DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Name: EMS Continuing Education Curriculum Accreditation		#200-304.c
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EMS providers seeking to renew NREMT certifications may elect to do so by completing the requisite continuing education (CE). All CE being conducted in the District of Columbia must meet the current National Continued Competency Program (NCCP) standards and be accredited by either the DC Health EMS Program or the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). DC Health strongly encourages the use of CAPCE accreditation. CAPCE accreditation not only allows for consistency with national standards but also the use of accredited content nationwide. Continuing Education that is not CAPCE accredited may be submitted to the DC Health EMS Program for review and consideration for accreditation. All EMS CE must be accredited prior to content delivery to learners. Curriculum accreditation will not be awarded retroactively. The following subsections detail the process for seeking that accreditation as well as the criteria employed when reviewing submissions.

I. Accreditation Process

The process for accrediting an original piece of continuing education through the DC Health EMS Program includes six (6) steps (Fig. 200-304.c.1). These steps apply to all applications and their associated actions are observable below.

Step 1. Needs Assessment – Prospective authors should perform a thorough needs assessment of the target audience prior to the creation of content. These needs should be documented in the final application submitted for review.

Step 2. Content Creation – Once the needs of the audience are well understood, authors should create the goals, objectives, lesson plans and tools that will be used to meet those needs. Content should align with the National Highway Traffic Safety Administration's (NHTSA) current National Emergency Medical Services Education Standards (NEMSES).

Step 3. Application Submission – Completed content should then be submitted to the DC Health EMS Program with the appropriate documentation and in a format that is accessible, comprehensive and cogent. Partial or incomplete content will not be reviewed.

Step 4. Application Review – The DC Health EMS Program will review all submissions to determine whether proposed content meets the standards of accreditation necessary for approval. During the period of review, questions, comments and requests for edits or additional information may be formerly posed to authors.

Step 5. Application Approval – If the submitted content meets all criteria for approval a continuing education course number will be issued to the author. Course numbers must be made available to and should be referenced by participants when reporting all educational iterations. Content not found to meet minimum criteria for approval will be returned to authors with the rationale for denial.

Step 6. Content Delivery – Once approved, delivery of content as detailed in the application may commence. Participants successfully completing all objectives can declare the approved

Continuing Education Hours (CEH) to third parties. Content delivered without an approved DC Health EMS Program CE course number may not be declared to certifying or licensing organizations or participants as a "State" accredited course.

II. Eligibility

Authors of continuing education must be either a currently certified EMS instructor, EMS medical director or a Subject Matter Expert (SME) sponsored by a currently certified EMS Education Institution within the District of Columbia. Authors and institutions must be in good standing with the DC Office of EMS for applications to be considered.

III. Recognized Continuing Education Formats

The following terms and their corresponding definitions represent the recognized formats for the delivery of EMS continuing education in the District of Columbia. Developed content that does not conform to at least one of these formats may not be approved for accreditation. Formats that categorize as Distributive Education under the NREMT's current NCCP standards are so noted by (DE).

A. Traditional Live Classroom (TLC)

Traditional Live Classroom (TLC) activities allow for synchronous, sensory exchange in a physical space shared by both the presenter and the participant. To be categorized as TLC, participants must be able to exchange ideas and pose questions at any time throughout the course and interact with any auditory, visual and kinesthetic tools employed by the presenter. This course format qualifies as Instructor-Led continuing education under the current NREMT NCCP standards.

B. Virtual Instructor Led Training (VILT)

Virtual Instructor Led Training (VILT) activities allow for synchronous, sensory exchange in a virtual space shared by both the presenter and the participant. To be categorized as VILT, participants must be able to exchange ideas and pose questions at any time throughout the course and interact with any auditory, visual and kinesthetic tools employed by the presenter. This course format qualifies as Instructor-Led continuing education under the current NREMT NCCP standards.

