MORNING SESSION SLIDES
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...
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) 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

DSHS EMS Course Coordinator Course 2015
(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.
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.
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
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)

(Think sensory)

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

DSHS EMS Course Coordinator: Emily J. Lee
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
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
The Program **must** evaluate the educational components to:

- **C**onsider the past,
- **M**easure the present, and
- **P**lan for the Future

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

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 are your tools in making program modifications toward improvement.
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).

<table>
<thead>
<tr>
<th>EXCEPTIONS TO THE RULE.....</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>National Standard Curriculum</td>
<td>Texas Certification</td>
</tr>
<tr>
<td>Emergency Medical Responder</td>
<td>Emergency Care Attendant*</td>
</tr>
<tr>
<td>Advanced EMT</td>
<td>EMT-Intermediate *</td>
</tr>
</tbody>
</table>
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.)
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 “The EMS Education Rule”

Question & Answer
15 MINUTE BREAK
YOU NOW HAVE RESPONSIBILITY (h) Responsibilities. Course coordinator shall have the following responsibilities:

- As a Course Coordinator you have a whole list of responsibilities.
- Regardless of the Program or Course size the responsibilities remain the same.
- Get to know what they are and how you will address them.
MULTI-TASK

Know What Tasks to Multi!

1. Plan for and evaluate the overall operation of assigned courses;
2. Provide supervision and oversight for assigned courses;

Don't get overwhelmed:
- If you don't know where you are going, it is easy to get overwhelmed.
- Learn the art of delegation where applicable.
- Dropping 1 part can throw all your plans out of sequence.
Be Successful

 Put people and things in place
 Plan ahead to create a good learning environment

Everything falling in place will make life as a Coordinator much easier.

MULTI-TASK

Know What TASKS to Multi!

(1) plan for and evaluate the overall operation of assigned courses;
(2) provide supervision and oversight for assigned courses;
COORDINATOR = LEADER
(3) act as liaison between the students, personnel instructing in assigned courses, the program, and the department;

Be an Effective Leader
- Know all the players involved
- Not just Instructors
- Make Affiliates and Preceptors part of Team
Team Leader Sets The Tone

Don't Be This Guy Your Lead Will Be Followed

- If this is what you project
- This is what you will get in return
TEAM LEADER/Coordinator Sets the Tone

- Be the "Go To" Guy (Gal)
- Always be enthusiastic
- Your class and TEAM will feed off of your energy
- BE POSITIVE!
(3) act as liaison between the students, personnel instructing in assigned courses, the program, and the department;

- Keeping everyone on the same page
- If it takes a village to raise a child
- Then it takes a TEAM to teach a student
- Bring all those different personalities together as one unit
Avoid Micro-Managing

As the Liaison / Coordinator let your TEAM do their work

Get the right people up front

Then let them do what they do
Avoid Negative Feedback

- As the Liaison, make your feedback constructive.
- Project positive reinforcement.
- Avoid the aggressive confrontational approach.
coordinate submission of course approval documents and fees, if applicable, for assigned courses to the department as defined in the Education and Training Manual;
(4) coordinate submission of course approval documents and fees, if applicable, for assigned courses to the department as defined in the Education and Training Manual;

- Nothing to stress about
- Follow the instructions and the timelines
- Crossing the “T’s” + Dotting the “I’s” = APPROVED!
(submitted with payment of the fee of course!!)
Regardless it has to be **COMPLETED**. Paperwork has to be done right. Paperwork has to be completed. Paperwork left undone will lead to a mess later on!
Organized Approach

(5) assure availability of classrooms and other facilities necessary to provide for the instruction and convenience of students enrolled in assigned courses;
Selection of Students

(6) in cooperation with the training program, process student applications and select students;

- Make the selection process Fair.
- Make it Consistent.
- Keep it transparent.
- Let the process be known.
- Have a plan for those NOT selected.
Organize People

(7) schedule classes and assign program instructors;

- Class size and number of instructors are a match
- Classroom is the right size
- Classroom and facilities are adequate
- Enough equipment
More Responsibility - Inventory

- Ensure that training equipment and supplies are available and operational for each laboratory session;
- Have the right kind of equipment for the class;
- Have enough to keep everyone busy;
- Make sure it all works!!
- Make sure it's all CLEAN!!
Agreements

