

**COMMITTEE ON ACCREDITATION OF EDUCATIONAL
PROGRAMS FOR THE EMERGENCY MEDICAL
SERVICES PROFESSIONS**

POLICIES & PROCEDURES



Approved by the CoAEMSP Board of Directors November 2011

**COMMITTEE ON ACCREDITATION OF EDUCATIONAL PROGRAMS FOR
THE EMERGENCY MEDICAL SERVICES PROFESSIONS**

**ACCREDITATION POLICIES & PROCEDURES
TABLE OF CONTENTS**

I.	ACCREDITATION PROCESS	5
1.	Process for Application Review	5
2.	Process for Self-Study Report Review.....	5
3.	Process for Site Visit Review.....	5
4.	Process for Accreditation Recommendation.....	6
5.	Accreditation Categories	6
6.	Comprehensive Review Period	7
7.	Progress Reports	7
8.	Annual Report	7
9.	Probationary Accreditation	7
10.	Administrative Probation.....	7
11.	Substantive Changes in a Program	8
12.	State Office Communication Process	8
13.	Publishing of Program Accreditation Status.....	9
II.	SITE VISIT PROCESS	10
III.	COMPLAINT POLICIES	10
1.	Complaints about Committee Personnel:	10
2.	Complaints about Accredited Programs	10
IV.	CONFIDENTIALITY.....	11
V.	CONFLICT OF INTEREST	12
VI.	ACCREDITATION FEES.....	13
1.	Amounts.....	13
2.	Method of Payment	13
3.	Failure of Payment	13
VII.	CONTINUING PROGRAM DIRECTOR BACHELOR'S DEGREE REQUIREMENT	14
VIII.	DISTANCE EDUCATION	15
1.	Distance education – Method of Instruction.....	15
2.	Distance Education Program.....	15
IX.	SECTIONS AND SATELLITES.....	15
X.	CONSORTIUM SPONSORSHIP	16
XI.	REQUEST FOR RECONSIDERATION OF AN ADVERSE CoAEMSP RECOMMENDATION.....	16
XII.	PERSONNEL CHANGES.....	17
	Accreditation Glossary	20

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) is a not-for-profit (501(c)(3)) corporation initially organized under the laws of Massachusetts and currently registered under the laws of Texas. The purpose of the CoAEMSP is to serve the public, the emergency medical services (EMS) professions, and the programs delivering professional education in the emergency medical services professions, by providing services for national voluntary accreditation of paramedic programs in the United States as a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), subject to the bylaws, policies, and procedures of both organizations.

Accreditation Policies

I. ACCREDITATION PROCESS

All documents and communications involved in the accreditation and re-accreditation processes conducted by the CoAEMSP will be in the English language.

1. Process for Application Review

- a. Programs entering the accreditation process will submit a completed CAAHEP Request for Accreditation Services form (RAS) together with the appropriate fee to the Executive Office.
- b. The Executive Office will send the program information regarding accreditation or re-accreditation once the completed Request form (RAS) and appropriate fees have been received.

2. Process for Self-Study Report Review

- a. Re-accreditation Self-Study Report (SSR) documents will be requested by certified mail eighteen (18) months prior to the CAAHEP accreditation anniversary date and will be due six (6) months later.
- b. Programs will submit four (4) electronic copies of the Self-Study Report and all supporting documents to the Executive Office.
- c. The Executive Office will perform an initial review (Executive Analysis) of the Self-Study Report for completeness and assist with corrections as needed.
- d. The Executive Office will grant an extension of time to the due date of a Self-Study Report if the Executive Director determines that this is appropriate.
- e. Where the Executive Office determines that the program has not provided substantially complete information based upon review of the Self Study Report, the program will be afforded the opportunity to re-submit a revised Self- Study Report prior to proceeding with the accreditation process.
- f. Where the Executive Office determines that the program has submitted a substantially complete Self-Study Report, the Executive Office will arrange for a site visit.

3. Process for Site Visit Review

- a. Site visitors will complete their report, leave one (1) UNOFFICIAL copy with the program and forward the report to the Executive Office within one (1) week of the site visit.
- b. The program will have the opportunity to prepare a written response regarding the factual accuracy of the findings of the site visit and forward the response to the Executive Office upon receipt of the Findings Letter.
- c. If the program challenges the factual accuracy, the response to the Findings Letter will be sent by staff to the site visitors for consultation in reconciling the challenge.

