

District of Columbia Department of Health  
Health Emergency Preparedness and Response Administration  
Division of Emergency Medical Services

# Self Assessment and Application for EMS Educational Institution Certification

December 2010



# **EMS Educational Institution Certification Application**

## **Release Notes**

01 December 2010 – Initial Release



## Instructions

This application is for those educational institutions that desire to engage in EMS Educational Certification activities in the District of Columbia. In accordance with the EMS Act of 2008, it is illegal for any person to operate an EMS educational institution without first receiving a certification from the Department of Health. When completing the self-assessment, please check the appropriate 'Yes' or 'No' block to indicate if the requirement has been met. If you answer 'No' to any item in the **Mandatory Requirements** section you must provide an explanation and any corrective action that is being taken.

When completing this application, ascertain that all required documents are attached. The listing of required documents can be found beginning on page 14 of the application.

It is required that signatures from the leadership of the educational institution be attached to verify that they have met all of the requirements of the applicable policies and regulations. The completed application, along with the required documentation, should be submitted to the District of Columbia Emergency Medical Services Officer. The application and the assorted documents should be submitted in a three-ring binder as well as on CD in electronic format (Microsoft® Word® doc format or Adobe® Acrobat® pdf format).

We are unable to process the application if any items or signatures are missing.

### Renewal of Certification

You do not have to complete the self-assessment as part of your renewal process unless specifically directed by the District EMS Officer. This application is intended primarily for those educational institutions seeking initial certification in the District of Columbia.

Institutions that submit their annual reports and keep the District EMS Officer updated on the changes at the institution will qualify for renewal through submission of the EMS Educational Institution Certification Renewal Short Form (DC-DOH EMS Form 2010-0011B).

### CoAEMSP Accreditation

Educational institutions that have been accredited by CoAEMSP should complete the application. Sections of the application approval process that parallel the CoAEMSP accreditation process are highlighted in yellow and do not need to be repeated with the application. District certification will remain in force provided the institution;

- (a) Complies with all other sections of the policy and regulations;
- (b) Remains an accredited program in good standing with CoAEMSP; and
- (c) Provides the Director a copy of the self study submitted to CoAEMSP and a copy of documentation provided to the program by CoAEMSP.

## Institution Information

Owner \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name Doing Business Under \_\_\_\_\_

### Locations of Operation

Primary Address \_\_\_\_\_

City Washington State DC Zip \_\_\_\_\_

Other Location Address \_\_\_\_\_

City Washington State DC Zip \_\_\_\_\_

Other Location Address \_\_\_\_\_

City Washington State DC Zip \_\_\_\_\_

Other Location Address \_\_\_\_\_

City Washington State DC Zip \_\_\_\_\_

**Level of Certification Requested (check all that apply)**

*Basic Life Support Programs*

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)

*Advanced Life Support Programs*

- Advance EMT (AEMT)
- EMT-Intermediate (EMT-I)
- Paramedic

**Current Accreditations**

- Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)
- Office of the State Superintendent of Education (OSSE)

**Medical Director**

Name \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Program Coordinator**

Name \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Primary Point of Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

# Table of Contents

|   |    |
|---|----|
| Release Notes .....                           | 2  |
| Regulations and Policies .....                | 3  |
| Instructions .....                            | 4  |
| Institution Information.....                  | 5  |
| Self Assessment.....                          | 8  |
| I. Educational Institution Policies.....      | 8  |
| II. Record Keeping.....                       | 9  |
| III. Educational Programs.....                | 9  |
| IV. Instructional Staff.....                  | 10 |
| V. Medical Director.....                      | 11 |
| VI. Program Coordinator.....                  | 11 |
| VII. Internships.....                         | 12 |
| VIII. Finance.....                            | 12 |
| IX. Program Evaluation.....                   | 12 |
| X. Competency Based Evaluations.....          | 13 |
| Required Documents.....                       | 14 |
| Required Documents for Optional Programs..... | 15 |
| Certification.....                            | 15 |

# I. Educational Institution Policies

## Mandatory Requirements

| Requirement   |                             |  |
|---|-----------------------------|--|
| <b>The education program has written criteria for:</b>  |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Admission  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Frequent evaluation of each student during the course of study including evaluation of competency in providing patient care                              |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Student requirements for attendance  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Student requirements for educational performance including attitudes knowledge, and skills   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Student requirements for behavior  |
| <b>The education program has written criteria for student access to program information including:</b>  |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Fees   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Requirements   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Policies   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Student handbook   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Procedures   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Support services   |
| <b>The education program has written criteria for the selection of:</b>   |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | A medical director   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | A program coordinator  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Faculty  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Other necessary personnel  |
| <b>The education program has written criteria for:</b>  |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Nondiscrimination and fair practices with regard to students, faculty, and program personnel   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Review and improvement of the effectiveness of student evaluation techniques   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | HIPPA privacy training   |
| <b>The program requires that each student wear distinctive identification during field and clinical internship that clearly identifies the:</b> |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Student's name   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Student's status   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Education program  |
| <b>The program maintains:</b>   |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | An organizational chart that shows the relationships among students, the program coordinator, the medical director, and the instructors for each course. |

