

Applying for a Program, Course, or CE program with DSHS

General:

- Always look on the DSHS web site for new or updated forms.
- Keep a copy of everything you submit.
- Always submit items to DSHS using a method where you can track it and show delivery to DSHS.
- Plan in advance do not push deadlines.
- Talk to your local office some areas may need more time because of volume.
- Never ever start a course without a course approval number.
- Must maintain records for five (5) years.

Program Applications (Initial Training Programs):

- Complete a program application – found on the web page/ETM.
- Application goes to the local field /regional office where the program is located.
- Two copies of the self-study report are to be mailed or delivered to the appropriate field/regional EMS office at least ninety-day (90) prior to the submission of a course application for the programs first course.
 - *DSSH is exploring receiving digital copies and will except one paper and one electronic (usb/cd) copy, preferably in Microsoft Word or PDF.*
 - *Organize that self-study as described in the ETM so items can be found.*
- At least one copy of the self-study 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.
- An onsite visit occurs to verify equipment and the facility (classroom).
- DSHS may need to verify classrooms and equipment on a per course basis, if you do courses in multiple locations or classrooms.
- 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.
- A new program is considered *provisional* with DSHS at this point until a course (or two) is conducted and an official DSHS site visit takes place to verify records and success. *So the time between being allowed to do a second or third course could be delayed until the site visit is conducted. Communicate with your local office.*
- All Paramedic programs must be accredited by January 1, 2013 or in pursuit as defined by CoAESMP/NREMT in order to test with NREMT. DSHS will issue or update any needed program and course notification procedures as we get closer to that date.
- Once the program is approved your information is sent to NREMT to set up a program with them so you can authorize persons to test. The State EMS office must approve the program once it is set up in the NREMT system.
- A program can be verified on line.

EMS Course Coordinator Class
November 2011

- What kind of policies and procedures need to be documented in the self-study for an initial program to get approval:
 - DSHS rules do not specify exactly what policies you need. It does mandate that you develop or adopt and then implement policies, procedures and protocols necessary for the operation of an education program, and enforce all such policies procedures and protocols.
 - Student Screening and Selection
 - Class Behavior, Attendance & Tardiness
 - Student Participation
 - Clinical & Field Internship
 - Cheating
 - Grading Policies, Test Review and Make-up policies
 - Student Grievances & Appeals
 - Complaint Resolution
 - Safety and Health – Exposure Control
 - Dress Requirements
 - How & Who to report problems or issues to
- Instructors and Students should both agree to and abide by the program/course policies.

Course Notifications:

- Most notifications go to the local field/regional office where the course will be conducted.
- Only one course per application.
- Course application for each course, each course will get a unique number.
 - *All courses get separate numbers; so each course needs their own application.*
- Complete the application – found on the web site. *Form in the ETM is out of date.*
- Needs appropriate signatures.
- All courses need a fee in order to be processed.
- Volunteer programs that provide classes at no charge to the student and operate on a non-profit basis are exempt from application/notification fees. The non-profit status of the program should be fully documented and maintained. *Talk to DSHS first before you submit a course with no fee. It is best to have a written, signed and dated statement accompany a notification that you are not charging or receiving compensation for in order to be exempt from the fee.*
- All courses need a course outline specific to the level and type of course being conducted.
- Courses must be submitted at least 30 days in advance. *Submit early don't push deadlines.*
- DSHS may need to verify classrooms and equipment on a per course basis if you do courses in multiple locations or classrooms. *Always check with your local office if you are using a new location for a course.*
- The field office will send an approval letter with the course number on it.
- Never ever start a course without a course approval number.
- Courses are not able to be verified on line.

