

Alabama Department of Public Health- ADPH

Office of Emergency Medical Services- OEMS



ADVANCED EMT Course Standards

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Alabama Department of Public Health- ADPH

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ADVANCED EMT Course Standards

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ADVANCED EMT Course Standards

Introduction

An Advanced EMT (AEMT) course may be taught outside of the traditional college setting if the course sponsor receives approval from the ADPH Office of EMS (OEMS). The approval process is based on national guidelines to ensure that successful AEMT course completion will allow the student to take the National Registry AEMT exam with a reasonable expectation of passing.

The approval process for non-collegiate course sponsors consists of obtaining this approval process document, completing all the requirements therein, and submitting the documentation for approval. Once all the requirements have been completed, an inspection will be performed by the Regional agency. Upon successful completion of application, the Regional agency will notify the OEMS for final course approval.

The AEMT Course Standards establishes a process which must be followed, before and after course approval, in order for the course candidates to sit for the National Registry exam. Failure by the course coordinator to complete all the requirements set forth by these standards will place the course in review and subject to being deemed invalid and ineligible for National Registry testing.

Birmingham Regional Emergency Medical Services System (BREMSS) is the Regional agency for courses held in any of the following counties: Blount, Chilton, Jefferson, Shelby, St. Clair, Walker, and Winston.



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I. AEMT Course Components

The following standards define the minimum components necessary to conduct an Advanced Emergency Medical Technician (AEMT) education course:

A. Course Sponsor

Each OEMS approved course must be conducted by a sponsoring entity. Sponsoring entities are:

1. Accredited educational institution, or
2. Public safety organization, or
3. Accredited hospital, clinic, or medical center, or
4. Other State approved institution or organization

B. Sponsor Responsibilities

Responsibilities of the sponsoring entity include, but might not be limited to:

1. Ensure compliance with the standards listed within this document,
2. Submission of all forms for clinical and internship agreements with facilities and/or EMS agencies appropriate for the specific curriculum clinical objectives,
3. Ensure that all students are provided a course of AEMT study consistent with the curriculum approved by the National Registry and the standards established within this document,
4. Provide all requested information and documents using the outlines, time schedules, and documents provided in these standards,
5. Assumption of the risks and liabilities associated with the presentation of the education program, and
6. Provide all AEMT course records, in accordance with this document, to regional office for archive.

C. Course Approval Requirements

All courses approved by the OEMS will have the following:

1. An AEMT course will have a designated Course Coordinator. The primary instructor may serve as the Course Coordinator. Course Coordinator Responsibilities:
 - a) Serve as the primary contact for the OEMS and Regional EMS agency,
 - b) Represent the sponsoring entity and provide all administrative oversight,
 - c) Provide the educational resources necessary for teaching all of the AEMT course objectives,
 - d) Ensure compliance with all administrative and educational standards listed in this document,
 - e) Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught,
 - f) Schedule and coordinate all of the educational components,
 - g) Develop, maintain and ensure all course policies and procedures are followed, to include:
 - i. Pass/Fail criteria
 - ii. Skill proficiency, and
 - iii. Attendance requirements.
 - h) Maintenance of student files documenting individual progress and eligibility for enrollment, completion and exams,
 - i) Complete, record, submit, and maintain all course documentation described in this document, and
 - j) Work with Regional EMS agency to insure that all data necessary for registration of the course and students with NREMT is available.

I. AEMT Course Components (continued)

2. The AEMT course will have a designated primary instructor and sufficient secondary or skill instructors (approved for the level of course conducted) to ensure no greater than a six to one (6:1) student to instructor ratio for psychomotor portions of the course.
 - a) Primary instructor (PI) responsibilities include:
 - i. Delivery of appropriate classroom and skills lessons,
 - ii. Providing continuity of qualified and experienced instruction by providing a minimum of 75% of classroom content,
 - iii. Providing physical oversight for 75% of all skills lessons and practice sessions,
 - iv. Reviewing and monitoring of all secondary instructors and guest lecturers to ensure compliance with the course objectives,
 - v. Orient all guest lecturers, clinical preceptors and field internship preceptors to the specific course objectives,
 - vi. Orient all students to the ADPH OEMS licensing procedures and patient care protocols,
 - vii. Evaluation of student performance and competency during didactic education, clinical rotations and field internships, and
 - viii. Documentation of student attendance, performance and competency.
 - ix. Meeting the primary instructor qualifications.
 - b) Secondary Instructor responsibilities include:
 - i. Assisting PI with training of students in skill objectives,
 - ii. Assisting PI with valuation of student performance and competency,
 - iii. Assisting PI with documentation of student performance and competency, and
 - iv. Assisting the PI as directed.
 - v. Meeting the secondary instructor qualifications.
3. The AEMT course will have medical direction oversight.
 - a) Physician must meet offline medical director criteria
 - b) Physician provides medical oversight for all medical aspects of instruction

D. Equipment

The AEMT students will have access to all equipment and educational aids necessary to learn, practice, and test all objectives of the national AEMT curricula.

E. Facilities

Classrooms used for the course are required to be conducive to learning as defined in the curriculum.

F. Clinical Sites

All clinical facilities are required to be compatible with and appropriate for the objectives of the specific curriculum. The sponsoring entity is responsible for securing and maintaining written agreements with clinical facilities. Agreements will be course specific and limited to one year.

G. Course Oversight

All courses must be:

1. Conducted in alignment with ADPH OEMS patient care protocols.
2. Approved by the ADPH OEMS with oversight provided by the regional EMS office.

II. AEMT Course Administrative Requirements

To receive AEMT course approval from the OEMS, all AEMT courses must be compliant with the administrative requirements described in this section. The course coordinator holds the responsibility for ensuring full compliance with these requirements.

- A. All AEMT courses require application and course approval prior to conducting the education.
 1. AEMT Course application packages are available and approved through the regional EMS office.
 2. AEMT Course application packages receive approval and numbering by the ADPH OEMS.
 3. AEMT Course approval number will be referenced on all course forms, documents, and correspondence.
- B. The AEMT Course Coordinator is responsible for submission of all AEMT course approval documentation to the regional EMS agency.
- C. The AEMT course approval process should begin at least five (5) weeks prior to the first day of class. This will allow enough time to submit the required documents, complete a site evaluation, receive certification, and receive final approval from ADPH. If all documentation is completed and ready for submission, a shorter approval process may be granted by OEMS.
- D. The AEMT course application initial paperwork should be received by the regional EMS office five (5) weeks prior to the first day of class unless a shorter time has been approved. The initial paperwork:
 1. Verification Flow Sheet (Step 1 of 5)- sets dates for course and provides check list for initial paperwork.
 2. AEMT Course Application (Forms A1 and A1-A)- provides the regional EMS office and OEMS with course, instructor, clinical sites, and course Medical Director demographics.
 3. AEMT Course Instructor Information (Form A2)- provides instructor designation and qualifications. A separate form must be completed for each lead and secondary instructor(s), each skills practice instructor, and CPR instructor(s).
 4. AEMT Course Schedule (Form A3)- provides the regional EMS office and OEMS with instructor assignments and a detailed description of how the national scope material for AEMT will be covered throughout the course. The schedule should show material to be covered each class. All classroom, clinical, and field hours with corresponding dates and times must be listed. The schedule form is created by the AEMT program. Instructions and an example are provided on Form A3 of this standard.
 5. AEMT Course Equipment List (Form A4)- describes the minimal equipment necessary for the course will be available. The list is based on Alabama State EMS Rules and the National Scope of Practice. Any equipment, which will be obtained/borrowed/leased from any agency/person other than the sponsor, should be listed in a letter of agreement from each agency and must be attached.
 6. Hospital Affiliation Agreement (Form C1)- provides the regional EMS office and OEMS with an agreement between the sponsor and any hospital providing clinical experience as a part of the AEMT course. All clinical experience must be provided by a hospital in the state of Alabama. Any documentation required of the sponsor by the hospital (such as proof of HBV vaccination and malpractice liability insurance) must be attached to the form. A separate agreement (Form C1) is required for each participating hospital.
 7. Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form C2)- provides the regional EMS office and OEMS with an agreement between the sponsor and any EMS agency providing field experience as a part of the AEMT course. All field experience must be provided by an EMS agency operating in the state of Alabama. Any documentation required of the sponsor by the EMS agency must be attached to the form. A separate agreement (Form C2) is required for each participating EMS agency.

