

Insert Institution Name

Emergency Medical Technician Program
Accreditation Self-Study

Insert Month, Year

Insert Institution Name

Insert Address

Insert City, State, Zip

Insert Office Phone (office)

Insert Fax (fax)

Insert Web address (internet)

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Preparation Materials

This list may help you gather appropriate materials as you prepare to work on the self-study.

Section A:

- Number of students enrolled, completed or dropped from program, and certification pass rates.
- Number of degrees and certificates granted, if applicable.

Section B:

- Number of classes offered, and length of each.
- All DHS EMS & TS course approval forms for past two years.
- A list of clinical and internship agencies.
- You will create *Appendix 1* and include all course outlines, including the course description, goals and objectives and other information as appropriate. Also include a sample syllabi in the appendix with others available for review during the site visit.

Section C:

- A resume or CV, and position description for the program administrator.
- A list of course directors for the past two years, and documentation of their qualifications.
- A list of lab assistants.
- A list of guest lecturers.

Section D:

- A copy of the budget.
- A copy of the equipment replacement plan.

Section E:

- A list of where all classes are held.
- A list of where the faculty offices are located.

Section F:

- A list of all teaching aids and instructional materials available.
- A list of AV materials and AV equipment available.

Section G:

- A list of all EMS equipment available, including the quantity and condition.
- An equipment replacement plan, if applicable.

Section H:

- A list of periodicals and books available for student use.

Section I:

- Copies of program admission policies, recruitment materials, and all information provided to prospective students.

Section J:

- Copies of the institution catalog.

Section L:

- A list of all advisory committee members.
- Minutes from the advisory committee meetings for the past two years.

Section M:

- A copy of the safety policy.
- A copy of the most recent safety inspection.

- A copy of all applicable liability insurance policies (or proof of insurance).

Section O:

- Copies of graduate and employer surveys

Once Complete (at least 30 days prior to the site visit):

Send 3 copies of the self-study to the site team coordinator. Address will be supplied by the coordinator.

AND

Send 1 copy to:

Oregon Department of Education
EMT Accreditation Manual
255 Capitol Street NE
Salem, OR 97310-0203

A. Program Data

1. Name and address of community college or private career school.
2. Name, title and phone number of person preparing self-study.
3. Name, title and phone number of program administrator.
4. Institutional accreditation status. (e.g. Northwest Association of Schools and Colleges, Commission on Accreditation of Allied Health Education Programs).
5. Program title and levels of EMT courses offered.
6. Type of degree or certificate offered, if applicable.
7. Number of students enrolled in the program:
 - Number of classes (all levels of EMT) offered during the past two years.
 - Number of students enrolled in each class listed above.
 - Number of students completing / dropping the classes listed above.
 - Pass/fail rates on NREMT / state certifying exams for classes listed above.

Class Offered (Type & Year)	# Enrolled	# Complete	# Drop	Pass Rate

8. Degrees and Certificates Conferred
 - Number of EMT related Associate Degrees or Certificates conferred during the past two years, if applicable.
9. If this program articulates with secondary programs, please describe.
10. Provide a narrative on the historical development, goals and objectives of the program and any unique characteristics.

B. Instructional Program

1. State the length of the program(s) and or the course(s) offered. Include the number of clock and credit hours, and type of degree/certificate offered if applicable.

Class Offered	Clock Hours	Credit Hours	Degree or Certificate?

2. List any and all courses which comprise the total curriculum. Include course numbers, titles, credit values and clock hours for didactic, clinical and internship components of each course.
3. Include copies of all DHS EMS & TS course approval forms for courses offered in the past two years.
4. Describe how the curriculum follows the DHS EMS & TS prescribed curriculum at each level.
5. Provide a comprehensive list of agencies where students complete clinical observations and or ride times. List the names, titles and phone numbers of the primary contact between the school and each agency listed.
6. Provide a copy of the goals and objectives for each clinical rotation site.
7. Describe how the overall clinical resources are educationally efficient and effective in achieving the program's goals and objectives.
8. Describe the supervision that occurs in each clinical rotation.
9. Provide any evidence to suggest that students have adequate and appropriate access to patients in each clinical setting.
10. Provide any evidence to suggest that clinical sites are adequate to meet program goals.

(If EMT-P Program, Continue Section B)

11. Provide a comprehensive list of agencies where students complete internships. List the names, titles and phone numbers of the primary contact between the school and each agency listed.
12. Describe the process by which students are assigned preceptors.
13. Describe the medical accountability in each internship site.
14. Provide a copy of the written goals and competencies to be attained by the student during the field internship.

