

**OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES**



**CERTIFICATE OF ACCREDITATION
APPLICATION**

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

Completing the Certificate of Accreditation Application

Pursuant to Ohio Revised Code (R.C.) 4765.17, a certificate of accreditation is valid for up to five years and may be renewed by the State Board of Emergency Medical, Fire, and Transportation Services Board (Board) pursuant to procedures and standards established in rules adopted under R.C. 4765.11. An institution requesting a Certificate of Accreditation application is required to complete the form prescribed and furnished by the Board and submit it to the EMS Division. Those requesting renewal of a Certificate of Accreditation must submit a complete application no later than the 30th day prior to expiration of the current certificate.

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 institution's honest, self-reflective analysis of its strengths and challenges based upon the Board approved standards. The questions should be answered in clear and concise language and should completely address each of the questions asked. An accredited institution must provide all documentation requested by the self-study application. Programs that intend to offer EMT training at the high school level must include relevant documentation as part of this application.

1. A review of the following R.C. 4765 and Ohio Administrative Code (O.A.C.) 4765 will assist in completing the application.
 - a. R.C. 4765.16 Development & teaching of training & continuing education programs; standards
 - b. R.C. 4765.23 Issuance; renewal; suspension or revocation of a certificate to teach
 - c. R.C. 4765.24 Certificate of successful completion issued to graduates; continuing education
 - d. O.A.C. 4765-7 Accreditation of training programs
 - e. O.A.C. 4765-12 Emergency Medical Responder (EMR) curriculum; scope of practice
 - f. O.A.C. 4765-15 Emergency Medical Technician (EMT) curriculum; scope of practice
 - g. O.A.C. 4765-16 Advanced EMT (AEMT) curriculum; scope of practice
 - h. O.A.C. 4765-17 Paramedic curriculum; scope of practice
 - i. O.A.C. 4765-18 Qualifications for a certificate to teach & EMS instructor training program
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 (800) 233-0785.
 - a. Complete all sections of the Board approved application. *An incomplete initial 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 Certificate of Accreditation Application checklist
 - e. Make a copy of the application for the EMS training program files.
3. Upon receipt and review of the application an EMS Education Coordinator will contact the Program Director to schedule an onsite review of the facilities, equipment and files.

Return 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

Certificate of Accreditation Application Check List

Documentation to be submitted with the application

Appendix A

- Demonstration of adequate financial resources to operate EMS training program

Appendix B

- Statement of support for EMS training with authorizing official signature
 Training program table of organization
 EMS training equipment list
 List of offsite training locations

Appendix C

- Admission application
 List of EMS instructors utilized during accreditation cycle, to include certification numbers and expiration dates
 List of EMS initial training programs offered during accreditation cycle
 Course syllabus and schedule for each level of EMS training program approved to operate
 Written policies and procedures in compliance with OAC 4765-7-02(21)(a-q)
 Alphabetical listing of clinical & pre-hospital affiliates
 Copy of initial training Certificate of Completion
 Copy of CE training Certificate of Completion

Documentation to be available for review during the accreditation onsite visit.

- Advisory committee meeting minutes
 Current and signed affiliation agreements for clinical experience, prehospital internship, facilities and training equipment
 Course syllabus and schedule for each EMS training program offered during accreditation cycle
 Course lesson plans for each EMS training program offered during accreditation cycle
 Valid Ohio EMT or AEMT (EMT - I) certificate to practice (AEMT & Paramedic programs)
 Evaluation of student cognitive performance
 Evaluation of student in-course and final practical skills performance
 Documentation of student clinical and prehospital performance
 Preceptor evaluation of student performance
 Written and practical assessment of student competency (if credit awarded for previous training)
 Attendance records for each EMS training program offered during accreditation cycle
 Accident and injury reports for each EMS training program offered during accreditation cycle
 Summary of student evaluation for each EMS training program offered during accreditation cycle
 Copy of valid certifications for each EMS Instructors utilized during accreditation cycle
 Copy of supervisor evaluations for each all EMS Instructors utilized during accreditation cycle
 Documentation of CE training programs offered during accreditation cycle
 Summary of student evaluation for each CE training program offered during accreditation cycle

