

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration Division of
Emergency Medical Services

Self-Assessment and Application for EMS Educational Institution Certification



Instructions

This application packet is specific to prospective EMS Education Institutes applying for credentialing to teach BLS programs (EMR/EMT) in the District of Columbia.

In accordance with the EMS Act of 2008, it is illegal for any person to operate an EMS educational institution without first receiving a certification from the Department of Health. When completing the self-assessment, please check the appropriate 'Yes' or 'No' block to indicate if the requirement has been met. If you answer 'No' to any item in the **Mandatory Requirements** section, you must provide an explanation and any corrective action that is being taken.

When completing this application, ascertain that all required documents are attached. The listing of required documents can be found beginning on page 14 of the application.

It is required that signatures from the leadership of the educational institution be attached to verify that they have met all of the requirements of the applicable policies and regulations. The completed application, along with the required documentation, should be submitted to the District of Columbia Emergency Medical Services Manager. The application and the assorted documents should be submitted electronically via email to EMS.HEPRA@DC.GOV

We are unable to process the application if any items or signatures are missing.

Renewal of Certification

You do not have to complete the self-assessment as part of your renewal process unless specifically directed by the District EMS Officer. This application is intended primarily for those educational institutions seeking initial certification in the District of Columbia.

Institutions that submit their annual reports and keep the District EMS Officer updated on the changes at the institution will qualify for renewal through submission of the EMS Educational Institution Certification Renewal Short Form

Institution Information

Owner _____

Name _____

Address _____

City _____ State _____ Zip _____

Name Doing Business Under _____

Locations of Operation

Primary Address _____

Washington DC Zip _____

Primary Address _____

Washington DC Zip _____

Primary Address _____

Washington DC Zip _____

Primary Address _____

Washington DC Zip _____

Primary Address _____

Washington DC Zip _____

Please identify key personnel in your prospective EMS educational institute

Medical Director

Name _____

Office Phone _____ Cell Phone _____

E-mail Address _____

Program Director

Name _____

Office Phone _____ Cell Phone _____

E-mail Address _____

Administrative Director

Name _____

Title _____

Office Phone _____ Cell Phone _____

E-mail Address _____

Additional Information

Institute Website: _____

Institute Social Media Links:

I: Educational Institution Policies
Mandatory Requirements

REQUIREMENT		
The institute has written criteria for:		
YES	No	Requirements for admission to the program
YES	No	Student policies relating to attendance
YES	No	Student policies defining successful course completion
YES	No	Student policies defining acceptable behavior and affect
YES	No	Student policies defining the evaluation of cognitive and practical skills
The institute has written criteria for student access to program information including:		
YES	No	Student Handbook
YES	No	Policies/Procedures
YES	No	Procedures
YES	No	Support Services
YES	No	Course Fees
The education program has written job descriptions for:		
YES	No	Medical Director
YES	No	Program Director
YES	No	Adjunct Faculty
The education program has written criteria for:		
YES	No	Nondiscrimination and fair practices with regard to students.
YES	No	Program Evaluation by students/faculty
YES	No	Program Quality Assurance with remediation process
The education program has written policy defining:		
YES	No	Student clinical experience including benchmarks for successful completion
YES	No	Student clinical uniform requiring name, rank, agency

II. Record Keeping
Mandatory Requirements

The education program has accurate and appropriate records of:		
YES	No	Students (must be cloud based with redundancy)
YES	No	Faculty (with current credentials, and student evaluations)
YES	No	Adjunct Faculty

There are written agreements with facilities and agencies providing clinical and field experience which include:		
YES	No	Liability Policies
YES	No	Student Scope of Practice During Clinical
YES	No	Evaluation Criteria
YES	No	The responsibility for and level of supervision for students
The program has a written policy on record maintenance		
YES	No	Records shall be maintained for at least five (5) years following course completion in a manner to prevent loss, destruction, or unauthorized use.
If field internships are located outside of the District of Columbia, the education program shall:		
YES	No	Ensure compliance with laws where the field internship is located.
YES	No	Notify the appropriate EMS officials in the state where the field internships are located of the presence of program students in those internships.

