



OHIO DEPARTMENT
OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

OHIO EMERGENCY MEDICAL SERVICES



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OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

CERTIFICATE OF ACCREDITATION RENEWAL APPLICATION

1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073

COMPLETING THE RENEWAL APPLICATION FOR A CERTIFICATE OF ACCREDITATION

A Certificate of Accreditation is valid for three years and may be renewed by the State Board of Emergency Medical Services. Each EMS training program requesting the renewal of a Certificate of Accreditation is required to complete the renewal application form prescribed and furnished by the board and submit it to the EMS Division no later than the 30th day prior to expiration of the current certificate. The criteria used in the evaluation of the EMS training program is based upon the Ohio Revised Code (ORC) Section 4765 and rules approved by the Board of Emergency Medical Services in the Ohio Administrative Code (OAC) Section 4765.

The ultimate goal of accreditation is to help a training program attain its own goal—improving student learning and student achievement. The effectiveness of accreditation depends upon the EMS training program's honest, self-reflective analysis of its strengths and challenges based upon the EMS Board approved standards. The answers should be prepared in clear and concise language and respond to each of the questions asked. An EMS training institution that offers EMS education at the high school level must include all the required documentation requested by the self-study application.

1. A review of the following ORC 4765 and OAC 4765 will assist in completing the application.
 - a. ORC 4765.16 Development & teaching of training & continuing education programs; standards
 - b. ORC 4765.23 Issuance; renewal; suspension or revocation of a certificate to teach
 - c. ORC 4765.24 Certificate of successful completion issued to graduates; continuing education
 - d. OAC 4765-7-02 Accreditation of training programs
 - e. OAC 4765-7-04 Application for accreditation
 - f. OAC 4765-7-05 Offsite locations
 - g. OAC 4765-7-06 Notification to the board.
 - h. OAC 4765-7-07 Renewal of accreditation
 - i. OAC 4765-7-09 Approval of continuing education programs
 - j. OAC 4765-7-11 CE course requirements for Ohio EMS accredited & approved institutions
 - k. OAC 4765-7-12 Online education & distance learning through an Ohio EMS accredited institution
 - l. OAC 4765-18-05 Qualifications for a certificate to teach as an EMS Instructor
 - m. OAC 4765-18-15 Qualifications for a certificate to teach as an EMS Continuing Education Instructor
 - n. OAC 4765-18-18 Qualifications for a certificate to teach as an Assistant EMS Instructor
2. It is the responsibility of the applicant to submit a complete and accurate application. Should you have any questions while completing this application, please contact the Division of EMS at 1-800-233-0785.
 - a. Complete all sections of the EMS Board approved renewal application. *An incomplete renewal application will not be processed and will be returned to the applicant.*
 - b. Submit the application in a three-ring solid notebook.
 - c. Display the EMS accredited training program name and 3-digit accreditation number on the cover and spine of the notebook.
 - d. Review and sign the Accreditation Renewal Application Check List
 - e. Make a copy of the application for the EMS training program files.
3. Upon receipt and review of the renewal application an EMS Education Coordinator will contact the Program Director to schedule an onsite review of the facilities, equipment and files.

Return Renewal Application to:

Ohio Department of Public Safety
Emergency Medical Services Division
Attn: EMS Accreditation
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073

ACCREDITATION RENEWAL APPLICATION CHECK LIST

Required documentation to be included with the renewal application submission

- Authorizing official statement of support for EMS training program
- Demonstration of adequate financial resources to operate EMS training program
- Advisory committee meeting dates
- Advisory committee membership list
- List of EMS instructors, certification numbers and expiration dates
- List of initial training courses over past 3-year cycle and passing statistics by EMT level
- Curriculum hours for each EMS training level offered
- Course schedules and lesson plans for each EMS training level offered
- Written policies and procedures in compliance with OAC 4765-7-02(21)(a-q)
- Written policies and procedures in compliance with OAC 4765-7-09 and OAC 4765-7-12
- Alphabetical listing of clinical & pre-hospital affiliates
- List of offsite training locations
- List of continuing education training courses offered during past 3-year accreditation cycle

REQUIRED DOCUMENTATION TO BE AVAILABLE FOR REVIEW DURING THE ACCREDITATION ONSITE VISIT

- Training program table of organization
- Advisory committee meeting minutes
- Current and signed affiliation agreements for clinical, pre-hospital and borrowed/leased equipment
- Admission application
- Written documentation of valid EMT-Basic or EMT-Intermediate certification (EMT-I or EMT-P programs)
- Evaluations of student cognitive performance
- Evaluations of student in-course and final practical skills performance
- Documentation of student clinical and pre-hospital performance
- Preceptor's evaluation of student performance
- Attendance records for each EMS training course
- Documentation of credit given to student(s) for previous training
- Copy of valid certifications and supervisor evaluations for all EMS Instructors
- Copies of Student Course Evaluation
- Accident and injury reports
- Copy of initial training Certificate of Completion
- Copy of continuing education Certificate of Completion
- Certificate of Approval training program files (if any)

THE APPLICATION HAS BEEN:

- Reviewed to assure the document is complete
- Reviewed and signed by the authorizing official and program medical director
- Copied for the training program file
- Submitted 30 days prior to expiration date

X

Program Director's Signature

Date

DATE: _____

CERTIFICATE OF ACCREDITATION RENEWAL APPLICATION

Complete each section as directed. To provide as complete an answer as possible, it may be necessary to include comments or submit additional documents.

