

# Alabama Department of Public Health- ADPH

Office of Emergency Medical Services- OEMS



## EMT Course Standards

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Office of Emergency Medical Services- OEMS

EMT Course Standards

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# EMT Course Standards

## Introduction

An EMT course may be taught outside of the traditional college setting if the course sponsor receives approval from the ADPH Office of EMS (OEMS). The approval process is based on national guidelines to ensure that successful EMT course completion will allow the student to take the National Registry EMT exam with a reasonable expectation of passing.

The approval process for non-collegiate course sponsors consists of obtaining this approval process document and completing all the requirements therein. Once all the requirements have been completed, an inspection will be performed by the Regional agency. Upon successful completion of certification, the Regional agency will notify the OEMS for final course approval.

Alabama EMS Region Five (SOUTHEAST) is the Regional agency for courses held in any of the following counties of South Alabama: Autauga, Barbour, Bullock, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike and Russell.

## REGIONAL AGENCY INFORMATION

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# I. EMT Course Components

The following standards define the minimum components necessary to conduct an Emergency Medical Technician (EMT) education course:

- A. Each OEMS approved course must be conducted by a sponsoring entity. Sponsoring entities are:
  - 1. Accredited educational institution, or
  - 2. Public safety organization, or
  - 3. Accredited hospital, clinic, or medical center, or
  - 4. Other State approved institution or organization
  
- B. Responsibilities of the sponsoring entity are:
  - 1. Ensure compliance with the standards listed within this document,
  - 2. Possession of written clinical and internship agreements with facilities or EMS agencies appropriate for the specific curriculum clinical objectives, if applicable,
  - 3. To ensure that all students are presented with a course of EMT study consistent with the curriculum approved by the National Registry and the standards established within this document,
  - 4. Assumption of the risks and liabilities associated with the presentation of the education program, and
  - 5. Maintenance of all education records for a minimum of five (5) years.
  
- C. All courses approved by the OEMS will have the following:
  - 1. Each EMT course will have a designated Course Coordinator. The primary instructor may serve as the Course Coordinator.
    - a. Course Coordinator Responsibilities:
      - 1) Serve as the primary contact for the OEMS and Regional EMS agency,
      - 2) Represent the sponsoring entity and provide all administrative oversight,
      - 3) Provide the educational resources necessary for teaching all of the EMT course objectives,
      - 4) Ensure compliance with all administrative and educational standards listed in this document,
      - 5) Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught,
      - 6) Schedule and coordinate all of the educational components,
      - 7) Develop, maintain and ensure all course policies and procedures are followed, to include:
        - a) Pass/Fail criteria
        - b) Skill proficiency, and
        - c) Attendance requirements.
      - 8) Maintenance of student files documenting individual progress and eligibility for enrollment, completion and exams,
      - 9) Complete, record, submit, and maintain all course documentation described in this document, and
      - 10) Work with Regional EMS agency to insure that all data necessary for registration of the course and students with NREMT is available.

## I. EMT Course Components (continued)

2. EMT course will have a designated primary instructor and sufficient secondary or skill instructors approved at the level of course conducted to ensure no greater than a six to one (6:1) student to instructor ratio for psychomotor portions of the course.
  - a. Primary instructor (PI) responsibilities include:
    - 1) Delivery of classroom and skills lessons,
    - 2) Providing continuity of qualified and experienced instruction by providing a minimum of 50% of classroom content,
    - 3) Providing physical oversight for 50% of all skills lessons and practice sessions,
    - 4) Reviewing and monitoring of all secondary instructors and guest lecturers to ensure compliance with the course objectives,
    - 5) Orientation of all guest lecturers, clinical preceptors and field internship preceptors to the specific course objectives,
    - 6) Orientation to all students to the ADPH OEMS licensing procedures and patient care protocols,
    - 7) Evaluation of student performance and competency during didactic education, clinical rotations and field internships, and
    - 8) Documentation of student performance and competency.
    - 9) Meeting the primary instructor qualifications.
    - 10) May serve as Course Coordinator.

- b. Secondary Instructor responsibilities include:
  - 1) Assisting PI with training of students in skill objectives,
  - 2) Assisting PI with valuation of student performance and competency,
  - 3) Assisting PI with documentation of student performance and competency, and
  - 4) Assisting the PI as directed.
  - 5) Meeting the secondary instructor qualifications.

3. EMT course will have medical direction oversight.
  - a. Physician must meet offline medical director criteria
  - b. Physician provides medical oversight for all medical aspects of instruction

D. Education programs will have access to all equipment and educational aids necessary to teach all objectives within the curricula.

E. All classroom facilities used for EMT educational programs are required to be conducive to a learning environment as defined in the curriculum.

F. All clinical facilities are required to be compatible with and appropriate for the objectives of the specific curriculum. The sponsoring entity is responsible for securing and maintaining written agreements with clinical facilities.

G. All courses must be:

1. Conducted according to the 2009 National EMS Education Standards and Instructional Guidelines.
2. Conducted in alignment with ADPH OEMS patient care protocols.
3. Approved and numbered by the ADPH OEMS.
4. Conducted with oversight provided by the regional EMS office.

## II. EMT Course Administrative Requirements

To receive EMT course approval from the OEMS, all EMT courses must be compliant with the administrative requirements described in this section. The course coordinator, primary instructor, and assistant instructor(s) share responsibility for ensuring full compliance with these requirements.

- A. All EMT courses require application and course approval prior to conducting the education.
  1. EMT Course application packages are available and approved by the regional EMS office.
  2. EMT Course application packages are approved and numbered by the ADPH OEMS.
  3. EMT Course approval number will be referenced on all course forms, documents, and correspondence.
- B. The EMT Course Coordinator is responsible for submission of all EMT course approval documentation to the regional EMS agency.
- C. The EMT course approval process should begin at least five (6) weeks prior to the first day of class. This will allow enough time to submit the required documents, complete a site evaluation, receive certification, and receive final approval from ADPH.
- D. Initial EMT course application paperwork (A-Forms) must be received by the regional EMS office five (5) weeks prior to the first day of class. The initial EMT course application paperwork due at T-5 weeks:
  1. EMT Course Application (Form A1)- provides the regional EMS office and OEMST with course, instructor, clinical sites, and course Medical Director demographics.
  2. EMT Course Instructor Information (Form A2)- provides instructor designation and qualifications. A separate form must be completed for each lead and secondary instructor(s), each skills practice instructor, and CPR instructor(s).
  3. Hospital Affiliation Agreement (Form A3)- provides the regional EMS office and OEMST with an agreement between the sponsor and any hospital providing clinical experience as a part of the EMT course. All clinical experience must be provided by a hospital in the state of Alabama. Any documentation required of the sponsor by the hospital (such as proof of HBV vaccination and malpractice liability insurance) must be attached to the form. A separate agreement is required for each participating hospital.
  4. Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form A4)- provides the regional EMS office and OEMST with an agreement between the sponsor and any EMS agency providing field experience as a part of the EMT course. All field experience must be provided by an EMS agency operating in the state of Alabama. Any documentation required of the sponsor by the EMS agency must be attached to the form. A separate agreement is required for each participating EMS agency.
  5. EMT Course Schedule (Form A5)- provides the regional EMS office and OEMST with instructor assignments and a detailed description of how the national scope material for EMT will be covered throughout the course. The schedule should show material to be covered each class. All classroom, clinical, and field hours must be listed. A minimum of 180 classroom hours is required.
  6. EMT Course Equipment List (Form A6)- describes the minimal equipment necessary for the course will be available. The list is based on Alabama State EMS Rules and the National Scope of Practice. Any equipment, which will be obtained/borrowed/leased from any agency/person other than the sponsor, should be listed in a letter of agreement from each agency and must be attached.
  7. EMT students must receive a copy of the EMT course guidelines, attendance policy, dress code, course objectives, grading method and scale, and instructor contact information. A copy of this material should be provided in the Initial EMT course application.
  8. At a minimum, National Registry skills sheets must be used for verifying EMT skills. A copy of these sheets, along with any other skills sheets that might be used, should be provided in the Initial EMT course application.

