

# Alabama Department of Public Health- ADPH

Office of Emergency Medical Services- OEMS



## EMT Course Standards

March 2019, Version 5.0

Effective April 8, 2019

# Alabama Department of Public Health- ADPH

Office of Emergency Medical Services- OEMS

EMT Course Standards

## Table of Contents

### Introduction

- I. EMT Course Components
- II. EMT Standards and Procedures
- III. EMT Course Administrative Requirements
- IV. EMT Course Quality Monitoring

EMT Course Application Forms

EMT Course Application Process Verification Flow Sheets

ADPH OEMS EMT Course Requirements Matrix

# **EMT Course Standards**

## **Introduction**

An EMT course may be taught outside of the traditional college setting if the course sponsor receives approval from the Alabama EMS Regional office / 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 application, the Regional agency will notify the OEMS for final course approval.

The EMT Course Standards establishes a process which must be followed, before and after course approval, in order for the course candidates to sit for the National Registry exam. Failure by the course coordinator to complete all the requirements set forth by these standards will place the course in review and subject to being deemed invalid and ineligible for National Registry testing.

## I. EMT Course Components

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

### A. Education Program Specifics

1. Any Institution desiring approval as an education program for EMT shall be an institution approved by the Alabama Community College System (ACCS), the Alabama Department of Public Health, Office of Emergency Medical Services (OEMS), and or the Alabama EMS Regional Office.
2. All EMS education programs shall utilize a program medical director who is licensed by the Medical Licensure Commission of Alabama, is a local member of the medical community, and is experienced and knowledgeable of the emergency care of the acutely ill and traumatized patients.

### B. Course Approval Requirements

All courses approved by the OEMS/Regional EMS Office will have the following:

1. An EMT course will have a designated Course Coordinator. The primary instructor may serve as the Course Coordinator. Course Coordinator Responsibilities:
  - a. Serve as the primary contact for the OEMS and Regional EMS Office,
  - b. Represent the sponsoring entity and provide all administrative oversight,
  - c. Provide the educational resources necessary for teaching all of the EMT course objectives,
  - d. Ensure compliance with all administrative and educational standards listed in this document,
  - e. Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught,
  - f. Schedule and coordinate all of the educational components,
  - g. Develop, maintain and ensure all course policies and procedures are followed, to include:
    - i. Pass/Fail criteria
    - ii. Skill proficiency, and
    - iii. Attendance requirements.
  - h. Maintenance of student files documenting individual progress and eligibility for enrollment, completion and exams,
  - i. Complete, record, submit, and maintain all course documentation described in this document, and
  - j. Work with Regional EMS Office to ensure that all data necessary for registration of the course and students with NREMT is available.
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:
    - i. Delivery of appropriate classroom and skills lessons,
    - ii. Providing continuity of qualified and experienced instruction by providing a minimum of 50% of classroom content,
    - iii. Providing physical oversight for 50% of all skills lessons and practice sessions,
    - iv. Reviewing and monitoring of all secondary instructors and guest lecturers to ensure compliance with the course objectives,
    - v. Orient all guest lecturers, clinical preceptors and field internship preceptors to the specific course objectives,

## I. EMT Course Components (continued)

- vi. Orient all students to the ADPH OEMS licensing procedures and patient care protocols,
  - vii. Evaluation of student performance and competency during didactic education, clinical rotations and field internships, and
  - viii. Documentation of student attendance, performance and competency.
  - ix. Meeting the primary instructor qualifications.
- b. Secondary Instructor responsibilities include:
- i. Assisting PI with training of students in skill objectives,
  - ii. Assisting PI with valuation of student performance and competency,
  - iii. Assisting PI with documentation of student performance and competency, and
  - iv. Assisting the PI as directed.
  - v. 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
4. Equipment
- Education programs will have access to all equipment and educational aids necessary to teach, demonstrate, and practice all objectives of the national EMT curricula.
5. Facilities
- Classrooms used for the course are required to be conducive to learning as defined in the curriculum.
6. Clinical Sites
- 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.