SECTION 1: EMS TRAINING PROGRAM INFORMATION

OFFICIAL PROGRAM NAME		SPONSORING ORGANIZATION			
ACCREDITATION NUMBER (3-DIGIT #)		ACCREDITATION EXPIRATION DATE			
MAILING ADDRESS		CITY	STATE	ZIP CODE	COUNTY
WEB SITE ADDRESS	TELEPHONE #		FAX #		

ORGANIZATION TYPE

- 4-Year University/College 2-Year Community College Hospital JVS/Career Center
 EMS Agency Fire Department Private Institution Other

EMS TRAINING LEVEL(S) RENEWING (Check all that apply)

- First Responder Basic Intermediate Paramedic

Do high school seniors participate in this EMS training program? Yes No

NATIONAL ACCREDITATION

Is this EMS training program accredited through CoAEMSP? Yes No
If yes, submit a copy of certificate with application.

Is this EMS training program accredited by another national organization? Yes No
If yes, submit a copy of certificate with application.

Authorizing Official- This individual must have signature authority for the EMS accredited institution. Complete the following information and furnish a table of organization along with a statement of support for the EMS training program. The statement of support may include any direct personnel and facility costs or in-kind support from the EMS accredited institution.

FIRST NAME	MIDDLE	LAST	
TITLE (WITHIN INSTITUTION)	EMAIL ADDRESS	TELEPHONE #	FAX #

Program Director - The authorizing official has the responsibility to serve or designate a person of good reputation to serve as program director. The program director will be the primary contact for the Division of EMS and the recognized signature on EMS program certificates of completion.

Same as authorizing official

COMPLETE THE FOLLOWING INFORMATION IF DIFFERENT THAN AUTHORIZING OFFICIAL

PROGRAM DIRECTOR NAME	MIDDLE	LAST	EMPLOYMENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
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OHIO CERTIFICATION/LICENSURE (CHECK ALL THAT APPLY)

- First Responder
 EMT-Basic
 EMT-Intermediate
 Paramedic
 Ohio Certification #
 Registered Nurse
 Physician Assistant
 Ohio License #
 EMS Instructor
 Fire Instructor
 Assistant EMS Instructor
 Other

EMAIL ADDRESS	TELEPHONE #	FAX #			
MAILING ADDRESS (IF DIFFERENT FROM PROGRAM)	CITY	STATE OHIO	ZIP CODE	COUNTY	

COMPLETE THE FOLLOWING INFORMATION IF THE PROGRAM DIRECTOR DOES NOT MANAGE THE DAILY ACTIVITIES OF THE PROGRAM?

NAME	MIDDLE	LAST	EMPLOYMENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
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OHIO CERTIFICATION/LICENSURE (CHECK ALL THAT APPLY)

- First Responder
 EMT-Basic
 EMT-Intermediate
 Paramedic
 Ohio Certification #
 Registered Nurse
 Physician Assistant
 Ohio License #
 EMS Instructor
 Fire Instructor
 Assistant EMS Instructor
 Other

EMAIL ADDRESS	TELEPHONE #	FAX #			
MAILING ADDRESS (IF DIFFERENT FROM PROGRAM)	CITY	STATE	ZIP CODE	COUNTY	

Program Medical Director - Complete the following information regarding the EMS program medical director. The Ohio Revised Code requires all courses offered through an EMS training program, other than ambulance driving, shall be developed under the direction of a physician who specializes in emergency medicine.

FIRST NAME		MIDDLE		LAST	
OHIO LICENSE #	EXPIRATION DATE		SPECIALTY		BOARD CERTIFIED BY
MAILING ADDRESS (IF DIFFERENT FROM PROGRAM)			CITY	STATE	ZIP CODE COUNTY
EMAIL ADDRESS		TELEPHONE #		FAX #	

The program medical director has reviewed the Ohio approved curriculum. Yes No

The program medical director is responsible for the medical components of the training program. Yes No

INDICATE THE METHODS BY WHICH THE MEDICAL DIRECTOR ASSURES THE EMS COMPETENCY OF EACH GRADUATING STUDENT. CHECK ALL THAT APPLY.

- Reviews written and practical skills testing Proctors practical skills exams Serves as a preceptor
- Other

Advisory Committee – An EMS training program must establish an advisory committee consisting of the program director, the medical director, clinical experience and pre-hospital internship preceptors, instructors and EMS providers that meets at least once each year of the accreditation.