C. Asynchronous Learning (AL)

Asynchronous Learning (AL) activities are self-paced exercises designed by an EMS Instructor or SME and completed by a participant. An activity should be categorized as AL if participants are not able to pose questions or exchange ideas with a presenter in real-time. AL categorization may also be applied if participants are not able to experience complete sensory exchange throughout the activity. Common tools and methods used to conduct AL include but are not limited to: Learning Management Systems (LMS), literature review, research projects, case review, etc. This course format qualifies as Distributive Education (DE) under the current NREMT NCCP standards.

D. Exercise (EX)

Exercise (EX) activities or "drills" create an immersive environment for learning. Sponsored operational events that are structured to adequate detail and contain measurable educational goals may be categorized as an Exercise Activity. Regular professional activity and clinical care do not qualify for accreditation. Common tools and methods used to conduct EX include but are not limited to: Agency/State/Federal sponsored drills, MCI simulation, Interagency Collaboration Training, etc. This course format qualifies as Instructor-Led continuing education under the current NREMT NCCP standards.

E. Professional Discussion (PD)

Professional Discussion (PD) activities are events where learning is facility via third party dialog. To be categorized as PD, participants must be able to observe a synchronous, extemporaneous exchange of ideas between individuals or groups but may not be able to pose questions or interact with any auditory, visual and kinesthetic tools employed by the presenters. Common tools and methods used to conduct PD include but are not limited to: Specialty debates, Mortality & Morbidity meetings, conference panels, Grand Round presentations, etc. This course format qualifies as Distributive Education (DE) under the current NREMT NCCP standards.

F. Miscellaneous (M)

Miscellaneous (M) activities are otherwise not enumerated. As industries and technology continue to evolve, additional continuing education formats may arise that meet criteria to receive accreditation. To be categorized as M, an activity must not meet the format description of otherwise defined categories. This course format may qualify as Distributive Education (DE) under the current NREMT NCCP standards following an ad hoc evaluation by the DC Health EMS Program.

Authors developing and seeking accreditation for continuing education must document the format in which the intended content will be delivered in the submitted application. A single CE curriculum may be accredited for multiple formats provided the submitting author thoroughly documents the additional formats and each variation meets the requisite content standards. Authors may submit multiple applications for a single CE curriculum should format variations require significant changes and writing. CE curriculum applications containing combined formatting that creates a conflict or confusion between the NREMT designation of Instructor-Led and Distributive Education course designations will not be approved

IV. Infrastructure

EMS Instructors and Education Institutions seeking accreditation for continuing education curriculum must demonstrate consistent access to infrastructure necessary to convey the content in its approved format/s. CE approved with formatting that requires physical space that is shared by the presenter and the participant throughout the activity (e.g. TLC, EX, etc.) must be associated with a space that meets or exceeds the current NEMSES guidelines. Specifically, presenters must provide access and accommodations in accordance with the Americans with Disabilities Act standards and a reasonable level of personal safety and comfort for all participants throughout the activity. Instructional venues are

also responsible for adhering to all relevant Occupational Safety and Health Administration (OSHA) standards and regulations.

Technology necessary to deliver all audiovisual components of the curriculum must be present and in good working order during course conduction. Additionally, presenters must make available all physical tools or laboratory supplies necessary to facilitate all kinesthetic activities and administration. CE with formatting that does not require synchronous, physical collocation of the presenters and participants (e.g. VILT, AL, etc.) must specify a delivery platform and its technology requirements to be approved. If a technological burden will fall to the participant to satisfy independently, presenters must declare that burden prior to the course registration process.

V. Content Standards

To be considered for approval all content must meet the minimum quality standards detailed in the following subsections. Applications for CE curriculum accreditation should include sufficient detail to convey the minimum content to reviewers.

