

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



**INITIAL CERTIFICATE OF ACCREDITATION
APPLICATION FOR:**

PROPOSED PROGRAM NAME

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

Completing the Initial Certificate of Accreditation Application

Pursuant to Ohio Revised Code (R.C.) 4765.17, an initial 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 an Initial Certificate of Accreditation application is required to complete the form prescribed and furnished by the Board and submit it to the Division of EMS.

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 all answers 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 application will not be processed and will be returned to the applicant.*
 - b. Review and sign the Initial Certificate of Accreditation Application checklist.
 - c. Make a copy of the application for the EMS training program files.
 - d. Submit the application by email, fax, or mail (email attachment preferred).
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 and equipment.

Return Application to:

Ohio Department of Public Safety
Division of Emergency Medical Services
Attn: EMS Accreditation
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
Fax 614-466-9461
E-mail: EMSEducation@dps.ohio.gov

Initial Certificate of Accreditation Application Check List

Documentation to be submitted with the application appendix:

- Statement of support for EMS training with authorizing official signature
- Training program table of organization with names and titles
- Student admission application
- List of EMS initial training programs to be offered
- Course syllabus and schedule templates for each requested level of EMS training
- Written policies and procedures in compliance with OAC 4765-7-02(21)(a-q)
- Copy of initial training Certificate of Completion
- Copy of CE training Certificate of Completion, if applicable

Documentation to be available for review during the initial accreditation onsite visit:

- Current and signed affiliation agreements for clinical experience, prehospital internship, facilities, and training equipment
- Course lesson plans for each requested level of EMS training
- How program will evaluate student cognitive performance
- How program will evaluate student in-course and final practical skills performance
- How program will document student clinical and prehospital performance
- How program will document preceptor evaluation of student performance
- How program will document written and practical assessment of student competency (if credit awarded for previous training)
- How program will document attendance records for each requested level of EMS training
- How program will document accident and injury reports for each requested level of EMS training
- How program will document summary of student evaluation for each requested level of EMS training
- How program will document validation of certificates to teach for each instructor
- How program will document supervisor evaluations for all instructors
- How program will document CE training programs, if applicable
- How program will document summaries of student evaluations for each CE training program, if applicable

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

PROGRAM DIRECTOR NAME (Printed)	
PROGRAM DIRECTOR SIGNATURE X	DATE

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

SECTION I: EMS TRAINING PROGRAM INFORMATION

<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Continuing Education
------------------------------	------------------------------	-------------------------------	------------------------------------	---

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

OFFICIAL PROGRAM NAME			
SPONSORING ORGANIZATION			
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

AUTHORIZING OFFICIAL INFORMATION [O.A.C. 4765-7-02(A)(2)]

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)

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

PROGRAM DIRECTOR INFORMATION [O.A.C. 4765-7-02(A)(2)(a-k)]

The authorizing official has the responsibility to serve as 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 [O.A.C. 4765-7-02(A)(2)(h)]

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
[Ref. O.A.C. 4765-7-02(A)(3)]

Indicate the methods by which the medical director will assure the EMS competency of each graduating student. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Review written and practical skills testing | <input type="checkbox"/> Proctor practical skills exams |
| <input type="checkbox"/> Serve as a preceptor | <input type="checkbox"/> Other _____ |

ADVISORY COMMITTEE [O.A.C. 4765-7-02(A)(8)]

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.

ADVISORY COMMITTEE MEMBER	REPRESENTATION AREA
	Program Director
	Medical Director
	<Select>
	<Select>
	<Select>
	<Select>

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

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

If other, please explain:

CONTINUING EDUCATION (O.A.C. 4765-7-09 & 11)

Will this EMS training program offer continuing education courses? Yes No
 If yes, provide a copy of the program's course completion certificate in the Appendix.

SECTION 2: ADMINISTRATION

PROGRAM DIRECTOR [O.A.C. 4765-7-02(A)(2)(a-k)]

1. Describe what the responsibilities of the EMS program director position will be.

2. What evidence will demonstrate 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 will the program director demonstrate that courses will be developed under the direction of a physician who specializes in emergency medicine?

4. How will 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 that will be 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 |

FINANCIAL RESOURCES [O.A.C. 4765-7-02(A)(9)]

6. The training program will be supported with adequate financial resources to meet the curriculum objectives established by the board. If yes, be prepared to provide evidence of adequate funding at onsite visit.

- Yes No

FACULTY [O.A.C. 4765-7-02(A)(2)(f) & (17-18)]

7. Describe the methods used to select faculty and assign responsibilities.

8. All training program instructors are appropriately certified to teach within their level of EMS training.

- Yes No

9. Instructors will be regularly evaluated and verified. *(Documents and verification must be available at the time of the onsite visit.)*

- Yes No

10. Continuing education opportunities will be available to the training program instructors.

- Yes No

11. What type of documentation will be maintained in the instructor files? *
(Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Copy of certificate to teach | <input type="checkbox"/> Copy of certificate to practice | <input type="checkbox"/> Performance review |
| <input type="checkbox"/> Student evaluations | <input type="checkbox"/> VE36 | <input type="checkbox"/> Other |

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

SECTION 3: FACILITIES AND RESOURCES

FACILITIES [O.A.C. 4765-7-02(A)(11-12)]

12. Classroom facilities and equipment are safe, sanitary and conducive to learning.

Yes No

13. The classrooms and laboratory facilities will accommodate the number of students participating in the program.

Yes No

14. An established office area is available for use by program faculty. [O.A.C. 4765-7-02(A)(17)]

Yes No

LIST OF PROPOSED OFFSITE TRAINING LOCATIONS [O.A.C. 4765-7-02(D)(3)(c)]

Provide a listing of all off-site locations used for initial EMS training and the specific EMT education level to be offered at each facility.