- Maintain effective relationships with clinical and field internships necessary to meeting the instructional objectives of assigned courses;
- Patient volume and type to sustain your student load;
- Identify and train Preceptors;
- Maintain list of "Qualified" Preceptors.
Clinical/Field Internships

(10) develop field internship and clinical objectives for assigned courses;

- Provide your objectives list for the Affiliate
- Preceptors should know and understand objectives
- Students are there to learn and not "Free Labor" for the affiliate
develop field internship and clinical objectives for assigned courses; 

- Make sure the affiliate understands your desired outcome and your goals meet up in the end.
- Avoid miscommunication that leads to failed experience for the student.
6/15/2015

Preceptors (11) train and evaluate internship preceptors;

- Preceptors need to know your expectations
- A list of guidelines to review and share with the student
- Review what paperwork is required for the clinical rotation
- Track student evaluations of preceptors and address any issues revealed.
Records Management

(12) in cooperation with the training program, maintain all course records for a

minimum of five years;
Have a Records Plan

- Program size guides the size of the records management project
- Storage space for all your records for 5 YEARS!
- Not just store them, but some place accessible for the 5 YEARS
Wrapping up the Course

(13) in cooperation with the training program coordinate course written examinations, skills proficiency verifications, and other student evaluations;

- Exams match the course content and objectives
- Medical Director Must Approve Exam Content and Answers
- Organize and utilize all student evaluations.
Instructor/Preceptor Evaluation

(14) in cooperation with the training program evaluate the effectiveness of the personnel who instruct in assigned courses;

 Do not let your only contact with Instructors, Affiliates and Preceptors be on paper.
 Pop in to see how they are doing.
 Solicit and use Student feedback
 Anticipate problems before they are a PROBLEM.

Accurately evaluate clinical affiliates and preceptors.
How are they Doing?

15 in cooperation with the training program supervise and evaluate the effectiveness of the clinical and field internship training for assigned courses; and

- Regular evaluation of Affiliate performance will help maintain their effectiveness
- Affiliates are members of your TEAM you have the least oversight yet the largest potential for issues.
- Review thoroughly and often
- Identify & Resolve Issues

DSHS EMS COURSE COORDINATOR COURSE 2015
WORK OUT DISPUTES / ISSUES
Have a process for resolving issues. Everyone knowing the process up front maintains the credibility of your Program.
(16) in cooperation with the training program attest to the successful course completion of all students who meet the program's requirements for completion.
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

When preparing the self-study report, information should be organized in a manner as described in the self-study preparation outline within this manual. The self-study report must be produced on standard 8.56x11 inch paper and all pages must be numbered consecutively. When preparing the report, the following must occur:

- Complete sections before moving on to sections that are not being addressed.
- Complete sections on paper before moving on to sections that are not being addressed.

Upon review and determination that the self-study is complete, the self-study report will be submitted to the appropriate Regional EMS Office at least ninety (90) days prior to the submission of a course application for the program's first course. The report must be submitted for review by the program director or the course coordinator. New programs will be allowed to start courses 60 days after the self-study has been accepted and an application for the course has been approved.

Upon review and determination that the self-study is complete, a letter of approval or disapproval of the program will be sent to the program director or the course coordinator. The program must meet all requirements before the self-study can be accepted.

To aid in preparation of the self-study, the outlines on the following pages are offered for review.

## Contents of Self-Study Report

### A. General Information
1. Name, address, and level of program.
2. Name and address of sponsoring institution.
3. Names and addresses of principal administrators.
4. Name, address, and phone number of program director.
5. Names and phone numbers of faculty, directors, and medical directors.
6. Name and phone number of person responsible for the preparation of the self-study.
7. List of other health-related programs or programs that will offer the program.

### B. Program Components:
1. ATTACH an organizational chart of the sponsoring institution that shows the relationship among which the program operates and all programs directly associated with the program.
2. Describe how the financial resources of the program are sufficient to maintain the curriculums and provide the services.
3. State the length of each type of course the program will conduct, the number of contact hours, and the type of certificate or degree offered.

### C. Curriculum Evaluation:
1. List the courses, seminars, and workshops associated with the program.
2. Describe how the program will evaluate students, including the methods used to evaluate students.