II. AEMT Course Administrative Requirements (continued)

8. AEMT students must receive a copy of the AEMT course guidelines, attendance policy, dress code, course objectives, grading method and scale, and instructor contact information. A copy of this material should be provided in the course initial paperwork. (Verification Flow Sheet- Step 1 of 5)
 9. At a minimum, skills sheets must be used for verifying AEMT skills. Skill sheets must meet National Registry requirements. A copy of these sheets, along with any other skills sheets that might be used, should be provided in the course initial paperwork.
- E. A preliminary AEMT course student roster is due one week prior to the first course date. Verification Flow Sheet (Step 2 of 5) provides a check list for all of the required roster information.
1. Roster must have AEMT course sponsoring agency, course coordinator, primary instructor, course location, and course starting and ending dates listed in header.
 2. Roster must show student first and last name, middle initial, address, and phone number.
 3. A place to write the date received by regional EMS office and the approved course number should be provided on the roster.
- F. On first course date- AEMT students must receive a copy of the AEMT course guidelines, attendance policy, dress code, course objectives, grading method and scale, and instructor contact information. (A copy of this material should have been provided in the course initial paperwork.)
- G. On first course date- AEMT students must receive a Student Application Packet (B-Forms). Students should be given adequate time to complete forms. All B-Forms are due at the regional EMS office within ten (10) business days of the first course date. (Verification Form Step 3 of 5)
1. AEMT Student Registration (Form B1)- provides the regional EMS office and OEMS with student information and demographics as well as assurance that course fees, course accreditation, college credit, and Advanced-EMT eligibility has been discussed. A copy of provided college information sheets should be attached to the B1 form.
 2. Confidentiality Briefing Statement (Form B2)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she understands and agrees to the confidentiality requirements for AEMT students.
 3. Release of Liability (Form B3)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she understands the risks of exposure to blood and/or other potentially infectious materials and that these risks include potentially lethal viruses such as hepatitis and HIV.
 4. Background Screening Policy (Form B4-A)- AEMT students must understand that if any clinical or field sessions are included as elements of their AEMT course, that agencies providing the clinical or field sites may require background screening. This policy outlines the requirements, procedure, and confidentiality of background screening.
 5. Background Screening Participation (Form B4-B)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she accepts the conditions of the Background Screening Policy should a clinical or field agency have such a requirement.
 6. Drug Screen Policy (Form B5-A)- AEMT students must understand that if any clinical or field sessions are included as elements of their AEMT course, that agencies providing the clinical or field sites may require drug screening. This policy outlines the requirements, procedure, and confidentiality of background screening.

II. AEMT Course Administrative Requirements (continued)

7. Drug Screen Participation (Form B5-B)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she accepts the conditions of the Drug Screening Policy should a clinical or field agency have such a requirement.
- H. Changes to an approved course must meet ADPH OEMS standards and require written notification to the regional EMS office within five (5) days. Additional documentation may be required. Changes that require notification are listed below. Contact regional EMS office if other changes arise.
 1. Course Coordinator, any instructor, physician
 2. Course beginning or ending dates, classroom dates, classroom hours
- I. Instructor Requirements are defined below and are listed on the Instructor Information form A2:
 1. AEMT Course Primary Instructor
 - a. Alabama licensed Paramedic
 - b. Must have an instructor certification from a recognized organization such as Department of Transformation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, or the National Association of EMS Educators (NASEMSE).
 - c. Must have a minimum of five (5) years field experience.
 2. AEMT Course Secondary Instructor
 - a. Alabama licensed AEMT
 - b. Must have an instructor certification from a recognized organization such as Department of Transformation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, or the National Association of EMS Educators (NASEMSE).
 - c. Must have a minimum of three (3) years field experience.
 3. AEMT Course Assistant, AEMT Skills Assistant, or other Instructor
 - a. Alabama AEMT (minimum) with pre-hospital field experience
 - b. Nurse with pre-hospital field experience
 4. CPR Instructor
Certified to teach Healthcare Provider level by AHA, ASHI, American Red Cross, or equivalent.
 5. Special Presenter or Speaker
 - a. Recognized as having superior skill and/or knowledge of the presented material.
 - b. Primary or secondary instructor must be in attendance during presentation or skills.
- J. Upon completion of the AEMT course, the course coordinator will provide:
 1. A detailed final AEMT course student roster provided to regional EMS office within ten (10) days of last course date, and at least every two weeks until all student dispositions are declared PASS or FAIL:
 - a. Roster must show AEMT course sponsor, course coordinator, primary instructor, course location, and course starting and ending dates listed in header.
 - b. All students listed on the preliminary AEMT course roster must also be listed on the final AEMT course roster with end of course disposition appropriately noted.
 - c. The final roster must provide the following information for each student:
 - i. First and last name
 - ii. Social Security Number (for National Registry)
 - iii. AEMT Course disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - iv. National Registry Skills disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - v. Clinical Rotation disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - vi. A place to write the date received by regional EMS office and the approved course number should be provided on the roster.

II. AEMT Course Administrative Requirements (continued)

Part J Continued-

2. A copy of each student's course completion document for all students who successfully complete the educational program. The course completion document will include the following:
 - a. Type of course (AEMT),
 - b. Name of the sponsoring entity,
 - c. Location of AEMT course
 - d. The full legal name of the student,
 - e. Course completion date,
 - f. The ADPH OEMS AEMT course approval number,
 - g. Printed name and signature of the course coordinator,
 - h. Printed name and signature of the primary instructor.
 3. Completed National Registry skills verification sheets.
- K. The regional EMS agency will maintain complete official course documentation in paper format for five (5) years from course completion, which includes:
1. Original course application as submitted to the regional EMS office,
 2. Course approval issued by the ADPH OEMS
 3. Documentation of student compliance with all required prerequisites for the level of the course
 4. AEMT course preliminary roster as submitted to the regional EMS office,
 5. Final AEMT course schedule to include:
 - a. Documentation of canceled, modified or added classes, and
 - b. Dates, times, instructor and location changes.
 6. Class attendance roster for each session, to include:
 - a. The dates individual classes were held,
 - b. Lesson number(s),
 - c. Signatures of attending students, and Instructor(s),
 7. List of any make-up session(s) to include:
 - a. Session date(s),
 - b. Lesson plan objectives,
 - c. Verification of the accomplishment of objective(s) for each student participating, and
 - d. Instructor(s) signatures.
 8. Documentation of remediation conducted for any student who, by written examination or skill evaluation, failed to demonstrate achievement of an objective during regularly scheduled class time, to include:
 - a. The objective(s) being remediated,
 - b. Date of session(s),
 - c. An evaluation demonstrating achievement of the objective(s),
 - d. Student(s) and instructor(s) signature.

II. AEMT Course Administrative Requirements (continued)

Part K Continued-

9. Examinations, quizzes or evaluations administered during the course to include:
 - a. Student name,
 - b. Individual score,
 - c. Pass/fail criteria, and
 - d. Date administered
10. Individual skill evaluation(s) that document:
 - a. Student performance for each specific psychomotor objective contained in the curriculum,
 - b. Pass/fail criteria,
 - c. Student name and Individual score, and
 - d. Date administered
11. Written agreements with facilities utilized by the course for fulfillment of clinical and/or field internship objectives (Forms C1 and C2)
12. Documentation of the course physician approval of clinical preceptors and/or guest lecturers,
13. Documentation of clinical preceptor(s) orientation and student scope of practice,
14. Documentation demonstrating student achievement of all clinical and field internship objectives, including ten patient contacts (PCRs or equivalents)
15. Documentation recording the individual reasons that student(s) failed to complete the course of study.
16. Documentation should be provided in the order it is listed in this section.
17. If the sponsoring agency wishes to keep records, providing the regional EMS agency a paper copy of the documentation paperwork listed in this section is acceptable.

III. AEMT Course Quality Monitoring

The regional EMS office will monitor and evaluate approved AEMT courses for compliance with ADPH OEMS AEMT course standards. To ensure compliance, the regional EMS office may audit any or all course records at any time.