The Advisory Committee met on the following dates:

ADVISORY COMMITTEE MEMBER

REPRESENTATION AREA

Program Director

Medical Director

- Clinical/Pre-hospital Preceptor Instructor EMS Provider
- Clinical/Pre-hospital Preceptor Instructor EMS Provider
- Clinical/Pre-hospital Preceptor Instructor EMS Provider
- Clinical/Pre-hospital Preceptor Instructor EMS Provider

If additional information needs to be provided, please attach separate sheet.

The Advisory Committee serves in the following capacity:

<input type="checkbox"/> Supervisory	<input type="checkbox"/> Fiscal oversight	<input type="checkbox"/> Curriculum oversight
<input type="checkbox"/> Recommendations	<input type="checkbox"/> Disciplinary & appeals	<input type="checkbox"/> Other

* Committee meeting minutes must be available for review at the time of the onsite visit.

COURSE OFFERINGS - Provide a list of the initial training the institution offered during the past 3-year accreditation cycle. Include the course dates, total number of students attempting the certifying exam, the number of students passing the certifying exam on the first attempt and total number of students passing the certifying exam. If additional information needs to be provided, please attach separate sheet.

LEVEL OF INSTRUCTION				ONLINE COURSE	COURSE DATES	#STUDENTS ATTEMPTING	# STUDENT PASS 1 ST ATTEMPT	TOTAL STUDENTS PASSING EXAM
<input type="checkbox"/> FR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic	<input type="checkbox"/>				
<input type="checkbox"/> FR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic	<input type="checkbox"/>				
<input type="checkbox"/> FR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic	<input type="checkbox"/>				
<input type="checkbox"/> FR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic	<input type="checkbox"/>				
<input type="checkbox"/> FR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic	<input type="checkbox"/>				
TOTAL								

FIRE-EMS INSTRUCTOR COURSE OFFERINGS - Provide a list of courses the institution offered during the past 3-year accreditation cycle. Include the course dates, total number of students attempting the certifying exam, the number of students passing the certifying exam on the first attempt and total number of students passing the certifying exam. If additional information needs to be provided, please attach separate sheet.

ONLINE COURSE	COURSE DATES	# STUDENTS ATTEMPTING	# STUDENTS PASS 1 ST ATTEMPT	TOTAL STUDENTS PASSING EXAM
<input type="checkbox"/>				
<input type="checkbox"/>				
TOTAL				

OFFSITE LOCATIONS - Provide a listing of all off-site locations used for initial EMS training and the specific EMT education level offered at each facility. If additional information needs to be provided, please attach separate sheet.

OFFSITE LOCATION	LEVEL OF INSTRUCTION			
	<input type="checkbox"/> FR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic
	<input type="checkbox"/> FR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic

CERTIFICATE OF APPROVAL COURSES

This EMS training program offers continuing education courses. Yes No

Provide a listing of continuing education courses your program offered during the past 3-year accreditation cycle. *

ONLINE COURSE	COURSE TITLE	COURSE DATES	INSTRUCTOR(S)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

* A copy of the CE Certificate of Completion and documents in compliance with OAC 4765-7-09 must be available during the site visit.

SECTION 2: ADMINISTRATION

PROGRAM DIRECTOR

1. Describe the responsibilities of the EMS program director position.
2. What evidence demonstrates that the program director is responsible for the:
 - a. Preparation or approval of all documents required to be submitted for accreditation;
 - b. Ongoing review and evaluation of the program content, instructors, and student performance;
 - c. Assignment of faculty responsibilities and scheduling of program courses;
 - d. Defining the role and objectives of student preceptors;
 - e. Assuring the adequacy of all program training material.
3. How does the program director demonstrate that courses are developed under the direction of a physician who specializes in emergency medicine?
4. How does the program director demonstrate that courses that deal with trauma are developed in consultation with a physician who specializes in trauma surgery?
5. Indicate the methods used by the program director to attest to the competence of each graduate of the program. (Check all that apply.)

<input type="checkbox"/> Course written examinations	<input type="checkbox"/> Course laboratory observations
<input type="checkbox"/> Course practical assessments	<input type="checkbox"/> Clinical/Field skills evaluation
<input type="checkbox"/> Preceptor Evaluations	<input type="checkbox"/> Other

FINANCIAL RESOURCES

6. The training program is supported with adequate financial resources to meet the curriculum objectives established by the board.
 Yes No
7. How is the training program funded?

<input type="checkbox"/> Tuition only	<input type="checkbox"/> Tuition & ADM subsidy
<input type="checkbox"/> Tuition & program subsidy	<input type="checkbox"/> Other
8. What is the total cost to a student including tuition, fees, books, uniforms, and personal equipment?

Total Cost to Student

<input type="checkbox"/> FR
<input type="checkbox"/> EMT-B
<input type="checkbox"/> EMT-I
<input type="checkbox"/> Paramedic
9. The training program is supported by a sufficient equipment and supply budget to meet the curriculum objectives established by the board.
 Yes No
10. The training program has a separate capital equipment budget.
 Yes No

* Submit documentation of adequate financial resources to operate the EMS training programs under Appendix A. Documentation must include primary sources of income and expenses.

