

MORNING SESSION SLIDES



**DSHS
EMS COURSE COORDINATOR
INITIAL COURSE**

WELCOME TO THE JOURNEY

The future of Texas EMS will be determined by the students that graduate from our education programs.

What type of program will you operate as a Course Coordinator?

Please be sure you have signed in.



2015 EMS Course Coordinator Course



We're here, so now what?

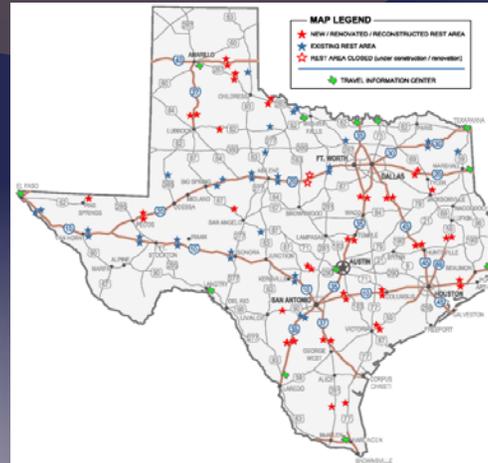


This is only a pit stop



Route Maps

157.32 157.43 & 157.44



Periodic Rest Stops

157.32 (o) 157.43 (h) & 157.44 (e)

Destination



INTRODUCTION STUDENTS

- Name
- City
- Level of Program – EMT or Paramedic
- Type of Program – College, Government Agency, Private
- Tell us what you want to get out of the course.



Role of the EMS Education Program and Rule § 157.32

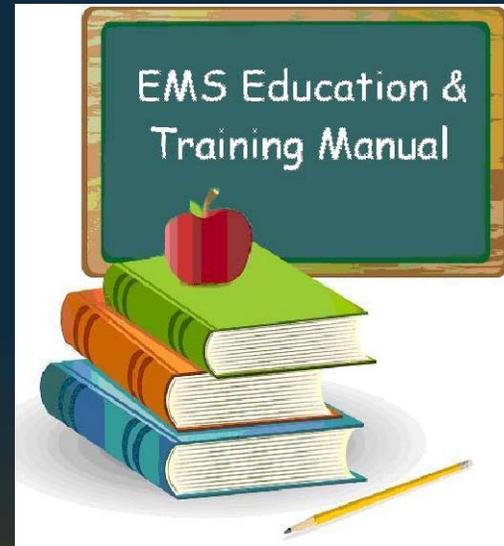
“The EMS Education Rule”

EMS Education Program Management 101

Fernando Posada – DSHS Compliance Group Manager
East Group

Joe Hamilton – DSHS Compliance Specialist
East Group

EMS Education & Training Manual



“STANDARDS” FOR TEXAS EMS EDUCATION

RULE §157.32 (a) The Texas Department of State Health Services (department) shall develop and publish an EMS Education and Training Manual (manual) outlining standards for EMS education...

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Role of the EMS Education Program and Rule §157.32 “The EMS Education Rule”

- PART I – Education Program **APPROVAL**
- PART II – Education Program **ORGANIZATION**
- PART III – Education Program **RESOURCES**
- PART IV – Education Program **CURRICULUM**

Role of the EMS Education Program and Rule §157.32

“The EMS Education Rule”

PART I:

EMS Education Program APPROVAL:

Program Approval

will be discussed under

“Applying for a Program”

later this morning.

Role of the EMS Education Program
and Rule §157.32
“The EMS Education Rule”

PART II:

EMS Education Program

ORGANIZATION:

(WHO are the KEY PLAYERS and WHAT are their JOBS)

EMS Education Program Organization

- **Sponsoring Organization**
- **Program Director**
- **EMS Coordinator**
- **Medical Director**
- **Advisory Committee**

EMS Education Program Organization

(1) Sponsoring Organization

RULE §157.32 (d) (d) Sponsorship.

EMS Education programs shall be sponsored by organizations or individuals with adequate resources and dedication to carry out successful educational endeavors. Program sponsors shall provide appropriate oversight and supervision to ensure that programs are (1) educationally and fiscally sound; and (2) meet the responsibilities listed in subsection (o) of this section.

Hospital

Private Company

High School

College

...Other...

EMS Service



EMS Education Program Organization

(2) Program Director

RULE §157.32 (g) have a program director who contributes an adequate amount of time to assure the success of the program.

- Document Student Performance
- Supervise Quality of Instruction (QA/QI)
- Document that each graduating student has achieved the desired level of competence prior to graduation



EMS Education Program Organization

(3) EMS Coordinator

157.32 (g) (3) have at least one course coordinator certified as an EMT or higher; the program director may function as a course coordinator if appropriately certified.

Basic

or

Advanced

Although the specific requirements for designation as a BASIC or ADVANCED level COORDINATOR are found in Rule 157.32, this subject will be discussed shortly in another presentation.

EMS Education Program Organization

(4) Medical Director

RULE §157.32 (g) (5) The medical director shall be a licensed physician approved by the department with experience in and current knowledge of emergency care. ...be knowledgeable about educational programs for EMS personnel.



- Validate the Program's Curriculum (Review Lesson Plans)
- Validate Program Examination Instruments (Test Items and Answers)
- Validate Program Completers (Assess and Confirm Competency)

Dr. Jarvis will present Working with the Medical Director on Thursday

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EMS Education Program Organization

(5) Program Advisory Committee

RULE §157.32 (g) (6) have an advisory committee representing the program's communities of interest...designated and charged with assisting the program director and, medical director in formulating appropriate goals and standards, monitoring needs and expectations and ensuring program responsiveness to change;



- **Community Input to the Program (see handout)**
- **Assist in selecting appropriate Program Goals and Standards (Planning)**
- **Provide Practical Expert Input (SME) into defining the Program's Learning Outcomes for successful graduates**

Role of the EMS Education Program and Rule §157.32 “The EMS Education Rule”

PART III: EMS Training Program RESOURCES

RULE §157.32 (a) Emergency medical services (EMS) Education Program Standards. The Texas Department of State Health Services (department) shall develop and publish an EMS Education and Training Manual (manual) outlining standards for EMS education.

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EMS Education Program Resources

Resources –

People, Equipment, Facilities,
Technology, Funding, and more...

Most important assets necessary to
carry out the mission of the EMS
Education Program



EMS Education Program Resources

MOST COMMON RESOURCE EXAMPLES

- Personnel
- Financial
- Instructional – Classroom & Lab (equipment)
- Teaching and Learning Resources
- Clinical & Field Learning Resources
- Business Management

EMS Education Program Resources

Instructional Resources - Personnel

- **MUST:** DSHS Personnel Certification
- **LIKE:** DSHS EMS – Instructor Certification (EMS-I)
- **LIKE:** Teaching Experience (Background)
- **LIKE:** Presentation Creativity (Learning Techniques)
- **LIKE:** Good Presentation Skills
- **LIKE:** Leadership Skills (Firm but Understanding)
- **MUST:** Appreciates and Respects Diversity of Others

EMS Educational Program Resources

Financial Resources

Consider the past,
Measure the present,
Plan for the Future

EMS Educational Program Resources

Financial Resources

- **NO** “OPEN CHECKBOOKS”
- **PAST:** Cost-Benefit Analysis
- **PRESENT:** Budgeting – **A FACT OF LIFE**
- **FUTURE:** Planning for - Growth, Change, Scientific Trends, Technology...

EMS Educational Program Resources

Business Management

- Memoranda of Understanding (MOU)
- Clinical Hospital Affiliations
- Field EMS Affiliations
- DSHS Reporting
- Governmental Immunity (?)
- Admissions/selection Guidelines

EMS Educational Program Resources

Business Management (cont.)

Although the specific requirements for having **Program Policies and Procedures** are found in Rule 157.32...

Mr. Lee Gillum will discuss this subject in more detail in his presentation on Thursday.

EMS Educational Program Resources

Instructional Resources

Physical Classroom

- Lighting
- Distractions (visual, audio, olfactory)
- Temperature-Ventilation
- Teaching Resources
- Proximity to Lab/Skills Area(s)

Adjacent to:

- Restrooms
- Break Areas
- Instructor Offices/Space
- Equipment-Supply Storage
- Learning Resources (computer access?)

(think sensory)



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EMS Educational Program Resources

Instructional Resources

Cognitive Classroom

- Syllabus Development (see handout)
 - Classroom Policies
 - Student Behavior
 - Uniforms?
 - Grading Formulae
 - Completion Criteria
- Lesson Plans (see handout)
- Teaching Methods/Enhancements
 - Stand and Deliver
 - Hybrid Courses
 - Flipped Classroom, etc.



Learning Resources

Video

Worksheets

Schemes of Work

Study aids

E-books

EMS Educational Program Resources

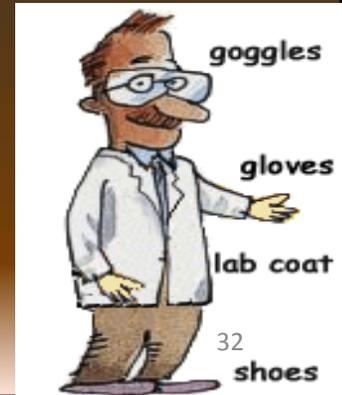
Instructional Resources

Psychomotor Skills Laboratory

(all factors for classroom space, plus...)

- Proximity to Classroom Area(s)
- Secure Equipment Storage
- Clean-Up Area
- “Line of Sight” - Space for Skills Demonstration
- Simulation!!??
- Appropriate Furnishings for Skills Practice
- SPACE! Room to S-P-R-E-A-D O-U-T

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EMS Educational Program Resources

Instructional Resources

Psychomotor Skills Laboratory

Extension of the Classroom Syllabus

- Laboratory Policies
- Student Behavior (different than classroom)
- Delivery
- Student to Instructor Ratios
- Plan for Teaching
- Plan for Testing



EMS Educational Program Resources Equipment & Supply Management

Consider the past,
Measure the present,
Plan for the Future



EMS Educational Program Resources

Equipment & Supply Management

- Initial **Equipment** Needs
(see handout)
- Initial **Supply** Needs
(see handout)
- Equipment **Lifespan** (Depreciation) Planning
- Technology Upgrades – Currency in Science and Simulation Lab(s)
- Contingency Planning (What if?)
- Equipment Security



EMS Educational Program Resources

Clinical & Field Resources



**External Learning Resources and Management will
be discussed in detail later this morning**

EMS Education Program Resources

Resources Evaluation

The Program must evaluate the educational components to:

Consider the past,

Measure the present, and

Plan for the Future

Without evaluation, analysis and corrective actions, educational programs may become locked into less than successful practices.

EMS Training Program Resources Resources Evaluation

The EMS Coordinator/Program Director should be familiar with the use of Program Resource Evaluation tools and must regularly assess (measure) his/her program to determine effectiveness.



EMS Training Program Resources

Resources Evaluation

REMEMBER
The results of these assessments must be shared with the sponsoring organization, medical director(s), advisory committee, and used as feedback to faculty.



EMS Training Program Resources

Resources Evaluation

Evaluations and Performance Assessments
REMEMBER
are your tools in making program
modifications toward improvement.

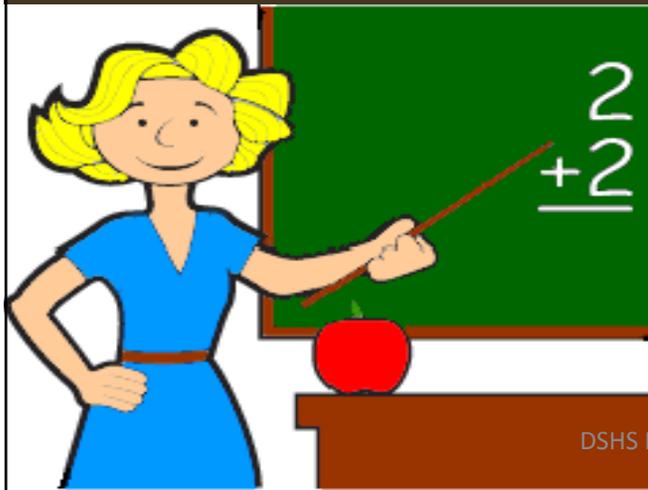


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Role of the EMS Education Program and Rule §157.32 “The EMS Education Rule”

PART III: EMS Education Training CURRICULUM



EMS Education Training Curriculum

Training Standards

The training curriculum for each certification level in Texas is based upon the National Education Standards published in 2009 by the National Highway Traffic Safety Administration (NHTSA).

On August 16, 2012, DSHS adopted the use of the National EMS Education Standards and Instructional Guidelines replacing the use of DOT National Standard Curriculum (DOT).

EXCEPTIONS TO THE RULE.....

National Standard Curriculum	Texas Certification
Emergency Medical Responder	Emergency Care Attendant*
Advanced EMT	EMT-Intermediate *

EMS Education Training Curriculum

Training Standards

Dr. Debra Cason will present
The 2009 National Educational Standards

to the class including how they were implemented
in Texas in her presentation
tomorrow morning.



EMS Education Training Curriculum

What is a Curriculum?

CURRICULUM = OVERALL SUBJECT TO BE TAUGHT

COURSE = SCHEDULED APPLICATION/DIVISION

OF THE CURRICULUM INTO SPECIFIC CLASSES

CLASS = ONE SESSION OF THE COURSE

EMS Education Training Curriculum

How do I design a CURRICULUM?

1. **NES 2009**
2. **Textbook Organization**
3. **Models of Courses from other coordinators**
4. **Sponsoring Organization Experts**
5. **DSHS Subject Matter Experts**

Emergency Care Attendant (ECA)



NES Curriculum:

NREMT – Emergency First Responder (EFR)

Pre-Requisites:

None

Learning Outcomes:

ECA = 2009 EFR & Vehicle Operations

Textbook:

1. Emergency First Responder (EFR) Text, or
2. Emergency Medical Technician (EMT) Text (partial)

Emergency Care Attendant (ECA)



Skills Competency

1. Verification – During the Course
2. Certification Testing – During the Course

Cognitive Competency

1. Course – Meet or exceed minimum standard
2. Certification – NREMT Cognitive Examination (PearsonVUE)

Certification

1. Texas Emergency Care Attendant (4 yr.)
2. NREMT Emergency First Responder (2yr.)

EMERGENCY MEDICAL TECHNICIAN



Curriculum:

NREMT - Emergency Medical Technician (EMT)

Pre-Requisites:

None

Learning Outcomes:

EMT (NES 2009)

Textbook Selection:

Emergency Medical Technician Text
(multiple publishers available)

EMERGENCY MEDICAL TECHNICIAN



Skills Competency:

1. Verification – During the Course
2. Certification Testing – During the Course

Cognitive Competency:

1. Course – Meet or exceed minimum standard
2. Certification – NREMT Cognitive Examination (PearsonVUE)

Certification:

1. NREMT Emergency Medical Technician (2 yr.)
2. TEXAS Emergency Medical Technician (4 yr.)

EMT- INTERMEDIATE



Curriculum:

Advanced Emergency Medical Technician (AEMT)

Pre-Requisites:

EMT Certification (Texas or NREMT)

Learning Outcomes:

AEMT (NES 2009) + Endotracheal Intubation (Texas)

Textbook:

Advanced Emergency Medical Technician Text
(EMT-I85 and EMT-I99 are no longer available), or
Paramedic Text (partial)

EMT- INTERMEDIATE

Skills Competency:

All NREMT skills verified by program including
Endotracheal Intubation

NREMT AEMT Psychomotor Examination

Certification Exam:

NREMT Advanced Emergency Medical Technician (AEMT)
Cognitive Examination (PearsonVUE)

Certification:

1. NREMT Advanced Emergency Medical Technician
(2 yr.)
1. TEXAS Emergency Medical Technician - Intermediate
(4 yr.)



EMT - PARAMEDIC



Curriculum:

NES Paramedic

Pre-Requisites:

EMT Certification (Texas or NREMT)

Learning Outcomes:

Paramedic (NES 2009)

Textbook:

Paramedic Text (multiple publishers and versions available)

EMT - PARAMEDIC



Skills Competency:

All NREMT skills verified by program, prior to testing
NREMT PARAMEDIC Psychomotor Examination

Certification Exam:

NREMT Paramedic Cognitive Examination
(PearsonVUE)

Certification:

1. NREMT Paramedic (2 yr.)
2. TEXAS Paramedic (4 yr.)

Role of the EMS Training Program and TAC 157.32 “The EMS Education Rule”

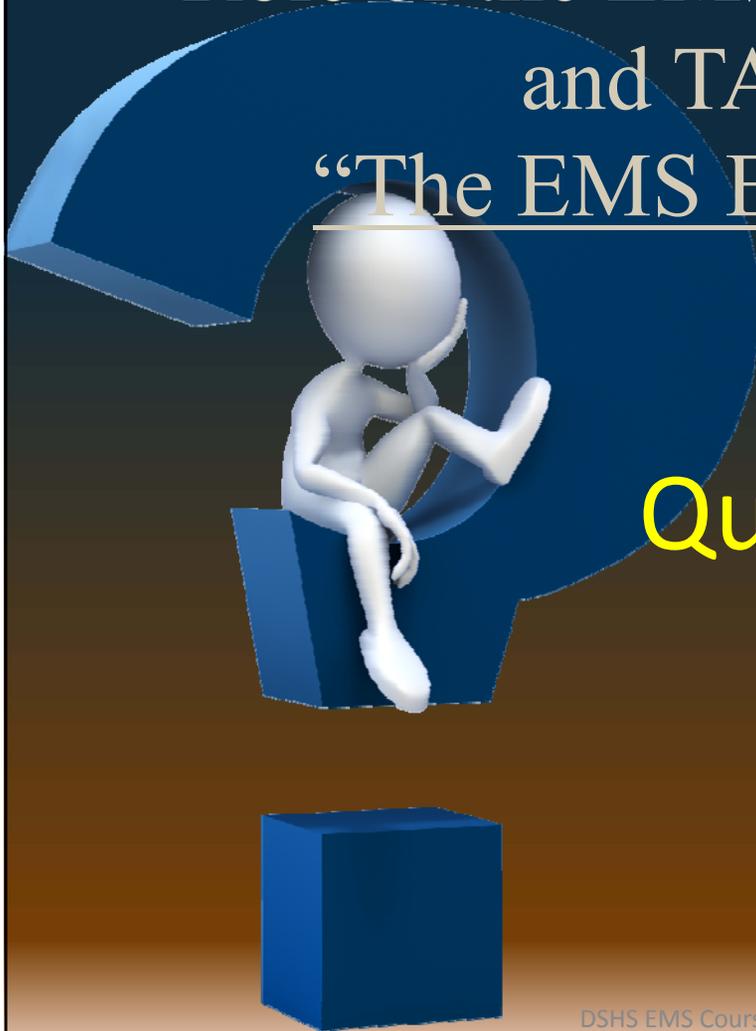
SUMMATION



Role of the EMS Training Program and TAC 157.32

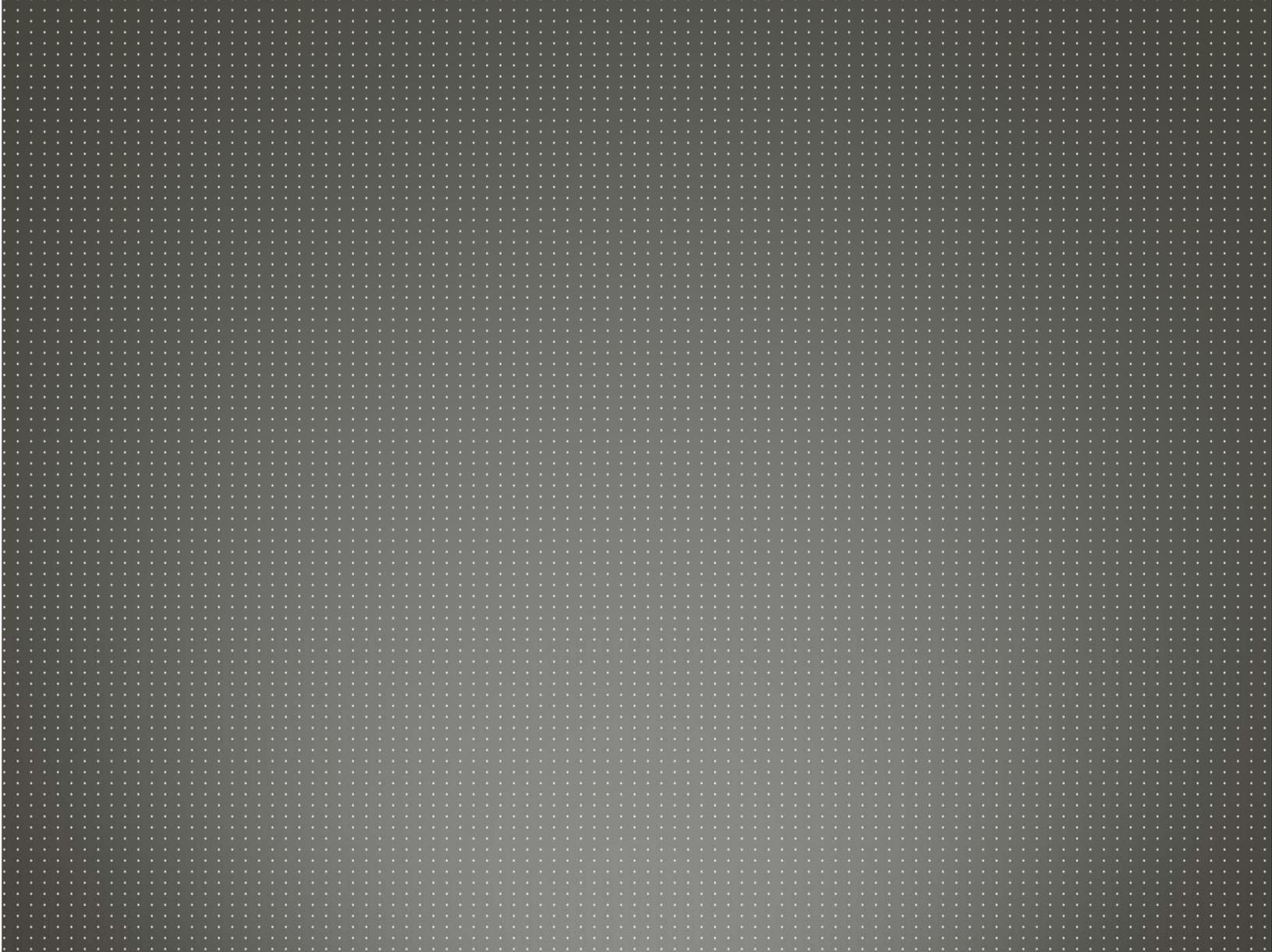
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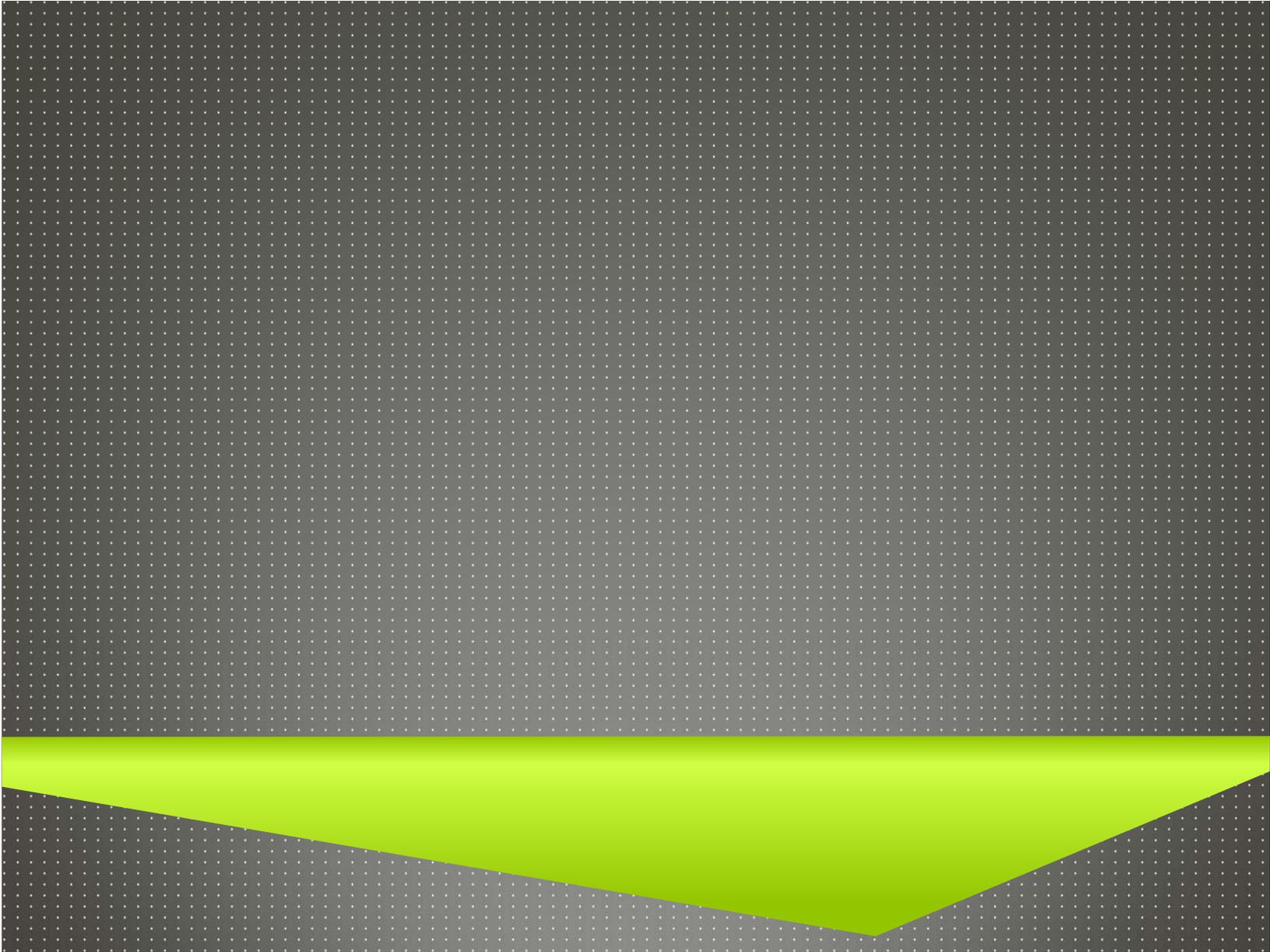
Question & Answer

