



**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICE REGULATION OFFICE OF EMERGENCY MEDICAL
SERVICES**

2707 Mail Service Center | Raleigh, NC 27699-2707 | Phone: (919) 855-3935 | Fax: (919) 733-7021

EMS Educational Institution Application

If you are applying for an Initial or Renewal **Continuing Education Institution**, you will need to complete the following application packet which includes an education plan that addresses the institutions ability to provide quality EMS Education programs and services. Please complete applicable tables and appendices to include at a minimum:

Appendix C, D, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, AE, AF

If you are applying for an Initial or Renewal **Basic or Advanced Education Institution**, you will need to complete the following application packet which includes an education plan that addresses the institutions ability to provide quality EMS Education programs and services. Please complete applicable tables and appendices to include at a minimum:

**Appendix A, B,C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U,
V, W, X, Y, Z, AA, AB, AC, AD, AE and AF**

Note: If you are applying for the Initial Education Institution application you will need to provide a letter of justification for this application. This justification letter must include, at a minimum:

- Documentation of outreach to neighboring educational institutions
- Number of participants served over the last 12 months and the expected growth with an Institution approval
- Community benefit for consideration of initial Education Institution approval
- Provide details if there is an expected impact based on a denial of application



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EMS EDUCATIONAL INSTITUTION APPLICATION

EDUCATIONAL INSTITUTION NAME:			
Application Type:		Date Submitted to OEMS:	

NOTE: For "Addendum" fill out only applicable sections regarding changes.

INTRODUCTION:

North Carolina General Statutes and Administrative Codes require that the North Carolina Office of EMS (OEMS) establish programs to credential EMS personnel. To that end, the OEMS has set EMS educational curricula, which must be offered by approved EMS educational institutions. To be approved by the OEMS as an EMS Educational Institution, an institution must submit an application packet that includes an education plan that addresses the institution's ability to provide quality EMS education programs and services. The education plan must meet the standards established by the OEMS.

This document is intended to assist institutions seeking approval as an EMS Educational Institution. Though these guidelines offer much information, applicants should consult with the Education Liaison in the appropriate regional office throughout the development of the institution's educational plan. The Education Liaison can offer valuable information and guidance for applicants who encounter problems related to the requirements for the educational plan. Contact information for each regional office is listed at the end of this document.

EDUCATIONAL PLAN COMPONENTS & APPLICATION FORMAT

The applying institution must submit a completed EMS Educational Institution Application. The Educational Institution Plan must address all components listed in these guidelines, unless noted otherwise. An addendum is required to be submitted to the appropriate Education Liaison when changes are made to: (I), (IV) (V), (VI), (VII), (VIII), (IX), (X), (XI), or (XII).

I. EDUCATIONAL PROGRAMS

This section of the plan will address the educational programs the institution intends to offer including: programs offered by the institution, the educational format(s) that the institution intends to use to deliver its educational services, and the methods of classroom instruction to be used. The plan must also include a brief description of any educational objectives or content material to be included that is not part of standard curriculum objectives for that level, as well as any enhancement or enrichment activities unique to the institution's educational program.

Institution Physical Address:									
	Street		City		Zip Code				
Institution Mailing Address:									
	Street/PO Box		City		Zip Code				
Phone Number:				Fax Number:					
Institution Approval Sought:									
Courses Offered:	<input type="checkbox"/>	EMR	<input type="checkbox"/>	EMT	<input type="checkbox"/>	AEMT	<input type="checkbox"/>	Paramedic	
Type of Courses Offered:				<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher	<input type="checkbox"/>	CE Local

Indicate the Hours for each Level Offered:

<u>Initial Courses</u>	<u>Total Hours</u>	<u>Didactic Hours</u>	<u>Clinical Hours</u>	<u>Field Hours</u>
EMR				
EMT				
AEMT				
Paramedic				
<u>Refresher Courses</u>	<u>Total Hours</u>	<u>Didactic Hours</u>	<u>Clinical Hours</u>	<u>Field Hours</u>
EMR				
EMT				
AEMT				
Paramedic				
<u>CE Local (system affiliated)</u>	<u>Total Hours</u>	<u>Didactic Hours</u>	<u>Clinical Hours</u>	<u>Field Hours</u>
EMR				
EMT				
AEMT				
Paramedic				

Delivery Format:

