



Office of Emergency Medical Services

APPLICATION FOR ACCREDITATION

Section I _____

date application received by OEMS

Please print and complete all requested information.

1. APPLICANT STATUS:

- First Time Applicant:** Initial application
- Previously Accredited:** Accreditation renewal
- Substantially Equivalent Accreditation:** Provide letter of intent & documentation of current "Allied Health EMS Training Accreditation"

2. APPLICANT CONTACT INFORMATION:

a. Legal Name of Training Institution

_____ Legal Name of Institution

b. Training Institution Location Address (Physical Location of Institution)

_____ Street name

Address Number _____

_____ State _____ Zip Code

City/Town _____

c. Training Institution Mailing Address (if different from Physical Location Address)

_____ Street name

Address Number/PO Box _____

_____ State _____ Zip Code

City/Town _____

d. Voice/Fax Electronic Contact Information

Telephone # () _____ - _____ FAX # () _____ - _____

Institution Web Address

e. Official representative for the institution, and the EMS program operation/administration, who prepared application responses. This person will serve as the official liaison between the institution, and OEMS.

First Name

Middle Initial

Last Name

Official Title

Telephone # () _____ - _____ FAX # () _____ - _____

e-mail address _____

3. **LEVEL OF EMS TRAINING INSTITUTION PROVIDES:** Please check appropriate box or boxes

Initial EMT Training (Curriculum)

Continuing Education

EMT-Basic (National EMS Education Standards)

EMT-Basic

Paramedic (National EMS Education Standards)

Advanced EMT/EMT-Intermediate

Paramedic

4. **TYPE OF INSTITUTION** : (*Check appropriate box, and circle appropriate title*)

- a) Four-year College/University
- b) 2 Year Technical or Community College
- c) Hospital/Medical Center
- d) Vocational/Technical School/High School
- e) United States Military (DOD Army, Navy, Air Force, and Coast Guard)
- f) State, county, or local government
- g) Other public or private entities that meet State & local business license requirements

5. **EMS TRAINING INSTITUTION PERSONNEL:**

a) Medical Director:

First Name

Middle Initial

Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail _____

Massachusetts Medical License Number: _____

b) Director/Coordinator:

First Name Middle Initial Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail _____

c) Clinical Coordinator (where applicable):

First Name Middle Initial Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail address _____

Massachusetts EMT Certification # _____

Nurse License #: _____

d) Field Internship Coordinator (where applicable):

First Name Middle Initial Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail address _____

Massachusetts EMT Certification # _____

Nurse License #: _____

6. **FACILITIES:**

a) Location (actual location of didactic & lab training, if more than one location provide on separate sheet)

Name of facility and/or building(s)

Address Number Street name Suite Number

City/Town State Zip Code

b) Facility's Student Capacity (didactic & lab training)

10-20 20-30 30-40 40-50 greater than 50 Provide # _____

7. ALS CLINICAL INTERNSHIP SITES AND RESOURCE SUMMARY:

List all clinical sites affiliated with training institution. Provide an expiration date for each affiliation agreement and list the number of students that will be allowed in each medical specialty area. If a class has thirty students, clinical sites collectively must support 30 students.

	Hospital Name	Expire. Date	ED	OR	ICU	PSYC	L&D	IV	PEDI	Other
sample	XYZ Hospital	01/01/05	20	10	20	none	15	20	20	
sample	All Care Hospital	07/30/05	10	20	10	30	15	10	10	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										

8. ALS FIELD INTERNSHIP SITES AND STUDENT RESOURCE SUMMARY:

List all field internship sites affiliated with training institution. Provide an expiration date for each field affiliation agreement. The field internship resources must be able to collectively support the skill requirements for your students. If class has thirty students, field sites collectively must be able to support 30 students.

