

Alabama Department of Public Health- ADPH

Office of Emergency Medical Services- OEMS



EMR Course Standards

September 2014, Version 4.0

Effective October 1, 2014



Birmingham Regional Emergency Medical Services System

EMR/EMT Course Oversight Agency

Alabama Department of Public Health- ADPH

Office of Emergency Medical Services- OEMS

EMR Course Standards

Table of Contents

Introduction

- I. EMR Course Components
- II. EMR Course Administrative Requirements
- III. EMR Course Quality Monitoring

EMR Course Application Forms

EMR Course Application Process Verification Flow Sheets

ADPH OEMS EMR Course Requirements Matrix

EMR Course Standards

Introduction

An EMR 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 EMR course completion will allow the student to take the National Registry EMR exam with a reasonable expectation of passing.

The approval process for non-collegiate course sponsors consists of obtaining this approval process document and completing all the requirements therein. 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 EMR 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.

Alabama EMS Region Three (BREMSS) is the Regional agency for courses held in any of the following counties of Central Alabama: Blount, Chilton, Jefferson, Shelby, St. Clair, Walker, and Winston.

REGIONAL AGENCY INFORMATION



Phone:

205-934-2595

Fax:

205-975-9038

Address:

1114 16th Street South
Birmingham, AL 35205

I. EMR Course Components

The following standards define the minimum components necessary to conduct an Emergency Medical Responder (EMR) education course in Alabama:

- A. 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. Responsibilities of the sponsoring entity are:
 - 1. Ensure compliance with the standards listed within this document,
 - 2. To ensure that all students are presented with a course of EMR study consistent with the curriculum approved by the National Registry and the standards established within this document,
 - 3. Assumption of the risks and liabilities associated with the presentation of the education program, and
 - 4. Provide all EMR course records, in accordance with this document, to regional office for archive.

- C. All courses approved by the OEMS will have the following:
 - 1. Each EMR course will have a designated Course Coordinator. The lead 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 EMR 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 NREMR is available.

I. EMR Course Components (continued)

2. EMR course will have a designated primary instructor and sufficient secondary and/or skill instructors 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 classroom and skills lessons,
 - ii. Providing continuity of qualified and experienced instruction by providing a minimum of 20% of classroom content,
 - iii. Providing oversight of skills lessons and practice sessions,
 - iv. Reviewing and monitoring of all secondary instructors and guest lecturers to ensure compliance with the course objectives,
 - v. Orientation of all guest lecturers and/or specialist presenters to the specific course objectives,
 - vi. Orientation to all students to the ADPH OEMS examination and licensing procedures,
 - vii. Evaluation of student performance and competency during didactic education, and
 - viii. Documentation of student performance and competency.
 - ix. Satisfying or exceeding the primary instructor qualifications.
 - x. Serving as Course Coordinator, if desired.
 - b) Secondary Instructor responsibilities include:
 - c) Assisting PI with training of students in skill objectives,
 - d) Assisting PI with valuation of student performance and competency,
 - e) Assisting PI with documentation of student performance and competency, and
 - f) Assisting the LI as directed.
 - g) Satisfying or exceeding the primary instructor qualifications.
3. EMR 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

Education programs will have access to all equipment and educational aids necessary to teach all objectives within the curricula.

E. Facilities

All classroom facilities used for EMR educational programs are required to be conducive to a learning environment as defined in the curriculum.

F. All courses must be:

1. Conducted according to the National EMS Education Standards and Instructional Guidelines.
2. Conducted in alignment with ADPH OEMS patient care protocols.
3. Approved by the ADPH OEMS with oversight provided by the regional EMS office.

II. EMR Course Administrative Requirements

To receive EMR course approval from the OEMS, all EMR courses must be compliant with the administrative requirements described in this section. The course coordinator, primary instructor, and assistant instructor(s) share responsibility for ensuring full compliance with these requirements.

- A. All EMR courses require application and course approval prior to conducting the education.
 1. EMR Course application packages are available from the regional EMS office.
 2. EMR Course approval process is conducted by the regional EMS office.
 3. EMR Course application packages are approved by the ADPH OEMS.
 4. EMR Course approval number is provided by the ADPH OEMS through the regional EMS office.
 5. EMR Course approval number will be referenced on all course forms, documents, and correspondence.