CONTINUING EDUCATION:		Traditional Classroom		Online		Hybrid
INITIAL AND REFRESEHER:		Traditional Classroom		Online		Hybrid
Is this program primarily a distance format?				YES		NO
If "YES", please describe:						
Is any portion of the program a degree program?				YES		NO
If "YES", please describe:						
Does your program adhere to the US DOT NHTSA National EMS Education Standards and North Carolina OEMS Education Program Requirements?				YES		NO
Does your program offer any deviations or enhancements from the US DOT NHTSA National EMS Education Standards or North Carolina OEMS Education Program Requirements?				YES		NO
If "YES", please explain:						
As an educational institution, you agree to renew individuals at their state approved level. If no, please provide explanation in Appendix A.				YES		NO
As an educational institution, you agree to renew individuals within your local service area. If no, please provide explanation Appendix A.				YES		NO

Provide Copies of the Following:

1. **Appendix A** – Copy of the written institutional policy regarding acceptance and documentation of outside educational credit.
2. **Appendix B** – Copy of the written institutional policy regarding the issuance of credit for prior education and/or work experience.
3. **Appendix C** – A copy of the policy and/or procedure that ensures the delivery of educational programs in a manner as to which the content and material is delivered to the intended audience, with a limited potential for exploitation of such content and material.
4. **Appendix D** – (if applicable) – The policy and/or procedure that addresses the delivery of cognitive and psychomotor examinations in a manner that will protect and limit the potential for exploitation of such content and material.
5. **Appendix E** – (if applicable) – The policy and/or procedure for the exam item validation process utilized for the development of cognitive examinations.
6. **Appendix F** – The procedure for the evaluation of the program's courses or components by their students, including the frequency of evaluation.
7. **Appendix G** – The policy that requires the completion of an annual evaluation of the program to identify any correctable deficiencies.
8. **Appendix H** – The policy that ensures access to instructional supplies and equipment necessary for students to complete educational programs as defined in Rule .0501 of Subchapter 10A NCAC 13P.

II. ORGANIZATION

This section of the education plan will address the overall organization of the institution which includes: a description of any institutional affiliations or accreditation(s); the program service area, such as city, county, or other geographical area; and any affiliation(s) the institution may hold. affiliations or accreditation(s); the program service area, such as city, county, or other geographical area; and any affiliation(s) the institut

Define the program service area:	Agency	System	City	County	Other Geographical Area
If "Other Geographical Area" was selected above, detail further:					
List any institutional affiliation(s) or accreditation(s):					

III. FINANCIAL RESOURCES

This section of the education plan will address how the institution funds the EMS education program (such as assessing student tuition/fees, seeking grants and contract, etc.)

How is your educational program funded?	Student Tuition/Fees	Appropriated Budget	Service Contract(s)
	Educational or Special Grant(s)	Combination/Other	
If "Combination/Other" was selected above, detail further:			

IV. FACILITIES

This section of the education plan will address how the institution's ability to provide acceptable sites and facilities for EMS educational programs. Approved Educational Institutions must provide sites and facilities that ensure a safe and conducive atmosphere for learning. The sites and facilities must provide appropriate space, lighting, acoustical, and environmental controls, and they must be maintained in a hygienic manner, free of obstructions, materials, or conditions which would pose unnecessary risks to students.

Identify the following types of facilities that your educational program will be utilizing:	Community College	University/College	EMS/Fire/Rescue
	Hospital	Other	
If "Other" was selected above, detail further:			

Provide Copies of the Following:

- Appendix I** – A list of any sites or facilities that will host educational programs (i.e. classroom learning or experiential activities). Detail the general description of each site identified in the list. Include maximum capacity, classroom set-up, available technology, etc.

V. EQUIPMENT AND SUPPLIES

EMS Education Institutions are required to have sufficient equipment and supplies available to conduct EMS educational programs. This section of the education plan will address the institution’s ability to provide adequate equipment and supplies for EMS educational programs. The required equipment and supplies include both the medical equipment and related supplies needed to teach the scope of practice skills covered in EMS educational programs and the educational equipment and supplies needed to effectively deliver course content. Equipment and supplies must be appropriate to the scope of practice being taught, must be in good and safe repair, and must be available in sufficient quantity to ensure student access and use during scheduled times. Required educational supplies and equipment, such as textbooks, audiovisual devices, computers and the like, should be determined by the instructional methods and activities used within the program and should address the various learning styles of students. EMS Educational Institutions must provide instructors with the equipment and supplies necessary for them to provide quality, appropriate educational services and activities. Medical equipment used in the education institution to teach and evaluate psychomotor skills and competencies should, whenever feasible, be consistent with the types and brands used within the local EMS system.

