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**APPLICATION**

**FOR**

Massachusetts Department of Public Health ACCREDITATION AS AN EMT TRAINING INSTITUTION

FOR ENTITIES APPLYING FOR INITIAL ACCREDITATION OR RENEWAL OF ACCREDITATION AS AN EMT TRAINING INSTITUTION

**OVERVIEW & ELIGIBILITY**

This application is intended for applicants seeking or renewing Department accreditation as an EMT training institution (for all levels). Candidates for accreditation must be eligible per 105 CMR 170.946 (A). The Department of Public Health’s Office of Emergency Medical Services (OEMS) will review applications and contact candidate entities if the application is found not to be suitable.

**APPLICATION CHECKLIST**

**□ FEE** Three year state accreditation fee, in the form of a *check or money order* (cash will not be accepted) for $1,500, payable to the Commonwealth of Massachusetts per 105 CMR 170.946 (C)(3).

**□ APPLICATION** A complete application (with responses to all sections) for initial or renewal accreditation of a training institution. *If renewal of existing accreditation, this application is to be submitted no later than 6 months prior to expiration of accreditation in accordance with 105 CMR 170.946 (E).*

**NOTE: The submission intended to be an application must be organized and titled based on the sections and items in the application below. The application must have a complete Table of Contents which lists the page numbers each item can be found on.**

**□ CORI PACKET** Submitted for all individuals with a significant financial or management interest in the training entity. This includes owners, program directors, medical director, instructors/faculty, instructor aides, and/or clinical and field coordinators.

*CORI form available at OEMS website at*

<https://www.mass.gov/how-to/apply-for-or-renew-accreditation-as-an-ems-training-institution>

Due to updated Criminal History Systems Board regulations, forms must be notarized and include the signature of a Notary Public with the notary stamp (see page 3). Notaries are commonly found at banks.

When complete, forms must be submitted by mail.

**Submit the complete packet with your accreditation** **fee and any required documentation to:**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

OFFICE OF EMERGENCY MEDICAL SERVICES

**Education and Training - ATI Application**

67 FOREST STREET

MARLBOROUGH MA 01752

[Oems.coned@state.ma.us](mailto:Oems.coned@state.ma.us)

Please check your application for completeness and legibility. If your application is incomplete or illegible, it will be returned to you and your accreditation will be delayed. Make sure you have provided all supporting documents, as applicable, based on your answers to the questions on the application.

**SECTION I**

1. **APPLICATION STATUS:**

|  |  |
| --- | --- |
| INITIAL APPLICATION FOR ACCREDITATION | RENEWAL APPLICATION FOR ACCREDITATION |

1. **CONTACT INFORMATION:**
2. Official (legal) name and mailing address for the applicant training institution.

|  |
| --- |
| NAME OF INSTITUTION |

|  |  |  |  |
| --- | --- | --- | --- |
| MAILING ADDRESS (STREET) | CITY | STATE | ZIP |

|  |
| --- |
| INSTITUTION WEBSITE (if available): |

|  |  |
| --- | --- |
| EMAIL | PHONE |

1. Official representative for the institution and the EMS program’s operation/administration, (Owner, CEO, President, or equivalent). **This person is ultimately responsible for the *entity* applying for accreditation**

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| --- | --- | --- |
| FIRST | LAST | TITLE |

|  |  |
| --- | --- |
| EMAIL | PHONE |

1. **LEVEL OF EMS TRAINING INSTITUTION IS APPLYING FOR:**

|  |  |  |
| --- | --- | --- |
| EMT Basic (BLS level) | Advanced EMT (ALS level) | Paramedic (ALS level; must have and submit documentation of CoAEMSP LoR or CAAHEP Accreditation) |

1. **EMS TRAINING INSTITUTION PERSONNEL:** Roles and responsibilities defined in AR 2-200.
   1. **Program Director** – This person will be the contact between the training institution and MDPH/OEMS and is ultimately responsible for the *operation* of the accredited entity, in accordance with AR 2-200.

