



**North Carolina Office of Emergency Medical Services
Division of Health Service Regulation
Department of Health and Human Services**

EMS Educational Institution Application

NC OEMS EMS Educational Institution Application

Educational Institution Name:

Application Type: Initial Renewal Addendum
(for addendum please fill out only applicable sections regarding changes)

Date Submitted to NC OEMS:

Introduction

North Carolina General Statutes and Administrative Codes require that the North Carolina Office of EMS (OEMS) establish programs to credential EMS personnel. To that end, the OEMS has set EMS educational curricula, which must be offered by approved EMS educational institutions. To be approved by the OEMS as an EMS Educational Institution, an institution must submit an application packet that includes an education plan that addresses the institution's ability to provide quality EMS education programs and services. The education plan must meet the standards established by the OEMS.

This document is intended to assist institutions seeking approval as an EMS Educational Institution. Though these guidelines offer much information, applicants should consult with the Education Liaison in the appropriate regional office throughout the development of the institution's educational plan. The Education Liaison can offer valuable information and guidance for applicants who encounter problems related to the requirements for the educational plan. Contact information for each regional office is listed at the end of this document.

EDUCATIONAL PLAN COMPONENTS & APPLICATION FORMAT

The applying institution must submit a completed EMS Educational Institution Application. The Educational Institution Plan must address all components listed in these guidelines, unless noted otherwise.

I. Educational Programs

This section of the plan will address the educational programs the institution intends to offer including: programs offered by the institution, the educational format(s) that the institution intends to use to deliver its educational services, and the methods of classroom instruction to be used. The plan must also include a brief description of any educational objectives or content material to be included that is not part of standard curriculum objectives for that level, as well as any enhancement or enrichment activities unique to the institution's educational program.

1) Institution Mailing Address:

a.

Institution Physical Address:

a.

- 2) Institution Phone Number:
 - a.
- 3) Institution Fax Number:
 - a.
- 4) Institution Approval Sought:
 - a. CEI BEI AEI
- 5) Courses Offered at the Institution:
 - a. MR EMT EMT-I EMT-P EMD
- 6) Type of Course Offered:
 - a. Initial Refresher CE Local
- 7) Please indicate the hours for each level offered:
 - a. Initial Courses
 - i. MR: Total Hours Didactic Hours Clinical
Hours Field Hours
 - ii. EMT-Basic: Total Hours Didactic Hours
Clinical Hours Field Hours
 - iii. EMT-Intermediate: Total Hours Didactic Hours
Clinical Hours Field Hours
 - iv. EMT-P: Total Hours Didactic Hours Clinical
Hours Field Hours
 - v. EMD: Total Hours Didactic Hours Clinical
Hours Field Hours
 - b. Refresher Courses
 - i. MR: Total Hours Didactic Hours Clinical
Hours Field Hours
 - ii. EMT-Basic: Total Hours Didactic Hours
Clinical Hours Field Hours
 - iii. EMT-Intermediate: Total Hours Didactic Hours
Clinical Hours Field Hours
 - iv. EMT-P: Total Hours Didactic Hours Clinical
Hours Field Hours
 - c. CE Local (System Affiliated)
 - i. MR: Total Hours Didactic Hours Clinical
Hours Field Hours
 - ii. EMT-Basic: Total Hours Didactic Hours
Clinical Hours Field Hours
 - iii. EMT-Intermediate: Total Hours Didactic Hours
Clinical Hours Field Hours
 - iv. EMT-P: Total Hours Didactic Hours Clinical
Hours Field Hours
 - v. EMD: Total Hours Didactic Hours Clinical
Hours Field Hours
 - d. CE Local (Non-Affiliated)
 - i. MR: Total Hours Didactic Hours Clinical
Hours Field Hours
 - ii. EMT-Basic: Total Hours Didactic Hours
Clinical Hours Field Hours

- 1) Please define the program service area:
 - a. Agency System City County Other Geographical Area
- 2) If “Other Geographical Area” was selected above, please detail below:
 - a.
- 3) Please list any institutional affiliation(s) or accreditation(s) below:
 - a.