Does your educational institution provide all of its own equipment/supplies?		YES	NO
If “NO” was selected above, detail who provides your equipment/supplies:			

Provide Copies of the Following:

- Provide a copy of the equipment/supplies **“Memorandum of Agreement/Understanding”** from the agency or entity for which you receive your educational equipment/supplies.
- Appendix J** – Provide a list of non-disposable equipment/supplies utilized in the education process. Include the make/model and quantity of each item.
- Appendix K** – Provide a maintenance/upgrade schedule for equipment and supplies.

VI. Educational Medical Advisor

The educational medical advisor shall be responsible for overseeing and approving the medical components of each EMS educational program. Specific qualification requirements of an EMS Educational Medical Advisor are referenced in the “North Carolina College of Emergency Physicians: Standards for the Selection and Performance of EMS Medical Directors.” This document is available from a link on the NCOEMS web site at: <http://www.ncems.org>. This section of the education plan will address the institution’s ability to provide a qualified educational program medical advisor.

Educational Medical Advisor:					P-Number	P _____
	First	MI	Last			
Mailing Address:						
	Street		City		County	Zip Code
Email Address:						
Home Phone:			Cell Phone:			Work Phone:
Type of Appointment:	Full-time		Part-time		Date of last Medical Advisor NCOEMS/NCCEP Workshop attended, or date planning to attend:	
Specific Job Duties:	Clinical Curriculum Development		Didactic Curriculum Development		Instructor Development	
	Instructor Selection		Program Evaluation		Student Performance	

Provide Copies of the Following:

- Appendix L** – Contract/Agreement between the Educational Medical Advisor and the Educational Institution.
- Appendix M** – Curriculum Vitae/Resume of the Educational Medical Advisor.

VII. Educational Program Coordinator:

This section of the education plan will address the Institution's ability to provide a qualified and credentialed educational program coordinator.

All CEIs must have a credentialed Level I EMS Instructor, credentialed at or above the highest level of the program to be offered, designated as the program coordinator.

All BEIs and AEs must have a designated lead EMS educational program coordinator. The designated coordinator may be an individual credentialed as a Level II EMS Instructor at or above the highest level of the EMS program offered by the institution, or the coordinator responsibilities may be shared by a combination of staff that cumulatively meets the requirements of a Level II Instructor.

The OEMS recommends that no more than two (2) individuals be used to meet this requirement. If the individual or group of individuals identified as the program coordinator in the plan end association or affiliation with the institution, the institution must notify the OEMS and submit documentation reflecting compliance with this requirement in order to continue offering EMS educational programs.

EMS educational program coordinators must possess a valid OEMS Instructor Credential throughout the duration of any programs offered that is equal to or greater than the level of that program. It is the responsibility of the program coordinator and the institution to ensure that the appropriate valid credentials are maintained.

What best describes the make-up of the Educational Program Coordinator?					Single Person								
NOTE: If "Combination" is selected, complete the questions below for the PRIMARY Coordinator and answer for additional coordinator(s) as Appendix N.					Combination of Individuals								
Educational Program Coordinator:							P-Number		P _____				
		First		MI	Last								
Mailing Address:													
	Street			City			County		Zip Code				
Email Address:													
Home Phone:					Cell Phone:					Work Phone:			
Type of Appointment:		Full-time		Part-time	Instructor Credential Level:					EMS Credential Level:			

Provide Copies of the Following:

1. **Appendix N** (if applicable) – Provide the above information for additional coordinators.
2. **Appendix O** – Contract/Agreement between the Educational Program Coordinator and the Educational Institution.
3. **Appendix P** – Curriculum Vitae/Resume of the Educational Program Coordinator.

VIII. Instructional Facility:

This section of the education plan will address the institution's ability to provide qualified and credentialed faculty for its EMS educational programs. The plan must address all faculty used in the educational program, such as credentialed EMS instructors, skill and scope-of-practice evaluators, clinical and field preceptors, specialty course instructors, and non-credentialed adjunct instructors.

Credentialed EMS Instructors must be designated as the primary instructor for EMS educational programs that lead to a credential. Initial AEMT and Paramedic courses require a credentialed Level II EMS Instructor to serve as lead instructor. Each type of instructor must be credentialed at the level of the program offered, or higher. For example, an institution offering Paramedic continuing education must designate as its lead instructor for the program a credentialed Level I Paramedic instructor. As another example, an institution offering Paramedic continuing education and AEMT initial courses could designate a credentialed Level II AEMT instructor for its AEMT program and a Level I Paramedic instructor for its CE program, or the institution could designate a Level II Paramedic instructor to serve as lead instructor for both programs.

