

Louisiana Bureau of Emergency Medical Services  
EMS Educational Program Application



Individuals seeking to obtain the status of Emergency Medical Service Educational Program at the initial and continued competency levels for Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic (continued competency only) levels must complete this application.

Individuals seeking to instruct initial Paramedic level courses must refer to the *Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions* to initiate program implementation.

**Please complete this application by typing the appropriate responses and/or placing a ✓ or X in the space provided. An official signature is required on the last page only.**

<b>LINKS FOR EMS EDUCATION PROGRAM SUCCESS</b>	
<b>CoAEMSP</b>	<a href="http://www.coaemsp.org/">http://www.coaemsp.org/</a>
<b>“EMS Education Agenda for the Future”</b>	<a href="http://www.ems.gov/education/EducationAgenda.pdf">http://www.ems.gov/education/EducationAgenda.pdf</a>
<b>National EMS Education Standards</b>	<a href="http://www.ems.gov/pdf/811077a.pdf">http://www.ems.gov/pdf/811077a.pdf</a>
<b>National EMS Scope of Practice Model</b>	<a href="http://www.ems.gov/education/EMSScope.pdf">http://www.ems.gov/education/EMSScope.pdf</a>
<b>National EMS Core Content</b>	<a href="http://www.ems.gov/education/EMSCoreContent.pdf">http://www.ems.gov/education/EMSCoreContent.pdf</a>
<b>EMR—Education Guidelines</b>	<a href="http://www.ems.gov/pdf/811077b.pdf">http://www.ems.gov/pdf/811077b.pdf</a>
<b>EMT—Education Guidelines</b>	<a href="http://www.ems.gov/pdf/811077c.pdf">http://www.ems.gov/pdf/811077c.pdf</a>
<b>AEMT—Education Guidelines</b>	<a href="http://www.ems.gov/pdf/811077d.pdf">http://www.ems.gov/pdf/811077d.pdf</a>
<b>Paramedic—Education Guidelines</b>	<a href="http://www.ems.gov/pdf/811077e.pdf">http://www.ems.gov/pdf/811077e.pdf</a>
<b>AHA CPR Guidelines</b>	<a href="https://www.heart.org/idc/groups/heart-public/@wcm/@ecc/documents/downloadable/ucm_317350.pdf">https://www.heart.org/idc/groups/heart-public/@wcm/@ecc/documents/downloadable/ucm_317350.pdf</a>
<b>Louisiana Bureau of EMS</b>	<a href="http://new.dhh.louisiana.gov/index.cfm/subhome/28">http://new.dhh.louisiana.gov/index.cfm/subhome/28</a>

**SECTION I: EMR, EMT, AEMT & PARAMEDIC EDUCATIONAL PROGRAM APPLICATION**

(Please type or print legibly. Mark all that apply)

**What EMS level(s) do you intend to teach within your program?**

- Emergency Medical Responder--EMR
- Emergency Medical Technician--EMT
- Advanced Emergency Medical Technician—AEMT
- Paramedic Continued Competency Education
- Continued Competency Education

**Applicant Information:**

Name:		
Mailing Address:		
City:	State:	Zip:
Personal/Contact Email Address:		
Primary Phone Number:	Alternate Phone Number:	
Program Email Address:		
Program Web Address (if applicable):		
Program Name:	NREMT Program Code:	

The person applying for EMS education programming assumes responsibilities for the authority, ownership, and maintenance of the program as an entity unless indicted to BEMS in writing.

## SECTION II: PROGRAM DIRECTOR INFORMATION

The EMS Educational Program Director/Administrator's roles and responsibilities are as follows, but are not limited to:

- \*Adhere to all BEMS policies and procedure and recognize BEMS as the governing authority, as per LA R.S. 40:1131
- \*Ongoing review and evaluation of the educational program
- \*Ongoing monitoring of instructor performance
- \*Ongoing monitoring of student performance
- \*Scheduling of program courses
- \*Acquire and maintain adequate training equipment and materials
- \*Maintain integrity and security of written and skills exams

**Program Director's Information:** Please provide the following information regarding the person who will direct the EMS Educational Program.

Name:		
Address:		
City:	State:	Zip code:
Phone:	Alternate Phone:	
Email address:		

In order for The Louisiana Bureau of EMS to ensure that programs maintain quality, it is imperative that the Bureau staff gain an understanding of how the program intends to operate. Please answer the following questions completely and thoughtfully.

2-1. What methods will the Program Director use to ensure that courses are developed under the direction of highly qualified personnel?

2-2. What methods will be developed to assess students in order to verify comprehension and competence of information and skills?