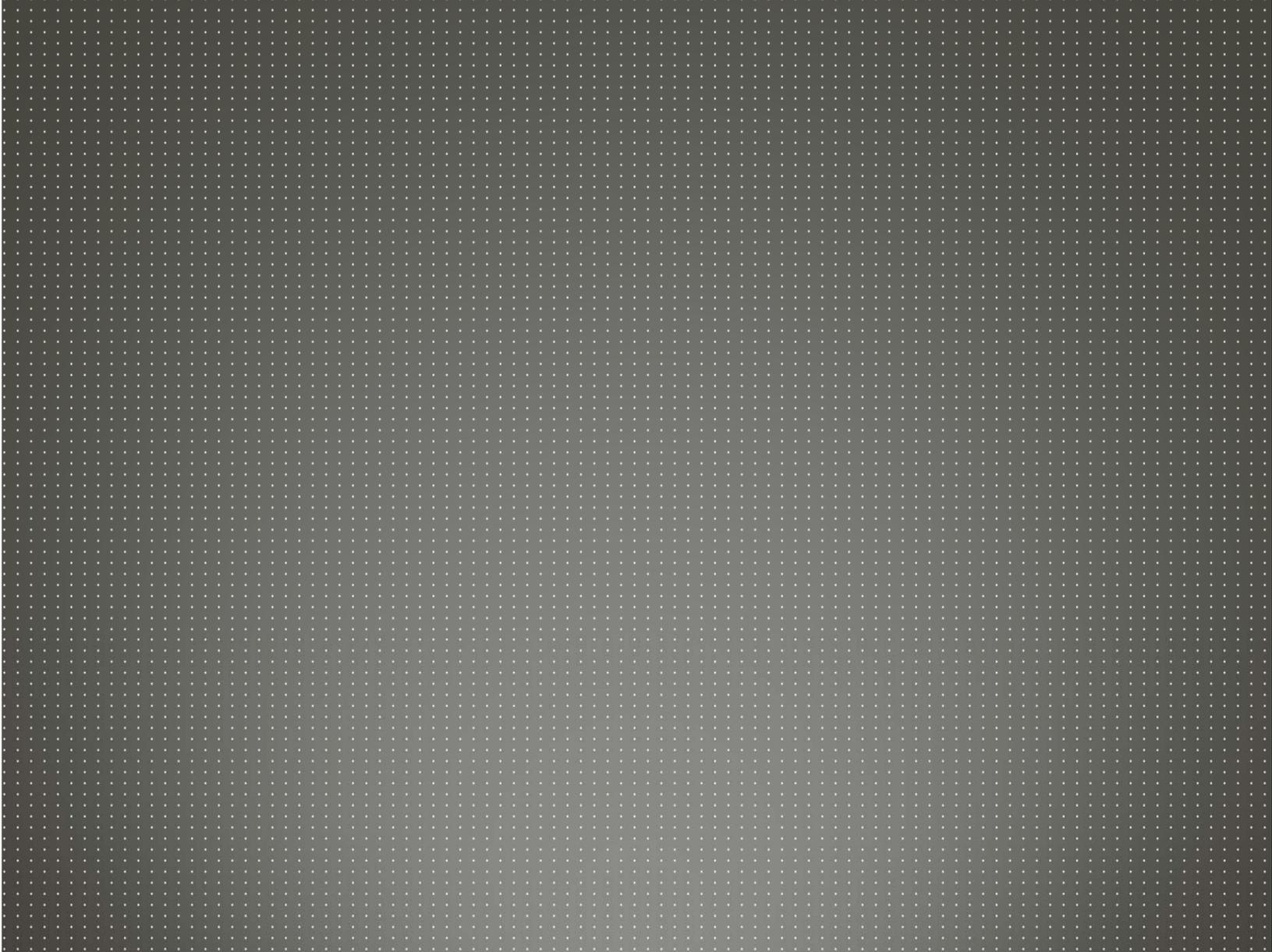


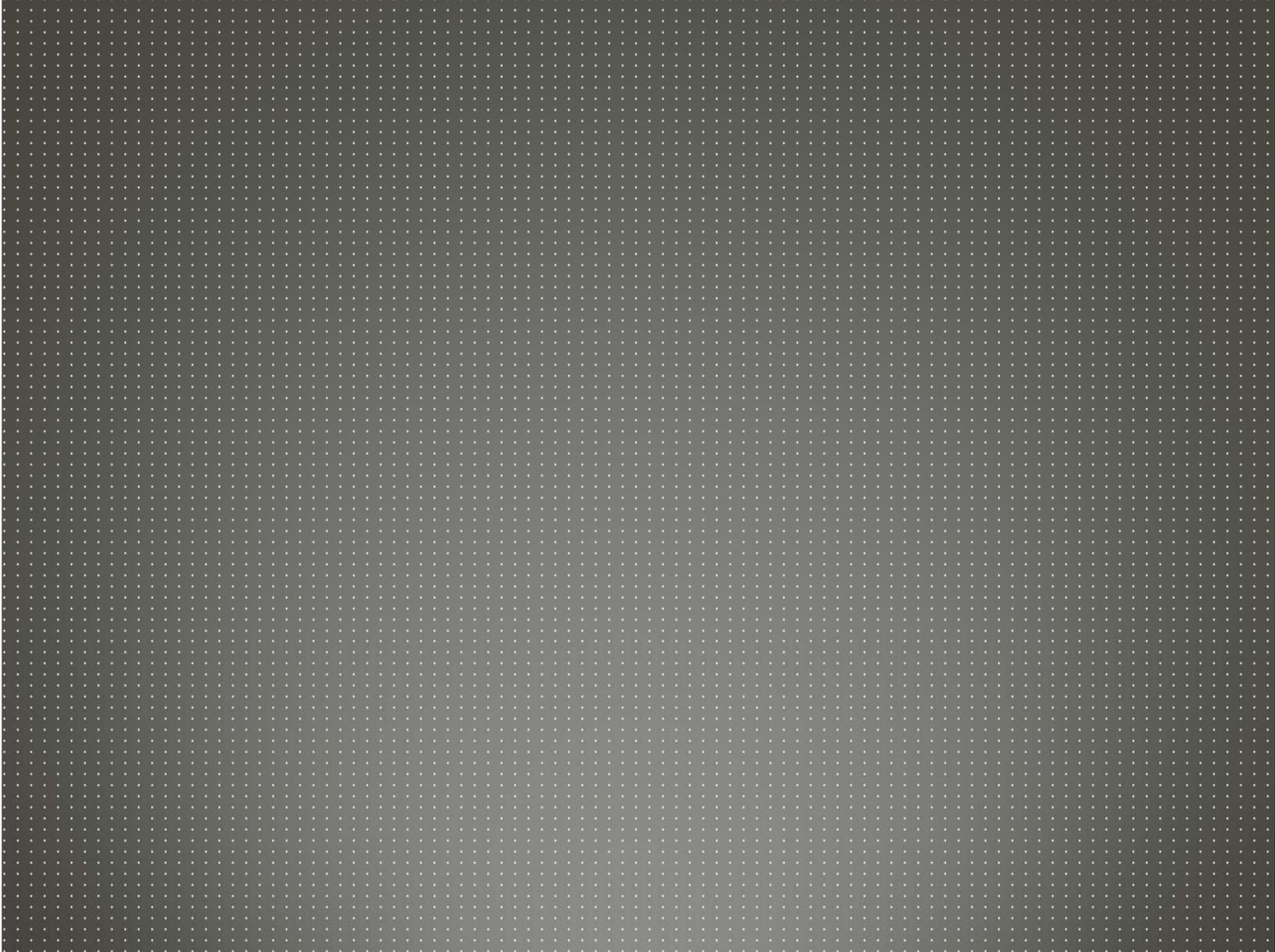
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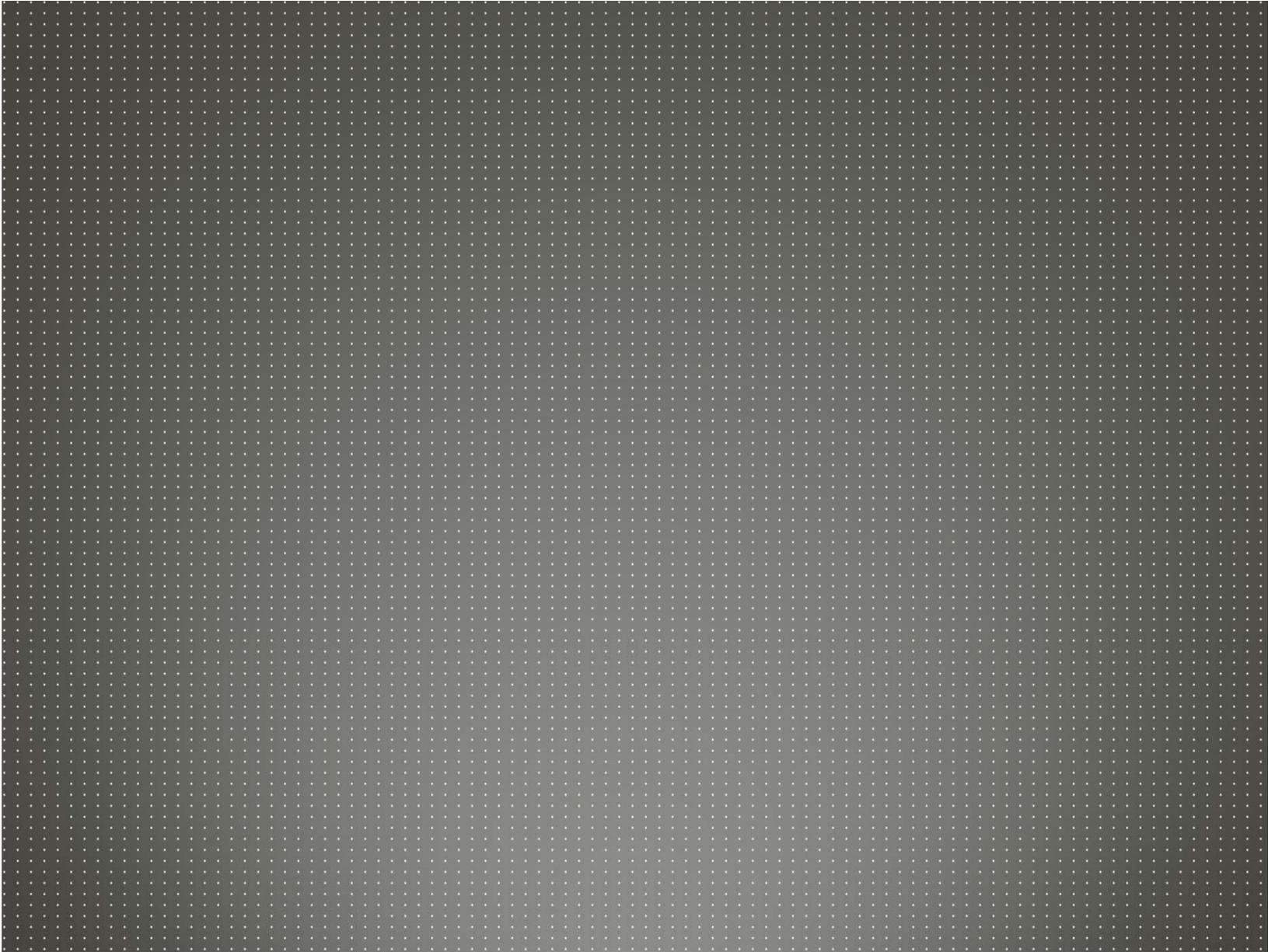