CE Programs:



EMS Course Coordinator Class
November 2011

- Application under forms and resources on DSHS website.
 - http://www.dshs.state.tx.us/emstraumasystems/CEProgIntl_RenewalApp.pdf
- Submitting a sample course with all the types of documents you would generate and explain certain processes in your proposed CE program.
 - *This is essentially a mini self-study of your CE program*
- Generally approval is for two (2) years, can be less depending on the type of offering.
- Submit application to your local field/regional office.
 - *Always include a cover letter with general overview and good contact information if you are proposing something unique, out of the ordinary.*
- The field office will send an approval letter with the program number on it.
- No expiration reminder.
- Must be renewed every two years
- Can be verified on line like other certifications.
- Must issue Completion Certificates with approval number.
- *Only one CE program approval process; in years past DSHS had several types ongoing and single activity.*

Fees:

(Fees current as of Nov 2011)

Education Programs

- Basic Self-study -- \$30
- Basic Site Visit -- \$90
- Advanced Self-study -- \$60
- Advanced Site Visit -- \$250
- *Fees are paid every 4 years with **program** application and self-study.*
- *Site visit fee is waived for advanced programs with National Accreditation.*

Course Approvals

- Basic Course (ECA, EMT) -- \$30
- Advanced Course (EMT-I, AEMT, EMT-P) -- \$60
- Instructor -- \$30
- Emergency Medical Information Operator -- \$60
- Emergency Medical Information Operator Instructor Course -- \$60
- CE Program -- \$60
- *Fee must be submitted with the course application.*
- *DSSH can not be an accountant, each application must have a fee, you can not pay in advance, application without fees can not be reviewed.*



TEXAS
Department of
State Health Services

EMS Education Program Application

Program Approval Number: _____

Note: This form must be submitted to the appropriate regional office at least 90 days prior to proposed start of program activities. Upon approval of the Self Study, the program Director and/or Course Coordinator may begin activities.

Program Name: _____

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application Program Level: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced If Advanced, give date of Basic Program Approval: _____	Program Open to Public? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if this program will not be ongoing
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Physical Location: _____

Program Director:
 Name: _____ Email: _____
 Mailing Address: _____ City/ State/ Zip _____
 Phone Contacts: #1 _____ #2 _____ Fax #: _____

Program Sponsor:
 Name: _____
 Mailing Address: _____ City/State/Zip _____

Course Coordinator: (FILL IN ONLY IF DIFFERENT FROM PROGRAM DIRECTOR)
 Name: _____
 Mailing Address: _____ City/ State/ Zip _____
 Phone Contacts: #1 _____ #2 _____

Medical Director: (MAILING ADDRESS CANNOT BE THE PROGRAM ADDRESS)
 Name: _____
 Mailing Address: _____ City/ State/ Zip _____
 Phone Contacts: #1 _____ #2 _____

Anticipated number of courses per year?	Anticipated number of students per course?
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Clinical Affiliates: _____

Field Internship Affiliates: _____

Fee attached: Basic Program: Self Study Evaluation Fee (\$30) Site Visit Fee (\$90) Total Fee \$120
 Advanced Program: Self Study Evaluation Fee (\$60) Site Visit Fee (\$250) Total Fee \$310

Course Coordinator Signature	Date	Program Director Signature (If different than the coordinator)	Date:
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- DSHS Use Only –
Do Not Write In This
Area**
- Summary
 - Approval Letter
 - Database Entry

Self Study Approved Date:		Receipt Number:	
Provisional Approval Date:		Fee Remit/Deposit Date:	
Site Visit Date(s):		Fee Postmark Date:	
Program Approved By:		Fee Received Date:	
Date Approved:		Expiration Date:	

REQUIREMENTS FOR COURSE NOTIFICATION FORM

(Revised 05/19/2011)

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.

- A completed Course Notification Form (CNF).
- A course schedule for each proposed course.

FEES

Basic Course (ECA, EMT)	\$30
Advanced Course (EMT-I, AEMT, 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/emstraumasystems/formsresources.shtm#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/emstraumasystems/regions.shtm>



TEXAS
Department of
State Health Services
Emergency Medical Services
Continuing Education Program Application

For DSHS Use Only
ZZ100-160
Receipt # _____
Date _____
Amount _____

Program Name _____

Contact Name _____

Address _____

County _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____

Will your program be open to others? Yes or No

Proposed start date: _____ (May not advertise or start without approval.)

Name of sponsoring organization: _____

REQUIRED ENCLOSURES

(Documentation related to each of the areas listed below must be included with the application)

GENERAL

- Instructor list/qualifications
- Description of facilities/equipment
- Description of record keeping
- Proposed completion document
- Firms: Explanation of how CE is determined via QA plan
- Class Evaluation
- Plan for use of class evaluations
- General plan for the courses to be conducted for the next 2-year period

- Application Fee of \$60.00
 - Fee Exemption Requested
- ENCLOSURES FOR FIRST CLASS**
- Explanation of P/F grading system
 - Didactic objectives
 - Psychomotor objectives (if applicable)
 - Lesson plan
 - Explanation of P/F grading system
 - Post Test w/key

Signature _____ Date _____

Printed Name _____

The person responsible for the program must sign the application.