### D. Clinical Field Experience (Ambulance Internship):
1. ATTACH courses of clinical and field internship agreements.
2. Explain how patient care and course objectives will be assessed and determined to be appropriate for the level of care and number of students.
### Contents of Self-Study Report (continued)

<table>
<thead>
<tr>
<th>D. Clinical and Field (Ambulance) Internship (continued).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ATTACH copies of clinical and field internship policies and procedures if not included in policies and procedures for the program mentioned above.</td>
</tr>
<tr>
<td>2. ATTACH copies of all clinical and field internship objectives that are used in the program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe how the equipment and supplies are adequate to meet the needs of the program.</td>
</tr>
<tr>
<td>2. Describe the process for replacing or repairing old or broken equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Classroom &amp; Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>3. Describe how the library resources are appropriate to support the curriculum for the number of students enrolled in the program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Student Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain how students will be evaluated during program courses.</td>
</tr>
</tbody>
</table>

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 administrative actions and program services 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

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Airway sets</td>
<td>3</td>
</tr>
<tr>
<td>Nasal Airway sets</td>
<td>3</td>
</tr>
<tr>
<td>Mask Non-Rebreathers</td>
<td>20</td>
</tr>
<tr>
<td>Nasal Cannulas</td>
<td>10</td>
</tr>
<tr>
<td>Oxygen Tubing</td>
<td>5</td>
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<tr>
<td>Bag Valve Mask</td>
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<tr>
<td>Manual Ventilators</td>
<td>6</td>
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<tr>
<td>Electric Stools</td>
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<td>Nebulizer Mask</td>
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<tr>
<td>Blood Pressure Cuffs</td>
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<tr>
<td>Stethoscopes</td>
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<tr>
<td>Penlights</td>
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<tr>
<td>Pulse Oximeter</td>
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<tr>
<td>Glucometer</td>
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<tr>
<td>Oxygen Cylinders</td>
<td>4</td>
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<tr>
<td>Oxygen Regulators</td>
<td>4</td>
</tr>
<tr>
<td>Epi-Pen Trainer</td>
<td>10</td>
</tr>
</tbody>
</table>

### Advanced Program Equipment List

In addition to Basic Program equipment:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>LifePak 12 Defibrillator/ Monitor</td>
<td>1</td>
</tr>
<tr>
<td>LifePak 12 Defibrillator/ Monitor – Trainer</td>
<td>1</td>
</tr>
<tr>
<td>Zoll Defibrillator/ Monitor</td>
<td>1</td>
</tr>
<tr>
<td>IV Training Arms</td>
<td>3</td>
</tr>
<tr>
<td>Adult 10 leg</td>
<td>2</td>
</tr>
<tr>
<td>Pedi ALS Trainer mannequin</td>
<td>2</td>
</tr>
<tr>
<td>Adult ALS trainer mannequin</td>
<td>2</td>
</tr>
<tr>
<td>12 lead ECG simulator mannequin</td>
<td>1</td>
</tr>
<tr>
<td>Newborn 10 leg</td>
<td>1</td>
</tr>
<tr>
<td>Infant 10 leg</td>
<td>1</td>
</tr>
<tr>
<td>Adult airway mannequins</td>
<td>4</td>
</tr>
<tr>
<td>Endotracheal tubes – various sizes</td>
<td>200</td>
</tr>
<tr>
<td>Laryngoscope – sets</td>
<td>3</td>
</tr>
<tr>
<td>I/O Trainer sets</td>
<td>3</td>
</tr>
<tr>
<td>Capnomraphy monitor adapters</td>
<td>10</td>
</tr>
<tr>
<td>Needle – various sizes</td>
<td>200</td>
</tr>
<tr>
<td>IV Catheter – various sizes</td>
<td>200</td>
</tr>
<tr>
<td>Macro/Micro administration set</td>
<td>200</td>
</tr>
<tr>
<td>IV Starter Kits</td>
<td>200</td>
</tr>
<tr>
<td>Magill Forceps – adults</td>
<td>3</td>
</tr>
<tr>
<td>Magill Forceps – pediatric</td>
<td>3</td>
</tr>
<tr>
<td>Electrodes</td>
<td>1000</td>
</tr>
<tr>
<td>Syringes – various sizes</td>
<td>500</td>
</tr>
<tr>
<td>Medications – various</td>
<td></td>
</tr>
</tbody>
</table>
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
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.

