PARAMEDIC EDUCATION PROGRAM REQUIREMENTS

1. The PARAMEDIC educational program must be conducted by an approved Educational Institution as defined in the rules of the NC Medical Care Commission.

2. The lead instructor for the PARAMEDIC educational program must be a NC credentialed Level II EMS Instructor at the PARAMEDIC level as defined in the rules of the NC Medical Care Commission.

3. The curriculum for the PARAMEDIC educational program shall at a minimum, meet the most current edition of the National EMS Education Standards for Paramedic Education. The EMS Education Standards may be downloaded or viewed at [http://ems.gov/EducationStandards.htm](http://ems.gov/EducationStandards.htm). The EMS Education Standards for Paramedic Education must be adopted by the educational institution and the course approved by the North Carolina Office of Emergency Medical Services.

4. While the EMS Education Standards for Paramedic Education is a National document, there are some components that may not be included in this document. For clarity, all skills and medications listed on the most current edition of the North Carolina Medical Board approved Medications and Skills for EMS Personnel are to be covered during the course of the program. This document can be downloaded or viewed free of charge. To view this document visit: [http://www.ncems.org/nccepstandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf](http://www.ncems.org/nccepstandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf).

Another resource that may be of benefit is the recent Curriculum Realignment Project that was completed in June of 2013. These documents are available to all EMS Educational Institutions that are approved by the North Carolina Office of EMS to provide initial EMS education programs. The documents include a mapping guide (Cross reference) from the National Standard Curricula (Objective based) for EMS Programs to the Education Standards for EMS Education (Competency based) and there is a supporting document that discusses Clinical Education. These documents may be downloaded or viewed at: [http://www.nc-net.info/db-law-cluster.php](http://www.nc-net.info/db-law-cluster.php).

5. The required Anatomy and Physiology course shall meet or exceed the requirements listed in the Continuing Education Master Course List of the NC Community College System. Courses that are currently accepted include:

   - EMS- 3000: Basic Anatomy and Physiology
   - BIO- 163: Basic Anatomy and Physiology
   - BIO- 165 & 166: Anatomy and Physiology I & II (Must complete both sections)
   - BIO- 168 & 169: Anatomy and Physiology I & II (Must complete both sections)

6. Evaluation check sheets for verification of progressive student independent-skill mastery shall evaluate core psychomotor skills and the affective domain specific to the independent skills learned during each specific education module. An Institution may choose to develop or utilize pre-developed evaluation check sheets.
7. The educational institution must maintain all student records that document:
   
a. Prerequisite of a high school diploma or high school equivalency.
   
b. Reading comprehension and English language skills on the post-secondary level.
   
c. Compliance with the mathematical skills on the post-secondary level.
   
d. Successful completion of an EMT educational program. Though a current and valid Credential is not required, an Educational Institution maintains the right to include this as a Prerequisite.
   
e. Any learning disabilities that may qualify the student for special consideration by the Office of EMS in the written credentialing examination.
   
f. Student attendance in the classroom, clinical, and field internship components of the educational program.
   
g. Successful completion of all classroom components of the program, including written examination scores, independent-skills evaluation check sheets and scope-of-practice evaluation check sheets.
   
h. Skills competency in the clinical and field internship educational components.
   
i. Recommendation by the medical advisor/director and the lead instructor for participation in clinical and field internship.
   
j. Recommendation by the medical advisor/director and the lead instructor for successful completion of the educational program. This will verify that the student has satisfactorily met all competencies to ensure the health and safety of the citizens that the student will be caring for once affiliated.

8. The educational institution must have access to clinical education and field internship sites consistent with the scope of practice level of the Paramedic student for a sufficient number of contact hours to ensure competency on the skills required for successful program completion. The approved educational institution shall have written agreements with these sites.

**PARAMEDIC STUDENT PRE-REQUISITES**

1. Successful completion of an EMT program and mastery of course level competency to be determined though valid certification or competency evaluation based on current National EMS Education Standards.

2. High school diploma or high school equivalency. If an Institution is presented with documents that the Institutions Advisors, Counselors or Registrar will accept as an equivalent (Home School, International schooling, etc.) then there must be some form of documentation placed into the students file acknowledging acceptance of same.
3. Successful completion of an entrance exam assessing basic reading comprehension and English language writing skills on a post-secondary level.
   - An educational institution will assess the student’s basic reading comprehension and language skills before the student enters the PARAMEDIC educational program.
   - An Institution maintains the right to determine what entrance exams or equivalents they will accept to ensure that the student has successfully met the requirement.