|  |  |  |
| --- | --- | --- |
| FIRST NAME | LAST NAME | MI |

|  |  |
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| EMAIL | PHONE |

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| --- | --- |
| MA EMT CERTIFICATION # (Optional) | NREMT CERTIFICATION # (Optional) |

* 1. **Medical Director** (required for all applicants, in accordance with AR 2-200):

|  |  |  |
| --- | --- | --- |
| FIRST NAME | LAST NAME | MI |

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| EMAIL | PHONE |

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| MA PHYSICIAN LICENSE # (Required) | OUT OF STATE LICENSE # (Optional) |

* 1. **Clinical and Field Internship Coordinator** (required for ALS level, optional for BLS level; list if applicable):

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| --- | --- | --- |
| FIRST NAME | LAST NAME | MI |

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| EMAIL | PHONE |

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| MA EMT CERTIFICATION # (Required) | NREMT CERTIFICATION # (Optional) |

1. **TYPE OF ENTITY AND CAPACITY TO OPERATE:** (Note, you must submit documentation showing legal capacity to operate, demonstrated by articles of incorporation and corporate by-laws. 105 CMR 170.948)

Four-year College/University

2 Year Technical or Community College

Vocational/Technical School/High School

Federal, state, county, or local government

Other public or private entities that meet State & local business license requirements

1. **FINANCIAL SUITABILITY:** Document 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. Please include supporting documentation along with a budget. (105 CMR 170.948)
2. **FACILITIES:**
   1. Primary Instructional (Didactic and Lab) Location:

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| --- |
| NAME OF LOCATION and/or BUILDING: |

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| --- | --- | --- | --- |
| PHYSICAL ADDRESS (STREET) | CITY | STATE | ZIP |

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| --- | --- | --- | --- | --- | --- |
| STUDENT CAPACITY: | 1 - 9 | 10 - 19 | 20 - 29 | 30 - 39 | 40 + |

* 1. Satellite locations: Attach a list of all locations to be or currently used for instruction (didactic and lab). Include the same information required for primary location (above).

1. **CLINICAL AND FIELD INTERNSHIP SITES AND RESOURCE SUMMARY** (required for ALS level, optional for BLS level; list if applicable regardless of level)**:** 
   1. List all current clinical and field sites affiliated with the training institution. An expiration date for each affiliation agreement must be listed (or date of when agreement will renew). The number of students allowed at each medical specialty area must be listed. This list must collectively demonstrate a training institution applicant has adequate agreements to support the number of students enrolled in a class to complete a clinical or field internship in a timely manner, meeting the minimum requirements listed in AR 2-305 and/or 2-307. (If more space is needed, attach a list that contains the same information as below).
   2. On an initial application (or for new site/s listed for renewal application), submit copies of signed affiliation agreements for sites listed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Clinical/Hospital Name** | **Affiliation Expiration** | **ED** | **OR** | **ICU** | **PSYC** | **OB** | **IV** | **PEDI** |
| **Ex** | Best Care Hospital | 07/30/2020 | 5 | 1 | 0 | 5 | 2 | 5 | 5 |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
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|  | **Field/Ambulance Service Name** | **Affiliation Expiration** | **Maximum Number of EMT Students** | **Maximum Number of AEMT Students** | **Maximum Number of Paramedic Students** |
| **Ex** | AG Transport Service | 04/01/2022 | 20 | 10 | 10 |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
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| **4** |  |  |  |  |  |
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1. **SUMMARY OF TRAINING:**
   1. Submit a written summary of the applicant’s history with EMS training in Massachusetts. Please include the length of time instructing and the type of instruction that has been taught. 105 CMR 170.948 (A)(2).
   2. (If renewal application) complete the table below showing student matriculation for each initial training course taught during the past accreditation. (If more space is needed, attach a list that contains the same information as below).