Name of Physician

Preferred Mailing Address

City ___________________________ State ___________ Zip ____________

Medical License #: ___________________________ Exp. Date: ___________________________

Email ___________________________ 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 552.222; 552.022 and 559.004)

Publication #: P91-130716 - Electronic Publication #: EP91-130716

EMSSTrainingProgram-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 25 of the Texas Administrative Code (TAC), Chapter 157 (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: ____________________________ Date: ________________
Physician’s Signature: ____________________________
Physician Address: ____________________________ City: __________ State: ______ Zip: __________ Telephone: (____) ________

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

Name and Title of Authorized Provider Representative: ____________________________ Date: __________
Signature: ____________________________
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)
<table>
<thead>
<tr>
<th><strong>Program Name:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Name of Program</td>
</tr>
<tr>
<td>New / Renewal : Open / Closed</td>
</tr>
<tr>
<td>Actual Location of Program</td>
</tr>
<tr>
<td>Program Director Information</td>
</tr>
<tr>
<td>Program Sponsor Information</td>
</tr>
<tr>
<td>Program Coordinator Information</td>
</tr>
<tr>
<td>Medical Director Information</td>
</tr>
<tr>
<td>Students / Course Information</td>
</tr>
<tr>
<td>Affiliates</td>
</tr>
<tr>
<td>Fees</td>
</tr>
<tr>
<td>Signatures</td>
</tr>
</tbody>
</table>

**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 Step Three, the program director and/or course coordinator may begin activities.

**Program Approval Number:**

<table>
<thead>
<tr>
<th><strong>Program Name:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DSHS EMS Course Coordinator Course 2015</td>
</tr>
</tbody>
</table>

**Program Director:**

- **Name:**
- **Mailing Address:**
- **City/State/Zip:**
- **Phone Numbers:**

**Program Sponsor:**

- **Name:**
- **Mailing Address:**
- **City/State/Zip:**

**Course Coordinator:**

- **Name:**
- **Mailing Address:**
- **City/State/Zip:**
- **Phone Numbers:**

**Medical Director:**

- **Address:**

**Course Coordinator Information:**

- **Address:**
- **Phone Numbers:**
- **Affiliates:**
- **Field Internship Affiliates:**

**Fees:**

- **Basic Program:**
  - Self Study Evaluation Fee ($30)
  - Site Visit Fee ($80)
  - Total Fee $110
- **Advanced Program:**
  - Self Study Evaluation Fee ($60)
  - Site Visit Fee ($250)
  - Total Fee $310

**Signatures:**

- Program Approval Date
- Program Director Approval Date
- Date of Approval
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
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 Application

[Image of the Texas Department of State Health Services application page]

DSHS EMS Course Coordinator Course 2015
Function Suitability aka Kill Questions

Initial Basic Education Program - 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you attempting to renew an existing license/registration/permit?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you applying for an Advanced Education Program?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Name and Organizational Details

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Initial Basic Education Program - Name and Organizational Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Function Suitability</td>
<td>Please enter your organizational details and press &quot;Next&quot; to continue.</td>
</tr>
<tr>
<td>Name and Organizational Details</td>
<td>Press &quot;Previous&quot; to return to the previous section.</td>
</tr>
<tr>
<td></td>
<td>Press &quot;Cancel&quot; to cancel this application and return to the main menu.</td>
</tr>
</tbody>
</table>

**Organization Name:**

**Doing Business As Name:**

**Tax Number:**

---

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

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

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

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

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

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(h)(1)(C) *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

<table>
<thead>
<tr>
<th>Course Type</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Course (ECA, EMT)</td>
<td>$30</td>
</tr>
<tr>
<td>Remedial (ECA, EMT)</td>
<td>$30</td>
</tr>
<tr>
<td>Re-certification (ECA, EMT)</td>
<td>$30</td>
</tr>
<tr>
<td>Advanced Course (EMT-I, AEMT, EMT-P)</td>
<td>$60</td>
</tr>
<tr>
<td>Remedial (EMT-I, EMT-P)</td>
<td>$60</td>
</tr>
<tr>
<td>Re-certification (EMT-I, EMT-P)</td>
<td>$60</td>
</tr>
<tr>
<td>Instructor course</td>
<td>$30</td>
</tr>
<tr>
<td>Emergency Medical Information Operator Course (EMD)</td>
<td>$60</td>
</tr>
<tr>
<td>Emergency Medical Information Operator (EMD) Instructor Course</td>
<td>$30</td>
</tr>
</tbody>
</table>