FACULTY

11. Describe the methods used to select faculty and assign responsibilities.
12. All training program instructors are appropriately certified to teach within their level of EMS training.
 Yes No
13. Instructors are regularly evaluated. *
 Yes No
14. Continuing education opportunities are available to the training program instructors.
 Yes No
15. List each EMS Instructor or Assistant EMS Instructor teaching in the accredited EMS training programs, the Ohio certification number and certificate expiration date.* If additional information needs to be provided, please attach separate sheet.

CERTIFICATION #	EMS INSTRUCTOR(S)	EXPIRATION DATE	INSTRUCTOR TRAINER?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION #	ASSISTANT EMS INSTRUCTOR(S)	EXPIRATION DATE

CERTIFICATION #	CE INSTRUCTOR(S)	EXPIRATION DATE

16. What type(s) of documentation is maintained in the Instructor files? *
- Copy of certificate to teach Copy of certificate to practice Performance review
 Student evaluations VE36 Other

* Documents and verification must be available at the time of the onsite visit.

SECTION 3: FACILITIES AND RESOURCES

FACILITIES

- 17. Have the training program classroom facilities changed since the previous accreditation?
 Yes No
- 18. Classroom facilities and equipment are safe, sanitary and conducive to learning.
 Yes No
- 19. The classrooms and laboratory facilities are adequate to support the curriculum objectives established by the EMS board.
 Yes No
- 20. The classrooms and laboratory facilities will accommodate the expected enrollment.
 Yes No
- 21. An established office area is available for use by program faculty.
 Yes No
- 22. Are any of the facilities shared with other instructional programs?
 Yes No If yes, what facilities are shared?

EQUIPMENT AND SUPPLIES

- 23. Sufficient equipment is available to meet the curriculum objectives established by the EMS Board?^{*}
 Yes No
- 24. Sufficient equipment is available to accommodate the number of students enrolled in the course.
 Yes No
- 25. Is any of the equipment shared with other programs?
 Yes No List shared equipment.
- 26. Is any of the equipment borrowed from other programs or EMS agencies?
 Yes No
- 27. Provide a list of EMS equipment provided through affiliation agreement to the EMS training program meet the curriculum requirements established by the EMS Board.[†] If additional information needs to be provided, please attach separate sheet.

EQUIPMENT	AFFILIATED AGENCY

LEARNING RESOURCES

- 28. The library/media center includes current EMT and medial periodicals, scientific books, audio-visuals, self-instructional resources, and other references?[‡]
 Yes No
- 29. Describe the type of informational resources available to students and to faculty.
- 30. What are the library/media center hours?

^{*} Submit a complete list of EMS equipment under Appendix B.

[†] Documentation of compliance must be available for review at the time of the onsite visit.

[‡] A review of the facilities will be conducted during the onsite visit.

SECTION 4: CURRICULUM AND EVALUATION

OHIO APPROVED CURRICULUM

31. The EMS training program complies with the Ohio curriculum, including all topics areas for at least the number of hours as established by the board.

Yes No

First Responder Curriculum

Enter the number of hours devoted to each topic by your program curriculum.

Topic	Minimum Training Hours	Program Training Hours
Preparatory		
Airway Management including Oxygen Therapy & Bag Valve Mask Ventilation		
Patient Assessment		
Cardiac Management including Cardiopulmonary Resuscitation & Automated Defibrillation		
Illness & Injury Mgmt including Patient Assisted Epinephrine Administration		
Children and Childbirth		
Program Completion Written Examination		
Total Training Hours	48	

EMT-Basic Curriculum

Enter the number of hours devoted to each topic by your program curriculum.

Topic	Minimum Training Hours	Program Training Hours
Preparatory	21	
Patient Assessment	18	
Airway and Cardiac Arrest Management	24	
Trauma Patient Management	27	
Medical Patient Management	24	
*Clinical Experience	10	
Testing	6	
Total Training Hours	130	

EMT-Intermediate Curriculum Enter the number of hours devoted to each topic by your program curriculum.

Topic	Minimum Training Hours	Program Training Hours
Didactic		
Lab, Clinical, & Field Training		
Total Training Hours	130	

EMT-Paramedic Curriculum

Topic	Minimum Training Hours	Program Training Hours
Didactic	200 - 270	
Lab, Clinical, & Field Training	400 -530	
Total Training Hours	600 – 800	

A ten percent adjustment between didactic and lab, clinical and field training hours is permitted in the EMT-Paramedic curriculum.

