continue to monitor
3	SUPPORT PERSONNEL (clerical, academic,	Provide support personnel/services to ensure achievement of program goals and	1. Program Personnel Resource Survey 2. Student Resource Survey	1. August of each year 2. August of each	All responses 3 or above	Continue to monitor

	ancillary)	outcomes (e.g. admissions, registrar, advising, tutoring, clerical)		year		
4	CURRICULUM	Provide specialty core and support courses to ensure the achievement of program goals and learning domains.  Meet or exceed the content and competency demands of the latest edition of the documents referenced in Standard III.C.	1. Program Personnel Resource Survey 2. Student Resource Survey  3. Advisory Committee minutes 4. Graduate surveys 5. Employer surveys	1. August of each year 2. August of each year 3. June of each year 4. 6-months after graduation of each class 5. 8-months after graduation of each class	All responses 3 or above	Continue to monitor
5	FINANCIAL RESOURCES (fiscal support, acquisition /maintenance of equipment /supplies, continuing education)	Provide fiscal support for personnel, acquisition and maintenance of equipment/supplies, and faculty/staff continuing education.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. August of each year 2. August of each year	Results/Analysis below  Both students and faculty identify equipment as old and outdated. Limited equipment and supply budget does not allow purchase of current model ECG equipment and advanced management manikins. Funding for continuing education of faculty is inadequate.	Action Plan below  For the next budget year capital funds have been requested to replace two ECG monitors and two advanced management manikins. No answer has been given at the time of this self-study. Funds have been requested to allow faculty to attend state and national conferences. No answer has been given at the time of this self-study.
6	FACILITIES (classroom, lab, offices, ancillary);	Provide adequate classroom, laboratory, and ancillary facilities for students and faculty.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. August of each year 2. August of each year	All responses 3 or above	Continue to monitor

7	EQUIPMENT /SUPPLIES	Provide a variety of equipment and supplies to prepare students for clinical/field internship experiences.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. August of each year 2. August of each year	All responses 3 or above	Continue to monitor
8	CLINICAL/FIELD INTERNSHIP RESOURCES (affiliations)	Provide a variety of clinical/field internship experiences to achieve the program goals and outcomes.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Clinical Evaluation forms	1. August of each year 2. August of each year 3. Following each clinical rotation	Results/Analysis below All surveys indicate a lack of intubation experience due to limited clinical sites and used of LMAs.	Action Plan below The local resources are stretched for intubation clinicals and no additional opportunities are appearing. The program has increased the amount of manikin intubations and scenarios to assure airway competence.
9	LEARNING RESOURCES (print, electronic reference materials; computer resources)	Provide learning resources to support student learning and faculty instruction.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. August of each year 2. August of each year	All responses 3 or above	Continue to monitor
10	FACULTY/STAFF CONTINUING EDUCATION	Provide time and resources for faculty and staff continuing education to maintain current knowledge and practice.	1. Program Personnel Resource Survey	1. August of each year	All responses 3 or above	Continue to monitor
11	PHYSICIAN INSTRUCTIONAL INVOLVEMENT	Provide physician-student instructional interaction to ensure confident, professional working relationships between students and physicians.	1. Program Personnel Resource Survey (Section X) 2. Student Resource Survey (Section IX)	1. August of each year 2. August of each year	All responses 3 or above	Continue to monitor

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\* Programs are required to use the questions/items in the CoAEMSP “Program Personnel Resource Survey” instrument and incorporate the results into the assessment of all of the above resource categories (rows).

Programs are required to use the questions/items in the CoAEMSP “Student Program Resource Survey” instrument and incorporate the results into the assessment of all of the above resource categories (rows), except “Faculty/Staff Continuing Education”.

Programs are encouraged to use other instruments and mechanisms to provide additional information about the status of program resources.