Purpose: Completion and acceptance of this application will allow an approved initial training program, registered first responder organization, JCAHO accredited hospital, licensed EMS provider, an accredited educational institution or other approved person or entity to conduct an EMS Continuing Education (CE) program for a 2-year period. During this period the program may elect to meet CE needs by developing its own instructional materials or by using educational resources such as prepackaged lesson plans, video tape series, distance education, computer software, magazine CE, and other healthcare professional programs. You can find more information on CE in the Texas EMS Education and Training Manual.

Quality Assurance and CE: A CE program should be a dynamic process based on opportunities for improvement identified through an active, ongoing QI/QA process. Programs need to submit a general list of topics and dates for programs to be provided throughout the 2-year period. The only detailed information submitted initially should be that which applies to the first class (see section on required enclosures). **While only materials on the first class will be submitted, records on each class administered must be kept for a 5-year period.**

Application: Those seeking approval as a CE Provider, should complete this application and include the non-refundable application fee of \$60, if applicable, and return it to their local EMS compliance field office for review and approval. Applicants who provide CE exclusively to volunteers are exempt from the fee. Directions on completing this document are provided in the following pages. Once approved, the program will receive an approval letter with a unique number. If deficiencies are noted, the program will be contacted to provide supporting documentation to complete the review of the program.

If you have any questions, you may contact your local EMS compliance field office.

Completion Certificates: The unique approval number must be placed on all certificates issued to course participants. CE certificates also should include the dates and locations of programs. The program coordinator has responsibility for determining content categories and number of hours being awarded for each program done. This information must be supplied to participants. Certificates should only be issued to students who have met or exceeded minimum competency levels for the type session provided.

EXPLANATION OF REQUIRED ENCLOSURES

Didactic Objectives: These objectives shall be the basis for determining the content of the class and the class evaluation. They should be in the format of Conditions, Performance, and Criteria as described in the DOT Instructor Guide. You can find the guide at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>. An example of this format is after completion of the class, the student will be able to list 10 steps involved in the treatment of shock in less than five minutes. These knowledge objectives shall be used as the basis for the post class exam.

These objectives should be measurable, specific, and appropriate to participants. There should be 2-5 objectives per hour of content. There should be objectives covering each component of the entire class.

Psychomotor Objectives: If applicable, list the psychomotor objectives for the class. These objectives should be the basis for activity and evaluation at any skills station. These objectives should be reflective of what the student is expected to learn during this activity. They should be in the format of Conditions, Performance, and Criteria as described in the DOT Instructor Guide. An example of this format is after completion of the class, the student will be able to initiate an IV successfully in less than 2 minutes.

These objectives should be measurable, specific, and appropriate to participants. There should be 2-5 objectives per hour of content. There should be objectives covering each separate skill covered.

Lesson Plan: A lesson plan should outline the content of the presentation. This plan should be detailed enough to ascertain the depth in which the instructor will cover the material. This content must be clinically correct. If the EMS compliance reviewer discovers clinical inaccuracies, they will contact the applicant to discuss these items.

If using audio visuals, the plan should explain when and where they would be used in the presentation. An example lesson plan may be found in the DOT Instructor Guide.

Instructor Qualifications: Documentation that shows that the instructor of each topic or session has adequate educational and related work experience, and appropriate teaching experience, to have achieved expertise as a teacher of the subject matter to be covered.

If the application is for multiple offerings with different faculty, the application must describe the minimum qualifications set for the instructor of each topic or session and must show that these qualifications are appropriate for that topic.

Examples of acceptable documentation include a resume or curriculum vitae if they adequately reflect teaching experience or a letter describing the experience.

Description of Facilities/Equipment: A description of the facilities to be used which includes an explanation of how they are adequate for the class. A list of any equipment needed during the class should be included. For example, if the class is covering intubation, there should be laryngoscopes, ET tubes, stylets, syringes, intubation heads, and stethoscopes available in sufficient quantity to allow participation by all students.