A. Documentation

Each application for CE curriculum accreditation must include the following documentation:

1. The DC Health EMS Continuing Education Curriculum Application (Form 200-304.d)
2. Lesson Plan
3. Instruction Content
4. Relevance / NEMSES Mapping
5. Continuing Education Hours (CEH) Calculation
6. Approved Presenters
7. Course Location
8. Source Citation
9. Tools & Materials
10. Medical Direction

The DC Health EMS Continuing Education Curriculum Application (Form 200-304.d) should be completed in its entirety and fully executed by all requested relevant parties. While electronic signatures are permissive for endorsement, all signatures must originate from the intended approver/source.

Authors may elect to use the DC Health EMS Lesson Plan for Continuing Education as a template for applications (Form 200-304.c.1). Alternative lesson planning documentation may be submitted provided it is inclusive of the following mandatory items:

1. Needs Assessment
2. Educational Goal
3. Prior Knowledge
4. Learning Objective/s
5. Course Format
6. Assessment Method

B. Needs Assessment

An educational needs assessment should be the first step in the design of any continuing education process. Needs assessments may be performed passively or actively by EMS instructors or institutions to identify learning needs, wants and gaps of a target audience. Methods for completing a needs assessment may include but are not limited to: Surveys of potential participants, focus groups, literature review, quality assurance data analysis, targeted clinical/operational changes, government mandates, etc. Once a needs assessment has been performed, educational goals can be defined.

C. Educational Goals

Educational goals should be designed to address the knowledge, skills or attitudes identified through a needs assessment as deficient or a potential area for development and growth. Educational goals are usually simple statement of purpose for developing CE content. Subsequent instructional design should include all steps necessary to achieving the educational goal. There are multiple methods commonly utilized for instructional design and the meeting of educational goals (e.g SMART Goals, the ADDIE Model, Merrill's Principles of Instruction, the Dick & Carey Model, etc.). Selection of an instructional model remains the discretion of the EMS instructor or institution, provided it includes the minimum required components defined in this policy.

D. Prior Knowledge

When developing continuing education curriculum, the inherent or expected capabilities of the intended audience prior to instruction should be defined. The minimally permissive level of knowledge, skills or attitudes in order for the participant to successfully receive the instruction and attain the objectives should be documented in each application. This may be a list of participant capabilities (e.g. language spoken, specific skill proficiency, demonstrated milestones, etc.) or categories (e.g. scope of practice, certification, rank or tenure, entry examination, etc.) that ensures the target audience is prepared to learn and increases the likelihood that the goal/s of the CE will be met. Authors should keep this prior knowledge in mind throughout the content design process to ensure educational scaffolding likely to achieve the educational goal. Authors of content designed for audiences of varying degrees of prior knowledge should demonstrate in writing the educational goal for each participant type and how they will be met.

E. Learning Objectives

Learning objectives should demonstrate how the content will meet the educational goal/s. Objectives further refine the intent of the education by quantifying and/or qualifying outcomes for learners that equate to successful instruction. The method whereby participants will receive instruction can be distilled from these objectives to create content. Learning objectives should include at a minimum an intended audience, desired behavior, defined conditions for performance and the degree to which participants should perform. Written lesson plans should be employed to organize and document all learning objectives. The ABCD model is often employed when writing lesson objectives to ensure they are comprehensive and to cement the intention of the content. This model can be observed below.

1. Audience
   The audience is the intended recipient of the CE. The audience can be identified in the performed needs assessment and be further refined by the suggested prior knowledge required of participants. (EX: Audience – Paramedics with less than two years of clinical experience…) At a minimum the defined audience must be identified as Basic Life Support (BLS) providers, Advanced Life Support (ALS) providers or a combination of the two.