Detail the Educational Program's faculty/instructor(s):		Full-Time		Part-Time		Volunteer	
Detail the Instructor Levels of faculty/instructor(s):		OEMS Level I		OEMS Level II		Other	
If you selected "Other" above, please detail:							
Does your program offer an orientation program for faculty/instructors?				YES		NO	
Does your institution provide a Professional Development Plan or Professional Development Opportunities for faculty/instructors?				YES		NO	
If you selected "NO" above, please detail your method of instructor professional development:							

Provide Copies of the Following:

1. **Appendix Q** – Roster of all faculty/instructors detailing the following:
 - a. Full name
 - b. P-Number (if applicable)
 - c. Full-time, part-time, or volunteer
 - d. EMS Credential Level (if applicable)
 - e. Expiration date
 - f. OEMS Instructor Credential Level (if applicable)
 - g. Expiration date
 - h. Highest Level of Education Achieved (HS Diploma/GED, B.A., B.S., Masters, etc.)
 - i. Levels of courses instructing (EMR, EMT, AEMT, Paramedic)
2. **Appendix R** – Copy of a blank contract between the institution and the faculty/instructor.
3. **Appendix S** – Copy of a blank faculty/instructor evaluation instrument. Provide a description of the frequency of this evaluation by students.
4. **Appendix T** – Copy of the faculty/instructor professional development plan/method.
5. **Appendix U** – Description of the evaluation, selection, and monitoring processes for faculty/instructors.

IX. SUPPORT STAFF

This section of the educational plan will address the institution’s ability to provide qualified support staff for its EMS educational programs. The plan will address support staff who serve the EMS education program.

Does your educational institution provide any support staff for the EMS program?		YES		NO
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NOTE: If you answered “YES” above, answer the questions below. If you answered “NO”, move to Section X.

Describe your support staff:		Clerical/Administrative		Clinical Coordinator		Other
If “Other”, describe:						
Is the support staff:		Full-time		Part-time		

X. CLINICAL & FIELD INTERNSHIP

This section of the educational plan will address how the institution will meet the required clinical and field internship experiences for its EMS educational program.

Do any of the programs in this application require a clinical or field internship as outlined by the US DOT NHTSA National EMS Education Standards and North Carolina OEMS Education Program Requirements?		YES		NO
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NOTE: If you answered “NO” to the above question, move to section XI. Otherwise, complete remainder of this section.

Identify the types of clinical sites utilized for this program:		Hospital(s)		Public Health Agency		Private Physician’s Office(s)
		Health Care Clinic(s)		Other		
If you selected “Other”, detail the type of clinical site:						
Identify the types of field service utilized for the educational program:		E-911 Transport Agency				Specialty Care Transport Agency
		Interfacility Transport Agency				Other
If you selected “Other”, detail the type of field service:						

Provide Copies of the Following:

1. **Appendix V**
 - a. The selection and monitoring process of all in-state and out-of-state clinical education and field internship sites
 - b. The selection and monitoring process of all educational institutionally approved clinical education and field internship preceptors.
 - c. The process utilizing EMS preceptors' feedback to the student and EMS program.
 - d. The evaluation process of preceptors by their students including the frequency of evaluations.
 - e. The evaluation of clinical education and field internship sites by their students including the frequency of evaluations.
2. **Appendix W** – Copy of the contract or memorandum of agreement/understanding with each clinical site.
3. **Appendix X** – Copy of the contract or memorandum of agreement/understanding with each field internship site.
4. **Appendix Y** – Roster of all clinical sites including the following information:
 - a. Facility name
 - b. Contact person's name
 - c. Physical address
 - d. Phone number of contact person
 - e. Levels precepted at facility
 - f. List each area of the hospital where clinical skills will be performed (OB, Surgery, ED, etc.)
5. **Appendix Z** – Roster of all field sites including the following information:
 - a. Site name
 - b. Contact person's name
 - c. Physical address
 - d. Phone number of contact person
 - e. Levels precepted at field site
6. **Appendix AA** – Copy of a blank clinical site evaluation
7. **Appendix AB** – Copy of a blank field site evaluation
8. **Appendix AC** – Copy of a blank preceptor evaluation
9. **Appendix AD** – Blank copy of all forms used by a student in a clinical or field setting.

XI. STUDENTS

This section of the educational plan will address how the institution interacts with students in EMS educational programs.

