



Maine Emergency Medical Services Training Center Standards

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Maine EMS
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Definitions

1. **Action Plan:** A plan for a course of action to address specific deficiencies which have been identified by the Training Center and/or the Maine EMS.
2. **AEMT:** Advanced Emergency Medical Technician.
3. **Alternate Site/Campus:** A location that is separate from the “main” or “home” campus/site of the program where a portion of the program is conducted which may include skill practice or testing, periodic lecture, other learning activity or other student assessments. This location does not meet the definition of a satellite and does not offer all the professional didactic and/or laboratory content of the program.
4. **CAAHEP:** The Commission on Accreditation of Allied Health Education Programs. This is the agency designated by the National Registry of Emergency Medical Technicians to grant national accreditation to EMS training programs (see also “CoAEMSP”).
5. **Capstone field internship:** A summative field clinical that occurs at the end of the EMS educational program in a traditional field setting to evaluate the competency of the student.
6. **Clinical experience:** Student rotations that generally occur in the hospitals, medical offices, and other healthcare facilities that would not be traditional EMS field settings.
7. **CoAEMSP:** The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. This is the organization that performs program review in support of obtaining and maintaining CAAHEP accreditation (see also “CAAHEP”).
8. **Cohort:** A group of students that work through a Program together to achieve the same certification. An example is a group of students in an EMT course with the same lead instructor.
9. **Course:** Refers to a component of a Program. A Program may consist of only one course, an example being EMR.
10. **EMR:** Emergency Medical Responder
11. **Maine EMS Board:** The Maine Emergency Medical Services Board established pursuant to 32 M.R.S. Chapter 2-B, §88.
12. **EMS:** Emergency Medical Services

13. **EMS Service:** An entity licensed by Maine EMS under 32 M.R.S., Chapter 2-b, Maine EMS Rules, Chapters 3 or 4.
14. **EMT:** Emergency Medical Technician.
15. **Field experience:** Student rotations that general occur in traditional EMS field settings such as ambulance services, fire departments, and other EMS agencies.
16. **Field Training Officer (FTO):** A person at an EMS Service who is qualified and has been formally identified as a person who supports the training of new employees and/or students. This person may or many not also be a preceptor (see also "Preceptor).
17. **Instructor Coordinator (I/C, IC):** A person who has satisfied education and other requirements for licensure in Maine as an EMS instructor Coordinator, and who holds a current Maine EMS license as an Instructor Coordinator at the EMT, AEMT or Paramedic level.
18. **Lead Instructor:** An instructor who has been appointed by the Program Director with duties and responsibilities assigned by the Program Director. This may include providing leadership for the course and supervision of adjunct faculty/instructors (*CAAHEP/CoAEMSP 2015 Standard*). In the context of the Maine EMS Training Center Standards, this is synonymous and used interchangeably with "Primary Instructor" as referenced by the *2002 National Guidelines for Educating EMS Instructors*.
19. **Letter of Review (LoR):** An official document issued by CoAEMSP, indicating that a paramedic program is in the process of obtaining accreditation through CAAHEP.
20. **Licensure Program:** An EMS training course, or courses, which, upon completion, satisfies the education requirement for initial licensure as an EMS clinician set by the Maine EMS Board.
21. **Main/Home Campus/Site:** The address and location of the training center, and where the majority of training center resources and administration exist, and courses are delivered.
22. **Maine EMS Education and Examination Committee:** A standing advisory committee of the Maine EMS Board with duties as set forth by, and who reports to, the Maine EMS Board.
23. **Maine EMS:** An encompassing term that includes the Maine EMS Board, the Maine EMS Director, and/or the staff within the Maine EMS Office, which is within the Department of Public Safety and is responsible for carrying out the

responsibilities of 32 M.R.S. Chapter 2-B, §88, and the Maine EMS Rules.

24. **Medical Director:** A physician who is qualified in accordance with the Maine EMS Training Center Standards, who is responsible for the medical oversight of a licensure course/program as set forth in the Maine EMS Training Center Standards.
25. **National Registry of Emergency Medical Technicians (NREMT):** The non-profit organization which provides national examination standards and examinations for national certification at the EMR, EMT, AEMT, and Paramedic levels.
26. **Preceptor:** A qualified person who provides clinical and field supervision to a student during live patient encounters in an educational setting (see also “Field Training Officer (FTO).
27. **Primary Instructor:** An individual who possesses the appropriate academic and/or allied health credentials, an understanding in education principles and theories, and the required teaching experience to provide quality instruction to a cohort of EMS students (*2002 National Guidelines for Educating EMS Instructors*). In the context of the Maine EMS Training Center Standards, it is the instructor who is responsible for the conduct of the specific offering of a licensure course and its cohort. It is synonymous and used interchangeably with “Lead Instructor.”
28. **Program Advisory Committee:** An advisory committee that is charged with meeting at least annually to assist Program and Training Center personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring Program responsiveness to change, and to review and endorse the program curriculum and required minimum numbers of patient contacts.
29. **Program Director:** A person who is qualified in accordance with the Maine EMS Training Center Standards, who is responsible for all aspects of the Program, as set forth in those standards.
30. **Program:** A curriculum consisting of one or more courses which, when successfully completed, satisfies educational eligibility requirements for certification by the NREMT.
31. **Satellite Campus/Site** An off-campus location or campus location that is other than the “main” or “home” campus, that is advertised or otherwise made known to individuals outside the course sponsor (*CoAEMSP 2021*). Off-campus locations must offer all the didactic and laboratory content of the program. A Lead Instructor must be appointed and responsible for on-site coordination of the entire course.
32. **Standards:** The Maine EMS Training Center Standards.

33. **Training Center (TC):** An entity that meets the requirements of the Maine EMS Training Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved educational courses and training programs leading to EMS clinician licensure.

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Maine EMS Training Center Standards

§ 1 Scope

- A. The Maine EMS Training Center Standards have been created to ensure quality and consistent minimum standards in the delivery of education programs leading to licensure in Maine. As such, they are a valuable tool to assist in the development, evaluation and self-analysis of both training centers authorized to conduct licensure programs, and of the programs they develop and deliver.
- B. The objectives of the Maine EMS Training Center Standards are to:
 - 1. Ensure consistent delivery, approval, monitoring, and evaluation of educational programs leading to EMS licensure in the State of Maine.
 - 2. Provide an opportunity for periodic evaluation and assessment of programs providing education in the state by Maine EMS.
 - 3. Establish a system of training centers which are authorized to develop and deliver educational programs leading to licensure and continuing education, which meet and continue to demonstrate compliance with established state and national EMS education standards.
 - 4. Promote the use of assessment data in EMR, EMT, AEMT, and Paramedic program development and decision making.
 - 5. Collect and analyze data submitted by programs to make informed decisions regarding EMS education in Maine.

§ 2 Applicability

- A. The processes and standards outlined in this document are applicable to any organization wishing to become authorized or are currently authorized to conduct EMS training programs in the state of Maine which lead to licensure as an EMS clinician in Maine.
 - 1. All licensure programs must be approved by an authorized Maine EMS Training Center and conducted under the supervision of the Training Center's Program Director.

2. In order to provide a program that leads to licensure in Maine, programs must be approved and conducted by a Maine EMS authorized Training Center. Any Training Center wishing to conduct such a program must meet these Maine EMS Training Center Standards and the requirements for program delivery and administration which are outlined by these standards.
- B. This document sets forth the process required to become a Maine EMS authorized EMS Training Center and is designed to assist training entities in preparing the application and information necessary for approval.

§ 3 Standard - Training Center Structure

A. Eligibility for Authorization

1. To be eligible to receive authorization as a Maine EMS Training Center, an applicant must:
 - a. Demonstrate that the applicant is:
 - i. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program. an approved accreditation agency that has the authority to award a minimum of a certificate credential at the completion of the program; or,
 - ii. A Secondary Charter, Indian Education, Magnet, Career and Technical Education (CTE), Public or Private School, inside the State of Maine approved and recognized by the Maine Department of Education (MDoE), which awards a minimum of a certificate at the completion of the program.
 - a) These programs are limited to Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) Programs.
 - iii. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services and authorized under applicable law to provide healthcare and authorized under applicable law to provide the post-secondary program, which awards a minimum of a certificate at the completion of the program.