2. Behavior
   The behavior is the knowledge, skill or attitude the objective is attempting to affect through instruction. The proposed objective may have more than one behavior, and behaviors may have simple or complex structure. (EX: Behavior – Successful endotracheal intubation of the adult patient…)

3. Conditions
   The conditions refer to the environment, resources and/or circumstances the student may experience or access when attempting to accomplish the stated objective. The proposed objective may have more than one condition, and conditions may aggregate. (EX: Conditions – When CPR compressions are being delivered by a mechanical compression device… and in 30 seconds or less…)

4. Degree
   The degree is the minimum criteria needed for the objective to be met. A degree can be quantitative or qualitative but must be measurable to discern success. The proposed objective may have more than one degree and should be clearly conveyed to participants prior to assessment. (EX: Degree – At least 90% of all attempts…)

Once each of these items are defined, a cogent learning objective should be ready to convey. (To use the examples above, the proposed learning objective might read as such: "Paramedics with less than two years of clinical experience will perform successful endotracheal intubation of the adult patient in less than 30 seconds when CPR compressions are being delivered by a mechanical compression device with 90% accuracy.) Alternative CE lesson planning methods may be utilized by EMS instructors and institutions to create content provided they produce measurable learning objectives. Objectives should firmly support the educational goal of the proposed CE and should be reasonably attainable by participants by the conclusion of the instructional activity.

F. Relevance

Proposed CE curriculum should be relevant to the practice of prehospital medicine and/or EMS operations and reflect the current standards of care. Content should be created with the current framework of the National EMS Education Standards (NEMSES) in mind. Other resources to consider are the National Model EMS Clinical Guidelines maintained by the National Association of State EMS Officials (NASEMSO) and the pre-hospital evidence based guidelines produced by the Prehospital Guidelines Consortium and housed at the National Association of EMS Physicians (NAEMSP). Links to these resources are provided here for ease of reference:

- NEMSES: https://www.ems.gov/pdf/EMS_Education%20Standards_2021_FNL.pdf

- NASEMSO: https://nasemso.org/wp-content/uploads/National-Model-EMS-Clinical-Guidelines_2022.pdf
- NAEMSP: https://naemsp.org/resources/prehospital-guidelines-consortium/prehospital-guidelines-consortium-resources/

Authors should reference these standards when creating content and before submitting applications for CE curriculum accreditation. Applications for CE curriculum where content could be applied to the NREMT's NCCP National Continued Competency Requirements (NCCR) must demonstrate this relevance in writing. CE content designed to meet the NREMT's NCCP Local Continued Competency Requirements (LCCR) should document references to the current DC LCCR policy (200-304.e). Approval for accreditation of any CE curriculum is more likely and more expedient when the mapping to these standards is documented in the application by submitting authors.

G. Academic Integrity

Participants may only be granted credit for successful completion of all course objectives. Should a participant fail to demonstrate learning as prescribed by the curriculum's learning objectives, presenters may offer remediation. Participants failing to remediate any portion of the curriculum should not be documented as having completed the course successfully.

Academic dishonesty must be addressed by EMS instructors and educational institutions. Authors should design instructional content in such a way as to define permissive performance standards throughout the activity. (EX: An author designs a summative post-test that is open resource but does not allow for participant collaboration.) It is the responsibility of the presenter to ensure all standards of academic integrity are adhered to throughout instructional activities. (EX: A presenter discovers a participant cheating on an independent exercise by copying another participants' answers and subsequently dismisses the participant engaged in academic dishonesty.)

EMS instructors and educational institutions must not roster participants who are not in "attendance" under the approved CE formatting standards. It is the author's responsibility to establish methods and tools to ensure participants complete all requisite content over the prescribed timeframe before they can move to an assessment or evaluation phase of the course. It is the presenter's responsibility to observe and document participant attendance and determine if it meets minimally permissive standards for successful completion. For CE formats that are not considered to be Instructor-Led technology may be employed to create barriers to completion/assessment based on elapsed time or incremental performance. Learning management systems will typically offer these "gating" options for content pacing. (EX: In order to progress to Module 2 of an Asynchronous Learning activity, participants must have successfully completed a brief post-module exam and/or ten minutes must have elapsed in Module 1.)