- A. Audits/evaluations may include but are not limited to the following:
 - 1. Sponsoring entity compliance with the educational standards,
 - 2. Course coordinator compliance with educational standards,
 - 3. Instructor performance evaluated by:
 - a. Students, using an evaluation tool provided by the ADPH OEMS or regional EMS office, and/or
 - b. Review of student performance on National Registry examinations or other course examinations.
 - 4. Course physician compliance with educational standards,
 - 5. A review of clinical sites and documentation demonstrating student achievement of clinical objectives, including the required number of patient encounters,
 - 6. Appropriateness of clinical sites relative to the curricula,
 - 7. Inspection of the educational facility for compliance with educational standards,
 - 8. Inspection of educational equipment and training aids for suitability to the curricula, and
 - 9. A formal audit of any or all records for compliance with the educational standards.
- B. The regional EMS office may make summaries of education program findings, including National Registry testing outcomes, available to licensed EMS services, organizations sponsoring EMS educational programs, and individuals interested in historical course performance when considering attendance.
- C. The regional EMS office is authorized to enter the training facility at reasonable times, for the purpose of assuring that the training program meets or exceeds the provisions of rule and standards.
- D. Planned Site Visits:
 - 1. Required for:
 - a. A new sponsoring entity, or a new course location, and
 - b. All sponsoring entities once each year
 - 2. Consists of assuring compliance with standards for:
 - a. Facilities, Equipment
 - b. Curriculum, Processes
 - c. Physician, Instructors, Course coordinator
- E. Unplanned Site Visits:
 - 1. Due to complaints or compliance questions, and
 - 2. Consists of assuring compliance with standards for:
 - a. Facilities, Equipment
 - b. Curriculum, Processes
 - c. Instructors
- F. The regional EMS office must be able to attest to course completion, skills competency, and CPR competency for National Registry acceptance. ***The following information is required prior to any students receiving approval for National Registry testing:***
 - 1. Copies of all required AEMT course documents, paperwork, and rosters.
 - 2. Copies of all student National Registry Skills verification forms
 - a. Each skills sheet must be timed, scored, and signed by evaluator
 - b. There must be a complete set of skills sheets for each student
 - c. Failures must be explained and documented on skills sheet
 - 3. Copies of AEMT course completion certificates and CPR cards for each student.

AEMT Course Application

(OEMS Course Approval Number: _____)

Form A1

Sponsor Agency Name: _____ Course start date: _____

Mailing Address: _____

City _____ State _____ Zip _____ Estimated Number of Students: _____

Course Coordinator: _____ Phone: _____

Email: _____

- Type of Sponsorship: (Check One)
- Accredited educational institution, or
 - Public safety organization, or
 - Accredited hospital, clinic, or medical center, or
 - Other State approved institution or organization

Is the training program a for-profit business? No Yes, name: _____

Identify type and amount of all fees associated with AEMT course:

- Tuition, amount: _____ Required? Yes No, but recommended
- Book(s) and/or workbook(s), total amount: _____ Required? Yes No, but recommended
- Supplies, total amount: _____ Required? Yes No, but recommended (Provide supply list on line below)

- Lab fee (hospital), amount: _____ Required? Yes No, but recommended
- Lab fee (ambulance), amount: _____ Required? Yes No, but recommended
- Uniform, amount: _____ Required? Yes No, but recommended
- Other amount: _____ Required? Yes No, but recommended (Provide list on line below)

Total Required Cost for AEMT course (per student): _____

Does program have a business license as required by law? Yes (Attach copy of required license(s)) No N/A

Is Training Program Accredited for teaching AEMT classes? Yes (Attach Accreditation Documentation) No

Will completion of AEMT class provide transferrable college credit? Yes No Unknown

Will completion of AEMT class allow student to attend AEMT- Advanced at an accredited college? Yes No Unknown

Student candidates have a right to be informed about the AEMT Program's standing in the community. Student candidates must receive a written explanation of the training program's accreditation and college credit information prior to the beginning of the course. Information must include, as a minimum, explanation of current training program accreditation status, eligibility of college credit, eligibility to attend AEMT- Advanced courses, and contact information for two (2) nearby accredited college AEMT programs. A copy of the information provided to the student candidate must be attached. **PAPERWORK VERIFIED (ATTACH TO A1)**

HIPPA education must be provided to each student by the training program. Training should include a confidentiality form, for and signed by each student, acknowledging that the student understands current HIPPA rules. **FORM VERIFIED (ATTACH TO A1)**

(Form Continues- See Reverse Side)

AEMT Course Application

Form A1 Reverse

Course Location (Facility Name): _____

Course Location (Address): _____

City _____ State _____ Zip _____ Room Number: _____

Course Coordinator: _____ Phone: _____

Primary Instructor: _____ Phone: _____

Secondary Instructor: _____ Phone: _____

Other Instructor: _____ Phone: _____

Other Instructor: _____ Phone: _____

Other Instructor: _____ Phone: _____

Clinical Coordinator: _____ Phone: _____

**Each instructor/skills assistant/coordinator must complete a separate AEMT Course Instructor Information Form A2.
Medical Director must meet Alabama Offline Medical Director Criteria.**

Medical Director _____ MCP ID: _____ Phone: _____

Email Address: _____ Hours To Teach: _____ (4)

Date Course Begins: _____ Date Course Ends: _____

Days and Times Class Meetings: _____

Text Book Required (Name, Edition, Author): _____

Workbook Required (Name, Edition, Author): _____ No Workbook

Total Hours Classroom: _____ (128 MIN), Clinical hours: _____ (36 MIN), Field Instruction Hours: _____ (36 MIN)

Clinical site information is provided on Clinical Site(s) Information Form A1-A.

Registration Form A1 should be submitted to BREMSS five (5) weeks prior to the course start date.

PROCESS DATES (For BREMSS Use)

Received _____ Date Approved _____ To ADPH OEMS&T _____

HOSPITAL SITES

Clinical Affiliation– Hospital 1*

Name		
Address	City	Zip
Department		Total Hours
Clinical Contact Name	Phone	
Clinical Contact Email		

*** Hospital must be located in Alabama.**

Clinical Affiliation– Hospital 2*

Name		
Address	City	Zip
Department		Total Hours
Clinical Contact Name	Phone	
Clinical Contact Email		

*** Hospital must be located in Alabama.**

EMS AGENCY SITES

Clinical Affiliation– Ambulance Transport/ EMS Providing Agency 1*

Name		
Address	City	Zip
Type of Response Unit	Total Hours	
Clinical Contact Name	Phone	
Clinical Contact Email		

*** Ambulance Transport/ EMS Providing Agency must be located in Alabama.**

Clinical Affiliation– Ambulance Transport/ EMS Providing Agency 2*

Name		
Address	City	Zip
Type of Response Unit	Total Hours	
Clinical Contact Name	Phone	
Clinical Contact Email		

Registration Form A1-A should be submitted with Form A1.

PROCESS DATES (For BREMSS Use)

Received _____ Date Approved _____ To ADPH OEMS&T _____

OEMS Course Approval Number: _____

AEMT Instructor Information

(OEMS Course Approval Number: _____)

Form A2

Last Name: _____ First Name: _____ MI: _____

Home Address _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Primary Instructor- Requirements: Alabama Paramedic license, Instructor certification, Minimum of five years field experience.

Secondary Instructor- Requirements: Same as Primary Instructor

CPR Instructor- Certified to teach Healthcare Provider level by AHA, ASHI, American Red Cross, or equivalent.

Skills Assistant **Clinical Coordinator** **Other Presenter or Speaker:** _____

Alabama Healthcare Certification Level (Must provide a copy of the certificate):

Paramedic Intermediate EMT Advanced EMT RN License No. _____

Primary and Secondary Instructor Certification (Must provide a copy of the certificate):

DOD DOT Alabama Fire College NAEMSE Other: _____

Education Certifications (Must provide copies of certificates):

ACLS ITLS PALS PHTLS AMLS OTHERS: _____

Pre-Hospital Care (Field) Experience

Agency	City	Contact Number	Years On Ambulance	Years Responding

Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Email: _____

Training Program Affiliation: _____

Required documents attached: Healthcare Certification Level Instructor Certification Education Certifications

EVERY PARTICIPATING INSTRUCTOR AND SKILLS ASSISTANT MUST SUBMIT FORM A2

The regional EMS office and OEMS must to be able to verify that the course is well organized and that the minimum required material is provided.