SAMPLE

# APPENDIX B – Program Organizational Chart

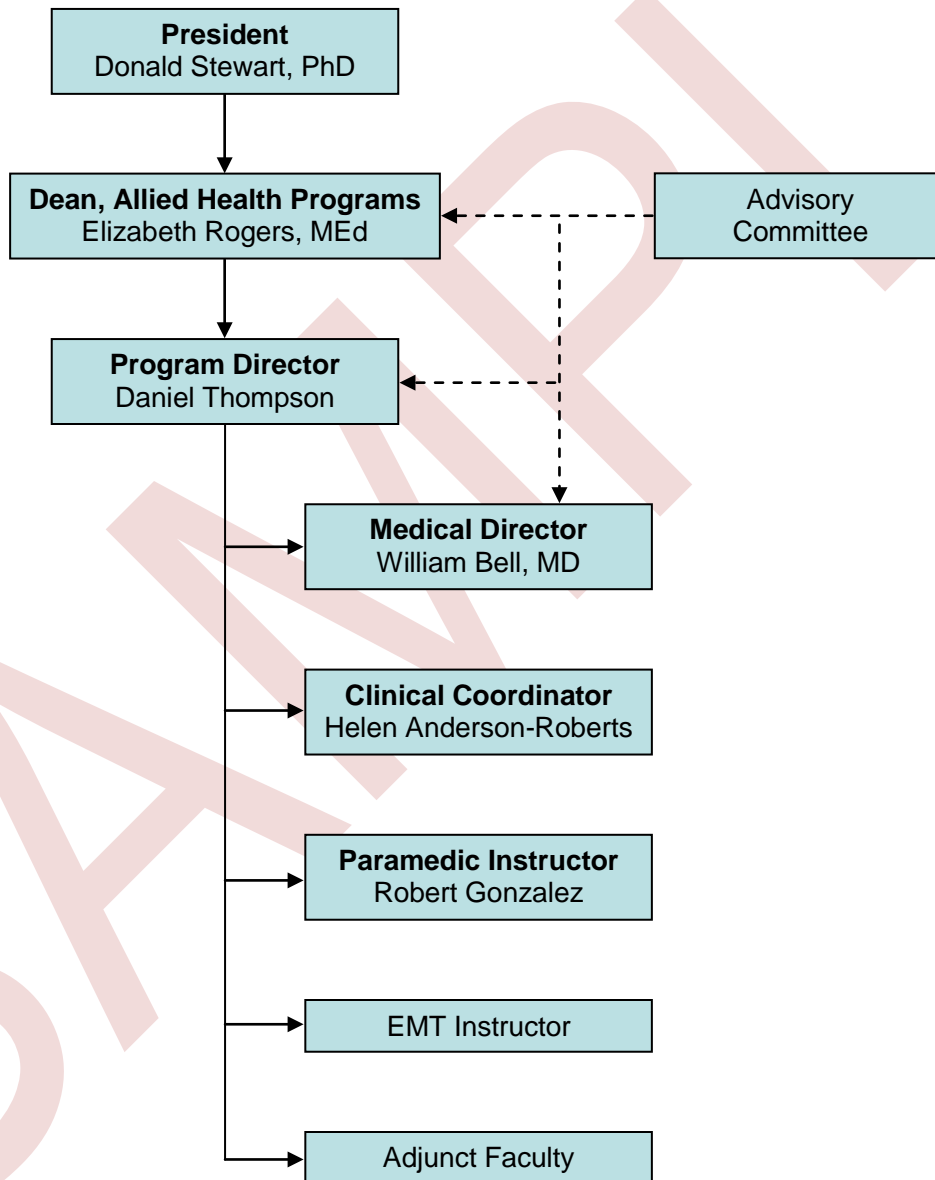
Insert organizational chart ...

(return to [PART C](#); [ToC](#))

here

Accordance Community College  
Emergency Medical Services Program

## Organizational Chart





## APPENDIX C1 – Curriculum Vitae and Job Description

Complete the appropriate form for each of the key personnel (Program Director, Medical Director, and Clinical Coordinator(s), if applicable) and any other paid faculty members (no support course faculty).

Insert job descriptions of key personnel...

(return to [PART C](#); [ToC](#))

### Program Director Information

Name: Daniel Thompson

How long have you been serving in the present position with the program? 1 year

Are you currently certified as a Paramedic?

Yes

No

Have you ever been a Paramedic?

Yes

No

### Educational Experience

School	Location	Dates	Degree	Major
University of Nebraska at Omaha	Omaha, NE	8/1998 to 5/2002	BS - Biology	Anatomy and Physiology
University of Nebraska at Kearney	Kearney, NE	8/2007 to present		MEd, in progress

### Post-graduate Training

Name of program	Location	Dates	Type of program

### Work Experience

Employer/Institution	Job Title	Where	Dates
Field Paramedic	Centerville, NE	5/2004 to Present	Mid-State EMS
Program Director	Centerville, NE	8/2008 to Present	Accordance Community College
ED Tech	Elm Grove, NE	7/ 2002 to 4/2004	Goldenrod County Medical Center

### Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Duties / Responsibilities** (check all that apply):

Average # of work hours/week while class in session		40 Hours
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 % of time
Laboratory Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Are you involved in the hiring and evaluation of other program personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in developing the program budget?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in modifications of the curriculum?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/2009
Are there systems in place to demonstrate the effectiveness of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are there adequate controls to assure quality of delegated responsibilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you responsible for:</b>		
Administration of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.
Organization of the educational program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Supervision of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Continuous quality review and improvement of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Long range planning and on-going development of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cooperative involvement of the medical director?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

\* Who is responsible and how is that responsibility attained?

The program organization is determined by the college administrative structure and budgeting process. Input and control of the process is the responsibility of the president's administrative team. Organizational needs are reviewed every five years.

Insert job description of the program director...

**Duties and Requirements for:  
Program Director, Emergency Medical Services Program**

---

The Program Director of the Emergency Medical Services Program is a non-administrative position, serving as an instructional leader and advisor of the program and is responsible directly to the Department Director of Health Sciences.

The Program Director provides instructional leadership in all phases of the Emergency Medical Services Program and acts as a liaison between the all communities of interest and the program.

The Program Director oversees and may delegate the preparation of class schedules, selection of textbooks, writing syllabi, and curricular changes pertaining to the program.

**Qualifications:**

The Program Director must:

- 1) Be a currently licensed paramedic in the state.
- 2) Be a currently certified EMS Instructor/Coordinator in the state.
- 3) Have five years experience as an emergency paramedic with a progressive and active EMS Provider.
- 4) Have five years experience teaching emergency medical technician and paramedic classes.
- 5) Posses at a minimum, an earned Bachelor's degree from a regionally accredited educational institution.

**Duties:**

The Program Director's duties and responsibilities include but are not limited to:

Instruction

- 1) Provide direct student instruction in the classroom.
- 2) Evaluate, review and recommend revisions of curriculum, syllabi, and selection of textbooks within the EMS Program.
- 3) Provide leadership in evaluating the need for and recommending the materials and equipment necessary to the implementation and effective maintenance of educational programs within the EMS Program.
- 4) Assume responsibility for supervision and evaluating the instruction of all courses, day and evening, taught within the EMS Program.
- 5) Assure that all classes meet as scheduled.

