

North Carolina Office of Emergency Medical Services
EMS Education Program Manual



Continuing Education Program

Basic Education Institution

Advanced Education Institution

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INTRODUCTION

This manual has been created for Program Coordinator/Directors of North Carolina Office of EMS approved education programs. The minimum standards contained within this manual will assist programs in the development, implementation, infrastructure needs and delivery of EMS education to current and future EMS Professionals.

Responsibility for the daily administration of a NCOEMS approved education program belongs to the EMS Program Coordinator/Directors as listed in the active and valid NCOEMS Education Plan. The EMS Program Coordinator/Directors is the first line of contact for the NCOEMS Education Section and will be accountable for assuring compliance with all minimum standards or requirements. In those instances where the institution assigns additional responsibilities to the EMS Program Coordinator/Directors during the planning, development, and implementation of the NCOEMS approved education program, a Credentialed and qualified assistant with Subject Matter Expertise in EMS Education shall be designated to assist the EMS Program Coordinator/Director in the administration of the approved courses.

Much of the material contained in this manual is a paraphrase of specific 10A NCAC 13P requirements and is written to give you, the EMS Program Coordinator/Director, additional guidance directed toward successful delivery of an EMS Education Program. Do not assume that everything you need to for an EMS Education Program is contained in this manual. The EMS Program Coordinator/Director must be aware that this manual is adopted by reference and must be followed completely in the delivery of a course as it is impractical to cover every “minimum” requirement in the Administrative Code.

Should questions arise, please contact your appropriate Regional Education Specialist.

ADVISORY COMMITTEE

The primary purpose of Program Advisory Committees is to serve as a resource and a connection to the workplace for instructors, administrators, and students. Program Advisory Committees guide the education program with planning, development, implementation, operation, promotion, evaluation, and maintenance of the program that result in continuous program improvement.

Advisory committee meetings, at a minimum, must be held annually. The advisory committee may choose to increase the frequency of the committee meetings and the minutes of these meetings will be reviewed during initial/renewal site visit.

While there should be some members that are integral to the program, the committee should consist of outside members, such as:

- Representative from each EMS Agency in the Institutions catchment area
 - Institutions shall have a representative from their county EMS agency.
- Local Fire Dept
- Emergency Room Staff
- Community Member
 - Not affiliated with an EMS Agency or the Institution and non-healthcare related
- Medical Advisor
- Current student
- Graduate

Program Advisory Committee recommendations that will enhance the education program shall be strongly considered with a timeline established for implementation. These recommendations may involve the planning, development, implementation, operation, promotion, evaluation, or maintenance of the program or items associated with the program that further program improvement.

INFRASTRUCTURE

Educational Infrastructure to support courses will include equipment requirement, facility requirement and audio-visual requirements.

Education programs will have access to all equipment and educational aids necessary to fulfill the needs of the instructional guidelines.

- See Appendix E for the recommended equipment guidelines.
- Provide audio, visual, and kinematic aids to support and supplement didactic instruction.

All classroom facilities used for EMS educational programs are required to be conducive to a learning environment to include:

- ADA compliant facility
- Environmental controls for heating, cooling, and ventilation
- Appropriate restroom facilities
 - Must have appropriate decontamination facilities in the event instructors/students are exposed to allergens, blood borne pathogens, hazardous materials, etc....
- Adequate space for seating relative to the anticipated number of students and type of course
 - Provide a minimum of 20 square feet of floor space per trainee.
 - Provide over-head lighting measuring at a minimum, 50–70-foot candles at desk level.
 - Provide space sufficient for students to attend classroom sessions, take notes, and participate in classroom activities.
 - Provide an adult size table to accommodate a maximum of two students and chair for each student.
- Adequate space for skills practices relative to the anticipated number of students and type of course:
 - Indoor
 - Provide space for students to participate in kinematic learning and practice activities.
 - Provide dedicated space for simulation/skills lab that is available before and after class sessions for practice or remediation.
 - Outdoor
 - Provide appropriate accommodations as consistent with the day-to-day environment.
- Adequate space for instructors to:
 - Counsel students
 - Develop lesson plans.
 - Prepare for lesson delivery.
- Adequate and secure storage space for:
 - Instructional materials
 - Equipment/Supplies

Educational Institutions must have appropriate equipment and supplies available in adequate numbers in order that students may successfully complete the educational objectives of their course or program. The following list serves as a minimum equipment list for EMS Initial Education programs. Each lab/skill session should have sufficient equipment (and related supplies) available so that each student group has access to the needed equipment necessary.

Key to Provider Level:

EMR	R
EMT	E
AEMT	A
Paramedic	P

Level				Item	Notes
R	E	A	P	Gloves- assorted sizes	
R	E	A	P	Face and Eye Protection	
R	E	A	P	N95 Masks or Equivalent	
R	E	A	P	High visibility vests	
R	E	A	P	Waterless hand cleaner	
				Communication/Documentation Equipment	
R	E	A	P	Portable radios (two-way)	A minimum of 2 per location
R	E	A	P	CURRENT US DOT Hazardous Materials Guideline	
R	E	A	P	CURRENT NC DNR and MOST forms	
				Manikins/Simulators	
R	E	A	P	Airway Manikins – (infant, child, and adult)	
R	E	A	P	CPR Manikins (infant, child, and adult)	Must meet AHA standards
			P	Cricothyrotomy Simulator	
		A	P	Vascular Access Simulation Equipment	
		A	P	Intraosseous Simulation (adult & child)	
		A	P	Pediatric IV Simulator	
R	E	A	P	Childbirth Manikin	
		A	P	Defibrillation/Cardioversion/Pacing Manikin	
		A	P	Chest Decompression Simulator	At least 1 per location
R	E	A	P	Trauma Manikin	Access to or onsite
R	E	A	P	Wound packing manikin or Simulator	This may be non-commercial, must provide a realistic wound channel and progressive bleeding management.
R	E	A	P	High Fidelity Simulation Manikin	At least 1 per location. Full body manikin.
				Miscellaneous Equipment	
R	E	A	P	Football helmet and shoulder pads	Programs may have an agreement to use
R	E	A	P	Blankets	
R	E	A	P	Cold and hot chemical packs	
R	E	A	P	Infant foil swaddler or equivalent	
R	E	A	P	Flashlights	
R	E	A	P	Jump Bag or equivalent	This is to be consistent with the level of course
R	E	A	P	Motorcycle Helmet	
R	E	A	P	EMS Stretcher w/straps to include shoulder harness	
R	E	A	P	EMS cot Pediatric Restraint System	A restraint device that is designed and designated for use on a cot in an ambulance.
R	E	A	P	EMS cot pediatric device	This may be a car seat

R	E	A	P	Pillow	
R	E	A	P	Stair Chair	
R	E	A	P	Irrigation Fluid	
R	E	A	P	Linen (towels, sheets)	
R	E	A	P	Disaster/triage tags system	
			P	Morgan Lens	
R	E	A	P	Anatomical charts/models	
R	E	A	P	Moulage kit	Access to or onsite
				Assessment Equipment	
R	E	A	P	Blood Pressure Cuffs (pediatric, adult, obese size cuffs)	
R	E	A	P	Stethoscope	Single and dual head training
R	E	A	P	Penlights	
R	E	A	P	Thermometers	
R	E	A	P	Length Based Resuscitation Tape	
				Advanced Assessment Equipment	
	E	A	P	Glucose Monitoring Devices w/strips and lancets	
R	E	A	P	Pulse Oximeter (portable)	
				Airway and Breathing Equipment	
R	E	A	P	High Concentration Oxygen Mask – NRB (adult and Pediatric)	
R	E	A	P	Nasal Cannula (adult, pediatric and Infant)	
	E	A	P	Nebulizer (mask and hand-held device)	
R	E	A	P	Oxygen Supply Tubing	
	E	A	P	Oxygen Humidification Device	
R	E	A	P	Portable oxygen tank w/regulator (filled)	
				Airway and Breathing Equipment	Basic Airway Management
R	E	A	P	OPA (Infant, child, and adult sizes)	
R	E	A	P	NPA (infant, child, and adult sizes)	
	E	A	P	Tongue Depressor	
					Ventilation Management
R	E	A	P	Mouth to barrier device	
R	E	A	P	BVM (Infant, child, and adult sizes)	
		A	P	Automatic Transport Ventilator	
					Suctioning
R	E	A	P	Suction Tubing	
R	E	A	P	Suction Catheters – Soft (various sizes)	
R	E	A	P	Suction Catheters – rigid	
R	E	A	P	Suction Unit – Battery Powered	
R	E	A	P	Bulb Syringe	
					Advanced Airway Management
		A	P	CPAP System (disposable or CPAP generator with circuits)	
		A	P	Blind Insertion Airway Devices – multiple types	Must include various sizes
		A	P	Endotracheal Tubes (2.5 to 9.0mm)	
		A	P	Magill Forceps – adult and pediatric sizes	
		A	P	Pediatric and Adult Laryngoscope handles	
		A	P	0,1,2,3,4 straight and 1,2,3,4 curved laryngoscope blades	