III. Financial Resources

This section of the education plan will address how the institution funds the EMS education program (such as assessing student tuition/fees, seeking grants and contracts, etc.).

- 1) How is your educational program funded?
 - a. Student Tuition/Fees Appropriated Budget Service Contract(s) Educational or Special Grant(s) Combination/Other
- 2) If “Combination/Other” was selected above, please detail further below:
 - a.

IV. Facilities

This section of the education plan will address the institution’s ability to provide acceptable sites and facilities for EMS educational programs. Approved Educational Institutions must provide sites and facilities that ensure a safe and conducive atmosphere for learning. The sites and facilities must provide appropriate space, lighting, acoustical, and environmental controls, and they must be maintained in a hygienic manner, free of obstructions, materials or conditions which would pose unnecessary risks to students.

- 1) Please identify the following types of facilities that your educational program will be utilizing:
 - a. Community College EMS/Fire/Rescue Hospital Other
- 2) If you selected “Other” above, please detail further below:
 - a.
- 3) Please provide a list (Appendix C) of any sites or facilities that will host educational programs (i.e. classroom learning or experiential activities) including address, physical location and contact person responsible for the facility/location
- 4) In Appendix C, please detail the general description of each site identified in the list. Please include maximum capacity, classroom set-up, available technology, etc.

V. Equipment and Supplies

EMS Education Institutions are required to have sufficient equipment and supplies available to conduct EMS educational programs. This section of the education plan will address the institution's ability to provide adequate equipment and supplies for EMS educational programs. The required equipment and supplies include both the medical equipment and related supplies needed to teach the scope of practice skills covered in EMS educational programs and the educational equipment and supplies needed to effectively deliver course content. Equipment and supplies must be appropriate to the scope of practice being taught, must be in good and safe repair, and must be available in sufficient quantity to ensure student access and use during scheduled times. Required educational supplies and equipment, such as textbooks, audiovisual devices, computers and the like, should be determined by the instructional methods and activities used within the program and should address the various learning styles of students. EMS Educational Institutions must provide instructors with the equipment and supplies necessary for them to provide quality, appropriate educational services and activities. Medical equipment used in the education institution to teach and evaluate psychomotor skills and competencies should, whenever feasible, be consistent with the types and brands used within the local EMS system.

- 1) Does your educational institution provide all of its own equipment/supplies?
 - a. Yes No
- 2) If you answered "No" above, please detail where/who provides your equipment/supplies.
 - a.
- 3) Please provide a copy of the equipment/supplies "Memorandum of Agreement/Understanding" from the agency/entity for which you receive your educational supplies/equipment if not provided by the agency seeking approval.
- 4) Please provide a list (Appendix D) of non-disposable equipment/supplies utilized in the education process. Please include the make/model and quantity of each item.
- 5) Please provide a maintenance/upgrade schedule (Appendix E) for equipment and supplies.

VI. Educational Medical Advisor

The education medical advisor shall be responsible for overseeing and approving the medical components of each EMS educational program. Specific qualification requirements of an EMS Educational Medical Advisor are referenced in the "North Carolina College of Emergency Physicians: Standards for the Selection and Performance of EMS Medical Directors." This document is available from a link on the NCOEMS web site at: <http://www.ncems.org>. This section of the education plan will address the institution's ability to provide a qualified educational program medical advisor.

- 1) Please provide the full name of the Educational Medical Advisor
 - a.