## II. EMT Course Administrative Requirements (continued)

- E. A detailed preliminary EMT course student roster is due one week prior to the first course date.
  - 1. Roster must have EMT course sponsoring agency, course coordinator, primary instructor, course location, and course starting and ending dates listed in header.
  - 2. Roster must show student first and last name, middle initial, address, and phone number.
  - 3. A place to write the date received by regional EMS office and the approved course number should be provided on the roster.
- F. On first course date- EMT students must receive a copy of the EMT course guidelines, attendance policy, dress code, course objectives, grading method and scale, and instructor contact information. (A copy of this material should have been provided in the Initial EMT course application.)
- G. On first course date- EMT students must receive a Student Application Packet (B-Forms). Students should be given adequate time to complete forms however all B-Forms are due at the regional EMS office within ten (10) business days of the first course date.
  - 1. EMT Student Registration (Form B1)- provides the regional EMS office and OEMS with student information and demographics as well as assurance that course fees, course accreditation, college credit, and Advanced-EMT eligibility has been discussed. A copy of provided college information sheets should be attached to the B1 form.
  - 2. Confidentiality Briefing Statement (Form B2)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she understands and agrees to the confidentiality requirements for EMT students.
  - 3. Release of Liability (Form B3)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she understands the risks of exposure to blood and/or other potentially infectious materials and that these risks include potentially lethal viruses such as hepatitis and HIV.
  - 4. Background Screening Policy (Form B4-A)- EMT students must understand that if any clinical or field sessions are included as elements of their EMT course, that agencies providing the clinical or field sites may require background screening. This policy outlines the requirements, procedure, and confidentiality of background screening.
  - 5. Background Screening Participation (Form B4-B)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she accepts the conditions of the Background Screening Policy should a clinical or field agency have such a requirement.
  - 6. Drug Screen Policy (Form B5-A)- EMT students must understand that if any clinical or field sessions are included as elements of their EMT course, that agencies providing the clinical or field sites may require drug screening. This policy outlines the requirements, procedure, and confidentiality of background screening.
  - 7. Drug Screen Participation (Form B5-B)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she accepts the conditions of the Drug Screening Policy should a clinical or field agency have such a requirement.
- H. Changes to an approved course must meet ADPH OEMS standards and require written notification to the regional EMS office within five (5) days. Additional documentation may be required. Changes that require notification are listed below. Contact regional EMS office if other changes arise.
  - 1. Course Coordinator, any instructor, physician
  - 2. Course beginning or ending dates, classroom dates, classroom hours

## II. EMT Course Administrative Requirements (continued)

- I. Instructor Requirements are defined below and are listed on the Instructor Information form A2:
  1. EMT Course Primary Instructor
    - a. Alabama licensed Paramedic
    - b. Must have an instructor certification
    - c. Must have a minimum of five years field experience.
  2. EMT Course Secondary Instructor
    - a. Alabama licensed Paramedic
    - b. Must have an instructor certification
    - c. Must have a minimum of five years field experience.
  3. Skills Assistant or other Instructor
    - a. Alabama EMT or higher level EMSP
    - b. Nurse with pre-hospital field experience
  4. CPR Instructor  
CPR Instructor certification at Healthcare Provider level or higher by AHA, ASHI, American Red Cross, or equivalent.
  5. Special Presenter or Speaker
    - a. Recognized as having superior skill and/or knowledge of the presented material.
    - b. Primary or secondary instructor must be in attendance during presentation or skills.
- J. Upon completion of the EMT course, the course coordinator will provide:
  1. A detailed final EMT course student roster provided to regional EMS office within ten (10) days of last course date, and at least every two weeks until all student dispositions are declared PASS or FAIL:
    - a. Roster must show EMT course sponsor, course coordinator, primary instructor, course location, and course starting and ending dates listed in header.
    - b. All students listed on the preliminary EMT course roster must also be listed on the final EMT course roster with end of course disposition appropriately noted.
    - c. The final roster must provide the following information for each student:
      - 1) First and last name with middle initial.
      - 2) Social Security Number (for National Registry)
      - 3) EMT Course disposition (Pass, Fail, Pending)
      - 4) National Registry Skills disposition (Pass, Fail, Pending)
      - 5) Clinical Rotation disposition (Pass, Fail, Pending)
      - 6) A blank slot for the regional EMS office to note if student may take National Registry exam.
      - 7) A place to write the date received by regional EMS office and the approved course number should be provided on the roster.
  2. A course completion document issued to all students who successfully complete the educational program. The course completion document will include the following:
    - a. Type of course (EMT),
    - b. Name of the sponsoring entity,
    - c. Location of EMT course
    - d. The full legal name of the student,
    - e. Course completion date,
    - f. The ADPH OEMS EMT course approval number,
    - g. Printed name and signature of the course coordinator,
    - h. Printed name and signature of the primary instructor.
  3. If requested by student, a copy of their completed National Registry skills verification sheets.

## II. EMT Course Administrative Requirements (continued)

- K. The sponsoring entity is required to maintain complete official course documentation in paper or electronic format for five (5) years from course completion, which includes:
1. A copy of the original course application as submitted to the regional EMS office,
  2. A copy of the course approval issued by the regional EMS office,
  3. Documentation of student compliance with all required prerequisites for the level of the course,
  4. A copy of the EMT course preliminary roster as submitted to the regional EMS office,
  5. The final EMT course schedule to include:
    - a. Documentation of canceled, modified or added classes, and
    - b. Dates, times, instructor and location changes.
  6. A class attendance roster for each session, to include:
    - a. The dates individual classes were held,
    - b. Lesson number(s),
    - c. Signatures of attending students, and Instructor(s),
  7. A list of make-up session(s) to include:
    - a. Session date(s),
    - b. Lesson plan objectives,
    - c. Verification of the accomplishment of objective(s) for each student participating, and
    - d. Instructor(s) signatures.
  8. Documentation of remediation conducted for any student who by written examination or skill evaluation failed to demonstrate achievement of an objective during regularly scheduled class time, to include:
    - a. The objective(s) being remediated,
    - b. Date of session(s),
    - c. An evaluation demonstrating achievement of the objective(s),
    - d. Student(s) and instructor(s) signature.
  9. Individual skill evaluation(s) that document:
    - a. Student performance for each specific psychomotor objective contained in the curriculum,
    - b. Pass/fail criteria,
    - c. Student name and Individual score, and
    - d. Date administered.
  10. A copy of each examination, quiz or evaluation administered during the course to include:
    - a. Student name,
    - b. Individual score,
    - c. Pass/fail criteria, and
    - d. Date administered.
  11. Copies of written agreements with facilities utilized by the course for fulfillment of clinical and/or field internship objectives,
  12. Documentation of the course physician approval of clinical preceptors and/or guest lecturers,
  13. Documentation of clinical preceptor(s) orientation and student scope of practice,
  14. Documentation demonstrating student achievement of all clinical and field internship objectives, including ten patient contacts (PCRs or equivalents) and
  15. Documentation recording the individual reasons that student(s) failed to complete the course of study.

### III. EMT Course Quality Monitoring

The regional EMS office will monitor and evaluate approved EMT courses for compliance with ADPH OEMS EMT course standards. To ensure compliance, the regional EMS office may audit any or all course records at any time.