			P	Video Laryngoscope	Programs should either own, or have an agreement to use
	E	A	P	Waveform capnography for intubated and non-intubated patients	
R	E	A	P	PEEP Valve	
			P	Cricothyrotomy Set	Commercial or non-commercial
			P	Gastric Tubes	Tubes used for placing a naso/oro-gastric tube
	E	A	P	Water-based Lubricant	
			P	Chest Decompression set	
			P	Bougie	Adult & Pediatric Sizes
				Pharmacological Intervention Equipment	
					Fundamental Pharmacological Equipment
R	E	A	P	Unit dose/auto-injector trainers	
	E	A	P	Assorted Medications (must be either commercial simulation or contain water and labels that state “not for live patient use” per FDA requirements)	May be medications utilized in training for each scope of practice – should be commercial simulations
				Advanced Pharmacological Equipment	
					Venipuncture/Vascular Access
		A	P	Blood collection tubes and supplies	
		A	P	IV catheters – assorted sizes and types	
		A	P	IV Administration sets (macro and micro)	Should also include blood admin. Tubing
		A	P	Intraosseous needles – various sizes	Must include adult and pediatric
		A	P	Venous constricting bands	
		A	P	Three-way stopcocks	
		A	P	INT injection caps or saline locks	
		A	P	Sharps Containers	
		A	P	Pressure infusion bags	
		A	P	Aseptic technique pads (i.e., alcohol, betadine, chloraprep)	
					Equipment for the administration of medications/fluids
		A	P	Crystalloid IV fluids	
	E	A	P	Aerosol bronchodilators – may be commercial simulations	MDI with spacers is also recommended
	E	A	P	Aerosol bronchodilators – may be commercial simulations (prefilled doses for nebulizing)	
	E	A	P	Syringes – various volumes	
	E	A	P	Mucosal atomization device	
			P	Various examples of needles used to access implanted central IV ports	Must include Huber needle, others may be optional
				Cardiac Equipment	
					Fundamental Cardiac Equipment
R	E	A	P	AED trainer with pads	Must meet AHA standards
					Advanced Cardiac Equipment
	E	A	P	Mechanical CPR assist device	Programs should either own, or have an agreement to use

		A	P	Cardiac Monitor with defibrillation, pacing, 12 Lead and waveform capnography capabilities or a commercially available simulated equivalent	
			P	Dysrhythmia generator with 12 lead ECG generation capability	
				Medical Equipment	
					Emergency Childbirth Management
R	E	A	P	OB Kit	
				Trauma Care Equipment	
					Splinting/Immobilization
R	E	A	P	Splints – various types and sizes	Rigid and Soft
R	E	A	P	Cervical Collars – assorted sizes	Pediatric and adult
R	E	A	P	Head stabilization devices (various types)	
R	E	A	P	Long back boards	
R	E	A	P	Immobilization straps (various sizes/types)	
R	E	A	P	Scoop stretcher	
R	E	A	P	Vest type immobilization device	
R	E	A	P	Pediatric Immobilization device	
R	E	A	P	Traction splint (adult and pediatric)	Various types as recommended by the advisory committee
					Bandaging/dressing
R	E	A	P	Sterile dressings, assorted sizes	
R	E	A	P	Triangular bandages	
R	E	A	P	Occlusive Dressing	
R	E	A	P	Roller Gauzes	
R	E	A	P	Adhesive tape, assorted sizes	
R	E	A	P	Burn Sheet	
R	E	A	P	Trauma Scissors	
R	E	A	P	Sterile eye pads	
R	E	A	P	Commercial arterial tourniquet and trainer	

All EMS educational programs are required to provide Audio-visual equipment and other instructional devices and aids necessary and beneficial to the delivery of effective EMS Education. A library for students' use covering the subject-matter areas relevant to the education maintained in status and have sufficient copies for convenient student access.

- Clinical/field requirements:
 - Will consist of resources established only by written agreement or contract.
 - Training programs conducting **EMR and EMT** courses may use any combination of the following resource list to meet clinical/field requirements identified below for EMR, EMT or AEMT training:
 - Clinical Experience Resources
 - Intensive care unit
 - Coronary care unit
 - Emergency department
 - OB-GYN
 - Recovery room
 - Nursing home
 - Clinics

- Doctor's office
- Other departments or clinical facilities approved by the NCOEMS.
- Field experience resources
 - Ambulance or aid vehicle runs involving the care of sick or injured patients.
 - Be approved by the institution's advisory committee, program coordinator/director and medical advisor.
- Training programs conducting **AEMT**, and **Paramedic** courses must use clinical/field resources identified by the training program, that are consistent with program accreditation, to meet clinical/field requirements identified below for paramedic training.
- To ensure all North Carolina Office of EMS approved education programs adhere to the same expectations and standards, the minimum requirements for courses will be prescribed.
 - Those items will include and are not limited to:
 - Prerequisite course entry requirements
 - Instructor/Student Ratios
 - Didactic- Determined Locally
 - Lab/Skills- Recommended maximum of 8 Students/Instructor
 - Clinical/Field
 - Other determined areas
 - Required documentation.
 - Course completion reporting
 - Additional helpful resources and links

FACULTY/STAFF REQUIREMENTS AND RESPONSIBILITIES

EMS Educational Program Coordinator/Director

The EMS educational program coordinator/director shall be a Level II EMS Instructor credentialed at or above the highest level of course offered by the institution as defined in Title 10A Chapter 13 Subchapter P .0602. The EMS educational program coordinator/director shall:

- Have EMS or related allied health education, training, and experience.
- Be knowledgeable about methods of instruction, testing, and evaluation of students.
- Have field experience in the delivery of pre-hospital emergency care.
- Have academic training and preparation related to emergency medical services, at least equivalent to that of a paramedic; and
- Be knowledgeable of current versions of the National EMS Scope of Practice and National EMS Education Standards as defined by USDOT NHTSA National EMS, evidence-informed clinical practice, and incorporated by Rule .0501 of this Section.

As defined in Title 10A Chapter 13 Subchapter P .0602, the EMS educational program coordinator/director is responsible for the following:

- Administrative oversight, organization, and supervision of the program.
- Continuous quality review and improvement of the program.
- Long-range planning and ongoing development of the program.
- Evaluating the effectiveness of the instruction, faculty, and overall program.
- Collaborative involvement with the Education Medical Advisor.
- Training and supervision of clinical and field internship preceptors; and
- Effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.

Lead Instructor

The lead instructor for the EMS educational program must be a NC credentialed Level I EMS Instructor at the level of course or higher as defined in Title 10A Chapter 13 Subchapter P .0602. The lead instructor shall meet the lead instructor responsibilities under Standard III of the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions or other accrediting agency determined using the professional judgment of OEMS staff following a comparison of standards.

Clinical Coordinator

Clinical Coordinator shall maintain clinical and field internship sites to meet course requirements, including the requirement that internship rotations on EMS vehicles must be performed as a third person, not replacing required staff on the vehicle and students receive an educational and meaningful clinical/field experience.

The clinical coordinator shall:

- Ensure hospital, clinical or field internships are in place and scheduled.
- Students are scheduled for and complete the required experiences before participating in the psychomotor examination (unless uncontrollable circumstances are identified and documented as required), and
- Develop or use appropriate evaluation forms, and evaluate student performance of clinical, and field internship experiences, and
- Review and provide feedback to students on patient evaluation write-ups, and
- Use Institution trained field internship preceptors who monitor and evaluate students in a standard and consistent manner.
- Ensure sufficient agreements with appropriate clinical/hospital/field internship sites to accomplish all clinical objectives of the educational standards before course completion.
- A review of clinical/field sites and documentation demonstrating student achievement of clinical objectives, and

- Appropriateness of clinical/field sites relative to the standards/instructor guidelines,
- Copies of written agreements with those facilities used by the course for fulfillment of clinical and field internship objectives, and
- Documentation of the medical advisor's approval of clinical preceptors, and
- Documentation of orientation for clinical preceptors to the clinical objectives and scope of practice of the student, and
- Documentation that demonstrates the student's achievement of all clinical and field internship objectives.

Educational Medical Advisor

Educational Medical Advisors shall meet the criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" who is responsible for the following.

- Medical oversight of the program.
- Collaboration to provide appropriate and updated educational content for the program curriculum.
- Establishing minimum requirements for program completion.
- Oversight of student evaluation, monitoring, and remediation as needed.
- Ensuring entry level competence.
- Ensuring interaction between physician and students.

INITIAL EMS EDUCATIONAL PROGRAM REQUIREMENTS

Initial EMS educational programs shall be conducted by an approved Basic or Advanced Educational Institution as defined in Title 10A Chapter 13 Subchapter P .0602.

Prior to offering any EMS course, the approved teaching institution must submit a course outline/syllabus with the supporting documentation detailing the content of the course to the Office of Emergency Medical Services for approval.

Failure to comply with the following criteria and process may result in disapproval of a course and student's loss of eligibility for the credentialing examination.

