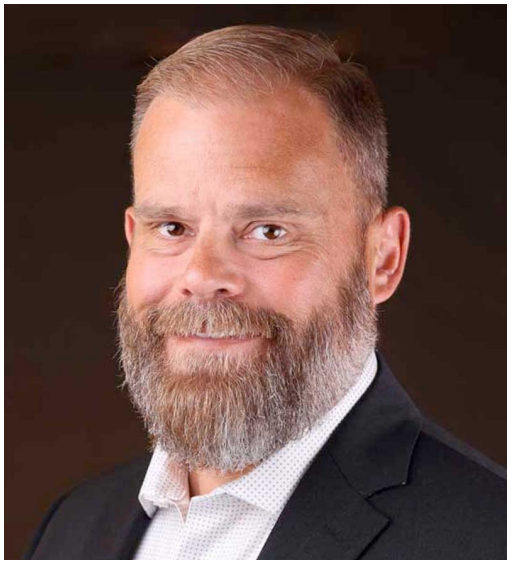
Fix It Before It's Cited:

The Top 5 Areas of Non-Compliance





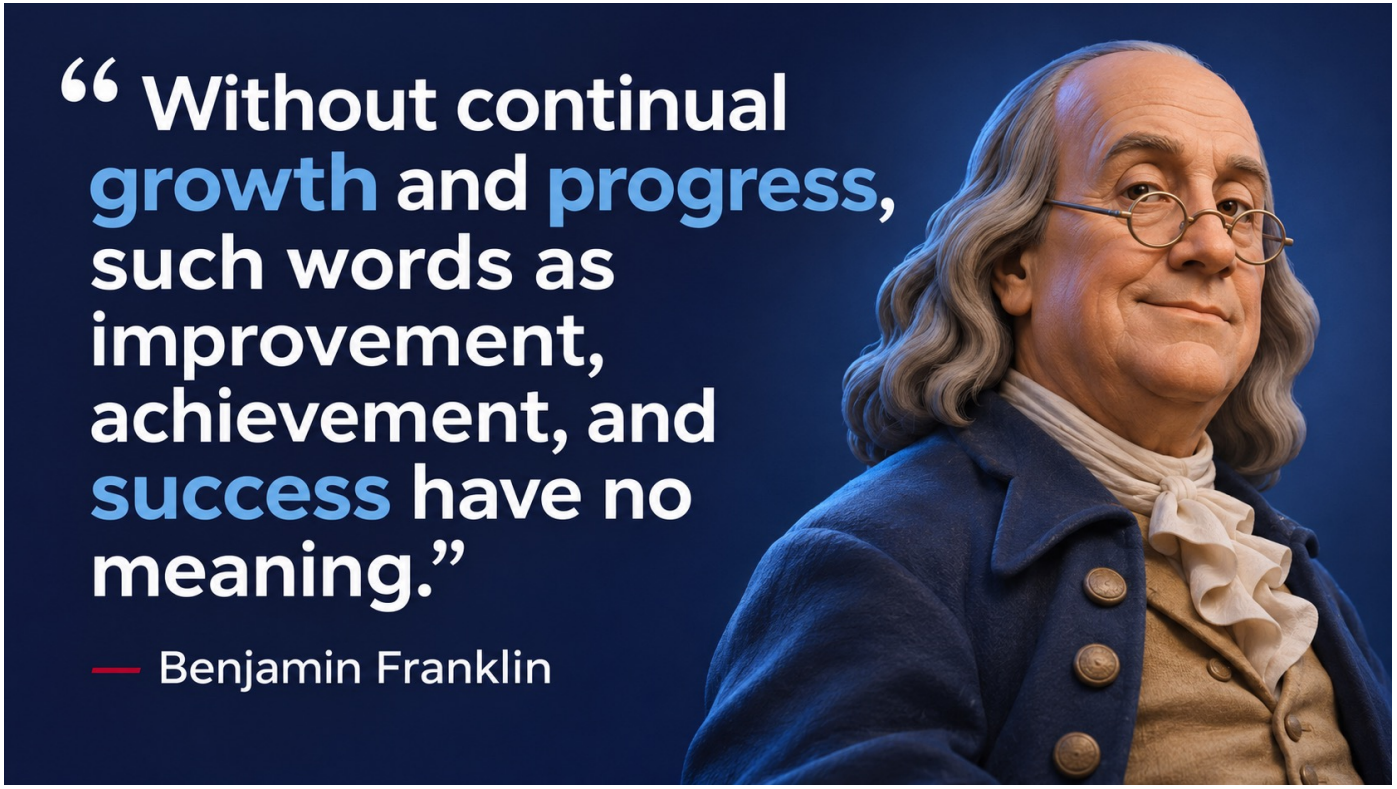
Mike Miller, EdD, RN, NRP
Associate Director