Plagiarism, or the intentional failure to credit the originator of content included in proposed CE curriculum, is grounds for immediate application denial as well as current accreditation revocation. It is the responsibility of submitting authors to ensure that ideas, language, media and tools sourced externally from the marketplace of ideas are accurately cited to afford credit to their progenitors. This citation also provides context for ideas as well as identifies the relevance and/or bias of a piece of information being presented to CE participants. Source citation formatting for CE curriculum

applications remains the discretion of the author provided they are discernible to reviewers. Formats commonly employed include, American Psychological Association (APA), Modern Language Association (MLA), Chicago/Turabian, etc. Applications lacking any source citation are unlikely to be approved.

H. Assessment

Assessment of the participant should quantify and/or qualify the effectiveness of learning objectives and indicates whether or not a measurable, educational goal has been achieved. Authors should design participant assessments based on the knowledge, skills or attitudes that the curriculum is striving to impart or augment. Applications are more likely to be approved for accreditation when a system for measuring success and demonstrating outcomes to presenters is present. Summative post-tests are commonly employed for this purpose but are not the only method for effectively assessing participant learning. Other types of assessments may include: formative, diagnostic, norm-referenced, confirmative, etc. Regardless of selected format, assessment tools should always attempt to be both valid and reliable at measuring instructional outcomes.

For an assessment to be valid it must measure participant performance based on the desired goals of the CE curriculum. For example, an assessment of STEMI recognition via 12-Lead ECG interpretation where participants successful identified waveforms with a collective, mean accuracy of 95% would be considered to have high validity. The goal of the instruction was to improve 12-Lead ECG interpretation skills of the participant, which was met by the delivered content.

For an assessment to be reliable it must yield consistent results when measuring participant performance outcomes when no additional variables are applied to instruction. For example, when the same ECG interpretation course described in the previous section is offered in identical formatting for five separate cohorts and with audiences of equal prior knowledge. If the collective, mean accuracies by cohort were 95%, 43%, 19%, 98% and 62%, that assessment would be considered to have low reliability. The results are not reliably reproducible and therefore neither is verification that the desired goals are being met consistently.

I. Evaluation

All participants must be allowed the opportunity to evaluate the presenter and the content of CE experienced. Participant evaluation methods and tools should be designed by the submitting author. Evaluation collection can be synchronous or asynchronous with content delivery but should be proximal enough to the content delivery time to be a reliable appraisal of the experience. Formatting for the evaluation may vary, but must include a method for gathering both quantitative and qualitative responses from all participants. Quantitative response sections should report on a scale that is discernible to the participant and CE curriculum application reviewers. Examples of scales commonly employed but not limited to include, Linear Numeric, Likert, Forced Ranking, Semantic, Pictorial, etc. Qualitative response sections should allow for free expression and the ability to expound on concepts. Examples of common methods for eliciting qualitative responses include but are not limited to, free text fields, directed questioning, interviewing, direct participant observation, etc.

Peer-to-peer evaluations are advisable and best practice, but may not always be an option for every CE iteration or format. Monitoring or mentoring of less experienced presenters would also fall into this category of evaluation. EMS education institutions may elect to establish their own internal policy and practice to conduct peer-to-peer evaluations, but they are not required for CE curriculum application approval.

All types of evaluation should be discoverable to the presenter to provide feedback and initiate quality assurance and improvement of the presenter and content. Evaluations are also discoverable to the DC Health EMS Program and may be requested for review throughout audit, investigation and renewal processes by its agents.

J. Continuing Education Hours (CEH)

The DC Health EMS Program follows the NREMT's standards for awarding Continuing Education Hours on an hour-for-hour basis. Therefore, CE curriculum will be approved for a specific amount of CEH based on the author's design description and the measured contact time. Partial hours can be awarded above one (1) and should be rounded to the nearest half of an hour (30 minutes) in all documentation associated with the accredited CE.