- To register an EMS program (Initial or Recertification) with the OEMS, the approved educational institution must submit an electronic request through CONTINUUM a minimum of 28 days prior to the start of the class.
- The EMS Program Coordinator/Director shall attach an electronic course outline including course dates, instructional objectives, and hours of instruction to the submission in Continuum.
- A copy of the course outline must be kept on file locally for compliance monitoring by the OEMS.
- All course modifications (for example schedule, policies, etc.) shall be submitted to the appropriate education specialist for approval.
- The Educational Institution will be required to ensure all students are registered for the appropriate course in Continuum no later than the 14th calendar day from the start date of the class. In the event a student enrolls into a course prior to the 10% point, which happens to occur after the 14th calendar day from the start of the class, the EMS Program Coordinator/Director will have 5 business days to notify the appropriate Regional Educational Liaison of same and the student will be force added to the course. In the event the EMS Program Coordinator/Director fails to notify the appropriate Regional Educational Liaison of same, the student will not be added to the course.
- Failure to adhere to these guidelines will result in the disapproval of the submitted course.
- Courses allowed to proceed without the approval of the Office of Emergency Medical Services, will result in the application of enforcement rules NCAC 10A NCAC 13P .1505 EMS EDUCATIONAL INSTITUTIONS and 10A NCAC 13P .1507 EMS PERSONNEL CREDENTIALS

Educational programs approved to qualify EMS personnel for initial AEMT, and Paramedic credentialing shall meet the requirements of Title 10A Chapter 13 Subchapter P .0501 Paragraph (c) and possess verification of accreditation or a valid letter of review from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or other accrediting agency determined using the professional judgment of OEMS staff following a comparison of standards. The Department shall not approve initial AEMT or Paramedic courses for educational programs that fail to meet accreditation requirements by January 1, 2023.

The curriculum for EMS educational programs shall be comprised from the most current edition of the National EMS Education Standards as defined in Title 10A Chapter 13 Subchapter P .0501, which can be referenced at [EMS.gov](https://www.ems.gov). To ensure that the EMS Student obtains all pertinent education for EMS in North Carolina, the inclusion of Medications and Skills related to the specific Scope of Practice shall be covered throughout the course. To determine applicable Medications and Skills, refer to [OEMS.nc.gov](https://www.oems.nc.gov) and review the NCCEP Protocols, Policies and Procedures. This includes any subsequent amendments and editions occurring after the release date of this document.

As defined in Title 10A Chapter 13 Subchapter P .0602, educational programs approved to qualify EMS personnel in North Carolina shall have written educational policies and procedures to include:

- Delivery of educational programs in a manner where the content and material are delivered to the

intended audience, with a limited potential for exploitation of such content and material.

- Record-keeping system of student attendance in the classroom, clinical, field internship and Capstone components required of the educational program.
- Documentation of student performance. Each Institution shall evaluate each student and skill at the appropriate scope of practice to verify student independent-skill mastery. Evaluation check sheets shall be utilized and meet the criteria as determined by the Advisory Committee. The evaluation check sheets shall be specific to the independent skills learned in each educational module and at the appropriate scope of practice.
- Long-range planning and ongoing development of the program.
- Evaluating the effectiveness of the instruction, faculty, and overall program.
- Collaborative involvement with the Education Medical Advisor.
- Training and supervision of clinical and field internship preceptors; and
- Effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.
- Selection and monitoring of EMS instructors; and
- Student evaluations of faculty and the program's courses or components, and the frequency of the evaluations.
- Access to instructional supplies and equipment necessary for students to complete educational programs as defined in Rule .0501.
- Meet the educational program requirements as defined in Rule .0501.

The educational institution must maintain all student records that document:

- Compliance with the student prerequisites.
- Student attendance in the classroom, clinical, field internship and Capstone components required of the educational program.
- Documentation of successful completion of all components of the program, including written examination scores, independent-skills evaluation check sheets and scope-of-practice evaluation check sheets
- Recommendation by the medical advisor/director and the lead instructor for participation in clinical and field internship.
- Skills competency in the clinical and field internship educational components.
- Comprehensive assessment of each student's cognitive, psychomotor, and affective domains.
- Recommendation by the medical advisor/director and the lead instructor for successful completion of the educational program. This will verify that the student has satisfactorily met all competencies to ensure the health and safety of the citizens that the student will be caring for once affiliated.
- Any other documentation related to the student's Initial EMS Education.

The educational institution must have access to adequate clinical education and field internship sites consistent with the scope of practice level.

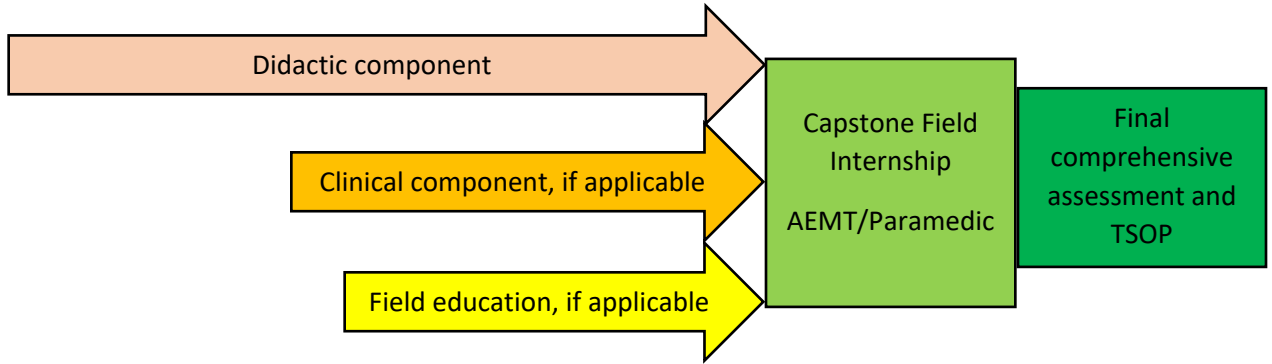
- All enrolled students should have enough contact hours to ensure competency in the skills required for successful program completion.
- The approved educational institution shall have written clinical and field agreements. Agreements shall be reviewed annually by the institution and updated as needed.

The educational institution is responsible for the selection and monitoring of all approved clinical education and field internship preceptors.

- The educational institution shall utilize the EMS preceptors' feedback on the student and EMS program.
- The educational institution is responsible for continuous evaluation of EMS preceptors by their students and the evaluation of the clinical education and field internship sites by their students, including frequency of evaluations.

The educational institution shall complete an NCOEMS annual evaluation of the program.

Final comprehensive assessments shall evaluate each student’s cognitive, psychomotor, and affective domain to ensure the student is entry level competent. The “Final” comprehensive assessment and Technical Scope of Practice Evaluation is to be performed once the student has successfully completed “ALL” educational components to include didactic, clinical, and field experience. Standard course progression should occur as noted below:



EMERGENCY MEDICAL RESPONDER- EMR

STUDENT PREREQUISITES

1. 17 years of age on or before the official end date of the course.
2. Possession of a high school diploma, high school equivalency or successful completion of an exam assessing basic reading comprehension skills at a minimum at the tenth-grade level.

DIDACTIC COMPONENT

Lesson plans for the delivery of course material by instruction should be derived from the current National EMS Education Standards, which may be found at EMS.gov.

To ensure that the EMS Student obtains all pertinent education for EMS in North Carolina, the inclusion of Medications and Skills related to the specific Scope of Practice shall be covered throughout the course. To determine applicable Medications and Skills, refer to OEMS.nc.gov and review the NCCEP Protocols, Policies and Procedures. This includes any subsequent amendments and editions occurring after the release date of this document.

EMR EDUCATIONAL PROGRAM SUMMARY

The following represents a summary of the required components and minimum time requirements for the EMR program:

1. Didactic component- Minimum 60 hours
 - a. This section ***must*** include:
 - i. Traffic Incident Management for Emergency Responders
2. Skills practice and evaluation, written exams, Technical Scope of Practice- Minimum of 36 hours
 - a. Clinical Hours: Optional
 - b. Field Internship Hours: Optional
3. Final comprehensive assessment of each student's cognitive, psychomotor, and affective domains, ensuring the student is entry level competent
4. EMR Minimum Program Length= 96 hours

EMERGENCY MEDICAL TECHNICIAN EDUCATION PROGRAM REQUIREMENTS-EMT

EMT STUDENT PREREQUISITES

1. 17 years of age on or before the official end date of the course.
2. Possession of a high school diploma, high school equivalency or successful completion of an exam assessing basic reading comprehension skills at a minimum at the eleventh-grade level.

DIDACTIC COMPONENT

Lesson plans for the delivery of course material by instruction should be derived from the current National EMS Education Standards, which may be found at <https://www.ems.gov/resources/>.

To ensure that the EMS Student obtains all pertinent education for EMS in North Carolina, the inclusion of Medications and Skills related to the specific Scope of Practice shall be covered throughout the course. To determine applicable Medications and Skills, refer to <https://oems.nc.gov/> and review the NCCEP Protocols, Policies and Procedures. This includes any subsequent amendments and editions occurring after the release date of this document.