JC Cook, EdD, MBA, NRP
Assistant Director

Objectives

- Review the 5 most common areas of non-compliance.
- Discuss ways to ensure compliance with the most common areas of non-compliance.
- Examine some common pitfalls programs encounter during initial and continuing accreditation.


“ Without continual growth and progress, such words as improvement, achievement, and success have no meaning.”
— Benjamin Franklin

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Feedback is an opportunity

A finding identifies a gap to address

What needs to change?
What evidence will show it worked?
What is the follow-up?



Mike

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The 2026 review context

525

areas of non-compliance
identified in 2026 reviews

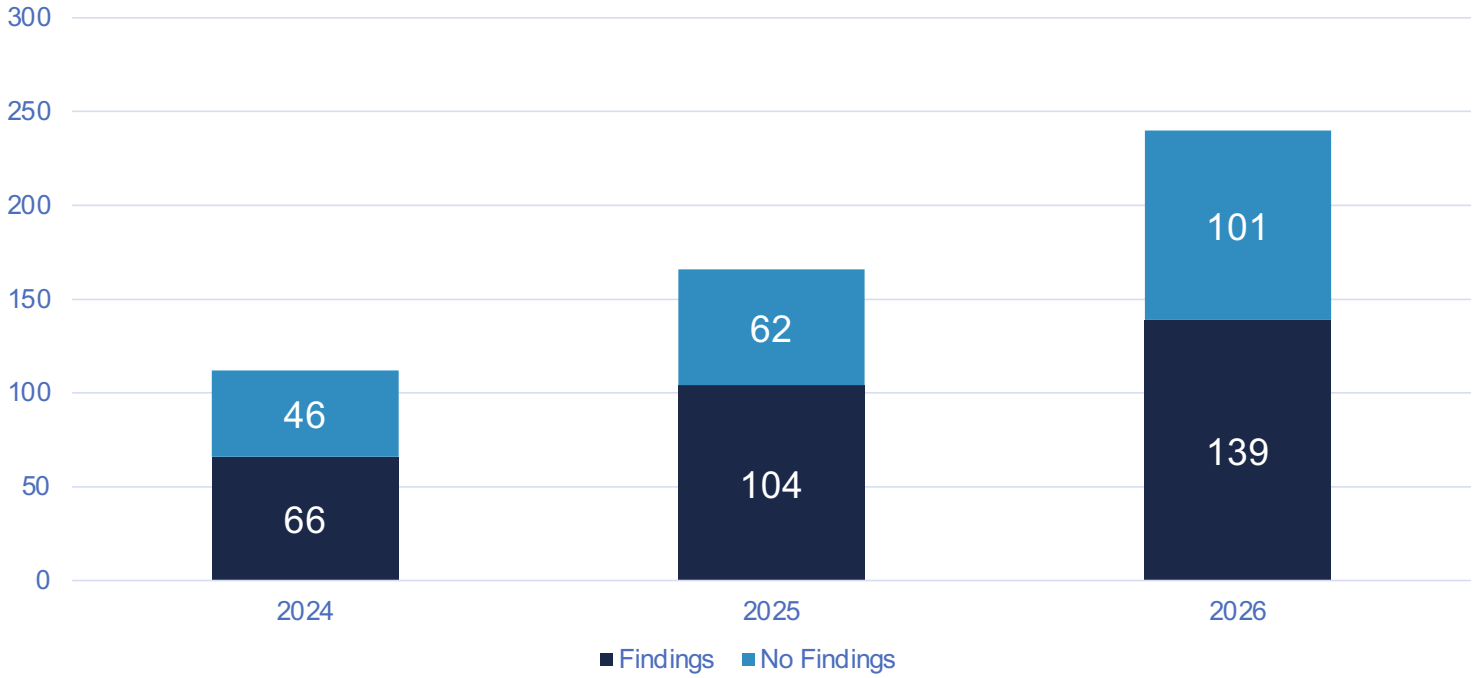
Site visits

2025	186
2026	203
2027 estimate	220

Typical annual average: approximately 175 site visits

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Programs with Findings
N= 518 (2024 - 2026)