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 application for renewal 30 days prior to expiration date

PROGRAM DIRECTOR NAME (Printed)	
PROGRAM DIRECTOR SIGNATURE X	DATE

Certificate of Accreditation Application

DATE

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 I: EMS TRAINING PROGRAM INFORMATION

(Please type or print legibly. Mark all that Apply)

<input type="checkbox"/> <u>Initial Application</u> <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	<input type="checkbox"/> <u>Additional Level</u> <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	<input type="checkbox"/> <u>Renewal Application</u> <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Continuing Education <input type="checkbox"/> EMS Instructor	<input type="checkbox"/> <u>Reinstatement Application</u> <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Continuing Education <input type="checkbox"/> EMS Instructor
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Will this accredited institution be conducting a high school / secondary school EMT training program? Yes No

OFFICIAL PROGRAM NAME			
SPONSORING ORGANIZATION			
ACCREDITATION NUMBER (3 – DIGIT NUMBER)		ACCREDITATION EXPIRATION DATE	
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
WEB SITE ADDRESS			
TELEPHONE NUMBER		FAX NUMBER	
ORGANIZATION TYPE			
<input type="checkbox"/> 4-Year University / College	<input type="checkbox"/> EMS Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> JVS / Career Center
<input type="checkbox"/> 2-Year Community College	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Private Institution	<input type="checkbox"/> Other

CAAHEP NATIONAL ACCREDITATION

Is this EMS Paramedic training program accredited through CAAHEP? If yes, submit a copy of certificate with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this EMS Paramedic training program hold a Letter of Review issued by CoAEMSP? If yes, submit a copy of certificate with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZING OFFICIAL INFORMATION

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.
 *(Submit table of organization and statement of support under Appendix B.)

NAME	
TITLE (WITHIN INSTITUTION)	EMAIL ADDRESS
TELEPHONE NUMBER	FAX NUMBER

PROGRAM DIRECTOR INFORMATION

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. *If different than authorizing official, complete the following information.*

PROGRAM DIRECTOR NAME			
EMPLOYMENT STATUS	<input type="checkbox"/> Full - Time	<input type="checkbox"/> Part - Time	
OHIO CERTIFICATION / LICENSURE (CHECK ALL THAT APPLY.)			
<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> Paramedic
			OHIO CERTIFICATION NUMBER
<input type="checkbox"/> Registered Nurse		<input type="checkbox"/> Physician Assistant	
			OHIO LICENSE NUMBER
<input type="checkbox"/> EMS Instructor	<input type="checkbox"/> Fire Instructor	<input type="checkbox"/> Assistant EMS Instructor	
			OTHER
EMAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER
MAILING ADDRESS (IF DIFFERENT FROM PROGRAM)			
CITY	STATE	ZIP	COUNTY

IF THE PROGRAM DIRECTOR DOES NOT MANAGE THE DAILY ACTIVITIES OF THE PROGRAM, COMPLETE THE FOLLOWING INFORMATION FOR THE PERSON WHO DOES:

NAME			
EMPLOYMENT STATUS	<input type="checkbox"/> Full - Time	<input type="checkbox"/> Part - Time	
OHIO CERTIFICATION / LICENSURE (CHECK ALL THAT APPLY.)			
<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> Paramedic
			OHIO CERTIFICATION NUMBER
<input type="checkbox"/> Registered Nurse		<input type="checkbox"/> Physician Assistant	
			OHIO LICENSE NUMBER
<input type="checkbox"/> EMS Instructor	<input type="checkbox"/> Fire Instructor	<input type="checkbox"/> Assistant EMS Instructor	
			OTHER
EMAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER
MAILING ADDRESS (IF DIFFERENT FROM PROGRAM)			
CITY	STATE	ZIP	COUNTY

PROGRAM MEDICAL DIRECTOR INFORMATION

Complete the following information regarding the EMS program medical director. The R.C. 4765.16 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.