OFFSITE LOCATION	LEVEL OF INSTRUCTION
	<Select>
	<Select>
	<Select>
	<Select>
	<Select>
	<Select>
	<Select>
	<Select>
	<Select>
	<Select>
	<Select>

EQUIPMENT AND SUPPLIES [O.A.C. 4765-7-02(A)(13) & (18)]

15. Sufficient equipment is available to adequately train EMS students to meet the course requirements of section 4765.16 of the Revised Code and Chapters 4765-12, 4765-15, 4765-16, and 4765-17 of the Administrative Code. Please complete Equipment List check sheet below.

Yes No

16. The library / media center has informational resources available to all students and faculty that contain comprehensive, current publications, media materials, and electronic resources relating to emergency medical services.

Yes No

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"/>
Insert any additional equipment (Any Level) below:		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>

SECTION 4: CURRICULUM AND EVALUATION

OHIO APPROVED CURRICULUM [O.A.C. 4765-7-02(A)(4)]

17. The EMS training program will comply with the Ohio curriculum, including all topic areas for at least the number of hours as established by the Board.

Yes No

EMR Curriculum: Enter the number of hours that will be devoted to each topic area 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 that will be devoted to each topic area by your program curriculum.

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

AEMT Curriculum: Enter the total number of training hours that will be taught by your program curriculum.

MINIMUM TRAINING HOURS	PROGRAM TRAINING HOURS
Total Training Hours	200

Paramedic Curriculum: Enter the number of hours that will be devoted to each topic area 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	

EMS accredited institutions 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. [O.A.C. 4765-17-04(B)]

CLINICAL AND PREHOSPITAL INTERNSHIPS [O.A.C. 4765-7-02(A)(2)]

18. What methods will be used to clearly define the roles and objectives of student clinical and prehospital preceptors?

19. How will the training program assure they are utilizing a sufficient number of preceptors to provide appropriate supervision and written evaluation of students in both the clinical experience and/or prehospital internship components of the EMS training program?

20. 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? [O.A.C. 4765-7-02(a)(21)(0)]

- Yes No

21. Will the program have sufficient affiliation agreements to meet the student clinical, prehospital, facilities, and equipment resource requirements? [O.A.C. 4765-7-02(a)(13-15)]*

- Yes No

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

EVALUATION [O.A.C. 4765-7-02(A) & (E)]

22. Describe how the practice (in-class) skills component of the curriculum will be integrated into the overall curriculum of the training program, including the student / instructor ratio for practice sessions.

COURSE RECORDS [O.A.C. 4765-7-02(E)]

23. What documentation will be 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 template for each EMS training level to be offered by the program under the Appendix. Documents and verification must be available at the time of the site visit.)

SECTION 5: STUDENT SERVICES

STUDENT ADMISSIONS [O.A.C. 4765-7-02(A)(20-21)]

24. The training program admission requirements will 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

25. 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

26. Will 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

27. 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 requirements
- 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

**(Check all that apply to your program and submit a copy of the required written policies under the Appendix)*

28. All students will be 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

29. Describe how student progress will be evaluated by the program.

STUDENT RECORDS

30. What documentation will be 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 / prehospital 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

31. Provide an analysis of the proposed EMS training program. Explain the teaching and learning goals of the program training and how they will translate into quality EMS education. Describe the strengths and challenges of the proposed program including student retention, passing rates, and student employability. Include the methods that will be 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

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 Checklist

- Statement of support for EMS training with authorizing official signature.
- Training program table of organization with names and titles.
- Student Admission application.
- List of EMS initial training programs to be offered.
- Course syllabus and schedule for each level of EMS training program requested.
- 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, if applicable.

Sponsoring Organization Signature Page

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

MEDICAL DIRECTOR NAME (Printed)		
MEDICAL DIRECTOR SIGNATURE X		DATE

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

Return application via email attachment or fax to:

Ohio Department of Public Safety
Division of Emergency Medical Services
EMS Accreditation
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
E-MAIL: EMSEducation@dps.ohio.gov
FAX: 1-614-466-9461

Accreditation Onsite 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 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 and signed wall certificate.

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 and may be in paper, electronic, or a combination of formats.
- 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, and potential employers. 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.

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, if applicable
- 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
- Template copy of preceptor evaluation forms of student performance
- Course Evaluation form
- Copy of proposed initial training program's Certificate of Completion
- Copy of CE Certificate of Completion, if applicable

INITIAL 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 and resources. The visit should include all major areas of the clinical site that will provide 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.
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 proposed EMS training program.
Tour facility and review equipment	30 minutes	Assess primary classroom space appropriateness used for didactic and laboratory experiences. Review of equipment, information, and instructional resources.
Review documents required for initial accreditation.	120 minutes	To review the manner in which the program will maintain records of students' academic work, the manner in which clinical practice instruction and field internship experiences will be evaluated, instructor files, affiliation agreements, advisory committee meetings, 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, any short-comings. 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.