32. How does the training program ensure that curriculum requirements are being met by program instructors and preceptors? Check all that apply.
- | | |
|---|---|
| <input type="checkbox"/> Course Syllabus | <input type="checkbox"/> Lesson plans |
| <input type="checkbox"/> Classroom observation | <input type="checkbox"/> Laboratory observations |
| <input type="checkbox"/> Written examinations | <input type="checkbox"/> Practical skills assessments |
| <input type="checkbox"/> Clinical/Field evaluations | <input type="checkbox"/> Preceptor evaluations |
| <input type="checkbox"/> Clinical skill logs | <input type="checkbox"/> Student assignments |
| <input type="checkbox"/> Student workbooks | <input type="checkbox"/> Student course evaluations |
| <input type="checkbox"/> Other | |

CLINICAL AND PRE-HOSPITAL INTERNSHIPS

33. Indicate how the clinical/Pre-hospital internship component supports the learning objectives of the curriculum.

34. How are clinical and/or pre-hospital internship sites selected by the training program? Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Willingness to accept students | <input type="checkbox"/> EMS opportunities |
| <input type="checkbox"/> Patient volume | <input type="checkbox"/> Variety of patients | <input type="checkbox"/> Site Volunteered |
| <input type="checkbox"/> Location | <input type="checkbox"/> Student Requests | <input type="checkbox"/> Other |

35. Does a quality assurance or peer review process exist at each Pre-hospital internship site?

- Yes No

36. What methods are used to assure that the clinical and pre-hospital requirements are met? Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Site sign-in logs | <input type="checkbox"/> Student skill logs | <input type="checkbox"/> Preceptor evaluations |
| <input type="checkbox"/> Student Assignments | <input type="checkbox"/> Student Handbooks | <input type="checkbox"/> Other |

37. How are preceptors chosen by the training program?

- Recruited Volunteer Selected Other

38. How does the training program assure students are always supervised in clinical and pre-hospital settings?

39. Do the Pre-hospital internship experiences occur on ALS vehicles?

- Yes No N/A

40. Is the EMS system in which the Pre-hospital internship occurs supplied with equipment and drugs necessary for advanced life support?

- Yes No N/A

41. Is a written policy in place to ensure that a student is never used to meet the minimum staffing requirement or in place of essential personnel? *

- Yes No

42. Provide a list of clinical and/or Pre-hospital organizations affiliated with the training program.† If additional information needs to be provided, please attach separate sheet.

CLINICAL INTERNSHIP AGREEMENTS	PRE-HOSPITAL INTERNSHIP AGENCIES

* A copy of each required written policy must be available for review at the time of the onsite visit.

† A current and signed affiliation agreement for each participating clinical or Pre-hospital organization must be available at the time of the onsite visit.

EVALUATION

43. Describe how the practice skills component of the curriculum is integrated into the overall curriculum of the training program, including the student/instructor ratio for practice sessions.
44. Does the training program use the practical skill sheets provided by NREMT?
 Yes No
45. What methods are used by the training program to evaluate the effectiveness of the course and the teaching and learning strategies? *
- | | |
|---|---|
| <input type="checkbox"/> Student course evaluations | <input type="checkbox"/> Student preceptor evaluations |
| <input type="checkbox"/> Student clinical evaluations | <input type="checkbox"/> Student laboratory evaluations |
| <input type="checkbox"/> Written exam results | <input type="checkbox"/> Practical skills results |
| <input type="checkbox"/> Instructor feedback | <input type="checkbox"/> Preceptor evaluations |
| <input type="checkbox"/> State exams results | <input type="checkbox"/> Advisory Board feedback |
| <input type="checkbox"/> Employer feedback | <input type="checkbox"/> Other |
46. Explain the methods used to analyze the validity and reliability of examinations and other documents used to evaluate student progress.

COURSE RECORDS

47. What documentation is maintained in course the file? * Check all that apply.
- | | | |
|--|--|--|
| <input type="checkbox"/> Syllabus | <input type="checkbox"/> Course Schedule | <input type="checkbox"/> Access schedule to online instructors |
| <input type="checkbox"/> Lesson Plans | <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Online Administration Procedures |
| <input type="checkbox"/> Clinical/Pre-hospital forms | <input type="checkbox"/> Copies of quizzes | <input type="checkbox"/> Copies of exams |
| <input type="checkbox"/> Skills Checklists | <input type="checkbox"/> Grade Book | <input type="checkbox"/> Electronic grading printout |
| <input type="checkbox"/> Student course evaluations | <input type="checkbox"/> Accident and injury reports | <input type="checkbox"/> Written policies |
| <input type="checkbox"/> Other | | |

* Submit a copy of a course syllabus for each EMS training level offered by accredited institution under Appendix B Documents and verification must be available at the time of the site visit.