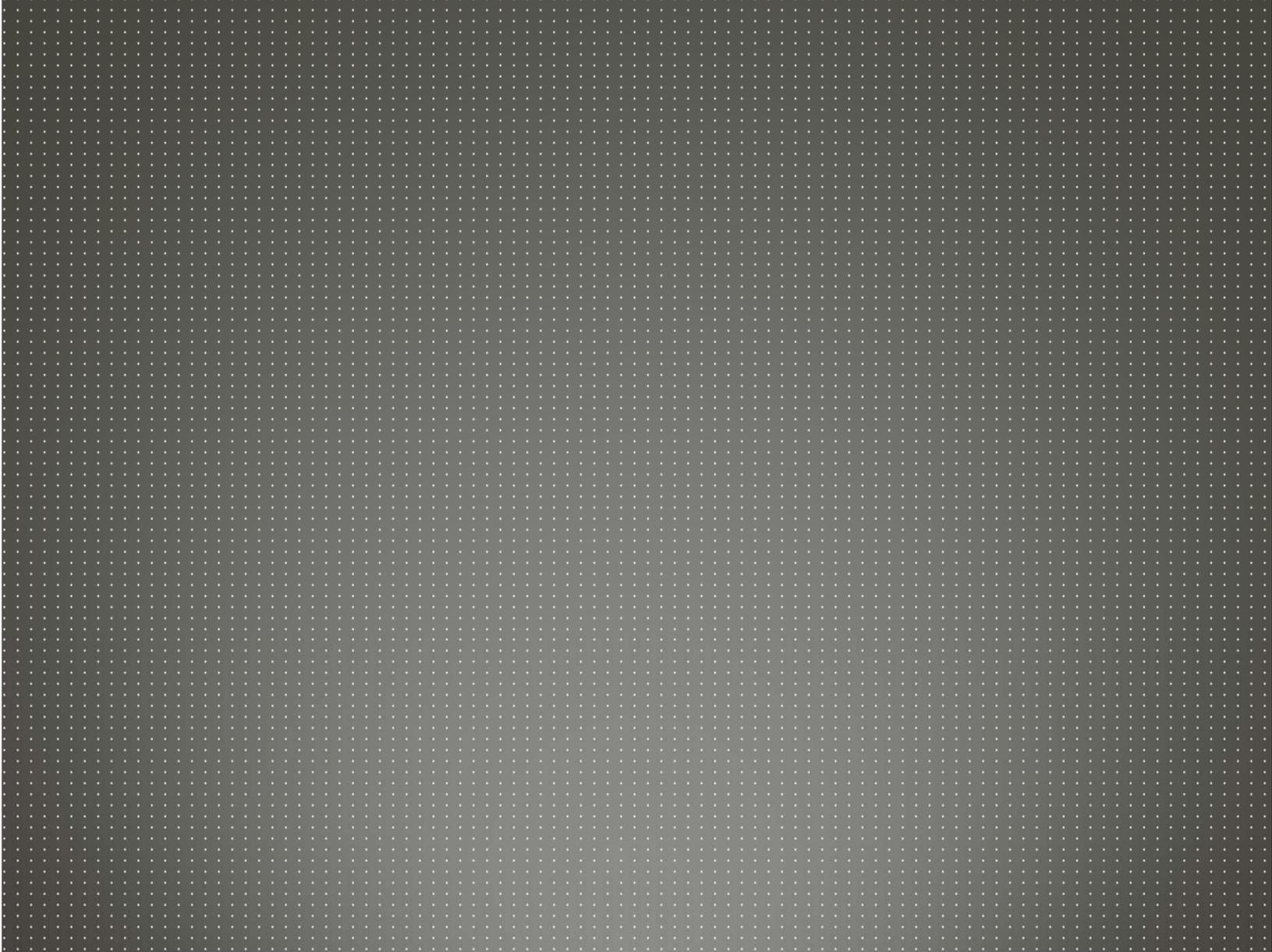


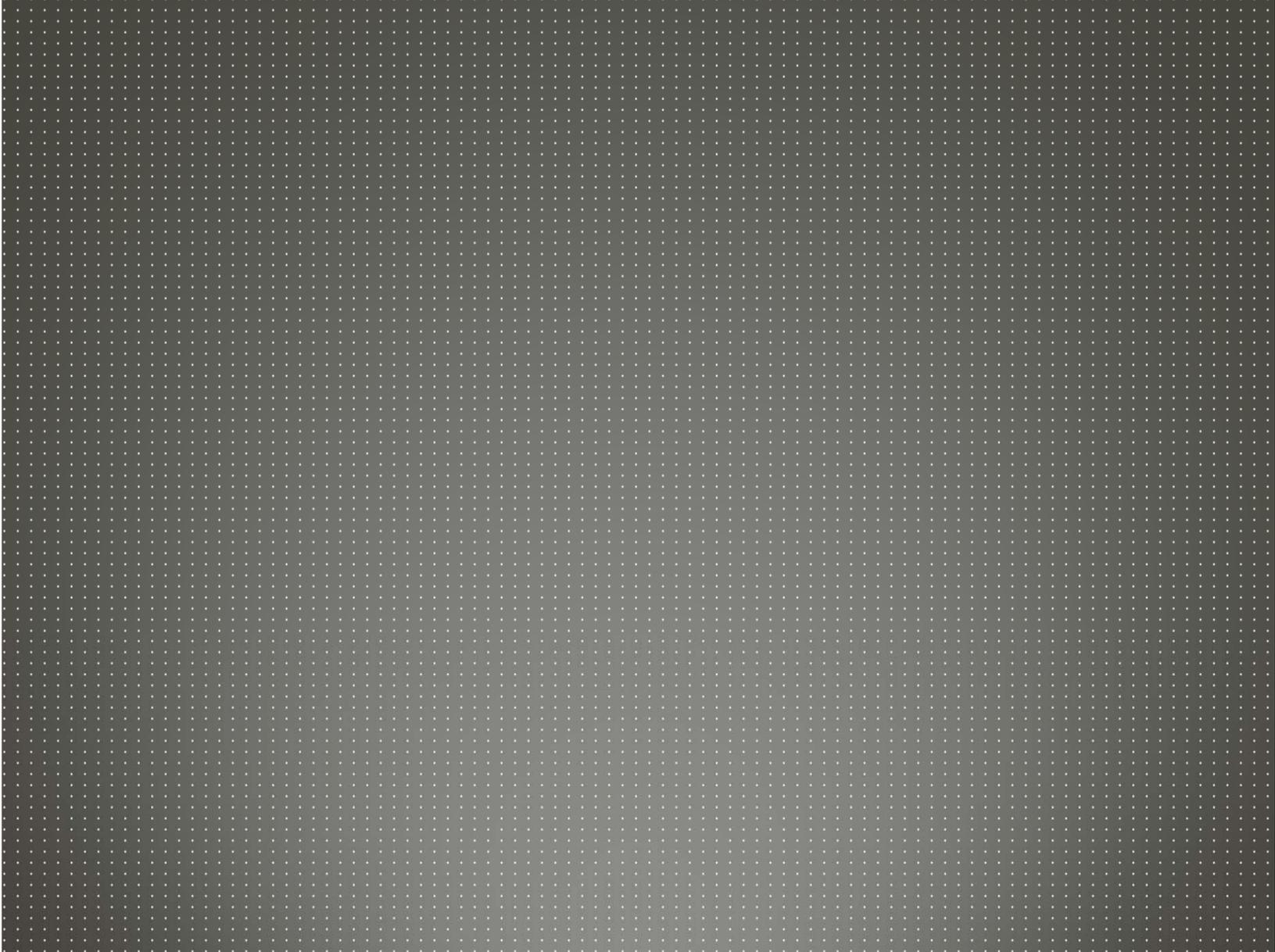


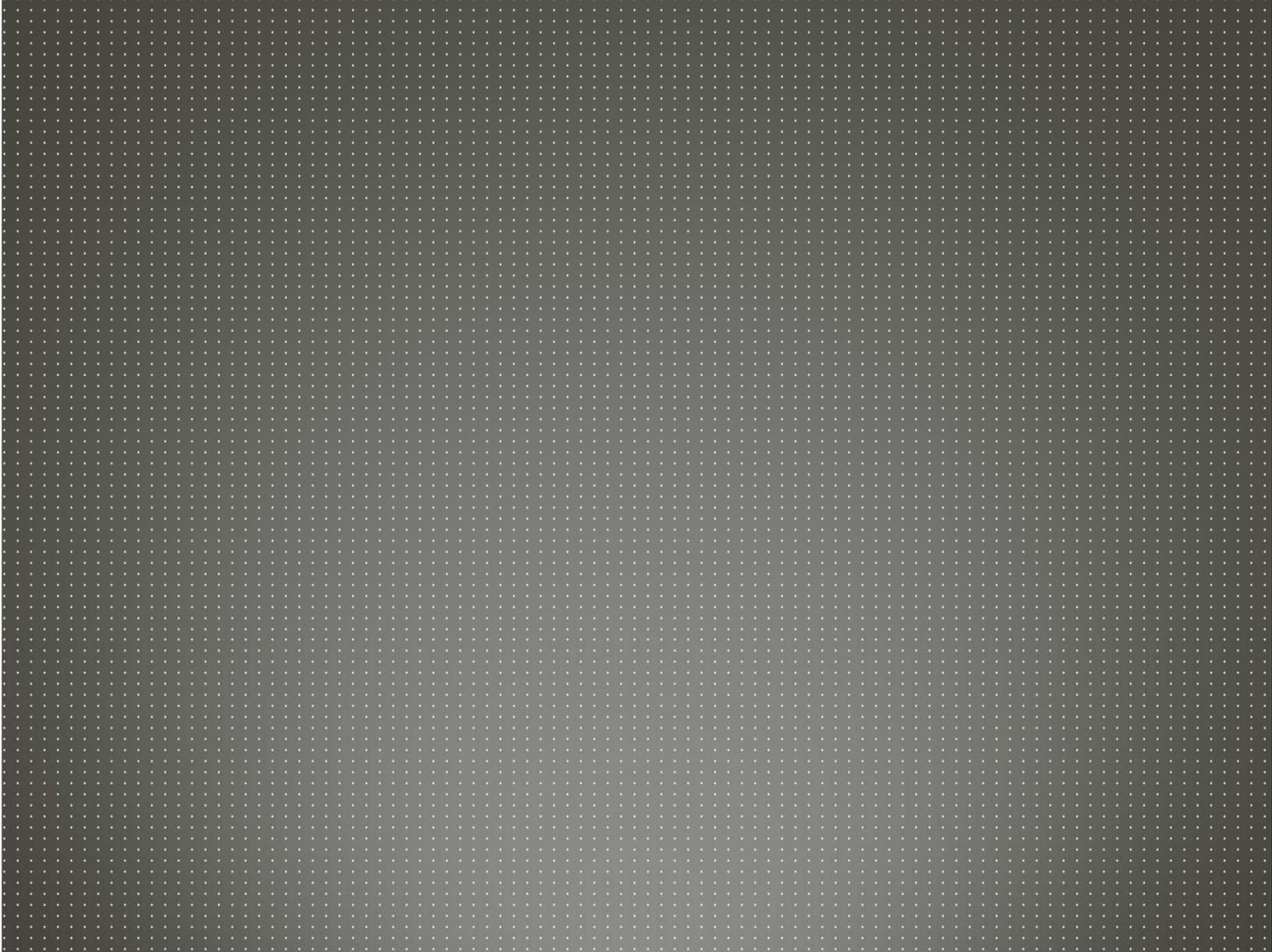


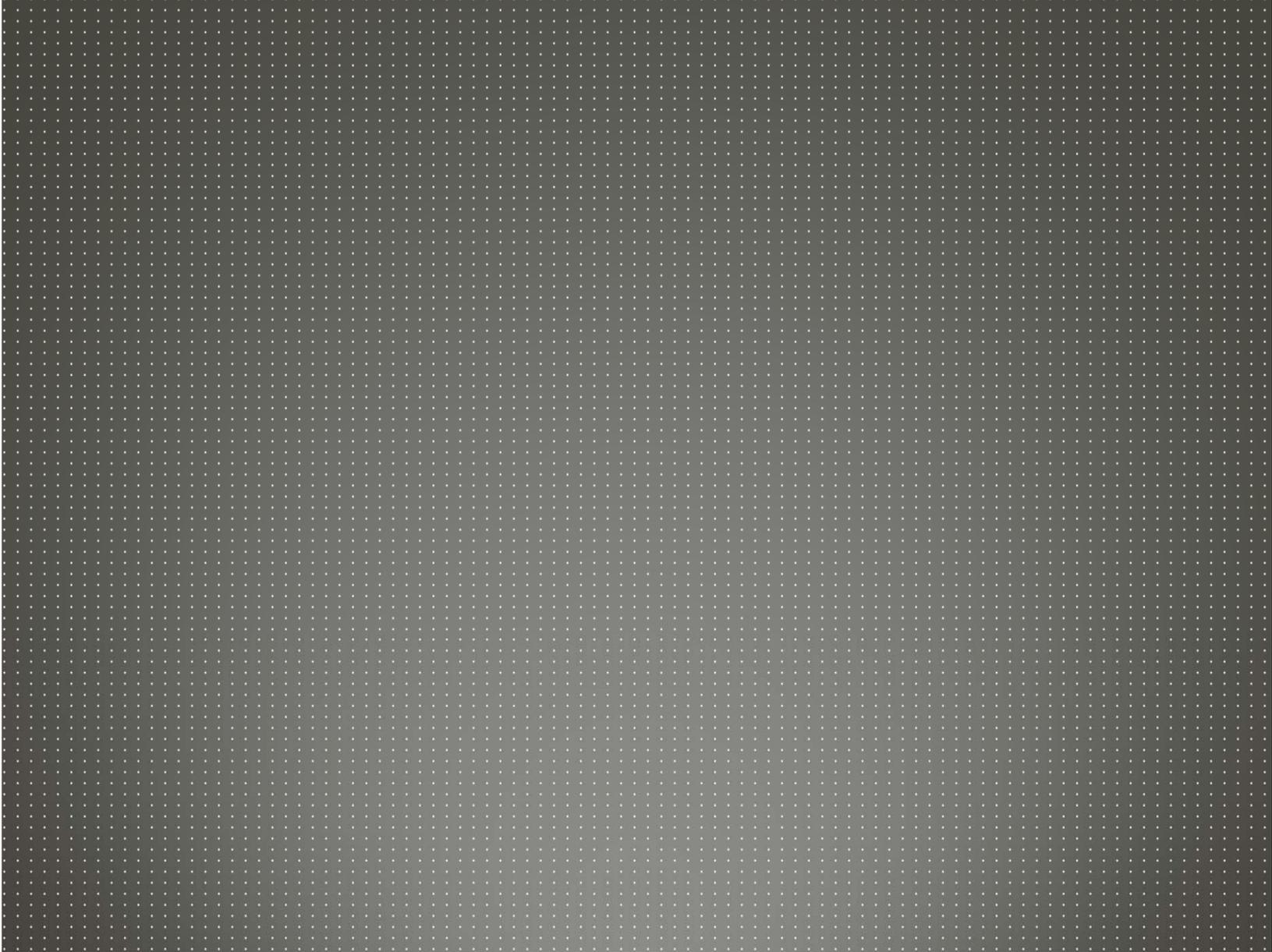


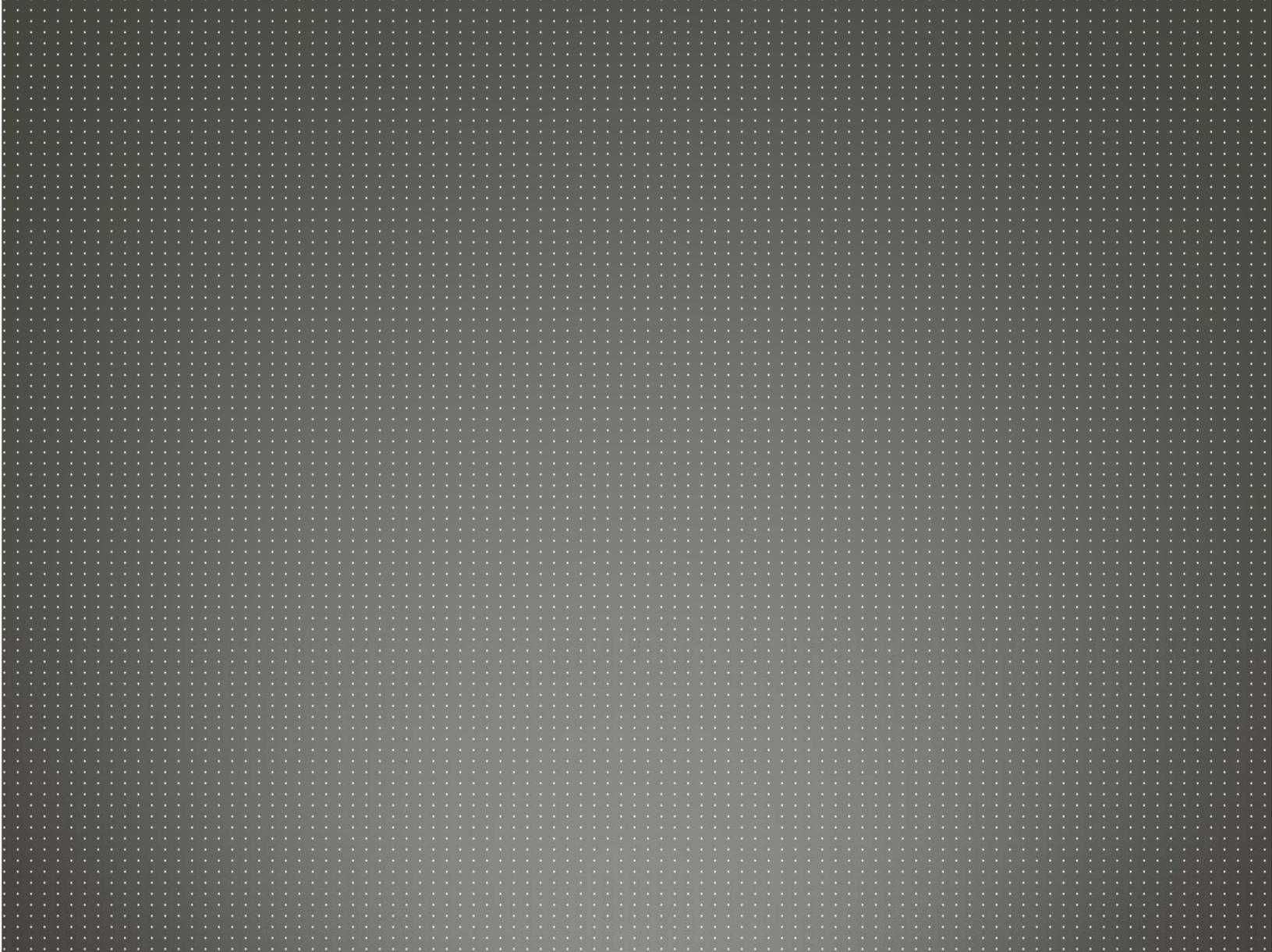


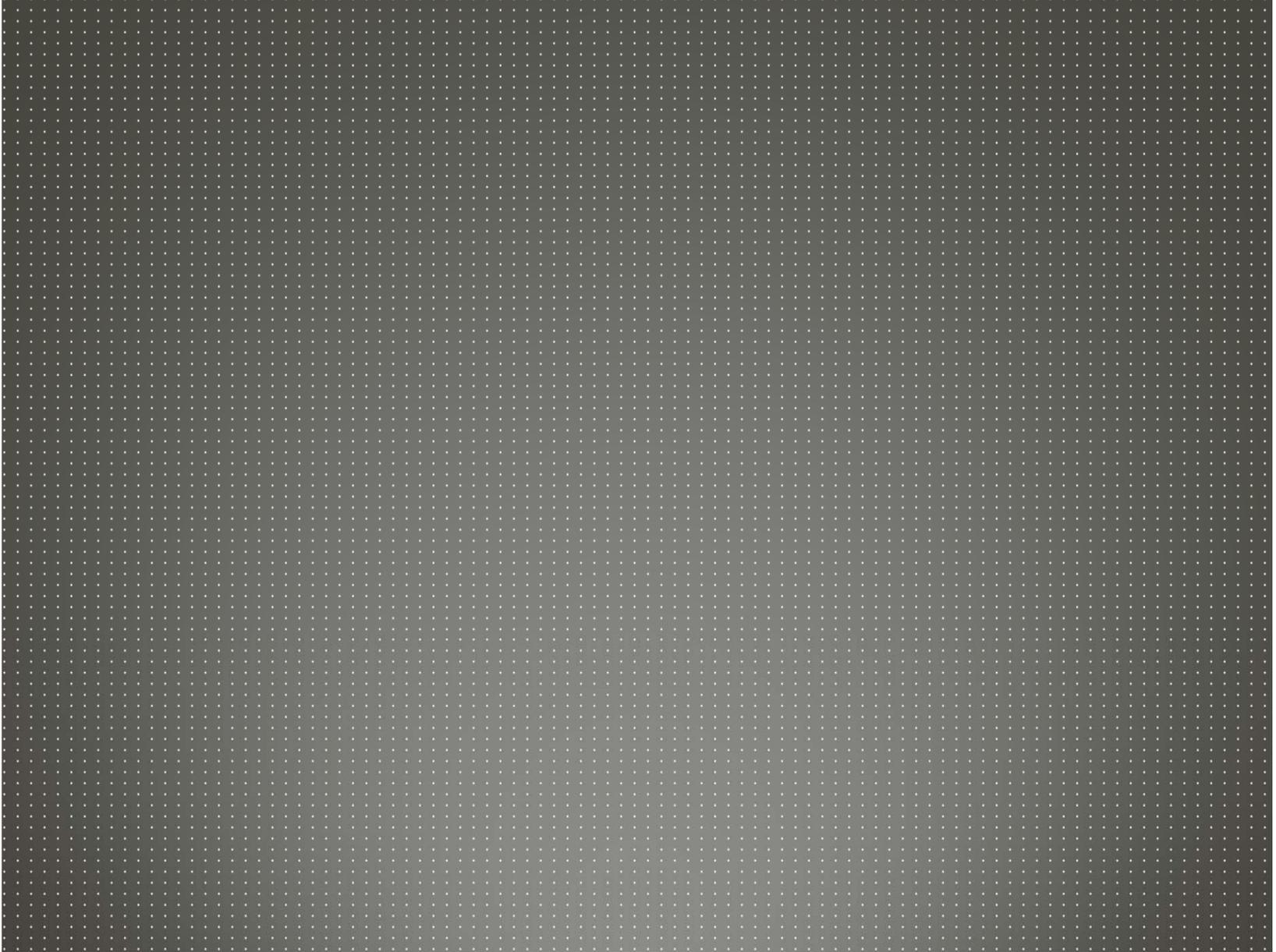


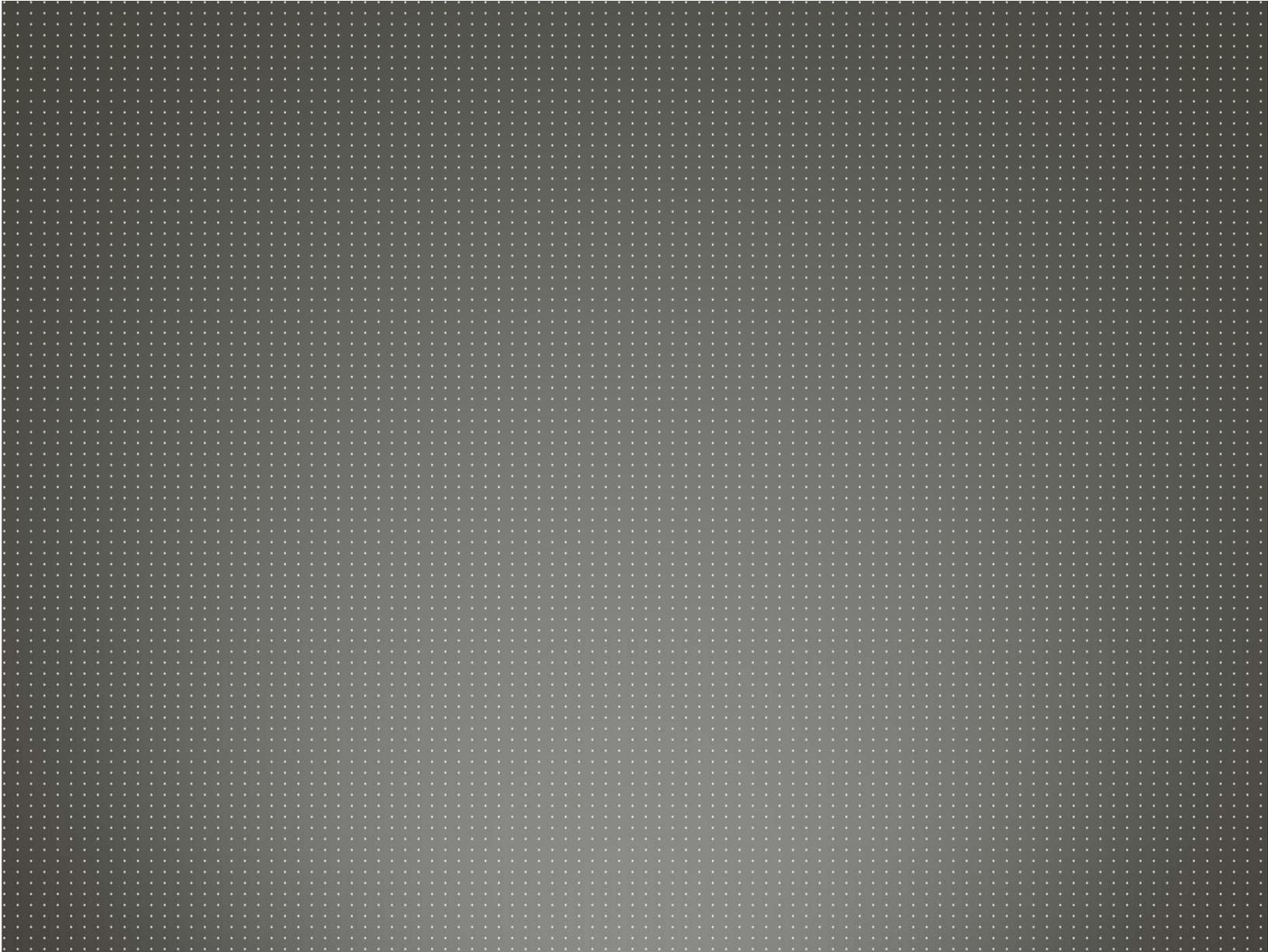


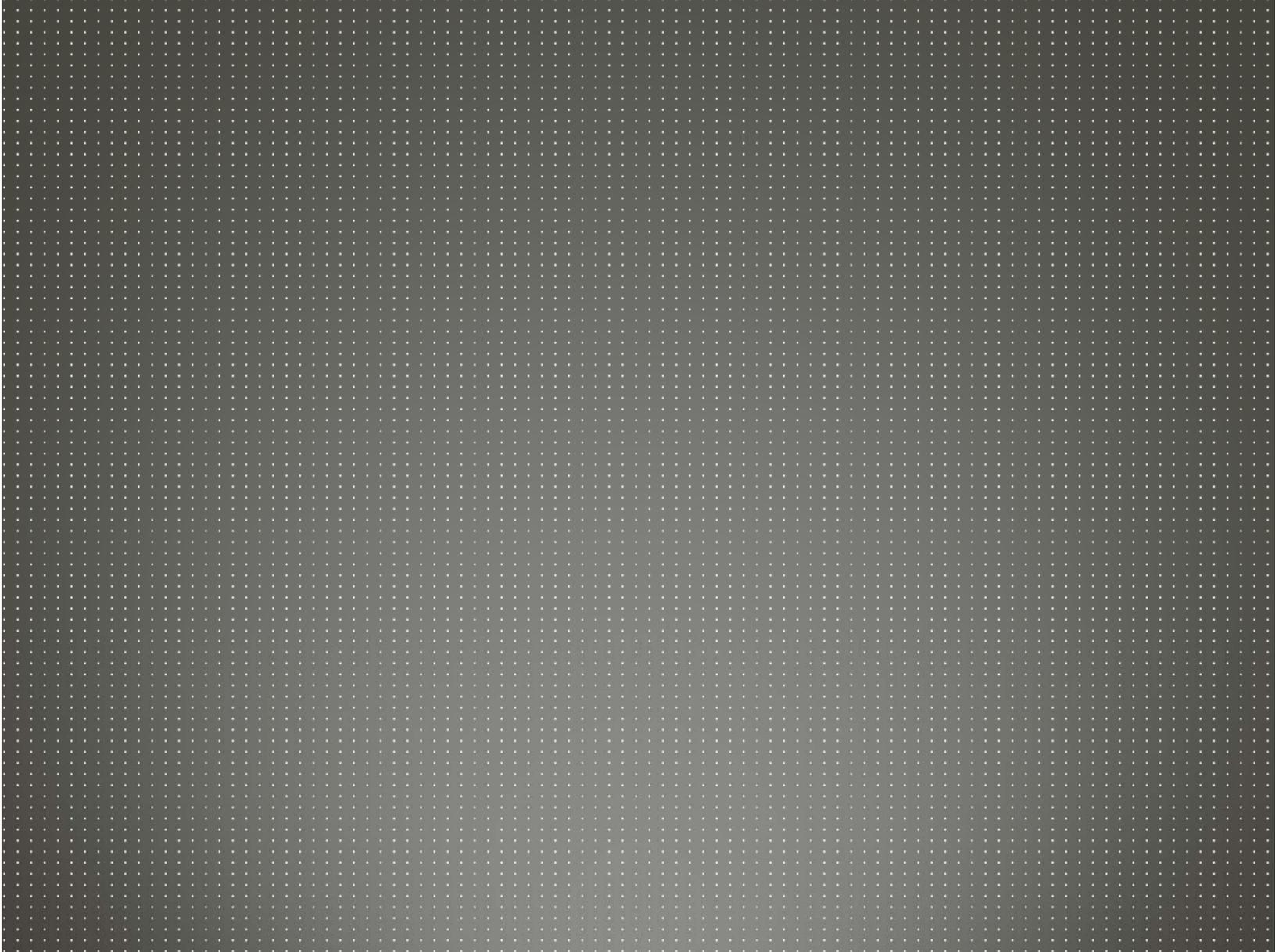


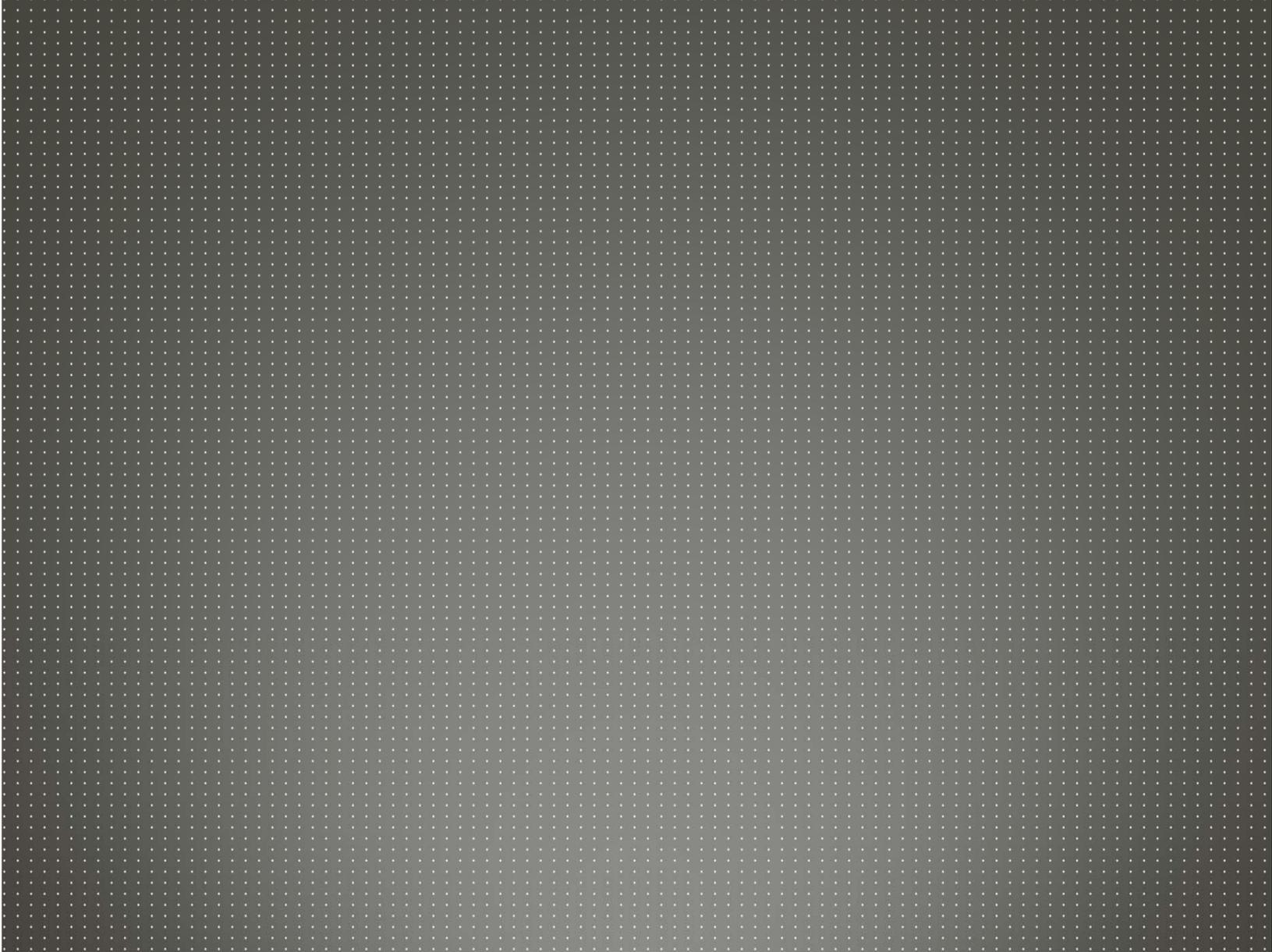


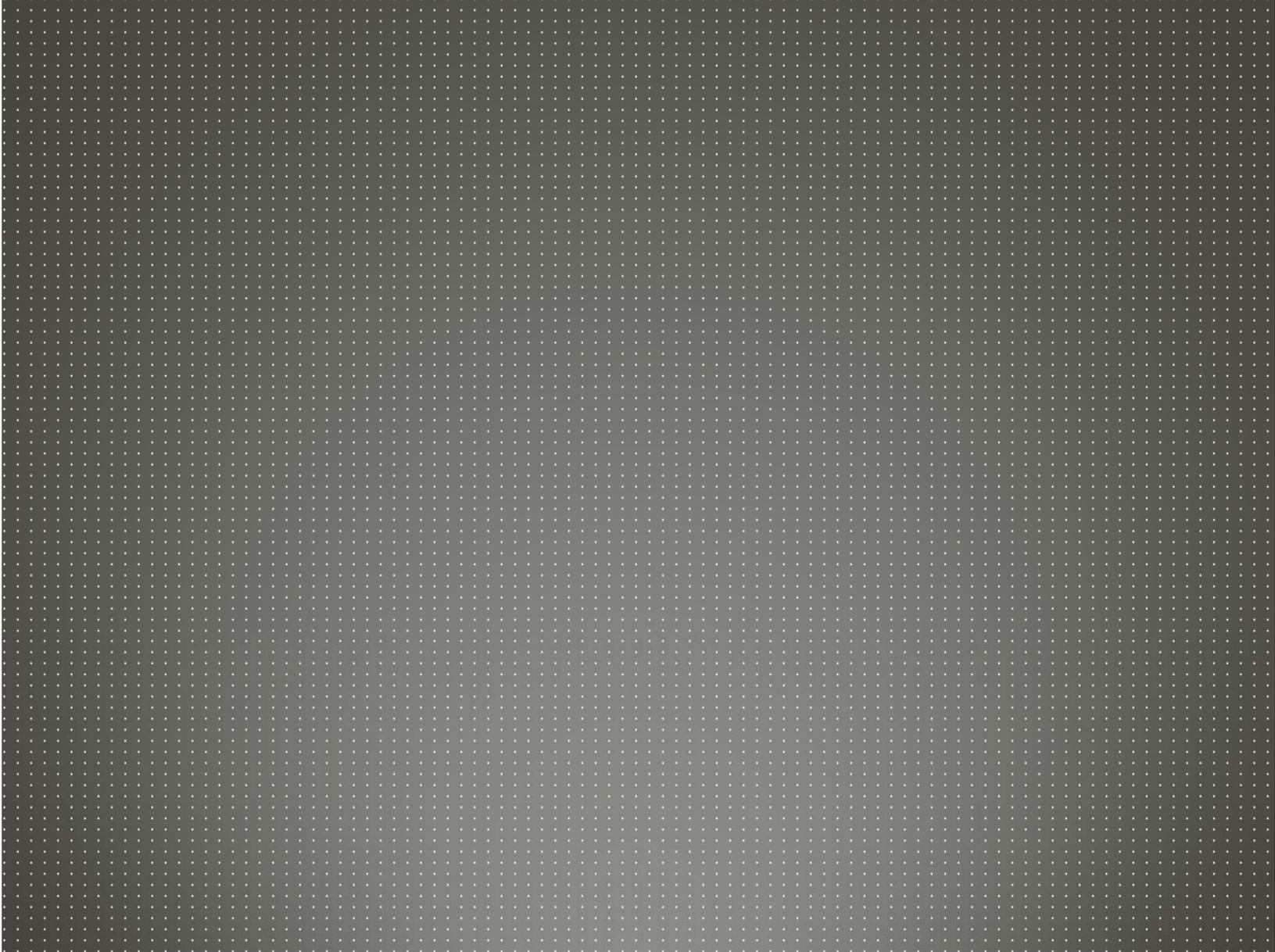


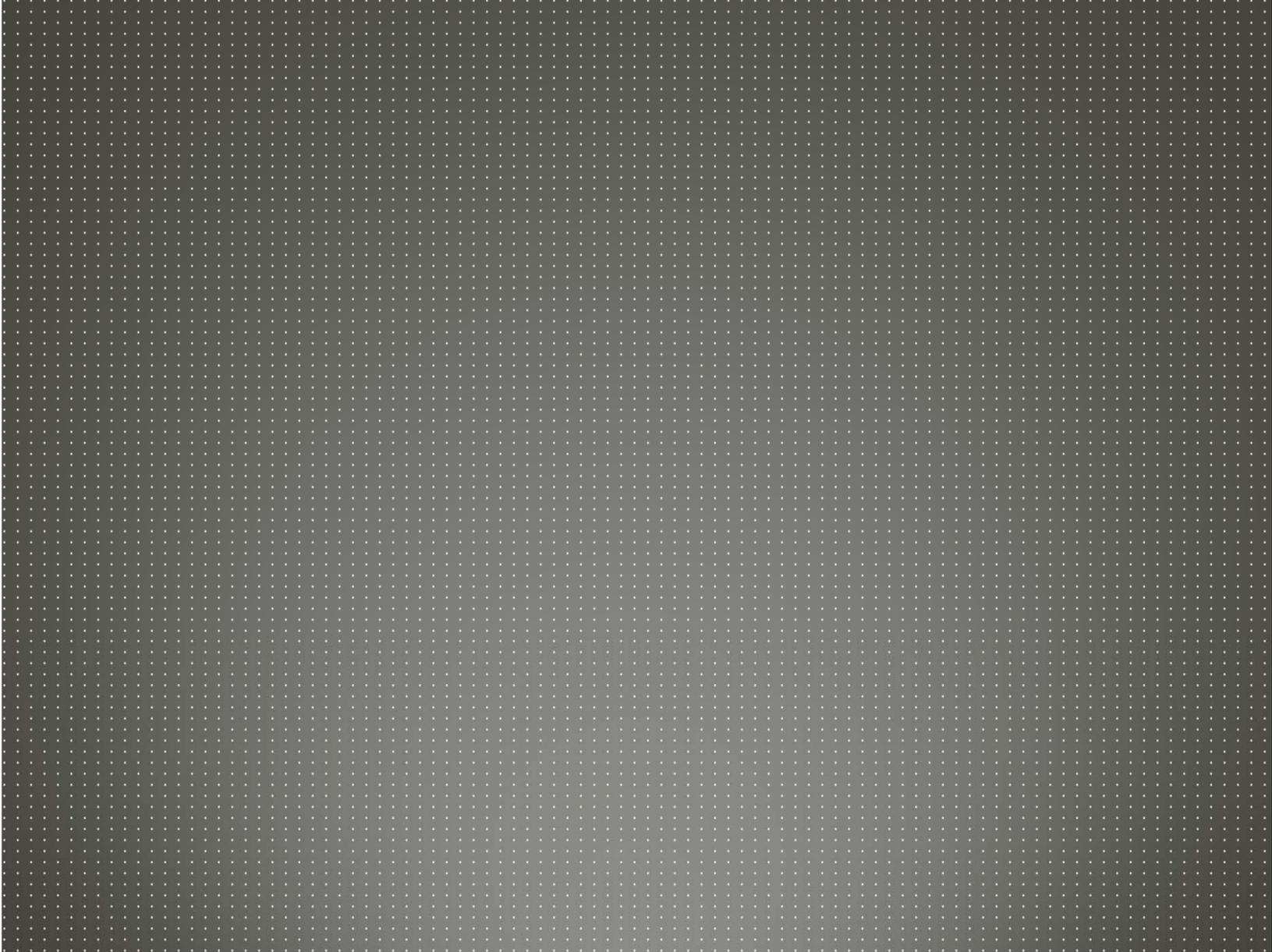


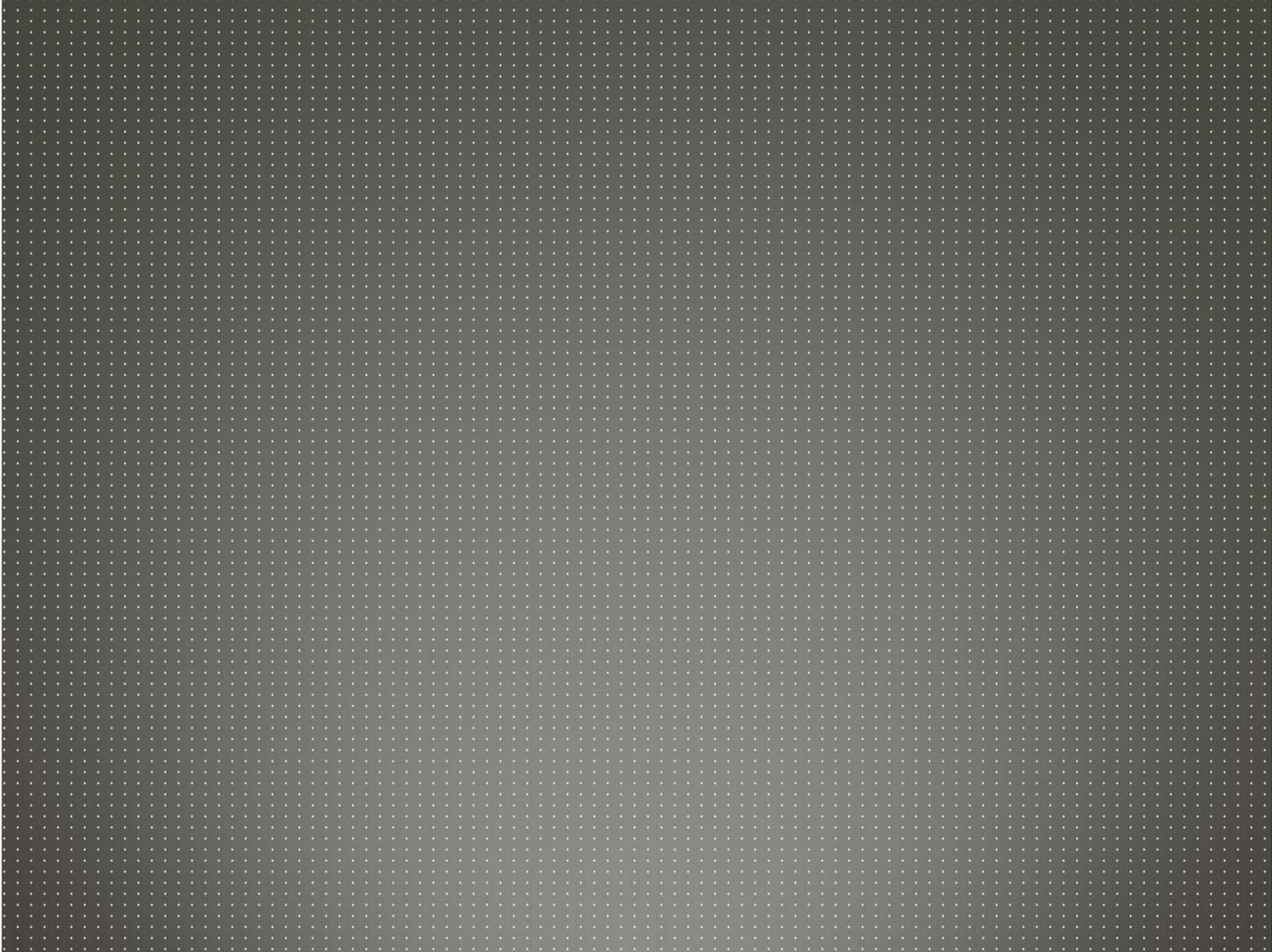


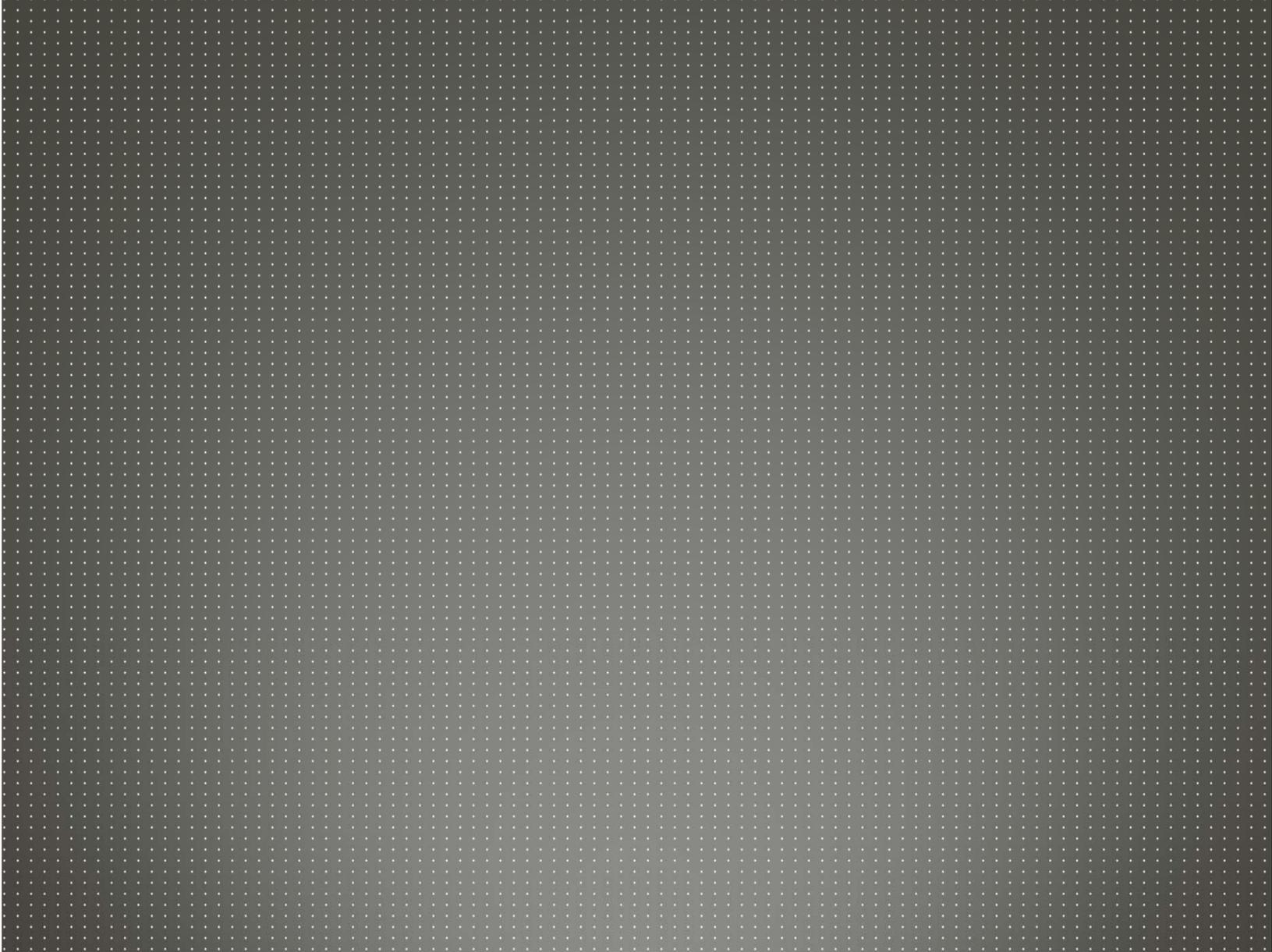


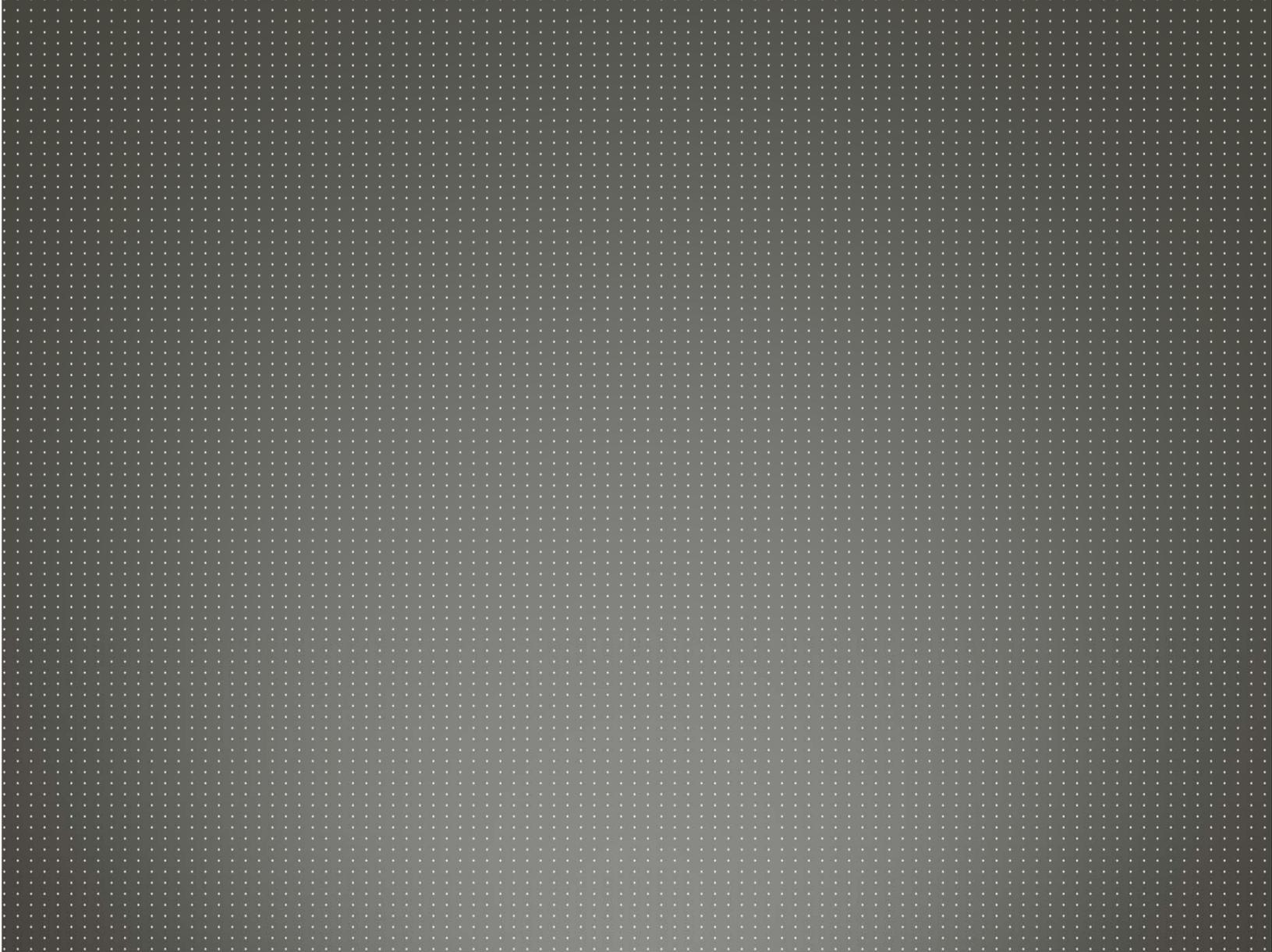


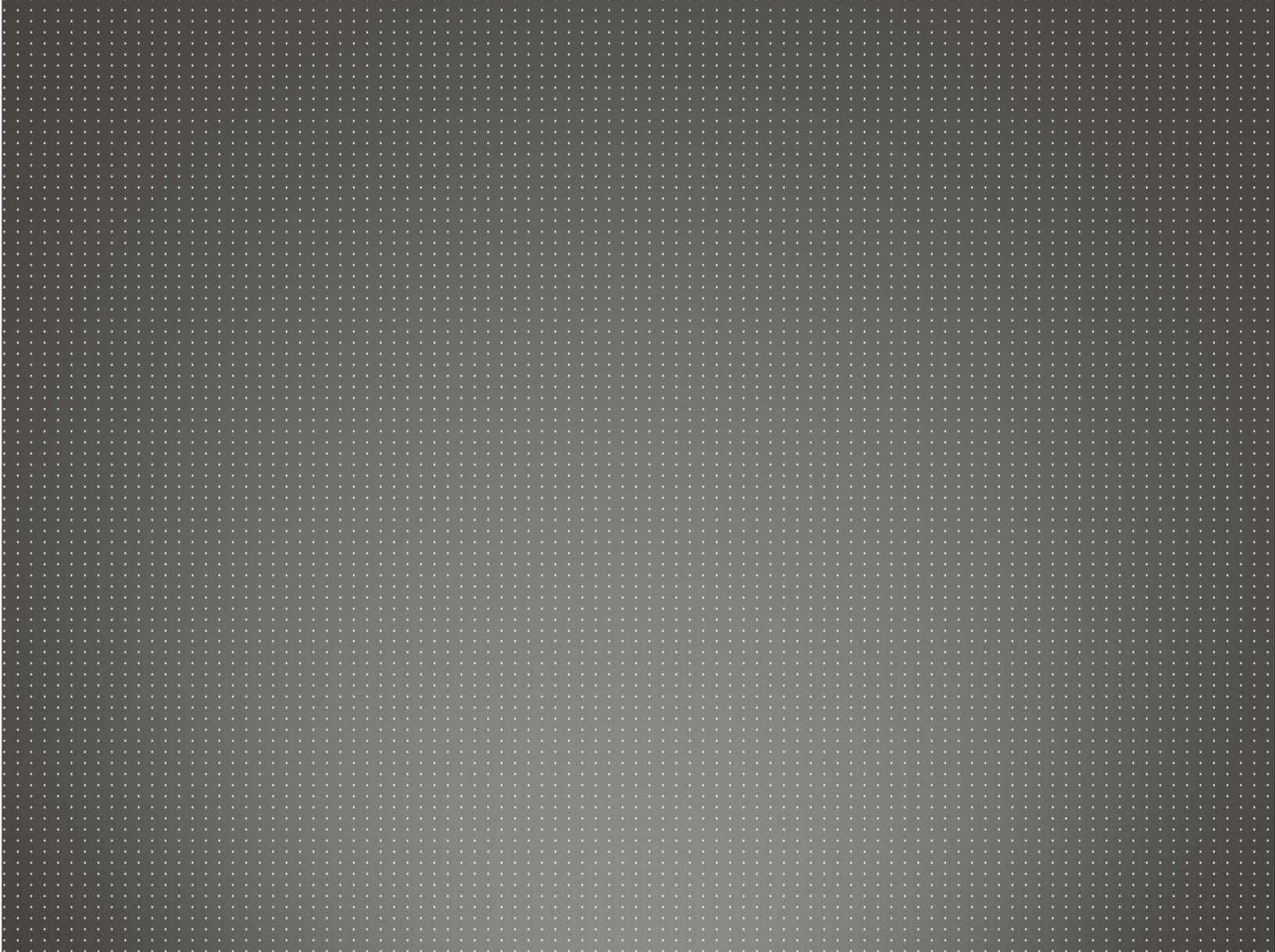


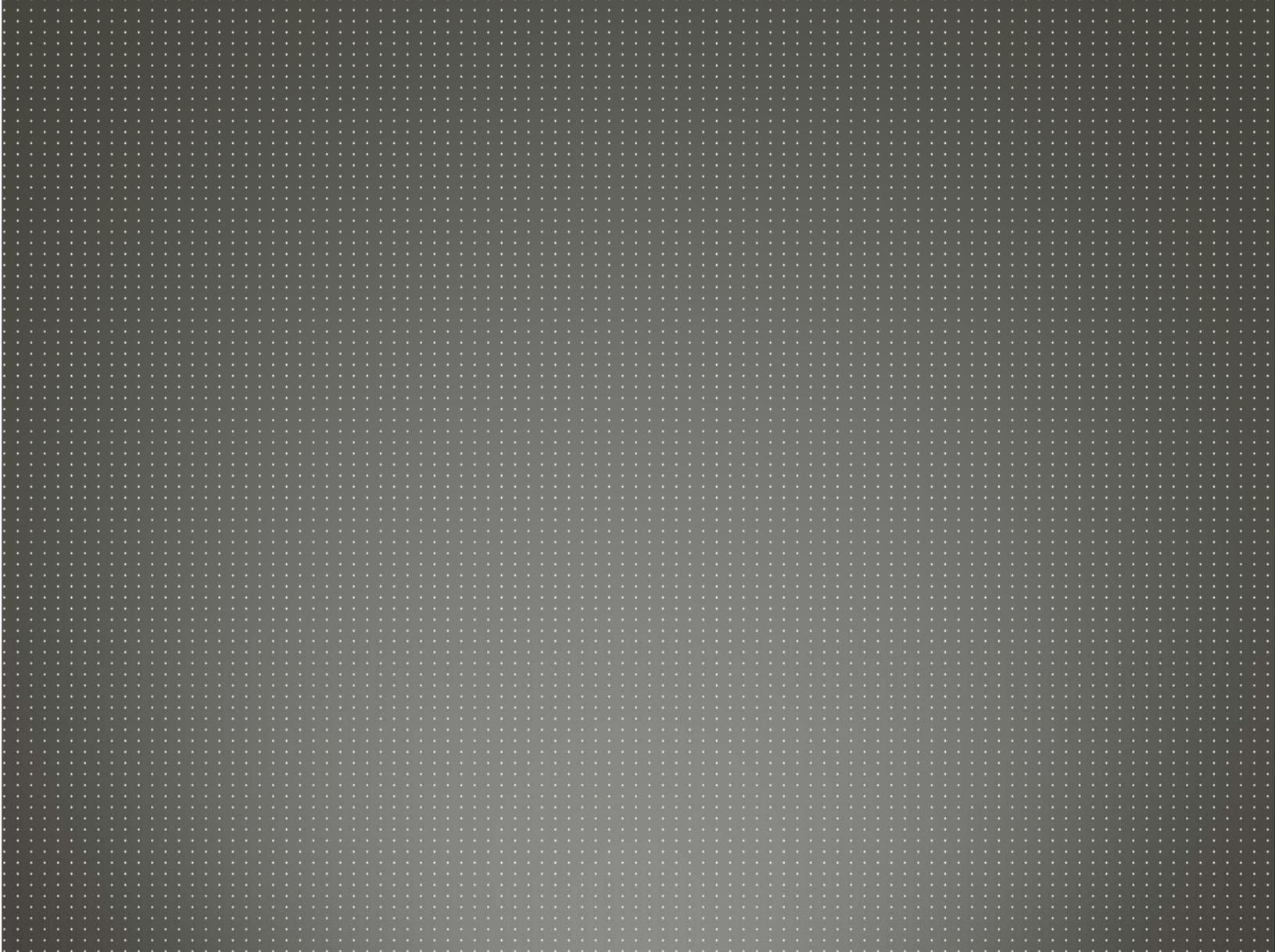


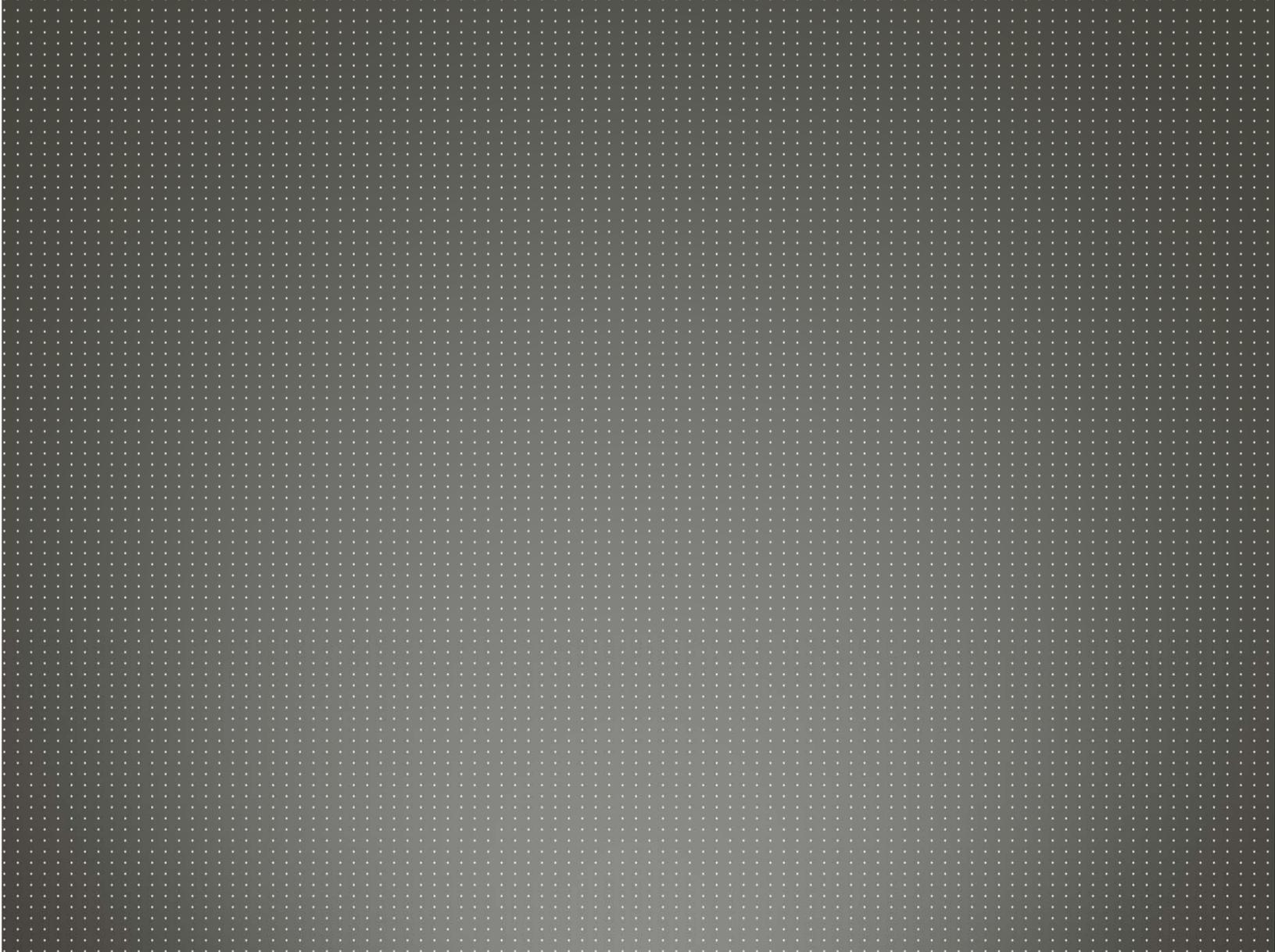


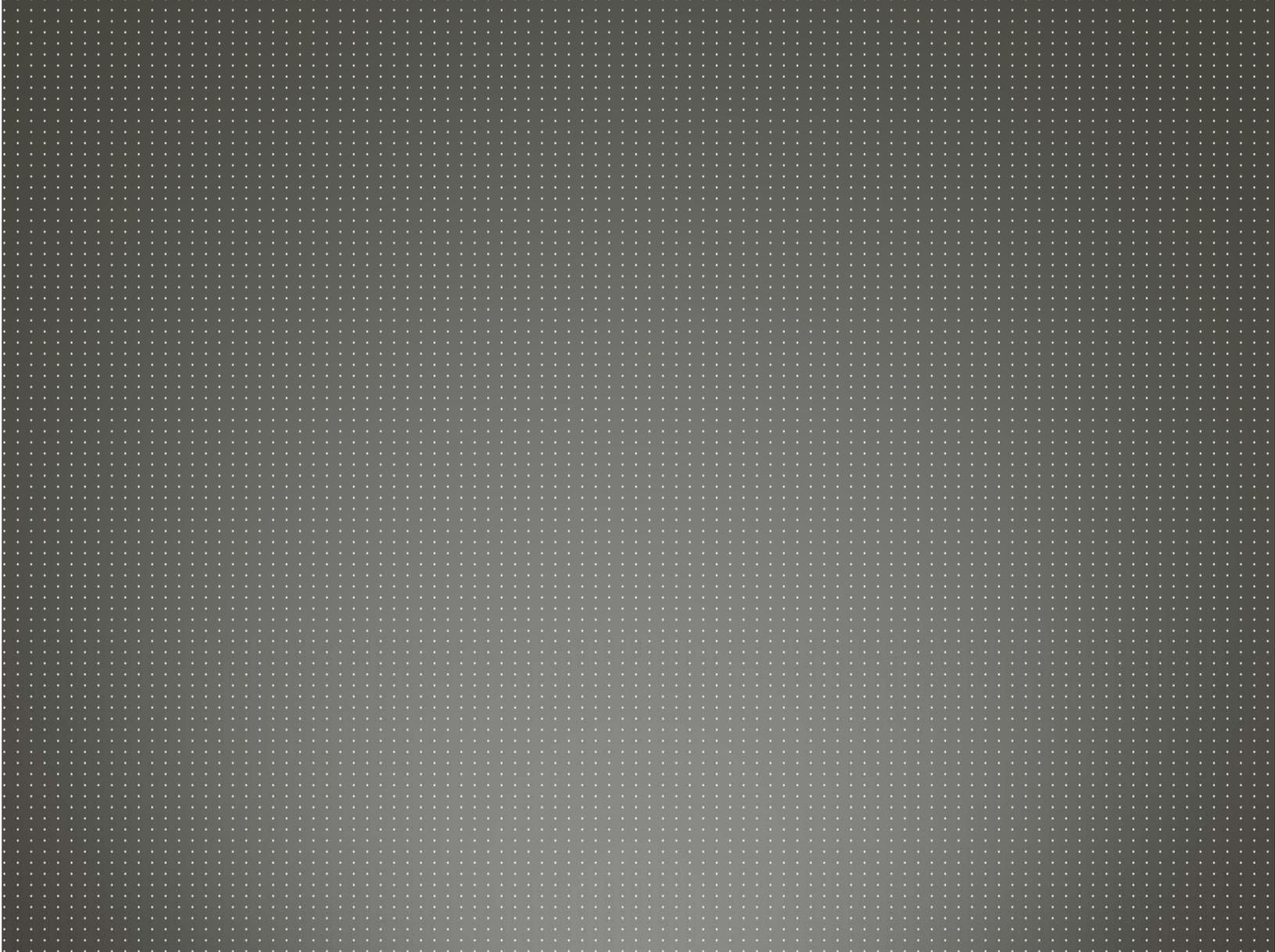


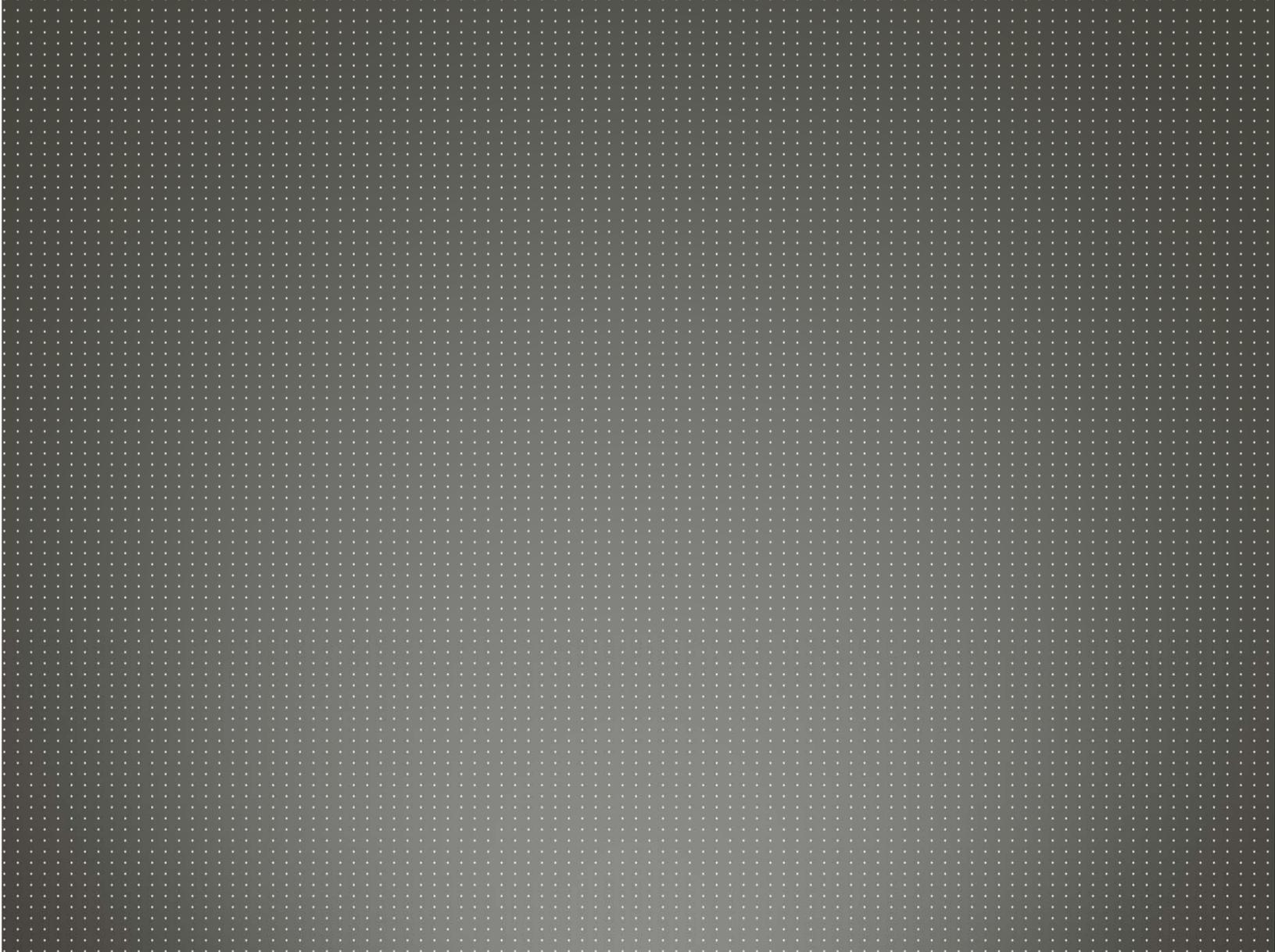


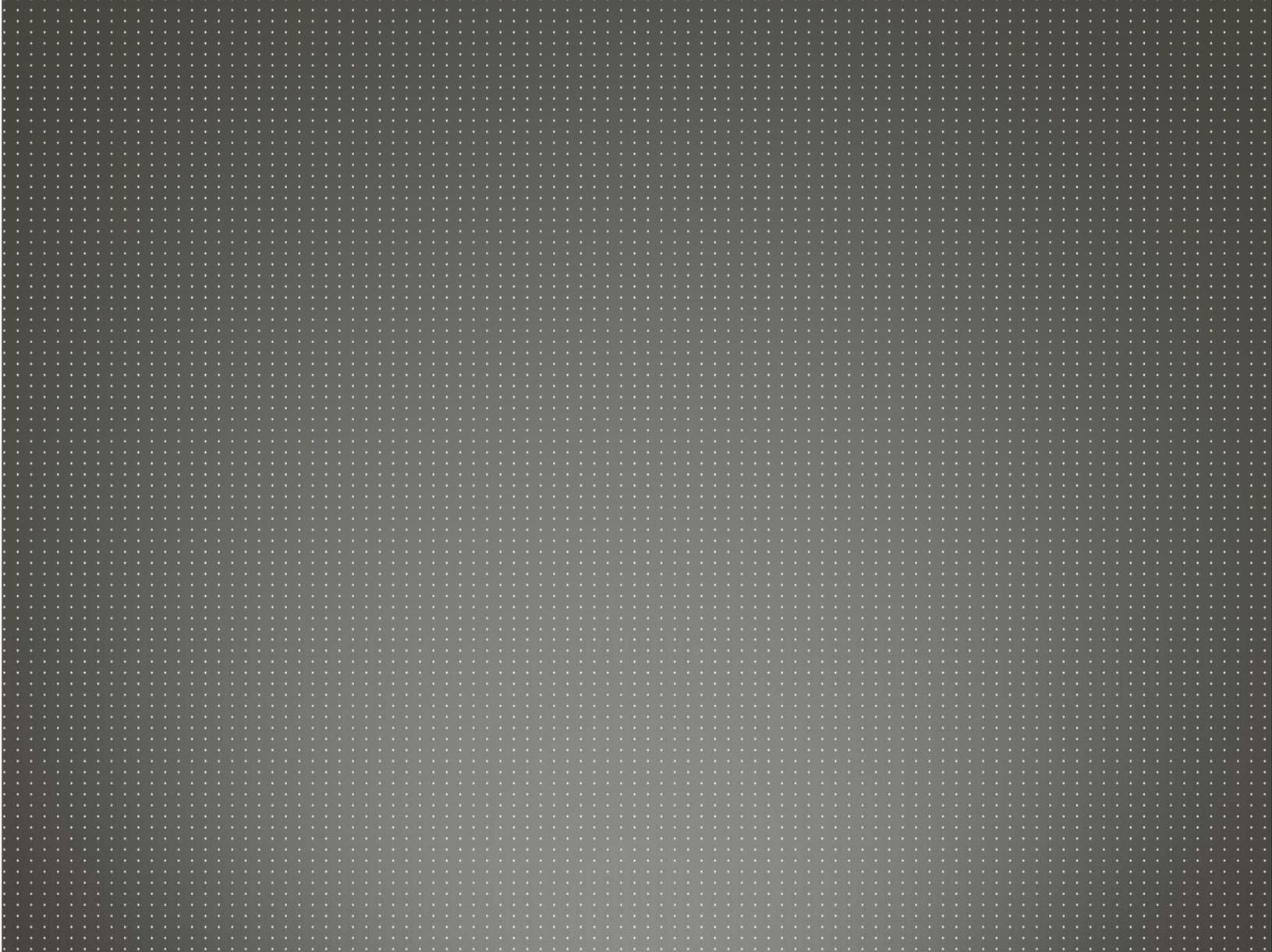


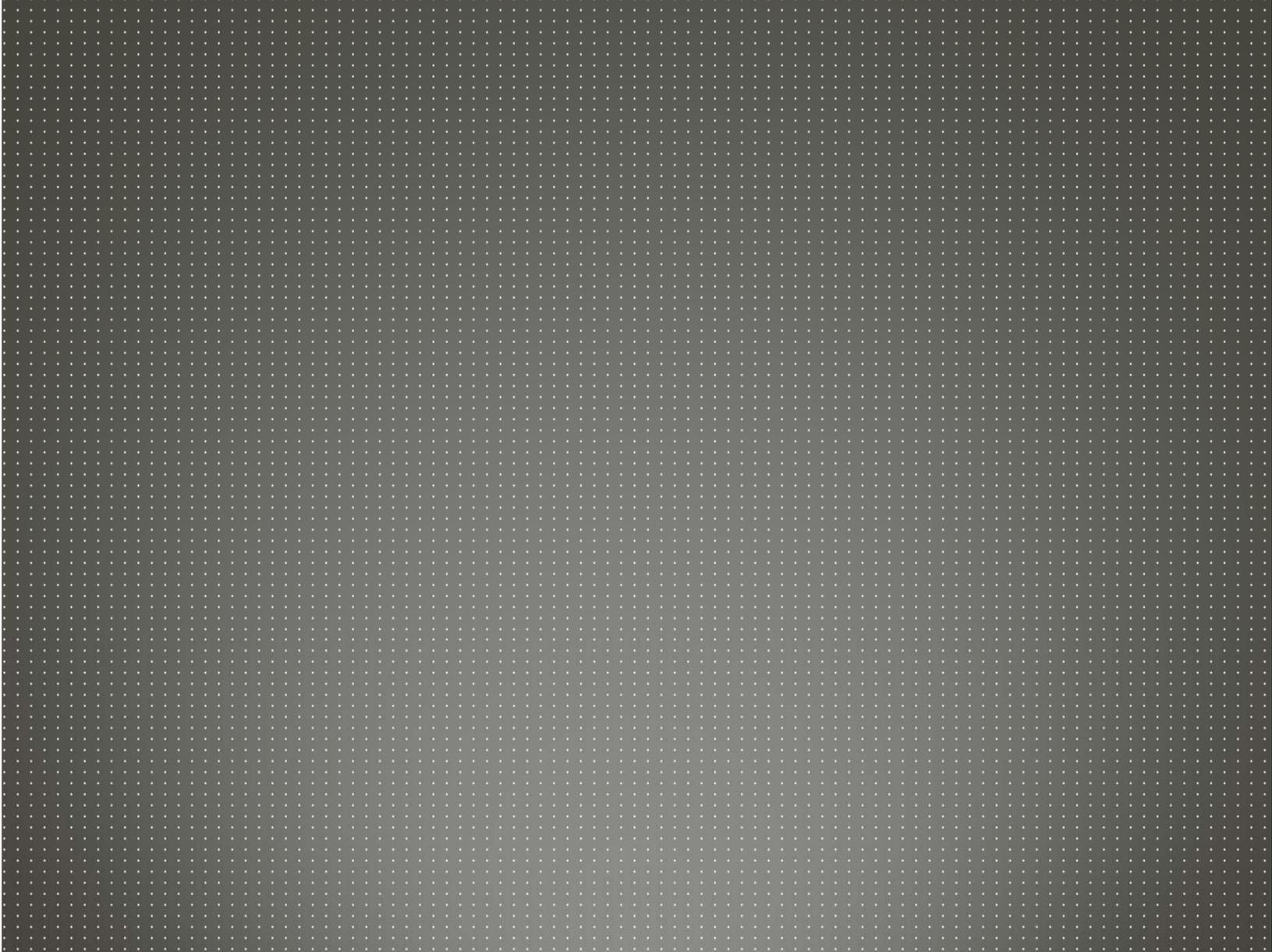


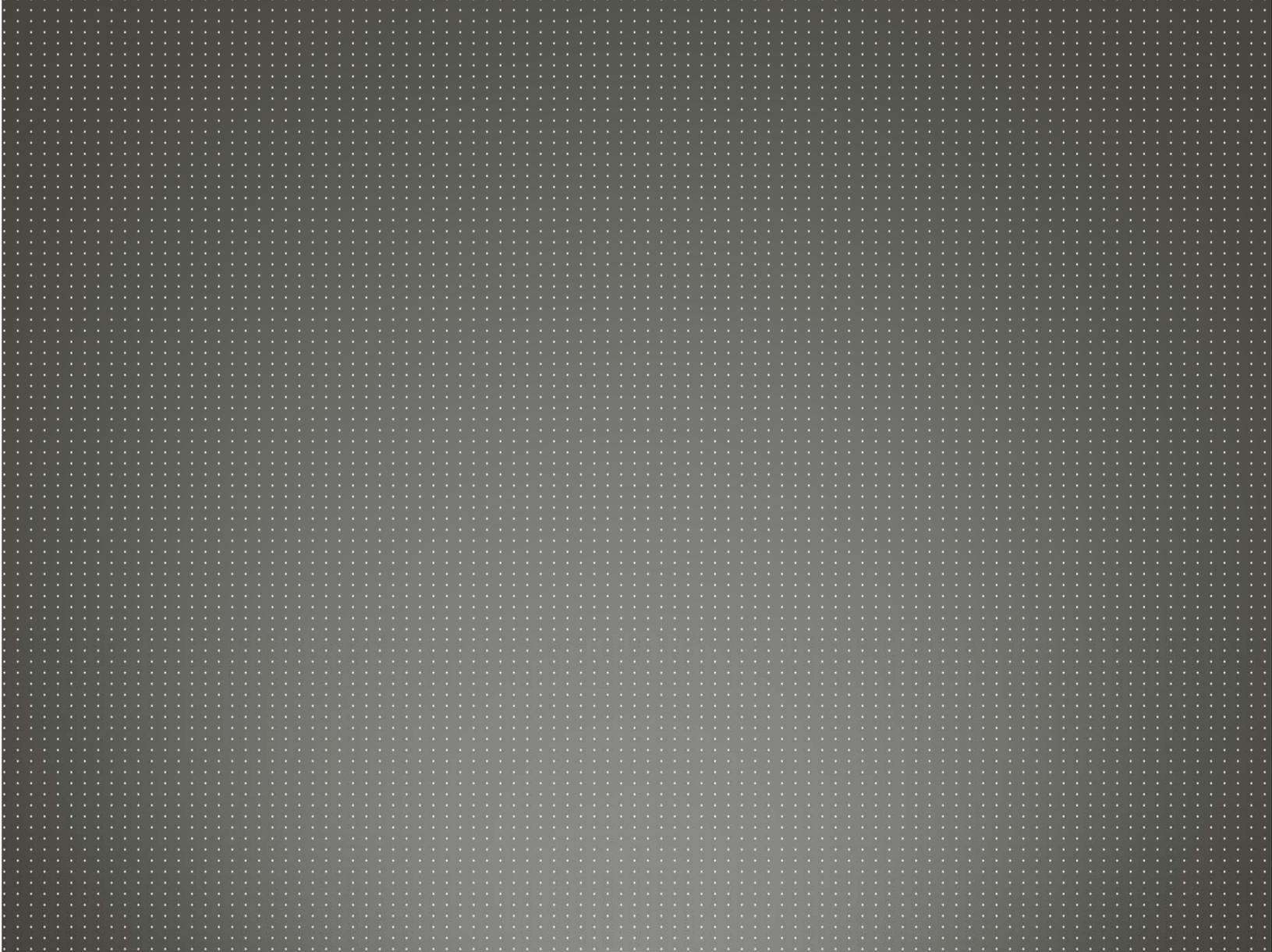


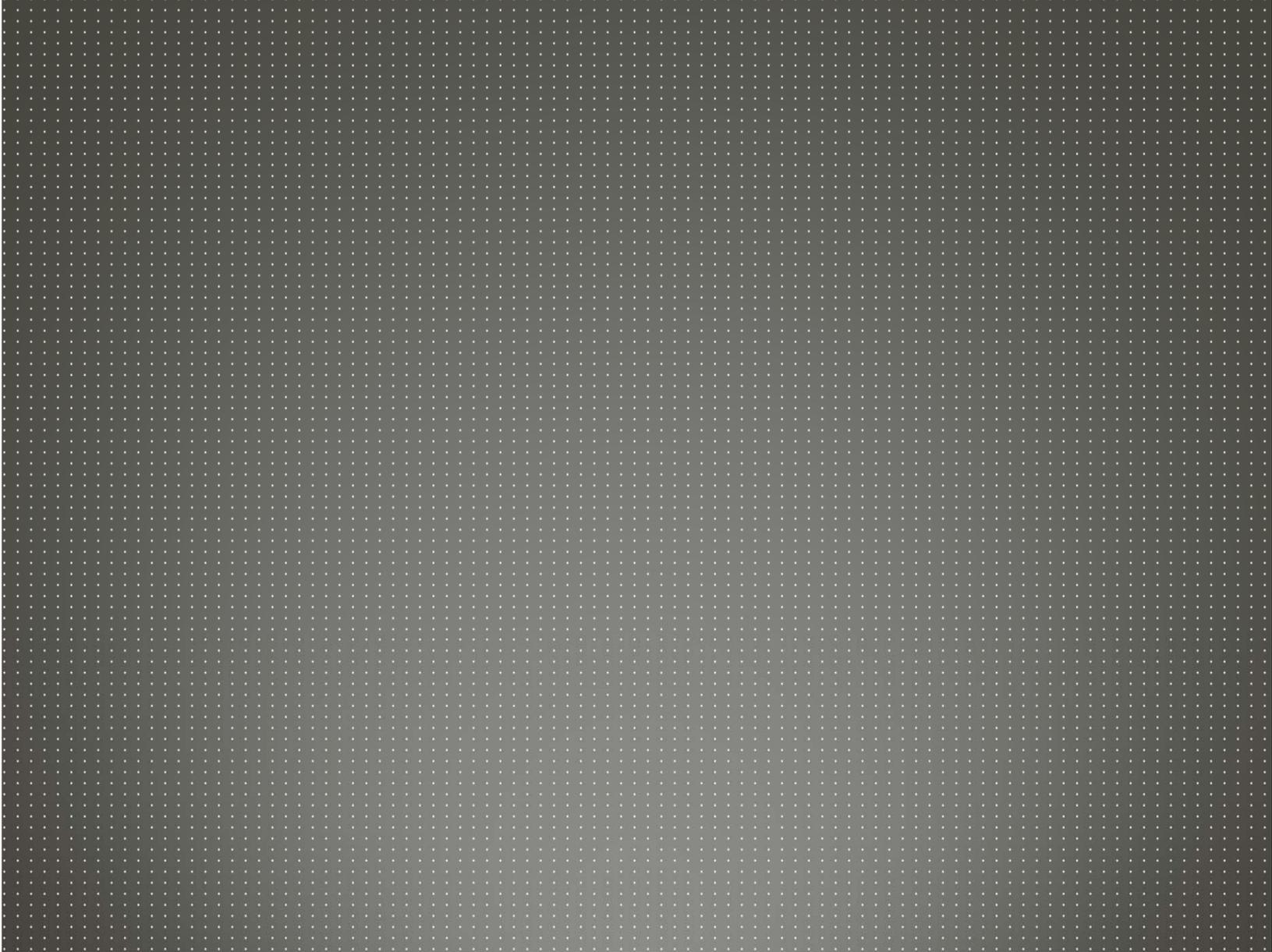


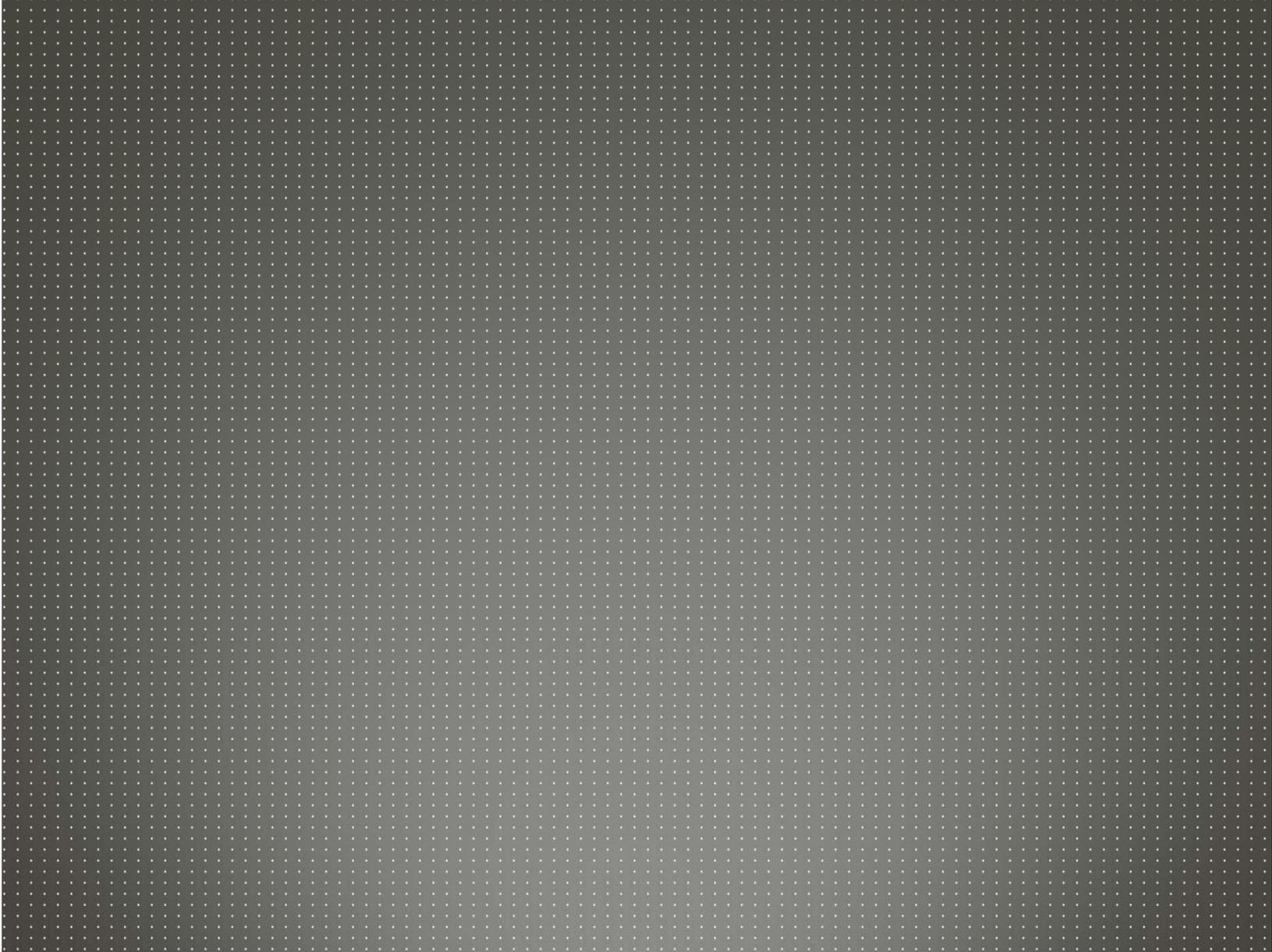


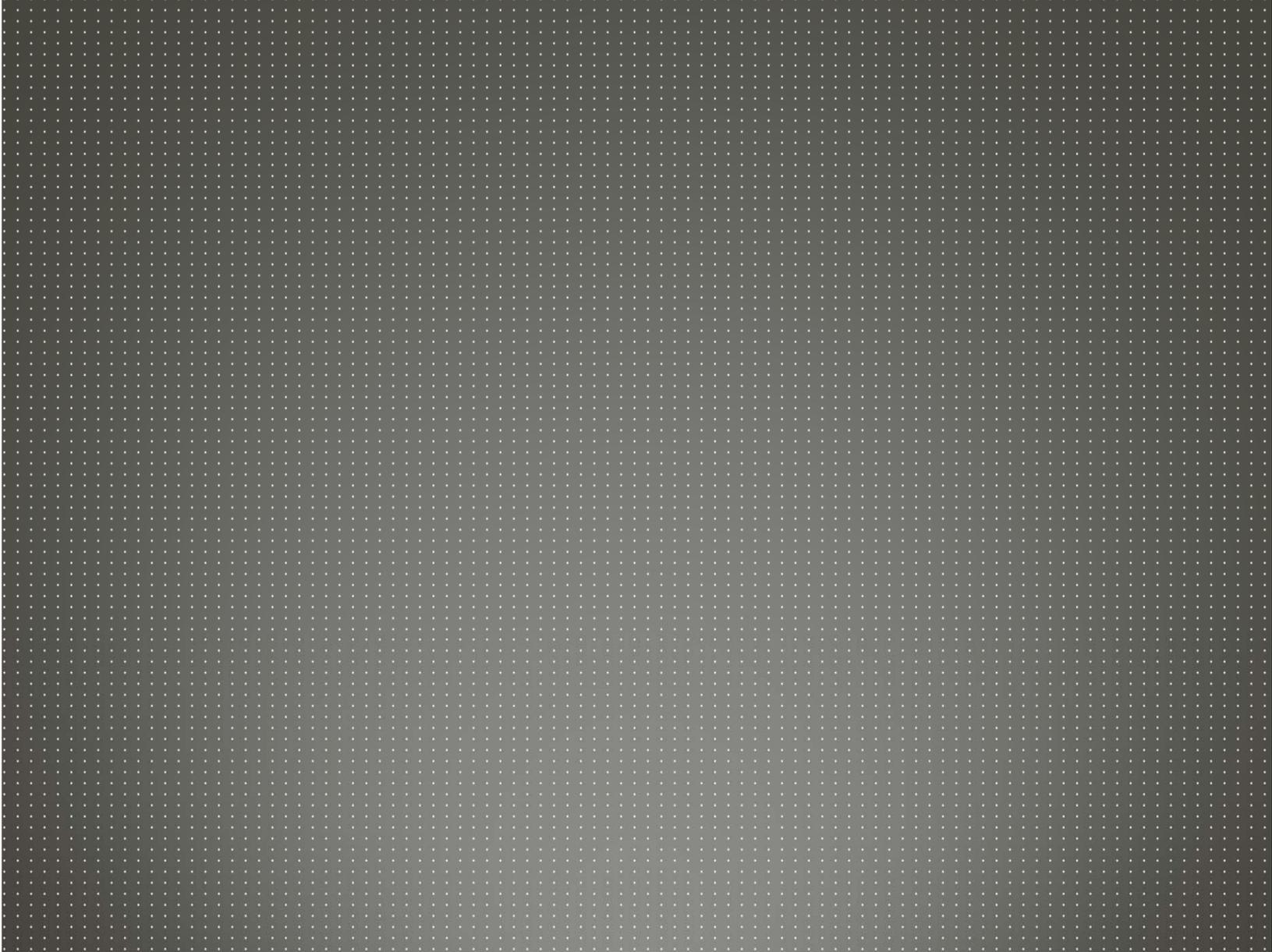












15 MINUTE BREAK



REQUIREMENTS OF A SELF STUDY

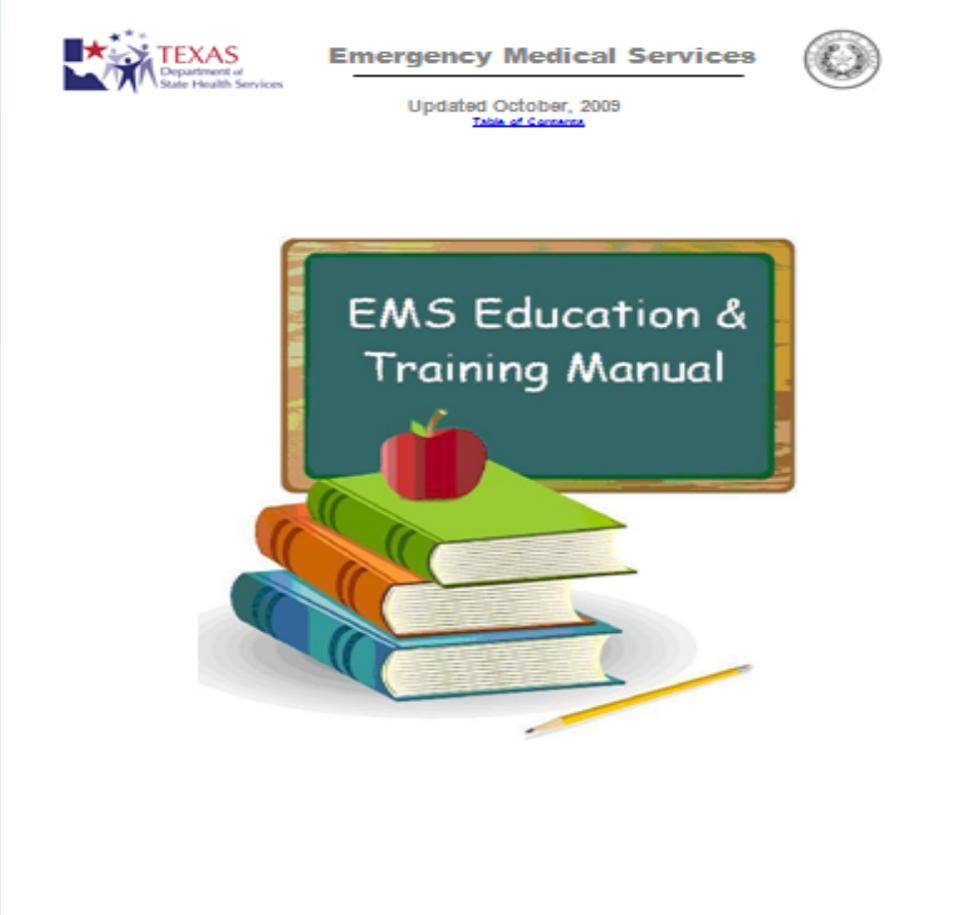
Presented by:

Raul Guerrero, EMS Specialist - El Paso

Joseph Hamilton, EMS Specialist - Houston

FORMAT OF THE SELF STUDY

1. Two (2) complete copies
2. Pagination
 - a. Self Study is printed on 8½" x 11" paper in portrait format
 - b. Consecutive page numbering
 - c. Number each question
 - d. Write each question completely
 - e. Answer each question completely



Self-Study Instructions