CLINICAL/ FIELD INTERNSHIP COMPONENT

The North Carolina Office of EMS requires EMT students are required to actively participate in clinical and field internships as this educational component will enhance the overall education of the EMT Student. Students must perform ten patient assessments. The patient assessments can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc...

- Clinical/Field Prerequisites:
 - Successful completion of all EMR educational requirements.
 - Recommendation of the educational medical advisor and program lead instructor.
 - Participation in the Clinical or Field setting may occur after student has been evaluated and possesses the ability to perform applicable skills in the prehospital setting.
- Clinical/Field Requirements:
 - Students should observe emergency department operations for a period sufficient to gain an appreciation for the continuum of care, if approved by the medical advisor and program coordinator/director.
 - The student should participate in and document patient contacts in a field experience approved by the medical advisor and program coordinator/director.
 - Field internship must be performed with an EMS provider at or above the EMT level.
 - Students must perform ten (Live) patient assessments.
 - These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc.

EMT EDUCATIONAL PROGRAM SUMMARY

The following represents a summary of the required components and time requirements for the EMT program:

1. Didactic, skills labs, written exams, scope of practice- Minimum 192 hours
 - a. This section must include the following:
 - i. EMS Credential maintenance and renewal component
 1. State requirements
 2. National requirements
 - ii. Traffic Incident Management for Emergency Responders
 - iii. State or nationally recognized emergency vehicle driving program, to include a physical driving component utilizing a Type I, II or III ambulance
2. A minimum of 48 hours in the Clinical or Field setting:

- a. A clinical or field educational component is required. The educational institution should ensure enough patient contact time for the student to successfully perform a minimum of ten (Live) patient assessments without assistance.
 - b. This minimum is established to ensure that the student has satisfactorily met all competencies required for completion of the educational program.
 - c. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor, program lead instructor and program coordinator/director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
 - d. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor, program lead instructor and program coordinator/director are responsible for ensuring that the student is provided an outline for remediation.
 - i. The remediation outline should include additional clinical or field hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
3. Final comprehensive assessment of each student’s cognitive, psychomotor, and affective domains, ensuring the student is entry level competent.
 - a. Documentation must be maintained in the students file to show that the educational medical advisor, program lead instructor and program coordinator/director were in complete agreement with the final
 4. EMT Program Length= Minimum of 240 hours

ADVANCED EMT EDUCATION PROGRAM REQUIREMENTS-AEMT

ADVANCED EMT STUDENT PRE-REQUISITES

1. 17 years of age on or before the official end date of the course.
2. High school diploma or high school equivalent.
3. Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical or field component.
 - a. All students must start clinical at the same time, staggered start dates will not be accepted.
4. Successful completion of college-level English, or within the previous 12 months complete a written assessment placing the individual into college-level English.
 - a. Placement by RISE without the use of a written assessment will not meet this requirement.
5. Successful completion of college-level Math, or within the previous 12 months complete a written assessment placing the individual into college-level Math.
 - a. Placement by RISE without the use of a written assessment will not meet this requirement.

DIDACTIC COMPONENT

Lesson plans for the delivery of course material by instruction should be derived from the current National EMS Education Standards, which may be found at: <https://www.ems.gov/resources/>
To ensure that the EMS Student obtains all pertinent education for EMS in North Carolina, the inclusion of Medications and Skills related to the specific Scope of Practice shall be covered throughout the course. To determine applicable Medications and Skills, refer to <https://oems.nc.gov/> and review the NCCEP Protocols, Policies and Procedures. This includes any subsequent amendments and editions occurring after the release date of this document.

- The following items shall be included for AEMT:
 - Airway and Breathing
 - Endo-tracheal intubation
 - Cardiovascular
 - Application of a standard 3-4 lead Electrocardiograph (ECG/EKG)
 - Application and transmittal of a 12-lead ECG
 - Ability to understand the basics of ECG's.
 - Atrial and Ventricular Rates
 - Progression and representation of the ECG
 - P- Wave and variations of same
 - Various QRS Complexes
 - Ability to identify.
 - Normal Sinus Rhythm
 - Sinus Bradycardia
 - Sinus Tachycardia
 - Asystole
 - Ventricular Fibrillation
 - Ventricular Tachycardia
 - Manual Defibrillation
 - Traumatic Arrest
 - Needle chest decompression

CLINICAL AND FIELD EXPERIENCE

Advanced Educational Institutions shall meet or exceed the most current release of the AEMT Student Minimum Competency (SMC) recommendations from the National Association of State EMS Officials (NASEMSO). Refer to the [AEMT SMC Model Guideline](#) for further information. The Institutions Advisory Committee and Medical Advisor shall endorse the required minimums. All **AEMT Courses beginning after December 31, 2024 will be held to this standard.**

CLINICAL EDUCATION COMPONENT

- Clinical Prerequisites:
 - Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical or field component
 - All students must start clinical at the same time, staggered start dates will not be accepted.
 - Successful completion of all clinical skills to be performed by the student.
 - Recommendation of the educational medical director and program lead instructor.

- Clinical Requirements:
 - The length of the clinical education component of the AEMT (Advanced EMT) program has a required minimum of 48 hours, which includes time for student remediation if needed to meet the required minimum skills.
 - The Institution will be responsible for ensuring the student's competency is equivalent to that of an entry level AEMT (Advanced EMT).
 - This component should be based on the time required to verify competency in each of the skills required for successful program completion.
 - Clinical education must be conducted under the direct supervision of approved preceptors (Recommend not more than 4 preceptors be assigned to any on student, as research has shown the closer the ratio is 1:1 the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.
 - Clinical areas may include Hospital Emergency Departments, Intensive Care Units, Operating Room/Recovery, Intravenous Team, Specialty Care Transport Units/Pediatric Unit, Labor/Delivery Unit, Psychiatric Unit/Crisis Center, Skilled Nursing Facilities, County Health Department/ Home Health Care, Physician's Office/Immediate or Urgent Care and any other medical facility (Non-Traditional Practice Setting) deemed appropriate by the Educational Medical Advisor and endorsed by the Program Advisory Committee.

FIELD EDUCATION COMPONENT

- Field Internship Prerequisites:
 - Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical or field component.
 - All students must start field internship at the same time, staggered start dates will not be accepted.
 - Successful completion of all clinical skills to be performed by the student.
 - Recommendation of the educational medical director and program lead instructor.

- Field Internship Requirements:
 - This component should be based on the time required to verify competency in each of the skills required for successful program completion. If the student fails to show competency in any aspect, then that student must be offered remediation and will be required to perform additional time to ensure that competency has been met.
 - The length of the field education component for the AEMT (Advanced EMT) program will require a minimum of 48 hours, which includes time for student remediation. The

- student must complete the 48 minimum hours required as the third person (Student Role) of an ambulance crew. The student is required to meet the minimum skills required and the Institution will be responsible for ensuring the student's competency is equivalent to that of an entry level AEMT (Advanced EMT).
- The acceptance of any field time or skills, when not assigned as the third person (Student Role) of an ambulance crew is strictly prohibited. If an Institution or Student allows such time or skills to be credited, then the student will negate all field time and skills acquired for the field education component.
 - Field education must be conducted under the direct supervision of approved preceptors (Recommend not more than 4 preceptors be assigned to any one student, as research has shown the closer the ratio is 1:1, the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.
 - Field internship must be performed with an EMS provider at or above the AEMT (Advanced EMT) level.

CAPSTONE REQUIREMENTS

The capstone field internship shall allow students to assess and manage patients in the pre-hospital environment where he/she will progress to the role of Team Leader.

- Each program is required to define Team Lead and document it in the program materials.
 - To be counted as a Team Lead the AEMT (Advanced EMT) student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field.
 - For the capstone field internship to meet the breadth of the EMS profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care.
 - Capstone field internship team leads cannot be accomplished with simulation.
- Minimum team leads must be established by the program and accomplished by each student.
 - The number of team leads is established and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the EMS profession.
 - Documentation must be maintained to show proof the EMS Advisory Committee and Medical Advisor agreed with the number of team leads.
- The program must show that the timing and sequencing of the team leads occur as a capstone experience and in relation to the didactic and clinical phases of the program to provide an appropriate experience to demonstrate competence.

AEMT EDUCATIONAL PROGRAM SUMMARY

The following represents a summary of the required components and time requirements for the AEMT program:

1. Didactic, skills practice/evaluation, written exams, comprehensive assessment and TSOP- Minimum of 160 hours
2. The required minimum clinical hours will be 48 hours.
 - a. This minimum is established to ensure that the student has satisfactorily met all competencies required for completion of the educational program.
 - b. If a student is deemed as "Competent" prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.