SECTION 5: STUDENTS SERVICES

STUDENTS ADMISSIONS

48. The announcements, catalogs, publications, certificates and advertising accurately reflect the program offered and include the sponsoring institution's accreditation name and number.
 Yes No
49. The training program admission requirements meet those for obtaining a certificate to practice in accordance with published practices of the institution and consistent with ORC §4765.30 and OAC Chapter 4765-8.*
 Yes No
50. The training program has a written policy prohibiting discrimination in acceptance of students on the basis of race, color, religion, sex, or national origin.*
 Yes No
51. Does the training program ensure each student entering into an EMT-Intermediate or EMT-Paramedic course holds a current and valid Ohio certificate to practice as at least an EMT-Basic throughout the course?
 Yes No NA

FAIR PRACTICES

52. A written policy must be available to students identifying all of the following requirements.†
- Admission requirements
 - Costs associated with the training program including tuition, materials, and fees
 - Refunds of tuition payments
 - Information regarding schedules, content and objectives‡
 - Criteria for successful completion of each component of the curriculum
 - Criteria for the successful completion of the entire course of study
 - Methods used to determine grades
 - Attendance requirement
 - Grounds for dismissal from the program
 - Disciplinary and grievance procedures including mechanism for appeals
 - Policies and procedures for voluntary student withdrawal
 - Health care services available to students through the accredited institution
 - Requirements or restrictions regarding student attire
 - Security parameters protecting students' financial and personal information
 - Technology requirements to participate in online and distance education courses
 - Technology support to students in online and distance education courses
 - Method to transition from online or distance education course to classroom course
53. All students are notified in writing of the process for obtaining a certificate to practice under section 4765.30 of the Revised Code and Chapter 4765-8 of the Administrative Code and that an Ohio certificate to practice may not be granted if the individual fails to meet the qualifications for a certificate to practice set forth in rule 4765-8-01 of the Administrative Code.*

* A copy of the required written documents must be available for review at the time of the onsite visit.

† Submit a copy of the required written policies under Appendix C.

‡ Submit a copy of the course syllabus and schedule for each EMS level of training offered by the accredited institution under Appendix C.

54. How is evidence of completion of all didactic, laboratory and clinical/Pre-hospital internship requirements attained for each student? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Class sign-in sheets | <input type="checkbox"/> Clinical/Pre-hospital sign-in sheets |
| <input type="checkbox"/> Classroom observation | <input type="checkbox"/> Laboratory observations |
| <input type="checkbox"/> Written examinations | <input type="checkbox"/> Practical skills assessments |
| <input type="checkbox"/> Clinical/Field evaluations | <input type="checkbox"/> Preceptor evaluations |
| <input type="checkbox"/> Clinical skill logs | <input type="checkbox"/> Student assignments |
| <input type="checkbox"/> Student workbooks | <input type="checkbox"/> Other |

55. Describe how student progress is evaluated. **Documentation of regular evaluations of student performance and achievement must be available for review during the onsite visit.*

STUDENT RECORDS

56. What documentation is maintained in a student file? Check all that apply.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Admission application | <input type="checkbox"/> Attendance record | <input type="checkbox"/> Quiz results |
| <input type="checkbox"/> Exam results | <input type="checkbox"/> Practical skills sheets | <input type="checkbox"/> Skills checklist |
| <input type="checkbox"/> Clinical/Pre-hospital skill records | <input type="checkbox"/> Final exam results | <input type="checkbox"/> Final practical skills results |
| <input type="checkbox"/> Evaluation of in class skills | <input type="checkbox"/> Electronic grading printout | <input type="checkbox"/> Academic counseling |
| <input type="checkbox"/> Previous training documents | <input type="checkbox"/> Preceptor evaluations | <input type="checkbox"/> Other |

* Documentation and verification must be available for review during the onsite visit.

SECTION 6: SELF-ANALYSIS

57. Provide an analysis of the EMS training program. Explain the teaching and learning goals of the program training and how they translate into quality EMS education. Describe the strengths and challenges of the program including student retention, passing rates and student employability. Include the methods used by the program to assess teaching and learning, student success and program improvement. How will the outcomes impact the future goals of the training program?

Appendix A
Documentation of Operating Budget or Adequate Financial Resources

APPENDIX B
EMS Training Equipment List

	Own	By lease or Agreement
First Responder equipment includes:		
Anatomy models	<input type="checkbox"/>	<input type="checkbox"/>
CPR manikins	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillation manikin	<input type="checkbox"/>	<input type="checkbox"/>
OB manikin and childbirth kit	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>
NIMS PPE	<input type="checkbox"/>	<input type="checkbox"/>
Exam gloves	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope (single head & trainer)	<input type="checkbox"/>	<input type="checkbox"/>
Penlights	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure cuffs (adult, child and infant)	<input type="checkbox"/>	<input type="checkbox"/>
ETCO2 detection equipment	<input type="checkbox"/>	<input type="checkbox"/>
sterile dressings	<input type="checkbox"/>	<input type="checkbox"/>
bandages & bandage scissors	<input type="checkbox"/>	<input type="checkbox"/>
triangular bandage	<input type="checkbox"/>	<input type="checkbox"/>
Pillow and blanket	<input type="checkbox"/>	<input type="checkbox"/>
Wheeled stretcher,	<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher,	<input type="checkbox"/>	<input type="checkbox"/>
Flexible stretcher	<input type="checkbox"/>	<input type="checkbox"/>
Stair chair	<input type="checkbox"/>	<input type="checkbox"/>
Restraints	<input type="checkbox"/>	<input type="checkbox"/>
Long and short backboards	<input type="checkbox"/>	<input type="checkbox"/>
Splints and devices	<input type="checkbox"/>	<input type="checkbox"/>
Cervical immobilization devices	<input type="checkbox"/>	<input type="checkbox"/>
Helmet	<input type="checkbox"/>	<input type="checkbox"/>
Head immobilization device	<input type="checkbox"/>	<input type="checkbox"/>
Automated external defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
pocket mask & one way valves	<input type="checkbox"/>	<input type="checkbox"/>
Bag-valve-mask (adult, child and infant)	<input type="checkbox"/>	<input type="checkbox"/>
Positive pressure valve	<input type="checkbox"/>	<input type="checkbox"/>
Nonrebreather mask	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen tank and flow regulator	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen supply tubing	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine auto-injector & trainer	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic skin manikin for injection	<input type="checkbox"/>	<input type="checkbox"/>