4. Demonstration of mathematical skills at a minimum at the post-secondary grade level.
   - An educational institution will assess the student’s basic mathematical skills before the student enters the PARAMEDIC educational program.
   - An Institution maintains the right to determine what entrance exams or equivalents they will accept to ensure that the student has successfully met the requirement.

**DIDACTIC COMPONENT**

**COMPOSITION**
Composition of the didactic component will meet the most current edition of the National EMS Education Standards for the Paramedic, which can be referenced at [http://ems.gov/EducationStandards.htm](http://ems.gov/EducationStandards.htm). Didactic component, including cognitive examinations should meet or exceed a minimum of 460 classroom hours.

Laboratory time, skills practice and documented skills evaluations, including the scope of practice evaluations should consist of a minimum of 200 hours.

While the EMS Education Standards for Paramedic Education is a National document, there are some components that may not be included in this document. For clarity, all skills and medications listed on the most current edition of the North Carolina Medical Board approved Medications and Skills for EMS Personnel are covered during the course of the program. This document can be downloaded or viewed free of charge. To view this document visit: [http://www.ncems.org/nccepstandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf](http://www.ncems.org/nccepstandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf).

**CLINICAL EDUCATION COMPONENT**

**Clinical Prerequisites:**
1. Successful completion of all clinical skills to be performed by the student.
2. Recommendation of the educational medical director and program lead instructor.
3. Successful completion of all EMT educational requirements.

**Clinical Requirements:**
1. The length of the clinical education component of the PARAMEDIC program has a required minimum of 100 hours, which includes time for student remediation if needed to meet the required minimum skills. The Institution will be responsible for ensuring the student’s competency is equivalent to that of an entry level Paramedic. This component should be based on the time required to verify competency in each of the skills required for successful program completion.

2. Clinical education must be conducted under the direct supervision of approved preceptors (Recommend not more than 4 preceptors be assigned to any one student, as research has showed the closer the ratio is 1:1 the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.
3. A minimum of 48 hours shall be performed in a hospital emergency department.

4. Other clinical areas may include:
   - Intensive Care Units
   - Operating Room / Recovery
   - Intravenous Team
   - Specialty Care Transport Units / Pediatric Unit
   - Labor / Delivery Unit
   - Psychiatric Unit or Crisis Center
   - Skilled Nursing Facilities
   - County Health Department/ Home Health Care
   - Physician’s Office/Immediate or Urgent Care
   - Any other medical facility (Non-Traditional Practice Setting) deemed appropriate by the Educational Medical Advisor

   - Because of the unpredictable nature of emergency medicine, the hospital environment offers two advantages in paramedic education: volume and specificity. In the hospital setting, the paramedic student can see many more patients than is possible in the field.

   - This is a very important component in building up a "library" of patient care experiences to draw upon in clinical decision-making.

   - The use of multiple departments within the hospital enables the student to see an adequate distribution of patient situations. In addition to emergency departments, which most closely approximate the types of patients that paramedics should see, clinical education should take advantage of critical care units, OB/GYN, operating rooms/anesthesia, recovery, pediatrics, psychiatric, etc. This will help assure a variety of patient presentations and complaints. These also provide a more holistic view of health care and an appreciation for the care that their patients will undergo throughout their recovery. This places emergency care within context.

   - Paramedic programs throughout the country have created clinical learning experiences in many environments. There is application to emergency medical care in almost any patient care setting.

   - When a particular location lacks access to some patient populations, educational programs have created innovative solutions. Programs are encouraged to be creative and seek out clinical learning experiences in many settings. Examples include: morgues, hospices, nursing homes, primary care settings, doctor’s offices, clinics, laboratories, pharmacies, day care centers, well baby clinics, and community and public health centers.

**FIELD EDUCATION COMPONENT**

**Field Internship Prerequisites:**
1. Successful completion of all EMT educational requirements.
2. Successful completion of all clinical skills to be performed by the student.
3. Recommendation of the educational medical director and program lead instructor.
Field Internship Requirements:

1. The field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations. The student’s achievement of the competencies is required for graduation and must be assessed by a summative and/or comprehensive final evaluation. A summative program evaluation is a capstone event that occurs when the field internship is nearing completion. This component should be based on the time required to verify competency in each of the skills required for successful program completion. If the student fails to show competency in any aspect, then that student must be offered remediation and will be required to perform additional time to ensure that competency has been met.

2. The length of the field education component for the PARAMEDIC program will require a minimum of 240 hours, which includes time for student remediation. The student must complete the 240 minimum hours required as the third person (Student Role) of an ambulance crew. The student is required to meet the minimum skills and the Institution will be responsible for ensuring the student’s competency is equivalent to that of an entry level Paramedic.