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.dhs.state.tx.us/emstrainsystems/formsources.shtml#EMS](http://www.dhs.state.tx.us/emstrainsystems/formsources.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.
- Ensure all information is complete and accurate on the form.
- Ensure 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.dhs.state.tx.us/emstrainsystems/regions.shtml](http://www.dhs.state.tx.us/emstrainsystems/regions.shtml)
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Location</th>
<th>Yes/No</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 1</td>
<td>Program Orientation</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Orientation</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BPRX</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 2</td>
<td>SESSION 2 (Preparation)</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 1 EMT Systems</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 2 Workforce Safety &amp; Wellness</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 3 Medical, Legal &amp; Ethical Issues</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 4 Communication &amp; Documentation</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 5 The Human Body</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 9</td>
<td>Ch. 9 Lifesaving &amp; Moving Patients</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 11</td>
<td>DUE!!</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SECTION 3 (Patient Assessment)</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questions 7, 8, 9, 10, 11</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Homework: Knowledge Objective Section 2</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vocabulary: Section 2</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SECTION 4 (Patient Assessment)</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 12 Medical Emergencies</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 13 Life Span Development</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 14 Patient Assessment</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NREMT Patient Assessment</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice &amp; Testing</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma &amp; Trauma Assessment</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Location</th>
<th>Yes/No</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 1</td>
<td>Ch. 38 Incident Management</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ch. 39 Terrorism Response &amp; Disaster Management</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec 4</td>
<td>DUE!!</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SECTION 5 (Tactical)</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questions 19, 20, 21, 22, 23</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Homework: Knowledge Objective Section 3 &amp; 4</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vocabulary: Section 13</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SECTION 6 (Tactical)</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NREMT Skills Exams</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NREMT Skills Exams</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FINAL</td>
<td>Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Classroom Hours</td>
<td>168</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinicals</td>
<td>Hospital</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinicals</td>
<td>Amb</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Course Hours</td>
<td>232</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)
4. Change to Course Syllabus
5. 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
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.
The Application
Function Suitability aka Kill Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you attempting to renew an existing license/registration/permit?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does this course start sooner than 30 days?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Name and Organizational Details

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Function Suitability</th>
<th>Name and Organizational Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td>Select Attributes</td>
<td>Course Information</td>
</tr>
<tr>
<td>Equipment Agreements</td>
<td>Equipment Agreements</td>
<td>Other Agreements</td>
</tr>
<tr>
<td>Classroom Agreements</td>
<td>Field Intern Agreements</td>
<td>Related Licenses Listing</td>
</tr>
<tr>
<td>Attachments</td>
<td>Application Summary</td>
<td></td>
</tr>
</tbody>
</table>

Initial Course Application - Name and Organizational Details

Please enter your organizational details and press “Next” to continue.
Press “Previous” to return to the previous section.
Press “Cancel” to cancel this application and return to the main menu.

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>Dba Business As Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tax Number and Entity Type will be removed from this page. This page will just show you the organization that you are applying for.
Contact Information - Addresses

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

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

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

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Initial Course Application - Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please upload a course schedule.</td>
</tr>
<tr>
<td></td>
<td>Locate a file with the &quot;Browse&quot; button</td>
</tr>
<tr>
<td></td>
<td>and press &quot;Attach&quot; or &quot;Remove&quot; as required.</td>
</tr>
<tr>
<td></td>
<td>Press &quot;Next&quot; when there are no more files to attach.</td>
</tr>
<tr>
<td></td>
<td>Press &quot;Previous&quot; to return to the previous screen.</td>
</tr>
<tr>
<td></td>
<td>Press &quot;Cancel&quot; to cancel this application and return to the main menu.</td>
</tr>
</tbody>
</table>

| File Name: | |
| Notes: | |

[Attach] [Previous] [Next] [Cancel]
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