Budget

- 6) Develop and recommend to the department director and division chairperson an annual operating budget.
- 7) Oversee the operating budget of the EMS Program.
- 8) Control and maintain the instructional equipment within the EMS Program.

Personnel

- 9) Participate in the recruitment of professional and classified staff (full-time and part-time) within the EMS Program. Make recommendations for appointments to the department director.
- 10) Evaluate the professional and instructional staff within the department. Make recommendations for retention, dismissal, promotion, and tenure to the department director.

- 11) Oversee the orientation of new full-time and part-time faculty, to the department and coordinate in-service training.

#### Communication

- 12) Assist in the distribution of college policies and operational procedures to the instructional faculty and staff of the EMS Program. Provide support for the decisions of the college.
- 13) Provide an essential link in the two-way communication between the administration and teaching faculty in the EMS Program.
- 14) Serve as the official spokesperson for the EMS Program.

#### Supervision and Management

- 15) Supervise the full-time faculty of the EMS Program, as well as all part-time adjunct faculty and staff.
- 16) Schedule and conduct program meetings and advisory committee meetings.
- 17) Attend department, division, campus, and district academic committee meetings, as appropriate.
- 18) Develop and recommend to the department director, class schedules and assignments of teaching faculty.
- 19) Work with the department director to assure that educational programs within the EMS program comply with existing college and state regulations.
- 20) Adjudicate conflicts between the student and teaching faculty in the EMS Program.
- 21) Assume other duties as delegated or assigned by the department director.

#### Administrative

- 22) Develop course schedules.
- 23) Compile data for the completion of reports to the college, boards and accrediting bodies.
- 24) Oversee the handling of student documents and records required for participation in the program.

## APPENDIX C2 – Curriculum Vitae and Job Description

### Medical Director/Co- or Asst Medical Director Information

Name: William Bell

Medical Director                       Co- or Asst Medical Director

Board Certification Specialty: Emergency Medicine

as of Date: July 2003

How long have you been serving in the present position with the program? 5 years

Have you been a medical director of an ambulance service?

Yes                       No

If yes, how long?

7 years

Have you ever been a paramedic?

Yes                       No

#### Educational Experience

School	Location	Dates	Degree	Major
Grambling State University	Grambling, LA	8/1984 to 5/1988	BS	Biology / Pre-Med
University of Arkansas for Medical Sciences	Little Rock, AR	8/1989 to 5/1993	MD	

#### Post-graduate Training

Name of program	Location	Dates	Type of program
Emergency Medicine Residency	Louisville, KY	7/1993 to 7/1997	Residency

#### Work Experience

Employer/Institution	Job Title	Where	Dates
Medical Director	Centerville, NE	8/2004 to Present	Accordance Community College
Emergency Physician	Centerville, NE	1/2000 to Present	Central Nebraska Hospital
Emergency Physician	Rapid City, SD	9/1997 to 12/1999	Black Hills Regional Medical Center

#### Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Duties / Responsibilities** (check all that apply):

		Avg # Hrs/month	Avg # hrs for program
Lecture to paramedic students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4
Participate in lab (practical) exercises?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4
Review written exams for content and appropriateness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6
Review practical testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2
Review clinical performance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2
Review field experience?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6
Participate in practical testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Participate in oral testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10
Are there adequate controls to assure quality of delegated responsibilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you responsible for/to:</b>			
Review and approve the educational content of the curriculum to certify its appropriateness and medical accuracy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.
Review and approve the quality of medical instruction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the supervision of students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the evaluation of students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve each student's progress and assist in development or corrective measures for students that do not show adequate progress?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Work cooperatively with the Program Director?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

\* Who is responsible and how is that responsibility attained?

Insert job description of the medical director...

**Duties and Requirements for:  
Medical Director, Emergency Medical Services Program**

---

The Medical Director of the Emergency Medical Services Program is a non-administrative position, serving as an instructional leader and advisor of the program and is responsible directly to the Program Director.

The Medical Director provides instructional leadership in all phases of the Emergency Medical Services Program and acts as a liaison between the medical directors of the various hospital affiliates and the program. The Medical Director will assist the Program Director in the preparation of class schedules, selection of textbooks, writing syllabi, and curricular changes pertaining to the program.

**Qualifications:**

The Medical Director must:

- 1) Be currently practicing as a physician licensed in the state.
- 2) Have five years experience as an emergency physician or be knowledgeable in emergency medicine.
- 3) Be active in the local Emergency Medical Services System.
- 4) Be familiar with EMS base station operation including communication with, and direction of, prehospital emergency units.
- 5) Hold a current American Heart Association Advanced Cardiac Life Support Instructor's Card.

**Duties:**

The Medical Director's duties and responsibilities include but are not limited to:

Instruction / Student Evaluation

- 1) The review and approval of the educational content of the program curriculum and the quality of medical instruction and supervision delivered by the faculty.
- 2) The recruitment of additional physician support for instruction in paramedic classes and Advanced Cardiac Life Support courses.
- 3) The periodic review of each student's performance to assure adequate progress toward completion of the program.
- 4) The certification that each graduating student has achieved the desired level of competence prior to graduation.
- 5) Review and approve the medical content of comprehensive and final examinations, scripted scenarios, and oral assessments.

Budget

- 6) Work with the Program Director to assure that the program has appropriate and up-to-date equipment and supplies.