NAME			
OHIO LICENSE NUMBER		EXPIRATION DATE	
SPECIALTY		BOARD CERTIFIED BY	
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY
BUSINESS TELEPHONE NUMBER		FAX NUMBER	

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 prehospital 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
	<Select>
	<Select>
	<Select>
	<Select>

THE ADVISORY COMMITTEE SERVES IN THE FOLLOWING CAPACITY (Mark all that apply)

- Supervisory
 Fiscal oversight
 Curriculum oversight
 Recommendations
 Disciplinary & appeals
 Other

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

COURSE OFFERINGS

Using the Course Offerings template in Appendix C, provide a list of all initial training programs offered by the accredited institution during past accreditation cycle.
 Include the total number of students enrolled in each course, total number of students received certificate of completion, total number of students attempting the certifying exam, the number of students passing the certifying exam on the first attempt and number of students passing the certifying exam in cumulative attempts.

PASS RATE

Provide the first attempt and cumulative attempt pass rates, at each level of initial training offered by the accredited institution during the past accreditation cycle. Include the total number of students enrolled at each level of training, the number of students that passed receiving a certificate of completion, the number of students that attempted the certifying exam, the number of students that passed the certifying exam on the first attempt and total number of students that passed the certifying exam during the past accreditation cycle.

To obtain the pass rate, divide the total number of student who attempted the exam into the number of students that passed the exam. Example: 40 students attempted the EMT exam; 30 students passed the exam on the first attempt and a cumulative 37 students passed the exam. The EMT first attempt pass rate is 75% (30 / 40) and the cumulative pass rate is 92.5% (37 / 40).

LEVEL OF INSTRUCTION	NUMBER STUDENTS ENROLLED	NUMBER OF STUDENTS COMPLETED COURSES	NUMBER STUDENTS ATTEMPT EXAM	NUMBER STUDENTS PASS 1 st ATTEMPT	NUMBER STUDENTS CUMULATIVE PASS ATTEMPTS
EMR					
EMT					
AEMT					
Paramedic					

FIRE - EMS INSTRUCTOR COURSE OFFERINGS

Provide a list of Fire - EMS Instructor courses the institution offered during the past accreditation cycle. Include the course dates, total number of students that attempted the certifying exam, the number of students that passed the certifying exam on the first attempt and total number of students that passed the certifying exam.

COURSE DATES	NUMBER STUDENTS ATTEMPTING	NUMBER STUDENTS PASS 1 st ATTEMPT	TOTAL NUMBER STUDENTS PASS

OFFSITE LOCATIONS

Using the Offsite Location template in Appendix B, provide a listing of all off-site locations used for initial EMS training, and the training level offered at each facility by the accredited institution during past accreditation cycle.

CERTIFICATE OF APPROVAL

This EMS training program offers continuing education courses. Yes No
 Provide a copy of the program's certificate of approval in Appendix C.

**(A copy of the documents in compliance with O.A.C. 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:
- Preparation or approval of all documents required to be submitted for accreditation;
 - Ongoing review and evaluation of the program content, instructors, and student performance;
 - Assignment of faculty responsibilities and scheduling of program courses;
 - Defining the role and objectives of student preceptors;
 - Assuring the adequacy of all program training materials

3. How does the program director demonstrate that courses are developed under the direction of a physician who specializes in emergency medicine? *

**(Documentation of compliance must be available for review during the site visit.)*

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 skills assessments | <input type="checkbox"/> Clinical / Field skills evaluation |
| <input type="checkbox"/> Preceptor evaluations | <input type="checkbox"/> Other |

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 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

EQUIPMENT AND SUPPLIES

23. Sufficient equipment is available to meet the curriculum objectives established by the Board.*

Yes No

**(Submit a complete list of EMS equipment under Appendix B.)*

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

LEARNING RESOURCES

27. The library / media center includes current EMT and medial periodicals, scientific books, audio-visuals, self-instructional resources, and other references?

Yes No

(A review of the facilities will be conducted during the onsite visit.)