	Service Name	Initiation Date for Agreement	Expiration Date for Agreement	Min # Students	Max # Students	ALS Survey
Sample	XYZ Ambulance Service	December 31, 2004	December 31, 2005	5	10	Yes
Sample	P-Medic Transport, Inc.	December 31, 2004	December 31, 2005	15	25	Yes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

9. BACKGROUND:

- (a) Describe applicant’s training experience with operating an EMS training program approved in Massachusetts under 105 CMR 170.000, or in another state or jurisdiction; or experience in operating adult vocational training or higher educational programs. (Attach supporting documentation.)
Please indicate number of training program years of experience: _____
- (b) Does the applicant have a training compliance history in any other state or jurisdictions?
 Yes No (If **yes** attach an explanation, and or supporting documentation.)
- (c) Describe the applicant training institution’s financial resources that will be provided for the operation of the EMS training program, for the three-year accreditation period. (Attach supporting documentation, including copies of current financial statement or current budget.)
- (d) Complete and forward to OEMS, with application packet, the Authorization To Request Criminal Offender Record Information (CORI) forms for program personnel (copy of authorization form is attached as appendix A) include at a minimum:

1. Medical director	4. EMT program director
2. Clinical coordinator	5. Field internship coordinator
3. Didactic instructor/coordinator (s)	6. Adjunct faculty as appropriate

10. AFFIRMATIONS:

- (a) Attest to applicant training institution’s legal capacity to operate. (Attach supporting documentation, including copies of articles of incorporation and corporate by-laws).
- (b) The applicant training institution hereby affirms that they comply with, and will continue to comply with, all relevant federal and state laws, including but not limited to, federal and state anti-discrimination statutes, M.G.L. c. 111C; regulations, including but not limited to 105 CMR 170.000 and 105 CMR 700.000, and the Department’s Administrative Requirements, the Statewide Treatment Protocols, policies and advisories.
- (c) The applicant training institution hereby affirms it meets eligibility requirements for accreditation pursuant to 105 CMR 170.946, and that it can and will fulfill the duties and obligations of accredited training institutions pursuant to 105 CMR 170.950, which includes the duty to administer the Massachusetts EMT practical examination requirements, in accordance with Administrative Requirement (A/R) 2-214.
- (d) The training institution hereby affirms that the most current Massachusetts EMS Statewide Treatment Protocols are taught as part of the training curriculum.
- (e) The training institution hereby affirms that they comply with all National EMS Education Standards, as implemented by the Department.
- (f) The training institution hereby affirms that if any of the application information changes, the institution will notify OEMS immediately.

NOTE: The individual whose name appears below is the official representative of the EMS training institution, and must have legal authority to sign all of the necessary program documents and to make legally binding contracts.

I _____
(Print Name) (Title) (Signature)

hereby affirms that all information provided to DPH/OEMS in the application packets sections II and I is up-to-date and accurate. _____
(Date)

Section II - Training Institution Qualitative Assessment

Institution Name: _____

Application Prepared By: _____
First Name Last Name

Instructions

- Complete in full all information requested.
- If you are unable to answer any area and/or question, provide a written explanation for the omission.
- Each section of your explanation shall be included in a Table of Contents and follow the outline below.

A. OVERVIEW

Please attach copies of current policies, procedures, and/or supporting documentation for each the following:

1. Program mission, goals, and objectives;
2. Number of EMS courses conducted annually, indicate levels (initial EMT-Basic, Advanced EMT/EMT-Intermediate, Paramedic), and type (continuing education);
3. Number of students taught per course per year, for past two-years;
4. The Americans with Disabilities Act applicable to EMT training accommodations;
5. Use and secure storage of controlled substances and instruments for administration of controlled substances in EMT training programs, in accordance with requirements of the Department's Division of Food and Drugs, pursuant to 105 CMR 700.000;
6. Clinical and field affiliation agreements; Affiliation agreements shall include the following:
 - a) Name of training program,
 - b) Name of organization providing clinical/field site(s),
 - c) Number of students allowed per site,
 - d) Duration of agreement,
 - e) Details of supervisory responsibilities,
7. Forms used for clinical and field internships, time and skill logs, and describe internship process students will follow;
8. EMT training institution organizational chart that shows the relationship among students, faculty, medical director, program director/coordinator, and other personnel for each EMS training course; and
9. Sample course outline for EMT-Basic and Paramedic level of initial EMT training provided.

B. STUDENTS

Please provide a copy of current policies, procedures, and/or supporting documentation for the following:

1. General program requirements for student selection and admission.
2. Program requirements for student:
 - (a) Attendance
 - (b) Absentee makeup,
 - (c) Academic counseling; and
 - (d) Student evaluations.

C. PERSONNEL RESOURCES

A Massachusetts accredited EMS training institutions shall have adequate and appropriately credentialed staff to ensure all training and educational standards are met.