- iv. A branch of the United States Armed Forces or a federal, state, county, or municipal agency which awards a minimum of a certificate at the completion of the program.
- v. An Adult Education Center inside the State of Maine recognized by the Maine Department of Education (MDoE) which awards a minimum of a certificate at the completion of the program.
 - a) These programs are limited to Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) Programs.
- vi. A Maine EMS Board recognized and contracted Regional EMS Office.
 - a) These Training Centers are limited to non-CAAHEP/CoAEMSP Programs only, unless they form a Maine EMS and CAAHEP/CoAEMSP approved consortium.
- vii. A Maine EMS Board recognized and licensed ambulance service operating within the State of Maine.
 - a) Authorizations for these Training Centers are limited to licensure programs which do not require CAAHEP/CoAEMSP accreditation, unless they form, or are part of, a Maine EMS and CAAHEP/CoAEMSP approved consortium.
- viii. A Training Center Consortium, which is a group made up of two or more partners that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in Maine EMS Training Center Standard §3.A.1.
 - a) Any such consortium entity must have a physical presence in Maine.
 - b) "Consortium" does not refer to clinical affiliation agreements with the training center.

2. Training Center Location

- a. All training centers must have a physical location.
- b. For a distance education training center or program, the location of the program is the mailing address of the sponsor.

B. Responsibilities of the Training Center

1. The training center must:

- a. Ensure that each Program meets the Maine EMS Training Center Standards
- b. Provide a statement reflecting whether academic credit for the program may be awarded:
 - i. Directly from the accredited institution sponsoring the program
 - a) Students may seek prior learning assessment for credit from all institutions that offer degrees and certificates in EMS.
 - b) Approval of credit for the program is subject to the policies and procedures of the reviewing institution which may include alignment of curriculum by any course instructor with that of the sponsoring institution.
 - ii. Through an articulation agreement, OR
 - iii. That the program is not directly sponsored by an academic institution, nor does it have an articulation agreement with one. Therefore, eligibility for award of academic credit is subject to the policies of the academic institution reviewing the program for award of credit at that institution.
- c. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

2. CAAHEP Accreditation

- a. All Programs requiring CAAHEP accreditation/Letter of Review (LoR) for eligibility for NREMT certification testing must comply with all standards and guidelines set forth by CAAHEP and CoAEMSP.

§ 4 Standard - Program Goals and Offerings

A. Program Goals and Minimum Expectations

1. For each program, the training center must have a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program.
 - a. The program must have the following minimum expectations statement:
 - i. **Paramedic:**
 - 1) "To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."
 - ii. **Advanced Emergency Medical Technician:**
 - 1) "To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."
 - iii. **Emergency Medical Technician:**
 - 1) "To prepare Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."
 - iv. **Emergency Medical Responders:**
 - 1) "To prepare Emergency Medical Responders who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."
2. Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.
 - a. In this Standard, "field" refers to the Profession.

3. Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an emergency medical services professional. Goals are based upon the substantiated needs of health care clinicians and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.
4. The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

1. A program advisory committee must be designated and must include at least one representative of each community of interest and ***must meet annually***. Communities of interest served by the program include, but are not limited to:
 - a. Students
 - b. Graduates
 - c. Faculty Members
 - d. Sponsor employers
 - e. Physicians
 - f. Key government officials
 - g. The public
 - h. Clinical and field internship representatives
2. It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.
3. For each program, the program advisory committee:
 - a. Advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.
 - b. Ensures program responsiveness to change.
4. Program advisory committee meetings may be conducted using synchronous electronic means.

C. Program Offerings

1. The Training Center must identify each Program (EMR, EMT, AEMT and/or Paramedic) that they will provide. The Training Center must demonstrate that they have achieved all standards for each Program.
2. A Training Center is not required to provide all the training levels but must be authorized for each level it wishes to provide licensure opportunity for.

§ 5 Standard – Training Center Resources

A. Resource Types and Amounts

1. The applicant must have sufficient resources to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to:
 - Faculty
 - Administrative/support staff
 - Curriculum
 - Finances
 - Faculty/staff workspace
 - Spaces for confidential interactions
 - Faculty/staff continuing education
 - Ancillary student facilities
 - Hospital/clinical affiliations
 - Field internship affiliations
 - Equipment/supplies
 - Computer resources
 - Information technology
 - Instructional reference materials
 - Classroom/lab facilities (physical or virtual)
2. Hospital/Clinical, Field Experience and Capstone Field Internship Affiliations
 - a. For all programs, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint, and interventions in the delivery of emergency care appropriate to the level of the EMS licensure for which training is being offered.
 - b. The clinical/field experience and Capstone Field Internship resources must ensure exposure to, and assessment and management of the following patients and conditions:
 - i. Adult trauma and medical emergencies
 - ii. Pediatric trauma and medical emergencies, including assessment and management.

- iii. Geriatric trauma and medical emergencies.
- c. Numbers of the above patient populations must be adequate in order to meet national and Maine clinical behavioral objectives (CBOs).
- d. Contracts outlining the responsibility of each affiliation must be clearly articulated.
 - i. Clinical Affiliation Agreements must exist before students enter the Clinical, Field and Capstone Field Internship environments.

3. Equipment

- a. The Training Center must demonstrate that it possesses or clearly has access to equipment in accordance with the equipment standard described in Appendix "A" of these standards.

B. Training Center Personnel

1. The Training Center must appoint sufficient qualified faculty and staff to perform the functions needed. *Required positions are denoted by an asterisk (*)*.

a. Training Center Director*

- i. The Training Center Director is the Maine EMS Recognized administrative head of the Training Center. The Training Center Director is the party that is ultimately responsible for all aspects of the Training Center.

ii. Responsibilities

- 1) The Training Center Director is responsible for the overall functioning of the EMS Training Center, which includes, but is not limited to:
 - i. Ensuring the qualification of all staff and faculty
 - ii. Providing oversight, monitoring, and assurance of accomplishment and adherence to Training Center and program goals and Maine EMS requirements for EMS Training Center.

iii. Qualifications

- 1) Each Training Center must establish a designated set of qualifications for the Training Center Director.

b. **Program Director***

- i. The Program Director must be directly employed or contracted by the Training Center
- ii. Program Directors are responsible for all aspects of a specific EMS licensure training program, including, but not limited to:
 - 1) Administration, organization, coordination and supervision of the EMS licensure training program or course
 - 2) Adherence to applicable rules and standards as established by Maine EMS
 - 3) Continuous quality review and improvement of program
 - 4) Long range planning and ongoing development of the program
 - 5) Effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program
 - 6) Cooperative involvement with the program Medical Director(s),
 - 7) Orientation/training and supervision of clinical and field internship preceptors
 - 8) The orientation/training and supervision of:
 - i. Lead instructors
 - ii. Instructional faculty
 - iii. Subject matter experts
 - 9) Along with the Training Center Director, ensuring the qualifications of all instructional staff and faculty.

- 10) The effectiveness and quality of fulfillment of any and all responsibilities delegated to another qualified individual.
- iii. The Training Center Director may serve as the Program Director if qualified per item IV below.
 - iv. For nationally accredited Advanced Emergency Medical Technician (AEMT) and Paramedic training programs, Program Director should be a full-time position.
 - v. Qualifications:
 - 1) Program Directors for nationally accredited EMS training programs must satisfy the Program Director requirements as set forth by CAAHEP/CoAEMSP.
 - 2) Paramedic programs
 - i. Minimum of a Bachelor's degree (any field) from an accredited institution of higher education, upon adoption of this standard.
 - ii. This standard matches CoAEMSP/CAAHEP standards (2022)
 - 3) Advanced Emergency Medical Technician (AEMT) programs
 - i. Associate's degree (any field) upon adoption of this standard.
 - ii. Program will require Associate's degree for AEMT Program Director that is currently serving on date of adoption of this standard within 5 (five) years, AND
 - iii. Any new AEMT Program Director appointed after date of adoption of this standard must hold an Associate's degree.

4) Emergency Medical Technician (EMT)

- i. Associate's degree (any field) upon adoption of this standard
- ii. Program will require Associate's degree for EMT Program Director that is currently serving on date of adoption of this standard, within 5 (five) years, AND
- iii. Any new EMT Program Director appointed after standard implementation date must hold an Associate degree.

5) Emergency Medical Responder

- i. Associate degree (any field) upon adoption of this standard
- ii. Program will require Associate degree for EMR Program Director that is currently serving on date of adoption of this standard, within 5 (five) years, AND
- iii. Any new EMR Program Director appointed after standard implementation date must hold an Associate degree.