For the majority of CE activity formats, CEH is based on contact time with approved content and/or presenters. Authors should calculate the average time for the proposed contact given the selected CE format, media and student-to-instructor ratios when applicable. Contact time should be divided into two categories – allowable and non-allowable activities. Allowable activities include portions of the curriculum where active learning or assessment is occurring (e.g. discussion, laboratory, performance demonstration, etc.) Non-Allowable activities include portions of the curriculum where active learning or assessment is not occurring (e.g. travel, breaks, meals, physical transitions, course evaluations, etc.) Contact time should also include any participant assessments performed to demonstrate learning objectives have been met. An example of a CEH credit formulae and common meter for instruction are demonstrated below.

$$\text{Contact Time (Hours)} = \frac{\text{(Total minutes of all activities) - (Total minutes of non-allowable activities)}}{60}$$

Format	Meter	Quantity	Unit	CEH Equivalent
Literature	Document Length	1,000	Written Words	5 minutes
Presentation	Discussion Point	1	Slide / Still Image	1-3 minutes
Laboratory	Student:Instructor Ratio	1:1	Action	10 minutes

(EX: A proposed CE curriculum which includes a presentation using thirty (30) slides followed by a laboratory exercise with a 6:1 student-to-instructor ratio could be valued at 2.0 CEH)

Authors of some untraditional or asynchronous learning activities may also utilize an averaging system to propose CEH quantities. This tool requires trial delivery of content with active measurement of participant pace. For example, a self-paced literature review of approximately 6,000 words is given to 30 participants of which the average activity completion time was 0.5 hours

may be assigned 0.5 hours of CEH. To utilize an averaging system the data justifying CEH computation should be included in the CE curriculum application.

While content delivery or learning can take place incrementally based on approved CE formatting, partial completion of an approved CE curriculum will be awarded zero (0) CEH. If instruction involves successive, modular CE curricula which have each been accredited separately, participants are eligible to receive whole credit for every module where all objectives and requisite contact times were met.

K. Medical Direction

The medical director for CE curriculum applications is responsible for insuring that all content proposed is contemporary, accurate and relevant to the EMS provider. An otherwise complete curriculum application should be submitted to the medical director for review and approval prior to submission to the DC Health EMS Program for review. Should a medical director find the content lacking they must withhold approval and provide the author with analysis regarding that decision. Medical directors who are the author may approve their own content, and submit the application for review by the DC Health EMS Program.

L. Recording

The burden to maintain all requisite supporting documentation for approved curriculum is seven (7) years. All CE curriculum applications should include language detailing how required support documentation will be housed by the EMS instructor and/or education institution. Requisite supporting documentation includes:

1. EMS Continuing Education Curriculum Applications
2. Approval notifications from the DC Health EMS Program
3. Schedules of CE delivery
4. Instruction rosters
5. Participant rosters
6. Participant assessments
7. Evaluations
8. Copies of issued CE certificates

Supporting documentation should be archived so that it is easily accessible and indexable. Archives can be physical or electronic, but should be organized within a cogent system.

All supporting documentation of CE for EMS providers conducted in the District of Columbia is discoverable to the DC Health EMS Program and must be produced for review when requested by its agents. Common situations where a disclosure may be requested include, audits, investigations and certification renewal processes. Failure to comply with an official request for information may result in the revocation of accreditation for a previously approved CE curriculum or the certification of an offending EMS instructor and/or education institution. Failure to maintain adequate records or comply with official requests for information may also result in fines assessed based on severity and number of incidents.

VI. Conflict of Interest

Learning objectives and the content that supports them must strive to convey the science of the current EMS standards of care and operations free of inherent bias. Authors and presenters should avoid the promotion of products or practices that they may have commercial or personal interest in whenever possible. It is the responsibility of submitting parties to identify potential conflicts of interest (COI) prior to the submission of all applications. Individual EMS instructors or educational institutions demonstrating a potential COI that cannot be resolved must declare each instance of potential bias in writing when submitting applications for consideration. CE curriculum applications with identified COI may be approved with conditions (e.g. proposed presenter "X" may not deliver the content area for procedure "Y") or denied with request to resolve prior to resubmission. It is the responsibility of all presenters to convey all identified COI to participants of approved content.