28. Describe the type of informational resources available to students and to faculty.

29. What are the library / media center hours?

SECTION 4: CURRICULUM AND EVALUATION

OHIO APPROVED CURRICULUM

30. 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

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

REQUIRED TOPIC AREAS	MINIMUM TRAINING HOURS	PROGRAM TRAINING HOURS
Didactic and Laboratory	48	
Total Training Hours	48	

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

REQUIRED TOPIC AREAS	MINIMUM TRAINING HOURS	PROGRAM TRAINING HOURS
Didactic and Laboratory	140	
Clinical and Field Training	10	
Total Training Hours	150	

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

	MINIMUM TRAINING HOURS	PROGRAM TRAINING HOURS
Didactic and Laboratory	-	
Clinical and Field Training	-	
Total Training Hours	200	

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

REQUIRED TOPIC AREAS	MINIMUM TRAINING HOURS	PROGRAM TRAINING HOURS
Didactic and Laboratory	500	
Clinical and Field Training	400	
Total Training Hours	900	

Effective September 1, 2012, an EMS accredited institution shall require all students to complete an anatomy and physiology course as a prerequisite for admission into an EMS training program for a certificate to practice as a paramedic.

31. 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 PREHOSPITAL INTERNSHIPS

32. Indicate how the clinical / prehospital internship component supports the learning objectives of the curriculum.

33. 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 |

34. Does a quality assurance or peer review process exist at each prehospital internship site?

- Yes No

35. 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 |

36. How are preceptors chosen by the training program?

- Recruited Volunteer Selected Other

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

38. Do the prehospital internship experiences occur on ALS vehicles?

- Yes No N/A

39. Is the EMS system in which the prehospital internship occurs supplied with equipment and drugs necessary for advanced life support?

- Yes No N/A

40. 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

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

41. Using the Affiliation Agreement Form in Appendix C provide an alphabetical list of clinical and prehospital organizations affiliated with the training program during the past accreditation cycle. (A signed affiliation agreement, for each participating clinical or prehospital organization affiliated with the training program during the past accreditation cycle, must be available at the time of the onsite visit.)

EVALUATION

42. 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.

43. Does the training program use the practical skill sheets provided by NREMT?

- Yes No N/A

44. 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 |

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

45. Explain the methods used to analyze the validity and reliability of examinations and other documents used to evaluate student progress.

COURSE RECORDS

46. What documentation is maintained in the course 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 / prehospital 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 schedule for each EMS training level offered by accredited institution under Appendix C Documents and verification must be available at the time of the site visit.)

SECTION 5: STUDENT SERVICES

STUDENT ADMISSIONS

47. The announcements, catalogs, publications, certificates and advertising accurately reflect the program offered and include the sponsoring institution's accreditation name and number.

- Yes No

48. The training program admission requirements meet those for obtaining a certificate to practice in accordance with published practices of the institution and consistent with R.C. 4765.30 and O.A.C. 4765-8.

- Yes No

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

49. 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

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

50. Does the training program ensure each student entering into an AEMT or Paramedic course holds a current and valid Ohio certificate to practice as at least an EMT throughout the course?

- Yes No N/A

FAIR PRACTICES

51. 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

**(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.)*

52. All students are notified in writing of the process for obtaining a certificate to practice under R.C. 4765.30 and O.A.C. 4765-8 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 O.A.C. rule 4765-8-01.*

- Yes No

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

53. How is evidence of completion of all didactic, laboratory and clinical / prehospital internship requirements attained for each student? Check all that apply.*

- | | |
|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Class sign-in sheets | <input type="checkbox"/> Clinical / prehospital 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 |

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

54. 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

55. 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"/> Exams results | <input type="checkbox"/> Practical skills sheets | <input type="checkbox"/> Skills checklist |
| <input type="checkbox"/> Clinical / prehospita! skill records | <input type="checkbox"/> Final exam result | <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 |

SECTION 6: SELF ANALYSIS

56. 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

In order for a Certificate of Accreditation Application to be deemed complete and to be considered by the Board, all of the documentation listed on this page shall be submitted to the Division of EMS with the application. Where provided, please use the templates in completing your application.

Appendix A

Documentation of Adequate Financial Resources



APPENDIX B

In order for a Certificate of Accreditation Application to be deemed complete and to be considered by the Board, all of the documentation listed on this page shall be submitted to the Division of EMS with the application. Where provided, please use the templates in completing your application.