In preparing the self-study report, information should be organized in a manner like that described in the self-study preparation outline within this manual. The self-study should be produced on standard 8 1/4 by 11-inch paper and all pages must be numbered consecutively. When preparing the report, the coordinator must write each question or statement being addressed followed by the answer. Complete sentences convey thought better than fragmentary expressions and should be the norm. Two copies of the self-study report are to be mailed or delivered to the appropriate Regional EMS Office at least ninety days (90) prior to the submission of a course application for the program's first course. At least one copy must be retained for reference by the program director and/or course coordinator. New programs will not be allowed to start courses until a self-study has been accepted as complete and an application for the course has been approved.

Upon review and determination that the self-study is complete, a letter of the approval or disapproval of the program will be sent to the program director or the coordinator. Such notification shall take place not later than sixty-days (60) from the submission of the self-study.

To aid in preparation of the self-study, the outline on the following two pages is offered for review.

Contents of Self-Study Report	
<p>A. General Information</p> <ol style="list-style-type: none"> 1. Name, address, and level of program. 2. Name and address of sponsoring institution. 3. Names and addresses of clinical affiliations. 4. Names and addresses of field internship sites. 5. Name and phone number of program director and medical director. 6. Name and phone number of person responsible for the preparation of the self-study. 7. List of other allied health-training programs, if any, offered by the program or within the institution. 8. ATTACH an organizational chart of the sponsoring institution that shows the relationships under which the program operates and all persons directly involved with the program. 