6) Maine EMS licensed Instructor/Coordinator and hold a Maine EMS clinician license at or above the level for which the program was approved

7) Have appropriate medical or allied health education, training, and experience

8) Be knowledgeable about methods of instruction, testing and evaluation of students

9) Have field experience in the delivery of out-of-hospital emergency care

10) Be knowledgeable about the following:

- i. The current versions of the *National EMS Scope of Practice, Maine EMS Protocols and Scope of Practice*, and *National EMS Education Standards*
- ii. Evidence-informed clinical practice

- iii. Standards and procedures for national EMS clinician certification and Maine state EMS licensure

c. Medical Director*

- i. The Medical Director must be directly employed or contracted by the Training Center.
- ii. The medical director must:
 - 1) Review and approve (rationale) the educational content of the program to include didactic, laboratory, clinical experience, field experience, and capstone field to ensure it meets current standards of medical practice.
 - 2) Review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards.
 - 3) Review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, field experience, and capstone field internship.
 - 4) Review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.
 - i. *For EMR and EMT programs, this may be delegated to the Program Director and Lead Instructor*
 - ii. It is recommended that corrective measures occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.
 - 5) Ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains
 - i. Terminal competency verification for programs which are nationally accredited must be in accordance with CAAHEP/CoAEMSP standards and policies.
 - ii. Terminal competency verification for AEMT programs.

iii. Terminal competency verification for EMR and EMT programs may be delegated to the Program Director and Lead Instructor.

6) Engage in cooperative involvement with the Program Director

7) ensure the effectiveness and quality of any Medical Director responsibilities delegated to an Associate or Assistant Medical Director.

iii. Medical Director Interaction

1) For AEMT and Paramedic programs, it is recommended that the Medical Director interaction with students be in a variety of settings, as feasible, such as:

i. Lecture

ii. Laboratory

iii. Clinical

iv. Capstone field internship.

2) Medical Director interaction may be by synchronous electronic methods, as well as in-person.

iv. Qualifications:

1) The Medical Director must:

i. Be a physician currently licensed and authorized to practice in the state of Maine

1. It is *recommended* that the Medical Director be board certified in EMS Medicine or Emergency Medicine.

2. Medical Directors for nationally accredited programs must follow the qualification requirements for Program Medical Directors in accordance with CAAHEP standards

ii. Have adequate training or experience in the delivery of out-of-hospital emergency care,

including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care

- iii. Have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program
- iv. Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions; and,
- v. Be knowledgeable in teaching the subjects assigned, when applicable.
- vi. Have intimate knowledge of Maine EMS rules, standards, protocols, and functions.

d. Associate Medical Director

- i. The Associate Medical Director must be directly employed or contracted by the Training Center
- ii. When/if the Training Center Medical Director delegates specified responsibilities, the Training Center may designate one or more Associate Medical Directors
- iii. Responsibilities
 - 1) Fulfills responsibilities as delegated by the Program Medical Director
- iv. Qualifications:
 - 1) The Associate Medical Director must:
 - i. Be a physician currently licensed and authorized to practice in the state of Maine, with experience and current knowledge of emergency care of acutely ill and injured patients

- ii. Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care; and,
- iii. Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

e. Assistant Medical Director

- i. The Assistant Medical Director must be directly employed or contracted by the Training Center.
- ii. When/if the Training Center Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s) of the educational activities of the program, the Training Center must appoint an Assistant Medical Director.

1) Examples:

- i. Training Center licensure programs conducted in another state
- ii. Field internships, ride-alongs, or clinical experiences conducted in another state

iii. Responsibilities

- 1) Medical supervision and oversight of students participating in field experience and/or Capstone Field Internship

iv. Qualifications

1) The Assistant Medical Director must:

- i. Be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s), with experience and current knowledge of emergency care of acutely ill and injured patients

- ii. Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care
- iii. Be an active member of the local medical community and participate in professional activities related to out-of-hospital care
- iv. Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

f. Lead Instructor*

- i. Program Lead Instructors must be directly employed or contracted by the Training Center.
- ii. The program director may serve as the lead instructor
- iii. Responsibilities
 - 1) A Lead Instructor must be assigned for each program cohort offered and must be documented in the Maine EMS on-line licensing system.
 - 2) Program Lead Instructors are responsible for duties and responsibilities in conducting an EMS Program as may be delegated by the Program Director. Duties may include, but are not limited to:
 - i. Practical and didactic instruction of the program
 - ii. Coordination or assisting in the coordination of the didactic, lab, clinical and/or capstone field internship instruction.
 - iii. Supervision of instructional faculty involved in the teaching of the program cohort.
 - iv. Assessment of student didactic, psychomotor, and affective competencies.

- v. Individual program outcomes assessment and evaluation
- vi. Ensuring that students have met the minimum established standards and criteria.

iv. Qualifications:

1) Paramedic programs

- i. The Lead Instructor *must possess a minimum* of an Associate's degree from an accredited institution of higher education.
- ii. It is *recommended* that the Lead Instructor possess a Bachelor's degree from an accredited institution of higher education

2) EMR, EMT, AEMT programs

- i. It is *recommended* that the Lead Instructor possess an Associate degree from an accredited institution of higher education

3) Professional healthcare credentials

- i. Maine EMS clinician license at or above the level of the program being taught

OR

- ii. Maine licensed Nurse practitioner (NP), Physician (MD, DO), Physician Assistant (PA), Register nurse (RN), and/or Respiratory Therapist (RRT) license;

OR

- iii. NREMT Certification at or above the level of the program being taught

4) Experience in emergency medicine/prehospital care

5) Maine EMS licensed Instructor Coordinator

6) Knowledge of instructional methods

- 7) Teaching experience to deliver content, skills, instruction, and remediation
- 8) Lead Instructors for nationally accredited EMS training programs must satisfy the Lead Instructor requirements as set forth by CAAHEP/CoAEMSP.

g. Instructional Faculty

- i. Program Instructional Faculty must be directly employed or contracted by the Training Center.
- ii. For all didactic and laboratory EMS specific instruction to which a student is assigned, there must be qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements. These personnel must be:
 - 1) Approved and supervised by the Program Director or Lead Instructor (if designated)
 - 2) Oriented to the Training Center's Policies and Procedures
 - 3) Provided lesson plans for instruction and assessment of student outcomes
 - 4) Students must be provided the opportunity to evaluate instructors
- iii. Clinical/Field Site Supervisor/Preceptor
 - 1) The program must designate Clinical/Field Supervisors/Preceptors at each location the student will perform a clinical or field rotation.
 - 2) The supervisor/preceptor must be trained and oriented by the program in accordance with the program's preceptor training and orientation program.
 - 3) Responsibilities
 - i. Direct supervision, training, and mentorship of program students, onsite, during clinical/field rotations.

- ii. Evaluation and documentation of student progress and attainment of clinical behavioral objectives

4) Qualifications

- i. Instructional faculty must be qualified by experience and/or credentials to teach the subject materials whether pertinent to patient care or EMS Operations
- ii. Satisfactory evaluation of ability to present program materials by the Lead Instructor and/or Program Director and approval by the Program Medical Director.
- iii. Clinical and Field Supervisors receive program orientation training in specific EMS program standards. Hospital/Clinic unit supervisors should then provide precepting training and/or guidance to their preceptors who work with EMS program students.
 - 1. Preceptors that have been trained by the qualified Clinical or Field Site Supervisor may be used for non-capstone functions.
 - 2. Capstone Field Preceptors must be oriented by the Program Director's standard on an annual basis.

h. Clinical Coordinator*

- i. For any program offering clinical/field experience and/or a capstone field internship, a Clinical Coordinator must be designated.
- ii. Clinical Coordinators function under the direction of the Program Director and/or Lead Instructor (if designated).

iii. The Clinical Coordinator may be a faculty member with other teaching responsibilities or assignments

- 1) Depending on the program size and staffing structure, the same individual may fill the role and responsibilities of Program Director and/or Lead Instructor and/or Clinical Coordinator.

iv. Responsibilities

- 1) Coordinate clinical education

- i. Ensure clinical contracts with affiliated agencies are in place

- 2) Ensure documentation of the evaluation and progression of clinical performance

- i. Ensure the standards for clinical behavioral objectives are met.