3. The acceptance of any field time or skills, when not assigned as the third person (Student Role) of an ambulance crew is strictly prohibited. In the event that an Institution or Student allows such time or skills to be credited, then the Student will negate all field time and skills acquired for the field education component.

4. Field education must be conducted under the direct supervision of approved preceptors (Recommend not more than 4 preceptors be assigned to any one student, as research has showed the closer the ratio is 1:1, the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.

5. Field internship must be performed with an EMS provider at or above the PARAMEDIC level.

- It is unreasonable to expect students to derive benefit from being placed into a field environment and performing. Field clinical represents the phase of instruction where the student learns how to apply cognitive knowledge and the skills developed in skills laboratory and hospital clinical to the field environment. In most cases, field clinical should be held concurrently with didactic and hospital clinical instruction.

- Field instruction, as well as hospital clinical, should follow a logical progression. In general, students should progress from observer to participant to team leader. The amount of time that a student will have to spend in each phase will be variable and depend on many individual factors. One of the largest factors will be the amount and quality of previous emergency care experience.

- With the trend toward less and less EMT experience prior to paramedic education, program directors must adjust the amount of field experience to the experience of the students.

- Students should have access to patients who present common problems encourage in the delivery of advanced emergency distributed by age and sex. Supervision should be provided by instructors or preceptors appointed by the program. The clinical site should be periodically evaluated with respect to its continued appropriateness and efficacy in
meeting the expectations of the programs. Clinical affiliates should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

- The final ability to integrate all of the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry level Paramedic is conducted during the field internship phase of the program. The field internship is not an instructional, but rather an evaluative, phase of the program. The field internship should occur toward the end of the program, with enough coming after the completion of all other instruction to assure that the student is able to serve as an entry level Paramedic. During the field internship the student should be under the close supervision of an evaluator.

- Field internship must occur within an emergency medical service which demonstrates medical accountability. Medical accountability exists when there is good evidence that the EMS providers are not operating as an independent practitioner, and when field personnel are under direct medical control of online physicians or in a system utilizing standing orders where timely medical audit and review provide quality improvement.

**SUCCESSFUL SKILLS COMPLETION**

To successfully complete the PARAMEDIC program:

- The student must demonstrate competence on each of the following skills during the clinical education AND field internship educational components while in direct contact with patients.
- Clinical and field internship preceptors shall document the student’s performance on all of the skills required in the PARAMEDIC program curriculum.
- The Level II Instructor shall review all completed clinical and field internship student evaluations to determine when the student has demonstrated competency on each of the skills.
- The educational program medical advisor and educational institution may also give credit for skills competency obtained from previous experience or other educational programs.
- The waiver of any skills for students in a PARAMEDIC educational program should be reflected in the course outline materials on file at the educational institution.
- The program medical advisor and Level II lead instructor may determine that the recommended minimum skills requirement for successful program completion is unattainable within the time allotted for clinical and field internship education. If this situation should occur, a joint decision of the program medical advisor and Level II lead instructor may reduce the required numbers of skills or increase the number of clinical and/or field internship hours. If the number of skills is reduced, the Level II instructor should develop an alternative method of ensuring competency in the skills necessary for successful program completion.
- All patient assessments must be performed on patients in the clinical education and field internship components of the course.

**PARAMEDIC SKILLS**

During the course, the PARAMEDIC Student shall:

- *Successfully demonstrate competency in all of the EMR/EMT/AEMT Required skills*  
- At the completion of the course, the PARAMEDIC Student shall *successfully demonstrate competency in all skills listed in the National Education Standards for Paramedic Education*.  
  *In addition to the National requirements, all medications and skills listed within the North Carolina Paramedic Scope of Practice, which is listed within the North Carolina Medical Board approved Medication and Skills Formulary for EMS personnel are required to be covered.*
Patient interview and history gathering:
- Routinely makes patient contact without prompting.
- Position themselves at the patient’s level when appropriate.
- Address patients with respect and compassion.
- Ask questions appropriate for patient complaint in a fluent manner (including complete SAMPLE history).

Physical Exam:
- Perform primary assessment, secondary assessment, and reassessment as appropriate.
- Perform a physical exam in an orderly, logical manner relevant to the chief complaint.
- Refer to appropriate anatomical and physiological terms.
- Recognize critical patients, their needs, and set appropriate priorities (including patients with significant problems involving the airway, breathing, and circulatory systems).