## C. Curriculum

1. Each educational program shall use the curriculum established by the National Emergency Medical Services Education Standards and shall conform to other stipulations as set forth in the 420-2-1 rules.
2. Each educational program shall add to its curriculum any new drugs or procedures approved by the State Board of Health, after notice is given by the OEMS to do so.
3. Each educational program is subject to announced and unannounced visits by personnel of the OEMS and or Alabama EMS Regional Office to check adherence to lesson plans, self-study documentation, and training objectives. If the educational program is found to be out of compliance, it may be placed on probationary accreditation status for a period of time, or the OEMS/Alabama EMS Regional Office may withdraw an education program's approval if the program is found to not be in compliance with the 420-2-1 rules, or if the program does not maintain a 70% certification examination pass rate over a three year rotating basis.

## **I. EMT Course Components (continued)**

4. Each education program shall submit all documentation pertaining to course offerings and instructors as required by the OEMS/ Regional EMS Office. Documentation shall include, but is not limited to self-study documents, instructor data sheets, intent to train forms, and any administrative updates or changes made by the education program.
5. All Education programs must ensure each graduate completes the OEMS and Alabama EMS systems Presentation.

## **II. EMT Standards and Procedures**

### **D. Didactic / Internship Credit Hours**

1. Time frames designated herein are recognized as minimum required hours. This in no way suggests that these times may not be exceeded by an accredited education program. As new requirements in EMS education are adopted, minimum required hours may increase to ensure that students receive adequate instructional time.
  - a. All levels of EMS education must include current national curriculum
  - b. Current Alabama EMS Protocols
2. The minimum time frame for an EMT course of instruction is
  - a. One hundred forty (140) hours of didactic / laboratory
  - b. Forty-eight (48) hours for internship
3. Internship hours may be divided between emergency room and prehospital experience on an ambulance.

### **E. Skills Requirement**

1. The instruments used to measure validity and reliability of the internship experience should be standardized documents reflection the practical skills of the curriculum and be approved by the approval agencies.
2. The EMT student shall successfully perform patient assessments and management.

### **F. Internship Requirements**

1. Licensed emergency medical provider services may enter into an agreement with EMS educational institutions to provide field internships for EMSP students.
2. Licensed providers services shall ensure that all designated preceptors are informed of educational requirements for the EMSP student.
3. Field internship experiences shall include supervised instruction and practice of emergency medical skills and shall be evaluated by the designated preceptor.

## II. EMT Standards and Procedures (continued)

4. Licensed provider services are responsible to ensure that no EMSP student exceeds his or hers current level of scope of privilege unless supervised by a designated preceptor in a designated field internship.

### H. EMS Student Requirements and Standards

1. The EMT student shall:
  - a. Possess a high school diploma or General Equivalency Diploma (GED), or dual enrollment.
  - b. Meet all institutional admission requirements.
  - c. Maintain a current Health Care Provider CPR certification
  - d. Comply with the “Essential Functions” of the program or attach documentation to the program application from those essential functions of which the student is not in compliance.
  - e. Provide an acceptable physical examination by a licensed physician, Nurse Practitioner, or Physician Assistant to include written documentation of the practitioner’s opinion regarding the perspective student as follows:
    - i. The emotional and physical ability to carry out the normal activities of the prehospital emergency care.
    - ii. Health history
2. Have up to date immunizations to include:
  - a. Tetanus /D within the past ten (10) years.
  - b. Measles, Mumps, and Rubella (MMR) vaccine (Rubella Titer of 1:8 or above sufficient in lieu of MMR)
  - c. Varicella
  - d. Two-Step TB skin test (with chest x-ray if positive)
  - e. Begin or have had the series of Hepatitis B vaccination, or sign a waiver regarding the series of Hepatitis B vaccinations
3. Possess verification on file with the educational institution of the following:
  - a. Professional Liability insurance
  - b. Current health/hospitalization/accident insurance
  - c. And / or waiver of liability
4. All education programs must inform students of the specific requirements for progression through each level of EMS education. No student will be allowed to sit for the state approved certification exam if a student attempts to circumvent the matriculation requirements set by the education program in which they are enrolled.
5. All EMS students must maintain current professional liability insurance while enrolled in an education program.
6. All students must maintain current health and hospitalization insurance and/or have a waiver on file while enrolled in a program.
7. All EMS students must comply with all institution and program rules, policies, and procedures.