EMT-Basic includes all of the First Responder equipment plus:		
Adult, infant and child intubation manikins,	<input type="checkbox"/>	<input type="checkbox"/>
Adult, infant and child throat models	<input type="checkbox"/>	<input type="checkbox"/>
Traction splint	<input type="checkbox"/>	<input type="checkbox"/>
Air splints	<input type="checkbox"/>	<input type="checkbox"/>
Suction units and suction catheters	<input type="checkbox"/>	<input type="checkbox"/>
Flow restricted, oxygen-powered ventilation device	<input type="checkbox"/>	<input type="checkbox"/>
Oral and nasal airway sets	<input type="checkbox"/>	<input type="checkbox"/>
Nasal cannula	<input type="checkbox"/>	<input type="checkbox"/>
Tongue blade and lubricant	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope blades (0-4), handles (adult, pediatric),	<input type="checkbox"/>	<input type="checkbox"/>
Stylet (adult and pediatric)	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal tubes in various sizes	<input type="checkbox"/>	<input type="checkbox"/>
Sterile water or saline	<input type="checkbox"/>	<input type="checkbox"/>
Handheld inhaler suitable for training	<input type="checkbox"/>	<input type="checkbox"/>
Instant glucose, suitable glucose substitute	<input type="checkbox"/>	<input type="checkbox"/>
NTG training bottle	<input type="checkbox"/>	<input type="checkbox"/>
Activated charcoal	<input type="checkbox"/>	<input type="checkbox"/>
Triage tags	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance, properly stocked	<input type="checkbox"/>	<input type="checkbox"/>
EMT- Intermediate includes all First Responder and EMT-Basic equipment plus:		
IV Arm,	<input type="checkbox"/>	<input type="checkbox"/>
IV administration sets	<input type="checkbox"/>	<input type="checkbox"/>
Chest decompression manikins	<input type="checkbox"/>	<input type="checkbox"/>
Intraosseous infusion trainer	<input type="checkbox"/>	<input type="checkbox"/>
Manual defibrillator/monitor	<input type="checkbox"/>	<input type="checkbox"/>
Dysrhythmia generator	<input type="checkbox"/>	<input type="checkbox"/>
EMT-Paramedic includes all First Responder, EMT-Basic & EMT-Intermediate equipment:		
Cricothyrotomy manikin	<input type="checkbox"/>	<input type="checkbox"/>

Appendix C
Documentation of Required Written Policies, Course Syllabi and Schedules

SPONSORING ORGANIZATION SIGNATURE PAGE

Authorizing Official Printed Name (This individual must have signature authority for the organization.)

Authorizing Official Title

X

Authorizing Official Signature

Date

Medical Director Printed Name

X

Medical Director Signature

Date

EMS Program Director Printed Name

X

EMS Program Director Signature

Date

Return application to:

Ohio Department of Public Safety
Emergency Medical Services Division
EMS Accreditation
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073

ACCREDITATION ON-SITE VISITS

Scheduling the Onsite Visit

Once the Division of Emergency Medical Services has received the completed renewal application, an EMS Education Coordinator will contact the Program Director to schedule a date for an onsite visit. The visit is designed to confirm and clarify the information provided in the renewal application and to interview key stakeholders of the program.

An onsite visit template has been designed to guide the Program Director in organizing the day's activities. This template is designed to allow the EMS Education Coordinator the opportunity to meet with stakeholders and review all aspects of the training program. The activities listed in the onsite visit template may be rearranged to meet the commitments of the stakeholders participating in the onsite visit. The time frames given for the activities listed are estimated, however the records review portion of the visit requires a minimum of 90 minutes. The Program Director will submit a final onsite visit schedule to the Division of Emergency Medical Services one week prior to the onsite visit date.

Onsite Visit

The EMS Education Coordinator(s) will normally arrive in the morning on the day of the visit and finalize the day's schedule with the Program Director. The renewal application materials will have been reviewed in advance so that the time spent at the institution will be as productive as possible. The EMS Education Coordinator(s) will need a private room, with sufficient table space to review all the required files and materials. This room could also be used to conduct interviews and the exit report.