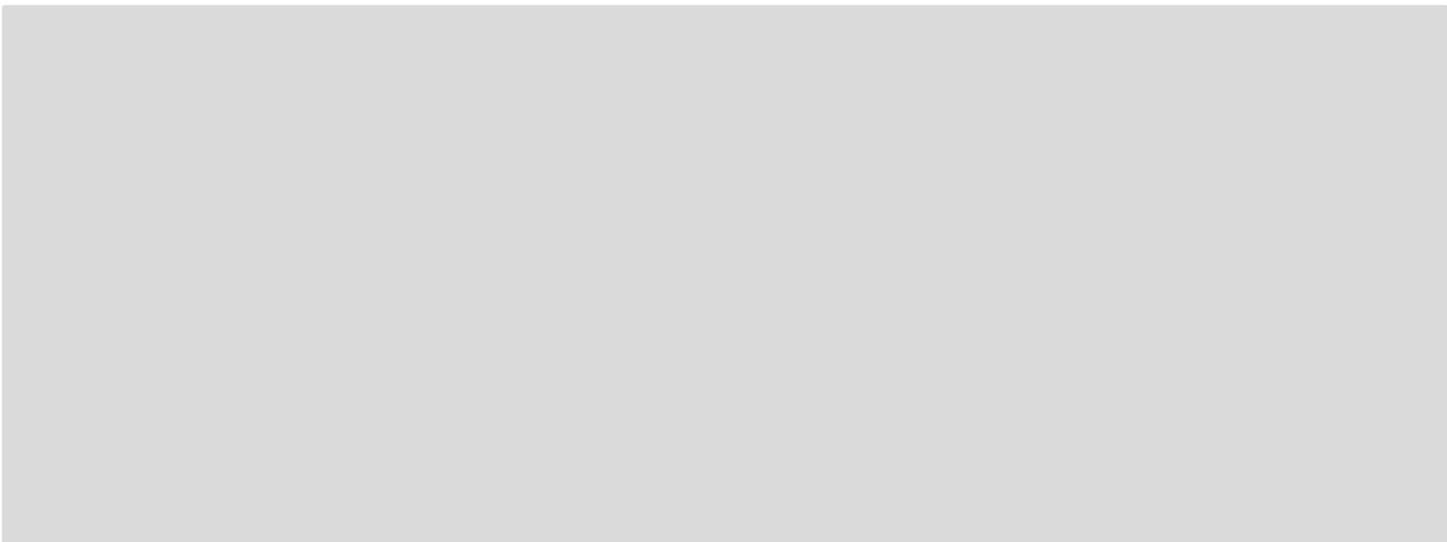
- The AEMT course proposed schedule must provide the AEMT Program name, course coordinator name, and date of course.***

- The AEMT course proposed schedule must show the class numbers, dates and times of instruction, presentation topics, homework and exam planning, and instructor assignments.***

- The AEMT course proposed schedule must provide a place for providing the course approval number once it is assigned.***

All classroom, lab, clinical, and field hours must be listed. Course length minimum is 200 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.

All schedules must be attached to this form.



OEMS Course Approval Number: _____

AEMT EQUIPMENT LIST

Form A4

The following equipment is the minimum required (available) for an AEMT class size of twelve (12) or less students, and is considered one (1) set of equipment. For a class size of 13-24, two (2) sets of equipment are the required minimum. For a class size of 25-36, three (3) sets of equipment are the required minimum. The equipment does not need to be owned by the course instructors.

Minimum Number	Item
CPR MANIKINS, AIRWAYS & AIRWAY TRAINERS	
3	CPR Manikin – Adult (<i>With feedback capabilities recommended</i>)
3	CPR Manikins – Infant
1	Advanced Airway Trainer – Adult
OXYGEN & AIRWAY EQUIPMENT	
1	Portable Oxygen Tank, Tank Regulator, Tank Wrench
1	Oxygen
1	Oxygen
1	Nasal Cannula, Non-Rebreather Face Mask – Adult, Child
2	Bag-Valve-Mask unit with Reservoir – Adult, Child, Infant
1	Portable Suction Unit & Suction Catheter
1	OPA (Oral Airways) and NPA (Nasal Airways) – Set of assorted sizes
1	BIAD (Blind Insertion Airway Device) – Set of assorted sizes
SPLINT MATERIALS	
1	Traction Splint
1	Rigid Splint Set
1	Long Spine Board with straps
1	Head Immobilization Device for Long Spine Board
1	Vest-Type (Half) Spine Immobilization Device
2	Cervical Spine Immobilization Collars (Rigid Type)
BANDAGE MATERIALS (<i>disposable supplies replaced with each course</i>)	
1	Aluminum Foil / Vaseline Gauze
Multiple	Roller – Type Gauze
Multiple	4 x 4 Dressings and 5 x 9 or larger ABD (Abdominal) Pads
12	
MEDICATIONS	
Multiple	Examples of medications in AEMT scope.
IV SUPPLIES	
Multiple	IV Catheters
Multiple	IV tubing and saline locks
Multiple	IV fluids (Normal Saline)
Multiple	Tourniquets, Band-Aids, Tape, Antiseptic Solution
MISC. EQUIPMENT	
1	A.E.D. (<i>Automatic External Defibrillator</i>) Trainer
1	Elevating Stretcher
Multiple	Blood Pressure Cuff and Regular Stethoscopes
Multiple	Blood glucose testing equipment

OEMS Course Approval Number: _____

Student Registration must be filled out entirely; incomplete forms will not be accepted

PRINT ALL INFORMATION

Last Name: _____ First: _____ Middle: _____

Home Address: _____

City _____ County: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Employer _____ Work Phone # _____

Circle highest Completed Education: 9 10 11 12 13 14 15 16 17 18 Degree: _____ GED: _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a DUI? Yes No

Are you now or have you ever been addicted to controlled substance or intoxicating liquors? Yes No

Have you ever been treated for mental illness? Yes No

Is your eyesight impaired in any manner? Yes No If yes, is it corrected? Yes No

Have you ever had any type of professional license revoked, suspended or surrendered? Yes No

If yes, provide a written explanation.

Location of AEMT Course:

I have received an explanation of the total cost for my AEMT course. Total cost of AEMT course: _____

I have received a written explanation of the training program's accreditation and college credit information prior to the beginning of the course. Information included explanation of my current training program accreditation status, eligibility of college credit, eligibility to attend AEMT- Advanced courses, and contact information for two (2) nearby accredited college AEMT programs.

I understand I must receive HIPPA education from my AEMT course and sign a confidentiality statement.

I understand that a background check and drug screen are required prior to visiting any clinical sites. Failure to complete a background check or drug screen, or having any failing criteria, will prohibit my clinical participation.

Student Signature: _____

Date: _____

OEMS Course Approval Number: _____

CONFIDENTIALITY STATEMENT AND AGREEMENT

I understand that as a participant AEMT student I may have access to, or witness first hand, patient care information that is confidential. This information may include a patient’s identity, current injury or illness, and past medical history. Understanding that the confidentiality of this information is protected by law, I shall:

1. Respect and maintain the confidentiality of all patient care information, discussions, deliberations, records, or other information connected with my participation in the AEMT education Program.
2. Make no voluntary disclosures regarding any patient care information, discussions, deliberations, records, or other information generated in connection with my participation in the AEMT education program, except to those individuals who are authorized to receive it.

I understand that any breach of confidentiality is detrimental to the AEMT program and to its mission of AEMT education, including the field training hours at hospitals and EMS providers, and further acknowledge that any breach of confidentiality may result legal proceedings for the individuals involved.

Furthermore, I understand that any breach of confidentiality may also be detrimental to the patient and the patient’s family.

Examples of unacceptable disclosures include, but are not limited to:

- ✗ Discussion of any patient information with anyone not directly involved with that patient and patient care.
- ✗ Discussion of an event which might identify a patient, even though the patient’s name is not disclosed.
- ✗ Discussion of injuries or medical history in such a manner that the information could be associated with the patient.
- ✗ Discussion, outside of AEMT rotations, of any event or occurrences dealing with patient information, including injuries or medical history.

Having read the above statement, I _____ (print legal name) hereby certify that I have received a confidentiality briefing (HIPPA) by the instructor teaching my AEMT class.

I fully understand the sensitive and confidential nature of the data and information received by myself from patients, practitioners and providers of health care, as a result of patient care functions. I shall not knowingly or willingly communicate, deliver, or transmit in any manner, patient information to any unauthorized person or agency.