- A. Audits/evaluations may include but are not limited to the following:
  - 1. Sponsoring entity compliance with the educational standards,
  - 2. Course coordinator compliance with educational standards,
  - 3. Instructor performance evaluated by:
    - a. Students, using an evaluation tool provided by the ADPH OEMS or regional EMS office, and/or
    - b. Review of student performance on National Registry examinations or other course examinations.
  - 4. Course physician compliance with educational standards,
  - 5. A review of clinical sites and documentation demonstrating student achievement of clinical objectives, including a total of ten (10) patient encounters,
  - 6. Appropriateness of clinical sites relative to the curricula,
  - 7. Inspection of the educational facility for compliance with educational standards,
  - 8. Inspection of educational equipment and training aids for suitability to the curricula, and
  - 9. A formal audit of any or all records for compliance with the educational standards.
- B. The regional EMS office may make summaries of education program findings, including National Registry testing outcomes, available to licensed EMS services, organizations sponsoring EMS educational programs, and individuals interested in historical course performance when considering attendance.
- C. The regional EMS office is authorized to enter the training facility at reasonable times, for the purpose of assuring that the training program meets or exceeds the provisions of rule and standards.
- D. Planned Site Visits:
  - 1. Required for:
    - a. A new sponsoring entity, or a new course location, and
    - b. All sponsoring entities once every two years
  - 2. Consists of assuring compliance with standards for:
    - a. Facilities, Equipment
    - b. Curriculum, Processes
    - c. Physician, Instructors, Course coordinator
- E. Unplanned Site Visits:
  - 1. Due to complaints or compliance questions, and
  - 2. Consists of assuring compliance with standards for:
    - a. Facilities, Equipment
    - b. Curriculum, Processes
    - c. Instructors
- F. The regional EMS office must be able to attest to course completion, skills competency, and CPR competency for National Registry acceptance. The following information is required prior to any students receiving approval for National Registry testing:
  - 1. Copies of all required EMT course documents, paperwork, and rosters.
  - 2. Copies of all student National Registry Skills verification forms
    - a. Each skills sheet must be timed, scored, and signed by evaluator
    - b. There must be a complete set of skills sheets for each student
    - c. Failures must be explained and documented on skills sheet
  - 3. Copies of EMT course completion certificates and CPR cards for each student.

Date of first class: \_\_\_\_\_

Date five weeks prior to first class: \_\_\_\_\_

Date Received: \_\_\_\_\_

### Initial EMT course application paperwork due in regional EMS office five (5) weeks:

- EMT Course Application (Form A1)
- EMT Course Instructor Information (Form A2) for each instructor
- Hospital Affiliation Agreement (Form A3) if applicable     N/A
- Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form A4) if applicable     N/A
- Course Schedule (Form A5)
- EMT Course Equipment List (Form A6)
- Copy of student handout paperwork:
  - EMT course guidelines
  - Attendance policy
  - Dress code
  - Course objectives
  - Grading method and scale
  - Instructor contact information
- Copy of National Registry skills sheets
- College information sheets attached to Form A1
  - EMT course accreditation status
  - Eligibility of college credit
  - Eligibility to attend EMT course
  - Information for two accredited colleges

Date one week prior to first class: \_\_\_\_\_

Date Received: \_\_\_\_\_

### Detailed preliminary EMT course student roster due one week prior to the first course date:

- EMT course sponsoring agency
- Course coordinator
- Lead instructor
- Course location
- Course starting and ending dates
- Student first and last name, middle initial,
- Student address
- Student phone number
- Place for date received by regional EMS office
- Place for approved course number

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### Regional EMS Office Verification of Initial Application and Preliminary Student Roster documentation.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Request for EMT Class Approval submitted to ADPH OEMS

Submitted by (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

ADPH OEMS Course Approval Number: \_\_\_\_\_

Date of first class: \_\_\_\_\_

Date ten business days after first class: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Student forms due in regional EMS office within ten (10) business days of first class :**

- EMT Student Registration (Form B1)
- Confidentiality Briefing Statement (Form B2)
- Release of Liability (Form B3)
- Background Screening Policy (Form B4-A) if applicable  N/A
- Background Screening Participation (Form B4-B) if applicable  N/A
- Drug Screen Policy (Form B5-A) if applicable  N/A
- Drug Screen Participation (Form B5-B) if applicable  N/A

**On-Site Inspection within ten (10) business days of first class** Date: \_\_\_\_\_

**Faculty**

- Course Coordinator
- Primary Instructor
- Instructor on course schedule
- Adequate instructor for skills verification, if applicable

**Facility**

- ADA Compliant
- Sufficient Space for Class size
- Controlled Environment
- Adequate classroom learning accommodations (desks, chairs, lighting)
- Adequate classroom skills learning area(s)

**Resources**

- Instructional Materials: \_\_\_\_\_
- Presentation Equipment: \_\_\_\_\_

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**Regional EMS Office Verification of ten day requirements and on-site inspection.**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of course completion: \_\_\_\_\_

Date ten days from course completion: \_\_\_\_\_

**Course Information required within ten (10) days after course completion:**

- Final EMT course roster
  - Shows EMT course sponsor
  - Shows course coordinator and lead instructor
  - Shows course location, and course starting and ending dates listed in header.
  - All students listed on preliminary EMT course roster are listed on the final EMT course roster
  - Student first and last name with middle initial
  - Student Social Security Number (for National Registry)
  - Student EMT Course disposition (Pass, Fail, Pending)
  - Student National Registry Skills disposition (Pass, Fail, Pending)
  - Student Clinical Rotation disposition (Pass, Fail, Pending)
  - A blank slot for the regional EMS office to note if student may take National Registry exam.
  - A place to write the date received by regional EMS office
  - A place to write the approved course number
  
- Copies of EMT course rosters showing attendance and instructors for each class session

**Student Information required within ten (10) days after course completion:**

- Copies of National Registry Skills verification forms for each student on final course roster
  - Each skills sheet timed, scored, and signed by evaluator
  - Complete set of skills sheets for each student
  - Failures explained and documented on skills sheet
  
- Copies of EMT course completion certificate for each student
  
- Copy of CPR card for each student.

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**Regional EMS Office Verification of course completion records**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of last student completion: \_\_\_\_\_

Date ten (10) days after last student completion: \_\_\_\_\_

Post-course documentation records are should be provided to regional EMS office ten days after the last student has been assigned a PASS or FAIL disposition.

**Complete post-course documentation records to maintain for five (5) years from course completion:**

- Copy of the original course application, and related forms, as submitted to the regional EMS office,
- Copy of the course approval issued by the regional EMS office,
- Copy of the EMT course preliminary roster as submitted to the regional EMS office,
- Final EMT course schedule to include
- Class attendance roster for each session
- List of make-up session(s), if applicable
- Documentation of remediation conducted, if applicable
- Individual skill verifications (National Registry forms)
- Copy of each examination, quiz or evaluation administered during the course
- Copies of written agreements with facilities utilized for clinical and/or field objectives, if applicable
- Documentation of the course physician approval of clinical preceptors and/or guest lecturers,
- Documentation of clinical preceptor(s) orientation and student scope of practice,
- Documentation demonstrating student achievement of all clinical and field internship objectives, and
- Documentation recording the individual reasons that student(s) failed to complete the course of study.