2-3. How will records be maintained?

2-4. The EMS Educational Program must be financially stable. What methods of obtaining and maintaining adequate financial resources will be used? Be prepared to provide a Budget Description during a site visit.

Scholarships                  Grants                  Private pay

Other: Please explain here—

2-5. What is the estimated total cost of attendance for students to complete the program? Be sure to include the cost of the following items in your total amount: Tuition (whether by course or semester), miscellaneous/lab fees, content (books/online), uniforms, certification, license, etc.

Level of Certification	Total Cost
Emergency Medical Responder (EMR)-----	\$
Emergency Medical Technician (EMT)-----	\$
Advanced Emergency Medical Technician (AEMT)-----	\$
Paramedic Continued Competency Training-----	\$
Continued Competency Training-----	\$

2-6. Please explain how the program intends to obtain the necessary medical equipment that is used to properly train students in Emergency Medical Services. If you intend to borrow/rent the equipment explain that here, and be prepared to provide documentation of an agreement with the equipment owner or receipt of purchase of ordered equipment.

By checking this box you attest that you have and will maintain the appropriate equipment for the EMS level(s) that you intend to teach.

### SECTION III: MEDICAL DIRECTOR

The Bureau of EMS shall mandate that all initial EMR, EMT, AEMT, and Paramedic classes have the oversight of a Medical Director. Louisiana State Legislature, RS 40:1131 (11), states that a “Medical Director” is a “physician licensed by the Louisiana State Board of Medical Examiners.”

The Medical Director of the Emergency Medical Services Educational Program responsibilities and obligations are as follows, but are not limited to:

- \*Establish policies and oversee the medical education of students
- \*Establish guidelines that ensure that the instructors remain competent
- \*Meet and engage regularly with students; provide documentation of such interaction

**Medical Director’s Information:** Please provide the following information regarding the Medical Director of the EMS Educational Program.

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Alternate Phone:	
Email Address:		

Louisiana State Board of Medical Examiners License Number:
Board certification (i.e., Internal Medicine, Emergency Physician):

3-1. How will the Medical Director provide oversight to ensure that the instructors are educating students on current EMS practices?
3-2. How will the mandatory interaction of the Medical Director with the program be documented?

**SECTION IV: INSTRUCTORS AND STAFF**

The Bureau of EMS “Instructor Credential Policy” states that:

**a Primary Instructor “is required to deliver at least 80% of the total didactic course material.”**

The remaining 20% can be taught by guest lecturers: assistant instructors, mentees, subject matter experts (SMEs), skills/clinical instructors.

Please complete the following fields of information regarding the program’s Primary Instructor.

This page must be entirely complete even if the information is given in another section of the application (i.e. “applicant” or “program director”).

**Primary Instructor’s Information:**

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Alternate Phone:	
Email Address:		

Please note the following policy: An instructor’s level of licensing (EMR, EMT, AEMT, and Paramedic) does not necessarily correspond with the level of instruction for which he/she is credentialed. Licensing at a level, such as Paramedic, does not necessarily allow him/her to teach at the Paramedic level.

**Visit the policies found on the website at the top of this section (IV) for clarification on how to complete the following information.**

**Primary Instructor’s Credentials:** Please list the following qualifications of the Primary Instructor:

4-1. Number of active years of experience at the instructor level or higher:	
4-2. With which EMS Education Program did you complete a teaching internship? With whom (primary instructor’s name)?	
4-3. Level of higher education completed? Name of institution?	
4-4. When did you pass the NREMT Skills (Psychomotor) exam?	Level passed? Month/Year?
4-5. When did you pass the NREMT Cognitive Exam?	Level? Month/Year?

## SECTION V: STAFF ACCOUNTABILITY

Please provide information regarding the accountability of the program faculty.

5-1. Regularly evaluating EMS instructors for competency aids in the overall success of the EMS Educational Program. The Louisiana Bureau of EMS requires that all programs evaluate ALL faculty regularly and produce documentation of such evaluation at the time of an audit by BEM personnel. **Please explain the program's policy and method of evaluating instructors. In addition, please attach an example instructor evaluation form and label it "Section V Staff Accountability."**

5-2. What types of staff development are provided for the instructors? These opportunities should include content as well as instructional based CEUs.

5-3. \*\*\*If the Program Director is also a Primary Instructor, please explain how this person will be evaluated and by whom. The Primary Instructor cannot evaluate him/herself or be evaluated by a guest lecturer; therefore, he/she must be evaluated by a different person credentialed as a Primary Instructor, the Medical Director, or, if applicable, the Dean of the Department for which the Program Director instructs.