- 3) Ensure orientation of the personnel who supervise or instruct students at clinical and capstone field internship sites to the program's requirements

- 4) Coordinate the assignment of students to clinical and field internship sites

- i. Schedule clinical hours

v. Qualifications

- 1) Possess documented experience in emergency medical services

- 2) Possess knowledge of the curriculum

- 3) Possess knowledge about the program's evaluation of student learning and performance

C. Training Center Curriculum/Academic Policies

1. Curriculum

- a. Training center program curricula must ensure that the goals for each program are achieved.
 - i. Program instruction must be based upon clearly written course/program syllabi that include:
 - 1) A course/program description
 - 2) Course/program objectives
 - 3) Methods of evaluation
 - 4) Topic outlines
 - 5) Competencies required for graduation/program completion in the cognitive, psychomotor, and affective learning domains
 - ii. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities.
 - iii. Each program must demonstrate that the curriculum offered meets or exceeds the content and competencies contained in the latest edition of the National EMS Education Standards for the respective program being taught. Programs must also include any materials, standards or protocols developed by the Medical Direction and Practices Board and approved by the Maine EMS Board.
 - iv. Each program must set and require minimum student competencies for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.
 - 1) Maine EMS defines “entry-level competency” as follows:
 - i. That the clinician can meet knowledge, skills, and abilities (KSAs) as defined by Maine EMS protocol, scope of practice and standard of care for the specific level of licensure.

- ii. This is independent of any licensure level or certification at any licensure level which requires experience or advanced education beyond that required by the National EMS Education Standards.
- v. Students must be provided opportunities to serve as a team leader or EMS clinician in charge of patient care in a variety of emergency medical situations.
 - 1) The capstone field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.
- b. Copies of each course/program syllabus, curriculum sheets, and catalog/advertising material must be developed and made available for review upon request.
 - i. The progression of learning must be illustrated, showing how each of the following items are integrated in the curriculum:
 - 1) Course/program objectives
 - i. Cognitive
 - ii. Psychomotor
 - iii. Affective
 - 2) Lesson plans
 - 3) Didactic content
 - 4) Lab content
 - i. Syllabi
 - ii. Skills sheets
 - iii. Scenarios
 - 5) Skills portfolios (if program is accredited or if portfolios are otherwise used by the program)
 - 6) Clinical and field experience

7) Capstone field internship (if incorporated by the program)

2. Retention of Student Records

a. The training center must have a policy regarding retention of student course/program records. The policy must address the following:

- i. Licensure course/program records must be maintained in accordance with parts 2.a.iii and 2.b of this section.
- ii. Length of time for which training centers will retain records for licensure course/program students
- iii. For each program, the training center must track and keep on record all clinical, field and capstone field internship hours completed for each student, all competencies accomplished by each student, and all skills and assessments for a period of 7 years or until the student has graduated from the program.

b. Retention of permanent records

i. The training center must maintain a permanent record for each student enrolled in the program, effective, at a minimum, from the date of adoption of this standard, forward. Each record must include:

- 1) Student name
- 2) Course/program Lead Instructor
- 3) Maine EMS course number
- 4) Sponsoring training center name
- 5) Date of enrollment
- 6) Date of program completion
- 7) Final status in program
 - i. Successfully completed
 - ii. Incomplete
 - iii. Withdrew

iv. Failed

8) NREMT exam status

i. Tested – passed/failed

ii. Did not test

1. Students not taking the NREMT certification exam within 2 years of program completion should be considered as “did not test.”

ii. Upon adoption of this standard, the training center must have a policy for disposition of student records and transfer to Maine EMS in the case that the training center should cease delivery of one or more of its licensure course/programs and/or ceases operation.

3. Academic Policies

a. A list of recommended policies is included in the Maine EMS Training Center Standards companion document, “Training Center Guide to the Maine EMS Training Center Standards.”

D. Resource Assessment

1. The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards.

2. The results of the resource assessment must be the basis for ongoing planning and change.

a. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

§ 6 Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

- a. Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.
 - i. "Valid," or validity, in the context above, means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.
- b. Achievement of the program competencies required for graduation must be assessed by criterion referenced, summative, comprehensive final evaluations in all learning domains at the completion of all components of the program.

2. Documentation

- a. Student evaluations must be maintained in sufficient detail to document learning progress and achievements.
- b. The program must track and document that each student successfully meets each of the program established student minimum competency requirements according to
 - i. Patient ages
 - ii. Patient conditions, pathologies, and/or complaints
 - iii. Motor skills
 - iv. Management in lab, clinical, field experience, and field internship

B. Student Outcomes

1. Each program must meet the established outcomes thresholds.
2. Assessment
 - a. The program must periodically assess its effectiveness in achieving established student outcomes. The results of this assessment must be reflected in a regular, periodic review and timely revision of the program.
 - i. Program evaluation must be a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students, and graduates. Reports and data must be maintained for review.
 - b. Established student outcomes and assessments must include, but are not limited to:
 - i. Student performance on national or state credentialing examinations (pass rates)
 - ii. Programmatic retention
 - 1) Program exit point completion (retention and attrition rates)
 - iii. Graduate satisfaction surveys
 - 1) Lead and adjunct instructors
 - 2) Curriculum
 - 3) Clinical sites and preceptors
 - iv. Employer satisfaction surveys
 - v. Placement in full or part-time employment or volunteering in the profession or in a related profession.
 - 1) A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.
 - 2) Graduates pursuing academic education related to progressing in health professions or serving in the military may be counted as placed.

- vi. Nationally accredited programs must meet the outcomes assessment thresholds established by the CoAEMSP.

3. Outcome Reporting

- a. At least annually, programs must submit to Maine EMS, an annual report, containing the program goal(s), outcomes assessment results, and an analysis of the results.
 - i. This is applicable to both basic life support and advanced life support programs.
 - ii. Training center programs which are nationally accredited may submit their CoAEMSP reports for these programs.
- b. If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to Maine EMS that responds to the identified deficiency(deficiencies).
 - i. The action plan must include an analysis of any deficiencies, corrective steps, and a timeline for implementation.
 - ii. The program must assess the effectiveness of the corrective steps.

§ 7 Continuing Education

A. Authorization

- 1. All Maine EMS authorized training centers have the authority to develop, approve and/or deliver EMS continuing education in accordance with Maine EMS Rules, policies, and procedures.

§ 8 Fair Practice Standards

A. Publications and Disclosure

- 1. Syllabi, course/programs materials, brochures and advertising, and websites must accurately reflect the program offered.
- 2. For each program offered, the following must be made known clearly to all applicants and students:

- a. Program sponsor's authorization to deliver licensure courses/programs in the state of Maine.
 - b. Nationally accredited programs
 - i. Sponsor's institutional and programmatic accreditation status
 - ii. Name and website address of CAAHEP
 - c. Admissions policies and practices
 - d. Technical standards
 - e. Occupational risks
 - f. Policies on advanced placement, transfer of credits, and credits for experiential learning
 - g. Number of credits required for completion of the program
 - h. Tuition/fees and other costs required to complete the program
 - i. Policies and processes for withdrawal and for refunds of tuition/fees
 - j. Policies and processes for assignment of clinical experiences.
3. A minimum of the following must be made known to all students:
- a. Academic calendar
 - b. Student grievance procedure
 - c. Student appeals process
 - d. Criteria for successful completion of each segment of the curriculum and for graduation
 - e. Policies by which students may perform clinical work while enrolled in the program
4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes:
- a. National or state credentialing examination(s)

- b. Programmatic retention
- c. Placement in full or part-time employment or volunteering in the profession or a related profession as established by the CoAEMSP.
- d. It is *recommended* (but not required) that the program sponsor develop a suitable means of communicating to the communities of interest, the achievement of students/graduates (e.g., through a website or electronic or printed documents)

B. Lawful and Non-Discriminatory Practices

1. All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.
2. A program conducting educational activities in other State(s) must provide documentation to Maine EMS that the program has successfully informed the state Office of EMS that the program has enrolled students in that state.
 - a. Nationally accredited programs must also provide notification to CoAEMSP.

C. Safeguards

1. The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Emergency medical services students must be readily identifiable as students.
2. All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

1. Grades and credits for courses/program must be recorded on the student record and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

1. For any program, training centers must report substantive change(s) in a timely manner. Changes in faculty, curriculum or processes must be reported to Maine EMS in the annual report.
2. Changes in the following should be reported to Maine EMS within 30 (thirty) days:
 - a. Training Center Director
 - b. Program Director
 - c. Medical Director
 - d. Change in sponsorship
 - e. Change in location
 - f. Addition of a satellite location
 - g. Addition of a distance learning program
 - h. Legal actions or judgements against the Training Center
3. Nationally accredited programs are responsible for compliance with the above in accordance with the CAAHEP/CoAEMSP policies and procedures.