## II. EMT Standards and Procedures (continued)

### I. EMT Instructor Requirements

#### 1. Internship Preceptor

- a. High school diploma or General Equivalency Diploma (GED)
- b. Current Alabama license at the level being supervised, or a current Alabama license as a Registered Nurse (RN)
- c. Be familiar with prehospital patient care
- d. Supervise students in the internship/field setting and accurately document their performance.

#### 2. Course Instructor

- a. High school diploma or General Equivalency Diploma (GED)
- b. Current Alabama license as the level being taught or above.
- c. Certification from an EMS instructor course approved by the OEMS.
  - i. Level 1 National Association of Emergency Medical Services Educators (NAEMSE)
  - ii. Department of Transportation (DOT) instructor course
  - iii. Alabama Fire College instructor course
  - iv. Department of Defense (DOD) instructor course
  - v. AHA Core Instructor Course
- d. Minimum of three (3) years of prehospital field experience as a licensed practitioner at or above the level being taught.
- e. Current CPR Instructor certification
- f. Instructor certifications appropriate for the curriculum being taught, e.g. (BLS) instructor certification.
- g. Complete a supervised probationary teaching experience for one entire course at the instruction level being taught
- h. Be approved by the Program Director and Medical Director.

#### 3. Guest Lecturer

- a. High school diploma or General Equivalency Diploma (GED)
- b. Expert Knowledge in the subject matter; and
- c. Program Director and Medical Director approval for topic to be presented.

#### 4. Medical Director

- a. Licensed physician by the Medical Licensure Commission of Alabama
- b. Experience and knowledge of emergency care of acutely ill and traumatized patients.
- c. Review and approve adherence to the program curriculum and quality of medical instruction and supervision delivered by the faculty.
- d. Routinely review student performance to assure adequate progress toward completion of the program; and
- e. Knowledgeable in EMS education programs and legislative issues regarding the EMS programs and prehospital providers.

#### 5. Practical Skills Preceptor

- a. High school diploma or General Equivalency Diploma (GED)
- b. Minimum of three (3) years of prehospital care experience as a licensed practitioner at the level being taught.



- c. Current CPR certification; and
- d. Program Director and Medical Director approval to assist with practical skills instruction.

#### 6. Field Preceptor

- a. High school diploma or General Equivalency Diploma (GED)
- b. Current Alabama License at the level being supervised
- c. Minimum of two (2) years of experience
- d. Familiarity with prehospital patient care
- e. Supervise students in the internship and field setting and accurately document their performance.

### III. EMT Course Administrative Requirements

To receive EMT course approval from the OEMS/Regional EMS Office, 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 through the regional EMS office.
  - 2. EMT Course application packages receive approval and numbering by the regional EMS office.
  - 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 (5) 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. If all documentation is completed and ready for submission, a shorter approval process may be granted by OEMS.
- D. Initial EMT course application paperwork (A-Forms) should be received by the regional EMS office five (5) weeks prior to the first day of class unless a shorter time has been approved. The initial EMT course application paperwork due at T-5 weeks:
  - 1. Verification Flow Sheet (Part 1)- provides check list for all materials due and sets date for course.
  - 2. EMT Course Application (Form A1)- provides the regional EMS office and OEMST with course, instructor, clinical sites, and course Medical Director demographics.
  - 3. 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).
  - 4. EMT Course Schedule (Form A3)- 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 with corresponding dates and times must be listed. The schedule form is created by the EMT program. Instructions and an example are provided on Form A3 of this standard.
  - 5. EMT Course Equipment List (Form A4)- 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.
  - 6. Hospital Affiliation Agreement (Form C1)- 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

### III. EMT Course Administrative Requirements (continued)

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 (Form C1) is required for each participating hospital.

7. Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form C2)- 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 (Form C2) is required for each participating EMS agency.
  8. 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. (Verification Flow Sheet- Part 1)
  9. 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.
- E. A preliminary EMT course student roster is due one week prior to the first course date. Verification Flow Sheet (Part 2)- provides check list for all of the required roster information.
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.