Appendix B

- Statement of support for EMS training with authorizing official signature
- Training program table of organization
- EMS training equipment list
- List of offsite training locations

EMS Training Equipment List

	Own	By Lease or Agreement
EMR 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"/>

	Own	By Lease or Agreement
EMT includes all of the EMR 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"/>
AEMT includes all EMR and EMT 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"/>
Paramedic includes all EMR, EMT & AEMT equipment:		
Cricothyrotomy manikin	<input type="checkbox"/>	<input type="checkbox"/>

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.

OFFSITE LOCATION	LEVEL OF INSTRUCTION
	<Select>



APPENDIX C

In order for a Certificate of Accreditation Application to be deemed complete and to be considered by the Board, all of the documentation listed on this page shall be submitted to the Division of EMS with the application. Where provided, please use the templates in completing your application.

Appendix C

- Admission application
- List of EMS instructors utilized during accreditation cycle, to include certification numbers and expiration dates
- List of EMS initial training programs offered during accreditation cycle
- Alphabetical listing of clinical experience, pre-hospital internship and equipment affiliations
- Course syllabus and schedule for each level of EMS training program approved to operate
- Written policies and procedures in compliance with O.A.C. 4765-7-02(21)(a-q)
- Copy of initial training Certificate of Completion
- Copy of CE training Certificate of Completion

INSTRUCTOR ROSTER

List the instructors that were utilized by the accredited institution during the past accreditation cycle.

Has the program director verified all of the instructors are currently certified? Yes No

NAME		NAME	
INSTRUCTOR CERTIFICATION NUMBER		INSTRUCTOR CERTIFICATION NUMBER	
CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>	CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>
Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXPIRATION DATE:		EXPIRATION DATE:	
NAME		NAME	
INSTRUCTOR CERTIFICATION NUMBER		INSTRUCTOR CERTIFICATION NUMBER	
CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>	CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>
Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXPIRATION DATE:		EXPIRATION DATE:	
NAME		NAME	
INSTRUCTOR CERTIFICATION NUMBER		INSTRUCTOR CERTIFICATION NUMBER	
CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>	CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>
Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXPIRATION DATE:		EXPIRATION DATE:	
NAME		NAME	
INSTRUCTOR CERTIFICATION NUMBER		INSTRUCTOR CERTIFICATION NUMBER	
CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>	CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>
Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXPIRATION DATE:		EXPIRATION DATE:	
NAME		NAME	
INSTRUCTOR CERTIFICATION NUMBER		INSTRUCTOR CERTIFICATION NUMBER	
CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>	CERTIFICATION LEVEL <Select>	INSTRUCTOR CLASSIFICATION <Select>
Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Instructor Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXPIRATION DATE:		EXPIRATION DATE:	

AFFILIATION AGREEMENTS

Provide the name of each organization with whom the accredited institution held an affiliation agreement for clinical, prehospital, facilities and / or equipment resources utilized to conduct an EMS training program during the past accreditation cycle. Initial applicants should list each organization with whom the accredited institution holds an affiliation agreement for clinical, prehospital, facilities and equipment resources utilized to conduct an EMS training program.

ORGANIZATION	AFFILIATION AGREEMENT CATEGORY
	<Select>

Sponsoring Organization Signature Page

AUTHORIZING OFFICIAL NAME (Printed)	
AUTHORIZING OFFICIAL TITLE	
AUTHORIZING OFFICIAL SIGNATURE X	DATE

MEDICAL DIRECTOR NAME (Printed)	
MEDICAL DIRECTOR SIGNATURE X	
MEDICAL DIRECTOR SIGNATURE X	DATE

EMS PROGRAM DIRECTOR NAME (Printed)	
EMS PROGRAM DIRECTOR SIGNATURE X	
EMS PROGRAM DIRECTOR SIGNATURE X	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

Upon receipt, a Certificate of Accreditation Application will be assigned to a DEMS Education Coordinator, who will review the application and contact the Program Director, of record, to schedule a mutually agreeable date and time to conduct an onsite visit. The visit is designed to confirm and clarify the information provided in the initial application and to interview key stakeholders of the program. Pursuant to R.C. 4765.17, the Board must grant or deny an initial certificate of accreditation application within one hundred twenty (120) days of receipt of the application. No advertising may be conducted nor classes held until an accreditation has been granted and the institution has been assigned an accreditation number.