VII. Application Submission

Applications for CE curriculum accreditation once complete may only be submitted to the DC Health EMS Program for review by the primary author. Partial applications or applications from a third party will not be accepted for review. Applications must be submitted electronically via the continuing education portal. Authors unable to submit applications electronically may submit via email or hardcopy format using Form 200.304.d only after exhausting all other options. Submitting authors will be notified of receipt of their application by the DC Health EMS Program.

VIII. Application Review

All appropriately submitted CE curriculum applications will be reviewed in the order they are received. The DC Health EMS Program will return a notification of approval or denial to submitting authors within thirty (30) days of receipt. Application review will be completed by an Emergency Management Specialist certified to the level of content instruction or higher. A request for information may be sent to the author should additional content or clarification be required. If approved, the CE curriculum application will be recommended to the DC Health EMS Program Chief Medical Officer for accreditation.

IX. Application Approval & Denial

CE curriculum applications will be approved if they meet all content standards and provide the requisite documentation. Content standards can be found in subsection V of this policy. Should an application be denied by a reviewer, reason/s for denial will be conveyed to the applicant in writing. CE curriculum application denials may be contested by authors and/or their medical directors in writing. Contestations should include justification for decision reversal and will be responded to within fifteen (15) days of receipt.

X. Application Resubmission

If a CE curriculum application is denied its author may resubmit the application for review. Resubmissions should only be made after the enumerated reasons for denial have been completely redressed by the author to the best of their ability. The DC Health EMS Program will review CE

curriculum application resubmissions and return a secondary notification of approval or denial within fifteen (15) days.

XI. Content Delivery

Once a CE curriculum has been approved, it can presented to eligible participants. Content may only be delivered in the format in which it was approved. Content may only be presented by approved presenters. Presenters must be certified EMS instructors, EMS medical directors or SMEs sponsored by a certified EMS education institution and must be enumerated in the approved CE curriculum application. Approved CE curriculum may be delivered as frequently as desired provided it is unexpired. Presentation of expired CE curriculum may result in associated authors being banned from future CE curriculum application submission. Presenters delivering expired content may have their EMS instructor or associated institution certification suspended or revoked. Fines will also be assessed based on the severity and/or frequency of the violation of this policy.

XII. Codification & Issuance

Approved continuing education curriculum will be assigned a course identification number that encodes pertinent tenets of the continuing education for ease of reference and archiving. Course identification number generation and assignment will demonstrate the following formatting:

[Year of Issuance] - [Accrediting Body] - [Educational Institution] - [Format Category] - [Iteration]

For example, the first continuing education curriculum that was approved in 2022 by the DC Health EMS Program which will be delivered via Traditional Live Class activity by Educational Institution XXXX would be identified as 2022-DCEMS-XXXX-TLC-0001.

CEH should be issued to participants who have met all published objectives within forty-eight (48) hours of CE completion. Curricula presented prior to approval may not be issued CEH retroactively. All DC accredited CEH documentation issued must contain official DC Health branding to be supplied to the author upon approval.

XIII.Lifecycle & Maintenance

Once approved all CE curricula are accredited for up to four (4) years. At the end of this lifecycle CE curricula approval will expire and may no longer be delivered to participants. Expired CE curricula course identification numbers may also no longer be issued. Expired CE curricula may be contemporized and resubmitted for approval via the application pathway detailed above.

Should changes need to be made to CE curricula prior to their expiration date, a CE curriculum amendment must be submitted to the DC Health EMS Program. Reasons an author must submit a CE curriculum amendment include but are not limited to:

1. Significant edits to the content
2. Addition or subtraction of approved presenters
3. Change of formatting
4. Change of target audience

5. Change in medical direction
6. Addition or subtraction of CEH

CE curriculum amendments must be reviewed and proved by the DC Health EMS Program prior to presenting changes to participants. If an amendment is approved, the original course identification number may still be used when conveying CEH to participants. Should a requested change of formatting drastically alter the structure of the original CE curriculum or change its designation from Instructor-Led to Distributive Education (or vice versa) a new CE curriculum application will be requested from the author.