F. Agreements and Contracts

1. There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.
 - a. Clinical Affiliation Agreements must exist before students enter the Clinical, Field and Capstone Field Internship environments.
2. New Training Center applicants
 - a. There should be written, formal agreements in place between the EMS Training Center and all other entities that participate in the education of students describing the role and responsibilities between the EMS Training Center and that entity. Existing contracts must be available for review upon request

- b. Some entities who participate in providing clinical and/or field ride-along experiences for EMS program students may require any Training Center in negotiations with them to already be authorized by the State before signing a contract. In these cases, a letter of commitment from the prospective entity would be acceptable under these standards.
3. Upgrading Training Centers and Authorization Renewals
 - a. There must be written, formal affiliation agreements in place between the EMS Training Center and all other entities that participate in the education of the students describing the relationship, role and responsibilities between the EMS Training Center and that entity. Contracts must be available for review upon request.

§ 9 Authorization

A. Authorization Definition

1. This status is assigned when
 - a. The program meets the criteria outlined in the Training Center Standards document.
 - b. Annual written reports of educational activities and progress have been submitted and will continue to be submitted to Maine EMS.
2. An authorization as a Maine EMS Training Center is valid for a period of five years.

B. Authorization Requirement

1. Educational institutions that provide EMS education leading to licensure in the State of Maine must receive written authorization from Maine EMS to be an EMS Training Center.
2. Maine EMS Board authorized EMS Training Centers may conduct programs in accordance with the authorization granted. Authorized EMS Training Center graduates will be considered to have met the education standard for licensure course training which is required for eligibility for licensure by Maine EMS.
3. Process for EMS Training Center approvals.
 - a. The Maine EMS office is responsible for developing a standardized process for EMS Training Center approvals, in accordance with these standards.

C. Authorization Levels

1. Training Centers may be authorized to deliver licensure programs at any one or more of the following levels:
 - a. EMR
 - b. EMT
 - c. AEMT
 - d. Paramedic
2. Training Centers must apply for authorization at the level or levels of licensure programs for which they wish to be authorized to deliver.
 - a. Authorization will only be issued for those levels for which the training center applies and meets the criteria in accordance with these standards.
 - b. Training centers will be held responsible for meeting all requirements as set forth in this Training Center Standards document, for all licensure program levels for which authorization is issued.
3. Issued authorizations will reflect the licensure program levels authorized.
4. An authorized Training Center may apply for upgrade or downgrade of its level or levels of authorization at any time.
 - a. Application for such upgrade or downgrade will initiate a new authorization process for the level or levels applied for, with any accompanying site visits and fees, in accordance with these standards.

D. Authorization Actions

1. Non-issuance, non-renewal or disciplinary actions concerning a Maine EMS-authorized EMS Training Center shall be in accordance with 32 M.R.S, Chapter 2-B, the Maine Administrative Procedures Act (5 M.R.S.) and any Rules or other requirements adopted and published by the Maine Board of EMS.

E. Standards for Training Center Application

1. Initial, renewal and upgrade applications should be submitted electronically.
 - a. Submissions to be submitted electronically should include, but are not limited to:
 - i. Application Form
 - ii. Training Center Self-Assessment
2. Training Center renewal applications will be submitted to Maine EMS *at least 90 days prior* to the expiration date of the current Maine EMS authorization.
3. Application Review
 - a. Maine EMS will have *60 calendar days* from the date of receipt of an application to approve or deny the application or to request additional information.
 - b. If deficiencies with the program or application material are identified during the review process, Maine EMS will notify the applying institution of the specific deficiencies, what corrective measures need to be taken before the application can be approved and a time definite for submission of additional material.
 - i. If needed, a technical assistance visit will be scheduled, at the EMS Training Center's expense. The purpose of the technical assist visit will be to resolve any program concerns and to assist the EMS Training Center in the initial or renewal process.
4. In order to receive authorization as a Maine EMS Training Center, an applicant must:
 - a. Meet eligibility criteria in accordance with § 3.1.A of these standards.
 - b. Provide a completed Self-Assessment.
 - i. The Training Center must complete a self-study and will maintain, on file, copies of all supporting documents. These documents must be made available to Maine EMS upon request.
 - c. Entities who maintain national accreditation may request that a site visit be waived for levels specific to accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

- d. Submit required application and site visit fees.
- e. Demonstrate adherence to applicable Maine EMS statutes, Rules and EMS Training Center Standards and requirements.

F. Annual Reports

1. Authorized EMS Training Centers must submit an annual report to Maine EMS between March 1st and March 31st. The purpose of this report is to:
 - a. Update Maine EMS of program changes
 - b. Provide a summary of program evaluation outcomes for the preceding year
 - c. Demonstrate compliance with established program standards and outcome thresholds
2. Annual reports should contain program information and student outcome data for **each level of licensure program** the training center is authorized to deliver.
 - a. Training Centers who have received national accreditation for one or more of their programs may submit a copy of the annual reports submitted to CoAEMSP for those programs which are accredited.
3. Format
 - a. Annual reports should be submitted using the template form provided by Maine EMS.

G. Renewal

1. A Maine authorized EMS Training Center must apply for renewal of its authorization at least 60 days prior to authorization expiration
2. In order to renew authorization as a Maine Training Center, an applicant must:
 - a. Provide a self-assessment in accordance with the requirements for new authorizations and which has been conducted within the year prior to authorization expiration
 - b. Submit required application fees.

- c. Demonstrate that the EMS Training Center continues to adhere to applicable Maine statutes, Rules and EMS Training Center Standards and requirements.

H. Interim Changes

1. Any substantial change in program delivery or format, shall be presented to Maine EMS for review, as well as be documented in the Training Center Annual Report.
2. Changes in Training Center authorization levels may be applied for at any time.
3. Changes in consortium sponsorship shall be presented to Maine EMS for review and action, as needed.
4. If a program's national accreditation status has changed, the entity must notify the Maine EMS Office and the Board of such change, and a subsequent site visit may be scheduled or self-study appraisal required, at the discretion of Maine EMS and/or the Board.
5. Maine EMS reserves the right to conduct announced or unannounced site visits or request additional information from the approved programs at any time, or to perform audit visits as needed.

§ 10 Deficiencies and Remediation

A. Deficiency Reporting and Remediation Timeline

1. If deficiencies are reported by the Program Review Team (see §11.A of these standards), the Training Center has 90 days from the date the report was received by the applicant to correct the deficiencies. The Training Center will demonstrate that the identified deficiencies are corrected or may, with the approval of Maine EMS, provide a detailed action plan to correct each deficiency.
2. If deficiencies are self-reported by the Training Center/Program the Training Center/Program has 90 days from the date the report was received by Maine EMS to correct the deficiency. The Training Center/Program will demonstrate that the identified deficiencies are corrected or may, with approval of Maine EMS, provide a detailed action plan to correct each deficiency.

B. Disciplinary Action

1. If remediation of a deficiency is unsuccessful, Maine EMS may pursue disciplinary action in accordance with 32 M.R.S., Chapter 2-B, the Maine Administrative Procedures Act (5 M.R.S.) and any Rules or other requirements adopted and published by the Maine Board of EMS.

§ 11 Application for Initial Authorization as a Training Center

A. Assessment Process Overview

1. The Training Center approval licensing process includes the following components:
 - a. Preparation and submission of an internal self-assessment conducted by the Training Center applicant.
 - b. An external evaluation conducted by a Program Review Team
 - i. Review of internal self-assessment
 - ii. Site visit
 - c. Review and evaluation of the internal self-assessment and external evaluation by Maine EMS
 - d. Address, by the Training Center applicant, of any deficiencies found.
 - e. Issue or non-issue of an authorization to conduct training programs leading to licensure by Maine EMS.