Personnel

- 7) Participate in the recruitment of instructional staff (full-time and part-time) within the EMS Program. Make recommendations for appointments to the Program Director.
- 8) Serving as the Physician Director for American Heart Association Advanced Cardiac Life Support courses.
- 9) Periodic review of instructional faculty.

Communication

- 10) The attendance at regularly scheduled program faculty meetings and Advisory Committee meetings.

Administrative

- 11) The scheduling of hours on campus on a weekly basis for the purpose of course content review and approval.

SAMPLE



## APPENDIX C2 – Curriculum Vitae and Job Description Medical Director/Co- or Asst Medical Director Information

Name:

Medical Director                       Co- or Asst Medical Director

Board Certification Specialty:

as of Date:

How long have you been serving in the present position with the program?

Have you been a medical director of an ambulance service?

Yes                       No

If yes, how long?

Have you ever been a paramedic?

Yes                       No

### Educational Experience

School	Location	Dates	Degree	Major

### Post-graduate Training

Name of program	Location	Dates	Type of program

### Work Experience

Employer/Institution	Job Title	Where	Dates

### Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Duties / Responsibilities** (check all that apply):

		Avg # hrs/month	Avg # hrs for program
Lecture to paramedic students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in lab (practical) exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review written exams for content and appropriateness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review practical testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review clinical performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review field experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in practical testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in oral testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there adequate controls to assure quality of delegated responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you responsible for/to:</b>			
Review and approve the educational content of the curriculum to certify its appropriateness and medical accuracy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.
Review and approve the quality of medical instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the supervision of students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the evaluation of students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve each student's progress and assist in development or corrective measures for students that do not show adequate progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work cooperatively with the Program Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* Who is responsible and how is that responsibility attained?

For each additional Medical Director, download a blank copy of the Curriculum Vitae form from [www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm), complete it, give it a unique file name, and save to the CD/flash drive

## APPENDIX C3 – Curriculum Vitae

### Clinical Coordinator or Other Paid Faculty Information

Name: Helen Anderson-Roberts, RN, BSN, NREMT-P

Clinical Coordinator       Paid Faculty, Specify:

How long have you been serving in the present position with the program? 1 year

Are you currently certified as a paramedic?

Yes       No

Have you ever been a paramedic?

Yes       No

#### Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

#### Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		40 Hours
Didactic Lecture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.5 % of time
Hospital Preceptor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25 % of time
Field Preceptor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.5 % of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2009

## APPENDIX C3 – Curriculum Vitae

### Clinical Coordinator or Other Paid Faculty Information

Name: Robert Gonzales, NREMT-P

Clinical Coordinator       Paid Faculty, Specify: Assistant Professor, Paramedic Instructor

How long have you been serving in the present position with the program? 4 years

Are you currently certified as a paramedic?

Yes       No

Have you ever been a paramedic?

Yes       No

#### Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

#### Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		40 Hours
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 % of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25 % of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2009

## APPENDIX C3 – Curriculum Vitae

### Clinical Coordinator or Other Paid Faculty Information

Name: Linda Martin, NREMT-P

Clinical Coordinator       Paid Faculty, Specify: Adjunct Faculty, Part-time Lab Instructor

How long have you been serving in the present position with the program? 2 years

Are you currently certified as a paramedic?

Yes       No

Have you ever been a paramedic?

Yes       No

#### Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		19.5 Hours
Didactic Lecture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100 % of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2009

For each additional faculty member, download a blank copy of the Curriculum Vitae form from [www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm), complete it, give it a unique file name, and save to the CD/flash drive

Total number of CV files saved to CD/flash drive: 4

List the names of the individuals' CV saved to CD/flash drive:

Appendix C3 – Curriculum Vitae Gary Rodriguez 5'09

Appendix C3 – Curriculum Vitae Dorothy Scott 5'09

SAMPLE

## APPENDIX D – Program Course Requirements Table

(return to [PART C](#); [ToC](#))

List all the courses that are required for completion of the Paramedic program in the sequence in which the students would typically enroll in them.

Overall length of program in months = 12 Or in years = 1

Type of credits is (i.e. academic term):	<input checked="" type="checkbox"/>	semester	<input type="checkbox"/>	quarter	<input type="checkbox"/>	Tri-mester
	<input type="checkbox"/>	Other (specify)				

Length of academic term in weeks = 16 Length of summer term in weeks (if different) = 12

**Clinical Hours:** are hospital hours performed during the course/program.

**Field Internship Hours:** are ambulance hours performed after completing the didactic, lab and clinical/hospital portions of the course/program.

Sequence by Sem/Quarter #	Course Number	Course Title	# Credits	# Lecture Hours	# Lab Hours	# Clinical Hours	# Field Internship Hours
1	EMTP1401	Paramedic Introduction	4	48	32		
1	EMTP1302	Airway and Patient Assessment	3	32	32		
1	EMTP1303	Pharmacology	3	48			
1	EMSP1304	Electrocardiography	3	32	32		
1	EMSP1305	Paramedic Clinical I	1			112	
2	EMSP2306	Medical Emergencies I	3	32	32		
2	EMSP2307	Medical Emergencies II	3	32	32		
2	EMSP2308	Trauma Emergencies	3	32	32		
2	EMSP2309	Special Populations	3	32	32		
2	EMSP 2310	Paramedic Clinical II	1			112	
3	EMSP2311	EMS Operations	3	32	32		
3	EMSP2312	Paramedic Internship	2				240





## APPENDIX E1 – Clinical Affiliate Institutional Data Form

(return to [PART C: ToC](#))

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.  
[http://www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm) )