- 2) Please provide the e-mail address for the Educational Medical Advisor
 - a.
- 3) Please provide the mailing address for the Educational Medical Advisor
 - a.
- 4) Please provide at least TWO contact phone numbers for the Educational Medical Advisor
 - a.
- 5) Please describe the type of appointment for the Educational Medical Advisor
 - a. Full-time Part-time
- 6) Please detail the specific job responsibilities of the Educational Medical Advisor
 - a. Didactic Curriculum Development Clinical Curriculum Development Student Performance Program Evaluation
 - b. Instructor Selection Instructor Development
- 7) Please indicate the date of the last Medical Advisor NCOEMS/NCCEP Workshop the Educational Medical Advisor Attended
 - a.
- 8) Please provide the following appendices:
 - a. Appendix F – Contract/Agreement between the Educational Medical Advisor and the Educational Institution
 - b. Appendix G – Curriculum Vitae/Resume of the Educational Medical Advisor

VII. Educational Program Coordinator

This section of the education plan will address the institution's ability to provide a qualified and credentialed educational program coordinator.

All CEIs must have a credentialed Level I EMS Instructor, credentialed at or above the highest level of the program to be offered, designated as the program coordinator.

All BEIs and AEIs must have a designated lead EMS educational program coordinator. The designated coordinator may be an individual credentialed as a Level II EMS Instructor at or above the highest level of the EMS program offered by the institution, or the coordinator responsibilities may be shared by a combination of staff that cumulatively meets the requirements of a Level II Instructor.

The OEMS recommends that no more than two (2) individuals be used to meet this requirement. If the individual or group of individuals identified as the program coordinator in the plan end association or affiliation with the institution, the institution must notify the OEMS and submit documentation reflecting compliance with this requirement in order to continue offering EMS educational programs.

EMS educational program coordinators must possess a valid OEMS Instructor Credential throughout the duration of any programs offered that is equal to or greater than the level of that program. It is the responsibility of the program

coordinator and the institution to ensure that the appropriate valid credentials are maintained.

- 1) What best describes the make-up of the Educational Program Coordinator
 - a. Single Person Combination of IndividualsNOTE*: If single is selected above, please complete the questions below. If “Combination” is selected, please complete the questions below for the PRIMARY Educational Program Coordinator and answer questions 2-7 for the additional individual(s) as an additional Appendix H.
- 2) Please provide the full name of the Educational Program Coordinator
 - a.
- 3) Please provide the e-mail address for the Educational Program Coordinator
 - a.
- 4) Please provide the mailing address for the Educational Program Coordinator
 - a.
- 5) Please provide at least TWO contact phone numbers for the Educational Program Coordinator

- 6) Please describe the type of appointment for the Educational Program Coordinator
 - a. Full-time Part-time Volunteer
- 7) Please provide the instructor credential level of the Educational Program Coordinator
 - a. OEMS Level 1 OEMS Level 2 Neither
- 8) Please provide the EMS credential level of the Educational Program Coordinator
 - a. Medical Responder EMT-Basic EMT-Intermediate EMT-Paramedic Emergency Medical Dispatcher
- 9) Please provide the following appendices:
 - a. Appendix I – Contract/Agreement between the Educational Program Coordinator and the Educational Institution
 - b. Appendix J – Curriculum Vitae/Resume of the Educational Program Coordinator

VIII. Instructional Faculty

This section of the education plan will address the institution’s ability to provide qualified and credentialed faculty for its EMS educational programs. The plan must address all faculty used in the educational program, such as credentialed EMS instructors, skill and scope-of-practice evaluators, clinical and field preceptors, specialty course instructors (such as for ACLS, MICN orientation, etc.) and non-credentialed adjunct instructors.

Credentialed EMS Instructors must be designated as lead instructor for EMS educational programs that lead to a credential. Initial EMT-I and EMT-P courses require a credentialed Level II EMS Instructor to serve as lead instructor. Each type of instructor must be credentialed at the level of the program offered, or higher. For

example, an institution offering EMT-P continuing education must designate as its lead instructor for the program a credentialed Level I EMT-Paramedic instructor. As another example, an institution offering EMT-P continuing education and EMT-I initial courses could designate a credentialed Level II EMT-I instructor for its EMT-I program and a Level I EMT-P instructor for its CE program, or the institution could designate a Level II EMT-P instructor to serve as lead instructor for both programs.