9. Describe how the financial resources of the program are sufficient to assure the achievement of program goals. 10. State the length of each type of course the program will conduct, the number of clock hours, amount of academic credit (if applicable) and the type of certificate or degree offered (if applicable). 	<p>A. General Information (continued)</p> <ol style="list-style-type: none"> 11. State approximately how many students will be accepted into the program per year. <p>B. Program/Course Policies & Procedures</p> <ol style="list-style-type: none"> 1. ATTACH a copy of all information to be provided to prospective and enrolling students. Identify which material is to be provided to enrolling students only. 2. ATTACH copies of policies and procedures that are to be used. <p>C. Instructor Selection & Evaluation</p> <ol style="list-style-type: none"> 1. List the names and qualifications of instructors, clinical coordinators, preceptors and guest lecturers associated with the program. 2. Describe the methods that are to be used to evaluate instructors, clinical coordinators, preceptors and guest lecturers. <p>D. Clinical and Field (Ambulance) Internship (Note: This section does not apply to programs offering only ECA training.)</p> <ol style="list-style-type: none"> 1. ATTACH copies of current clinical and field internship agreements. 2. Explain how patient census and run volume will be reviewed and determined to be appropriate for the level of course and number of students.

Contents of Self-Study Report (continued)	
D. Clinical and Field (Ambulance) Internship (continued)	(continued)
3. ATTACH copies of clinical and field internship policies and procedures if not included in policies and procedures for the program mentioned above.	2. Explain how written exam and performance evaluation results will be reviewed with students.
4. ATTACH copies of all clinical and field internship objectives that are used in the program.	H. Medical Director Involvement
E. Equipment	1. Identify the program's medical director, use form in Appendix G , and state if he/she is under contract or if he/she is involved with the program through a letter of agreement or contract.
1. Describe how the equipment and supplies are adequate to meet the needs of the program.	2. Explain how the medical director will be used to review student performance and assure attainment of competency.
2. Describe the process for replacing or repairing old or broken equipment.	I. Overall Program Evaluation
F. Classroom & Facilities	1. Discuss the program's goals and objectives.
1. State the maximum number of students that can be accepted into each course level for which the program provides training. State the maximum number of courses to be conducted concurrently.	2. Describe how these goals and objectives are responsive to the needs of the community.
2. Describe how the classroom, laboratory and instructional materials are adequate to fulfill the needs of the program given the maximum number of students in the program.	3. Describe any special considerations that will impact your program (e.g. conscripted students, financial constraints, availability of medical experiences, etc.)
3. Describe how the library resources are appropriate to support the curriculum for the number of students enrolled in the program.	4. Identify the areas of anticipated strengths and weaknesses in the program.
G. Student Evaluations	5. Describe methods planned to remediate any identified weakness.
1. Explain how students will be evaluated during program courses.	