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: <input style="width: 40px;" type="text"/>
Name: Central Nebraska Hospital	
Address: 1600 Hospital Parkway, Centerville, NE, 68986	
Chief Administrative Officer: Richard Green, MD, MBA	
Telephone # 308-555-6201	
Distance from location of program? <span style="float: right;">[ 4 ] miles</span>	
Is there a signed, current agreement with this affiliate? <span style="float: right;">[ X ] Yes [ ] No</span>	
Who supervises the students? <span style="float: right;">[ X ] hospital personnel [ ] program personnel</span>	
Are there written policies as to what students may do in each area? <span style="float: right;">[ X ] Yes [ ] No</span>	
Are the preceptors formally trained? <span style="float: right;">[ X ] Yes [ ] No</span>	
Or how many hours? <span style="float: right;">2</span>	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	32,850 / 3	2	4	8
Operating Room	9,450 / 1	1	2	8
CCU/ICU	4,200 / 2	1	2	12
Pediatrics				
Psychiatry				
Obstetrics				
Other (specify):				

## APPENDIX E2 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.  
[http://www.coemsp.org/self\\_study\\_reports.htm](http://www.coemsp.org/self_study_reports.htm) )

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: [ 2 ]
Name: Goldenrod County Medical Center	
Address: 600 Centerville Highway, Elm Grove, NE, 68672	
Chief Administrative Officer: David Thomas	
Telephone # 308-555-1330	
Distance from location of program? [ 18 ] miles	
Is there a signed, current agreement with this affiliate? [ x ] Yes [ ] No	
Who supervises the students? [ x ] hospital personnel [ ] program personnel	
Are there written policies as to what students may do in each area? [ x ] Yes [ ] No	
Are the preceptors formally trained? [ x ] Yes [ ] No	
Or how many hours? 2	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	16,500 / 3	1	2	8
Operating Room	3,120 / 1	1	2	8
CCU/ICU				
Pediatrics				
Psychiatry	520 / 2	1	1	8
Obstetrics				
Other (specify):				

## APPENDIX E3 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.  
[http://www.coemsp.org/self\\_study\\_reports.htm](http://www.coemsp.org/self_study_reports.htm) )

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: [ 3 ]
Name: Sand Hills Family Clinic	
Address: 500 Sioux Street, South Loup, NE, 68690	
Chief Administrative Officer: James Reed, MD	
Telephone # 308-555-9400	
Distance from location of program? [ 15 ] miles	
Is there a signed, current agreement with this affiliate? [ x ] Yes [ ] No	
Who supervises the students? [ x ] hospital personnel [ ] program personnel	
Are there written policies as to what students may do in each area? [ x ] Yes [ ] No	
Are the preceptors formally trained? [ x ] Yes [ ] No	
Or how many hours? 2	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.				
Operating Room				
CCU/ICU				
Pediatrics	8,750 / 1	2	2	8
Psychiatry				
Obstetrics				
Other (specify):				

## APPENDIX E4 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.  
[http://www.coemsp.org/self\\_study\\_reports.htm](http://www.coemsp.org/self_study_reports.htm) )

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: [ ]
Name:	
Address:	
Chief Administrative Officer:	
Telephone #:	
Distance from location of program?	[ ] miles
Is there a signed, current agreement with this affiliate?	[ ] Yes      [ ] No
Who supervises the students?	[ ] affiliate personnel      [ ] program personnel
Are there written policies as to what students may do in each area?	[ ] Yes      [ ] No
Are the preceptors formally trained?	[ ] Yes      [ ] No
For how many hours?	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.				
Operating Room				
CCU/ICU				
Pediatrics				
Psychiatry				
Obstetrics				
Other (specify):				

Insert the supplemental Appendix E file...  
[here](#)

## APPENDIX F1 – Field Internship Institutional Data Form

(return to [PART C](#); [ToC](#))

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. ([http://www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm))

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX	AFFILIATE #: [ 1 ]
Name: Mid-State EMS	
Address: 850 Union Street, Centerville, NE 78986	
Chief Administrative Officer: Anthony Young, NREMT-P	
Telephone # 308-515-4356	
Distance from location of program? [ 2 ] miles	
Is there a signed, current agreement with this affiliate? [ X ] Yes [ ] No	
Who supervises the students? [ X ] field agency personnel [ ] program personnel	
Are the preceptors formally trained? [ X ] Yes [ ] No	
For how many hours? 4	
Is there on-line medical direction for this affiliate? [ X ] Yes [ ] No	
Does this affiliate provide Advanced Life Support? [ X ] Yes [ ] No	
Is there a quality improvement program that reviews runs? [ X ] Yes [ ] No	
# of runs per year	8,760
# of active EMS units (excluding backups)	3
# trauma calls per year	2,190
# critical trauma calls per year	350
# pediatric call per year	260
# cardiac arrests per year	180
# cardiac calls (less cardiac arrest) per year	1,320
# Shifts per student	24
average # runs per shift for a student	6
# hours per shift	12

## APPENDIX F2 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. ([http://www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm) )