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**Regional EMS Office Verification of five year records package**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMT Course Application

(Approved Course Number: \_\_\_\_\_)

Form A1

Training Program Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Course Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is the training program a for-profit business?  No  Yes, name: \_\_\_\_\_

- Type of Sponsorship: (Check One)
- Accredited educational institution, or
  - Public safety organization, or
  - Accredited hospital, clinic, or medical center, or
  - Other State approved institution or organization

Identify type and amount of all fees associated with EMT course:

- Tuition, amount: \_\_\_\_\_ Required?  Yes  No, but recommended
  - Book(s) and/or workbook(s), total amount: \_\_\_\_\_ Required?  Yes  No, but recommended
  - Supplies, total amount: \_\_\_\_\_ Required?  Yes  No, but recommended (Provide supply list on line below)

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  - Lab fee (hospital), amount: \_\_\_\_\_ Required?  Yes  No, but recommended
  - Lab fee (ambulance), amount: \_\_\_\_\_ Required?  Yes  No, but recommended
  - Uniform, amount: \_\_\_\_\_ Required?  Yes  No, but recommended
  - Other amount: \_\_\_\_\_ Required?  Yes  No, but recommended (Provide list on line below)
- 

Total Required Cost for EMT course (per student): \_\_\_\_\_

Does program have a business license as required by law?  Yes (Attach copy of required license(s))  No  N/A

Is Training Program Accredited for teaching EMT classes?  Yes (Attach Accreditation Documentation)  No

Will completion of EMT class provide transferrable college credit?  Yes  No  Unknown

Will completion of EMT class allow student to attend EMT- Advanced at an accredited college?  Yes  No  Unknown

*Student candidates have a right to be informed about the Training Program's standing in the community. Student candidates must receive a written explanation of the training program's accreditation and college credit information prior to the beginning of the course. Information must include, as a minimum, explanation of current training program accreditation status, eligibility of college credit, eligibility to attend EMT- Advanced courses, and contact information for two (2) nearby accredited college EMT programs. A copy of the information provided to the student candidate must be attached.*  **PAPERWORK VERIFIED (ATTACH TO A1)**

HIPPA education must be provided to each student by the training program. Training should include a confidentiality form, for and signed by each student, acknowledging that the student understands current HIPPA rules.  **FORM VERIFIED (ATTACH TO A1)**

(Form Continues- See Reverse Side)

# EMT Course Application

# Form A1 Reverse

Course Location (Facility Name): \_\_\_\_\_

Course Location (Address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Room Number: \_\_\_\_\_

Primary Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinical Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

**Each instructor/skills assistant/coordinator must complete a separate EMT Course Instructor Information Form A2. Medical Director must meet Alabama Offline Medical Director Criteria.**

Medical Director \_\_\_\_\_ MCP ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hours To Teach: \_\_\_\_\_ (4)

Date Course Begins: \_\_\_\_\_ Date Course Ends: \_\_\_\_\_

Days and Times Class Meets: \_\_\_\_\_

Text Book Required (Name, Edition, Author): \_\_\_\_\_

Workbook Required (Name, Edition, Author): \_\_\_\_\_

Total Hours Classroom: \_\_\_\_\_ (132), Clinical hours: \_\_\_\_\_ (16), Field Instruction: \_\_\_\_\_ (32) Projected Enrollment: \_\_\_\_\_

Clinical Affiliation(s) – Hospital(s) Name*	City	Type (ER, OR)	Hours (min 16)

\*Attach hospital information (Name, address, phone, person of contact, email, contract copy) **Must be located in Alabama.**

Field Internship Affiliation(s) – Ambulance Transport/ EMS Providing Agency Name*	City	Hours (min 32)

\*Attach agency information (Name, address, phone, person of contact, email, contract copy) **Must be located in Alabama.**

Registration Form A1 must be submitted to AERO five (5) weeks prior to the course start date.

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**PROCESS DATES (For AERO Use)**

Received \_\_\_\_\_ Date Approved \_\_\_\_\_ To ADPH OEMS&T \_\_\_\_\_  
 EMT Course Standards v3.0 ADPH OEMS March 2013

**EMT Instructor Information**

(Approved Course Number: \_\_\_\_\_)

**Form A2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Primary Instructor**- Must be Alabama licensed Paramedic, Must have an instructor certification, Must have a minimum of five years field experience.

**Secondary Instructor**- Must be Alabama licensed Paramedic, Must have an instructor certification, Must have a minimum of five years field experience.

**CPR Instructor**- Certified at Healthcare Provider level or higher by AHA, ASHI, American Red Cross, or equivalent.

**Skills Assistant**     **Clinical Coordinator**     **Other Presenter or Speaker:** \_\_\_\_\_

**Alabama Healthcare Certification Level** (Must provide a copy of the certificate):

Paramedic     Intermediate EMT     Advanced EMT     EMT     EMR     RN    License No. \_\_\_\_\_

**Primary and Secondary Instructor Certification** (Must provide a copy of the certificate):

DOD     DOT     Alabama Fire College     NAEMSE     Other: \_\_\_\_\_

**Education Certifications** (Must provide copies of certificates):

ACLS     ITLS     PALS     PHTLS     AMLS     OTHERS: \_\_\_\_\_

**Pre-Hospital Care (Field) Experience**

Agency	City	Contact Number	Years On Ambulance	Years Responding

Instructor Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Training Program Affiliation: \_\_\_\_\_

**EVERY PARTICIPATING INSTRUCTOR AND SKILLS ASSISTANT MUST SUBMIT FORM A2**

**Required documents attached:**     Healthcare Certification Level     Instructor Certification     Education Certifications

This Affiliation Agreement (hereinafter referred to as the "Agreement") is entered into by and between

\_\_\_\_\_ (hereinafter referred to as "Hospital") and

\_\_\_\_\_ (hereinafter referred to as "School").

Hospital agrees to accept Emergency Medical Technician (EMT) students who are enrolled in School's emergency medicine course of study, allowing said students clinical experience, subject to the covenants, warranties and representations set forth here under.

The following provisions are to be observed:

1. Hospital will furnish the supervision of School's students while in clinical rotation for observation and participation of emergency activities. Each student should be allowed to participate in direct supervised activities within the student's scope of education, where applicable and when allowed.
2. Hospital staff will supervise and evaluate School's students.
3. School's instructor will instruct, organize rotations, and keep records on the students. School's supervision will be by and through site visitation and around-the-clock, on-call personnel.
4. Students will observe all rules, regulations and procedures which apply to the employees of Hospital at all times during the affiliation period, including dress and grooming, and any requirement relating to uniforms worn by students and instructors (if appropriate) while in the clinical setting.
5. School instructors will evaluate student's progress after consultation with Hospital staff. Hospital will provide data as necessary in subsequent studies of the program.
6. Hospital has the right to request the withdrawal of any student from its facilities whose conduct or work with patients or personnel is not, in the opinion of the Administrator of the Hospital, in accordance with acceptable standards of performance.
7. The School may, at any time, withdraw a student whose progress, conduct, or work does not meet the standards of the program.
8. Final action on the withdrawal of any student is the responsibility of the School.
9. Under this agreement, Hospital provides opportunities to the instructor and students of School, but Hospital maintains responsibility for the care and treatment of its patients.
10. Hospital will provide necessary first aid treatment received by school students and instructors while on Hospital premises and engaged in their training or study. Hospital will not be responsible for the payment of any emergency room treatment, inpatient or outpatient admissions, radiologist services, doctor's services, pharmaceutical supplies or any type follow-up medical care. All of such expenses shall be the responsibility of the injured or ill party. Hospital assumes no responsibility for the students' or instructors' personal bills for any type medical services which they receive no matter what caused the need for such medical services.
11. School will send Hospital only such students who are in good health and have been subjected to such routine health examinations; said students shall be responsible for their own health care.
12. Each student participation in clinical rotations with Hospital will:
  - A. Have had his/her first Hepatitis B vaccination; show proof that he/she has had the Hepatitis B vaccination series, or sign a waiver declining the series.
  - B. Be covered by blanket malpractice liability insurance. Under this program, students are covered for claims arising out of real or alleged medical incidents when the injury being claimed is the result of an act or omission of the student, instructor or School.
  - C. Have in his/her possession any prescribe personal protection equipment.