In addition to addressing all the program components in the table on pages 19-20 in the self-study, complete records must be maintained documenting problems, successes, administrative actions and program revisions that unfold as the program progresses. In particular, programs that are Nationally Accredited must copy all communications received from or sent to the accrediting entity to the appropriate EMS Regional Office. The site visit team at the initial and subsequent site visits will review all files. The coordinator should develop plans as to how he will document program activities, evaluate staff and substantiate outcomes. During the site visit, the team will ask for such documentation. Examples of such requests are listed in the table that follows on pages 22-23.

GENERAL INFORMATION

1. Name, Address and Level of Program
2. Name and Address of Sponsoring Institution
 - a) Letter of sponsorship from institution
3. Names and Addresses of Clinical Affiliation Sites
4. Names and Addresses of Field Internship Sites
5. Name, Address and Phone Number of Program Director
6. Name, Address and Phone Number of Medical Director
7. Name, Address and Phone Number of Person Responsible for Preparation of Self Study
8. List of Other Allied Health Training Programs Offered
9. Organizational Chart of the Sponsoring Institution

**EMS SCHOOL
EMT Training Program**

Basic Self Study Report

A. GENERAL INFORMATION

1. Name, Address and Level of Program

**EMS SCHOOL
EMT Training Program
1313 Mockingbird Lane
El Paso, Texas 79999
Basic Education Program**

2. Name and Address of Sponsoring Institution

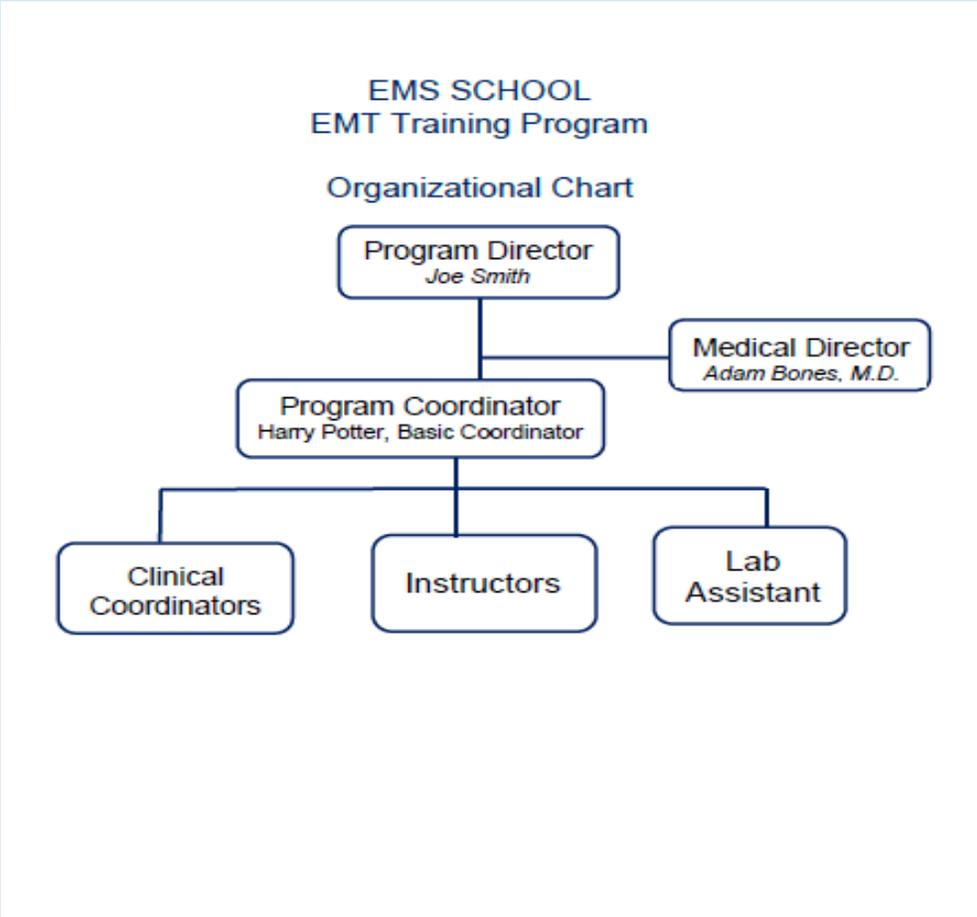
**WE DELIVER EMS
1313 Mockingbird Lane
El Paso, Texas 79999**

3. Name and Addresses of Clinical Affiliation Sites

**BEST CARE HOSPITAL AND TRAUMA CENTER
1001 Main Street
El Paso, Texas 79999**

4. Name and Addresses of Field Internship Sites

**WE DELIVER EMS
1313 Mockingbird Lane
El Paso, Texas 79999**



GENERAL INFORMATION

10. Description of the Financial Resources of the Program and how they are sufficient to achieve program goals
11. Profile for Each Course Offered
 - a) Length of each course
 - b) Total Clock Hours
(Didactic / Clinical / Internship)
 - c) Academic Credit (if applicable)
 - d) Type of Certificate / Degree Offered
(if applicable)
12. How Many Students Accepted into the Program per Year

POLICIES AND PROCEDURES

1. Simple and easily understood
 - a. Examples
 - 1) Screening / Admission
 - 2) Disability Information
 - 3) Attendance / Tardiness
 - 4) Grades / Testing / Make-Up
 - 5) Clinical Internship
 - 6) Field Internship
2. Identify what information will be provided to prospective students
 - a. Acceptance Letter
 - b. Student Handbook
 - c. Policies and Procedures

INSTRUCTORS

1. Names and Qualifications of Personnel Associated with Program
 - a. Instructors
 - b. Clinical Coordinators
 - c. Preceptors
 - d. Guest Lecturers

2. Description of Methods to Perform Evaluations
 - a. Instructors
 - b. Clinical Coordinators
 - c. Preceptors
 - d. Guest Lecturers

AFFILIATION AGREEMENTS

1. Copies of Current Affiliation Agreements
 - a. Clinical Affiliation
 - b. Field Internship

2. Policies and Procedures for Affiliation Agreements
 - a. Clinical Affiliation
 - b. Field Internship

3. Objectives for Affiliation Agreements
 - a. Clinical Affiliation
 - b. Field Internship

4. Explanation of Patient Census and Run Volume Appropriate for Each Level of Course and Number of Students

EQUIPMENT

1. Description How Equipment & Supplies are Adequate to Meet the Program's Needs
2. Process for Repairing or Replacing Old or Broken Equipment
3. Complete List of Equipment for Each Course Level

Basic Program Equipment List

3	Oral Airway sets	3	K.E.D.s
3	Nasal Airway sets	4	Traction Splints
20	Mask Non-Rebreathers	4	Head roll sets
10	Nasal Cannulas	10	Ladder Splints
5	Oxygen Tubing	4	Padded Boards Splints
10	Bag Valve Mask	200	4x4 Sterile
6	Manual Suctions	3	4x4 Non-Sterile - Pkg
4	Electric Suctions	20	Kerlix
10	Nebulizer Mask	20	Kiing
20	Blood Pressure Cuffs	6	Trauma Dressing
20	Stethoscopes	20	Cold Packs
20	Penlights	50	Vaseline Gauze
5	Pulse Oximeter	2	O.B. Kits
6	Glucometer	6	Sharp's Containers
4	Oxygen Cylinders	5	Combi Tube - Adult
4	Oxygen Regulators	5	Combi Tube - Small Adult
10	Epi-Pen Trainer	15	CO2 Detectors

Advance Program Equipment List

In addition to Basic Program equipment

1	LifePak 12 Defibrillator/Monitor
1	LifePak 12 Defibrillator/Monitor – Trainer
1	Zoll Defibrillator/Monitor
3	IV Training Arms
2	Adult IO leg
2	Pedi ALS Trainer mannequin
2	Adult ALS trainer mannequin
1	12 lead ECG simulator mannequin
1	Newborn IO leg
1	Infant IO leg
4	Adult airway mannequins
200	Endotracheal tubes – various sizes
3	Laryngoscope – sets
3	I/O Trainer sets
10	Capnography monitor adapters
200	Needles – various sizes
200	IV Catheter – various sizes
200	Macro/Micro administration set
200	IV Starter Kits
3	Magill Forceps – adults
3	Magill Forceps – pediatric
1000	Electrodes
500	Syringes – various sizes
	Medications - various

CLASSROOM & FACILITIES

1. Maximum Number of Students Accepted into Each Course Level
2. Maximum Number of Course Conducted Concurrently
3. Description of Facilities and Adequacy to Fulfill Student Needs
 - a. Classroom
 - b. Laboratory
 - c. Bathrooms
 - d. Break Facilities
 - e. Internet
4. Description of Library Resources and Adequacy to Support the Curriculum
 - a. Textbooks
 - b. Magazines
 - c. Internet



DSHS EMS Course Coordinator Course 2015



DSHS EMS Course Coordinator Course 2015

STUDENT EVALUATIONS

1. How Students will be Evaluated
2. How will Written Exams be Reviewed with Students
3. How will Performance Evaluations (Skills) be Reviewed with Students

MEDICAL DIRECTOR

1. Identify the Medical Director
2. Explain Medical Director Involvement with the Program
 - a. Review and Approve content of program's curricula
 - b. Review Student Performance
 - c. Assurance of Attained Competency



Texas Department of State Health Services
Emergency Medical Services
Medical Director Information Form
October 2009



Submit this form to:
EMS Compliance & QA , MC 1979, PO Box 149347, Austin, TX 78714-9347

For assistance, contact the appropriate regional DSHS EMS staff.
 See <http://www.dshs.state.tx.us/emstraumasystems/EMSCComplianceRegOfcList.pdf> for contact information

Name of Physician _____

Preferred Mailing Address _____
(Do not use address / phone number of the EMS Education Program)

City _____ State _____ Zip _____

Medical License #: _____ Exp date: _____

Email _____

Phone Number _____ FAX Number _____

Name of Training Program	Date Began With Training Program

If affiliated with more training programs, mark this block and list on an attachment

I verify that I am a physician licensed in the State of Texas. I have read and am familiar with the Medical Practice Act and the Texas Medical Board rules regarding Emergency Medical Service at Title 22 of the Texas Administrative Code (TAC), Chapter 197, with the Department of State Health Services EMS statute at Chapter 773 of the Texas Health and Safety Code, and with EMS rules at Title 25 TAC, Chapter 157. I understand that I am responsible for all aspects of the operation of the above named training program(s) concerning medical education and/or provision of medical care.

Physician's Signature _____ Date _____

PRIVACY NOTIFICATION

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 522.021, 522.023 and 559.004)

Publication #: F01-130741 - Electronic Publication #: EF01-13071 EMSTrainingProgram-MedicalDirectorForm-Oct09

**EMERGENCY MEDICAL SERVICES
STATEMENT OF MEDICAL DIRECTION / SUPERVISION OF EDUCATION CONTENT**

The purpose of this document is to provide verification of medical direction and supervision of education content delivered by certified Emergency Medical Services (EMS) Education Programs. I have read and am familiar with the Medical Practice Act and Texas Administrative Code (TAC) regarding Emergency Medical Service at Title 22 of the Texas Administrative Code (TAC), Chapter 197 (Emergency Medical Services), as required by Chapter 773 of the Health and Safety Code (Emergency Medical Services), and by Chapter 157 (Emergency Medical Services)

I affirm that I am – (1) a physician licensed to practice medicine in the State of Texas; (2) Familiar with the operation of EMS systems; (3) Experienced in prehospital emergency care of acutely ill or injured patients; (4) Actively involved in the emergency management of acutely ill and/or injured patients, in the training and/or continuing education of the EMS personnel under my supervision at their level of certification, in the medical audit, review, and critique of the EMS personnel performance, and in the administrative process affecting the delivery of emergency prehospital care; (5) knowledgeable about local multi-casualty plans; (6) familiar with dispatch and communications operations of prehospital emergency units; and (7) knowledgeable about laws and regulations affecting local, regional and state EMS operations, (8) compensated/voluntarily offering my services without compensation

I understand that, as medical director, I will:

- (1) review and approve the educational content of the program's curricula;
- (2) review and approve the quality of medical instruction provided by the program;
- (3) establish and monitor compliance with training guidelines which meet or exceed Texas Department of State Health Services EMS certification regulations;
- (4) participate as part of the advisory committee;
- (5) attest that each graduating student has achieved the desired level of competence prior to graduation.

Medical Director:

I agree to assume the authority and responsibility of Medical Director for _____
_____ (EMS Education Program).

Physician's Name: _____
 Physician's Signature: _____ Date: _____
 Physician Address: _____
 City: _____ State: _____ Zip: _____ Telephone: (____) _____

EMS Provider:

On behalf of _____ (EMS Education Program),
 I accept the authority and the responsibility of the Medical Director.

Name and Title of Authorized Provider Representative: _____
 Signature: _____ Date: _____
 Provider Address: _____
 City: _____ State: _____ Zip: _____ Telephone: (____) _____

Either party may cancel this agreement within receipt of sixty (60) day advanced written notice.

OVERALL PROGRAM EVALUATION

1. Describe Program's Goals and Objectives
 - a. Are they responsive to the needs of the community?
2. Special Considerations
 - a. Financial Constraints
 - b. Availability of Medical Experiences
 - c. Methods to Remediate Identified Special Considerations
3. Identify Specific Areas within the Program
 - a. Strengths
 - b. Weaknesses
 - 1) Methods to Remediate Identified Weaknesses

**The Self Study is meant to be a
Living Document.**

**It must be continuously revised to
reflect ongoing evaluations and
refinements of the program.**





APPLYING FOR A PROGRAM

Presented by:

Raul Guerrero, EMS Specialist - El Paso

Daniel P. Williams, Education Specialist - Austin

PROGRAM REQUIREMENTS

1. Two (2) complete hard copies and one electronic (USB in either Word or PDF Format)
2. Pagination
 - a. Self Study is printed on 8½" x 11" paper in portrait format
 - b. Consecutive page numbering
 - c. Number each question
 - d. Write each question completely
 - e. Answer each question completely
3. Submitted at Least Ninety (90) Days Prior to Start of Any Program Activities to the Regional Office
4. EMS Education Program Application (completed)

AFFILIATION AGREEMENTS

1. Clinical Affiliation Agreements
 - a. Hospitals
 - b. Other Facilities
 - 1) High Fidelity Simulation Lab
 - 2) Urgent Care
 - 3) Morgue
 - 4) Primary Care Physician Office

2. Field Internship Agreements
 - a. Ambulance Provider
 - 1) 911 Provider
 - 2) Non-Emergency Transport



Applying for a Program Online

Applying for a Program Online

- We are planning to go live with online applications for education programs and courses in August of this year.
- We will be sending letters in the next few weeks to all current education programs asking for a generic email address for the program. We will then create an account for your program to use using the email address provided. This email address will be used for the online account and this email address should be able to change hands if the current coordinator leaves.
- Please note the applications are still being tested and the following screenshots may change.

Online Licensing Services

Navigate to: <http://vo.ras.dshs.state.tx.us>

The screenshot shows the 'Online Licensing Services' page for the Texas Department of State Health Services. The page header includes the Texas state logo and the text 'TEXAS Department of State Health Services'. Below the header, there are navigation links for 'Help & Support' and 'Contact Us'. The main content area is divided into several sections:

- Check License Status or Search for a License:** A section with a blue header. The text states: "It is not necessary to register or login to view or search for a license or certification. Begin your [license search](#) here to verify that a license holder has a current license with the Department of State Health Services. You can search by name, license type, city or county."
- Apply for a New License:** A section with a blue header. The text states: "To apply for an initial license, please see the [Online Licensing Eligibility](#) page to check if your license type is supported before you [register as a new user](#). If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license."
- Renew Your License:** A section with a blue header. The text states: "To renew an existing license, please verify that your license type is [eligible for online renewal](#). Once you have confirmed that your license may be renewed online, please login with your existing user ID and password, or [register as a new user](#)."
- Asbestos Notifications:** A section with a blue header. The text states: "It is not necessary to login to view asbestos notifications. [Search for a notification](#) by project location, date, name or notification number. If you wish to submit/amend an asbestos notification, you may [register as a new user](#) if you have not previously registered using this system."

On the right side of the page, there is a login section with a blue header 'Returning User'. It contains input fields for 'User ID:' and 'Password:', a 'Sign In' button, and links for 'Forgot user ID?' and 'Forgot password?'. Below this is a 'New User' section with a blue header and a plus icon. The text says: "Create a new online account as a first time user. Log in with the password emailed to you to access online services." and includes a link for 'Register as a new user'. At the bottom of the page, there is a footer with links: 'Contact Us | Compact with Texans | File Viewing Info | Internet Policy | Statewide Search | Homeland Security | Texas.gov'.

Quick Start Menu

We are interested in the “Apply for a New License” section.

From the drop down menus you will choose the following:

Board: Emergency Medical Services

Application: Initial Basic Program

Then hit the select button on the right

The screenshot displays the 'Quick Start Menu' for the Texas Department of State Health Services. The main content area includes sections for 'It is time to Renew!', 'Manage your license information', 'Apply for a New License', 'View Application Status', and 'Additional Activities'. The 'Apply for a New License' section is expanded, showing a dropdown for 'What are you applying for?' with the option '<Choose Board>' selected, and another dropdown for '<Choose Application>' with the option '<Choose Application>' selected. A 'Select' button is located to the right of the application dropdown. The right sidebar, titled 'License Information', lists several licenses with their respective numbers and types, each with a 'Show Details' button.

The Application

The screenshot shows the Texas Department of State Health Services website. The header includes the Texas state logo and the text "TEXAS Department of State Health Services". Navigation links include "Contact your licensing board or program | Internet Policy", "Logged in as [redacted]", "Main Menu | Update Profile | Logout | Contact Us", and "DSHS Certifications, Licenses and Permits | Disclaimer".

The main content area is titled "Initial Basic Education Program - Introduction". It features a sidebar menu with the following items: Introduction, Function Suitability, Name and Organizational Details, Contact Information, Select Attributes, Basic Information, Equipment Agreements, Field Intern Agreements, Other Agreements, Classroom Agreements, Equipment Agreements, Related Licenses Listing, and Application Summary.

The "Introduction" section contains the following text:

Welcome to the Office of EMS/Trauma Systems Coordination online application for initial licensure as an Emergency Medical Services Education Program. Follow the instructions on each screen to complete your application. Your information will not be saved until you complete the application and submit your information and fees.

Press "Next" to continue.
Press "Cancel" to cancel this application and return to the main menu.

A "PRIVACY NOTIFICATION" is displayed, stating: "With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023, 559.003, and 559.004)".

At the bottom right of the main content area, there are two buttons: "Next" and "Cancel".

The footer of the application page includes the text "DSHS Certifications, Licenses and Permits | Disclaimer" and "Last Updated Mar 27, 2013".

Function Suitability aka Kill Questions

The screenshot shows the Texas Department of State Health Services website. The header includes the state logo and the text "TEXAS Department of State Health Services". Navigation links include "Contact your licensing board or program | Internet Policy", "Logged in as [redacted]", "Main Menu | Update Profile | Logoff | Contact Us".

The main content area is titled "Initial Basic Education Program - Function Suitability". It contains instructions: "Answer the questions below to ensure that you have selected the correct online transaction. Answer the questions and press 'Next'. Press 'Previous' to return to the previous section. Press 'Cancel' to cancel this application and return to the main menu."

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input type="radio"/> No
Are you applying for an Advanced Education Program?	<input type="radio"/> Yes <input type="radio"/> No

At the bottom right of the question area, there are three buttons: "Previous", "Next", and "Cancel".

A sidebar on the left lists the application sections: Introduction, Function Suitability (selected), Name and Organizational Details, Contact Information, Select Attributes, Basic Information, Clinical Agreements, Field Intern Agreements, Other Agreements, Classroom Agreements, Equipment Agreements, Related Licenses Listing, and Application Summary.

Name and Organizational Details

Introduction	Initial Basic Education Program - Name and Organizational Details
Function Suitability	Please enter your organizational details and press "Next" to continue.
Name and Organizational Details	Press "Previous" to return to the previous section.
	Press "Cancel" to cancel this application and return to the main menu.
Contact Information	Organization Name: <input type="text" value="██████████"/>
Select Attributes	Doing Business As Name: <input type="text"/>
Basic Information	Tax Number: <input type="text"/>
Clinical Agreements	
Field Intern Agreements	
Other Agreements	
Classroom Agreements	
Equipment Agreements	
Related Licenses Listing	
Application Summary	

[Previous](#)
[Next](#)
[Cancel](#)

If your EMS Provider is the same entity as your Education Program (e.g. same Tax ID Number) changing your Tax Number here will change your Tax Number on file with us on your EMS Provider's license.

- The Tax Number field will be prefilled with your current Tax ID Number

Contact Information

Initial Basic Education Program - Contact Information

Press "Previous" to return to previous page.
 Press "Next" to go to next page.
 Press "Cancel" to Cancel application and go back to Quick Start Menu.
 If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
 If Delete Button is available. Press "Delete" to delete the address.
 If Copy Button is available. Press "Copy" to copy a previously entered address.

Main Address

Physical Loc

Mailing Address

Copy From:

Street Number:

* Address:

* Zip Code:

* City:

* State:

* County:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Using the drop down menu and then pressing the "Copy" button allows you to copy from other addresses if they are the same.

After typing in a zip code you can press the Zip Lookup button to auto fill city/state/county fields.

Select Attributes

Introduction	Initial Basic Education Program - Select Attributes
Function Suitability	Listed below are the license attributes you may add or delete.
Name and Organizational Details	Please select/de-select the desired attribute and press "Next" to continue.
Contact Information	Press "Previous" to return to the previous section.
Select Attributes	Press "Cancel" to cancel this application and return to the main menu.
	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Basic Information	Attribute Type: Additional Attributes (please check all that apply)
Clinical Agreements	Attributes: <input type="checkbox"/> Exempt from Licensing Fees
Field Intern Agreements	Attribute Type: Category
Other Agreements	Attributes: <input type="checkbox"/> Program Closed to Public
Classroom Agreements	
Equipment Agreements	Previous Next Cancel
Related Licenses Listing	
Application Summary	

Here you will choose if you are fee exempt or closed to the public.

Agreements

Introduction	Initial Basic Education Program - Information
Function Suitability	Press "Previous" to return to previous page.
Name and Organizational Details	Press "Next" to go to next page.
Contact Information	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Select Attributes	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Basic Information	If Save Button is available. Press "Save" to save the information and return to the summary.
Equipment Agreements	Add Equipment Agreements Add
Field Intern Agreements	Equipment Agreements
Other Agreements	Affiliate Name: <input type="text"/>
Classroom Agreements	Expiration Date: <input type="text"/> (mm/dd/yyyy)
Equipment Agreements	Notes: <input type="text"/>
Related Licenses Listing	Previous Next Cancel
Application Summary	

You may add multiple agreements in each agreements section.

Press the "Add" button if you need to enter more than one of a specific type of agreement.

If you have an agreement with no expiration date put the application date as the expiration date and explain in the notes.