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: [ 2 ]
Name:	Elm Grove Fire Department	
Address:	64 North Main Street, Elm Grove, NE, 68672	
Chief Administrative Officer:	Chief Christopher Turner, NREMT	
Telephone #	308-555-5420	
Distance from location of program?	[ 17 ] miles	
Is there a signed, current agreement with this affiliate?	[ X ] Yes [ ] No	
Who supervises the students?	[ X ] field agency personnel [ ] program personnel	
Are the preceptors formally trained?	[ X ] Yes [ ] No	
For how many hours?	4	
Is there on-line medical direction for this affiliate?	[ X ] Yes [ ] No	
Does this affiliate provide Advanced Life Support?	[ X ] Yes [ ] No	
Is there a quality improvement program that reviews runs?	[ X ] Yes [ ] No	
# of runs per year	3,650	
# of active EMS units (excluding backups)	2	
# trauma calls per year	900	
# critical trauma calls per year	150	
# pediatric call per year	110	
# cardiac arrests per year	73	
# cardiac calls (less cardiac arrest) per year	540	
# Shifts per student	12	
average # runs per shift for a student	4	
# hours per shift	24	



## APPENDIX F3 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. ([http://www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm) )

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: [ 3 ]
Name:	Loup River Ambulance	
Address:	850 NE 3 <sup>rd</sup> Street, South Loup, NE, 68690	
Chief Administrative Officer:	George Robinson, NREMT-P	
Telephone #	308-555-7413	
Distance from location of program?	[ 16 ] miles	
Is there a signed, current agreement with this affiliate?	[ X ] Yes [ ] No	
Who supervises the students?	[ X ] field agency personnel [ ] program personnel	
Are the preceptors formally trained?	[ X ] Yes [ ] No	
For how many hours?	4	
Is there on-line medical direction for this affiliate?	[ X ] Yes [ ] No	
Does this affiliate provide Advanced Life Support?	[ X ] Yes [ ] No	
Is there a quality improvement program that reviews runs?	[ X ] Yes [ ] No	
# of runs per year	2,920	
# of active EMS units (excluding backups)	2	
# trauma calls per year	725	
# critical trauma calls per year	115	
# pediatric call per year	88	
# cardiac arrests per year	60	
# cardiac calls (less cardiac arrest) per year	440	
# Shifts per student	24	
average # runs per shift for a student	3	
# hours per shift	12	

## APPENDIX F4 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. ([http://www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm) )

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: [ ]
Name:		
Address:		
Chief Administrative Officer:		
Telephone #:		
Distance from location of program?	[ ] miles	
Is there a signed, current agreement with this affiliate?	[ ] Yes	[ ] No
Who supervises the students?	[ ] field agency personnel	[ ] program personnel
Are the preceptors formally trained?	[ ] Yes	[ ] No
For how many hours?		
Is there on-line medical direction for this affiliate?	[ ] Yes	[ ] No
Does this affiliate provide Advanced Life Support?	[ ] Yes	[ ] No
Is there a quality improvement program that reviews runs?	[ ] Yes	[ ] No
# of runs per year		
# of active EMS units (excluding backups)		
# trauma calls per year		
# critical trauma calls per year		
# pediatric call per year		
# cardiac arrests per year		
# cardiac calls (less cardiac arrest) per year		
# Shifts per student		
average # runs per shift for a student		
# hours per shift		

Insert the supplemental Appendix F file...  
[here](#)

## APPENDIX G – Student Clinical Rotation Matrix

(return to [PART C](#); [ToC](#))

Complete the columns of this matrix. For columns 2 and 3, report the numbers for students who have completed the procedures to date (or graduated from the Paramedic program, if applicable).

Procedure – Paramedic	# Required Per Student by Program	Average # Per Student	Range Per Student
Safely Administer Medications	28	42	33-67
Endotracheal Intubations	3	5	3-8
Live Intubations	3	5	3-8
Safely Gain Venous Access	20	30	24-48
Ventilate a Patient	5	9	7-15
Assessment of Newborn	1	2	1-4
Assessment of Infant	5	9	6-13
Assessment of Toddler	5	8	6-12
Assessment of Preschooler	5	8	6-14
Assessment of School Aged	6	10	7-16
Assessment of Adolescents	6	10	8-15
Assessment of Adults	30	44	35-70
Assessment of Geriatrics	15	20	15-34
Assessment of Obstetric Patients	1	2	1-3
Assessment of Trauma Patients	5	8	6-12
Assessment of Medical Patients	20	32	25-51
Assessment of Psychiatric Patients	2	4	2-6
Assess and Plan RX of Chest Pain	4	6	4-9
Assess and Plan RX of Respiratory	7	11	8-17
Assess and Plan RX of Syncope	3	6	4-9
Assess and Plan RX of Abdominal Complaint	7	10	8-16
Assess and Plan RX of Altered Mental Status	3	5	4-9

Comments:

## APPENDIX H – Student **Field Internship** Rotation Matrix

(return to [PART C](#); [ToC](#))

Complete the columns of this matrix **based on Field Internship ONLY**. For columns 2 and 3, report the numbers for students who have completed the procedures to date (or graduated from the Paramedic program, if applicable).