4. Process for Accreditation Recommendation

- a. The designated Review Team will analyze all written documents describing the program's compliance with the *Standards and Guidelines*, including the Self-Study Report, the Findings Letter and the program's response to the Findings Letter.
- b. The designated Review Team will make a recommendation regarding accreditation or re-accreditation at the next regular meeting of the CoAEMSP, provided there has been adequate time for the program's response to the Findings Letter.
- c. The CoAEMSP will formulate a final recommendation regarding accreditation or re-accreditation to CAAHEP at the next regular meeting of the CoAEMSP.
- d. The Executive Office will forward the final recommendation of the CoAEMSP regarding accreditation or re-accreditation for consideration at the next regular meeting of CAAHEP.
- e. CAAHEP will forward its decision regarding accreditation or re-accreditation to the program and CoAEMSP.

5. Accreditation Categories

The CoAEMSP will utilize only those accreditation categories currently approved by CAAHEP as delineated in the CAAHEP Policy and Procedures Manual with the following stipulations:

a. Letter of Review

A Letter of Review may be issued by the CoAEMSP to a new program before an accreditation recommendation by the CoAEMSP and its subsequent [action](#) by CAAHEP, **at the discretion of CoAEMSP**. This authority is delegated to the Executive Director, subject to approval by the Chair, as follows:

1) The Executive Director may recommend to the Chair, a Letter of Review after analysis of the Initial-Accreditation Self-Study Report (ISSR) and any additional material submitted if:

- a) The program appears to be in substantial compliance with the *Standards and Guidelines*, and
- b) Such action is consistent with previous similar actions of the CoAEMSP, and
- c) The program has met all administrative requirements for Initial Accreditation.

2) Length of Time of Letter of Review

- a) The Letter of Review remains in effect until an action by CAAHEP based upon a recommendation by the CoAEMSP, however.
- b) At the sole discretion of the CoAEMSP, the Letter of Review may be suspended or revoked if the program is no longer in substantial

compliance with the *Standards and Guidelines* or has not met administrative requirements.

- b. Initial Accreditation
After a comprehensive review, Initial Accreditation is granted by CAAHEP, upon the recommendation of CoAEMSP, to programs in substantial compliance with the *Standards and Guidelines* for a period of five (5) years.
- c. Continuing Accreditation
After a comprehensive review, Continuing Accreditation is granted by CAAHEP, upon the recommendation of CoAEMSP, to programs in substantial compliance with the *Standards and Guidelines* with the next comprehensive review site visit to occur no more than five (5) years from the date of the previous site visit.

6. Comprehensive Review Period

The CoAEMSP will recommend accreditation for programs in substantial compliance with the *Standards and Guidelines* for a maximum of five (5) years between comprehensive reviews.

7. Progress Reports

Accredited programs may be required to submit one (1) or more Progress Reports to document compliance with the *Standards and Guidelines*. The designated Review Team will review Progress Reports (PR) of accredited programs and will make recommendations regarding the acceptance of Progress Reports at the next regular meeting of the CoAEMSP.

8. Annual Report

Accredited programs will be required to submit an Annual Report (AR) by the deadline set by CoAEMSP. The CoAEMSP will review Annual Reports of accredited programs and will notify programs of any deficiencies and required follow up.

9. Probationary Accreditation

A temporary status of accreditation imposed by CAAHEP, upon the recommendation of CoAEMSP, when a program does not continue to meet accreditation *Standards* but should be able to meet them within the specified time. Probationary Accreditation will require submission of a Progress Report and may require submission of a Self-Study Report and/or scheduling of a site visit.

10. Administrative Probation

CoAEMSP may request that CAAHEP place a program on Administrative Probation for failure to provide a "Sufficient Program Response" for the following circumstances. If a program is placed on Administrative Probation, CoAEMSP would request removal of Administrative Probation once the program has made the specified "Sufficient Program Response" as follows:

Required Action by Program on or before the CoAEMSP specified deadline	Sufficient Program Response
Payment of fees	Full payment of fee(s), including late charges, if applicable, has been received in the CoAEMSP Executive Office, has been deposited in the CoAEMSP account, and has cleared the originating bank.
Submission of Continuing Accreditation Self Study Report (CSSR)	A substantially complete electronic CSSR has been received in the CoAEMSP Executive Office.
Submission of a Progress Report	A substantially complete Progress Report has been reviewed by the CoAEMSP Review Team assigned to the program.
Submission of the Annual Report	A substantially complete Annual Report has been received electronically in the CoAEMSP Executive Office.
Notification of change in key personnel [i.e. President/CEO, Dean (or comparable administrator), Program Director, Medical Director, or Clinical Coordinator]	The Key Personnel Change form and appropriate supporting documentation have been received by the CoAEMSP Executive Office within a reasonable time of the change.
Notification of intent to transfer program sponsorship	A letter from the CEO or designee of the current sponsor AND a completed CAAHEP Request for Accreditation Services form from the new sponsor, have been received in the CoAEMSP Executive Office.
Scheduling of on-site review	The program has agreed to a reasonable date that provides sufficient time for CAAHEP to act on a CoAEMSP recommendation.