Does the educational program require any pre-admissions testing or screening?		YES		NO
If you answered "YES", describe the instrument(s) used for pre-admission testing or screening for each level:				
Does the educational program meet NC Education Program and Objectives requirements for pre/co-requisites for each student per course level?		YES		NO
Does the educational program provide each student with a copy of a written syllabus at each level?		YES		NO
Does the educational program provide each student with written student rights and responsibilities that address:			YES	NO
a. Course Grading Process				
b. Course Remediation Process				
c. Grievance Process				
d. Course Dress Code				
e. Course Attendance Requirements				
f. Disability Assistance				
g. Course Completion Requirements				
Does the educational institution have a program evaluation process which:			YES	NO
a. periodically asks students to provide written feedback on program strengths and weaknesses?				
b. examines how well students measure up to a standardized examination on graduation?				
c. examines how well students practice in accordance with established standards of care after graduation?				

Provide Copies of the Following:

1. Appendix AE – Copy of the EMSMS Program Student Handbook and/or Student Rights and Responsibilities document.
2. Appendix AF – Policy on academic and ethical integrity to include modes of discipline, re-occurrences and OEMS notification.

XII. RECORD KEEPING

This section of the educational plan will address how the institution will maintain a standardized record-keeping system that details accurate attendance and performance of any student that participates in the program. A record-keeping policy must be in place that ensures the privacy and legal rights of students participating in the educational program. The record-keeping system must comply with OEMS and local EMS system monitoring, administrative, and credentialing requirements and must be available to OEMS and designated local EMS system staff within allowable legal constraints for official business. For educational records, the OEMS recognizes at a minimum the requirements outlined in the U.S. DOT NHTSA National EMS Education Standards and North Carolina OEMS Education Program Requirements.

Does your educational program, at a minimum, adhere to US DOT NHTSA National EMS Education Standards and North Carolina OEMS Education Program Requirements on maintaining student and course records?		YES		NO
If you checked "NO", detail your record keeping process, including type and method of maintaining student, course, and program records.				
What is the educational institution's record retention period for maintaining EMS program records?				
In what format are EMS program records maintained?	<input type="checkbox"/> Paper Copy	<input type="checkbox"/> Electronic	<input type="checkbox"/> Combination	

RESOURCE DOCUMENTS

Regional OEMS education liaison are available to provide technical assistance to educational institution applicants before, during and after the approval process. Additionally, there are a number of documents available from the OEMS that can assist applicants with developing an education plan and application. Many of these documents can be found on the OEMS home page at www.ncems.org.

INITIAL APPROVAL PROCESS

EMS Educational Institution applicants shall submit one electronic copy of their completed EMS Educational Institution application packet to the appropriate regional OEMS office for final review and approval. All application packets must be complete and accurate.

The OEMS shall have thirty (30) business days from the date of receipt of an application to determine approval status. If deficiencies with the program or application materials are identified during the review process, the OEMS will notify the applying institution of the specific deficiencies and what corrective measures need to be taken before the application can be approved. If needed, a technical assistance visit will be scheduled. The purpose of the technical assistance visit will be to resolve any program concerns and to assist the applicant in the credentialing approval process.

If approved, the EMS Educational Institution credential shall be issued, valid for four years unless the institution is CAAHEP accredited. CAAHEP accredited institutions shall be issued a credential not to exceed five (5) years.

ASSISTANCE WITH THE EMS EDUCATIONAL INSTITUTION APPLICATION

Questions regarding the EMS Educational Institution Application should be directed to the Education Liaison in the OEMS regional offices:

<p>CENTRAL REGIONAL OFFICE OF EMS 1201 Umstead Drive Raleigh, NC 27699</p> <p>Educational Specialist: San Juan Timmons Office: (919) 855-4681 E-mail: SanJuan.Timmons@dhhs.nc.gov</p>	<p>EASTERN REGIONAL OFFICE OF EMS 3802 NC Hwy 58 North, Kinston, NC 28504</p> <p>Educational Specialist: Robbie Amerson Office: (252) 208-2456 E-mail: robert.amerson@dhhs.nc.gov</p>	<p>WESTERN REGIONAL OFFICE OF EMS 3305-4 16th Avenue SE, Suite 302 Conover, NC 28613</p> <p>Educational Specialist: Tonja Pool Office: (828) 468-6804 E-mail: Tonja.pool@dhhs.nc.gov</p>
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ENDORSEMENTS

We, the undersigned, have reviewed and approve this Educational Institution Application for:

Name of Educational Institution

Chief Executive Officer (Dean or Comparable Administrator):

Title

Print Name

Signature

Date

EMS Program Director:

Print Name

Signature

Date

EMS Educational Medical Advisor:

Print Name

Signature

Date