## II. Record Keeping

### Mandatory Requirements

| Requirement   |                             |  |
|---|-----------------------------|--|
| <b>The program maintains accurate and appropriate records of:</b>   |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Students   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Faculty  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Courses including course attendance, grades for exam and other assignments, and demographics of applicants   |
| <b>There are written agreements with facilities and agencies providing clinical and field experience which include:</b> |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Liability policies   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Scope of practice for the student  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Evaluation criteria  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | The responsibility for and level of supervision of students  |
| <b>The program has a written policy on record maintenance to include:</b>   |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Records shall be maintained for at least five (5) years following course completion in a manner to prevent loss, destruction, or unauthorized use. |

## III. Educational Programs

### Mandatory Requirements

| Requirement                   |                             |  |
|-------------------------------|-----------------------------|--|
| <b>The education program:</b> |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Teaches the appropriate curriculum in accordance with the National Education Standards and Instructional Guidelines  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Has adequate space at facilities to accommodate the program  |
| <b>The program provides:</b>  |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Didactic instruction which imparts fundamental knowledge, skills, and attitudes which contribute to the delivery of state-of-the-art pre-hospital emergency medical care |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Supervised field internship which includes practice of skills while functioning in a pre-hospital environment  |

### III. Educational Programs

#### Optional Services

| <b>Optional</b>   |                             |  |
|---|-----------------------------|--|
| <b>Training programs may utilize distance education for cognitive components of initial training leading to EMS certification if the program:</b> |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Demonstrates the methods of distance education utilized are educationally and technically appropriate for the content and audience |
| <b>Ensures the quality of the distance education method including:</b>  |                             |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Learning and teaching considerations   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Communication  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Educational and technology design  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Program and system management  |

### IV. Instructional Staff

#### Mandatory Requirements

| <b>Requirement</b>   |                             |  |
|--|-----------------------------|--|
| <b>There are written agreements and position descriptions stating the roles and responsibilities of the following program positions:</b> |                             |  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Medical director                       |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Program coordinator                    |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | EMS instructors                        |
| <b>All education programs shall have</b>   |                             |  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Adequate clerical and support staffing |

## V. Medical Director

### Mandatory Requirements

| Requirement   |                             |   |
|---|-----------------------------|---|
| <b>Each education program offering certification courses shall have a medical director who:</b> |                             |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Is a physician licensed to practice medicine in the District of Columbia  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Has current working knowledge and experience in emergency medical care of acutely ill or injured patients                               |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Has working knowledge of the District EMS system  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Knowledge of the District of Columbia scope of practice for Emergency Medical Services Providers and the National Educational Standards |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | Is responsible for oversight of the medical educational content of the curriculum.  |

## VI. Program Coordinator

### Mandatory Requirements

| Requirement  |                             |   |
|--|-----------------------------|---|
| <b>Each education program offering certification courses shall have a program coordinator who has:</b> |                             |   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | At least two (2) years experience instructing and evaluating EMS students   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Experience with administration of educational programs  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | An instructor certification equivalent to the course level being instructed   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Knowledge of the District Scope of Practice for Emergency Medical Services Providers and the National Educational Standards   |
| <b>The program coordinator shall:</b>  |                             |   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Have overall responsibility for the success of the education program, including continuous quality review and improvement of the education program  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Serve as the education program student/faculty liaison  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Identify sites where students can fulfill field internship requirements   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Keep the physician medical director informed of the program schedule, progress of individual student performance, student or instructor complaints and the status of other program activities |

## VII. Internships

### Mandatory Requirements for EMT Courses and Above

| Requirement  |  |
|--|--|
| Each education program shall provide students access to internships with appropriate medical oversight and supervision within any District-approved EMS operational program which shall include: |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Patient assessments  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | EMS orientation  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Additional components as required by the National Education Standards  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Additional components as may be required by DOH  |
| If field internships are located outside the District of Columbia, the education program shall:  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Comply with the laws of the state where the field internships are located  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notify the appropriate EMS officials in the state where the field internships are located of the presence of program students in those internships |