I further understand that a breach of this policy can result in my immediate dismissal from the AEMT Course and that I could also face legal consequences.

Name of AEMT Course (or location): _____

AEMT Course Primary Instructor: _____

Dates of AEMT Course: First Class- _____ Last Class- _____

Student Name (PRINT)

Student Signature

Date

Witness Name (PRINT)

Witness Signature

Date

OEMS Course Approval Number: _____

Release of Liability/Indemnification and Hepatitis-B Agreement

Form B3

I understand that due to my educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I, the undersigned, hereby knowingly and voluntarily waive, release and discharge the AEMT Program and its officers, employees, and agents (hereafter collectively called the School) from any and all claims for damages for personal injury, including death, and damages to property. This release is intended by me to discharge in advance the School from and against any and all liability arising out of or connected in any way with my enrollment in the AEMT Field Course through the School even though that liability may arise out of negligence or carelessness on the part of the School.

I understand that as part of my participation in the AEMT field classes I may perform, participate in, or observe a variety of activities which can be dangerous. I further understand that in response to emergencies and rendering emergency life saving measures serious accidents can occasionally occur. I acknowledge that individuals engaged in or performing lifesaving activities and functions occasionally sustain personal injuries, such as, but not limited to lacerations, sprains, and possible exposure to and contraction of the HIV virus. Knowing and understanding the risks involved in the AEMT Field classes, nevertheless, I hereby agree to assume any and all risk of injury and further judgments, claims, damages of, connected with, or resulting from my enrollment in and participation in the AEMT Field class of the School.

I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief and knowledge of the risks of injury to myself by enrollment in and participation in the AEMT Field classes through the School. As of the date of this agreement, I am 18 years of age or older.

Dated this _____ day of _____, 20_____.

I have completed the Hepatitis B Series: Yes No

Name of AEMT Program: _____

AEMT Program Instructor: _____

Dates of AEMT Program: _____

Student Name (PRINT)

Student Signature

Date

Witness Name (PRINT)

Witness Signature

Date

OEMS Course Approval Number: _____

Background Screening Policy

Form B4-A

Students must abide by the policies established by the health care (clinical) agencies with which the AEMT Program contacts for clinical experiences. This may include a pre-clinical background screening. Fees for all background screening must be paid by the student.

1. All students will receive notice of the background screening requirement prior to admission and will receive a copy of the policy upon admission to the program.
2. Background screening will be selected by the Regional Office.
3. Failure to pay appropriate fees or to consent to the background screening by the published deadline will prohibit the student from completing the clinical component of the required health program courses.
4. A student who is denied acceptance at a clinical facility due to a questionable/suspect background screen may be assigned to an alternative clinical facility for the required clinical experience. In the event that the alternative clinical facility denies acceptance due to the questionable/suspect background screen, the student will not be able to complete the course required to complete the program.

Procedure:

1. Students must pay the fee for the background screening to the Program clerk or as directed.
2. Students must sign appropriate consents prior to the screening. Consent will be kept on file in the office of the Director of the Program.
3. Background screening may include the following:
 - Skip Trace:** Checks for other names used, other states lived in or addresses used by the individual.
 - Criminal History:** Reveals felony and misdemeanor convictions, and pending cases usually include date, nature of offense, sentencing date, disposition and current status.
 - Social Security Number Trace:** Is verification that the number provided by the individual was issued by the Social Security Administration, and is not listed in the files of the deceased.
 - Office of Inspector General:** Identifies those individuals who may no longer be capable of being provided with Medicare benefits.
4. The Program Director will notify the student of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.
5. Questionable/suspect findings on the background screening will be reported to the Director of EMS or other designated person at the appropriate clinical facility. The clinical facility will determine if the student will be accepted for clinical experience. If a clinical facility denies a student's placement then the Program Director will seek placement in a similar clinical facility for which the program has a contract using the same procedure of notification as described above. If all clinical facility options available to the program deny the student's placement, then the student would not be able to complete the required clinical component of the course(s) and will not receive a passing grade for the course(s).
6. Background screens which would render a student ineligible for placement include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment.

Confidentiality:

1. The Program Director will receive all screening results which will be maintained in a locked file in the Director's office. Confidentiality of test results will be maintained with only the Director and the student having access to the results with the exception of legal actions that require access to test results.
2. Students must sign consent prior to disclosure of the screening results to the Director of EMS or other designated person at the clinic facility.

I acknowledge and have read and understand the policies and procedures set forth above.

Student Name (PRINT)

Student Signature

Date

Witness Name (PRINT)

Witness Signature

Date

OEMS Course Approval Number: _____

STUDENT BACKGROUND SCREEN POLICY PARTICIPATION FORM

Form B4-B

I understand that any student who enrolls in the AEMT Program, and desires to participate in courses which have a clinical component, is required to have a pre-clinical background screen.

I acknowledge that I have received a copy of the AEMT Program’s Background Screen Policy (Form B4-A), have read the policy, and understand the requirements of the policy.

I further understand that the information contained in these reports may be used to deny placement in clinical agencies. Questionable/suspect findings on the background screening will be reported to the AEMT Program Director, Regional EMS Agency, and/or other designed person at the appropriate clinical facility. I understand that the AEMT Program Director will notify me of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

I further understand that if I have a background screen that renders me ineligible; and I am denied access to clinical learning experiences at the clinical affiliate(s), that I will be dismissed from the program without eligibility for taking the National Registry examination.

By signing this document, I am indicating that I have read, understand, and voluntarily agree to the required background agents if deemed necessary. I understand that these results are confidential and will not be otherwise released without my authorization. I hereby release the AEMT Program, ADPH OEMS&T, EMS Regional Office, and its affiliates from any and all liability, claims, and/or demands of whatever kind related to my completed background screen.

Name of AEMT Program: _____

AEMT Program Instructor: _____

Dates of AEMT Program: _____

Student Name (PRINT)

Student Signature

Date

Witness Name (PRINT)

Witness Signature

Date

OEMS Course Approval Number: _____

STUDENT DRUG SCREEN POLICY

Form B5-A

Any student who enrolls in a Regional EMS sponsored AEMT program, which has a clinical component, is required to have a pre-clinical drug screening. The pre-clinical drug screen will be conducted after entering the AEMT program but prior to participating in any clinical visitations. The student must abide by the Student Drug Screen Policy and all Clinical agency policies for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening.

I. PRE-CLINICAL SCREENING

1. All students will receive notice of the drug screening guidelines prior to admission to the AEMT program.
2. The AEMT program will maintain on file a signed consent to drug screen from each student. Students have the right to refuse to consent to drug testing under this program; however, students who decline participation in the drug screen will not be permitted to participate in the AEMT course.
3. The drug screen company is subject to approval by the Regional Office.
4. All drug screen fees are paid by the student.
5. Completing the drug screening with a positive test result on any of the 9 Classes of Drugs as identified by the ADPH OEMS, Regional Office and/or Clinical Agency will prohibit the student from completing the clinical component of the AEMT course.
6. Positive results, and verification of student status, will be provided to the Regional Office by the AEMT Program.

II. REASONABLE SUSPICION SCREENING

Students may also be required to submit to reasonable suspicion testing. Reasonable suspicion is defined as but not limited to the following behaviors:

1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug;
2. Abnormal conduct or erratic behavior while on the clinical unit, absenteeism, tardiness or deterioration in performance;
3. Evidence of tampering with a drug test;
4. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs while enrolled in the programs.

At any point or time in a student's enrollment, the student is subject to a reasonable suspicion drug screen. After a student's behavior is noted as suspicious, the student will report for a drug screen at the designated time and place. The same procedural steps (1-11) outlined in Section III, Student Drug Screen Procedure, will be used.

III. STUDENT DRUG SCREEN PROCEDURE

1. Students must pay the screening fee prior to time of specimen collection.
2. Students must submit a photo ID and social security number at the time of specimen collection.
3. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
4. Students must comply with the drug screen procedure as identified by the drug screen provider.
5. The collector will forward the sealed urine specimen and Chain of Custody Form to the designated certified testing center/laboratory for testing.
6. Specimens will be screened for nine classes of drugs:
 1. Amphetamines
 2. Cocaine
 3. Opiates
 4. Barbiturate
 5. Cannabinoids
 6. Phencyclidine
 7. Benzodiazepines
 8. Methaqualone
 9. Propoxyphene

IV. CONFIDENTIALITY

The EMS Coordinator will receive all test results. Confidentiality of the test results will be maintained. Only the EMS Coordinator will have access to the results, the exception being if any legal action occurs which requires access to the test results.