C. Staffing

1. Describe the qualifications of the program administrator, and attach a resume or CV, and position description.
2. List the course director for each course presently being offered, or that has been offered in last the two years. Provide documentation indicating that each director meets the requirements as outlined in OAR 333-265-0020(1)(c), 2, 3, and 4.
3. Provide a list of lab assistants, and their level of certification. Indicate which classes they assist with.
4. Provide a list of guest lecturers and topics that they present.
5. Identify the medical director, and briefly describe his or her background and role within the program.
6. Describe any financial support provided to faculty to meet continuing education requirements.

D. Financial Resources

1. What is the amount of the annual operating budget for the program?
2. Provide evidence that financial resources are assured for continued operation of the classes for the students enrolled.
3. Does the program administrator have direct control over budget expenditures and allocations?
4. Does the budget provide adequate funds for instructional materials, supplies, equipment repair, etc.?
5. Where might the program put additional resources, if available?
6. How is funding for new and replacement equipment procured?

E. Facilities

1. List the location of class(es). Be specific (e.g., building number or room number, etc.). If classes are offered off campus, give specific location(s).
2. List the location of staff and faculty office space(s).
3. List the location of where faculty / student conferences may occur.

F. Instructional Aids, Supplies, and Materials

1. List the teaching aids and instructional materials readily available to the instructor(s).
2. List AV materials and equipment available for instructor and student use.
3. Identify independent study areas with TV monitors / audio outlets that are available for student use as needed.
4. Identify budget allocations for supplies and annual updating of instructional materials.

G. Equipment

1. List equipment available at each site for student use as well as for laboratory demonstration. Indicate quantities available for students use and note their adequacy for the programs offered. Include a copy of the plan to replace and upgrade equipment.

H. Support Services

1. Provide a list of periodicals and books available for student use, and indicate the location of where these materials are located.
2. Indicate the operating hours of the library. If off campus EMT courses are held, indicate how students access library materials.
3. Describe the counseling staff available for academic and career planning.
4. Describe the tutoring assistance available to students. How are they made aware of such services?
5. Describe student recruitment efforts.
6. Describe the process for taking placement tests, and how the results are utilized.

I. Program Admission

1. Describe the student selection process. Include a description of the methods or criteria used.
2. Provide copies of admission policies, recruitment materials, and all information provided to prospective or enrolling students.
3. If applicable, quantify the number of students turned away from the program each offering.

J. Program Information

1. Describe where students receive information about class or program entrance procedures. This includes information such as tuition and fees, institutional and program policies, procedures and support services.
 - Include a copy of the institution catalog and EMT Student Handbook (if applicable), or other documents used to inform students.
 - Include a copy of all course outlines, class and lab schedules, and a sample clinical / internship schedule if applicable. If course outlines are the same as requested in Section B of this document, please cross reference.
2. Describe the number of written and practical examinations or evaluations for each course offering.
3. Describe how students are evaluated in cognitive, affective and psychomotor performance for each course.
4. Describe how the institution complies with DHS EMS & TS and NREMT standards for conducting certifying examinations. Include information such as who administers the exam (for most schools, this will be a testing center) and how practical evaluators are verified to be in good standing with DHS EMS & TS prior to each examination.

K. Job Search and Placement

1. Describe the job search and placement program at the institution.
2. How do students learn about the career center and the placement services?

L. Advisory Committee

1. Describe the make up of the advisory committee, how members are selected, retained and replaced. Include a list of names, titles, places of employment, and phone numbers of all committee members.
2. Describe how often the advisory committee meets and how they contribute to the program. Include meeting minutes for the past two years.

M. Safety

1. Attach a copy of the safety policy.
2. Attach a copy of the most recent safety inspection.
3. Identify the administrator responsible for monitoring the safety policy.
4. Describe how the institution verifies that it complies with the Oregon Safe Employment Act, OR-OSHA standards, and ORS 656.046.
5. Attach a copy of applicable insurance policies.

N. Student Records

1. Describe the institution or program record retention policy (for how long do you keep records, where, and how?).
2. How are records stored for classes currently in session?
3. Describe what records are kept.
4. Describe what documentation exists indicating that students have successfully completed all required didactic, skills, and internship requirements prior to certification exams.

O. Program and Course Evaluation

1. Describe the process for evaluating the ongoing effectiveness of the instructional program.
2. Describe how and what data is gathered from students, administrators, clinical supervisors, intern preceptors and advisory committee members. How is this data used to improve the program?
 - Include copies of graduate and employer surveys in the self-study report. Include a copy of student course/program evaluations.
 - If your program or institution holds other accreditations that overlap with this area, please note.

Appendix 1 – Course Outlines