Field Impression and Treatment Plan:
- Comply with medical-legal considerations when providing patient care.
- Develop an accurate differential diagnosis based on an appropriate interview, history, and physical exam.
- Perform a basic history and physical examination to identify acute complaints and monitor changes.
- Identify the actual and potential complaints of emergency patients.
- Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient.
- Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology.
- Relate assessment findings to underlying pathological and physiological changes in the patient’s condition.
- Integrate and synthesize the multiple determinants of health and clinical care.
- Perform health screening and referrals.

Therapeutic communication and cultural competency:
- Instill confidence in the patient, family members, and bystanders; involve as appropriate; and respond to their sense of crisis.
- Exhibit acceptance of patients, as they present themselves, without passing judgment.
- Advise patients with accurate information to make informed decisions.
- Relay accurate, complete, concise, and understandable verbal report to personnel at the receiving facility both enroute and upon arrival.
- Exhibit accuracy and completeness of written reports in a timely manner.
- Uses correct grammar, spelling, punctuation.
- Correct use of medical terminology and abbreviations.
- Uses logical flow of history, assessment, and results of prehospital care.

Skills Performance:
- Consistently initiate and perform appropriate treatment and skills without prompting.
- Comply with infection control principles including; appropriate use of personal protective equipment, aseptic technique, etc.
Field Impression and Treatment Plan:
- Explain the rationale for application of procedures and protocol in any patient care situation.
- Ensure life threatening problems are recognized, prioritized, and treated before non-life threatening problems.
- Perform treatment appropriate to chief complaint and type of call at the discretion of the preceptor.
- Anticipate/recognize potential problems in the patient’s condition and formulate, initiate, delegate, modify or request appropriate treatment.
- Integrate exam findings into the appropriate destination, priority and transportation mode for each patient.
- Adapt to changes in environment, situation, and patient condition.

Clinical and Field
- Self-motivated:
  - Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, and adjusts behavior/performance.
- Efficient:
  - Keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.
- Flexible:
  - Makes adjustments to communication style, directs team members, changes impressions based on findings.
- Careful:
  - Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.
- Confident:
  - Makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.
- Accepts feedback openly:
  - Listens to preceptor and accepts constructive feedback.

Scene Leader and Safety
- Consistently function independently in all patient care situations.
- Routinely direct other crew members in the delivery of all patient care.
- Coordinate efforts with other agencies and individuals who may be involved in care and transportation of the patient.
- Exercise professional judgment based on analytical thinking.
- Recognize and take appropriate action in potentially hazardous situations.
- Recognize psychological hazards of providing prehospital care as well as techniques for stress recognition and reduction.

Data Entry & Record Keeping
- Consistent improvement of patient care documentation and other required clinical documentation.
- Relay accurate, complete, concise, and understandable verbal report to personnel at the receiving facility both enroute and upon arrival.
- Exhibit accuracy and completeness of written reports in a timely manner.
- Uses correct grammar, spelling, punctuation.
- Correct use of medical terminology and abbreviations.
• Uses logical flow of history, assessment, and results of prehospital care.
• Evaluate the preceptor in a professionally constructive manner.
• Evaluate the hospital/field site in a professionally constructive manner

**CLINICAL/FIELD INTERNSHIP EXPERIENCE**

The student must demonstrate the ability to perform an adequate assessment on patients from various age groups. The assessments must include a minimum of twenty (20) pediatrics, forty (40) adult and forty (40) geriatrics obtained from live patients during the clinical and field components. The student will formulate and implement treatment plans for a minimum of sixty five (65) patients and maintain a 70% accuracy rate when compared to the patient’s outcome.

**PATHOLOGIES**

- The student must demonstrate the ability to perform a comprehensive assessment on special patient populations (OB/GYN, Pediatrics, Special Needs, Geriatric, etc.)
- The student must demonstrate the ability to perform a comprehensive assessment on all types of trauma patients.
- The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.
- The student must demonstrate the ability to perform a comprehensive assessment on all types of medical patients.

**COMPLAINTS**

- The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.
- The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
- The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.
- The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.
- The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.

**TEAM LEADS**

- The student shall serve as the team leader (Lead Paramedic care giver) a required minimum of twenty (20) times.
- Program minimum team leads may exceed the required minimum and must be established by the program director, medical advisor and EMS advisory committee.
- Team leads shall be accomplished by each student and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the paramedic profession.

**CLINICAL AND FIELD EXPERIENCE SUMMARY**

The student must demonstrate the ability to safely administer medications to a live patient. The student must administer medications a minimum of thirty five (35) times (Refer to NCCEP/NCMB Approved Meds/Skills). The student is not allowed to administer any medications not approved by the
The student must demonstrate the ability to safely gain vascular access (Refer to NCCEP/NCMB Approved Meds/Skills) a minimum of thirty (30) times on live patients of various age groups and maintain a minimum of 80% success rate.