Post Exam with Key: The exam to be given at the end of class to determine student achievement of the objectives: It should be based on the knowledge objectives of the class. The format of the exam is not important as long as the questions are clear, easy to understand, and relate to the objectives.

The length of the exam should be based on the number of objectives. A good rule is a minimum of 10 questions, with at least one question on each objective. The exam should have the key attached and answers should be clinically correct. If the regional reviewer discovers clinical inaccuracies, they will contact the applicant to discuss these items.

Explanation of Pass/Fail Grading System: An explanation of a minimum “pass/fail” grading system utilizing a written evaluation tool that covers the entire scope of objectives being taught. If the grading system uses numerical grades, such as 70, the application must indicate the grade, which participants must achieve in order to successfully complete the class and receive CE credit. An example would be, in order to receive CE credit each student must achieve a grade of 70 on the written test, which covers all objectives taught in the course.

Description of Record Keeping: Include a description of how the instructor will attest to the successful completion of participants. For example, the instructor passes an attendance log around the class, administers an exam, and everyone passing the exam will receive a letter stating they completed 1 hour of CE in Cardiology.

Class Evaluation: The class critique given to students at the end of class. It should ask students about:

- achievement of objectives
- relevance of content presented to stated objectives
- effectiveness of instructor teaching methods
- appropriateness of physical facilities, equipment, AV’s & other class material

The evaluation should allow participants to provide feedback on the class and should be in a format to allow measurable responses.

Plan for use of evaluation: Include an explanation of how the student evaluations will be tabulated and used to alter future courses. For example, if evaluations consistently show that students find little value in a video tape, another form of teaching should replace that tape during the next course.

Completion Documentation: A copy of the documentation supplied to participants who successfully complete the class. This should be a certificate or letter on official letterhead indicating the:

- CE Provider (instructor/organization hosting the course)
- Course title
- Course approval number
- Date and location of course
- Content areas and hours awarded
- Grade or “Pass/Fail” CE Provider Responsible Party Name, Signature, and EMS ID #

DO NOT WRITE ON THIS PAGE FOR DSHS USE ONLY
EMS CE Provider Application Review

Review Criteria:

Demographic information	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Start date	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Instructor list/qualifications	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Description of facilities/equip	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Description of record keeping	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Proposed completion document	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Class evaluation instrument	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Plan for use of class evaluations	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Explanation of P/F grading	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
General list of courses	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
EMS Provider: How CE is based on QA	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

For First Class:

Objectives	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Lesson plan	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Exam w/key	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Proper signature	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

Fee Exemption Approved granted.

Deficiency Letter Sent Date Sent: _____ (attach copy)

Approval Status: _____ Approval Date: _____

Approval letter Sent Date Sent: _____ (attach copy)

Expiration Date: _____

Course Approval Number: _____

Entered in EMS database.

Reviewed by: _____ Date Reviewed: _____



For DSHS Use Only
ZZ100-160
Receipt # _____
Date _____
Amount _____

**EMERGENCY MEDICAL SERVICES
CONTINUING EDUCATION PROGRAM RENEWAL APPLICATION**

I hereby request to renew our CE program in accordance with Rule 157.38 Continuing Education.

Program Name: _____

Address: _____

County: _____

Phone Numbers: _____

Fax Number: _____

E-Mail: _____

CE Approval #: _____

Application Fee: Non-refundable application fee of \$60

Make Payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES - ZZ100-160

Fee Exemption requested or Total Amount Enclosed: _____

Will your program be open to others? Yes or No

I have attached a general plan for the courses to be conducted for the next 2-year period.

I attest that structure of the CE program has had no substantial changes in our program.

Responsible Person Printed Name

Responsible Person Printed Signature/Date

DO NOT WRITE BELOW - THIS AREA FOR TEXAS DEPARTMENT OF STATE HEALTH SERVICES USE ONLY				
Fee Postmark Date:	Fee Received Date:	Fee Deposit Date:	Amount to DSHS:\$	Receipt #:
CE Approval # :	Application Received Date:	Application Approval Date:	Expiration Date:	
Approval letter sent <input type="checkbox"/> (attach copy)			Approved By:	
Entered in Sybase <input type="checkbox"/>				