III Educational Programs Mandatory Requirements

Requirement		
The education program:		
YES	No	The program teaches National Standard curriculum in accordance with current National EMS Education Standards and current best practices
YES	No	Has adequate space on site to accommodate the program
Optional		
Training programs may utilize distance education for cognitive components of initial training leading to EMS certification if the program:		
YES	No	Demonstrates the methods of distance education utilized are educationally and technically appropriate for the content and audience
Ensures the quality of the distance education method including:		
YES	No	Tools for multiple learning styles
YES	No	Effective regular communication
YES	No	Program and Systems Management

IV: Medical Director Mandatory Requirements

The medical director for an education program offering EMS certification programs shall:		
YES	No	Be a physician licensed to practice medicine in the District of Columbia.
YES	No	Have a current working knowledge of EMS care for ill/injured patients
YES	No	Have a knowledge of the DC EMS Scope of Practice for EMS Provider, the National EMS Educational Standards and the District EMS system.

**V: Program Director
Mandatory Requirements**

REQUIREMENT		
The program director for an education program offering EMS certification programs shall:		
YES	No	Be a DC Credentialed EMT or higher
YES	No	Be a DC Credentialed EMT Instructor
YES	No	Have at least 2 years' experience instructing and evaluating EMS students
YES	No	Have up to date knowledge of the district scope of practice for Emergency Medical Services providers and the national educational standards

**VI: Program Evaluation
Mandatory Requirements**

REQUIREMENT		
YES	No	Each education institution shall have a written policy and procedure for evaluation of the education program.
YES	No	The evaluation shall be at least annually and provide written evidence that the program is meeting its objectives and the changing needs of EMS care.
The evaluation plan shall include methods for gathering and analyzing data on the effectiveness of the following:		
YES	No	Instruction
YES	No	Instructors
YES	No	Resources
YES	No	Curriculum/Lesson Planning

REQUIRED DOCUMENTS:

The following documents are attached to this application:		
YES	No	CoAEMSP Accreditation Approval (ALS Only)
YES	No	OSSE Approval (Private Educational Institutions Only)
YES	No	Written criteria for admission
YES	No	Criteria for frequent evaluation of each student during the course of study including evaluation of competency in providing patient care
YES	No	Student requirements for attendance
YES	No	Student requirements for educational performance including attitudes knowledge, and skills
YES	No	Student requirements for behavior
YES	No	Written criteria for student access to program information including fees, requirements policies, student handbook, procedures and support services
YES	No	Written criteria for the selection of a medical director, program coordinator, faculty, and other necessary personnel
YES	No	Written criteria for nondiscrimination and fair practices with regard to students, faculty, and program personnel
YES	No	Written criteria for the review and improvement of the effectiveness of student evaluation techniques
YES	No	An organizational chart that shows the relationships among students, the program coordinator, the medical director, and the instructors for each course.
YES	No	Sample copy of student record and faculty record
YES	No	Sample copy of course records including course attendance, grades for exam and other assignments, and demographics of applicants
YES	No	Written agreements with facilities and agencies providing clinical and field experience which include scope of practice for the student, evaluation criteria and the responsibility for and level of supervision of students
YES	No	Written agreements with facilities and agencies providing clinical and field experience which include liability policies.
YES	No	Lesson Plans for each course to be taught
YES	No	Written agreements and position descriptions stating the roles and responsibilities of the Medical Director, Program Coordinator and EMS instructors
YES	No	Copy of the Medical Director's physician license to practice medicine in the District of Columbia
YES	No	Documentation showing that the Program Coordinator has at least two (2) years' experience instructing and evaluating EMS students and experience with administration of educational programs

Required Documents – Continued

The following documents are attached to this application:		
YES	No	Copy of an instructor certification equivalent to the course level being instructed, or application for instructor certification
YES	No	For field internships outside of the District of Columbia, written agreements demonstrating compliance with the laws of the state where the field internships are located
YES	No	Demonstration of sufficient financial resources to ensure complete course delivery for all enrolled students.
YES	No	A written policy/procedure for evaluation/CQI of the education program.

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties and may also subject me to civil penalties and to the denial or termination of the certification.

Signature of the Medical Director

Date

Signature of the Program Coordinator

Date