- c. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation. The remediation outline should include additional clinical hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
 - d. Documentation must be maintained in the students file to show that the educational medical advisor/director, program lead instructor and program director were in complete agreement with the final determination.
 2. The required minimum hours for field internship will be 48 hours as the third member (Student Role) of an Ambulance crew.
 - a. This minimum is established to ensure that the student has satisfactorily met all competencies required for completion of the educational program.
 - b. A minimum of 48 hours must be as a third member (Student Role) of the primary ambulance crew.
 - c. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
 - d. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation.
 - i. The remediation outline should include additional clinical hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
 3. Final comprehensive assessment of each student’s cognitive, psychomotor, and affective domains, ensuring the student is entry level competent.
 - a. Documentation must be maintained in the students file to show that the educational medical advisor, program lead instructor and program coordinator/director were in complete agreement with the final determination.
 4. AEMT Program Length= Minimum of 256 hours

PARAMEDIC EDUCATION PROGRAM REQUIREMENTS

PARAMEDIC STUDENT PRE-REQUISITES

1. 17 years of age on or before the official end date of the course.
2. High school diploma or high school equivalency.
3. Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical/field component.
 - a. All students must start clinical at the same time, staggered start dates will not be accepted.
4. Successful completion of college-level English, or within the previous 12 months complete a written assessment placing the individual into college-level English.
 - b. Placement by RISE without the use of a written assessment will not meet this requirement.
5. Successful completion of college-level Math, or within the previous 12 months complete a written assessment placing the individual into college-level Math.
 - c. Placement by RISE without the use of a written assessment will not meet this requirement.
6. Successful completion of a college-level Anatomy and Physiology course prior to the start of the field education component.
 - a. Courses that are currently accepted include:
 - i. EMS- 3163 Basic Anatomy and Physiology
 1. When the course meets all other requirements of these guidelines, to include meeting SACSCOC standards for instructors of curriculum-level courses.
 - ii. BIO- 163: Basic Anatomy and Physiology
 - iii. BIO- 165 & 166: Anatomy and Physiology I & II (Must complete both sections)
 1. Equivalent CE courses will be accepted, when the course meets all other requirements of these guidelines, to include meeting SACSCOC standards for instructors of curriculum-level courses.
 - iv. BIO- 168 & 169: Anatomy and Physiology I & II (Must complete both sections)
 1. Equivalent CE courses will be accepted, when the course meets all other requirements of these guidelines, to include meeting SACSCOC standards for instructors of curriculum-level courses.
 - b. Accepted courses shall possess articulation agreements for curriculum credit.

DIDACTIC COMPONENT

Lesson plans for the delivery of course material by instruction should be derived from the current National EMS Education Standards, which may be found at: <https://www.ems.gov/resources/>. To ensure that the EMS Student obtains all pertinent education for EMS in North Carolina, the inclusion of Medications and Skills related to the specific Scope of Practice shall be covered throughout the course. To determine applicable Medications and Skills, refer to <https://oems.nc.gov/> and review the NCCEP Protocols, Policies and Procedures. This includes any subsequent amendments and editions occurring after the release date of this document.

CLINICAL AND FIELD EXPERIENCE

Advanced Educational Institutions shall meet or exceed the most current release of the Paramedic Student Minimum Competency (SMC) recommendations from the Committee on Accreditation of EMS Programs (CoAEMSP). The Institutions Advisory Committee and Medical Advisor shall endorse the required minimums.

CLINICAL EDUCATION COMPONENT

- Clinical Prerequisites:
 - Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical or field component
 - All students must start clinical at the same time, staggered start dates will not be accepted.

- Successful completion of all clinical skills to be performed by the student.
- Recommendation of the educational medical director and program lead instructor.
- Clinical Requirements:
 - The length of the clinical education component of the Paramedic program has a required minimum of 100 hours, which includes time for student remediation if needed to meet the required minimum skills.
 - The Institution will be responsible for ensuring the student's competency is equivalent to that of an entry level Paramedic.
 - This component should be based on the time required to verify competency in each of the skills required for successful program completion.
 - Clinical education must be conducted under the direct supervision of approved preceptors (Recommend not more than 4 preceptors be assigned to any one student, as research has shown the closer the ratio is 1:1 the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.
 - Clinical areas may include Hospital Emergency Departments, Intensive Care Units, Operating Room/Recovery, Intravenous Team, Specialty Care Transport Units/Pediatric Unit, Labor/Delivery Unit, Psychiatric Unit/Crisis Center, Skilled Nursing Facilities, County Health Department/ Home Health Care, Physician's Office/Immediate or Urgent Care and any other medical facility (Non-Traditional Practice Setting) deemed appropriate by the Educational Medical Advisor and endorsed by the Program Advisory Committee.

FIELD EDUCATION COMPONENT

- Field Internship Prerequisites:
 - Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical or field component.
 - All students must start field internship at the same time, staggered start dates will not be accepted.
 - Successful completion of all clinical skills to be performed by the student.
 - Recommendation of the educational medical director and program lead instructor.
- Field Internship Requirements:
 - This component should be based on the time required to verify competency in each of the skills required for successful program completion. If the student fails to show competency in any aspect, then that student must be offered remediation and will be required to perform additional time to ensure that competency has been met.
 - The length of the field education component for the Paramedic program will require a minimum of 240 hours, which includes time for student remediation. The student must complete the 240 minimum hours required as the third person (Student Role) of an ambulance crew. The student is required to meet the minimum skills required and the Institution will be responsible for ensuring the student's competency is equivalent to that of an entry level Paramedic.
 - The acceptance of any field time or skills, when not assigned as the third person (Student Role) of an ambulance crew is strictly prohibited. If an Institution or Student allows such time or skills to be credited, then the student will negate all field time and skills acquired for the field education component.
 - Field education must be conducted under the direct supervision of approved preceptors (Recommend not more than 4 preceptors be assigned to any one student, as research has shown the closer the ratio is 1:1, the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.
 - Field internship must be performed with an EMS provider at or above the Paramedic level.

CAPSTONE REQUIREMENTS

The capstone field internship shall allow students to assess and manage patients in the pre-hospital environment where he/she will progress to the role of Team Leader.

- Each program is required to define Team Lead and document it in the program materials.
 - To be counted as a Team Lead the Paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field.
 - For the capstone field internship to meet the breadth of the EMS profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care.
 - Capstone field internship team leads cannot be accomplished with simulation.
- Minimum team leads must be established by the program and accomplished by each student.
 - The number of team leads is established and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the paramedic profession.
 - Documentation must be maintained to show proof the EMS Advisory Committee and Medical Advisor agreed with the number of team leads.
- The program must show that the timing and sequencing of the team leads occur as a capstone experience and in relation to the didactic and clinical phases of the program to provide an appropriate experience to demonstrate competence.

PARAMEDIC EDUCATIONAL PROGRAM SUMMARY PARAMEDIC

The following represents a summary of the required component time requirements for the Paramedic program.

1. Didactic components, including cognitive examinations should meet or exceed a minimum of 460 classroom hours.
2. Laboratory time, skills practice, and documented skills evaluations, including the scope of practice evaluations should consist of a minimum of 200 hours.
3. Clinical Hours:
 - a. The required minimum clinical hours will be 100.
 - i. This minimum is established to ensure that the student has enough time to satisfactorily meet all competencies required for completion of the educational program.
 - ii. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
 - iii. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation.
 1. The remediation outline should include additional clinical hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
 - iv. Documentation must be maintained in the students file to show that the

educational medical advisor/director, program lead instructor and program director agreed with the final determination.

4. Field Internship and Capstone Hours:
 - a. The required minimum hours for Field Internship will be 240 hours.
 - i. This minimum is established to ensure that the student has enough time to satisfactorily meet all competencies required for completion of the educational program.
 - ii. A minimum of 240 must be as a non-assigned member of the primary ambulance crew.
 - iii. The timing and sequencing of the field internship should allow team leads to occur as a capstone experience and in relation to the didactic and clinical phases of the program to provide an appropriate experience to demonstrate competence.
 - iv. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
 - v. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation.
 1. The remediation outline should include additional field hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
 - vi. Documentation must be maintained in the students file to show that the educational medical advisor/director, program lead instructor and program director agreed with the final determination.
5. Student and Graduate Evaluation/Assessment:
 - a. To determine the requirements for Student and Graduate Evaluation/Assessment please access the Standards and Guidelines for Accreditation as Published by CAAHEP and interpreted by CoAEMSP: <https://coaemsp.org/caahep-standards-and-guidelines>
6. PARAMEDIC Program Length= Minimum of 1000 hours

EMS INSTRUCTOR METHODOLOGY REQUIREMENTS

The purpose of this course is to provide students who are clinically competent in a specific EMS content area with the instructional knowledge, resources, and skills to effectively deliver quality EMS education. The course presents educational concepts, practices, and resources across a wide range of educational topics, from the basic psychology of learning to classroom management, to ethical issues in education, to student and course evaluation. The course focuses on instructional preparation, presentation, and evaluation, and represents consensus among professional EMS educators as to essential knowledge, skills, and practices required to provide quality EMS educational programs.

At the conclusion of the course, students will, at minimum, be able to:

1. Organize and prepare materials for presentation.
2. Prepare instructional aids.
3. Determine the equipment and materials needed to teach specific curriculum courses.
4. Evaluate student performance and provide corrective feedback to improve subsequent student performance.
5. Develop a mechanism for evaluating the effectiveness of an EMS educational program.
6. Select curriculum materials appropriate to the level of course being taught, and effectively deliver each lesson contained in an EMS curriculum, as measured by overall student performance on course objectives.
7. Prepare course outlines, lesson plans, course schedule and instructor schedules.