### III. EMT Course Administrative Requirements (continued)

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
- I. 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:
      - i. First and last name
      - ii. Social Security Number (for National Registry)
      - iii. EMT Course disposition (Pass, Fail, Pending, Withdraw, Dismissed)
      - iv. National Registry Skills disposition (Pass, Fail, Pending, Withdraw, Dismissed)
      - v. Clinical Rotation disposition (Pass, Fail, Pending, Withdraw, Dismissed)
      - vi. A place to write the date received by regional EMS office and the approved course number should be provided on the roster.
  2. A copy of each student's course completion document for 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. Completed National Registry skills verification sheets.
- K. The regional EMS agency will maintain complete official course documentation in paper or digital format for five (5) years from course completion, which includes:
1. Original course application as submitted to the regional EMS office,

### III. EMT Course Administrative Requirements (continued)

2. Course approval issued by the ADPH OEMS
3. Documentation of student compliance with all required prerequisites for the level of the course
4. EMT course preliminary roster as submitted to the regional EMS office,
5. Final EMT course schedule to include:
  - a. Documentation of canceled, modified or added classes, and
  - b. Dates, times, instructor and location changes.
6. 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. List of any 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. Examinations, quizzes or evaluations administered during the course to include:
  - a. Student name,
  - b. Individual score,
  - c. Pass/fail criteria, and
  - d. Date administered.
11. Written agreements with facilities utilized by the course for fulfillment of clinical and/or field internship objectives (Forms C1 and C2)
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)
15. Documentation recording the individual reasons that student(s) failed to complete the course of study.
16. Documentation should be provided in the order it is listed in this section.

17. If the sponsoring agency wishes to keep records, providing the regional EMS agency a paper copy of the documentation paperwork listed in this section is acceptable.

## IV. 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 each year
  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

## **IV. EMT Course Quality Monitoring (continued)**

- c. Failures must be explained and documented on skills sheet
3. Copies of EMT course completion certificates and CPR cards for each student.

# EMT Course Application

(OEMS Course Approval Number: \_\_\_\_\_)

# Form A1

Sponsor Agency Name: \_\_\_\_\_ Course start date: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Estimated Number of Students: \_\_\_\_\_

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)

\_\_\_\_\_

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 EMT 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: \_\_\_\_\_

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

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 Meetings: \_\_\_\_\_

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

Workbook Required (Name, Edition, Author): \_\_\_\_\_  No Workbook

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

***Clinical site information is provided on Clinical Site(s) Information Form A1-A.***

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

PROCESS DATES (For AERO Use)

Received \_\_\_\_\_ Date Approved \_\_\_\_\_ To ADPH OEMS&T \_\_\_\_\_



**HOSPITAL SITES**

**Clinical Affiliation– Hospital 1\***

Name		
Address	City	Zip
Department		Total Hours
Clinical Contact Name	Phone	
Clinical Contact Email		

**\* Hospital must be located in Alabama.**

**Clinical Affiliation– Hospital 2\***

Name		
Address	City	Zip
Department		Total Hours
Clinical Contact Name	Phone	
Clinical Contact Email		

**\* Hospital must be located in Alabama.**

**EMS AGENCY SITES**

**Clinical Affiliation– Ambulance Transport/ EMS Providing Agency 1\***

Name		
Address	City	Zip
Type of Response Unit	Total Hours	
Clinical Contact Name	Phone	
Clinical Contact Email		

**\* Ambulance Transport/ EMS Providing Agency must be located in Alabama.**

**Clinical Affiliation– Ambulance Transport/ EMS Providing Agency 2\***

Name		
Address	City	Zip
Type of Response Unit	Total Hours	
Clinical Contact Name	Phone	
Clinical Contact Email		

Registration Form A1-A should be submitted with Form A1.