- 13. School agrees that it shall indemnify, save and hold harmless Hospital, to the extent allowed under the laws of Alabama, from any and all claims, actions, lawsuits and/or demand brought by any student and/or instructor employed by School, when such action is not a proximate result of a negligent act of Hospital.
- 14. The School hereby agrees that Hospital has an obligation to assure that Hospital’s patients are protected to the extent reasonably possible from harm due to the School’s students who are completing clinical rotation in Hospital and using drugs or alcohol while in the Hospital setting. The School agrees that Hospital may at its sole discretion require any student of the School to undergo drug and/or alcohol testing at any time as a precondition to beginning clinical rotations or to continue a clinical rotation at Hospital. Hospital is not required to provide notice or results of any drug or alcohol tests to the School or to any individual student. Such results may be used by Hospital as a reason to refuse or cease a particular student’s clinical rotation.
- 15. The School agrees to instruct students to maintain confidentiality (HIPAA) of all patient information and to ensure student cooperation. The School further agrees to ensure that commonly accepted professional standards for confidential treatment of medical information, patients/clients and the Hospital are maintained through appropriate clinical supervision of students and through the School’s instruction of students. The School shall provide agency with a fully executed copy of the confidentiality acknowledgement statement for each clinical student and faculty/instructor, upon request. The School hereby agrees to take all appropriate steps to ensure that each student and faculty/instructor complies with the terms contained in the confidentiality Acknowledgement statement.
- 16. **The agreement shall become effective on the first day of the EMT course and will remain in effect until the last day of the EMT course. The Agreement may be immediately terminated by either party by written notice given to the other party.** The name of the EMT program, course coordinator, and EMT course dates are provided below:

Name of EMT Program: \_\_\_\_\_

EMT Course Coordinator: \_\_\_\_\_

Dates of EMT Program: \_\_\_\_\_

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their duty authorized agents on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Hospital Official (Name and Title- Print)

\_\_\_\_\_  
Hospital Official Signature

\_\_\_\_\_  
School Official (Name and Title- Print)

\_\_\_\_\_  
School Official Signature

(Approved Course Number: \_\_\_\_\_)

This Affiliation Agreement (hereinafter referred to as the "Agreement") is entered into by and between

\_\_\_\_\_ (hereinafter referred to as "Provider") and  
\_\_\_\_\_ (hereinafter referred to as "School").

Provider agrees to accept Emergency Medical Technician students who are enrolled in a School's emergency medicine course of study, allowing said students field experience, subject to the covenants, warranties and representations set forth hereunder.

The following provisions are to be observed:

1. Provider will furnish the instructor supervisor for the students while in field rotation for participation and observation of on the scene emergency care as provided by Provider personnel. Each student should be allowed to participate in direct supervised activities within their scope of education, where applicable and when allowed.
2. The School instructor will assign students to rotational slots available on ambulances.
3. Students will be assigned to eight or twelve-hour shifts as available and allowed by Provider.
4. Provider will provide any necessary equipment for the student to use during participation procedures.
5. Provider provided instructor will supervise the students at a ratio of 1 student per 1 instructor.
6. Provider provided instructor will instruct and keep records on the EMT student.
7. The School instructor will organize the rotation schedules.
8. The student will observe all rules, regulations and procedures which apply to the employees of Provider at all times during the affiliation period, including dress and grooming, and any requirement relating to uniforms worn by students and instructors (if appropriate) while in the field setting.
9. Provider has the right to request the withdrawal of any students from its facilities whose conduct or work with patients or personnel is not, in the opinion of the Supervisor of the Ambulance/Rescue, in accordance with acceptable standards of performance.
10. School will send Provider only such students who are in good health and have been subjected to such routine health examinations; said students shall be responsible for their own health.
11. Provider will provide necessary first aid treatment received by students and instructors while on Provider premises and engaged in their training or study. Provider will not be responsible for the payment of any emergency room treatment, inpatient or outpatient admissions, radiologist services, doctor's services, pharmaceutical supplies or any type follow-up medical care. All of such expenses shall be the responsibility of the injured or ill party.
12. School agrees that it shall indemnify, save and hold harmless Provider, to the extent allowed under the laws of Alabama, from any and all claims, actions, lawsuits and/or demand brought by any student and/or instructor employed by or attending School, when such action is not a proximate result of a negligent act of Provider.

- 13. The School hereby agrees that Provider has an obligation to assure that Provider’s patients are protected to the extent reasonably possible from possible harm due to School’s students who are completing field rotation at Provider and using drugs or alcohol while in the Provider setting. School agrees that Provider may at its sole discretion require any student of School to undergo drug and/or alcohol testing at any time as a precondition to beginning field rotations or to continue a field rotation at Ambulance/Rescue. Provider is not required to provide notice or results of any drug or alcohol tests to School or to any individual student. Such results may be used by Provider as a reason to refuse or cease a particular student’s field rotation.
  
- 14. The School agrees to instruct students to maintain confidentiality (HIPPA) of all patient information and to ensure student cooperation. School further agrees to ensure that commonly accepted professional standards for confidential treatment of medical information, patients/clients and the Provider are maintained through appropriate field supervision of students and through School instruction of students. The School shall provide agency with a fully executed copy of the confidentiality acknowledgement statement for each clinical student and faculty/instructor, upon request. The School hereby agrees to take all appropriate steps to ensure that each student and faculty/instructor complies with the terms contained in the confidentiality acknowledgement statement.
  
- 15. **The agreement shall become effective on the first day of the EMT course and will remain in effect until the last day of the EMT course. The Agreement may be immediately terminated by either party by written notice given to the other party.** The name of the EMT program, course coordinator, and EMT course dates are provided below:

Name of EMT Program: \_\_\_\_\_

EMT Program Instructor: \_\_\_\_\_

Dates of EMT Program: \_\_\_\_\_

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their duly authorized agents on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Provider Official (Name and Title- Print)

\_\_\_\_\_  
Provider Official Signature

\_\_\_\_\_  
School Official (Name and Title- Print)

\_\_\_\_\_  
School Official Signature

**(Approved Course Number: \_\_\_\_\_)**

## EMT Course Proposed Schedule

## Form A5

The regional EMS office and OEMS must be able to verify that the course is well organized and that the minimum required material is provided. The schedule needs to show the class numbers, dates and times of instruction, presentation topics, homework and exam planning, and instructor assignments.

All classroom, clinical, and field hours must be listed. A minimum of 45 classroom hours is required. Clinical and field hours may be shown on a separate schedule.

All schedules must be attached to this form.

### Sample Classroom Schedule Layout

Class	Date	Hours	Presentation Topics	Homework	Exam	Instructor
1	Jan 1, 2013	5p-10p	Introduction to EMS System	Read CH 1	None	Smith
2	Jan 3, 2013	5p-10p	Chapter 1- EMT Safety and Wellness	Read CH 2	CH 1	Smith
3	Jan 4, 2013	5p-10p	Chapter 2- Vital Signs Skills- Vital Signs	Read CH 3	None	Smith Varnedoe

(Approved Course Number: \_\_\_\_\_)

**EMT EQUIPMENT LIST**

(Approved Course Number: \_\_\_\_\_)

**Form A6**

The following equipment is the minimum required (available) for an EMT class size of twelve (12) or less students, and is considered one (1) set of equipment. For a class size of 13-24, two (2) sets of equipment are the required minimum. For a class size of 25-36, three (3) sets of equipment are the required minimum. The equipment does not need to be owned by the course instructors.