An onsite visit template has been designed to assist the Program Director in organizing the day's activities.

- The time frames given for the activities are an estimate.
- The activities listed may be scheduled to meet the commitments of stakeholders participating in interviews.
- Include travel time to and from clinical and prehospital 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.).
- Documents should be out and ready for review. Record review conducted during the renewal onsite visit requires a minimum of two hours, when all the documents are readily available.
- A private work area is needed with sufficient table space to review records and interview stakeholders.
- The final schedule must be submitted to the Division of EMS at least one week prior to the onsite visit date.

Onsite Visit

The EMS Education Coordinator(s) will normally arrive the morning of the visit and begin by finalizing the schedule with the Program Director. The application 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 interview the program's administrators, medical director, faculty, potential employers and program graduates (when conducting a renewal or reinstatement visit). Some of these interviews may take place during the scheduled visits to key clinical and prehospital internship sites. The program's information resources and didactic and laboratory classrooms will be toured. Course equipment and required documents will be examined.

Initial Certificate of Accreditation Onsite Visit.

The following documents must be readily available the entire duration of the visit:

- Institution's table of organization
- Signed affiliation agreements for clinical experience and prehospital internship
- Signed affiliation agreements for borrowed / leased facilities and equipment
- EMS program admission application
- Proposed syllabus and schedule for each EMS training level requested
- Copy of current and valid instructor certificates to teach and practice
- Copy of preceptor evaluation forms of student performance
- Course Evaluation Form
- Copy of proposed initial training program's Certificate of Completion
- Copy of Approved CE training program's Certificate of Completion
- Approval CE training program files (if any)

Renewal Certificate of Accreditation Onsite Visit.

The following documents must be readily available the entire duration of the visit:

- Institution's table of organization;
- Advisory committee meeting minutes;
- Signed affiliation agreements for clinical experience and prehospital internship;
- Signed affiliation agreements for borrowed/leased facilities and equipment;
- EMS program admission application;
- Syllabus and schedule for each EMS training level operated by the institution;
- Copy of current and valid instructor certificates to teach and practice;
- Supervisor evaluations for all EMS Instructors;
- Course records in accordance with O.A.C. 4765-7-02;
- Written documentation of regular evaluation of student performance and achievement throughout the training program;
- Copy of EMT or AEMT certificate to practice, for each paramedic student, which was current and valid during the duration of the training program;
- Copy of preceptor evaluations of student performance;
- Course Evaluation Form;
- Copy of initial training program's Certificate of Completion;
- CE training program files in accordance with O.A.C. 4765-7-09;
- Copy of Approved CE training program's Certificate of Completion

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	Explain the accreditation process and role of EMS Education Coordinator. Ascertain administrative perspective regarding the program's educational objectives, operational procedures, financial stability, student success, future initiatives and administrative support.
Interview with Program Medical Director	20 minutes	Explain the role and responsibilities of the program medical director. Ascertain the medical director's perspective on EMS education and the level of involvement needed with the EMS training program.
Interview with faculty members responsible for didactic and laboratory instruction	45 minutes	Ascertain the faculty's perspective and understanding of the course policies and procedures, EMS content, educational objectives, instructional methods, testing mechanisms and student success.
Visit to primary clinical site. All clinical sites <u>do not</u> need to be visited.	30 - 45 minutes	Through observation and discussions with the clinical preceptors, the Education Coordinator will assess the general quality of the clinical teaching environment, resources, and evaluation of the student's work by those providing the supervised experience. The visit should include all major areas of the clinical site providing educational experiences to the students
Visit to primary prehospital internship site. All prehospital sites <u>do not</u> need to be visited.	20 - 30 minutes	Through observation and discussions with the prehospital preceptors, the Education Coordinator will assess the general quality of resources available within the field internship, and evaluation of the student's work by those providing the supervised experience.
Interview with perspective EMS agency employer(s)	20 - 30 minutes	Discussion with the perspective employer(s) should provide the Education Coordinator with a perspective on the need for the EMS training program, employability opportunity and level of employer satisfaction with the program's graduates.
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 required documents required for initial accreditation.	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 would be conducted.