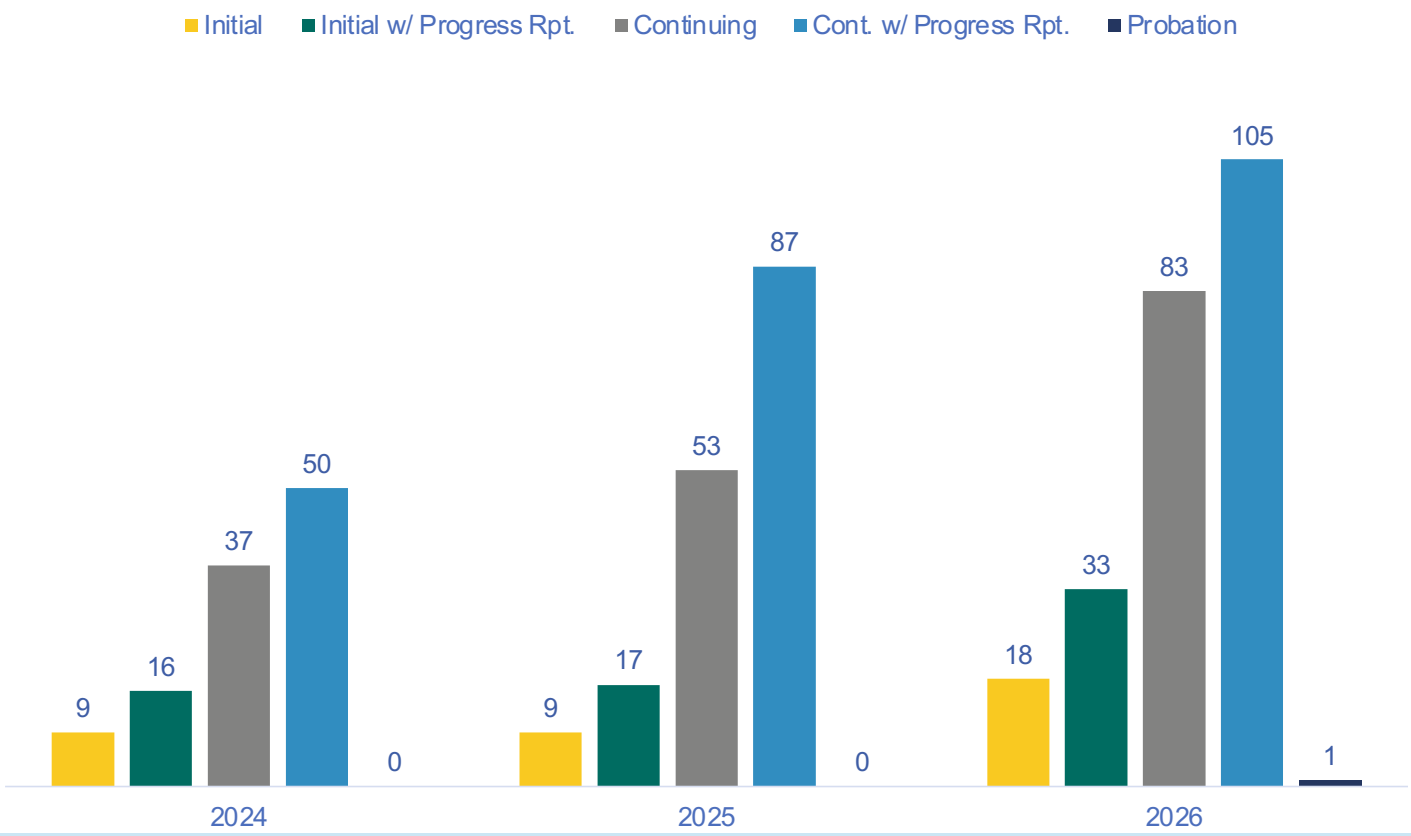


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Recommendations to CAAHEP



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#5 – IV.A.1
Student Evaluation – Frequency and Purpose
~45 programs~

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

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

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

Mike

#4 – III.B.1.a.1-4
Resources– Program Director Responsibilities
~46 programs~

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

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

#3 – II.B.
Program Goals – Program Advisory Committee
~54 programs~

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

Mike

#2 – III.B.2.a.1-7
Resources– Medical Director Responsibilities
~56 programs~

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

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

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#1 – III.D.
Resources– Resource Assessment
~79 programs~

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

Satellites must also be assessed.

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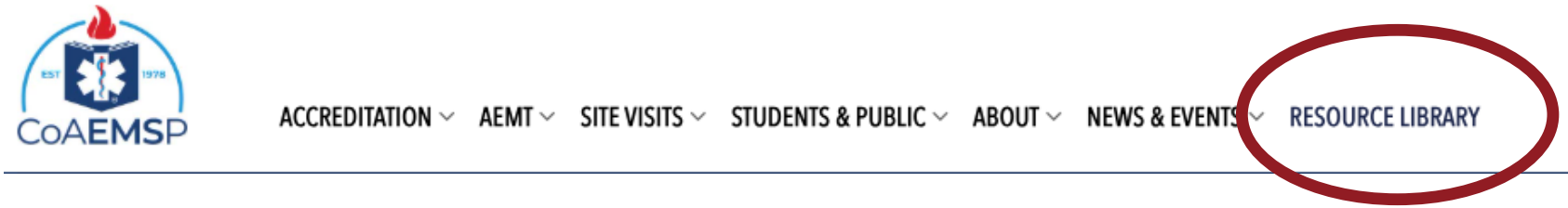
Quick Tips to Prevent Findings



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JC

#1 – Use CoAEMSP Resources



https://coaemsp.org/resource-library

JC

#2 – Follow the Step-by-Step Instructions

Step by Step Instructions

DOCUMENT LINK	DATE	TYPE