The Instructor Methodology Course requirement for credentialing as a Level I Instructor will be the U.S. Department of Transportation's National Guidelines for Educating EMS Instructors (2002) or subsequent amendments. Any course used to meet this requirement shall ensure that all applicable components/objectives are met. To have a course approved by the NCOEMS, the course objectives, outline and/or syllabi shall be submitted for each course offered to the appropriate EMS Regional Office for review. Upon review of the submitted documentation, OEMS staff will determine the approval status for each course offering. Courses conducted without prior approval (Each course offering) from OEMS staff will subject the Institution, Instructor and Student to a violation of 10A NCAC 13P .1505 and .1507 as applicable.

Each course shall consist of two components. These components combine to provide an instructor methodology course that assures that instructor candidates are reasonably prepared to enter an instructor internship.

The didactic component provides fundamental information about:

1. Instructor Roles and Responsibilities
2. Administrative Issues
3. Legal and Ethical Issues
4. Learning Environment and Styles
5. Domains of Learning
6. Goals and Objectives
7. Lesson Plan Development
8. Presentation Skills Evaluation and Facilitation Techniques
9. Communication and Feedback
10. Teaching Thinking and Psychomotor Skills
11. Affective Domain
12. Discipline
13. Remediation
14. Cultural Awareness

The educational methods scope of practice component assesses the ability of students to develop and effectively teach EMS content material. The purpose of this component is to have students demonstrate that they can “put it all together” to construct and deliver sound educational presentations. The educational scope of practice consists of two required activities:

1. A 15-minute (at a minimum) demonstration of a selected EMS skill or technique.
2. A 45-minute (at a minimum) presentation to include:
 - a. Developing a standard lesson plan based on educational objectives from an approved EMS curriculum (this should be at the curriculum level for which the student is applying for Level I credential)
 - b. Utilizing educational methods and media presented in the course, and
 - c. Developing an evaluation instrument consistent with lesson objectives.

Lead course instructors must formally evaluate and grade student performance during both sessions using an approved educational scope-of-practice evaluation sheet. Student performance during this evaluation must be included in the final end-of-course student evaluation/grade and be used to determine whether a student successfully completes course requirements.

Although these guidance documents provide a structured format for the delivery of an EMS Instructor Methodology course, they are not intended to be stand-alone documents. Rapid changes occurring in both the EMS profession and EMS education should prompt Lead Course Instructors to supplement the material contained in the course guides with current materials and technology as they become available.

Similarly, the Lead Course Instructor should utilize a variety of content experts (ADA, HR and others as needed) in the presentation of the materials covered in this course.

The course is designed to provide students with ‘hands-on’ experience and practice in preparing and presenting educational materials and should be formatted and delivered to include active student participation in course activities.

Course outlines and schedules must meet the specific requirements in accordance with the document titled “[Guidelines for Course Registration](#)”.

Student Qualifications

Students enrolled in this course shall:

1. Be currently credentialed as an EMT, AEMT, Paramedic
2. Possess a High School Diploma, or High School Equivalency certificate, and verify or demonstrate their ability to read and write at the 11th -grade proficiency level.

Instructor Qualifications

The lead course instructors for this course shall:

1. Hold a current NCOEMS Field Credential and Level II Instructor Credential
2. Have five (5) years of formal educational experience, which includes demonstrable ability in teaching, developing lesson/course materials, managing classroom resources, and managing and evaluating students.
3. Auxiliary instructors used to teach specific content areas of the course must have demonstrable experience/expertise in the area(s) they will be teaching.

Institutional Qualifications

Institutions offering the EMS Instructor Methodology course shall be a NCOEMS-approved Educational Institution. In addition, the institution shall:

1. Schedule appropriate facilities, and
2. Provide equipment and supplies (both educational and medical) to adequately support the course.
3. Maintain a record-keeping system that tracks required student performance indicators, and
4. Issue students who successfully complete the course documentation of having done so.

Course Requirements

Courses approved by the NCOEMS shall meet the following requirements:

1. Be coordinated and taught by qualified instructors.
2. Follow, at a minimum, the educational objectives as identified in the NHTSA/USDOT, NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS, AUGUST 2002, or subsequent amendments.
3. Have all appropriate equipment and resources needed to sufficiently teach material contained in the course curriculum.
4. Have a process for verifying student qualifications, and
5. Have a formal student evaluation procedure which includes:
 - a. Assessing student performance at selected points during the didactic component of the course.
 - b. The purpose of these periodic assessments should be to evaluate student mastery of specific course materials and should be the basis for determining whether students are allowed to continue through, or the student should receive remediation before being allowed to proceed to the next area, or whether they should not be allowed to continue through the course. Assessments may include written tests, student activities, group projects, or written assignments.
 - c. Assessing student mastery of course content/instructor proficiency through a final written course exam. Final course exams should be referenced to the course objectives contained in the NHTSA/USDOT NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS AUGUST 2002 or subsequent amendments.
 - d. Evaluating student teaching proficiency through educational methods scope-of practice assessment.
 - i. This shall be done using an institution approved scope-of practice evaluation instrument.
 - e. Provide an end-of-course student grade that reflects a weighted performance assessment across both the didactic content and educational scope-of-practice components of the course.

EMS RECERTIFICATION AND REFRESHER PROGRAM GUIDELINES

1. The EMS refresher educational programs must be conducted by an approved Educational Institution as defined in the rules of the NC Medical Care Commission.
2. The lead instructor for the EMS refresher educational programs must be a NC credentialed Level I Instructor at the level of application as defined in the rules of the NC Medical Care Commission.
3. The curriculum for the EMS refresher educational programs shall meet the minimum requirements for Re-Credentialing as identified by the most current adopted Curricula from the National Education Standards.
4. The appropriate educational institution must maintain all student records that document successful course completion.

EMS RECERTIFICATION AND REFRESHER STUDENT PREREQUISITES

1. EMS Credential Status
 - a. Currently holds a valid North Carolina, NREMT or other State EMS Credential.
 - b. Held a North Carolina EMS Credential (EMR, EMT, AEMT or Paramedic) that has expired and qualifies for the reinstatement of a lapsed credential under 10A NCAC13P.0512.
2. If the competence of the student falls below the required level, the student should be encouraged to improve those skills before renewing their EMS credential. An educational institution is not required to enroll a student whose skills do not meet the required level. However, if the institution chooses to enroll students below these basic skill levels, it is the institution's responsibility to provide individual tutoring, provide remedial education, or require co-requisite course work to improve the student's basic reading comprehension and language skills prior to completion of the EMS refresher educational program.

SCOPE OF PRACTICE COMPONENT

The scope of practice performance evaluation is scenario-based and must be consistent with the requirements detailed in the OEMS *Technical Scope of Practice Performance Evaluations* document.

- For individuals completing a refresher course for the purpose of renewing an active and valid credential are not required to complete a Technical Scope of Practice
- For individuals completing a refresher course to reinstate an expired or amended credential shall successfully complete a level appropriate Technical Scope of Practice

EMS RECERTIFICATION AND REFRESHER EDUCATIONAL PROGRAM STRUCTURE

The following table outlines the EMS Refresher Program content. For this content to count towards Continuing Education or Renewal of a Credential, the Provider must be enrolled in an EMS Refresher Program that, at a minimum meets or exceeds their current Level of Credential. An EMR may enroll and complete an EMT-Refresher Course to satisfy the EMR CE requirements.

CLINICAL / FIELD INTERNSHIP EDUCATION COMPONENT

There are no clinical or field internship requirements for this program.

EMS RECERTIFICATION AND REFRESHER EDUCATIONAL PROGRAM SUMMARY

The following represents a summary of the required components and recommended minimum time requirements for the EMS refresher program:

National Requirements (NCCR) to include Local Continued Competency Requirements (LCCR)	EMR	EMT	AEMT	Paramedic
Airway, Respiration and Ventilation	3	10	10	12
Cardiovascular	6	12	18	23
Trauma - To include Pediatrics	2.5	8	13	14
Medical - To include Pediatrics	7.5	16	21	25
Operations	5	14	13	16
Individual Competency- Provider selects EMS-related education	8	20	25	30
Totals	32	80	100	120

REGISTRATION OF AN EMS REFRESHER EDUCATIONAL PROGRAM

To register an EMS Refresher program with the OEMS, the approved educational institution must submit an electronic request through Continuum/ESO a minimum of 28 days prior to the start of the class. Failure to submit the request a minimum of 28 days prior to the start of the class may result in denial of the course. **An electronic course outline including course dates, instructional objectives and hours of instruction will be required to be uploaded into the course request in Continuum. A copy of the course outline must be kept on file locally for compliance monitoring by the OEMS.** The Educational Institution will be required to ensure that all students are registered for the appropriate course in the Continuum/ESO no later than the 14th calendar day from the start of the class.