## VIII. Finance

### Mandatory Requirements

| Requirement  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Each education program shall have sufficient financial resources to ensure complete course delivery for all enrolled students. |

## IX. Program Evaluation

### Mandatory Requirements

| Requirement   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Each education institution shall have a written policy and procedure for evaluation of the education program.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | The evaluation shall be at least annually and provide written evidence that the program is meeting its objectives and the changing needs of EMS care. |
| The evaluation plan shall include methods for gathering and analyzing data on the effectiveness of the following: |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Instruction   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Resources   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Responsiveness to recommendations for change  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Instructors   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Students' ability to function as entry-level providers upon successful completion of the course   |

## IX. Program Evaluation (continued)

### Mandatory Requirements

| Requirement  |                             |  |
|--|-----------------------------|--|
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | The results of the evaluations shall provide the basis for continuous quality improvement and future direction of the educational courses. |
| <b>Each education program shall submit an annual report to the Director in an approved format to</b> |                             |  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Update program information   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Identify any major changes in the program during the year  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | The annual self evaluation described in this section   |

## X. Competency Based Evaluations

### Mandatory Requirements

| Requirement  |                             |   |
|--|-----------------------------|---|
| <b>A competency-based evaluation, developed and administered by the Medical Director for the following educational programs;</b> |                             |   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Emergency Medical Responder Instructor            |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Emergency Medical Technician Instructor           |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Advanced EMS Instructor                           |
| <b>The Medical Director of the educational institution shall establish its;</b>  |                             |   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | Continuing Education Instructor approval process. |

## Required Documents

| The following documents are attached to this application: |                             | Section  |     |
|---|-----------------------------|--|-----|
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | CoAEMSP Accreditation Approval (Paramedic Only)  |     |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | OSSE Approval (Private Educational Institutions Only)  |     |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written criteria for admission   | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Criteria for frequent evaluation of each student during the course of study including evaluation of competency in providing patient care   | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Student requirements for attendance  | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Student requirements for educational performance including attitudes knowledge, and skills   | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Student requirements for behavior  | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written criteria for student access to program information including fees, requirements policies, student handbook, procedures and support services  | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written criteria for the selection of a medical director, program coordinator, faculty, and other necessary personnel  | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written criteria for nondiscrimination and fair practices with regard to students, faculty, and program personnel  | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written criteria for the review and improvement of the effectiveness of student evaluation techniques  | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | HIPPA privacy training curriculum  | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | An organizational chart that shows the relationships among students, the program coordinator, the medical director, and the instructors for each course.   | I   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Sample copy of student record and faculty record   | II  |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Sample copy of course records including course attendance, grades for exam and other assignments, and demographics of applicants   | II  |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written agreements with facilities and agencies providing clinical and field experience which include scope of practice for the student, evaluation criteria and the responsibility for and level of supervision of students | II  |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written agreements with facilities and agencies providing clinical and field experience which include liability policies.  | II  |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Curriculums for each course to be taught   | III |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Written agreements and position descriptions stating the roles and responsibilities of the Medical Director, Program Coordinator and EMS instructors   | IV  |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Copy of the Medical Director's physician license to practice medicine in the District of Columbia  | V   |
| <input type="checkbox"/> Yes                              | <input type="checkbox"/> No | Documentation showing that the Program Coordinator has at least two (2) years experience instructing and evaluating EMS students and experience with administration of educational programs                                  | VI  |

## Required Documents - continued

| The following documents are attached to this application: |   | Section |
|---|---|---------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Copy of an instructor certification equivalent to the course level being instructed, or application for instructor certification  | VI      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | For field internships outside of the District of Columbia, written agreements demonstrating compliance with the laws of the state where the field internships are located | VII     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Demonstration of sufficient financial resources to ensure complete course delivery for all enrolled students.   | VIII    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | A written policy and procedure for evaluation of the education program.   | IX      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Competency-based evaluation for EMR Instructors   | X       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Competency-based evaluation for EMT Instructors   | X       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Competency-based evaluation for Advanced EMS Instructors  | X       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Competency-based evaluation for CE Instructors  | X       |

## Documents for Optional Programs

| The following documents are attached to this application: |  | Section |
|---|--|---------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Training programs that utilize distance education for cognitive components of initial training leading to EMS certification if the program submits documentation that demonstrates the methods of distance education utilized are educationally and technically appropriate for the content and audience | III     |

## Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of the certification.

\_\_\_\_\_  
*Signature of the Medical Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of the Program Coordinator*

\_\_\_\_\_  
*Date*