B. Self-Study Assessment Overview

1. The self-assessment document provides each applicant with an opportunity to assess their training center program objectives, and to identify program strengths and areas needing improvement. The evaluation must be comprehensive and needs to clearly identify the program's strengths and limitations. Completion of the self-assessment document involves all stakeholders in the training centers and their programs including, but not limited to:
 - a. Training Center Directors
 - b. Training Center/Program Medical Directors
 - c. Program Directors
 - d. Program and Clinical Coordinators
 - e. Lead and Assistant/Adjunct Instructors
 - f. Clinical preceptors, field preceptors, and Field Training Officers
 - g. Students, and others involved in the delivery of the educational programs.
2. A self-assessment document shall be completed for each of the following as applicable:
 - a. For Training Center applicants applying for initial review and authorizations
 - b. For existing Training Centers wishing to add to their level(s) of authorization for conduction of licensure classes
 - c. For addition of a satellite location to current authorized Training Center
 - d. For renewal of current Training Center authorization
 - i. Submitted every five years after initial authorization, with application to renew the Training Center license.

C. Self-Study Assessment Content

1. The self-assessment document is a written instrument which is used to assess a training organization's compliance with the objectives and standards outlined in these standards. As part of the self-assessment, applicants need to provide written and supporting documentation that clearly demonstrates how the training center meets the standard.
2. Discussion of specific guidelines regarding individual elements which are included in the self-assessment is found in subsections 4 – 8 of this document.
3. Self-assessments which are performed as part of the authorization renewal process must include program changes, changes in faculty, updated procedures, etc. A key component of the self-assessment process is a critical analysis of program outcomes, and action plans or actions which have been taken to correct identified deficiencies.
4. At minimum, the following standards for approval must be addressed in the self-assessment document. Examples of how each standard may be met can be found in Appendix D (Sample Forms):
 - a. Training Center and program philosophy and objectives
 - b. Training Center and program demographics
 - c. Training Center and program goals and outcomes, including, but not limited to results of advisory committee decisions and appropriateness of goals and learning domains.
 - i. Reference "CoAEMSP Interpretations of the 2015 Standards and Guidelines" as applicable.
 - ii. New Training Centers seeking authorization which have not yet conducted classes or convened a Program Advisory Committee should present a *minimum* of a written statement of program goals and outcome goals, and an action plan for initial Program Advisory Committee recruitment, actions, and outcome evaluation.
 - d. Training Center and program resources, including descriptions/discussion of hospital/clinical affiliations, program personnel, field preceptors, and clinical preceptors. Financial resources, budgets, and program costs should be included in this section.
 - e. Curriculum design and changes in academic policy.

- f. Outcomes assessment, including student evaluations, exit point completion, graduate surveys, student opinion surveys, employer satisfaction, national licensure pass rates, etc.
- g. Key documents, including catalogs, course/program descriptions, syllabi, brochures, policy manuals/student handbooks, or any other supporting materials that demonstrate adherence to Training Center licensing criteria.

5. Nationally Accredited Programs

- a. Programs that have attained National Accreditation may submit a copy of the Commission on Accreditation of Allied Health Programs (CAAHEP) Initial Accreditation Self-Study Report (ISSR) or Continuing Self-Study Report (CSSR), whichever is more current, document to meet the requirements for Maine EMS authorization as an EMS Training Center, along with a copy of their latest annual report.
- b. Training Centers who have attained national accreditation for one or more of their programs will need to submit a supplemental self-assessment document which addresses information related to any licensure program levels which are currently taught by the Training Center, but not addressed in the CAAHEP ISSR or CSSR.

D. Site Visits

- 1. Three site visit options by Maine EMS are possible – Technical Assist Visits, Program Review Visits, and Audits
 - a. Technical Assistance Visit:
 - i. A Technical Assistance Site Visit may be requested by the Applicant/EMS Training Center or at the discretion of Maine EMS for assistance in meeting the standards for EMS Training Center authorization. Should a Technical Assistance Site Visit be requested, Maine EMS will assemble a Technical Assistance Review Team, if needed.

- ii. Technical Assist Visits may be conducted using one or more of the following methods, depending upon specific needs for assistance:
 - 1) Online/virtually
 - 2) Live on-site at the applicant training center facility or facilities (if there are multiple), as needed.
- iii. The purpose of a Technical Assistance Site Visit is to:
 - 1) Assist in improving program quality by providing feedback on program processes or policies.
 - 2) Resolve concerns during the initial authorization or in cases of changes to authorization level, and to assist the applicant in the new or renewal authorization process if deficiencies are identified as part of the self-assessment process
 - 3) Make recommendations regarding required improvements.
- iv. The Technical Assistance Review Team will:
 - 1) Assist the applicant in interpreting the Training Center Standards.
 - 2) Provide assistance in analyzing data.
 - 3) Assist in the development of a Program Evaluation plan.
 - 4) Review the draft self-study documents and provide recommendations for meeting the standards.
 - 5) Assist Training Centers in developing an action plan for correcting deficiencies identified through the self-assessment or Site Review process.
- v. Maine EMS will:
 - 1) Work with the EMS Training Centers to schedule the site visit.
 - 2) Select and orient the review team members; identify the team leader.

- 3) Assist the applicant with addressing any identified possible conflicts of interest with Review Team members.

vi. The Team Leader will:

- 1) Serve as team leader on the site visit.
- 2) Conduct an exit interview summarizing the team's findings.
- 3) Coordinate the writing of the team report and provide it to Maine EMS within 10 days of the visit who will send a copy to the applicant within 30 days of the site visit.
- 4) Conduct follow-up activities as necessary.

vii. The Applicant is responsible for all costs incurred by the Technical Assistance Review Team in accordance with Appendix B.

b. Program Review Visit:

i. A program review visit is a site visit that is conducted during the process for initial Training Center authorization. This will be scheduled following receipt and review of an applicant's self-assessment documents.

1) Program Review visits may be conducted via:

- i. Virtual technology
- ii. Live on-site
- iii. Using a combination of both virtual and on-site methods

ii. The purpose of the Program Review Visit is to:

- 1) Ensure that the outlined Training Center Standards are being met consistently by education programs.
- 2) Determine whether the Program Review Team will recommend to Maine EMS that an applicant receive authorization as an EMS Training Center.

- iii. The Program Review Team will:
 - 1) Review the self-study completed by the applicant prior to the site visit.
 - 2) Participate in a site visit to confirm that the information in the self-study is accurate and meets the minimum requirements for authorization.
 - 3) Report to the Maine EMS Board the team findings, specifically identifying strengths, weaknesses, and any deficiencies of the program. Maine EMS will send a copy of the report to the applicant.
- iv. For all applicants, the review team should be comprised of three members selected by Maine EMS and agreed to by the Training Center:
 - 1) A Maine EMS staff member
 - 2) Two additional members who are qualified in one or more of the following areas:
 - i. A Maine licensed Instructor/Coordinator, not affiliated with the sponsor or training center
 - ii. A member of the Maine EMS Education and Examinations Committee, not affiliated with the sponsor or training center
 - iii. A State, Regional, or Service level medical director, not affiliated with the sponsor or training center
 - iv. A Training Center Director, Program Director, or Lead Instructor from a Maine EMS licensed sponsor or training center
 - v. An educator with experience in curriculum development and administration of educational programs, not affiliated with the sponsor or training center
- v. The Applicant is responsible for all costs incurred by the Program Review Team in accordance with Appendix B.

E. Audits:

1. Audits may be performed by Maine EMS staff members or representatives:
 - a. In response to changes in status, identified problems or formal complaints about a program; or,
 - b. For purposes of reviewing, monitoring, or evaluating a specific program or individual course.
2. Advance notification of an audit is not required.
3. Audit functions will not incur site visit costs.