|  |  |  |  |
| --- | --- | --- | --- |
| Initial Course Registration Number | Course Level | Number of Students who started course | Number of Students who successfully completed course |
| Example: 123456 | AEMT | 20 | 16 |
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* 1. (If renewal application) complete the table below showing pass rates of students taking the National Registry of EMT (NREMT) cognitive exam, calendar year. **Include the results for each level that the applicant instructs for each date range**. This can be done by the program director logging into NREMT.org and using the ”Pass/Fail” report. You must fill out the past 3 years. (If more space is needed, attach a list that contains the same information as below).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NREMT Cognitive Exam Pass Rate | | | | | | | | |
| Date Range | Level | Attempted The Exam | First Attempt Pass | Cumulative Pass Within 3 Attempts | Cumulative Pass Within 6 Attempts | Failed All 6 Attempts | Eligible For Retest | Did Not Complete Within 2 Years |
| 01/01/2014 to 12/31/2014  Example | EMT | 58 | 25 / 43% | 39 / 67% | 40 / 67% | 1 / 2% | 0 / 0% | 18 / 31% |
| 01/01/2014 to 12/31/2014  Example | AEMT | 20 | 15 / 75% | 17 / 85% | 19 / 95% | 0 / 0% | 0 / 0% | 1 / 5% |
| 01/01/2014 to 12/31/2014  Example | Medic | 10 | 5 / 70% | 7 / 80% | 9 / 90% | 1 / 10% | 0 / 0% | 1 / 10% |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |
| 01/01/20\_\_ to 12/31/20\_\_ |  |  |  |  |  |  |  |  |

**SECTION II: (Attestations and Affirmations):**

1. **BACKGROUND QUESTIONS:**
   1. Has the applicant (training entity), any of its faculty or instructors, or anyone with significant financial or management interest in the entity, ever had their/its certification, license, or ability to work as an EMT (at any level), or any another type of health care provider, or ability to teach or instruct, ever restricted, suspended, revoked, or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician or hospital)?

|  |  |
| --- | --- |
| No | Yes (Attach written explanation, and supporting documentation) |

* 1. Since the last application for accreditation, has the applicant (training entity), any of faculty or instructors, or anyone with significant financial or management interest in the entity, a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or, c) admitted to sufficient facts , in connection with a felony or misdemeanor in any jurisdiction, including state, federal or US military courts, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record or conviction? For purposes of this question, the following traffic violations are not minor: driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide.

|  |  |
| --- | --- |
| No | Yes (Attach written explanation, and supporting documentation) |

1. **AFFIRMATIONS:**
   1. Attest to applicant training institution’s legal capacity to operate. (Attach supporting documentation, including copies of articles of incorporation and corporate by-laws, as noted above).
   2. 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 (EMS Systems) and 105 CMR 700.000 (Drug Control), and the Department’s Administrative Requirements (ARs), the Statewide Treatment Protocols, policies and advisories.
   3. 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 AR 2-200 and 2-214.
   4. The training institution hereby affirms that the most current Massachusetts EMS Statewide Treatment Protocols are taught as part of the training curriculum and that they comply with all NHTSA/DOT National EMS Education standards, as implemented by the Department.
   5. The training institution hereby affirms that if any a) programmatic changes; b) organizational changes; or c) program personal other than instructor aids changes, the Department will be notified in writing within 30 days.

NOTE: *The individuals whose names appear below, must be listed above in Section I (B) and (D) as official personnel of the EMS training institution. The Official Representative must have legal authority to sign all of the necessary program documents and to make legally binding contracts.*

I hereby affirm that all information provided to DPH/OEMS in the application packets, section I, II, and III, and any attached documentation, is up-to-date and accurate.

|  |  |  |
| --- | --- | --- |
| Official Representative: (Print) | Signature: | Date: |
| Program Director: (Print) | Signature: | Date: |

**SECTION III:** (Submit the policies, procedures, and/or written replies in response to the following. Any sections that do not apply please include the section in the table of contents but write “N/A”)