<b>Minimum Number</b>	<b>Item</b>
<b>CPR MANIKINS, AIRWAYS &amp; AIRWAY TRAINERS</b>	
<b>1</b>	CPR Manikin – Adult ( <i>With feedback capabilities</i> )
<b>1</b>	CPR Manikins – Adult
<b>2</b>	CPR Manikins – Infant
<b>1</b>	Airway Trainer – Adult
<b>OXYGEN EQUIPMENT / ADJUNCTS</b>	
<b>1</b>	Portable Oxygen Tank
<b>1</b>	Oxygen Tank Regulator
<b>1</b>	Oxygen Tank Wrench
<b>1</b>	Nasal Cannula – Adult
<b>1</b>	Non-Rebreather Face Mask – Adult
<b>1</b>	Non-Rebreather Face Mask – Child
<b>2</b>	Bag-Valve-Mask unit with Reservoir - Adult
<b>2</b>	Bag-Valve-Mask unit with Reservoir - Infant
<b>1</b>	Portable Suction Unit
<b>1</b>	Suction Catheter
<b>1</b>	OPA (Oral Airways) – Set of assorted sizes
<b>SPLINT MATERIALS</b>	
<b>1</b>	Traction Splint
<b>2</b>	36" Padded Board Splints or Equivalent
<b>2</b>	15" Padded Board Splints or Equivalent
<b>1</b>	Long Spine Board with straps
<b>1</b>	Head Immobilization Device for Long Spine Board
<b>1</b>	Vest-Type (Half) Spine Immobilization Device
<b>2</b>	Cervical Spine Immobilization Collars (Rigid Type)
<b>2</b>	Blankets ( <i>Wash after each course</i> )
<b>1</b>	Pillow
<b>12</b>	Triangular Bandages ( <i>Wash after each course</i> )
<b>BANDAGE MATERIALS</b>	
<i>These are disposable supplies and should be replaced with each course</i>	
<b>1</b>	Aluminum Foil / Vaseline Gauze
<b>12</b>	Roller – Type Gauze
<b>24</b>	4 x 4 Dressings
<b>12</b>	5 x 9 or larger ABD (Abdominal) Pads
<b>MISC. EQUIPMENT</b>	
<b>1</b>	A.E.D. Trainer ( <i>Automatic External Defibrillator</i> )
<b>1</b>	Elevating Stretcher
<b>4</b>	Blood Pressure Cuff
<b>4</b>	Regular Stethoscope

***Student Registration must be filled out entirely; incomplete forms will not be accepted***

**PRINT ALL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Circle highest Completed Education: 9 10 11 12 13 14 15 16 17 18 Degree: \_\_\_\_\_ GED: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a DUI?  Yes  No

Are you now or have you ever been addicted to controlled substance or intoxicating liquors?  Yes  No

Have you ever been treated for mental illness?  Yes  No

Is your eyesight impaired in any manner?  Yes  No If yes, is it corrected?  Yes  No

Have you ever had any type of professional license revoked, suspended or surrendered?  Yes  No

If yes, provide a written explanation.

\_\_\_\_\_  
\_\_\_\_\_

Location of EMT Course: \_\_\_\_\_

I have received an explanation of the total cost for my EMT course. Total cost of EMT course: \_\_\_\_\_

I have received a written explanation of the training program's accreditation and college credit information prior to the beginning of the course. Information included explanation of my current training program accreditation status, eligibility of college credit, eligibility to attend EMT- Advanced courses, and contact information for two (2) nearby accredited college EMT programs.

I understand I must receive HIPPA education from my EMT course and sign a confidentiality statement.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Approved Course Number: \_\_\_\_\_)**

# CONFIDENTIALITY STATEMENT AND AGREEMENT

I understand that as a participant EMT student I may have access to, or witness first hand, patient care information that is confidential. This information may include a patient’s identity, current injury or illness, and past medical history. Understanding that the confidentiality of this information is protected by law, I shall:

1. Respect and maintain the confidentiality of all patient care information, discussions, deliberations, records, or other information connected with my participation in the EMT education Program.
2. Make no voluntary disclosures regarding any patient care information, discussions, deliberations, records, or other information generated in connection with my participation in the EMT education program, except to those individuals who are authorized to receive it.

***I understand that any breach of confidentiality is detrimental to the EMT program and to its mission of EMT education, including the field training hours at hospitals and EMS providers, and further acknowledge that any breach of confidentiality may result legal proceedings for the individuals involved.***

***Furthermore, I understand that any breach of confidentiality may also be detrimental to the patient and the patient’s family.***

Examples of unacceptable disclosures include, but are not limited to:

- ✗ Discussion of any patient information with anyone not directly involved with that patient and patient care.
- ✗ Discussion of an event which might identify a patient, even though the patient’s name is not disclosed.
- ✗ Discussion of injuries or medical history in such a manner that the information could be associated with the patient.
- ✗ Discussion, outside of EMT rotations, of any event or occurrences dealing with patient information, including injuries or medical history.

Having read the above statement, I \_\_\_\_\_ (print legal name) hereby certify that I have received a confidentiality briefing (HIPPA) by the instructor teaching my EMT class.

I fully understand the sensitive and confidential nature of the data and information received by myself from patients, practitioners and providers of health care, as a result of patient care functions. I shall not knowingly or willingly communicate, deliver, or transmit in any manner, patient information to any unauthorized person or agency.

I further understand that a breach of this policy can result in my immediate dismissal from the EMT Course and that I could also face legal consequences.

Name of EMT Course (or location): \_\_\_\_\_

EMT Course Primary Instructor: \_\_\_\_\_

Dates of EMT Course: First Class- \_\_\_\_\_ Last Class- \_\_\_\_\_

Student Name (PRINT)	Student Signature	Date
----------------------	-------------------	------

Witness Name (PRINT)	Witness Signature	Date
----------------------	-------------------	------

**(Approved Course Number: \_\_\_\_\_)**

# Release of Liability/Indemnification and Hepatitis-B Agreement

Form B3

I understand that due to my educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I, the undersigned, hereby knowingly and voluntarily waive, release and discharge the EMT Program and its officers, employees, and agents (hereafter collectively called the School) from any and all claims for damages for personal injury, including death, and damages to property. This release is intended by me to discharge in advance the School from and against any and all liability arising out of or connected in any way with my enrollment in the EMT Field Course through the School even though that liability may arise out of negligence or carelessness on the part of the School.

I understand that as part of my participation in the EMT field classes I may perform, participate in, or observe a variety of activities which can be dangerous. I further understand that in response to emergencies and rendering emergency life saving measures serious accidents can occasionally occur. I acknowledge that individuals engaged in or performing lifesaving activities and functions occasionally sustain personal injuries, such as, but not limited to lacerations, sprains, and possible exposure to and contraction of the HIV virus. Knowing and understanding the risks involved in the EMT Field classes, nevertheless, I hereby agree to assume any and all risk of injury and further judgments, claims, damages of, connected with, or resulting from my enrollment in and participation in the EMT Field class of the School.

I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief and knowledge of the risks of injury to myself by enrollment in and participation in the EMT Field classes through the School. As of the date of this agreement, I am 18 years of age or older.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I have completed the Hepatitis B Series:     Yes     No

Name of EMT Program: \_\_\_\_\_

EMT Program Instructor: \_\_\_\_\_

Dates of EMT Program: \_\_\_\_\_

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**(Approved Course Number: \_\_\_\_\_)**

## Background Screening Policy (Each Region Inserts Their Policy)

Form B4-A

Students must abide by the policies established by the health care (clinical) agencies with which the EMT Program contacts for clinical experiences. This may include a pre-clinical background screening. Fees for all background screening must be paid by the student.

1. All students will receive notice of the background screening requirement prior to admission and will receive a copy of the policy upon admission to the program.
2. Background screening will be selected by the Regional Office.
3. Failure to pay appropriate fees or to consent to the background screening by the published deadline will prohibit the student from completing the clinical component of the required health program courses.
4. A student who is denied acceptance at a clinical facility due to a questionable/suspect background screen may be assigned to an alternative clinical facility for the required clinical experience. In the event that the alternative clinical facility denies acceptance due to the questionable/suspect background screen, the student will not be able to complete the course required to complete the program.