**Maine Emergency Medical Services
Training Center Standards Appendices**

Appendix A: Maine EMS Training Center Equipment Requirements

Appendix B: Fees and Honoraria

Appendix C: Change History

Appendix D: References

Appendix A – Maine EMS Training Center Equipment Requirements

A. General Guidelines for Training Center Equipment Inventory

1. The Training Center must maintain equipment, for each program, and laboratory site, necessary to achieve the psychomotor and affective objectives developed from, and as outlined by, the following standards:
 - a. The 2021 National Emergency Medical Services (EMS) Education Standards of 2021 - https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf
 - b. The 2019 National Emergency Medical Services (EMS) Scope of Practice - https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019.pdf
 - c. The National Emergency Medical Services (EMS) Scope of Practice of 2021 update - https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019_Change_Notices_1_and-2_August_2021.pdf
 - d. The current Maine Emergency Medical Services (EMS) Prehospital Care Protocols - <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/Final-2021-Protocol-ALL-compressed.pdf>
 - e. The downloadable documents and forms listed under “Documents and Forms” and Scenario information tabs, regarding the NREMT Paramedic Portfolio - <https://nremt.org/Document/paramedic-portfolio>
2. The information in the following documents can assist training centers with developing equipment inventory in consideration of patient care and transport in the Maine EMS system. These documents are specific to Maine EMS and are not all-inclusive.
 - a. The current Maine Emergency Medical Services (EMS) Protocol Formulary - <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/20220415-2021-MEMS-Formulary-V2-1.pdf>
 - b. The current Maine EMS Transporting Service Inspection Form - <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/20230130-MEMS-Transporting-Inspection-Form.pdf>

- c. The current Maine EMS Approved Alternate Equipment list - https://www.maine.gov/ems/sites/maine.gov/ems/files/inline-files/EquipmentList_0.pdf
- 3. The references listed are not intended to imply specific required numbers of items nor are they intended to imply inclusiveness of all items contained. The intent is to provide references from which it is possible for a training center to develop a list of equipment that is pertinent, comprehensive, and best enables accomplishment of licensure program objectives.
- 4. Training Center equipment inventory should include devices, training aids and simulation devices which will facilitate and accommodate the following:
 - a. Development and completion of programs psychomotor competencies and skills portfolios
 - b. Formative and summative patient assessment and treatment scenarios
 - c. Summative examinations
 - d. Preparation for certification and licensure examinations within the scheduled laboratory sessions

B. Standards for Training Center Equipment

- 1. The Training Center will ensure that it maintains, in full working order, all equipment necessary to deliver EMS education through all programs and courses offered by the Training Center.
- 2. Training centers' supplies of equipment should be adequate to accommodate a group of 5 (five) students per instructor, with a ratio no more than 8 (eight) students to one instructor for labs.
- 3. Personal protective equipment and stethoscopes should be supplied at a 1 unit per student ratio for any given lab activity
- 4. All products should be non-latex, if available. Where not available, the training center must make students aware when latex-based equipment is used.
- 5. Availability and access to training aids and equipment
 - a. Training centers must provide adequate and secure storage space for instructional materials.
 - b. The training center and respective programs must have the equipment available to students via one or more of the following modalities:
 - i. Owned and maintained by the licensed training center

- ii. Signed agreement (written contract) between the licensed training program and the equipment provider indicating that the equipment will be made available upon dates specified in the course.
 - iii. Maintained by the student for use at the licensed training program course.
- c. The licensed training center shall maintain and budget for maintenance and needed replacement of equipment.
- d. The licensed training center will maintain an adequate supply of batteries, power supplies, manufacturer recommended parts and consumables for the equipment that requires it, for the duration of any program.
- e. The licensed training center will maintain various sizes of permanent and disposable equipment sufficient to accommodate practice of skills in accordance with the National EMS Education Standards, National EMS Scope of Practice Model and current Maine EMS Prehospital Protocols.
- f. The licensed program will maintain cleaning and disinfecting products for all equipment as recommended by the manufacturer.

Appendix B – Fees and Honoraria

A. Program Review Site Visit:

1. Application cost is \$250.00. The applicant will pay the site visitors a \$500.00 honorarium and cover the related expenses for the site visitors using the Maine State Per Diem rates. BLS reviews will require 2 team members. ALS reviews will require 3 team members.

B. Technical Assistance Site Visit:

1. The applicant will pay the site visitors a \$500.00 honorarium and cover the related expenses for the site visitors using the Maine State Per Diem rates.

Appendix C – Change History

Maine EMS Training Center Standards

Origin and Development of the Training Center Standards

The Maine EMS Board is responsible for regulating EMS activity in the State. The Maine EMS Board is also responsible for monitoring educational program quality, ensuring consistency in the educational process, and establishing minimum standards for EMS education.

The Maine EMS Education Committee reviewed the draft Maine EMS Training Standards document in 2008 and adopted its content using a consensus voting method. It was approved by the Maine EMS Board in January 2009.

The 2009 edition of the Maine EMS Training Center Standards document was consistent with the EMSTAR report recommendations regarding regulation of EMS educational programs in the State of Maine. Subcommittee members conducted research to identify best practice models throughout the country and developed this document with the knowledge and awareness that national accreditation would be required in the future. The original 2009 document integrated those accreditation standards wherever possible to allow Maine EMS authorized EMS Training Centers to achieve national accreditation.

2023 Updates

This review and revision of the Maine EMS Training Center Standards was undertaken by the Maine EMS Education Committee, in conjunction with the Maine EMS Office, with stakeholder input, as an update to the Training Center Standards, which were last updated in 2014. It was the intention of this effort to accomplish the following objectives:

- To update material contained which had been originally based upon the Commission on Accreditation of Allied Health Education Programs (CAAHEP) 2005 Standards
- To provide clarification on items which appear ambiguous at this time, and clarify and provide updates to other items which have been affected by changes in the field of EMS education, such as standards and methodologies, and other issues which may be affecting EMS education in Maine
- To update Appendix C (Training Center Equipment Lists)
- To provide consistency in document formatting and readability.

It is important to recognize that maintenance of Training Center Standards requires that any such standards should be reviewed and revised at regular, scheduled intervals to ensure that they are applicable and supported. To that end, it is the intent that a summary of updates should be included in this and future updates, and that these Training Center Standards should be reviewed at an interval of every five years from the date of Maine EMS Board approval, and additionally as may be needed.

Summary of 2023 Changes and Implementations to the Training Center Standards

Throughout the standards and interpretations is a requirement for CAAHEP accredited Programs to comply with standards, policies, and procedures as directed by CAAHEP/CoAEMSP.

I. Sponsorships

- a. Added:
 - i. Secondary schools, High Schools & CTEs
 - ii. Licensed EMS Services
 - iii. Adult Education Centers

II. Consortiums

- a. One of the members must have a physical presence within the State of Maine
- b. Specific policies needed by the Training Center.

III. Training Center Responsibilities

- a. Need to identify a Training Center Director (*may serve as multiple roles*).
- b. Notice of academic credit for all programs and courses. All MCCS Colleges with EMS Programs currently award college credit through PLA for current NREMT certification or Maine EMS licensure at the EMR, EMT, AEMT, and Paramedic levels for students that enroll in academic programs.
- c. Specific policies needed by the Training Center.

IV. CAAHEP Accreditation

- a. All programs that require CAAHEP accreditation will need to be accredited or in process to maintain their Program status. As an example, a Training Center that wishes to deliver Paramedic education will need to be

accredited by CAAHEP to maintain their Program status and deliver Paramedic programs.

- b. Specific policies needed by the Training Center.

V. Programs

- a. The Training Center will need to ensure compliance with all Program standards for each Program. They will need to identify a qualified Program Director for each Program. A Program Director could serve as a director for multiple Program types.

VI. Program Goals and Objectives

- a. Specific policies needed by the Training Center.

VII. Program Advisory Committee

- a. Required to have an advisory committee for each Program, with specific make up. Training Center may have one Advisory Committee that serves all Program needs.
- b. Specific policies needed by the Training Center.

VIII. Program Offerings

- a. Each Training Center will need to decide what EMS Programs it will deliver, options are:
 - i. EMR
 - ii. EMT
 - iii. AEMT
 - iv. Paramedic
- b. The Training Center may opt to teach only one program, example Paramedic, but will not be able to offer separated EMR, EMT, or AEMT training until they have authorized programs.

IX. Resource Types and Amounts

- a. Requires annual assessment of the Training Center, and each individual Program to ensure that resources are necessary to meet outcomes.

Specific surveys, assessment, and evaluation methods will exist.