**PROCESS DATES (For AERO Use)**

Received \_\_\_\_\_ Date Approved \_\_\_\_\_ To ADPH OEMS&T \_\_\_\_\_

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

**EMT Instructor Information**

(OEMS Course Approval Number: \_\_\_\_\_)

**Form A2**

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

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

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

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

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

**Primary Instructor**

**Secondary Instructor**

**CPR Instructor**

**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

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

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

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

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

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

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

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

## EMT Course Proposed Schedule

Form A3

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 EMT course proposed schedule must provide the EMT Program name, course coordinator name, and date of course.***
- The EMT course proposed schedule must show the class numbers, dates and times of instruction, presentation topics, homework and exam planning, and instructor assignments.***
- The EMT course proposed schedule must provide a place for providing the course approval number once it is assigned.***

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

Sally's EMT Program  
Course Coordinator: Sally Mae  
January 1- March 21, 2014

Class	Date	Hours	Presentation Topics	Homework	Exam	Instructor
1	Jan 1, 2014	5p-10p	Introduction to EMS System	Read CH 1	None	Smith
2	Jan 3, 2014	5p-10p	Chapter 1- EMT Safety and Wellness	Read CH 2	CH 1	Smith
3	Jan 4, 2014	5p-10p	Chapter 2- Vital Signs Skills- Vital Signs	Read CH 3	None	Smith Varnedoe

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

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

# EMT EQUIPMENT LIST

Form A4

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.

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

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

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.

I understand that a background check and drug screen are required prior to visiting any clinical sites. Failure to complete a background check or drug screen, or having any failing criteria, will prohibit my clinical participation.

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

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

OEMS Course Approval 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

OEMS Course Approval 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

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

# Background Screening 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

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



**STUDENT BACKGROUND SCREEN POLICY PARTICIPATION FORM**

**Form B4-B**

I understand 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 acknowledge 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.

I further understand that if I have a background screen that renders me ineligible; and I am denied access to clinical learning experiences at the clinical affiliate(s), that I will be dismissed from the program without eligibility for taking the National Registry examination.

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

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

Any student who enrolls in a Regional EMS sponsored EMT program, which has a clinical component, is required to have a pre-clinical drug screening. The pre-clinical drug screen will be conducted after entering the EMT program but prior to participating in any clinical visitations. The student must abide by the Student Drug Screen Policy and all Clinical agency policies for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening.

**I. PRE-CLINICAL SCREENING**

1. All students will receive notice of the drug screening guidelines prior to admission to the EMT program.
2. The EMT program will maintain on file a signed consent to drug screen 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 screen will not be permitted to participate in the EMT course.
3. The drug screen company will be selected by the Regional Office. All drug screen fees are paid by the student.
4. Completing the drug screening with a positive test result on the 9 Classes of Drugs as required by the ADPH OEMS, Regional Office and/or Clinical Agency will prohibit the student from completing the clinical component of the EMT course.
5. Positive drug screens will be confirmed by a Medical Review Officer.
6. Positive results, and verification of student status, will be provided to the Regional Office by the EMT Program.

**II. REASONABLE SUSPICION SCREENING**

Students may also be required to submit to reasonable suspicion testing. 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 for a drug screen 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 out 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
  2. Cocaine
  3. Barbiturate
  4. Cannabinoids
  5. Benzodiazepines
  6. 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.

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

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

# STUDENT DRUG SCREEN PARTICIPATION AGREEMENT

Form B5-B

I understand 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 drug screen.

I acknowledge that I have received a copy of the EMT Program’s Student Drug Screen Policy (Form B5-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 drug 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.

I further understand that if I have a drug screen that renders me ineligible; and I am denied access to clinical learning experiences at the clinical affiliate(s), that I will be dismissed from the program without eligibility for taking the National Registry examination.

By signing this document, I am indicating that I have read, understand, and voluntarily agree to the required drug screen. I understand that these results are confidential and will not be otherwise released without my authorization. I hereby release the EMT Program, ADPH OEMS, 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

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

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

OEMS Course Approval 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

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



# EMT Course Application Process

# Verification Flow Sheet STEP 1 of 5

Course Coordinator Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

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

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

*The initial EMT course application paperwork listed below is due in regional EMS office five (5) weeks prior to the first day of class. (Unless prior approval for shorter time is approved)*

*All initial EMT course application paperwork should arrive together at the regional office in a single folder; arranged in the order that it is presented below.*