V. APPEALS PROCESS FOR POSITIVE SCREENS

1. If a student drug screen is positive for drugs, the student will contact the EMS Coordinator.
2. The student will then contact the Medical Review Officer (MRO) and follow the procedure for split specimen testing as stipulated by the lab.
3. The student is responsible for any costs associated with the splits specimen testing procedure.
4. Once the student obtains the results of the split specimen testing, the student should contact the EMS Coordinator. If the student remains unsatisfied, the student should explain to the Program Director in writing his or her complaint. The Program Director will have seven working days to respond.
5. If the student cannot reach an agreement with the AEMT Program director, the student's next step is to present documentation to the OEMS&T. The OEMS&T will have seven working days to respond.

Drug screening policies/program suggested or required by the ADPH OEMS&T, EMS Regional Office, and/or various intuitions with which the Regional Office contracts may vary from time to time in any or all of their aspects. Students will be required to comply with the screening which satisfies the program or requirement established by the ADPH OEMS&T or any clinical agency with whom the Regional Office contracts for clinical experience, whether it is pre-clinical drug screening, random drug screen, or reasonable suspicious screening.

Some of the nine classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner may nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the nine classes of drugs which are legally prescribed by a health care practitioner does not necessarily, in and of itself, excuse the student from the effect if this policy. The MRO will follow up and give recommendation(s).

I have read, understand, and agree to the above drug scree guidelines.

I hereby release DRUG TEST COMPANY, the Medical Review Officer, the Conducting School, the program facility, the regional EMS office, and the Alabama Department of Public Health and its Designees from any claim in connection with the Drug Screen Policy.

I understand that should any legal action be taken as a result of the Drug Screen Policy, that confidentiality can no longer be maintained.

Student Name (PRINT)

Student Signature

Date

Witness Name (PRINT)

Witness Signature

Date

OEMS Course Approval Number: _____

STUDENT DRUG SCREEN PARTICIPATION AGREEMENT

Form B5-B

I understand that any student who enrolls in the AEMT Program, and desires to participate in courses which have a clinical component, is required to have a pre-clinical drug screen.

I acknowledge that I have received a copy of the AEMT Program's Student Drug Screen Policy (Form B5-A), have read the policy, and understand the requirements of the policy.

I further understand that the information contained in these reports may be used to deny placement in clinical agencies. Questionable/suspect findings on the drug screening will be reported to the AEMT Program Director, Regional EMS Agency, and/or other designed person at the appropriate clinical facility. I understand that the AEMT Program Director will notify me of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

I further understand that if I have a drug screen that renders me ineligible; and I am denied access to clinical learning experiences at the clinical affiliate(s), that I will be dismissed from the program without eligibility for taking the National Registry examination.

By signing this document, I am indicating that I have read, understand, and voluntarily agree to the required drug screen. I understand that these results are confidential and will not be otherwise released without my authorization. I hereby release the AEMT Program, the EMS Regional Office, the ADPH OEMS and its affiliates from any and all liability, claims, and/or demands of whatever kind related to my completed background screen.

Name of AEMT Program: _____

AEMT Program Instructor: _____

Dates of AEMT Program: _____

Student Name (PRINT)

Student Signature

Date

Witness Name (PRINT)

Witness Signature

Date

OEMS Course Approval Number: _____

This Affiliation Agreement (hereinafter referred to as the "Agreement") is entered into by and between

_____ (hereinafter referred to as "Hospital") and

_____ (hereinafter referred to as "School").

Hospital agrees to accept Emergency Medical Technician (AEMT) students who are enrolled in School's emergency medicine course of study, allowing said students clinical experience, subject to the covenants, warranties and representations set forth here under.

The following provisions are to be observed:

1. Hospital will furnish the supervision of School's students while in clinical rotation for observation and participation of emergency activities. Each student should be allowed to participate in direct supervised activities within the student's scope of education, where applicable and when allowed.
2. Hospital staff will supervise and evaluate School's students.
3. School's instructor will instruct, organize rotations, and keep records on the students. School's supervision will be by and through site visitation and around-the-clock, on-call personnel.
4. Students will observe all rules, regulations and procedures which apply to the employees of Hospital at all times during the affiliation period, including dress and grooming, and any requirement relating to uniforms worn by students and instructors (if appropriate) while in the clinical setting.
5. School instructors will evaluate student's progress after consultation with Hospital staff. Hospital will provide data as necessary in subsequent studies of the program.
6. Hospital has the right to request the withdrawal of any student from its facilities whose conduct or work with patients or personnel is not, in the opinion of the Administrator of the Hospital, in accordance with acceptable standards of performance.
7. The School may, at any time, withdraw a student whose progress, conduct, or work does not meet the standards of the program.
8. Final action on the withdrawal of any student is the responsibility of the School.
9. Under this agreement, Hospital provides opportunities to the instructor and students of School, but Hospital maintains responsibility for the care and treatment of its patients.
10. Hospital will provide necessary first aid treatment received by school students and instructors while on Hospital premises and engaged in their training or study. Hospital will not be responsible for the payment of any emergency room treatment, inpatient or outpatient admissions, radiologist services, doctor's services, pharmaceutical supplies or any type follow-up medical care. All of such expenses shall be the responsibility of the injured or ill party. Hospital assumes no responsibility for the students' or instructors' personal bills for any type medical services which they receive no matter what caused the need for such medical services.
11. School will send Hospital only such students who are in good health and have been subjected to such routine health examinations; said students shall be responsible for their own health care.
12. Each student participation in clinical rotations with Hospital will:
 - A. Have had his/her first Hepatitis B vaccination; show proof that he/she has had the Hepatitis B vaccination series, or sign a waiver declining the series.
 - B. Be covered by blanket malpractice liability insurance. Under this program, students are covered for claims arising out of real or alleged medical incidents when the injury being claimed is the result of an act or omission of the student, instructor or School.
 - C. Have in his/her possession any prescribe personal protection equipment.

- 13. School agrees that it shall indemnify, save and hold harmless Hospital, to the extent allowed under the laws of Alabama, from any and all claims, actions, lawsuits and/or demand brought by any student and/or instructor employed by School, when such action is not a proximate result of a negligent act of Hospital.
- 14. The School hereby agrees that Hospital has an obligation to assure that Hospital’s patients are protected to the extent reasonably possible from harm due to the School’s students who are completing clinical rotation in Hospital and using drugs or alcohol while in the Hospital setting. The School agrees that Hospital may at its sole discretion require any student of the School to undergo drug and/or alcohol testing at any time as a precondition to beginning clinical rotations or to continue a clinical rotation at Hospital. Hospital is not required to provide notice or results of any drug or alcohol tests to the School or to any individual student. Such results may be used by Hospital as a reason to refuse or cease a particular student’s clinical rotation.
- 15. The School agrees to instruct students to maintain confidentiality (HIPAA) of all patient information and to ensure student cooperation. The School further agrees to ensure that commonly accepted professional standards for confidential treatment of medical information, patients/clients and the Hospital are maintained through appropriate clinical supervision of students and through the School’s instruction of students. The School shall provide agency with a fully executed copy of the confidentiality acknowledgement statement for each clinical student and faculty/instructor, upon request. The School hereby agrees to take all appropriate steps to ensure that each student and faculty/instructor complies with the terms contained in the confidentiality Acknowledgement statement.
- 16. **The agreement shall become effective on the first day of the AEMT course and will remain in effect until the last day of the AEMT course. The Agreement may be immediately terminated by either party by written notice given to the other party.** The name of the AEMT program, course coordinator, and AEMT course dates are provided below:

Name of AEMT Program: _____

AEMT Course Coordinator: _____

Dates of AEMT Program: _____

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their duty authorized agents on this the _____ day of _____, 20_____.

Hospital Official (Name and Title- Print)

Hospital Official Signature

School Official (Name and Title- Print)

School Official Signature

OEMS Course Approval Number: _____

This Affiliation Agreement (hereinafter referred to as the "Agreement") is entered into by and between

_____ (hereinafter referred to as "Provider") and

_____ (hereinafter referred to as "School").

Provider agrees to accept Emergency Medical Technician students who are enrolled in a School's emergency medicine course of study, allowing said students field experience, subject to the covenants, warranties and representations set forth hereunder.