### Procedure:

1. Students must pay the fee for the background screening to the Program clerk or as directed.
2. Students must sign appropriate consents prior to the screening. Consent will be kept on file in the office of the Director of the Program.
3. Background screening may include the following:
  - Skip Trace:** Checks for other names used, other states lived in or addresses used by the individual.
  - Criminal History:** Reveals felony and misdemeanor convictions, and pending cases usually include date, nature of offense, sentencing date, disposition and current status.
  - Social Security Number Trace:** Is verification that the number provided by the individual was issued by the Social Security Administration, and is not listed in the files of the deceased.
  - Office of Inspector General:** Identifies those individuals who may no longer be capable of being provided with Medicare benefits.
4. The Program Director will notify the student of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.
5. Questionable/suspect findings on the background screening will be reported to the Director of EMS or other designated person at the appropriate clinical facility. The clinical facility will determine if the student will be accepted for clinical experience. If a clinical facility denies a student's placement then the Program Director will seek placement in a similar clinical facility for which the program has a contract using the same procedure of notification as described above. If all clinical facility options available to the program deny the student's placement, then the student would not be able to complete the required clinical component of the course(s) and will not receive a passing grade for the course(s).
6. Background screens which would render a student ineligible for placement include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment.

### Confidentiality:

1. The Program Director will receive all screening results which will be maintained in a locked file in the Director's office. Confidentiality of test results will be maintained with only the Director and the student having access to the results with the exception of legal actions that require access to test results.
2. Students must sign consent prior to disclosure of the screening results to the Director of EMS or other designated person at the clinic facility.

I acknowledge and have read and understand the policies and procedures set forth above.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

(Approved Course Number: \_\_\_\_\_)

**STUDENT BACKGROUND SCREEN POLICY PARTICIPATION FORM**

**Form B4-B**

**(Each Region Inserts Their Form)**

I understand that it is a part of clinical requirements that any student who enrolls in the EMT Program, and desires to participate in courses which have a clinical component, is required to have a pre-clinical background screen. I certify that I have received a copy of the EMT Program’s Background Screen Policy (Form B4-A), have read the policy, and understand the requirements of the policy.

I further understand that the information contained in these reports may be used to deny placement in clinical agencies. Questionable/suspect findings on the background screening will be reported to the EMT Program Director, Regional EMS Agency, and/or other designed person at the appropriate clinical facility. I understand that the EMT Program Director will notify me of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

By signing this document, I am indicating that I have read, understand, and voluntarily agree to the required background agents if deemed necessary. I understand that these results are confidential and will not be otherwise released without my authorization. I hereby release the EMT Program, ADPH OEMS&T, EMS Regional Office, and its affiliates from any and all liability, claims, and/or demands of whatever kind related to my completed background screen.

Name of EMT Program: \_\_\_\_\_

EMT Program Instructor: \_\_\_\_\_

Dates of EMT Program: \_\_\_\_\_

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**(Approved Course Number: \_\_\_\_\_)**

Any student who enrolls in the Regional EMS program and desires to participate in the courses which have a clinical component is required to have an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted after entering the program. The student must abide by the Region's Drug Screen Policy and Clinical agency policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicious screening.

**I. PRE-CLINICAL SCREENING**

1. All students will receive notice of the drug screening guidelines prior to admission to the health program.
2. The program will maintain on file a signed consent to drug screening from each student. Students have the right to refuse to consent to drug testing under this program; however, students who decline participation in the drug screening will not be permitted to participate in courses with a clinical lab component.
3. Drug screening will be selected by the Regional Office. The fee for testing is to be paid by the student.
4. Failure to complete drug screening with a negative test result on the 9 Classes of Drugs as required by the ADPH IEMS&T, Regional Office and/or Clinical Agency will prohibit the student from completing the clinical component of required health courses.
5. Positive drug screens will be confirmed by the Medical Review Officer. No sample is reported as positive before it has been tested at least three times.
6. Results will be sent to the EMS Coordinator at the Regional Office.
7. A student who is unable to complete the clinical component of required courses due to a positive drug screen may apply for readmission to the program. The student will be considered for readmission according to the criteria in Section VI of this document.

**II. REASONABLE SUSPICION SCREENING**

Students may also be required to submit to reasonable suspicion testing as stipulated in the drug screen policy of the Regional Office and/or Clinical Agency while participating in clinical experiences. Reasonable suspicion is defined as but not limited to the following behaviors:

1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug;
2. Abnormal conduct or erratic behavior while on the clinical unit, absenteeism, tardiness or deterioration in performance;
3. Evidence of tampering with a drug test;
4. Information that the individual has caused or contributed to an incident in the clinical agency;
5. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs while enrolled in the programs.

At any point or time in a student's enrollment, the student may subject to a reasonable suspicion drug screen. After a student's behavior is noted as suspicious, the student will report to a drug screening test at the designated time and place. The same procedural steps (1-11) outlined in Section III Student Drug Screen Procedure will be used.

**III. STUDENT DRUG SCREEN PROCEDURE**

1. Students must pay the screening fee prior to time of specimen collection.
2. Students must submit a photo ID and social security number at the time of specimen collection.
3. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
4. Students must remove unnecessary outer garments (coats, sweaters, bags, etc.) and remove items from pockets when entering the collection site.
5. The collector will collect a monitored urine specimen.
6. In the presence of the student, the collector will seal the urine specimen with a tamper proof security seal, and affix an identification label with code number.
7. The student will verify on the identification label, initial security seal, read and sign the Chain of Custody Form.
8. The collector will sign the Chain of Custody Form and give the student the appropriate copy.

9. The collector will forward the sealed urine specimen and Chain of Custody Form to the designated certified testing center/laboratory for testing.
10. Specimens will be screened for nine classes of drugs:
 

1. Amphetamines	4. Barbiturate	7. Benzodiazepines
2. Cocaine	5. Cannabinoids	8. Methaqualone
3. Opiates	6. Phencyclidine	9. Propoxyphen

 Positive screens will be confirmed by the Medical Review Officer.

**IV. CONFIDENTIALITY**

The EMS Coordinator will receive all test results. Confidentiality of the test results will be maintained. Only the EMS Coordinator will have access to the results, the exception being if any legal action occurs which requires access to the test results.

**V. APPEALS PROCESS FOR POSITIVE SCREENS**

1. If a student drug screen is positive for drugs, the student will contact the EMS Coordinator.
2. The student will then contact the Medical Review Officer (MRO) and follow the procedure for split specimen testing as stipulated by the lab.
3. The student is responsible for any costs associated with the splits specimen testing procedure.
4. Once the student obtains the results of the split specimen testing, the student should contact the EMS Coordinator. If the student remains unsatisfied, the student should explain to the Program Director in writing his or her complaint. The Program Director will have seven working days to respond.
5. If the student cannot reach an agreement with the EMT Program director, the student's next step is to present documentation to the OEMS&T. The OEMS&T will have seven working days to respond.

**VI. READMISSION**

To be considered for readmission, students who withdrew from the EMS program due to positive drug testing must:

1. Submit a letter from a treatment agency verifying completion of a substance abuse treatment program.
2. Submit to an unannounced drug screen at the student's expense prior to readmission. A positive screen will result in ineligibility for readmission.

Drug screening policies/program suggested or required by the ADPH OEMS&T, EMS Regional Office, and/or various intuitions with which the Regional Office contracts may vary from time to time in any or all of their aspects. Students will be required to comply with the screening which satisfies the program or requirement established by the ADPH OEMS&T or any clinical agency with whom the Regional Office contracts for clinical experience, whether it is pre-clinical drug screening, random drug screen, or reasonable suspicious screening.

Some of the nine classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner my nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the ten classes of drugs which are legally prescribed by a health care practitioner does not necessarily, in and of itself, excuse the student from the effect if this policy. The MRO will follow up and give recommendation(s).

I have read, understand, and agree to the above drug scree guidelines.

I hereby release DRUG TEST COMPANY the Medical Review Officer, the Conducting School, the program facility, and the Alabama Department of Public Health and its Designees from any claim in connection with the Drug Screen Policy.