During the onsite visit the EMS Education Coordinator(s) will interview the program's administrators, medical director, faculty, clinical and Pre-hospital preceptors, employers and students. Some of these interviews may take place during the scheduled visits to key clinical and Pre-hospital internship sites. The program's information resources and didactic and laboratory classrooms will be toured. Course equipment and resources in addition to course, student and instructor files will be examined.

The practice is to review all advisory committee minutes, affiliation agreements, instructor files, EMS Instructor Course files and randomly select folders from the course, student and continuing education file materials. The following documents for the current accreditation cycle must be ready for review:

- Training program table of organization
- Advisory committee meeting minutes
- Current and signed affiliation agreements for clinical, Pre-hospital and borrowed/leased equipment
- Admission application
- Written documentation of valid EMT-Basic or EMT-Intermediate certification (EMT-I or EMT-P programs)
- Evaluations of student cognitive performance, in-course and final practical skills performance
- Preceptors evaluation of student performance
- Records of clinical skills requirements
- Attendance records for each EMS training course
- Documentation of credit given to student(s) for previous training
- Copy of valid certifications and supervisor evaluations for all EMS Instructors
- Copies of Student Course Evaluation
- Accident and injury reports
- Copy of initial training and continuing education certificates of completion
- Certificate of Approval training program files (if any)

RENEWAL ACCREDITATION ONSITE VISIT TEMPLATE

ACTIVITY	Time Frame	PURPOSE
Planning Session with Program Coordinator	30 minutes	Review schedule for the day, obtain an overall perspective of the program, and clarify information submitted in the application.
Group Meeting with Program Coordinator and Administrators;	30 – 45 minutes	Overview of the accreditation process and role of EMS Education Coordinator. Interview stakeholders regarding the program's educational objectives, operational procedures, financial stability, student success and administrative support.
Interview with Program Medical Director	20 minutes	Overview of the role, responsibilities and involvement. Of the program medical director.
Interview with faculty members responsible for didactic and laboratory instruction	45 minutes	Discussion with questions regarding course policies and procedures, EMS content, educational objectives, instructional methods, testing mechanisms and student success.
Interview with students and recent graduates	45 minutes	Discussion with questions to obtain the student/graduate perceptions of the training program, their knowledge and skills as developing or graduate EMTs, and their relationship with others in the clinical and field settings. (This will be a closed session to allow students to speak freely about their impression of the program.)
Visit to primary clinical internship site [if applicable]	30-45 minutes	Through observation and discussions with supervising members of the clinical faculty, the Education Coordinator will assess the general quality of the clinical teaching environment, its personnel, resources and teaching and evaluation process. The visit should include all major areas of the clinical site providing educational experiences to the students [All sites used do not have to be visited. The Education Coordinator will need to visit a primary site utilized by the students for clinical experience.]
Visit to primary Pre-hospital internship site	20-30 minutes	Assessment of the general quality of resources available within the field internship, student work, and evaluation of the student's work by those providing the supervised experience. [All sites used do not have to be visited. The Education Coordinator will need to visit a primary site utilized by the students for field internship experience.]
Interview with EMS agency employer(s) of program graduate(s).	20-30 minutes per site	These interviews should provide the Education Coordinator with the employers' assessment of the general quality of clinical teaching and program graduates. [If combined with visit to field internship sites, add 15 minutes.]
Tour facility and review equipment	30 minutes	Assess primary classroom space used for didactic and laboratory appropriateness. Review of equipment, information and instructional resources.
Review files and records maintained during accreditation cycle.	120 minutes	To review the manner in which the program maintains records of students' academic work, the manner in which clinical practice instruction and field internship experiences are evaluated, instructor files, affiliation agreements, advisory committee minutes, exams and related matters.
Wrap-up Meeting with Program Coordinator	30 minutes	Clear up any questions that may remain following the interviews and records review.
Preparation Time for Education Coordinator	15-30 minutes	Education Coordinator organizes findings for presentation during exit interview.
Exit Interview with Program Coordinator [and others as desired].	30 minutes	Deliver a preliminary summary of the findings, including an overview of the major strengths and, if found, areas of non-compliance and specific rule violations. The Program Coordinator will have the opportunity to clarify any findings that he/she feels do not accurately reflect the manner in which the program has been conducted during the past accreditation cycle.

- The schedule of activities listed may be rearranged to meet the commitments of stakeholders participating in interviews.
- The time frames given for the activities are estimates; however the records review requires a minimum of 90 minutes.
- Include travel time to and from clinical and Pre-hospital internship sites when developing the schedule.
- List the names of the individuals participating in the interviews along with the position held (i.e. lab instructor, current student, graduate, CEO, preceptor, etc.).
- There may be an opportunity to combine some activities, such as meeting with the program medical director at a clinical site or meeting with employers of graduates while visiting a field internship site.
- Class records, instructor files, copies of exams, affiliation agreements, and advisory committee minutes should be out and ready for review. It is helpful to have a designated work area for record review.
- The final schedule should be submitted to the Division of EMS at least one week prior to the on-site visit date.
- If you have any questions regarding the schedule, please contact your EMS Education Coordinator.