*Incomplete or improperly filed initial applications will not be processed.*

- EMT Course Application (Form A1)
  - Copy (sample) of college information letter provided with Form A1
    - EMT course accreditation status
    - Eligibility of college credit
    - Eligibility to attend EMT course
    - Contact information for two nearby accredited colleges providing EMT courses
  - Copy (sample) of HIPAA certification of completion (form or certificate) provide with Form A1
- EMT Course Instructor Information (Form A2) for each instructor
- Course Schedule (Form A3)
- EMT Course Equipment List (Form A4)
- Hospital Affiliation Agreement (Form C1)
  - Sponsor must use Form C1. Other written agreements will not satisfy requirement.**
- Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form C2)
  - Sponsor must use Form C2. Other written agreements will not satisfy requirement.**
- Copy of student handout paperwork:
  - Instructor contact information
  - EMT course guidelines
  - Attendance policy
  - Dress code
  - Course objectives
  - Grading method and scale
- Copy of National Registry skills sheets

---

**Regional EMS Office Verification of Initial Application.**

**EMT Class Approval request submitted to OEMS**

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

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

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

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

***A detailed preliminary EMT course student roster is due one week prior to the first course date.***

***The roster must be typed or printed and must contain the following information:***

**Header Information**

- EMT course sponsoring agency
- Course coordinator
- Lead instructor
- Course location
- Course starting and ending dates

**Student Information**

- Student first and last name
- Student address
- Student phone number
- Place for approved course number

**SAMPLE STUDENT ROSTER**

Sponsoring Agency: Raining Chicken VFD

Course Location: 31 Nest Rd, Coop, AL 35969

Course Coordinator: Chicken Little

Course dates: August 25- November 20, 2014

First Name	Last Name	Address	Phone
Hugh	Hollon	Suite 1100, Montgomery, AL 36104	205-555-3456
Rony	Najjar	101 Sivley, Huntsville, AL 35801	256-656-9999
Stephen	Wilson	201 Monroe Street, Montgomery, AL 36104	205-876-5309

**Regional EMS Office Verification Preliminary Student Roster**

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

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

# EMT Course Application Process

# Verification Flow Sheet STEP 3 of 5

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

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

**The following student forms are due in regional EMS office within ten (10) business days of first class. The course coordinator may provide copies and keep the original forms.**

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

**An On-Site Inspection must be scheduled within ten (10) business days of first class**

Date of On-Site Inspection: \_\_\_\_\_

Inspection will include-

### 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: \_\_\_\_\_

---

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

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

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

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

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

**The following course documentation is required within ten (10) days after course completion. The sponsor may provide the originals for storage by the Regional Office.**

- 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, Withdraw, Dismissed)
  - Student National Registry Skills disposition (Pass, Fail, Pending, Withdraw, Dismissed)
  - Student Clinical Rotation disposition (Pass, Fail, Pending, Withdraw, Dismissed)
  - A place to write the date received by regional EMS office
  - A place to write the approved course number
  
- EMT attendance course rosters showing attendance and instructors for each class session

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

- National Registry Skills verification forms (or equivalent) for each student on final course roster
  - Each skill sheet timed, scored, and signed by evaluator
  - Complete set of skill sheets for each student
  - Failures explained and documented on skills sheet
  
- Copies of EMT course completion certificate for each student
  
- Copy of AHA Healthcare Provider (or equivalent\*) CPR card for each student.  
\*Equivalent must include infant, child, adult, 1-rescuer, and 2-rescuer, BVM usage

---

### Regional EMS Office Verification of course completion records

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

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

## POST COURSE DOCUMENTATION

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.

The regional EMS office will maintain the complete set of course documentation for five (5) years.

### Documentation already on file with regional EMS office at completion of course:

- Original course application, and related forms, as submitted to the regional EMS office
- Copy (sample) of college information letter provided with Form A1
- Copy (sample) of HIPAA certification of completion (form or certificate) provide with Form A1
- Course approval form issued by the OEMS
- EMT course preliminary roster as submitted to the regional EMS office
- EMT Course Instructor Information (Form A2) for each instructor
- Hospital Affiliation Agreement (Form C1)
- Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form C2)
- Course Schedule (Form A5)
- EMT Course Equipment List (Form A6)
- Copy of student handout paperwork:
- Copy of National Registry skills sheets
- Attendance roster for each class meeting
- Individual skill verifications (National Registry forms)

### Documentation to be provided to regional EMS office within 10 days of completing of course:

- Final EMT course schedule
- List of make-up session(s), if applicable
- Documentation of remediation conducted, if applicable
- Copy of each examination, quiz or evaluation administered during the course
- Documentation of the 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.