XIV. Publication

Approved CE curricula may publish its accreditation to its participants. Presenters may also claim accreditation when marketing courses to the public. The DC Health EMS Program operates as a "state" accrediting body under the NREMT. Therefore, CEH accredited through the DC Health EMS Program and declared for the purpose of recertification via continuing education should be reported to the NREMT as "State EMS Office" accredited.

Presenters or EMS institutions may not claim a CE curriculum is accredited by the "state" in the District of Columbia unless it has official approval. Nor may they publish accreditation while said CE curriculum application is pending approval. Publication or marketing of accreditation without approval constitutes false representation and may result in the suspension or revocation of EMS instructor or institution certification. Fines will also be assessed based on the severity and/or frequency of the violation of this policy.

XV. Glossary

The following glossary of common terms has been provided for ease of reference.

Author – Individual designing instructional content and preparing the continuing education curriculum accreditation application.

Continuing Education (CE) – Education provided for individuals after they have left the formal system, consisting typically of short or part-time courses.

Continuing Education Hours (CEH) – The preferred unit of measure for continuing education undertaken.

Commercial Interest – In regards to conflicts of interest, a commercial interest is any financial relationship or transaction between a presenter and an entity that produces, markets, or provides services that may be consumed by healthcare recipients or conveyed to providers of clinical care. This extends to familiar transactions and relationships. (For example, presenters who promote the use of a particular medical device over an available market alternative whose spouse is a paid representative of said device's manufacturer.)

Participant – Individual who is receiving instructional content delivered by presenters.

Personal Interest – In regards to conflict of interest, a personal interest is any agenda or idea conveyed by presenters which deviates from the current EMS best practices or has not been fully vetted by the academic, regulatory or clinical communities for the purposes of notoriety or self-promotion. (For example, presenters who promote a personally contrived method for a medical procedure they are seeking publication for which has yet to be researched or verified to be effective.)

Presenter – Individual or system delivering instructional content to participants.

XVI. References

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Commission on Accreditation for Pre-Hospital Continuing Education. 2020 Accreditation Manual. 2020. Available at: www.capce.org.

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International Accreditors for Continuing Education and Training. The Continuing Education Unit – How to Calculate CEUs. 2010. Available at: https://www.iacet.org/default/assets/File/pdfs/CEU%20Article_6_22_10.pdf

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National Association of Emergency Medical Technicians. Recertification Guide.2019. Available at: www.nremt.org.

National Association of State EMS Offices. National Model EMS Clinical Guidelines. 2022. Available at: www.nasemso.org.

National Highway Traffic Safety Administration. National Emergency Medical Services Education Standards. 2021. Available at: www.ems.gov.

Current Regulation Conflicts:

1) 542.5 – Current policy breaks this into 30 days for initial review + 15 days for potential RFI or denial with resubmission. (Could pose an issue but largely interpretive.)
2) 542.7 – Current policy only requires an Amendment for minor changes. (Problematic may need edits.)
3) 542.9 – Current policy does not require. (May need to add a blurb to meet regs, but think regs need to be updated to define learning in the District (DE) and CAPCE approval independence.)
4) 546.2 – NREMT Re-registration Policies and Procedures is a term no longer used. Current policy recommendations have adjusted to current language. (No perceived issue)
5) 546.4 – The current minimum standards for CE per the NREMT is 0.25 CEH. Regulation is out of date. Current policy reflect contemporary guidelines. (Could be problematic for smaller activities seeking CEH < 1.0 as well as forcing stakeholders to round down or up in those >1.0)
6) 546.5 – Name change CECBEMS → CAPCE. Current policy reflects current language. (No perceived issue)
7) 546.6c – Language might be problematic when evaluating AL activities. (Current policy defines parameters which will likely relieve the conflict).