Failure to address Administrative Probation may lead to a recommendation by CoAEMSP to CAAHEP for Withdrawal of Accreditation.

11. Substantive Changes in a Program

Programs must immediately notify the CoAEMSP of any changes in program status, sponsorship, sponsor administration personnel, or program key personnel. Substantive changes in Program status, sponsorship, or administrative personnel may require immediate submission of a Progress Report and may require submission of a revised Self-Study Report and/or scheduling of a return site visit.

12. State Office Communication Process

The CoAEMSP accreditation process is a separate process from any state's approval process, even if a state mandates compliance with the CAAHEP *Standards and Guidelines* for state approval.

- a. Representative(s) from any program's home state EMS office may accompany a CoAEMSP site visit team as a non-participant.
- b. If a program desires a dual accreditation and approval process between the CoAEMSP and the state, the CoAEMSP will cooperate fully with the program's desires.
- c. The CoAEMSP site visit report will remain confidential and with the program.
- d. The CoAEMSP Executive Office will notify the state EMS office of upcoming site visits once they have been scheduled.

13. Publishing of Program Accreditation Status

- a. If a program has not yet been accredited by CAAHEP, the sponsor must make no reference to an accreditation status for that program.
- b. If a program has CAAHEP accreditation, the sponsor must use the following language when referring to that accreditation:
 - 1) In at least one of its comprehensive publications customarily used to officially convey institutional information, it must state:

“The *[name of program]* is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
1361 Park Street
Clearwater, FL 33756
727-210-2350
www.caahep.org”
 - 2) Provided the requirements of paragraph “b.1)” have been met, when the sponsor additionally publishes the accreditation status of the program, it must state:

“The *[name of program]* is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).”
 - 3) Provided the requirements of paragraph “b.1)” have been met, the sponsor may choose, but is not required, to include the program accreditation statement in small publications such as newspaper ads, flyers, pamphlets, etc.
- c. If a program has been placed on Probationary Accreditation by CAAHEP, it must inform all students and applicants in writing, and must disclose this

sanction whenever reference is made to its accreditation status, by including the statement:

"[Name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The program has been placed on Probationary Accreditation as of [date of Probation action]."

Since Probationary Accreditation is a temporary status, publications that are published less frequently than once a year (e.g., catalogues) are not required to carry the above wording. However, whenever such publications are distributed to the program's current students or potential applicants, they must include an insert containing the above language. Any promotional pieces, print advertisements or areas on the program's website that make reference to accreditation status must include the above language about Probationary Accreditation.

- d. In conjunction with the accreditation statement specified in paragraph "b.1)" above, the publication must also include:

*"To contact CoAEMSP:
8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
214-703-8445
FAX 214-703-8992
www.coaemsp.org"*

II. SITE VISIT PROCESS

See Site Visitor Manual.

III. COMPLAINT POLICIES

Complaints to the CoAEMSP will be managed by the Executive Subcommittee.

1. Complaints about Committee Personnel:

If a complaint is received about a site visitor that compromises the integrity of the site visit report, the Quality Assurance Subcommittee will recommend appropriate remedial action. If the Executive Subcommittee concurs, appropriate remedial action will be taken.

2. Complaints about Accredited Programs

- a. The Executive Office will acknowledge receipt of the complaint regarding an accredited program in writing to the complainant.
- b. The Executive Subcommittee will determine if the allegation is relevant (i.e. substantially relates to one or more of the *Standards and Guidelines*).

- 1) The Executive Subcommittee will notify the complainant in writing that no action can be taken if the allegation is not relevant.
 - 2) The Executive Subcommittee will require the program to respond in writing within thirty (30) days to the substance of a relevant allegation, a copy of which notice will be forwarded to the complainant.
- c. The Executive Office will advise the program and the complainant to meet in an attempt to resolve the matter and to notify the Executive Office of the matter is resolved.
- d. The Executive Subcommittee will review the response and determine if the complaint is meritorious (i.e. one or more of the *Standards and Guidelines* have not been met).
- 1) The Executive Subcommittee will notify the program and the complainant in writing that no action will be taken if the complaint is not meritorious.
 - 2) The Executive Subcommittee will require the program to submit Progress Reports if one or more of the *Standards and Guidelines* are not being met and a copy of the notice will be forwarded to the complainant.
- e. The assigned reviewer will be advised of the need for additional Progress Reports.
- f. The CoAEMSP will make recommendations regarding accreditation status at the next meeting of the CoAEMSP in accordance with its policies and procedures.
- g. The Executive Office will not respond to anonymous complaints.