The student must demonstrate the ability to acquire, interpret, recognize and transmit as needed the standard 3 or 4 Lead ECG/EKG and 12 Lead ECG/EKG a minimum of twenty (20) times. The standard rhythms (Normal Sinus, Sinus Brady, Sinus Tach, Ventricular Fibrillation, Monomorphic Ventricular Tachycardia, Asystole, etc.) shall not be allowed to account for more than two (2) acquisition or interpretations per standard rhythm.

The student should safely provide advanced airway management in any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs in all age brackets (neonate, infant, pediatric, and adults). High definition simulation is highly recommended, with low fidelity simulation the minimal accepted method. The method of simulation will be determined by the Educational Medical Advisor and Advisory Committee. The student should have exposure to diverse environments of learning, including but not limited to hospital units, ambulatory surgical centers, out of hospital settings, and in laboratory settings with variable distractors. The student should have no fewer than fifty (50) attempts at airway management across all age levels (neonate, infant, pediatric and adult). In order to demonstrate airway competency, the student should be 100% successful in their last twenty (20) attempts at airway management. All advanced airway attempts will require the application of waveform capnography. Advanced airway attempts within the classroom setting will require application and interpretation of waveform capnography in a manner that is considered acceptable by the Education Medical Advisor and Advisory Committee. All advanced airway attempts held in a classroom or lab setting shall assess the student’s ability to effectively ventilate the un-intubated patient (All age groups).

The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain.

The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress.

The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status.

The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with other mental or psychological related issues.

The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with other medical related issues.
The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with trauma related issues.

The student must demonstrate the ability to perform an adequate assessment on pediatric, adult and geriatric patients.

Educational institutions that have achieved National Accreditation maintain the right to establish their minimum required numbers and competency determinations for all skill sets (Patient assessments, Team Leads, IV access, etc...) as accepted by the accrediting body. The Nationally Accredited Institution will be responsible for reflecting this change by providing an addendum or updated Educational Plan to the appropriate Regional OEMS Office and Educational Specialist.

**SCOPE OF PRACTICE PERFORMANCE EVALUATION COMPONENT**

The scope of practice performance evaluation is scenario-based and must be consistent with the requirements detailed in the National EMS Scope of Practice Model.

- The “Final” Technical Scope of Practice Evaluation is to be performed once the student has successfully completed “ALL” educational components.
- All skills and medications listed on the most current edition of the North Carolina Medical Board approved Medications and Skills for EMS Personnel are to be covered and evaluated during the course of the program with high acuity skills included within the scope of practice performance evaluation. To download or view this document visit: [http://www.ncems.org/nccepstandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf](http://www.ncems.org/nccepstandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf)

**PARAMEDIC EDUCATIONAL PROGRAM SUMMARY**

**PARMEDIC Program Length: 1000 hours**

The following represents a summary of the required component time requirements for the Paramedic program. The minimum hours required will consist of four parts that total 1000 hours and are listed below:

1. Didactic component, including cognitive examinations should meet or exceed a minimum of 460 classroom hours.

2. Laboratory time, skills practice and documented skills evaluations, including the scope of practice evaluations should consist of a minimum of 200 hours.

3. Clinical Hours:
   a. The required minimum clinical hours will be 100. A minimum of 48 must be performed in an Emergency Room Setting:
      i. This minimum is established to ensure that the student has sufficient time to satisfactorily meet all competencies required for completion of the educational program.
      ii. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
iii. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation. The remediation outline should include additional clinical hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.

iv. Documentation must be maintained in the students file to show that the educational medical advisor/director, program lead instructor and program director agreed with the final determination.

4. Field Internship Hours:
   a. The required minimum hours for Field Internship will be 240 hours.
      i. This minimum is established to ensure that the student has sufficient time to satisfactorily meet all competencies required for completion of the educational program.
      ii. A minimum of 240 must be as a non-assigned member of the primary ambulance crew.
      iii. The timing and sequencing of the field internship should allow for team leads to occur as a capstone experience and in relation to the didactic and clinical phases of the program so as to provide an appropriate experience to demonstrate competence.
      iv. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
      v. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation. The remediation outline should include additional field hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
      vi. Documentation must be maintained in the students file to show that the educational medical advisor/director, program lead instructor and program director agreed with the final determination.

PARAMEDIC Minimum Program Length= 1000 hours