5-4. Please be prepared to present instructor files and instructor quality improvement (QI) plans during a BEMS site visit. This information is required upon request by BEMS.

**SECTION VI: RESOURCES, FACILITIES, and EQUIPMENT**

Please provide information regarding the facilities, equipment, and off site training (if any):

<p>6-1. Do the classroom and laboratories provide adequate space to accommodate the expected number of enrollees to the program? Yes            No</p> <p>Please attach clear photos of all classroom, lab, and skills areas. Please label the attachment: "Section VI Facilities"</p>									
<p>6-2. Are the facilities adequate to support the curriculum objectives established in the <i>National EMS Education Standards</i> for the highest level intended to be taught at this facility? Yes            No</p>									
<p>6-3. Is a private space available for staff to lock and secure files? Yes            No</p>									
<p>6-4. Will any courses take place at locations away from EMS Education Program home base? Yes            No</p>									
<p>6-5. Please describe how you will ensure an adequate student:equipment ratio.</p>									
<p>6-6. Do the students and instructors have access to:</p> <table><tr><td>A. Current EMS Periodicals</td><td>Yes</td><td>No</td></tr><tr><td>B. Training Books</td><td>Yes</td><td>No</td></tr><tr><td>C. Self-Instructional Resources</td><td>Yes</td><td>No</td></tr></table>	A. Current EMS Periodicals	Yes	No	B. Training Books	Yes	No	C. Self-Instructional Resources	Yes	No
A. Current EMS Periodicals	Yes	No							
B. Training Books	Yes	No							
C. Self-Instructional Resources	Yes	No							

**SECTION VII: CURRICULUM, INSTRUCTION, and COURSE EVALUATION**

7-1. How do Program Directors, Instructors, and students know that the *National EMS Educational Standards* are being met? Please check all methods that apply; make additions as necessary.

- |                             |               |                            |
|-----------------------------|---------------|----------------------------|
| Course Syllabus             | Lesson Plans  | Student workbooks          |
| Classroom Observation       | Written Exams | Homework/Study Assignments |
| Practical Skills Assessment |               |                            |
| Other: _____                |               |                            |
| Other: _____                |               |                            |

7-2. Please describe how instruction of the psychomotor skills from the *National EMS Education Standards* is included throughout the course.

7-3. How will each course be evaluated by the Program Director for effectiveness?

- |                            |  |
|----------------------------|--|
| Student Course Evaluation  | Instructor Feedback to Directors   |
| NREMT Written Exam Results | NREMT Psychomotor Exam Results   |
| Skills Examiners' Feedback | Bureau of EMS Observations (when applicable)                             |
| Other:                     | <div style="border: 1px solid black; width: 600px; height: 40px;"></div> |

7-4. Documentation must be maintained in course files. Understand that the following types of documentation are **mandatory and must be made available upon request** by the Bureau of EMS:

- |                                  |                                      |                         |
|----------------------------------|--------------------------------------|-------------------------|
| Course Syllabus                  | Course Schedule                      | Lesson Plans            |
| Attendance Records               | Copies of quizzes/tests              | Skill sheets/checklists |
| Grade Book (paper or electronic) | Accident/Injury Reports              |                         |
| Student Course Evaluations       | NREMT Standards/Objectives Checklist |                         |
- Complete EMS Educational Program Policies**

**Please be prepared to produce the completed documentation and the templates (incomplete) when indicated.**

**SECTION VIII: SIGNATURE**

As the applicant for an EMS Educational Program I, \_\_\_\_\_, attest that I have filled out this form completely and thoroughly. I understand that all criteria must be met in order to become an Educational Program credentialed by the Louisiana Bureau of EMS. I also attest that the information in the application is accurate to the best of my knowledge, and that a false statement is grounds for application denial and/or revocation of my EMS license. As the authorizing official I take full responsibility for knowing and abiding by the laws and policies set forth by the Louisiana Bureau of EMS, the Louisiana EMS Certification Commission, and the National Registry of EMTs. I understand that the Louisiana Bureau of EMS, as the governing body of Emergency Medical Services, may at any time conduct announced or unannounced audits on the EMS Educational Program. I also consent to allowing the Louisiana Bureau of EMS to verify any and all information contained in this application.

Printed Name of Program Applicant:
Signature of Program Applicant: <b>X</b>
Date:

Louisiana Bureau of EMS Official:

Printed Name of BEMS Representative:
Signature of BEMS Representative: <b>X</b>
Date:

The BEMS signature above indicates receipt and review of application. It DOES NOT confirm the credentialing of the Program Application. Further documentation will be provided to the program applicant when the application is accepted or rejected.