IV. CONFIDENTIALITY

1. All information, not otherwise public, regarding specific program accreditation or re-accreditation recommendations of the CoAEMSP is confidential.
2. Any information, not otherwise public, regarding sponsors, programs, personnel, students, or affiliates will not be disclosed to any person or entity, either directly or indirectly, at any time during the accreditation process or at any time in the future.
3. Any documents, not otherwise public, regarding sponsors, programs, personnel, students, or affiliates will not be revealed to any person or entity, either intentionally or unintentionally, at any time during the accreditation process or at any time in the future.
4. All files containing confidential information or documents, whether paper or electronic, will be disposed of securely once the official duties performed on behalf of the CoAEMSP have been completed, with the exception of one (1) copy of all such files which will be retained at the Executive Office.

5. Any breach of confidentiality may result in disciplinary action, which may include termination of employment as a staff member, site visitor, consultant, liaison representative, or agent of the CoAEMSP, or legal action against a board member, site visitor, consultant, liaison representative, or agent of the CoAEMSP.
6. All board members, site visitors, consultants, liaison representative, and agents of the CoAEMSP will be required, on an annual basis, to attest in writing to their agreement to abide by these policies.

V. CONFLICT OF INTEREST

1. A conflict of interest will be deemed to exist with respect to a particular matter when any Board member, site visitor, consultant, liaison representative, or agent of the CoAEMSP, immediate family, immediate employer, or sponsor, is directly associated with a program whose accreditation is to be acted upon, or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the CoAEMSP.
2. All Board members, site visitors, consultants, liaison representatives, and agents of the CoAEMSP are expected to avoid real or perceived conflicts of interest when involved in the official business of the CoAEMSP.
3. Any Board member of the CoAEMSP with a real or perceived conflict of interest in any matter brought before the CoAEMSP for its consideration shall declare such conflict prior to any discussion of the matter.
4. Any Board member of the CoAEMSP who believes that another board member of the CoAEMSP has a real or perceived conflict of interest may similarly declare such conflict prior to any discussion of the matter.
5. Any Board member of the CoAEMSP with a real or perceived conflict of interest will be recused from any and all discussion, decision, and voting upon the matter, and will be required to leave the meeting room or conference call until after the matter is acted upon.
6. Any Board member of the CoAEMSP who is professionally employed in the same state as a program whose accreditation is to be acted upon will be recused from any and all consideration, discussion, decision, and voting upon the matter, and will be required to leave the meeting room or conference call during the time the matter is acted upon.
7. Any Board member, site visitor, consultant, liaison representative, or agent of the CoAEMSP who has had direct involvement as a reviewer, site visitor, consultant, or CoAEMSP Executive Office staff with a program whose accreditation is being acted upon shall refrain from any direct association, such as employment, with that program for a period of no less than one year following completion of the full cycle of the accreditation process.

8. All Board members, site visitors, consultants, liaison representatives, and agents of the CoAEMSP will be required, on an annual basis, to attest in writing to their agreement to abide by these policies.

VI. ACCREDITATION FEES

The accreditation fee structure of the CoAEMSP will be as follows:

1. Amounts

Programs evaluated by the CoAEMSP will be billed as noted for accreditation services due and payable within thirty (30) days after the date of invoice.

- a. Annual fee
 - 1) for programs becoming accredited: \$1,200.00 (or proration) first paid on the date of receipt of a complete CAAHEP Request for Accreditation Services in the Executive Office. The first annual fee is prorated at \$100/month for the # of months from submission of the CAAHEP Request for Accreditation Services to July 1. Subsequently, programs in the process of becoming accredited or holding an accreditation status are invoiced for the full fee in May each year payable no later than July 31.
 - 2) for accredited programs: \$1200 is invoiced in May of each year and due no later than July 31.
- b. Self-Study Report (SSR) evaluation fee is \$500.00 due and payable on the date of receipt of the Self-Study Report in the Executive Office.
- c. Technology fee is \$250.00 due and payable on the date of receipt of the Initial-Accreditation Self-Study Report (ISSR) in the Executive Office (one-time fee).
- d. Site visit fee:
 - 1) a \$1000 deposit is due and payable with submission of the self study report
 - 2) the balance of the actual costs are due and payable as invoiced after the site visit, but must be paid prior to CoAEMSP accreditation action.

2. Method of Payment

All fees will be paid in United States funds via a check drawn on a United States bank, certified check or a money order drawn on the United States Postal Service or a United States Bank.