1. **PROGRAM GOALS AND EVALUATION:**
2. Submit a written response that lists the training institution’s goals and objectives:
   * 1. These must be specific to the training institution and measurable.
        1. On renewal applications, the applicant should provide clear evidence of how the goals were met during the previous 3 years of accreditation, and include goals and objectives for the next period of accreditation. These are required to ensure the applicant is suitable in accordance with 105 CMR 170.948 (A)(3).
        2. It is recommended that training institution regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. Please list any changes taken after such evaluation under this section.
     2. While additional goals are permitted, every applicant must have at least the following goal and document how it will be measured: *“To prepare competent entry-level EMTs (at the level of accreditation) in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”*
3. Submit a written response that summarizes how students will be evaluated by the training institution.
4. If a renewal application, submit a written summary of these evaluations for the previous 3 years of accreditation.
5. Submit a written response that summarizes how faculty, instructors, and instructor aids will be evaluated.
6. If a renewal application, submit a written summary of these evaluations for the previous 3 years of accreditation.
7. Submit a written response that summarizes how the program will evaluate the effectiveness of the training institution (including curriculum, equipment, facility, etc.).
8. If a renewal application, submit a written summary of these evaluations for the previous 3 years of accreditation.
9. (If a renewal) submit a written response from the *Medical Director* of the training institution, summarizing their involvement during the previous 3 years of accreditation. Specifically include examples of their review of the program’s medical educational content and curriculum and participation in evaluation of the training institution.
10. (If a renewal of an ALS accreditation,) submit a written response from the *Clinical and Field Coordinato*r(s) of the training institution, summarizing the applicant’s successes and challenges with clinical and field locations. Specifically include why (if any) locations are no longer used and/or accepting students from the training institution, how the students are supported and observed during their internship, and any issues the training institution encountered regarding student documentation of their internship.
11. **POLICIES AND PROCEDURES:**
12. Student Handbook/Policies: Submit a current copy of any/all policies the students receive. This must include, *but is not limited to:*
13. admission requirements; and
14. cost of course (including any required material and state & national examination and application fees); and
15. attendance and make-up requirement; and
16. requirements for completing the course (including grade requirement); and
17. clinical and field internship requirements (if applicable); and
18. accommodation request process; and
19. examination process for students; and
20. certification process (both NREMT and state); and
21. NREMT portfolio process for students (ALS only) ; and
22. grounds for dismissal from the course; and
23. student conduct (may include falsification and cheating here or under “grounds for dismissal”); and
24. grievance process; and
25. academic resource/support availability.
26. Program Policies: Submit a copy of any and all policies the program has related to the operation of the training entity. This includes, *but is not limited to:*
27. administrative and academic staff hiring and evaluation process (include continuity policy for ensuring appropriate staffing to teach classes); and
28. record and documentation retention policy; and
29. psychomotor examination administration process (including but not limited to, at each level of examination, how students are notified they are eligible for the psychomotor exam, how outside candidates are reviewed to ensure they are eligible to test, how results of the test will be documented); and
30. evaluation of students, instructional staff, and the program; and
31. preceptor training policy (if applicable); and
32. clinical and field internship oversight policy (if applicable); and
33. continuing education administration process.
34. **PROGRAM PERSONNEL:**
35. (For initial applicants) Submit job descriptions for the program director, medical director, faculty, instructors, and instructor aides. At a minimum, these must reflect the roles, responsibilities, and qualifications listed in AR 2-200.

1. Attach a list of all current state approved Instructor/Coordinators (I/Cs) along with a list of faculty, instructors, and instructor aides.
   1. This list must include full legal name, contact information (email and phone), and any health care certification and/or license number, a resume showing the individual meets the qualifications listed in AR 2-200, and CORI Packet if not already on file.

1. Attach an organization chart, showing the relationship from the corporate entity down to the instructor aides.
   1. This chart does not have to have individuals listed, but must list the positions and their relationship to the training entity.
2. **CURRICULUM:**
3. Attach copies of the course syllabus for every initial level of instruction (EMT, AEMT, Paramedic; as applicable).
4. Each syllabus must reference the latest edition of the National EMS Education Standards, documenting that the content meets or exceeds the content and competency from this standard, in accordance with AR 2-200.
5. Each syllabus must document the planned hours of each lesson for the course, and must include a summary of the total hours.