For EMD initial programs, an educational institution must designate a credentialed EMD Instructor (Level I or II) as the lead instructor. For EMD continuing education programs, an educational institution must designate a credentialed EMD Instructor (Level I or II) or other type credentialed Instructor (EMT, EMT-I or EMT-P, Level I or II) who also holds a current EMD credential as the lead instructor.

EMS Instructors must possess a valid OEMS Instructor Credential throughout the duration of any programs taught that is equal to or greater than the level of that program. It is the responsibility of the Instructor and the educational institution for which the instructor is teaching to ensure that the appropriate valid credentials are maintained.

- 1) Please detail the educational program's faculty/instructor(s):
 - a. Full-time Part-time Volunteer
- 2) Please detail the instructor levels of faculty/instructors employed:
 - a. OEMS Level 1 OEMS Level 2 Other
- 3) If you selected "Other" in question two, please detail below
 - a.
- 4) Does your program have an annual orientation for faculty/instructors?
 - a. Yes No
- 5) Does your program have a faculty/instructor evaluation process?
 - a. Yes No
- 6) Does your institution provide a Professional Development Plan or Professional Development Opportunities for faculty/instructors?
 - a. Yes No
- 7) If you select "No" to question 6, please detail your method of instructor professional development
 - a.
- 8) Please provide the following appendices as outline below:
 - a. Appendix K – Roster of all of faculty/instructors detailing the following:
 - i. Full Name
 - ii. P-Number (if applicable)
 - iii. Please Identify if: Full-time, Part-time or Volunteer
 - iv. EMS Credential Level (if applicable)
 - v. Expiration Date
 - vi. OEMS Instructor Credential Level (if applicable)
 - vii. Expiration Date
 - viii. Highest Level of Education Achieved (i.e. Diploma/GED, B.A., B.S., Master's, etc.)

- ix. Levels of courses instructing (MR, EMT, EMT-I, EMT-P, EMD)
- b. Appendix L – Copy of a blank contract/agreement between the institution and faculty/instructor
- c. Appendix M (if applicable) – Copy of a blank faculty/instructor evaluation instrument
- d. Appendix N (if applicable) – Please provide a copy of the faculty/instructor professional development plan/method
- e. Appendix O (if applicable) – Please provide a copy of the EMS Program faculty/instructor handbook

IX. Support Staff

This section of the educational plan will address the institution’s ability to provide qualified support staff for its EMS educational programs. The plan will address support staff who serve the EMS education program.

- 1) Does your educational institution provide any support staff for the EMS program?
 - a. Yes No

If you answered “Yes” above, please answer the questions below, if no, please move to “Section Ten (X)”.

- 2) Please describe your support staff:
 - a. Clerical/Administrative Clinical Coordinator Other
- 3) If you selected “Other” above, please describe below:
 - a.
- 4) Is the support staff:
 - a. Full-time Part-Time

X. Clinical & Field Internship

This section of the educational plan will address how the institution will meet the required clinical and field internship experiences for its EMS educational program.

- 1) Do any of the programs in this application require a clinical or field internship as outlined by the DOT NSC or NC Education Guidelines and Objectives?
 - a. Yes No

*NOTE: If you answered no to this above question, move to section XI (eleven). Otherwise, please complete the rest of this section.