3. Failure of Payment

- a. Programs that have not paid the fee by the due date will be send a 2nd notice and are subject to a late processing fee of ten percent (10%) of the overdue accreditation fee amount.
- b. Programs that have not satisfied in full the amount designated in the 2nd notice within 45 days of the date of the 2nd notice with be sent a 3rd notice (certified mail, return receipt requested) and are subject to an additional late processing fee equal to the amount of the first late processing fee.

c. Programs that have not satisfied in full the amount designated in the 3rd notice within 14 days of receipt of the 3rd notice may be recommended to CAAHEP by the Executive Office for Administrative Probation.

d. In conjunction with the CAAHEP Administrative Probation, programs that have not satisfied in full the amount designated in the 3rd notice will be sent a 4th notice and are subject to an additional late processing fee equal to the amount of the first late processing fee.

e. Programs that have not satisfied in full the amount designated in the 4th notice by five (5) business days prior to the CoAEMSP meeting following the date of administrative probation may be subject to a recommendation of Withdrawal of Accreditation. Programs recommended for Withdrawal of Accreditation will be sent a 5th notice and are subject to an additional late processing fee equal to the amount of the first late processing fee.

VII. CONTINUING PROGRAM DIRECTOR BACHELOR'S DEGREE REQUIREMENT

1. Program Directors of Programs accredited under the *1989 Essentials of Educational Programs for the Emergency Medical Technician-Paramedic* of the Joint Review Committee on Educational Programs for the Emergency Medical Technician-Paramedic (JRCEMT-P) not meeting the Bachelor's degree requirement prescribed under the 1999 CAAHEP *Standards and Guidelines* may continue in the position of Program Director with that program, so long as that program continuously maintains accreditation by the CoAEMSP under the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
2. Accredited programs filling a vacancy in the position of Program Director must fill that vacancy with an individual meeting all qualifications prescribed under the 1999 *Standards and Guidelines*, including possession of a Bachelor's degree.
3. For programs that apply for accreditation prior to January 1, 2011, current Program Directors who do not possess a Bachelor's degree must be currently enrolled and making continual satisfactory academic progress¹ towards a Bachelors degree. Progress must be reported once per year, at the direction of the Executive Director, and will be monitored administratively. Failure to report, or to make satisfactory academic progress, will result in probation. Failure to meet the requirements of this section by programs on probation will result in withdrawal of accreditation.

¹ At least 15 semester hours, or equivalent per ACADEMIC YEAR.

4. If the program has a change in Program Director for any reason, the program must replace the position with an individual that meets all of the qualifications as specified in the *Standards and Guidelines*.
5. The CoAEMSP strongly urges the Program Directors without their Bachelors degree to complete their academic credentials to improve professionalism and model behavior associated with life-long learning.

VIII. DISTANCE EDUCATION

1. Distance education – Method of Instruction

A formal educational process in which the majority of synchronous and asynchronous instruction occurs when student and instructor are not in the same place. Distance education includes, but is not limited to, correspondence study or audio, video and/or computer/internet technologies.

2. Distance Education Program

Delivery of the complete program that allows the completion of the entire curriculum without the need to attend any instruction on a campus location. (Note: this delivery is not hybrid or partial e-learning delivery.)

IX. SECTIONS AND SATELLITES

Paramedic programs may be delivered in various settings by various methods to various groups of students (cohorts):

1. **Main-campus:** the location designated by the sponsor as the primary location of the program and where students attend to complete the laboratory (or similar hands-on skills) professional courses of the curriculum.
2. **Program Section:** the delivery of the program to a distinct cohort of students who attend the main-campus for one or more of the laboratory (or similar hands-on skills) professional course(s) of the curriculum. A cohort may be distinguished by time of day for primary completion of the curriculum (e.g., day vs evening), by day of the week for primary completion of the curriculum (e.g. weekday vs weekend), or by contract with a third party for a specified group of students (e.g. employees of a municipal fire service). Each section is reported as a separate enrolled class in the Annual Report.

The section would have the same curriculum and same graduation requirements.

3. **Program Satellite:** off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor where students can complete the laboratory (or similar hands-on skills) professional course(s) without attending the main campus. A satellite does not pertain to sites used by a completely on-line/distance education program for individual students. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program.

CoAEMSP approval of a program satellite requires:

- a. submission by the sponsor of a CoAEMSP Request for Approval of a Satellite Location form.
- b. upon review of the Request for Approval information, the Executive Director will determine any additional review activities, including but not limited to:
 - 1) submission of a Satellite Self Study Report to CoAEMSP.
 - 2) a site visit of the satellite location

Once accreditation is extended by CAAHEP to a satellite location, future re-accreditation review activities will be coordinated with re-accreditation of the main campus location.