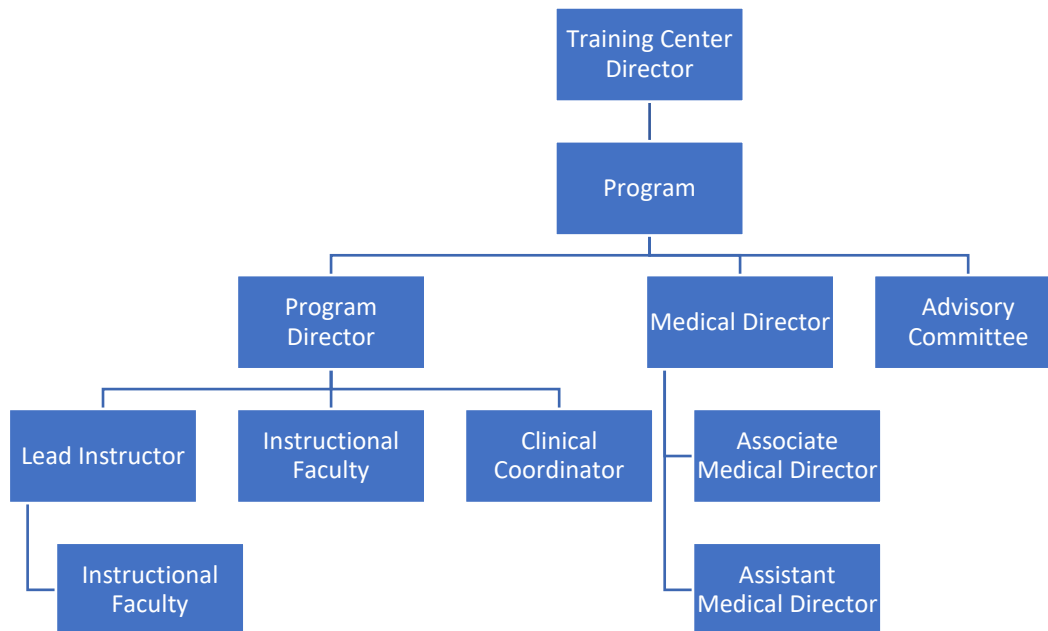
- b. Removes specific equipment lists and numbers from Appendix C and focuses on objective based equipment and resources of a comprehensive program based upon the National EMS education standards, National EMS Scope of practice, and Maine EMS scope of practice.
- c. Establishes “Main,” “Satellite,” and “Alternative” campuses/sites for a training center. Establishes that “Lead Instructors” must be appointed and supervise education at “Satellite”, and “Alternative” campuses/sites. For ease of understanding a “Satellite” campus/site is location where the full program may be delivered without a student ever going to the “Main” campus/site. An “Alternative” campus/site would be a remote laboratory site with an “on-line” program or lecture at the “main” campus.
- d. Specific policies needed by the Training Center.

X. Hospital/Clinical, Field Experience, and Capstone Field Internship Affiliations

- a. EMR has no requirement for clinical or field experience. If a program chooses to have a clinical or field program for EMR they will be expected to follow all guidelines for EMT.
- b. Requires programmatic preceptor training for EMT, AEMT, and Paramedic site supervisors and preceptors.
- c. Requires ten (10) patient assessments/treatment plans (*National Education Standards recommendation*) documented in MEFIRS for all EMT students. May be simulated in a laboratory as part of the course.
- d. Requires “live” clinical and field patients for AEMT and Paramedic. Allows for simulation if large scale pandemic issues ever occur again.
- e. Requires 30 airway managements (*simulated*) for all AEMT students, with success rates.
- f. Requires 50 airway managements (*simulated*) for all Paramedic students, with success rates.
- g. Psychomotor portfolios and student minimum competencies for all levels
- h. Define “Team Lead” contact for all license level for minimum competency, includes an “advanced life support (ALS)” patient definition and “interfacility transport (IFT)” patient definition.

XI. Personnel Job Descriptions

- a. Highlights of any new responsibilities and qualifications



b. Training Center Director

- i. Administrative head of the Training Center. Examples of people that would fill this role:
1. Chief Executive Officer (CEO), President, Vice-President, Assistant Vice President
 2. Chief Academic Officer (CAO), Dean, Associate Dean, Assistant Dean, Department Head/Chair
 3. Executive Director, Director, Assistant Director
 4. Chief, Assistant Chief, Deputy Chief, Battalion Chief
- ii. This person may be a Program Director also.

c. Program Director

- i. Will need an appointed Director for each Program. One person may serve as all Program Directors if qualified. The Program Director is the person who is responsible for all compliance with educational requirements.

- ii. Specific requirements added:
 1. Paramedic Program Director must hold a bachelor’s degree in any field, CAAHEP/CoAEMSP requirement.
 2. EMR, EMT, and AEMT Program Director must hold an associate degree in any field.
 3. Required to be licensed as a Maine EMS Instructor/Coordinator
- iii. Specific Job Description statements
- d. **Medical Director**
 - i. Specific Job Description statements
- e. **Associate Medical Director**
 - i. Not required. Delegated authority from Medical Director.
 - ii. Specific Job Description statements
- f. **Assistant Medical Director**
 - i. Not required. Delegated authority from Medical Director. Program must have an Assistant Medical Director for clinical and field rotations outside the State of Maine when the Medical Director (*or Associate Medical Director*) is not licensed to practice medicine in that State.
 - ii. Specific Job Description statements
- g. **Lead Instructor**
 - i. Will need an appointed Lead Instructor for each Program with “Satellite” and “Alternative” campuses. This person supervises the education at these sites. Programs may appoint Lead instructors at their “Main” campus.
 - ii. Specific requirements added:
 1. Paramedic Lead Instructor must hold an associate degree in any field, CAAHEP/CoAEMSP requirement.

2. Required to be licensed as a Maine EMS Instructor/Coordinator

iii. Specific Job Description statements

h. **Instructional Faculty**

i. Requirement that these instructional faculty be oriented by the Training Center and Program to their role and related policies and procedures annually to perform their tasks.

ii. No requirement to hold an Instructor/Coordinator (IC) license.

iii. Specific Job Description statements

i. **Clinical Coordinator**

i. Specific Job Description statements

XII. Curriculum

a. Curriculum must meet or exceed 2021 National EMS Education Standards and Maine EMS Scope of Practice

b. Reinforcement of Team Leadership in clinical and field internship education for AEMT and Paramedic student

c. Specific policies needed by the Training Center.

XIII. Resource Assessment

a. Requirement to annually assess educational resources and efficacy. Feedback from students, graduates, and stakeholders required.

b. Specific policies needed by the Training Center.

XIV. Student Evaluation

a. Evidence of formative assessment for affective, cognitive, and psychomotor domains

b. Requirement to make all summative examinations reliable and validated through examination analysis.

c. Need for minimum psychomotor competencies.

- d. Summative examinations for affective, cognitive, and psychomotor domains
- e. Need for terminal competency (*think final sign off record keeping*) record for each student.
- f. Specific policies needed by the Training Center.

XV. Outcome Assessment and Reporting

- a. Defines that all programs will need to achieve the following goals:
 - i. Retain and graduate 70% of all enrolled students.
 - 1. A student is considered enrolled once they have completed 10% of the Program (CoAEMSP standard)
- b. 70% of retained and graduated students are certified by the NREMT within three (3) attempts.
- c. 70% of the NREMT certified graduates are employed in a position that uses their certification.
 - i. Employed is a loose term, exceptions are made for military personnel, students that are continuing their education, and volunteers.
- d. Reported annually to Maine EMS through annual reports.
- e. Corrective action plans must be reported to Maine EMS if goals cannot be achieved.
- f. Specific policies needed by the Training Center.

XVI. Continuing Education

- a. Specific policies needed by the Training Center.

XVII. Publications and Disclosures

- a. Specific policies needed by the Training Center.

XVIII. Lawful and Non-Discriminatory Practices

- a. Specific policies needed by the Training Center.

XIX. Student Records

- a. Specific policies needed by the Training Center.

XX. Substantive Change

- a. Specific policies needed by the Training Center.

XXI. Agreements and Contracts

- a. Specific policies needed by the Training Center.

XXII. APPENDIX A

- a. Original removed from document. Information was appropriately dispersed throughout the documents required policies.

XXIII. APPENDIX B

- a. Original removed from document. Information was appropriately dispersed throughout the documents required policies.

XXIV. APPENDIX C – Equipment

- a. Will become the new Appendix A.
- b. Reduces ALS and BLS lists to standards, making them more adaptable to changes for the future. The standard will be that each Program and laboratory space for the program will have all equipment that is specified for each psychomotor objective and psychomotor portfolio.

XXV. APPENDIX D – Sample Forms

- a. Deleted

XXVI. APPENDIX E – Fees and Honoraria

- a. Recommend deletion and put into Maine EMS Policy

XXVII. APPENDIX F – References

- a. Updated

XXVIII. APPENDIX G

- a. Recommend Deletion and put into Maine EMS policy

XXIX. APPENDIX H

- a. Recommend deletion and put into both Maine EMS policy and update of Maine EMS Rule

Appendix D – References

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7. National Highway Traffic Safety Administration (2021). *National EMS Scope of Practice Model 2019: Including Change Notices 1.0 and 2.0*. Available for download: https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019_Change_Notices_1_and-2_August_2021.pdf
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