The following provisions are to be observed:

1. Provider will furnish the instructor supervisor for the students while in field rotation for participation and observation of on the scene emergency care as provided by Provider personnel. Each student should be allowed to participate in direct supervised activities within their scope of education, where applicable and when allowed.
2. The School instructor will assign students to rotational slots available on ambulances.
3. Students will be assigned to eight or twelve-hour shifts as available and allowed by Provider.
4. Provider will provide any necessary equipment for the student to use during participation procedures.
5. Provider provided instructor will supervise the students at a ratio of 1 student per 1 instructor.
6. Provider provided instructor will instruct and keep records on the AEMT student.
7. The School instructor will organize the rotation schedules.
8. The student will observe all rules, regulations and procedures which apply to the employees of Provider at all times during the affiliation period, including dress and grooming, and any requirement relating to uniforms worn by students and instructors (if appropriate) while in the field setting.
9. Provider has the right to request the withdrawal of any students from its facilities whose conduct or work with patients or personnel is not, in the opinion of the Supervisor of the Ambulance/Rescue, in accordance with acceptable standards of performance.
10. School will send Provider only such students who are in good health and have been subjected to such routine health examinations; said students shall be responsible for their own health.
11. Provider will provide necessary first aid treatment received by students and instructors while on Provider premises and engaged in their training or study. Provider will not be responsible for the payment of any emergency room treatment, inpatient or outpatient admissions, radiologist services, doctor's services, pharmaceutical supplies or any type follow-up medical care. All of such expenses shall be the responsibility of the injured or ill party.
12. School agrees that it shall indemnify, save and hold harmless Provider, to the extent allowed under the laws of Alabama, from any and all claims, actions, lawsuits and/or demand brought by any student and/or instructor employed by or attending School, when such action is not a proximate result of a negligent act of Provider.

- 13. The School hereby agrees that Provider has an obligation to assure that Provider’s patients are protected to the extent reasonably possible from possible harm due to School’s students who are completing field rotation at Provider and using drugs or alcohol while in the Provider setting. School agrees that Provider may at its sole discretion require any student of School to undergo drug and/or alcohol testing at any time as a precondition to beginning field rotations or to continue a field rotation at Ambulance/Rescue. Provider is not required to provide notice or results of any drug or alcohol tests to School or to any individual student. Such results may be used by Provider as a reason to refuse or cease a particular student’s field rotation.

- 14. The School agrees to instruct students to maintain confidentiality (HIPPA) of all patient information and to ensure student cooperation. School further agrees to ensure that commonly accepted professional standards for confidential treatment of medical information, patients/clients and the Provider are maintained through appropriate field supervision of students and through School instruction of students. The School shall provide agency with a fully executed copy of the confidentiality acknowledgement statement for each clinical student and faculty/instructor, upon request. The School hereby agrees to take all appropriate steps to ensure that each student and faculty/instructor complies with the terms contained in the confidentiality acknowledgement statement.

- 15. **The agreement shall become effective on the first day of the AEMT course and will remain in effect until the last day of the AEMT course. The Agreement may be immediately terminated by either party by written notice given to the other party.** The name of the AEMT program, course coordinator, and AEMT course dates are provided below:

Name of AEMT Program: _____

AEMT Program Instructor: _____

Dates of AEMT Program: _____

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their duly authorized agents on this the _____ day of _____, 20_____.

Provider Official (Name and Title- Print)

Provider Official Signature

School Official (Name and Title- Print)

School Official Signature

OEMS Course Approval Number: _____

AEMT Course Application Process

Verification Flow Sheet STEP 1 of 5

Course Coordinator Name: _____

Sponsoring Agency: _____

Date of first class: _____

Date five weeks prior to first class: _____ Date received: _____

The initial AEMT course application paperwork listed below is due in regional EMS office five (5) weeks prior to the first day of class. (Unless prior approval for shorter time is approved)

All initial AEMT course application paperwork should arrive together at the regional office, arranged in the order that it is presented below. If submitted electronically, each form and agreement must be a separate file. All the files must be submitted before the approval process can move forward.

Use the list below to make certain that all of the initial paperwork is completed and submitted.

- AEMT Course Application (Form A1)
 - Copy (sample) of college information letter provided with Form A1
 - AEMT course accreditation status
 - Eligibility of college credit
 - Eligibility to attend AEMT course
 - Contact information for two nearby accredited colleges providing AEMT courses
 - Copy (sample) of HIPAA certification of completion (form or certificate) provide with Form A1
- AEMT Course Instructor Information (Form A2) for each instructor
- Course Schedule (Form A3)
- AEMT Course Equipment List (Form A4)
- Hospital Affiliation Agreement (Form C1)
 - Sponsor must use Form C1. Other written agreements will not satisfy requirement.**
- Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form C2)
 - Sponsor must use Form C2. Other written agreements will not satisfy requirement.**
- Copy of student handout paperwork:
 - Instructor contact information
 - AEMT course guidelines
 - Attendance policy
 - Dress code
 - Course objectives
 - Grading method and scale
- Copy of National Registry skills sheets

Regional EMS Office Verification of Initial Application.

AEMT Class Approval request submitted to OEMS

Name (Print): _____ Signature: _____ Date: _____

ADPH OEMS Course Approval Number: _____

Date one week prior to first class: _____

Date Received: _____

A detailed preliminary AEMT course student roster, along with this flow sheet, is due one week prior to the first course date.

The roster must be typed or printed and must contain the following information:

Header Information

- AEMT course sponsoring agency
- Course coordinator
- Lead instructor
- Course location
- Course starting and ending dates

Student Information

- Student first and last name
- Student address
- Student phone number
- Place for approved course number

SAMPLE STUDENT ROSTER

Regional EMS Office Verification Preliminary Student Roster

Name (Print): _____ Signature: _____ Date: _____

OEMS Course Approval Number: _____

AEMT Course Application Process

Verification Flow Sheet STEP 3 of 5

Date of first class: _____

Date ten business days after first class: _____ Date Received: _____

The following student forms are due in regional EMS office within ten (10) business days of first class. The course coordinator may provide copies and keep the original forms.

- AEMT Student Registration (Form B1)
- Confidentiality Briefing Statement (Form B2)
- Release of Liability (Form B3)
- Background Screening Policy (Form B4-A)
- Background Screening Participation (Form B4-B)
- Drug Screen Policy (Form B5-A)
- Drug Screen Participation (Form B5-B)

An On-Site Inspection must be scheduled within ten (10) business days of first class

Date of On-Site Inspection: _____

Inspection will include-

Faculty

- Course Coordinator
- Primary Instructor
- Instructor on course schedule
- Adequate instructor for skills verification, if applicable

Facility

- ADA Compliant
- Sufficient Space for Class size
- Controlled Environment
- Adequate classroom learning accommodations (desks, chairs, lighting)
- Adequate classroom skills learning area(s)

Resources

- Instructional Materials: _____
- Presentation Equipment: _____

Regional EMS Office Verification of ten day requirements and on-site inspection.

Name (Print): _____ Signature: _____ Date: _____

OEMS Course Approval Number: _____

Date of course completion: _____

Date ten days from course completion: _____

The following course documentation is required within ten (10) days after course completion. The sponsor may provide the originals for storage by the Regional Office.

- AEMT attendance course rosters showing attendance and instructors for each class session

- Final AEMT course roster
 - Shows AEMT course sponsor
 - Shows course coordinator and lead instructor
 - Shows course location, and course starting and ending dates listed in header.
 - All students listed on preliminary AEMT course roster are listed on the final AEMT course roster
 - Student first and last name with middle initial
 - Student Social Security Number (for National Registry)
 - Student AEMT Course disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - Student National Registry Skills disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - Student Clinical Rotation disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - A place to write the date received by regional EMS office
 - A place to write the approved course number

Student Information required within ten (10) days after course completion:

- National Registry Skills verification forms (or equivalent) for each student on final course roster
 - Each skill sheet timed, scored, and signed by evaluator
 - Complete set of skill sheets for each student
 - Failures explained and documented on skills sheet

- Copies of AEMT course completion certificate for each student

- Copy of AHA Healthcare Provider (or equivalent*) CPR card for each student.
*Equivalent must include infant, child, adult, 1-rescuer, and 2-rescuer, BVM usage

Regional EMS Office Verification of course completion records

Name (Print): _____ Signature: _____ Date: _____

OEMS Course Approval Number: _____

POST COURSE DOCUMENTATION

Date of last student completion: _____

Date ten (10) days after last student completion: _____

Post-course documentation records are should be provided to regional EMS office ten days after the last student has been assigned a PASS or FAIL disposition.