The Executive Director will determine whether a separate annual report (separate CoAEMSP program ID#) will be required for the satellite location or whether the satellite cohorts can be included in the main campus annual report.

X. CONSORTIUM SPONSORSHIP

1. Sample Consortium Agreement – see CoAEMSP [web site](#)
2. Consortium Organizational Chart – see sample on CoAEMSP [web site](#)
 - a. The organizational chart should include, but not be limited to, the following components:
 - 1) Consortium members
 - 2) Consortium Governing body
 - 3) Advisory Committee
 - 4) Program Director
 - 5) Medical Director
 - 6) Classroom Instructors
 - 7) Clinical Coordinator
 - 8) Hospital/Clinical Affiliates
 - 9) Field/Internship Sites

XI. REQUEST FOR RECONSIDERATION OF AN ADVERSE CoAEMSP RECOMMENDATION

1. When CoAEMSP first formulates a recommendation of Withhold of Accreditation, Probationary Accreditation, or Withdrawal of Accreditation, the Chief Executive Officer of the sponsor will be notified in writing of that CoAEMSP action. The sponsor will have fourteen (14) calendar days after receipt of that written notice (sent certified mail, return receipt requested) to request reconsideration of that recommendation or to request voluntary withdrawal of its accreditation or application.
2. The notification will include the specific areas where the program was found deficient (Standards cited), the rationale for those citations, and the suggested documentation by which the Program may demonstrate its compliance with the Standards.
3. If the Program does not request reconsideration by the deadline, the original CoAEMSP recommendation is forwarded to CAAHEP with the correspondence documenting that the Program was notified of its rights and that due process was followed.
4. If the Program requests reconsideration, it is notified of a deadline to submit additional (new) material for consideration by the CoAEMSP.
5. The CoAEMSP will place reconsideration of the original recommendation on its next agenda following the Program's deadline for submission of materials.

6. The Review Team presents a proposed recommendation for the reconsideration action by the CoAEMSP based on all the materials at the time of the original recommendation as well as all new materials submitted by the Program.
8. The CoAEMSP formulates a recommendation to CAAHEP for:
 - a. Initial Accreditation or Withhold Accreditation for new programs, or
 - b. Continuing Accreditation, Probationary Accreditation, or Withdrawal of Accreditation for currently accredited programs, including the Standards cited, the rationale for each citation, and the suggested documentation to correct each citation.
9. If the CoAEMSP formulates a recommendation that could change the CAAHEP accreditation status of the program, the recommendation is forwarded to CAAHEP along with the correspondence documenting that the Program was notified of its rights and that due process was followed.
10. If the CoAEMSP formulates a recommendation that would not change the CAAHEP accreditation status, but includes citations, the recommendation is not forwarded to CAAHEP and a Progress Report is requested of the Program.

XII. PERSONNEL CHANGES

1. Key Personnel are the Program Director and the Medical Director.
 - a) Program Director: As of January 1, 2011, programs must have a Program Director who is qualified as defined by *Standards* III.B.1.b.1) through III.B.1.b.6), except as provided in policy VII above, and except for Program Directors hired prior to January 1, 2000 who do not possess a bachelor's degree, who continue to be approved, but only in that position in that program.
 - b) Medical Director: Programs must have a Medical Director who is qualified as defined by *Standards* III.B.2.b.1) through III.B.2.b.4).
2. An individual cannot concurrently hold more than one Key Personnel position at that program.
3. The *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*, Appendix A, Section 3.a. requires that a program inform the CoAEMSP and CAAHEP of changes in the chief executive officer, dean of health professions or equivalent position, and required program personnel (i.e. program director and medical director).
4. Vacancy of Program Director:
 - a) For purpose of this section, a vacancy is defined as the permanent loss (e.g., resignation, retirement) of the Program Director.
 - b) The Executive Office must be notified of the Program Director vacancy no later than fifteen (15) calendar days following the effective date of the vacancy.
 - c) Program Director vacancies must be filled either on a Temporary, Acting, or permanent basis within thirty (30) calendar days following the effective date of the vacancy.

4. Absences of Program Director
 - a) For the purpose of this section, an absence is when the individual holding the permanent Program Director position is on approved leave (e.g., sabbatical, illness, leave of absence).
 - b) When an absence is expected to last more than thirty (30) calendar days, the program must notify the Executive Office of that absence no later than fifteen (15) calendar days following the start of the absence.
 - c) If the absence is expected to exceed sixty (60) days, a Temporary or Acting replacement must be appointed within thirty (30) days following the start of the absence.