- 2) Please identify the types of clinical sites utilized for this program:
 - a. Hospital(s) Public Health Agency Private Physician’s Office(s) Health Care Clinic(s) Other
 - b. If you selected Other, please detail the type of clinical site below
 - i.
- 3) Please identify the types of field service utilized for the educational program:
 - a. E-911 Transport Agency Inter-facility Transport Agency Critical Care Transport Agency

- 4) Does the educational program have contracts or memorandum of agreement/understanding with **each** clinical site?
 - a. Yes No
- 5) Does the educational program have contracts or memorandum of agreement/understanding with **each** field site?
 - a. Yes No
- 6) Does the educational program assist in the selection/approval of preceptors at **each** clinical site?
 - a. Yes No
- 7) Does the educational program assist in the selection/approval of preceptors at **each** field site?
 - a. Yes No
- 8) Does the student complete an evaluation of **each** clinical site?
 - a. Yes No
- 9) Does the student complete an evaluation of **each** field site?
 - a. Yes No
- 10) Does the student complete an evaluation of **each** preceptor?
 - a. Yes No
- 11) Please provide the following appendices as outline below:
 - a. Appendix P – Roster of all clinical sites including the following information:
 - i. Facility Name
 - ii. Contact Persons Name
 - iii. Physical Address
 - iv. Phone Number of Contact Person
 - v. Levels precepted at facility
 - vi. Please list each area of the hospital where clinical skills will be performed (i.e. OB, Surgery, ER, etc.)
 - b. Appendix Q – Roster of all field sites including the following information:
 - i. Agency Name
 - ii. Contact Persons Name
 - iii. Physical Address
 - iv. Phone Number of Contact Person
 - v. Levels precepted at field site
 - c. Appendix R – Copy of a blank clinical site evaluation
 - d. Appendix S – Copy of a blank field site evaluation
 - e. Appendix T – Copy of a blank preceptor evaluation
 - f. Appendix U – Blank copy of all forms used by a student in a clinical or field setting.

XI. Students

This section of the educational plan will address how the institution interacts with students in EMS educational programs.

- 1) Does the educational program require any pre-admissions testing or screening?
 - a. Yes No

- 2) If you answered “Yes” above, please describe the instrument(s) used for pre-admission testing or screening for each level:
 - a.
- 3) Does the educational program meet NC Education Guidelines and Objectives requirements for pre / co-requisites for each student per course level
 - a. Yes No
- 4) Does the educational program provide each student with a copy of a written syllabus at each level?
 - a. Yes No
- 5) Does the educational program provide each student with written student rights and responsibilities that address:
 - a. Course Grading Process –Yes No
 - b. Course Remediation Process –Yes No
 - c. Grievance Process –Yes No
 - d. Course Dress Code –Yes No
 - e. Course Attendance Requirements –Yes No
 - f. Disability Assistance –Yes No
 - g. Course Completion Requirements –Yes No
- 6) Does the institution have a program evaluation process which:
 - a. periodically asks students to provide written feedback on program strengths and weaknesses: Yes No
 - b. examines how well students measure up to a standardized examination on graduation: Yes No
 - c. examines how well students practice in accordance with established standards of care after graduation: Yes No
- 7) Please provide the following appendices as outlined below:
 - a. Appendix V – Copy of the EMS Program Student Handbook and/or Student Rights & Responsibilities Document.

XII. Record Keeping

This section of the educational plan will address how the institution will maintain a standardized record-keeping system that details accurate attendance and performance of any student that participates in the program. A record-keeping policy must be in place that ensures the privacy and legal rights of students participating in the educational program. The record-keeping system must comply with OEMS and local EMS system monitoring, administrative, and credentialing requirements and must be available to OEMS and designated local EMS system staff within allowable legal constraints for official business. For educational records, the OEMS recognizes at a minimum the requirements outlined in the DOT National Standard Curriculum documents and the NC OEMS Education Guidelines and Objectives.

- 1) Does your education program at a minimum adhere to the DOT National Standard Curriculum documents and NC OEMS Education Guidelines and Objectives requirements on maintaining student and course records?
 - a. Yes No

- 2) If you check “No” above, please detail your record keeping process including type and method of maintaining student, course and program records
 - a.
- 3) What is the educational institution’s record retention period for maintaining EMS program records?
 - a.
- 4) In what format are EMS program records maintained?
 - a. Hard copy format Electronic format Combination

RESOURCE DOCUMENTS

Regional OEMS education liaisons are available to provide technical assistance to educational institution applicants before, during and after the approval process. Additionally, there are a number of documents available from the OEMS that can assist applicants with developing an education plan and application. Many of these documents can be found on the OEMS home page at www.ncems.org.