I understand that should any legal action be taken as a result of the Drug Screen Policy, that confidentiality can no longer be maintained.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**(Approved Course Number: \_\_\_\_\_)**

**STUDENT DRUG SCREEN POLICY PARTICIPATION FORM**

**Form B5-B**

**(Each Region Inserts Their Form)**

I understand that any student who enrolls in the EMT program, and participates in courses which have a clinical component, is required to have an initial pre-clinical drug screening.

I certify that I have received a copy of the Student Drug Screen Policy and have read, and understood, the requirements of the policy.

I further understand that if I fail to provide a certified negative drug screen result that I will be unable to participate in the clinical portion of the program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE REQUIREMENTS TO HAVE A DRUG SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE CERTIFIED LABORATORY PERFORMING THE DRUG SCREEN TO REALSE THE ORIGINAL RESULTLS OF ANY DRUG SCREEN TO THE SCHOOL EMS PROGRAM.

I further understand that my continued participation in the EMT Program is conditional upon satisfactory completion of the requirements of the clinical agencies providing clinical rotation for the program.

Name of EMT Program: \_\_\_\_\_

EMT Program Instructor: \_\_\_\_\_

Dates of EMT Program: \_\_\_\_\_

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**(Approved Course Number: \_\_\_\_\_)**

		Emergency Medical Responder EMT	Emergency Medical Technician EMT
Educational Facilities	National	<ol style="list-style-type: none"> <li>1. Facility sponsored or approved by sponsoring agency</li> <li>2. ADA compliant facility</li> <li>3. Sufficient space for class size</li> <li>4. Controlled environment</li> </ol>	Same as Previous Level
	State	Same as above	Same as Previous Level
Student Space	National	<ol style="list-style-type: none"> <li>1. Provide space sufficient for students to attend classroom sessions, take notes and participate in classroom activities</li> <li>2. Provide space for students to participate in kinematic learning and practice activities</li> </ol>	Same as Previous Level
	State	Same as above	Same as Previous Level
Instructional Resources	National	<ol style="list-style-type: none"> <li>1. Provide basic instructional support material</li> <li>2. Provide audio, visual, and kinematic aids to support and supplement didactic instruction</li> </ol>	Same as Previous Level
	State	<ol style="list-style-type: none"> <li>1. Same as above</li> <li>2. Same as above</li> <li>3. Textbooks and Instructor material must meet the 2009 National EMS Education Standards and Instructional Guidelines</li> </ol>	Same as Previous Level
Instructor Preparation Resources	National	<ol style="list-style-type: none"> <li>a. Provide space for instructor preparation</li> <li>b. Provide support equipment for instructor preparation</li> </ol>	Same as Previous Level
	State	Same as above	Same as Previous Level
Storage Space	National	Provide adequate and secure storage space for instructional materials	Same as Previous Level
	State	Same as above	Same as Previous Level
Sponsorship	National	<p><b>Sponsoring organizations shall be one of the following:</b></p> <ol style="list-style-type: none"> <li>1. Accredited educational institution, or</li> <li>2. Public safety organization, or</li> <li>3. Accredited hospital, clinic, or medical center, or</li> <li>4. Other State approved institution or organization</li> </ol>	Same as Previous Level
	State	Same as above	Same as Previous Level

		Emergency Medical Responder EMT	Emergency Medical Technician EMT
Programmatic Approval	National	Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State)	Same as Previous Level
	State	State/Regional approval <b>(EMT Course Application, FORM A1)</b>	Same as Previous Level <b>(See Appendix BB)</b>
Faculty	National	<p><b>The course primary instructor should:</b></p> <ol style="list-style-type: none"> <li>1. Be educated at a level higher than he or she is teaching; however, as a minimum, he or she must be educated at the level he or she is teaching</li> <li>2. Have successfully completed an approved instructor training program or equivalent</li> </ol>	Same as Previous Level
	State	<p><b>EMT Primary Instruction Requirements:</b></p> <ol style="list-style-type: none"> <li>1. The instructor must be Alabama licensed at the ALS level (AEMT, Intermediate, or Paramedic).</li> <li>2. The instructor must have instructor certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE).</li> <li>3. The instructor must have a minimum of five years of field experience.</li> <li>4. A CPR Instructor may be used to teach a CPR course, as long as the primary EMT instructor is present.</li> </ol> <p><b>EMT Secondary Instructor Requirements:</b></p> <ol style="list-style-type: none"> <li>1. The instructor must be Alabama licensed as an EMT.</li> <li>2. The instructor must have instructor certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE).</li> <li>3. The instructor must have a minimum of three years of field experience.</li> <li>4. A CPR instructor may be used to teach a CPR course, as long as the secondary instructor is present.</li> </ol>	<p><b>EMT Primary Instructor Requirements:</b></p> <ol style="list-style-type: none"> <li>1. The instructor must be an Alabama licensed Paramedic.</li> <li>2. The instructor must have instructor certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, or the National Association of EMS Educators (NASEMSE).</li> <li>3. The instructor must have a minimum of five years of field experience.</li> <li>4. A CPR Instructor may be used to teach a CPR course, as long as the primary EMT instructor is present.</li> </ol> <p><b>EMT Secondary Instructor Requirements:</b></p> <ol style="list-style-type: none"> <li>1. The instructor must be Alabama licensed as an EMT.</li> <li>2. The instructor must have certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE).</li> <li>3. The instructor must have a minimum of three years of field experience.</li> </ol>
Medical Director Oversight	National	Provide medical oversight for all medical aspects of instruction	Same as Previous Level
	State	In addition to one above, the physician must meet offline medical director criteria.	Same as Previous Level

		Emergency Medical Responder EMT	Emergency Medical Technician EMT
Hospital/ Clinical Experience	National	None required at this level	Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc. or on standardized patients if clinical settings are not available.
	State	Same as above	Same as one above. ( Appendix DD)
Field Experience	National	None required at this level	The student must participate in and document patient contacts in a field experience approved by the medical director and program director.
	State	Same as above.	Same as one above. (See Appendix EE)
Course Length	National	1.Course length is based on competency, not hours 2.Course material can be delivered in multiple formats including but not limited to: 3.Independent student preparation 4.Synchronous/Asynchronous distributive education 5.Face-to-face instruction 6.Pre- or co-requisites 7.Course length is estimated to take approximately 48-60 didactic and laboratory clock hours	1. Course length is based on competency, not hours 2. Course material can be delivered in multiple formats including but not limited to: a. Independent student preparation b. Synchronous/Asynchronous distributive education c. Face-to-face instruction 3. Pre- or co-requisites 4. Course length is estimated to take approximately 150-190 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material
	State	1-6 Same as above 7. Course length is 45 hours at a minimum.	1-3 Same as above 7. Course length is 180 hours at a minimum.

		Emergency Medical Responder EMT	Emergency Medical Technician EMT
Course Design	National	Provide the following components of instruction: <ul style="list-style-type: none"> <li>• Didactic instruction</li> <li>• Skills laboratories</li> </ul>	Provide the following components of instruction: <ul style="list-style-type: none"> <li>• Didactic instruction</li> <li>• Skills laboratories</li> <li>• Hospital/Clinical experience</li> <li>• Field experience</li> </ul>
	State	Same as above	Same as above
Student Assessment	National	1.Perform knowledge, skill, and professional behavior evaluation based on educational standards and program objectives 2.Provide several methods of assessing achievement 3.Provide assessment that measures, as a minimum, entry level competency in all domains	Same as Previous Level
	State	Same as one above	Same as one above
Program Evaluation	National	1.Provide evaluation of program instructional effectiveness 2.Provide evaluation of organizational and administrative effectiveness of program	Same as Previous Level
	State	Same as one above	Same as one above