Directions for Creating a Single PDF Document	Jan 2025	pdf
Getting Started – An Action Plan for CAAHEP Accreditation	Jul 2020	docx
Keys to an Appropriate Response for Response to Findings Letter & Progress Reports	Apr 2025	pdf
Step By Step Instructions for Abridged AEMT LoR Application-LSSR	Jan 2025	docx
Step By Step Instructions for Alternate Location	Nov 2020	docx
Step By Step Instructions for Documents for Site Visit	Nov 2024	docx
Step By Step Instructions for FL-PR	Dec 2025	docx
Step By Step Instructions for LoR Application	Jul 2024	docx
Step By Step Instructions for Satellite	Jul 2023	docx
Step By Step Instructions for Self-Study Report	Feb 2025	docx

Mike

3. Medical director involvement

An active role throughout the program

Plan regular opportunities to review student progress and document required approvals.



#4



Mike

5. Ask for help!



Questions are welcome

We are your best consultants.

Follow CoAEMSP on LinkedIn

Let’s stay connected

Scan the QR code, visit our page, and select Follow.

CoAEMSP on LinkedIn

JC

Questions and next steps

What will you review first?

Choose one area.
Name the evidence you will check.
Set a date to follow up.



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NEXT CoAEMSP WEBINAR

Accreditation Myth Busters

December 9, 2026

1:00 p.m. Central

A roundtable with CoAEMSP staff
to separate accreditation fact from fiction.

Bring your myths. Bring your questions.



CoAEMSP

Register for the webinar