INITIAL APPROVAL PROCESS

EMS Educational Institution applicants shall submit two copies (the original with required signatures plus one electronic copy) of their completed EMS Educational Institution application packet to the appropriate regional OEMS office for final review and approval. All application packets must be complete and accurate.

The OEMS shall have 60 calendar days from the date of receipt of an application to determine approval status. If deficiencies with the program or application materials are identified during the review process, the OEMS will notify the applying institution of the specific deficiencies and what corrective measures need to be taken before the application can be approved. If needed, a technical assistance visit will be scheduled. The purpose of the technical assistance visit will be to resolve any program concerns and to assist the applicant in the credentialing approval process.

If approved, the EMS Educational Institution credential shall be issued, valid for four years.

OEMS Educational Institution Application Appendices

- Appendix A** – Copy of the written institutional policy regarding acceptance & documentation of outside education credit*
- Appendix B** – Copy of the written institutional policy regarding the issuance of credit for prior education and/or work experience*
- Appendix C** – List of all sites or facilities that will hold educational programs including address, physical location and contact person responsible for the facility/location. Give a detailed general description of each site. Include maximum capacity, classroom set-up, available technology, etc.
- Appendix D** – Provide a list of non-disposable equipment/supplies utilized in the education process. Please include the make/model and quantity of each item.
- Appendix E** – Please provide a maintenance/upgrade schedule for equipment/supplies.
- Appendix F** – Contract/Agreement between the Educational Medical Advisor and the Educational Institution as relates to roles and responsibilities.
- Appendix G** – Curriculum Vitae/Resume of the Educational Medical Advisor
- Appendix H** – If two persons are used for the Educational Program Coordinator then please provide the following for each person: Full name, e-mail address, mailing address, type of appointment (FT or PT), Instructor credential level, and EMS credential level.
- Appendix I** – Contract/agreement between the educational Program Coordinator and the Educational Institution if not fulltime employee
- Appendix J** – Curriculum Vitae/Resume of the Educational Program Coordinator
- Appendix K** – Roster of all faculty/instructors that include: Full name, P-number, FT or PT, EMS Credential level*, Expiration date, OEMS instructor Credential Level*, Expiration date, Highest level of Education, and levels of courses instructing.
- Appendix L** – Copy of blank contract/agreement between the institution and faculty/instructor in regards to instructor's responsibilities
- Appendix M** – Copy of blank faculty/instructor evaluation instrument
- Appendix N** – Please provide a copy of the faculty/instructor professional development plan/method*
- Appendix O** – Please provide a copy of the EMS program faculty/instructor handbook*
- Appendix P** – Roster of all clinical sites to include: Facility name, contact person, physical address, phone number of contact person, levels precepting at facility, and areas where clinical skills will be performed (i.e. OB , Surgery, ER, etc.)
- Appendix Q** – Roster of all field sites to include: Agency name, contact person, physical address, phone number of contact person, levels precepting at field site.
- Appendix R** – Copy of blank clinical site evaluation
- Appendix S** – Copy of blank field preceptor evaluation
- Appendix T** – Copy of blank preceptor evaluation
- Appendix U** – Blank copy of all forms used by student in a clinical or field setting

Appendix V- Copy of the EMS Program Student Handbook and/or Students Rights & Responsibilities Document

***If Applicable**

We the undersigned have reviewed and approve this Educational Institution application for (Name of Institution): _____ .

EMS Program Director:

Print Name

Signature

Date

EMS Education Medical Advisor:

Print Name

Signature

Date