TECHNICAL SCOPE OF PRACTICE EVALUATION

As defined by 10A NCAC 13P .0502(a)(3), applicant for an initial EMS credential or reinstatement of a lapsed credential shall complete a technical scope of practice (TSOP) performance evaluation that **uses performance measures based on the cognitive, psychomotor, and affective educational objectives set forth in Rule .0501(b)**. The TSOP shall be consistent with their level of application, conducted by a Level I or Level II EMS Instructor credentialed at or above the level of application or under the direction of the primary credentialed EMS instructor or educational medical advisor for the approved educational program. A TSOP is valid for one calendar year from the date of completion.

For initial credentialing or reinstatement of a lapsed EMS credentials, the TSOP shall include skills taught in the educational curriculum. The instructor shall use the National Education Standards to develop scenarios for each required evaluation area.

PSYCHOMOTOR COMPETENCIES

While serving as **team leader**, and when given a standardized patient the student shall:

1. Choreograph the EMS response team.
 - a. Comply with infection control principles including appropriate use of personal protective equipment
2. Assess the standardized patient, verbalizing and documenting possible illnesses, injuries, etiologies and outcomes.
 - a. Ensure life threatening problems are recognized and prioritized before non-life-threatening problems.
3. Apply appropriate decisions relative to interventions and transportation.
 - a. Anticipate and recognize potential problems in the patient's condition and formulate, initiate, delegate, modify or request appropriate treatment.
 - b. Consistently initiate and perform appropriate treatment and skills without prompting.
4. Adapt to changes in environment, situation, and patient condition.
5. Provide a verbal and written patient care report.

REQUIRED PERFORMANCE EVALUATION

The educational program should prepare candidates to manage most any type of patient, the candidate must successfully perform the listed psychomotor competencies to satisfy the scope of practice evaluation required by Rule:

Required Psychomotor Competencies (for all levels)
Obstetric Delivery (Normal Newborn and Complicated Obstetric Delivery)
Cardiac (Pathologies, Arrest or Dysrhythmias)
Psychiatric/Behavioral
Medical Neurological
Distressed Neonate
General Medical
Respiratory
Trauma

REQUIRED DOCUMENTATION / EVALUATION SCORE SHEET

For TSOP evaluations performed in initial or refresher educational courses, the evaluator must utilize an evaluation sheet that thoroughly assesses the student's ability to meet the psychomotor competencies as outlined above. This document must be maintained with the student's records as verification of completion of the technical scope of practice evaluation as required by Rule.

SIMULATION GUIDELINES AND RECOMMENDATIONS

Shall follow the most current version of the CoAEMSP & NREMT Simulation Guidelines and Recommendations. This document may be located by visiting <https://coaemsp.org/resource-library#2>.

DOCUMENTATION RETENTION

The program must have a policy regarding maintenance of student and operational records. These would include student files, examination tools, admission criteria, any records of denied admission, counseling records, or student withdrawal/dismissal from the program. Records must be maintained for a minimum of four (4) years from the date the individual student's Credential is issued.

Documentation on file for each NCOEMS approved course must include the following:

- Course syllabus
- Course schedule
- Course entry requirements
- Master copies of all tests, quizzes, and graded assignments
- Completed attendance rosters
- Numbered TSOP scenarios and grading rubric
- Summary of student course evaluations
- Medical Advisor acknowledgement of course outcome
- Any other documentation deemed necessary according to the program's approved Education Plan

Documentation on file for each student must include the following:

- Verification that the student has met all course/program entry requirements
- Verification that the student has met all successful course completion requirements
- Verification that the student has completed driving course requirements (EMT students only)
- Student successfully completed the capstone cognitive examination
- The Terminal Competency Form
- Any other documentation deemed necessary according to the program's approved Education Plan

CHANGES TO PROGRAM

Once your program is approved, any changes of items contained in the "Education Plan" must follow the guidelines below:

- Key personnel changes (Medical Advisory, Program Coordinator/Director, etc.) must be submitted to the Regional Education Specialist within 10 business days of the change occurring. This may be accomplished by submitting an addendum to the Regional Education Specialist with supporting documentation.
- Changes to the policies, procedure, clinical/field contracts must be submitted to the Regional Education Specialist within 10 business days of the change occurring. This may be accomplished by submitting an addendum to the Regional Education Specialist with supporting documentation.

SATELLITE SITES

An approved program may apply to hold their courses at a different site. This site must be inspected to ensure the location meets the minimum required guidelines and the satellite locations possess the same or equivalent equipment to conduct Initial EMS Education. This shall be submitted to the Department at least 60 days prior to the proposed course start date.

DISTANCE LEARNING

Institutions offering any form of non-traditional classroom education must have a policy in place providing an explanation of how the program will hold their didactic lessons in a live or recorded format. The Department must have the ability to attend any classes. Application or schedule submissions must include the format used for distance learning and a link for the Department to attend a class. The instructor of the class must maintain an accurate attendance roster of those students who were in attendance for the entirety of the class.

FINAL COURSE AND INSTRUCTOR EVALUATIONS

It is crucial for program quality improvement purposes to be able to evaluate your course and your course instructors whether it is an initial education or continuing education course. Therefore, it is a requirement to submit a sample of your final course and course instructor evaluation for initial education. These records will be reviewed during your site evaluation.

TERMINOLOGY

The following is a partial list of key terms used in the delivery of an EMS Education Program.

Competent

Demonstrated characteristics of proven ability to perform consistently at an acceptable level.

Competency

The state of being competent.

Competency assessment

Measurements of progress related to knowledge, skills, and attitudes.

Competency evaluation process

Process to review a series of assessments that provide a body of evidence by the faculty, preceptors, Program Coordinator/Director, and Medical Advisor, to determine if the individual has demonstrated consistent performance at an acceptable level.

Fidelity

The degree to which the simulation replicates the real event and/or workplace; this includes physical, psychological, and environmental elements.

- High-fidelity healthcare simulation is any scenario that reproduces an actual patient scenario to a high level of realism inclusive of physical, environmental, psychological, and other components.
- Low-fidelity simulation may lack several components that make the scenario feel most like the real world.

Formative assessment

A type of assessment “wherein the facilitator’s focus is on the participant’s progress toward goal attainment through preset criteria; a process for an individual or group engaged in a simulation activity for the purpose of providing constructive feedback for that individual or group to improve”.

High-stakes assessment

A type of assessment (sometimes called an evaluation) “associated with a simulation activity that has a major academic, educational, or employment consequence (such as a grading decision, including pass or fail implications.”

Patient

An individual encountered in a clinical or field environment presenting with a potential medical condition.

Simulated patient

An individual who is trained to portray a real patient to simulate a set of symptoms or problems used for health care education, evaluation, and research.

Standardized patient

An individual trained to portray a patient with a specific condition in a realistic, standardized, and repeatable way and where portrayal/presentation varies based only on learner performance; this strict standardization of performance in a simulated session is what can distinguish standardized patients from simulated patients.

Summative assessment

A type of assessment (sometimes called an evaluation) “at the end of a learning period or at a discrete point in time in which participants are provided with feedback about their achievement of outcome through preset criteria;

a process for determining the competence of a participant engaged in healthcare activity. The assessment of achievement of outcome criteria may be associated with an assigned grade”.

Terminal competency

The candidate has successfully demonstrated consistent performance at an acceptable level as a minimally competent, entry-level, Paramedic as determined by the Program Coordinator/Director and Medical Advisor and is eligible for State and National Credentialing.

Selected excerpts from the [*Healthcare Simulation Dictionary, Second Edition \(2.1\)*](#) are attached to these *Simulation Guidelines and Recommendations* and are used with permission.

INTERPRETATIONS

High School Diploma or High School Equivalency

- Institutions presented with documents shall ensure their institutions advisors, counselors or registrar will accept as an equivalent (Home School, International schooling, etc.)
- Verification of same shall be placed into the students file acknowledging acceptance of same.

Placement Exams/Written Assessments

- Placement exams/written assessments required to meet the level specific pre-requisites shall be chosen by the educational institution and included within their OEMS Education Plan.
- Accepted scores that equate to the level specific pre-requisites shall be verified by institution staff qualified to make the determination.
- Placing individuals into college-level courses by high school grade point average is not acceptable and the use of a written assessment is required.

Traffic Incident Management for Emergency Responders

- OEMS will accept any official TIMS course

Emergency Vehicle Driving Program

- OEMS will accept any State or Nationally recognized emergency vehicle driving program, which includes a physical driving component utilizing a Type I, II or III ambulance
- Commonly accepted courses include and are not limited to: FIP-EVD, NAEMT EVOS, CEVO II, CEVO 3, VFIS EVDT, or NHTSA EVOC.

Clinical/Field

- Clinical areas may include Hospital Emergency Departments, Intensive Care Units, Operating Room/Recovery, Intravenous Team, Specialty Care Transport Units/Pediatric Unit, Labor/Delivery Unit, Psychiatric Unit/Crisis Center, Skilled Nursing Facilities, County Health Department/ Home Health Care, Physician's Office/Immediate or Urgent Care and any other medical facility (Non-Traditional Practice Setting) deemed appropriate by the Educational Medical Advisor and endorsed by the Program Advisory Committee.
- Field education must be conducted under the direct supervision of approved preceptors (Recommend not more than 4 preceptors be assigned to any one student in accordance with the Educational Institutions established preceptor guidelines.
- Field internship must be performed with an EMS provider at or above the level of enrolled course. Skills/time completed with an EMS provider lower than the level of enrolled course, shall not be allowed. If an institution or student allows such time or skills to be credited, then the institution and student will have a complaint filed with the OEMS Compliance section for falsification of documentation.