Procedure – Paramedic	For Field Internship ONLY		
	# Required Per Student by Program	Average # Per Student	Range Per Student
Safely Administer Medications	20	30	24-48
Live Intubations	0	1	0-3
Safely Gain Venous Access	10	15	12-20
Ventilate a Patient	2	5	3-5
Assessment of Newborn	0	0	0-2
Assessment of Infant	0	2	0-3
Assessment of Toddler	0	2	0-3
Assessment of Preschooler	0	2	0-4
Assessment of School Aged	0	3	1-6
Assessment of Adolescents	4	8	6-12
Assessment of Adults	20	30	24-47
Assessment of Geriatrics	10	12	10-18
Assessment of Obstetric Patients	0	1	0-3
Assessment of Trauma Patients	5	7	5-13
Assessment of Medical Patients	5	11	9-19
Assessment of Psychiatric Patients	1	3	2-6
Assess and Plan RX of Chest Pain	5	7	6-18
Assess and Plan RX of Respiratory	5	7	5-17
Assess and Plan RX of Syncope	2	6	4-11
Assess and Plan RX of Abdominal	2	6	5-14
Assess and Plan RX of Altered Mental Status	2	3	5-20
Team Leads - ALS	10	12	10-16

Comments:

## APPENDIX I – College Catalogue and Documents

(return to [PART E](#); [ToC](#))

Insert copy of the most recent college catalogue and any other documents related to Standard V.A.2.

here

A separate file for this Appendix has been placed on the CD/drive named:  
[Appendix I J - Program Policies and Procedures 11'09](#)

SAMPLE

## APPENDIX J – Additional College Materials

(return to [PART E](#); [ToC](#))

Insert additional materials related to Standard V.A.3. ...

here

A separate file for this Appendix has been placed on the CD/drive named: [Appendix I J - Program Policies and Procedures 11'09](#)

SAMPLE

# APPENDIX K – Faculty Evaluation SSR Questionnaires

(return to [STRENGTHS](#); [ToC](#))

Blank versions of the Faculty Evaluation SSR Questionnaire are available on the CoAEMSP web site at: [http://www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm).

## Committee on Accreditation of Educational Programs for EMS Professions Faculty Evaluation SSR Questionnaire Advisory Committee Evaluation SSR Questionnaire For Self Study Report

**Instructions:** Have each paid faculty member (didactic, laboratory, and clinical/field internship), the Medical Director(s), the Clinical Coordinator(s), if applicable, and members of the Advisory Committee, complete this questionnaire as a part of the Self Study process.

Name of Sponsor: **Accordance Community College**

Level of Training: Paramedic

This form to be completed by the **Program Director**:

**Program Director**

Please rate each of the following items by circling the appropriate rating according to the following scale:

Strongly Agree	Generally Agree	Neutral	Generally Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	N/A

Administrative support is sufficient to meet program goals.	5	4	3	2	1	N/A
A. College Administration (Dean, Division Chair)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Financial Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Teaching Loads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Communities of Interest (e.g. employers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program resources meet the stated purpose for the program.	5	4	3	2	1	N/A
A. Clerical Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Support Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Classroom Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Laboratory Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Laboratory Equipment and Supplies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Instructional Reference Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Overall Hospital/Field Internship Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Computer Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty teach effectively. (Do not rate your own position)	5	4	3	2	1	N/A
A. Program Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Clinical Coordinator, if applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Hospital/Field Internship Faculty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other Paramedic Faculty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Science Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum is sufficient to meet program goals.	5	4	3	2	1	N/A
A. Depth and scope of program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Course Sequencing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- C. General Education and Science Courses
- D. Paramedic Theory and Skill Development
- E. Emergency Department
- F. Operating Room
- G. ICU/CCU
- H. Pediatrics
- I. Psychiatry
- J. Obstetrics
- K. Trauma
- L. Field Experience

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical/Field Coordination is sufficient to meet program goals.

**5      4      3      2      1      N/A**

- A. Communication by program with clinical/field internship sites/preceptors
- B. Hospital/Field Internship evaluation Instruments
- C. Parallel experiences among students
- D. Supervision of students
- E. Consistency of evaluation of students

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the major strengths of the program?

The college and the communities of interest seem dedicated to the development of a first rate paramedic program in our area. With in budgetary capabilites and available resources, the program is afforded every opportunity to grow and develop in an effort to be competative with the national standards.

What areas do you believe need improvement?

Although faculty are capable of teaching the curriculum as it exists, it would improve the individual delivery of materials if more oppotunites were available for attending national educators conferences and seminars. Advancing the education of our educators seems to be a worthwhile goal.

Thank you for completing this questionnaire.

# APPENDIX K – Faculty Evaluation SSR Questionnaires

Blank versions of the Faculty Evaluation SSR Questionnaire are available on the CoAEMSP web site at: [http://www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm).

## Committee on Accreditation of Educational Programs for EMS Professions Faculty Evaluation SSR Questionnaire Advisory Committee Evaluation SSR Questionnaire For Self Study Report

**Instructions:** Have each paid faculty member (didactic, laboratory, and clinical/field internship), the Medical Director(s), the Clinical Coordinator(s), if applicable, and members of the Advisory Committee, complete this questionnaire as a part of the Self Study process.

Name of Sponsor: **Accordance Community College**

Level of Training: Paramedic

This form to be completed by the **Medical Director:**

**Medical Director**

Please rate each of the following items by circling the appropriate rating according to the following scale:

Strongly Agree	Generally Agree	Neutral	Generally Disagree	Strongly Disagree	Not Applicable
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>

Administrative support is sufficient to meet program goals.

- |  | 5                                   | 4                        | 3                        | 2                        | 1                        | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. College Administration (Dean, Division Chair) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Financial Resources                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Teaching Loads                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Communities of Interest (e.g. employers)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program resources meet the stated purpose for the program.

- |  | 5                                   | 4                                   | 3                                   | 2                                   | 1                        | N/A                                 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| A. Clerical Support                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| B. Support Staff                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| C. Classroom Facilities                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| D. Laboratory Facilities                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| E. Laboratory Equipment and Supplies           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F. Instructional Reference Materials           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| G. Overall Hospital/Field Internship Resources | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| H. Computer Resources                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

Faculty teach effectively. (Do not rate your own position)

- |  | 5                                   | 4                        | 3                        | 2                        | 1                        | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Program Director                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Clinical Coordinator, if applicable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Medical Director                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Hospital/Field Internship Faculty   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other Paramedic Faculty             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Science Faculty                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Curriculum is sufficient to meet program goals.