***NOTE: If the sponsoring agency wishes to keep records, providing the regional EMS agency a paper copy of the documentation paperwork listed in this section is acceptable.***

---

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

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

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

		Emergency Medical Responder EMR	Emergency Medical Technician EMT
Educational Facilities	National	1. Facility sponsored or approved by sponsoring agency 2. ADA compliant facility 3. Sufficient space for class size 4. Controlled environment	Same as Previous Level
	State	Same as above	Same as Previous Level
Student Space	National	1. Provide space sufficient for students to attend classroom sessions, take notes and participate in classroom activities 2. Provide space for students to participate in kinematic learning and practice activities	Same as Previous Level
	State	Same as above	Same as Previous Level
Instructional Resources	National	1. Provide basic instructional support material 2. Provide audio, visual, and kinematic aids to support and supplement didactic instruction	Same as Previous Level
	State	1. Same as above 2. Same as above 3. Textbooks and Instructor material must meet National EMS Education Standards and Instructional Guidelines	Same as Previous Level
Instructor Preparation Resources	National	a. Provide space for instructor preparation b. Provide support equipment for instructor preparation	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	<b>Sponsoring organizations shall be one of the following:</b> 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	Same as Previous Level
	State	Same as above	Same as Previous Level
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>(Appendix BB)</b>
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 EMR	Emergency Medical Technician EMT
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>EMR Primary Instruction Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Must be Alabama licensed at the EMT level.</li> <li>2. 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. Must have 5 years min of field experience.</li> <li>4. A CPR Instructor may be used to teach a CPR course, as long as the primary EMR instructor is present.</li> </ol> <p><b>EMR Secondary Instructor Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Must be Alabama licensed as an EMT.</li> <li>2. 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. Must have 3 years min 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. Current Alabama license as the level being taught.</li> <li>2. Must have instructor certification from a recognized organization such as Department of Transformation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, the National Association of EMS Educators (NASEMSE) or AHA Core Instructor Course.</li> <li>3. Must have 5 years min of field experience.</li> <li>4. Current CPR Instructor Certification</li> </ol> <p><b>EMT Secondary Instructor Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Must be Alabama licensed as an EMT.</li> <li>2. 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. Instructor must 5 years min of field experience.</li> </ol>
Hospital/ Clinical Experience	National	None required at this level	<p>Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care.</p> <p>Students must perform ten patient assessments. Patient assessments 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.</p>
	State	Same as above	Same as above.
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 above.
Course Length	National	<ol style="list-style-type: none"> <li>1.Course length is based on competency, not hours</li> <li>2.Course material can be delivered in multiple formats including but not limited to:</li> <li>3.Independent student preparation</li> <li>4.Synchronous/Asynchronous distributive education</li> <li>5.Face-to-face instruction</li> <li>6.Pre- or co-requisites</li> <li>7.Course length is estimated to take approximately 48-60 didactic and laboratory clock hours</li> </ol>	<ol style="list-style-type: none"> <li>1. Course length is based on competency, not hours</li> <li>2. Course material can be delivered in multiple formats including but not limited to:                             <ol style="list-style-type: none"> <li>a. Independent student preparation</li> <li>b. Synchronous/Asynchronous distributive education</li> <li>c. Face-to-face instruction</li> </ol> </li> <li>3. Pre- or co-requisites</li> <li>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</li> </ol>
	State	<ol style="list-style-type: none"> <li>1-6 Same as above</li> <li>7. Course length is 45 hours at a minimum.</li> </ol>	<ol style="list-style-type: none"> <li>1-3 Same as above</li> <li>7. Course length is 180 hours at a minimum.</li> </ol>

		Emergency Medical Responder EMR	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