pennsylvania
DEPARTMENT OF HEALTH

EMS Education Institute Accreditation Application

☐ INITIAL ACCREDITATION   ☐ RE-ACCREDITATION

I.   LEVEL OF ACCREDITATION:
☐ Basic Life Support   ☐ Advanced Life Support   ☐ Both

II.   SPONSORSHIP:

Name of Applicant/Institution:	EMS Education Institute State Issued Number:
Address	
City / State / Zip Code	
CAAHEP/CoAEMSP Number (ALS Institutions Only):	
Contact Person:	Title:
Phone Number:	Alternate Phone Number:
Email:	Website:
Number of training sites:	Regional EMS Council (for geographic area):

Is the institution an accredited educational facility by the PA Dept. of Education?
☐ Yes   ☐ No

If no, provide signed letter(s) of agreement for affiliation with Educational facility.
☐ Attached

If your EMS Education Institute is an accredited educational facility and/or is an CAAHEP/CoAEMSP accredited institute, provide documentation of the accreditation.
☐ Attached

III. PERSONNEL:

Provide the name, address, and telephone number for the following administrative personnel and attach letter of acceptance and curriculum vitae:

Administrative/Program Director:

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

Medical Director:

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

Clinical /Course/ Coordinator: *add additional pages if you need to for multiple persons with this title.*

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

Attach a list of faculty, such as course coordinators, counselors, instructors (both Primary and Lab), etc. Include name, address, telephone number resume/curriculum vitae and credentials (certifications, special qualifications, degrees, etc.)   ☐   Attached

IV. FACILITIES:

Educational Facilities –
Provide a list of educational facilities used for EMS courses. Include facility name(s), address, contact person(s), email address(es) and telephone number(s).

Attach letters of agreement signed by both parties, for use of the facility.

☐ Attached

Clinical Facilities –
Provide a list of clinical facilities used for EMS courses. Include facility name, address, contact person(s), email address(es) and telephone numbers. Also provide a list of approved preceptors for the facilities which includes name, address, telephone number and credentials (certification, license, etc.)

Attach letters of agreement signed by both parties, for use of the facilities.

☐ Attached

Field Affiliations –
Provide a list of field affiliations used for EMS courses.
Include EMS service name, address, contact person(s), email address (es), telephone numbers, and the name of the Medical Director. Also provide a list of approved preceptors for the facility which includes name, address, telephone number and credentials (certification, license, etc.)

Attach letters of agreement for use of the facility. Letters must be signed by the person or persons with this authority at the organization.

☐ Attached

V. EQUIPMENT:

Provide an inventory (to include the number and type of equipment) for all sites and letter of agreement for equipment to be used. Equipment is the responsibility of the EMS Education Institute; if equipment is shared an inventory list must accompany this with a letter of agreement from both parties.

☐ Attached

VI. OPERATIONAL DOCUMENTS

Please check the following and attach copies of each document:

☐ Statement of compliance with the National Education Standards and/or Pennsylvania Department of Health, Bureau of EMS approved courses.

☐ Written competencies for successful completion of course(s), including didactic, clinical/field and psychomotor skills

☐ Statement of compliance with the Pennsylvania Department of Health Accreditation, EMS Education Training and Certification Overview.

Operation Documents (Continued)

☐ Non-discrimination policy, which must include:
  - ○ student selection process and
  - ○ pre-testing requirements

Record maintenance policy, which must include type of records maintained, location, security and achieving policy.

College credit policy available for each course (if available)

For Reaccreditation only, course offerings, enrollment per class and pass/fail rates per class for previous three years.

The following documents must be on file and available upon request:

☐ Quality Assurance Program for educational programs at each certification level.

Course Administration Policies, which includes:

☐ ADA Accommodations policy

☐ Advisory Committee - must include the names and titles of the members

☐ Attendance policy

☐ Class size (both minimum and maximum numbers of students)

☐ Counseling policy-to include contact information of how to initiate counseling

☐ Course schedule - for each course

☐ Course syllabus-per certification level

☐ Course Objectives, competencies and description of course goals

☐ Dismissal policy

☐ Harassment policy

☐ Grievance policy and procedure

☐ Insurance verification for the liability of the Instructors and Institution

☐ Key Personnel policy (EMS Edu. Institute must agree to notify EMS RC in writing, of changes within 30 days)

☐ Rules of Conduct

☐ Student rights and responsibilities

12/2012

Course Administration Policies (Continued):

☐ Successful completion criteria

☐ Student Records and files (must have all PA DOH, BEMS completed forms)

☐ Cost by the student, per certification level

☐ Quality Assurance and Review Process to include student evaluations of the program

VII. VERIFICATION:

I hereby verify that the information provided in this application is true and correct to the best of my knowledge, information and belief. I further acknowledge that I am on notice of the fact that this information will be relied upon by a public official to perform official functions. I further acknowledge that I am aware that false statements, which are made herein, are punishable under the Pennsylvania Crimes Code.

Signature of Chief Executive Officer of Applicant:	Date
Signature of Administrative Director:	Date
Signature of Medical Director:	Date:

Regional Office Use Only	BEMS Office Use Only
Date Received:	Date Received:
Date Reviewed:	Accreditation Date:
Reviewed By:	Accreditation Number:
Inspection Date:	

12/2012