Capstone

- The capstone field internship shall allow students to assess and manage patients in the pre-hospital environment where he/she will progress to the role of Team Leader.
- Each program is required to define Team Lead and document it in the program materials.
- Capstone field internship team leads cannot be accomplished with simulation.

SUGGESTED BEST PRACTICES

This is a general checklist of activities to accomplish before, during, and after an EMS course.

+ 120 days/4 months out

- Course publicized in college/agency catalog/website.
- Arrange any prerequisite courses that will be required.
- Ensure the college bookstore orders the correct and current student materials.
- Ensure classroom/lab rooms are scheduled.
- Ensure clinical/field experience sites contracts are established/renewed.
- Screen applicant application packets.
- Schedule entrance exam dates.
- Administer entrance exams.
- Schedule interviews date(s) with interview panel members and set a location.
- Notify applicants of interview appointment date/time/location/expectations of interview.
- Interview applicants, then score and choose students plus alternates.
- Notify applicants of interview panel decisions.
- Send letter of instruction/welcome letter to students with any information needed before first day of class, to include immunizations needed, etc.
- Do or get copy of background check on students.

120 days/4 months out

Review +120 days out list and accomplish anything left undone.

90 days/3 months out

Review +120 days out list and accomplish anything left undone.

- Secure lead instructor, evaluators, guest instructors, lab assistants' commitment.
- Make out course schedule.
- Make instructor, evaluator, etc. assignments.
- Submit course into Continuum and upload schedule.
- Inventory supplies and equipment on hand.
- Order any needed supplies and equipment.

60 days/2 months out

Review +120 days out list and accomplish anything left undone.

Review 90 days out list and accomplish anything left undone.

- Establish written policies and collect contents for student handbook.
- Make out reading assignments list for handbook.
- Send student handbook contents to the printer for assembly.
- Contact clinical/field rotation sites to set date(s) for preceptor/supervisor orientation.
- Visit clinical/field rotation sites to deliver preceptor/supervisor orientation.
- Review schedule and verify commitment with evaluators, guest instructors, lab assistants.
- Have a course faculty team meeting to ensure all are on the same page (i.e., if a student goes to one instructor and says "Yeah, but that other instructor said something different!" there is a plan to do a check-back with that instructor to ensure semantics are not an issue).
- Send lesson plans, instructor resources, PowerPoint presentations to respective instructor.
- Check on supply and equipment orders to ensure they come in.
- Check on sources for lab "patients."
- Send any course materials to printer (outlines, handouts, skill sheets, clinical/field forms, etc.).

30 days/1 month out

Review +120 days out list and accomplish anything left undone.

Review 90 days out list and accomplish anything left undone.

Review 60 days out list and accomplish anything left undone.

___ Contact clinical/field rotation sites to set date(s) for rotations.

___ Review student handbooks to ensure everything is there and add anything that is not.

___ Make out quizzes and exams and do item analysis to cross-reference in course materials.

___ Contact lab “patients” to commit to dates/times, and ensure they know roles.

___ Test all course mannequins and equipment to ensure everything is intact/functional.

___ Review for accuracy any course material sent to printer.

___ Send a second letter of instruction/welcome letter to students with any updated information needed before the first day of class, to include immunizations needed, course instructor contacts, etc.

___ Reconfirm classroom/lab rooms are scheduled.

___ Reconfirm all supplies/equipment that were ordered have arrived.

___ O² tanks full?

___ Check that all computer/AV equipment is operable.

___ Make a grade book or rosters to take attendance each day.

___ Make a grade book or spreadsheet, etc. to record all quiz/test scores.

___ Make file folder(s) for each student’s quizzes, tests, clinical/field rotation forms, skill sheets, etc. (Six-part folders work great for this)

___ Confirm Pre-requisites have been met and documented.

14 days/2 weeks out

___ Review +120 days out list and accomplish anything left undone.

___ Review 90 days out list and accomplish anything left undone.

___ Review 60 days out list and accomplish anything left undone.

___ Review 30 days out list and accomplish anything left undone.

___ Review schedule and verify commitment with evaluators, all instructors, lab assistants.

7 days/1 week out

___ Review +120 days out list and accomplish anything left undone.

___ Review 90 days out list and accomplish anything left undone.

___ Review 60 days out list and accomplish anything left undone.

___ Review 30 days out list and accomplish anything left undone.

___ Review 14 days out list and accomplish anything left undone.

___ Confirm lab “patients” to commit to dates/times, and ensure they know roles and what to wear, etc.

___ Get classroom/lab room keys if not done already.

___ Coffee pot/supplies and water on hand for breaks?

___ Post policies, procedures, to classroom bulletin board.

1 day out

___ Review +120 days out list and accomplish anything left undone.

___ Review 90 days out list and accomplish anything left undone.

___ Review 60 days out list and accomplish anything left undone.

___ Review 30 days out list and accomplish anything left undone.

___ Review 14 days out list and accomplish anything left undone.

___ Review 7 days out list and accomplish anything left undone.

___ Do a walk-through of the next day.

___ Put first-day handouts/student handbooks in the classroom ready to go.

___ Ensure you have all check-in checklists, etc. in the classroom.

- ___ Ensure you have a grade book/rosters ready to take attendance each day.
- ___ Ensure you have a spreadsheet, etc. to record all quiz/test scores.
- ___ Confirm clinical/field rotation sites date(s) for rotations.

First day of class

- ___ Dress as a role model for your students to emulate as a professional.
- ___ Arrive at the classroom at least an hour before class starts to ensure there are no surprises.
- ___ Do you need to post directional signs to help your students find your classroom?
- ___ Start class on time as this will set the tone for on-time expectations.
- ___ Take roll/ have students sign in on roster for the day.
- ___ Counsel any student who arrived on day 1 unprepared; this sets the tone for expectations to be met.
- ___ Hand out the student handbooks (digital or hard copy) and go over the contents.
- ___ Review policies.

During Course Activities

- ___ Confirm clinical/field rotations, schedule/reschedule as necessary.
- ___ Collect and review every clinical/field rotation evaluation and PCR.
- ___ Verify each student's completion of each clinical/field contact/rotation.
- ___ File clinical/field forms into the student's file folder.
- ___ File every quiz/test/skill evaluation sheet into student's file folder.
- ___ Update course grade book/spreadsheet at least weekly regarding quiz/test scores, skills completed, clinical/field requirements met, attendance, etc.
- ___ Counsel student(s) who do not pass cognitive/psychomotor tests; remediate and reevaluate these students and file all documentation.
- ___ Counsel students on a module/quarterly basis regarding their status in the course. Make a schedule of these so students know they are expected whether they are doing well or struggling.
- ___ Conduct regular student evaluations of the course –instructor, assistants, labs to get their input on what might assist them to improve the course.
- ___ Assign workbook/homework for every class to ensure they are reading ahead.
- ___ Administer surprise quizzes occasionally to ensure students are doing their reading assignments ahead of the class lecture. (Can use for extra credit points to reward them for reading)
- ___ Look over their workbooks/homework and provide input back to them immediately.
- ___ Ensure students are using on-line assets to practice quizzes/tests in preparation of taking the NREMT computer exam.
- ___ Conduct scheduled quizzes on a frequent/regular basis to evaluate their cognitive retention.
- ___ Conduct scheduled skill labs on a frequent/regular basis to ensure the students have plenty of time to hone their psychomotor skills.
- ___ Contact and confirm lab assistants and “patients” throughout the course.
- ___ Contact and confirm evaluators for end-of-course skills and TSOP exams.

>14 days/2 weeks out from end of course

- ___ Review students' file folders to ensure all course completion requirements are progressing satisfactorily.
- ___ If any AEMT/Paramedic student has not completed clinical/field requirements, request a course extension.

Last week of course

- ___ Go over students' file folders to ensure all course completion requirements are progressing satisfactorily.
- ___ Complete course completion certificates/letters to have ready for students who pass.

___ Copy course completion certificates/letters to be ready to put into students' files who pass.

Last day(s) of course

___ Conduct final student evaluations of the course –instructors, assistants, guest instructors, labs, to get their input to improve the course conduct in the future.

___ Ensure all students who did not pass have a date for counseling/remediation/reevaluation.

___ Ensure all students who have not completed clinical/field requirements are counseled and have a plan to complete requirements.

Days after course completion

___ Assist all students who have remaining requirements to accomplish them.

___ Close out student file folders and ensure institution gets them to file.

___ Send letters of appreciation to clinical/field site preceptors.

___ Inventory supplies/equipment.

___ Return any borrowed supplies/equipment.

___ Send any equipment in for repair that needs it, or order replacement as needed.