5. Temporary Replacement of Program Director
 - a) A Temporary replacement may or may not meet all the qualifications required in the applicable *Standards*, and is appointed to fulfill all of the duties and responsibilities of the position with the vacancy/absence as outlined in the applicable *Standards*.
 - b) A Temporary replacement must possess at least the following qualifications: III.B.1.b.2)-have appropriate medical or allied health education, training, and experience
 - c) A program may have Temporary replacement(s) for a maximum of twelve (12) months. This twelve (12) month period begins from the date of the vacancy/absence and cannot be extended. The twelve (12) months is continuous and irrespective of the number of Temporary individuals appointed during that period.

6. Acting Replacement of Program Director
 - a) An Acting replacement meets all the qualifications of the applicable *Standards*, and is appointed to fulfill all of the duties and responsibilities of the position with the vacancy/absence as outlined in the applicable *Standards*.
 - b) An Acting replacement may fill a Program Director position for up to twelve (12) months. This twelve (12) month period begins from the date of the absence/vacancy.
 - c) If it appears that the absence/vacancy is going exceed twelve (12) months, the program may request prior approval from the Executive Office for an additional six (6) months. [see paragraph "e)" below]
 - d) If it appears that the absence/vacancy is going to exceed eighteen (18) months, a request for prior approval of a further extension of up to six (6) months may be submitted to the Executive Office for consideration. However, in no event may a Program Director position be held by acting personnel for more than twenty-four (24) months.
 - e) The Executive Office must confer with the Chair of the CoAEMSP prior to approving any extension beyond the initial twelve (12) month period.

7. Change in Key Personnel Notification:
 - a) When there is a change in Program Director, whether on a permanent, Temporary, or Acting basis, the Executive Office must be notified no later than fifteen (15) calendar days following the effective date of replacement using the Personnel Changes procedure on the CoAEMSP web site (www.coaemsp.org).

- b) When there is a vacancy or change in Medical Director, the Executive Office must be notified no later than fifteen (15) calendar days following the effective date of vacancy/change using the Personnel Changes procedure on the CoAEMSP web site (www.coaemsp.org).
8. Failure of the program to meet any of the above notification requirements may result in Administrative Probation. Failure of the program to meet any accreditation Standard may result in an adverse accreditation action.

[posted 7/11/2011]



COMMITTEE ON ACCREDITATION OF EDUCATIONAL PROGRAMS FOR THE EMERGENCY MEDICAL SERVICES PROFESSIONS (CoAEMSP)

ACCREDITATION GLOSSARY

Accreditation: is granted by CAAHEP when a program is in substantial compliance with the accreditation Standards. It remains in effect until due process has demonstrated cause for its withdrawal.

Accreditation Standards: the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*.

Administrative Probation: is conferred when a program has not complied with administrative requirements.

Attrition: the percentage of students in a given class who started on the enrollment date, but are no longer enrolled in the program and who the program does not believe have a reasonable likelihood of returning. The Committee requires programs to report attrition in the categories of: nonacademic reasons, general education courses, and professional courses.

Campus-based Program: a Paramedic program that has a primary location (campus) where groups of students attend at least the laboratory (or similar hands-on skills) professional course(s) of the program. The location would typically be where the Program Director is based. The curriculum may be offered in different scheduling venues (i.e., day, evening, and/or weekend).

Capstone Experience: activities occurring toward the end of the educational process to allow students to develop and practice high-level decision making by integrating and applying their Paramedic learning.

CAAHEP: the Commission on Accreditation of Allied Health Education Programs. It accredits Paramedic programs upon the recommendation of CoAEMSP.

CHEA: the Council for Higher Education Accreditation. CAAHEP is recognized by CHEA in the category of "Specialized and Professional Accrediting Organization".

Citation: a statement describing non-compliance with an accreditation Standard. The citation includes the text of the relevant Standard, the Rationale for the non-compliance, and the Suggested Documentation to address the non-compliance.

Clinical Experience: planned, scheduled, educational student experience with patient contact activities in settings other than advanced life support (ALS) unit, such as hospitals, clinics, free-standing emergency centers.

CoAEMSP: Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.

Consortium Sponsor: an entity consisting of two or more members that exists for the purpose of operating an educational program. [See accreditation Standard I.B]

Continuing Accreditation: is granted to a program when it is re-evaluated at specified intervals.

Day Venue: an offering of a Paramedic program in which a cohort of students is expected to complete Paramedic program requirements primarily during the “day” hours as defined by the sponsor.

