

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration
Division of Emergency Medical Services

EMS Educational Institution Certification Site Visit Assessment

December 2010



Educational Institution Site Visit

Institution Information

Name _____

Address _____

Level of Certification Approved (check all that apply)

Basic Life Support Programs

Emergency Medical Responder (EMR)

Emergency Medical Technician (EMT)

Advanced Life Support Programs

Advance EMT (AEMT)

EMT-Intermediate (EMT-I)

Paramedic

Current Accreditations

Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)

Office of the State Superintendent of Education (OSSE)

Site Visit Team

	Name	Signature
1		
2		
3		
4		

Certification

I affirm that no basis for a conflict of interest exist between any site reviewer identified above and the applicant.

Name of Institution Representative

Position

Signature

Date

I. Educational Institution Policies

Mandatory Requirements

Site Visit – Items to View

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Notes

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II. Record Keeping

Mandatory Requirements

Requirement		
The program maintains accurate and appropriate records of:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Students
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Faculty
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Courses including course attendance, grades for exam and other assignments, and demographics of applicants
There are written agreements with facilities and agencies providing clinical and field experience which include:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liability policies
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scope of practice for the student
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Evaluation criteria
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The responsibility for and level of supervision of students
Notes		

III. Educational Programs

Mandatory Requirements

Requirement		
The education program:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has adequate space at facilities to accommodate the program
The program provides:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Didactic instruction which imparts fundamental knowledge, skills, and attitudes which contribute to the delivery of state-of-the-art pre-hospital emergency medical care
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supervised field internship which includes practice of skills while functioning in a pre-hospital environment
Notes		

III. Educational Programs

Optional Services

Optional		
Training programs may utilize distance education for cognitive components of initial training leading to EMS certification if the program:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Demonstrates the methods of distance education utilized are educationally and technically appropriate for the content and audience
Notes		

IV. Instructional Staff

Mandatory Requirements

Requirement		
There are written agreements and position descriptions stating the roles and responsibilities of the following program positions:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical director
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Program coordinator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	EMS instructors
All education programs shall have		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate clerical and support staffing
Notes		

V. Medical Director

Mandatory Requirements

Site Visit – Items to View
Notes

VI. Program Coordinator

Mandatory Requirements

Site Visit – Items to View
Notes

VII. Internships

Mandatory Requirements for EMT Courses and Above

Site Visit – Items to View
Notes

VIII. Finance

Mandatory Requirements

Site Visit – Items to View
Notes

IX. Program Evaluation

Mandatory Requirements

Site Visit – Items to View
Notes

X. Competency Based Evaluations

Mandatory Requirements

Requirement		
A competency-based evaluation, developed and administered by the Medical Director for the following educational programs;		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency Medical Responder Instructor
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency Medical Technician Instructor
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Advanced EMS Instructor
The Medical Director of the educational institution shall establish its;		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Continuing Education Instructor approval process.
Notes		

Required Documents

The following documents are to be review during the site visit		Section
Notes		

Notes

The following are notes concerning the application reviewed

Certification

I hereby certify that the information contained within this form has been reviewed in accordance to DC DOH Policy 2010-0011 EMS Educational Institution Certification Standards.

Site Visit Successful Yes No

Follow-up Site Visit Scheduled Yes No Date: _____

Signature of the Reviewer

Date