Faculty

Please provide copies of current supporting documentation for the following:

- (a) Relevant resumes for EMS faculty; describing training background; limited to one-page each; and
- (b) Copy of current license / certification (where applicable), and job descriptions that includes detailed training program responsibilities for:
 - 1) Medical director
 - 2) EMS Director
 - 3) Clinical coordinator
 - 4) Field internship coordinator
 - 5) Didactic instructor/coordinator
 - 6) Instructor aides
 - 7) Preceptors
- (c) Preceptor policies, and describe manner by which policies are implemented.

D. EVALUATION

Training course evaluation is the examination of multiple components to determine if the course was cost-efficient, educationally sound, and otherwise beneficial.

1. Program:

Please provide current supporting documentation for the following:

- (a) A three-year accreditation evaluation plan which shall include:
 - 1. Clearly defined goals and objectives.
 - 2. An annual update that will provide written evidence the educational program is meeting its objectives and the changing needs of EMS care.
 - 3. Methods for gathering and analyzing data on the effectiveness of the program's:
 - i Curriculum,
 - ii Training equipment, medical library, and computer resources,
 - iii Faculty; and
 - iv A student's ability to function as entry-level providers upon successful completion of the training course.
- (b) Describe how EMS training program evaluations are used for continuous quality improvement, and to plan the future direction of EMT training.

2. Supervision: Describe EMS training institution's policy by which program supervisors conduct staff's evaluation (provide sample evaluation) as it pertains to:

- (a) Preparation and availability of instructional material,
- (b) Ability to motivate class and provide a positive learning experience,

- (c) Audiovisual materials appropriate for class instruction; and
 - (d) Effectiveness of instructional technique.
3. Medical Director
- (a) Describe manner and criteria by which medical director will review for approval curriculum and course content
 - (b) Describe how medical director will participate in program quality assurance and quality improvement process
4. Clinical Internships (ALS programs)
- (a) Describe how the training institution interacts with hospital staff to achieve clinical internship goals
 - (b) Describe how clinical coordinator will ensure student achievement of all required clinical competencies
 - (c) Describe how clinical coordinator will participate in the review and evaluation of overall student performance, with emphasis on clinical skill competencies
5. Field Internships (ALS programs)
- (a) Describe how the training program interacts with ambulance service providers to achieve field internship goals
 - (b) Describe how field internship coordinator will ensure student achievement of all required field skill competencies
 - (c) Describe how field internship coordinator will participate in the review and evaluation of student performance, with emphasis on field skill competencies
 - (d) Describe how field internship coordinator will train, monitor, and maintain consistence of field internship preceptors.
6. Clinical & Field Sites: Describe how clinical and field sites are evaluated for adequacy of skill opportunities for Intermediate and Paramedic students, optional for initial EMT-Basic training course.
7. Practical Skills Examination: Provide documentation of the training institution's plan for conducting the OEMS EMT practical certification examination and related components.
Key Policies are at a minimum:
- (a) The institutions hiring policy regarding examiners.
 - (b) The institution's formal process for notifying students of their examination eligibility.
 - (c) Describe the institutions administrative process for dealing with re-test and challenge candidates.
 - (d) The training institution's medical director (ALS examinations only) available during practical exam periods.
 - (e) The training institution's examination team will consist of OEMS-approved Examiners to be provided at the training institution's expense (Chief Examiner will be provided by OEMS). The training institution will schedule sufficient numbers of OEMS-approved Examiners to complete a practical examination in a timely manner; average recommended time is 5 continuous hours.
 - (f) Continuous inspection, cleaning, and upgrading of practical examination required equipment.
 - (g) The institution's formal administrative process for managing and scheduling examinations in relation to course completion, when will exams occur, who is responsible for oversight of candidate's certification application completion, and the timely submission of candidates applications to OEMS.

APPENDIX A – Authorization for CORI Request

Instructions

Complete the attached CORI form and provide a copy of a government issued photo I. D (ex: driver's license or a U. S. passport). Send the documents to OEMS along with the application packet for the following personnel:

- Medical director
- EMT program director
- Clinical coordinator
- Field internship coordinator
- Didactic instructor/coordinator (s)
- Adjunct faculty as appropriate

**CRIMINAL OFFENDER RECORD
INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Department of Public Health, Office of EMS (OEMS) is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

has authorized Department of Public Health, OEMS to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Department of Public Health, OEMS to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Department of Public Health, OEMS with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Department of Public Health, OEMS, on behalf of , may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Department of Public Health, OEMS must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