Related Licenses

Introduction	Initial Basic Education Program - Related Licenses Listing																		
Function Suitability	Press "Add" to add a related license. If "Add" button is not enabled (gray), adding a related license is not possible for this license type.																		
Name and Organizational Details	Press "Delete" to delete a related license. If "Delete" button is not available, deleting a related license is not possible for this license type.																		
Contact Information	Press "Previous" to return to the previous section.																		
Select Attributes	Press "Next" when finished viewing/adding/changing the related licenses.																		
Basic Information	Press "Cancel" to cancel this application and return to the main menu.																		
Equipment Agreements																			
Field Intern Agreements																			
Other Agreements																			
Classroom Agreements																			
Equipment Agreements																			
Related Licenses Listing	<table border="1"> <thead> <tr> <th colspan="2">Related Licenses</th> </tr> </thead> <tbody> <tr> <td>Relation Name:</td> <td>Coordinator</td> </tr> <tr> <td>Your Role:</td> <td>Education Program</td> </tr> <tr> <td>Other Party Role:</td> <td>Coordinator Delete Relation</td> </tr> <tr> <td></td> <td>EMS Educator - 174605 Current - 2017-04-30</td> </tr> <tr> <td>Relation Name:</td> <td>Education Medical Director</td> </tr> <tr> <td>Your Role:</td> <td>Education Program</td> </tr> <tr> <td>Other Party Role:</td> <td>Medical Director Delete Relation</td> </tr> <tr> <td></td> <td>EMS Medical Director - Current -</td> </tr> </tbody> </table>	Related Licenses		Relation Name:	Coordinator	Your Role:	Education Program	Other Party Role:	Coordinator Delete Relation		EMS Educator - 174605 Current - 2017-04-30	Relation Name:	Education Medical Director	Your Role:	Education Program	Other Party Role:	Medical Director Delete Relation		EMS Medical Director - Current -
Related Licenses																			
Relation Name:	Coordinator																		
Your Role:	Education Program																		
Other Party Role:	Coordinator Delete Relation																		
	EMS Educator - 174605 Current - 2017-04-30																		
Relation Name:	Education Medical Director																		
Your Role:	Education Program																		
Other Party Role:	Medical Director Delete Relation																		
	EMS Medical Director - Current -																		
Application Summary	<p style="text-align: right;"> Previous Next Add Cancel </p>																		

You will need to attach your Coordinator and Medical Director to the application to proceed past this point.

If your medical director cannot be found when trying to attach him/her you must contact DSHS and submit a Medical Director Information Form.

Other things not covered

- Payment options will be ACH (electronic check) or Credit Card.
 - There will be an option to mail in a check or money order by using a “pay later” feature.
- Online Convenience Fee for all Programs, Renewals, Courses, CE Programs will be added once we go live with online education applications. This will be an additional \$2, \$3 or \$4 depending on the application fee.
- There will be an option to attach PDF or Word versions your self-study and all other required forms.
- A dedicated webpage for Education Programs and Courses is coming!





REQUIREMENTS FOR A COURSE

Presented by:

Raul Guerrero, EMS Specialist - El Paso
Joey Ancelet, EMS Specialist - Beaumont

COURSE REQUIREMENTS

1. Completed Course Notification Form (CNF)
 - a. One CNF per Course Request
 - b. Appropriate Fee
 - c. Signature / Date
 - 1) Course Coordinator
 - 2) Program Director

2. Course Schedule
 - a. Printed on 8½" x 11" Paper
 - b. Total Number of Didactic (Classroom) Hours
 - c. Total Number of Clinical Hours
 - d. Total Number of Ambulance Internship Hours

COURSE REQUIREMENTS

3. CNF & Course Schedule Submitted to the Regional Office at Least Thirty (30) Days Prior to the Start of Any Course Activity / Advertisement / Collection of Fees / Enrollment of Students

4. Affiliation Agreements are Current
 - a. Clinical Affiliations
 - b. Field Internships

5. Coordinator Certifications are Current
 - a. Coordinator
 - b. Personnel

REQUIREMENTS FOR COURSE NOTIFICATION FORM

(Revised 12/29/2011)

Each course conducted by an approved program shall be approved by notice from the department and the issuance of an assigned course number. A program shall not start a course, advertise a course(*), or collect tuition and/or fees from prospective students until the course is approved by the department and the assigned course number issued. The program director of an approved program shall submit notice of intent to conduct a course and the appropriate fee, if required, to the department on a form provided by the department at least 30 days prior to the proposed start date of the course. § 157.32(r)(1)(2). *College catalogs are an exception.

- Submit one (1) Course Notification Form (CNF) per proposed course type
- Submit a fee and schedule for each proposed course type

Course Type/Fees	
Basic Course (ECA, EMT)	\$30
Remedial (ECA, EMT)	\$30
Re-certification (ECA, EMT)	\$30
Advanced Course (EMT-I, AEMT, EMT-P)	\$60
Remedial (EMT-I, EMT-P)	\$60
Re-certification (EMT-I, EMT-P)	\$60
Instructor course	\$30
Emergency Medical Information Operator Course (EMD)	\$60
Emergency Medical Information Operator (EMD) Instructor Course	\$30

The form(s) and fee(s) must be submitted to your respective regional office in your area. Once received, all documentation will be reviewed for completeness. If no deficiencies are found, you will be notified by mail of the course approval.

If deficiencies are found, you will be notified by mail of the noted deficiencies. Once all deficiencies have been corrected and re-submitted, the program will be notified by mail of the course approval. A deficient CNF submittal may result in delay of the proposed start date.

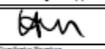
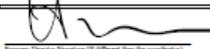
Useful Reminders:

- The CNF is available in both Word and PDF format.
Go to: <http://www.dshs.state.tx.us/emtraumasystems/formsresources.shtml#EMS>
Note: In Word format, boxes that need to be checked can be done so by placing the cursor directly over the box and double clicking. Select 'Checked' under the default value.
- Assure all information is complete and accurate on the form.
- Assure all clinical affiliation agreements are current, as applicable.
- CNF must be signed by the EMS Course Coordinator and the Program Director Signature (If different than the coordinator).
- Discuss EMT- I curriculum with your regional office before submitting an EMT- I CNF.

If you have questions regarding the CNF process feel free to contact your respective regional office in your area. Go to: <http://www.dshs.state.tx.us/emtraumasystems/regions.shtml>

 TEXAS Department of State Health Services		EMERGENCY MEDICAL SERVICES Course Notification Form	
Course Approval Number: _____			
Program Name: <input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMS Instructor <input type="checkbox"/> EMD <input type="checkbox"/> EMD Instructor		Program Number: <input type="checkbox"/> Initial <input type="checkbox"/> Remedial <input type="checkbox"/> Re-certification	
Physical Location of Classroom: _____			
Physical Address of Classroom: _____			
Course Start Date: _____		Course Ending Date: _____	
Course Meeting Days: _____		Course Meeting Times: _____	
Course Coordinator: _____		ID Number: _____	
Email: _____			
Mailing Address: _____		City: _____	State: _____ Zip: _____
Phone Number: _____		Fax Number: _____	
Principal Instructor: _____			
Email: _____			
Mailing Address: _____		City: _____	State: _____ Zip: _____
Phone Number: _____		Fax Number: _____	
Course Open to Public? <input type="checkbox"/> YES <input type="checkbox"/> NO		Tuition: _____	Anticipated Number of Students: _____
Total Course Hours: _____		Total Fee Enclosed: _____	
Clinical Site(s): _____			
Field Internship Site(s): _____			
Course Coordinator Signature: _____		Program Director Signature (if different than the coordinator): _____	
Date: _____		Date: _____	
DSHS Use Only – Do Not Write In This Area			
Group: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Deficiency Reason(s) for Deficiency: _____ _____ DSHS Evaluator: _____	
Receipt Number: _____		VR File Number: _____	
Postmark Fee Date: _____		Fee Received Date: _____	
Course Approval Date: _____		<small>DSHS STAMP BOX</small> <small>CNF Form - Rev. 05/26/2011</small>	

- ← Actual Name of Program /
- ← Number
- ← Level of Course / Type
- ← Location of Course (Where)
- ← Address / City / State / Zip
- ← Course Information
- ← Coordinator Information
- ← Principal Instructor Information
- ← More Course Information
- ← Affiliations (Clinical / Field)
- ← Signatures / Date

 TEXAS Department of State Health Services		EMERGENCY MEDICAL SERVICES Course Notification Form	
Course Approval Number: _____			
Program Name: EMS School / EMT Training Program		Program Number: 101010	
<input type="checkbox"/> ECA <input checked="" type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Remedial <input type="checkbox"/> Re-certification	
<input type="checkbox"/> EMS Instructor <input type="checkbox"/> EMD <input type="checkbox"/> EMD Instructor			
Physical Location of Classroom: EMS School / EMT Training Program - Northwest Campus			
Physical Address of Classroom: 1313 Mockingbird Lane El Paso, TX 79999			
Course Start Date: September 1, 2015		Course Ending Date: December 15, 2015	
Course Meeting Days: Mon / Wed / Sat		Course Meeting Times: 6p - 10p (M, W) / 8a - 5p (Sat)	
Course Coordinator: Herman F. Munster		ID Number: 131313	
Email: hmunster01@spookycity.com			
Mailing Address: 130013 Franky Lane		City: Mockingbird Heights State: TX Zip: 79997-1313	
Phone Number: (915) 555-1313		Fax Number: (915) 555-3131	
Principal Instructor: Marilyn Priest			
Email: mpriest@munstercity.org			
Mailing Address: 2341 Main Blvd.		City: Mockingbird Heights State: TX Zip: 79797	
Phone Number: (915) 555-0001		Fax Number: (915) 555-9090	
Course Open to Public? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Tuition: \$1,050.00	
		Anticipated Number of Students: 15	
Total Course Hours: 232 hrs (160-D / 24-H / 48-A)		Total Fee Enclosed: \$30.00	
Clinical Site(s): Best Care Hospital and Trauma Center			
Field Internship Site(s): We Deliver EMS ; CU Later Ambulance			
 <small>Course Coordinator Signature</small>		 <small>Program Director Signature (if different than the coordinator)</small>	
<small>Date</small> 07/27/2015		<small>Date</small> 07/29/2015	
DSHS Use Only - Do Not Write In This Area			
Group: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Deficiency	
Reason(s) for Deficiency: _____		VR File Number: _____	
DSHS Evaluator: _____			
Receipt Number: _____		Fee Received Date: _____	
Postmark Fee Date: _____		Course Approval Date: _____	
<small>DSHS STAMP BOX CNF Form - Rev. 05/26/2011</small>			

EMT-BASIC COURSE #: _____ Mon/Wed/Sat
 Sep 1 - Dec 16, 2015

Day	Date	Topic	Location	Hrs	Instructor
SECTION #1 (Orientation)					
1	Sep 1	Program Orientation	Class	4	
		Clinical Orientation			
		HIPPA			
		Bloodborne Pathogens			
2	Sep 1	CPR	Class	4	
SECTION #2 (Preparatory)					
3	Sep 3	Ch 1 EMS Systems	Class	4	
		Ch 2 Workforce Safety & Wellness			
		Ch 3 Medical, Legal & Ethical Issues			
4	Sep 7	Ch. 4 Communication & Documentation	Class	4	
		Ch. 5 The Human Body			
5	Sep 9	Ch. 5 The Human Body	Class	4	
6	Sep 11	Ch. 35 Lifting & Moving Patients	Class	4	
	Sep 11	DUE!!			
SECTION #2 Exam					
		Quizes 1, 2, 3, 4, 5, 35			
		Homework: Knowledge Objective Section 2			
		Vocabulary: Section 2			
SECTION #3 (Patient Assessment)					
7	Sep 14	Ch. 12 Medical overview	Class	4	
8	Sep 16	Ch. 6 Life Span Development			
9	Sep 18	Ch. 8 Patient Assessment	Class	4	
10	Sep 21	NREMT Patient Assessment	Class	4	
		Practice & Testing			
		Trauma & Trauma Assessment			
	Sep 21	DUE!!			

EMT-BASIC COURSE #: _____ Mon/Wed/Sat
 Sep 1 - Dec 16, 2015

35	Dec 1	Ch. 38 Incident Management	Class	4	
		Ch. 39 Terrorism Response & Disaster Management			
	Dec 4	DUE!!			
Section #11 Exam					
		Quizes 36, 37, 38, 39	Online		
		Homework: Knowledge Objective Section 11	Online		
		Vocabulary: Section 11	Online		
36	Dec 6	HAZMAT AWARENESS	Class	4	
37	Dec 8	HAZMAT AWARENESS	Class	4	
38	Dec 11	NREMT Skills Exams	Class	4	
39	Dec 13	NREMT Skills Exams	Class	4	
40	Dec 15	FINAL	Class	4	
Classroom Hours					160
Clinicals				Hospital	24
Clinicals				Amb.	48
Total Course Hours					232

		EMERGENCY MEDICAL SERVICES Course Notification Form	
Course Approval Number: _____			
Program Name: EMSS ETP		Program Number: _____	
<input type="checkbox"/> ECA <input checked="" type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> ARMT <input type="checkbox"/> EMT-P		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Re-certification	
<input type="checkbox"/> EMS Instructor <input type="checkbox"/> EMD <input type="checkbox"/> EMD Instructor			
Physical Location of Classroom: School Campus			
Physical Address of Classroom: Main Classroom			
Course Start Date: 9-1-15		Course Ending Date: 12-15-14	
Course Meeting Days: Mon / Wed		Course Meeting Times: 6-10 Mon / 7-9 Wed / 8-5 Sat	
Course Coordinator: H. F. Munster		ID Number: _____	
Email: hmunster01@spookycity.com			
Mailing Address: same		City: same	State: same Zip: same
Phone Number: (915) 555-1313		Fax Number: _____	
Principal Instructor: M. Priest			
Email: mpriest@munstercity			
Mailing Address: saa		City: saa	State: saa Zip: saa
Phone Number: saa		Fax Number: saa	
Course Open to Public? <input type="checkbox"/> YES <input type="checkbox"/> NO		Tuition: \$1,050.00	Anticipated Number of Students: 45
Total Course Hours: 218 hrs (158 / 36 / 60)		Total Fee Enclosed: \$30.00	
Clinical Site(s): BCH Trauma			
Field Internship Site(s): WED EMS ; Later Ambulance			
_____ <small>Course Coordinator Signature</small>		07/27/2015 <small>Date</small>	_____ <small>Program Director Signature (if different than the coordinator)</small>
DSHS Use Only – Do Not Write In This Area			
Group: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Deficiency		VR File Number: _____	
Reason(s) for Deficiency: _____ _____			
DSHS Evaluator: _____			
Receipt Number: _____		Fee Received Date: _____	
Postmark Fee Date: _____		Course Approval Date: _____	
<small>DSHS STAMP BOX CNF Form - Rev. 05/26/2011</small>			

CONSIDERATIONS

1. Change to Total Hours of Course Offering
2. Change in Time Allotted for Course
3. Physical Location: *Alternate Classroom*
(include address, city, state, zip code)
5. Change to Course Syllabus
6. Specialized Equipment





Applying for a Course Online

Presented by:

Daniel P. Williams, Education Specialist - Austin

Applying for a Course Online

- We are planning to go live with online applications for education programs and courses in August of this year.
- If your program already has an account with our online licensing services you will not need to setup an account to apply for a course.
- Courses must be applied for using the sponsoring program's account.
- Please note the applications are still being tested and the following screenshots may change.

Online Licensing Services

Navigate to: <http://vo.ras.dshs.state.tx.us>

TEXAS
Department of State Health Services

Online Licensing Services | Help & Support | Contact Us

Check License Status or Search for a License

It is not necessary to register or login to view or search for a license or certification. Begin your [license search](#) here to verify that a license holder has a current license with the Department of State Health Services. You can search by name, license type, city or county.

Apply for a New License

To apply for an initial license, please see the [Online Licensing Eligibility](#) page to check if your license type is supported before you [register as a new user](#). If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license.

Renew Your License

To renew an existing license, please verify that your license type is [eligible for online renewal](#). Once you have confirmed that your license may be renewed online, please login with your existing user ID and password, or [register as a new user](#).

Asbestos Notifications

It is not necessary to login to view asbestos notifications. [Search for a notification](#) by project location, date, name or notification number. If you wish to submit/amend an asbestos notification, you may [register as a new user](#) if you have not previously registered using this system.

Returning User

User ID:

Password:

[Forgot user ID?](#) [Forgot password?](#)

New User

+

Create a new online account as a first time user. Log in with the password emailed to you to access online services.
[Register as a new user](#)

[Contact Us](#) | [Compact with Texans](#) | [File Viewing Info](#) | [Internet Policy](#)
[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

Quick Start Menu

We are interested in the “Apply for a New License” section.

From the drop down menus you will choose the following:

Board: Emergency Medical Services

Application: Initial Course Application

Then hit the select button on the right

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

- It is time to Renew!**
 - Certified Emergency Medical Technician (EMT) # [REDACTED] Renewal EMS Personnel **Select**
- Manage your license information**
 - Certified Emergency Medical Technician (EMT) # [REDACTED] <Choose Application> **Select**
 - EMS Instructor # [REDACTED] Mailing Address Change **Select**
- Apply for a New License**

What are you applying for?

<Choose Board> **Select**

<Choose Application> **Select**
- View Application Status**
 - Check Status of Your Applications (2) **Select**
- Additional Activities**
 - Add Licenses To Registration **Select**

License Information **Show Details**

License Number: # [REDACTED]
License Type: Certified Emergency Medical Technician (EMT)

License Information **Show Details**

License Number: # [REDACTED]
License Type: EMS Instructor

License Information **Show Details**

License Number: # [REDACTED]
License Type: Licensed EMS Provider

License Information **Show Details**

License Number: # [REDACTED]
License Type: Registered First Responder Organization

The Application

The screenshot displays the 'Initial Course Application - Introduction' page. At the top left is the Texas Department of State Health Services logo. The top right contains links for 'Contact your licensing board or program | Internet Policy' and 'Logged in as'. Below this is a navigation bar with 'Main Menu | Update Profile | Logoff | Contact Us'. The main content area features a sidebar with a list of application steps: Introduction, Function Suitability, Name and Organizational Details, Contact Information, Select Attributes, Course Information, Equipment Agreements, Other Agreements, Classroom Agreements, Field Intern Agreements, Related Licenses Listing, Attachments, and Application Summary. The 'Introduction' step is selected, showing a welcome message and instructions to press 'Next' or 'Cancel'. A privacy notification is also present, along with 'Next' and 'Cancel' buttons. The footer includes 'DSHS Certifications, Licenses and Permits | Disclaimer' and 'Last Updated Mar 27, 2013'.

Function Suitability aka Kill Questions

TEXAS
Department of State Health Services

[Contact your licensing board or program](#) | [Internet Policy](#)
Logged in as *Williams, Daniel*

[Main Menu](#) | [Update Profile](#) | [Logoff](#) | [Contact Us](#)

Initial Course Application - Function Suitability

Answer the questions below to ensure that you have selected the correct online transaction.
Answer the questions and press "Next".
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input type="radio"/> No
Does this course start sooner than 30 days?	<input type="radio"/> Yes <input type="radio"/> No

[Previous](#) [Next](#) [Cancel](#)

Contact Information - Addresses

Main Address
 Classroom Location
 Course Location
 Program Mailing Address
 Coord Mail Addr
 Prin Instr Mail

Copy From:

Street Number:

Address:

Zip Code:

City:

State:

County:

Country:

Phone Number: (999-999-9999)
 Extension:

E-mail:

Title:

First Name:
 Second Name:
 Last Name:

Add Another Contact

Contact Type:

We will be capturing the following addresses:

1. Classroom Location
2. Course Location
3. Program Mailing Address
4. Coordinator Mailing Address
5. Principal Instructor Mailing Address

If you have multiple classroom locations you can add additional classroom locations using the drop down labeled "Contact Type"

Using the drop down menu and then pressing the "Copy" button allows you to copy from other addresses if they are the same.

After typing in a zip code you can press the Zip Lookup button to auto fill city/state/county fields.

Agreements

Introduction	Initial Course Application - Information
Function Suitability	Press "Previous" to return to previous page.
Name and Organizational Details	Press "Next" to go to next page.
Contact Information	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Select Attributes	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Course Information	If Save Button is available. Press "Save" to save the information and return to the summary.
Equipment Agreements	Add Equipment Agreements Add
Equipment Agreements	Equipment Agreements
Other Agreements	Equipment Name: <input type="text"/>
Classroom Agreements	Equip Exp Date: <input type="text"/> (mm/dd/yyyy)
Field Intern Agreements	Notes: <input type="text"/>
Related Licenses Listing	Remove
Attachments	Previous Next Cancel
Application Summary	

You may add multiple agreements in each agreements section.

Press the "Add" button if you need to enter more than one of a specific type of agreement.

If you have an agreement with no expiration date put the course end date as the expiration date.

Related Licenses

Introduction	Initial Course Application - Related Licenses Listing
Function Suitability	Enter in the license numbers for the required related licenses in the bottom section if required. You can delete any related licenses by clicking the Delete hyperlinks.
Name and Organizational Details	Add any optional related licenses using the Add a New Relationship section.
Contact Information	Related Licenses
Select Attributes	Relation Name: Coordinator
Course Information	Your Role: Education Program
Equipment Agreements	Other Party Role: Coordinator Delete Relation
Equipment Agreements	EMS Educator Current -
Other Agreements	Relation Name: Course-Medical Director
Classroom Agreements	Your Role: Course
Field Intern Agreements	Other Party Role: Medical Director Delete Relation
Related Licenses Listing	EMS Medical Director Current -
Attachments	Add a New Relationship
Application Summary	Type of Relationship <input type="text"/>
	Previous Next Cancel

You will need to attach your Coordinator and Medical Director to the application to proceed past this point.

If your medical director cannot be found when trying to attach him/her you must contact DSHS and submit a Medical Director Information Form.

Attachments

Introduction	Initial Course Application - Attachments
Function Suitability	Please upload a course schedule.
Name and Organizational Details	Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.
Contact Information	Press "Next" when there are no more files to attach.
Select Attributes	Press "Previous" to return to the previous screen.
Course Information	Press "Cancel" to cancel this application and return to the main menu.
Equipment Agreements	File Name: <input type="text"/> <input type="button" value="Browse..."/>
Equipment Agreements	Notes: <input type="text"/>
Other Agreements	<input type="button" value="Attach"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>
Classroom Agreements	
Field Intern Agreements	
Related Licenses Listing	
Attachments	
Application Summary	

Other things not covered

- Payment options will be ACH (electronic check) or Credit Card.
 - There will be an option to mail in a check or money order by using a “pay later” feature.
- Online Convenience Fee for all programs, renewals, courses and CE Programs will be added once we go online. This will be an additional \$2, \$3, or \$4 depending on the application fee.
- A dedicated webpage for Education Programs and Courses is coming!







Course Monitoring

What to Expect

Why is it necessary?

DSHS staff will:

- Review Course Notification form (CNF) and Course Schedule. To make sure we (DSHS) are not going on an exam date or any other date that would not provide a good overview of how the course is being conducted.
- Arrive prior to the start of the class and identify ourselves to the instructor
- State the purpose of our visit.
 - a. Periodic/Routine review
 - b. Open complaint
- Verify the primary instructor is consistent with the Course Notification Form
- Give each student the opportunity to complete an evaluation of the EMS Course/ Instructor; via evaluation form

Student Evaluation(s)

If possible or required as part of a complaint investigation, each student will be given the opportunity to complete a “Student Evaluation of the EMS Instructor” Form. In addition, the instructor will be requested to leave the classroom during the evaluation time; this will allow for open forum questions with the students to speak freely.

Monitor Completion

- DSHS staff will review the Summary (findings) with the Instructor and the Coordinator and/or Program Director if available:
 - Pass – There were no deficiencies found.
 - Fail – There was a/were deficiency(ies) found.
- After reviewing findings, instructor will be asked to sign the report on the tablet
- Report will be sent to the Program
- Comment card will be left

What will the program receive?

- Cover letter
- Report
- Plan of Correction guide (if needed)
- Summary and/or copies of the student's evaluations



LUNCH BREAK DINNING ROOM RESERVED