Distance Education – Method of Instruction: a formal educational process in which the majority of synchronous and asynchronous instruction occurs when student and instructor are not in the same place. Distance education includes, but is not limited to, correspondence study, or audio, video, and/or computer/internet technologies.

Distance Education Program: delivery of the complete program that allows the completion of the entire curriculum without the need to attend any instruction on a campus location. (Note: this delivery is not hybrid or partial e-learning delivery.)

Enrolled: registered for and participating in academic course(s).

Evening Venue: an offering of a Paramedic program, in which, a cohort of students is expected to complete the Paramedic program requirements primarily during the “evening” hours as defined by the sponsor.

Field Experience: planned, scheduled, educational student time spent on an advanced life support (ALS) unit, which may include observation and skill development, but which does not include team leading and does not contribute to the CoAEMSP definition of field internship.

Field Internship: planned, scheduled, educational student time on an advanced life support (ALS) unit to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the Paramedic level decision-making associated with pre-hospital patients.

Inactive (voluntary) Status: Programs with continuing accreditation may request a period of inactive status. No students may be enrolled or be matriculated in the program during the time period in which the program is inactive. A program may remain inactive for up to two (2) years, after which, if not re-activated, will have accreditation voluntarily withdrawn.

Initial Accreditation: is the first status of accreditation granted to a program that has demonstrated substantial compliance with CAAHEP Standards. Initial accreditation for Paramedic programs is for a period of five (5) years. At the end of the allotted time, the program may be recommended for continuing accreditation or probationary accreditation. If no such recommendation is forthcoming, the Initial Accreditation will automatically expire. A program may request reconsideration of CoAEMSP’s decision to allow Initial Accreditation to expire. However, the CoAEMSP’s final decision is not appealable.

Learning Domains: categories of teaching/learning/evaluation consisting of cognitive (knowledge), psychomotor (skills), and affective (behavior).

Letter of Review (LoR): a CoAEMSP status signifying that a program seeking Initial Accreditation has demonstrated sufficient compliance with the accreditation Standards through the Initial Accreditation Self Study Report (ISSR) and other documentation.

Main-campus: the location designated by the sponsor as the primary location of the program and where students attend to complete the laboratory (or similar hands-on skills) professional courses of the curriculum.

Matriculated: officially recognized by a post-secondary academic institution as admitted to and pursuing a degree or certificate in a particular course of study.

National Accreditation: see “Accreditation”

Probationary Accreditation: a temporary status of accreditation granted when a program does not continue to meet accreditation Standards, but should be able to meet them within the specified time.

Program: a system of Paramedic curriculum delivery that meets all provisions of the *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*.

Retention: Percentage of students who started on the enrollment date (who began Paramedic coursework) who are enrolled, graduated, or stopped-out (i.e., reasonably expected to re-enroll at a later date).

Satellite: off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor where students can complete the laboratory (or similar hands-on skills) professional course(s) without attending the main campus. A satellite does not pertain to sites used by a completely on-line/distance education program for individual students. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program.

Scheduling Venue: the time of day and/or days of the week when Paramedic curriculum is offered. A campus-based Paramedic program may be offered in any of the following venues – day, evening, and/or weekend.

Section: the delivery of the program to a distinct cohort of students who attend the main-campus for one or more of the laboratory (or similar hands-on skills) professional course(s) of the curriculum. A cohort may be distinguished by time of day for primary completion of the curriculum (e.g., day vs evening), by day of the week for primary completion of the curriculum (e.g. weekday vs weekend), or by contract with a third party for a specified group of students (e.g. employees of a municipal fire service). Each section is reported as a separate enrolled class in the Annual Report. The section would have the same curriculum and same graduation requirements.

Standards: the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*, which are the minimum requirements to which an accredited program is held accountable.

Syllabus: a document that describes a body of instruction (e.g., course). It must include learning goals, course objectives, and competencies required for graduation (Standard III.C),

but often includes the course description, days/times of class meetings, required textbooks and other reference materials, attendance policy, evaluations (e.g., test, quizzes, projects, research papers), grading policy, ADA statement, content outline, and weekly topic outline.

Terminal Competencies: the activities required to successfully complete the Paramedic program.

Venue: see Scheduling Venue

Weekend Venue: an offering of a Paramedic program, in which, a cohort of students is expected to complete the Paramedic program requirements primarily during the “weekend” hours as defined by the sponsor.

Withdrawal of Accreditation-Involuntary: is conferred when a program is no longer in compliance with the accreditation Standards.

Withdrawal of Accreditation-Voluntary: is granted when a sponsor notifies CAAHEP that its program(s) be removed from CAAHEP.

Withhold of Accreditation: is conferred when a program seeking Initial Accreditation is not in compliance with the accreditation Standards.