The regional EMS office will maintain the complete set of course documentation for five (5) years.

Documentation already on file with regional EMS office at completion of course:

- Original course application, and related forms, as submitted to the regional EMS office
- Copy (sample) of college information letter provided with Form A1
- Copy (sample) of HIPAA certification of completion (form or certificate) provide with Form A1
- Course approval form issued by the OEMS
- AEMT course preliminary roster as submitted to the regional EMS office
- AEMT Course Instructor Information (Form A2) for each instructor
- Hospital Affiliation Agreement (Form C1)
- Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form C2)
- Course Schedule (Form A5)
- AEMT Course Equipment List (Form A6)
- Copy of student handout paperwork:
- Copy of National Registry skills sheets

Documentation to be provided to regional EMS office within 10 days of completing of course:

- Final AEMT course schedule
- Attendance roster for each class meeting
- List of make-up session(s), if applicable
- Documentation of remediation conducted, if applicable
- Individual skill verifications (National Registry forms)
- Copy of each examination, quiz or evaluation administered during the course
- Documentation of the course physician approval of clinical preceptors and/or guest lecturers,
- Documentation of clinical preceptor(s) orientation and student scope of practice,
- Documentation demonstrating student achievement of all clinical and field internship objectives, and
- Documentation recording the individual reasons that student(s) failed to complete the course of study.

NOTE: If the sponsoring agency wishes to keep records, providing the regional EMS agency a paper copy of the documentation paperwork listed in this section is acceptable.

Regional EMS Office Verification of five year records package

Name (Print): _____ Signature: _____ Date: _____

OEMS Course Approval Number: _____

		Emergency Medical Technician EMT	Advanced Emergency Medical Technician AEMT
Educational Facilities	National	<ol style="list-style-type: none"> 1. Facility sponsored or approved by sponsoring agency 2. ADA compliant facility 3. Sufficient space for class size 4. Controlled environment 	Same as Previous Level
	State	Same as above	Same as Previous Level
Student Space	National	<ol style="list-style-type: none"> 1. Provide space sufficient for students to attend classroom sessions, take notes and participate in classroom activities 2. Provide space for students to participate in kinematic learning and practice activities 	Same as Previous Level
	State	Same as above	Same as Previous Level
Instructional Resources	National	<ol style="list-style-type: none"> 1. Provide basic instructional support material 2. Provide audio, visual, and kinematic aids to support and supplement didactic instruction 	Same as Previous Level
	State	<ol style="list-style-type: none"> 1. Same as above 2. Same as above 3. Textbooks and Instructor material must meet National EMS Education Standards and Instructional Guidelines 	Same as Previous Level
Instructor Preparation Resources	National	<ol style="list-style-type: none"> a. Provide space for instructor preparation b. Provide support equipment for instructor preparation 	Same as Previous Level
	State	Same as above	Same as Previous Level
Storage Space	National	Provide adequate and secure storage space for instructional materials	Same as Previous Level
	State	Same as above	Same as Previous Level
Sponsorship	National	<p>Sponsoring organizations shall be one of the following:</p> <ol style="list-style-type: none"> 1. Accredited educational institution, or 2. Public safety organization, or 3. Accredited hospital, clinic, or medical center, or 4. Other State approved institution or organization 	Same as Previous Level
	State	Same as above	Same as Previous Level
Programmatic Approval	National	Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State)	Same as Previous Level
	State	State/Regional approval (EMT Course Application, FORM A1)	Same as Previous Level (Appendix BB)
Medical Director Oversight	National	Provide medical oversight for all medical aspects of instruction	Same as Previous Level
	State	In addition to one above, the physician must meet offline medical director criteria.	Same as Previous Level

		Emergency Medical Technician EMT	Advanced Emergency Medical Technician AEMT
Faculty	National	<p>The course primary instructor should:</p> <ol style="list-style-type: none"> 1. Be educated at a level higher than he or she is teaching; however, as a minimum, he or she must be educated at the level he or she is teaching 2. Have successfully completed an approved instructor training program or equivalent 	<p>Same as Previous Level</p>
	State	<p>EMT Primary Instructor Requirements:</p> <ol style="list-style-type: none"> 1. Must be an Alabama licensed Paramedic. 2. Must have instructor certification from a recognized organization such as Department of Transformation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, or the National Association of EMS Educators (NASEMSE). 3. Must have five (5) years min of field experience. 4. A CPR Instructor may be used to teach a CPR course, as long as the primary EMT instructor is present. <p>EMT Secondary Instructor Requirements:</p> <ol style="list-style-type: none"> 1. Must be Alabama licensed as an EMT (minimum). 2. Must have certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE). 3. Instructor must 3 years min of field experience. 	<p>AEMT Primary Instructor Requirements:</p> <ol style="list-style-type: none"> 1. Must be an Alabama licensed Paramedic. 2. Must have instructor certification from a recognized organization such as Department of Transformation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, or the National Association of EMS Educators (NASEMSE). 3. Must have (5) years min of field experience. 4. A CPR Instructor may be used to teach a CPR course, as long as the primary EMT instructor is present. <p>AEMT Secondary Instructor Requirements:</p> <ol style="list-style-type: none"> 1. Must be Alabama licensed as an AEMT (minimum). 2. Must have certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE). 3. Instructor must 3 years min of field experience.
Course Length	National	<ol style="list-style-type: none"> 1. Course length is based on competency, not hours 2. Course material can be delivered in multiple formats including but not limited to: <ol style="list-style-type: none"> a. Independent student preparation b. Synchronous/Asynchronous distributive education c. Face-to-face instruction d. Pre- or co-requisites 3. Course length is estimated to take approximately 180-200 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	<ol style="list-style-type: none"> 1. Course length is based on competency, not hours 2. Course material can be delivered in multiple formats including but not limited to: <ol style="list-style-type: none"> a. Independent student preparation b. Synchronous/Asynchronous distributive education c. Face-to-face instruction d. Pre- or co-requisites 3. Course length is estimated to take approximately 200-250 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material
	State	<ol style="list-style-type: none"> 1-3 Same as above 7. Course length is 180 hours at a minimum. 	<ol style="list-style-type: none"> 1-3 Same as above 7. Course length is 200 hours at a minimum.
Course Design	National	<p>Provide the following components of instruction:</p> <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories • Hospital/Clinical experience • Field experience 	<p>Provide the following components of instruction:</p> <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories • Hospital/Clinical experience • Field experience
	State	<p>Same as above</p>	<p>Same as above</p>
Student Assessment	National	<ol style="list-style-type: none"> 1. Perform knowledge, skill, and professional behavior evaluation based on educational standards and program objectives 2. Provide several methods of assessing achievement 3. Provide assessment that measures, as a minimum, entry level competency in all domains 	<p>Same as Previous Level</p>
	State	<p>Same as one above</p>	<p>Same as one above</p>

		Emergency Medical Technician EMT	Advanced Emergency Medical Technician AEMT
Hospital/ Clinical Experience	National	<p>Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care.</p> <p>Students must perform ten patient assessments. Patient assessments can be performed in an emergency department, ambulance, clinic, nursing home, doctor’s office, etc. or on standardized patients if clinical settings are not available.</p>	<ol style="list-style-type: none"> 1. The student must demonstrate the ability to safely administer medications (the student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patient). 2. The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups) 3. The student should demonstrate the ability to effectively ventilate uninitiated patients of all age groups (the student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups). 4. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain. 5. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress. 6. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status. 7. The student must demonstrate the ability to perform an adequate assessment on pediatric, adult and geriatric patients.
	State	Same as above	Same as above.
Field Experience	National	The student must participate in and document patient contacts in a field experience approved by the medical director and program director	The student must participate in and document patient contacts in a field experience approved by the medical director and program director.
	State	Same as above.	Same as above.
Program Evaluation	National	<ol style="list-style-type: none"> 1. Provide evaluation of program instructional effectiveness 2. Provide evaluation of organizational and administrative effectiveness of program 	Same as Previous Level
	State	Same as one above	Same as one above