- |   | 5                                   | 4                        | 3                        | 2                        | 1                        | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Depth and scope of program             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Course Sequencing                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. General Education and Science Courses  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Paramedic Theory and Skill Development | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- E. Emergency Department
- F. Operating Room
- G. ICU/CCU
- H. Pediatrics
- I. Psychiatry
- J. Obstetrics
- K. Trauma
- L. Field Experience

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical/Field Coordination is sufficient to meet program goals.

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
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- A. Communication by program with clinical/field internship sites/preceptors
- B. Hospital/Field Internship evaluation Instruments
- C. Parallel experiences among students
- D. Supervision of students
- E. Consistency of evaluation of students

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the major strengths of the program?

What areas do you believe need improvement?

Thank you for completing this questionnaire.

SAMPLE

**APPENDIX K**  
**Faculty Evaluation SSR Questionnaires (continued)**  
**Advisory Committee Evaluation SSR Questionnaires (continued)**

For each additional faculty member (didactic, laboratory, clinical/field internship) and Advisory Committee member, download a blank copy of the questionnaire from the CoAEMSP web site ([www.coaemsp.org/self\\_study\\_reports.htm](http://www.coaemsp.org/self_study_reports.htm)), complete it, give it a unique file name, and save to the SSR CD/flash drive.

Total number of Faculty Evaluation SSR Questionnaire files saved to CD/flash drive: 7

Total number of Advisory Committee SSR Questionnaire files saved to CD/flash drive: Add these

List the names of the individuals' questionnaires saved to CD/flash drive:

Appendix K – Faculty Evaluation SSR Questionnaires Helen AndersonRoberts 5'09  
Appendix K – Faculty Evaluation SSR Questionnaires Robert Gonzalez 5'09  
Appendix K – Faculty Evaluation SSR Questionnaires Charles Walker 5'09  
Appendix K – Faculty Evaluation SSR Questionnaires Gary Rodriquez 5'09  
Appendix K – Faculty Evaluation SSR Questionnaires Deborah Taylor 5'09  
Appendix K – Faculty Evaluation SSR Questionnaires Dorothy Scott 5'09  
Appendix K – Faculty Evaluation SSR Questionnaires Linda Martin 5'09  
Add Advisory Committee Members

**CoAEMSP** will insert the additional completed Faculty and Advisory Committee Evaluation SSR Questionnaires.

here

**APPENDIX L**  
**Consortium Agreement (Standard I.B) or**  
**Articulation Agreement (Standard I.A.3 or I.A.4), as applicable**

(return to [PART A](#); [ToC](#))

Insert a copy of the agreement ...

here

SAMPLE

## APPENDIX M – Advisory Committee Minutes

(return to [PART B: ToC](#))

Insert Advisory Committee minutes ...

### Accordance Community College EMS Program Advisory Board Meeting May 4, 2009

#### EMS Staff Meeting Minutes

Meeting Date: May 4, 2009	Meeting Time: 12:00pm	Meeting Place: ACC Health Science, Conference Room One
Recorder: Daniel Thompson	Time Keeper: Helen Anderson-Roberts	Previous Meeting: May 16, 2008

Name:	Title:	Attendance
Shirley Collins, DO, Chair	EMS Medical Director	Present
Timothy Brown	Paramedic/FF, Elm Grove Fire Department	Present
Thomas Campbell	RN, Director Emergency Services, Central Nebraska Hospital	Absent
Steven Clark	Student, ACC EMS Program	Present
Sharon Cook	Supervisor, Loup River Ambulance	Present
Sara Davis	FF/Paramedic Loup River Fire Department	Present
Sandra Edwards	County Judge, Goldenrod County	Absent
Ruth Evans	EMS Chief, Elm Grove Fire Department	Present
Robert Gonzales	Faculty Member, ACC EMS Program	Present
Paul Hall	Training Officer, Centerville Fire Department	Present
Elizabeth Rogers	Dean, Allied Health Programs	Present
Edward Sanchez	Chief Accountant, Bradford James Associates	Present
Carol White	Nurse Manager L&D- Goldenrod County Medical Center	Present
Brian Williams	Director, Mid-State EMS	Present

#### EMS Faculty Members:

Name:	Title:	Attendance
1. Daniel Thompson	EMS Program Director	Present
2. Helen Anderson-Roberts	EMS Clinical Coordinator	Absent

Agenda	Discussion	Conclusions/Recommendations
I. Call to Order	Meeting called to order 1300	Welcome to all.
A. Welcome	Introductions	Welcome and thanks for participation
B. Program Update	<ul style="list-style-type: none"> <li>Review of National Registry Pass rates, Attrition, and job placement</li> </ul>	Accepted
C. Review of Objectives and mission	Current objectives for student outcomes and program mission statement	Discussion. All objectives and mission statement left unchanged.
D. National Accreditation	Described current situation with self-study and plans for submission and upcoming site visit.	Short discussion. Accepted.
E. Clinical Experiences	Described current clinical experiences for EMT and Paramedic Students.	Discussion. Clinical experience deemed adequate. No additional experiences needed at this time.
VII. Meeting adjourned by Dr Shirley Collins	a. Next meeting plans 06/03/10@ 1200	Adjournment.

Respectfully submitted,

Daniel Thompson