- B. The EMR Course Coordinator is responsible for submission of all EMR course approval documentation to the regional EMS agency.

- C. The EMR 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. Initial EMR course application paperwork (A-Forms) must 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 EMR course application paperwork due:
 1. Verification Flow Sheet (Part 1)- provides check list for all materials due and sets date for course.
 2. EMR Course Application (Form A1)- provides the regional EMS office and OEMST with course, instructor, clinical and field EMS sites (if applicable), and course Medical Director demographics.
 3. EMR 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. EMR Course Schedule (Form A3)- provides the regional EMS office and OEMST with instructor assignments and a detailed description of how the national scope material for EMR will be covered throughout the course. The schedule should show material to be covered each class. All classroom hours and skills sessions must be listed. Instructions and an example are provided on Form A3 of this standard.
 5. EMR 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. EMR students must receive a copy of the EMR 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 Initial EMR course application. (Verification Flow Sheet- Part 1)
 7. At a minimum, National Registry skills sheets must be used for verifying EMR skills. A copy of these sheets, along with any other skills sheets that might be used, should be provided in the Initial EMR course application.

II. EMR Course Administrative Requirements (continued)

- E. A detailed preliminary EMR course student roster is due one week prior to the first course date. Verification Flow Sheet (Part 2)- provides check list for all of the required roster information.
 - 1. Roster must have EMR 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- EMR students must receive a copy of the EMR 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 Initial EMR course application.)

- G. On first course date- EMR students must receive a Student Application Packet (B-Forms). Students should be given adequate time to complete forms however all B-Forms are due at the regional EMS office within ten (10) business days of the first course date.
 - 1. EMR 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 EMR 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 EMR 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. This form is required even if no clinical or EMS field rotations are scheduled.

- 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

II. EMR Course Administrative Requirements (continued)

- I. Instructor Requirements are defined below and are listed on the Instructor Information form A2:
 1. EMR Course Primary Instructor
 - a. Alabama licensed EMSP at EMT level or above
 - b. Must have an instructor certification
 - c. Must have a minimum of three years field experience.
 2. EMR Course Secondary Instructor
 - a. Alabama licensed EMSP at EMT level or above
 - b. Must have an instructor certification
 - c. Must have a minimum of three years field experience.
 3. Skills Assistant or other Instructor
 - a. Alabama EMSP
 - b. Nurse with pre-hospital field experience
 4. CPR Instructor
Certified at 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. Lead or secondary instructor must be in attendance during presentation or skills.
- J. Upon completion of the EMR course, the course coordinator will provide:
 1. A detailed final EMR 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 (or other final disposition):
 - a. Roster must show EMR course sponsor, course coordinator, primary instructor, course location, and course starting and ending dates listed in header.
 - b. All students listed on the preliminary EMR course roster must also be listed on the final EMR course roster with end of course disposition appropriately noted.
 - c. The final roster must provide the following information for each student:
 - 1) First and last name with middle initial.
 - 2) Social Security Number (for National Registry)
 - 3) EMR Course disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - 4) National Registry Skills verification (Pass, Fail, Pending, Withdraw, Dismissed)
 - 5) A place to write the date received by regional EMS office and the approved course number should be provided on the roster.
 2. A course completion document issued to all students who successfully complete the educational program. The course completion document will include the following:
 - a. Type of course (EMR),
 - b. Name of the sponsoring entity,
 - c. Location of EMR course
 - d. The full legal name of the student,
 - e. Course completion date,
 - f. The ADPH OEMS EMR 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.

II. EMR Course Administrative Requirements (continued)

- 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. EMT course preliminary roster as submitted to the regional EMS office,
 5. Final EMT 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.
 9. 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.
 10. Examinations, quizzes or evaluations administered during the course to include:
 - a. Student name,
 - b. Individual score,
 - c. Pass/fail criteria, and
 - d. Date administered.
 11. Documentation recording the individual reasons that student(s) failed to complete the course of study.
 12. Documentation should be provided in the order it is listed in this section.
 13. 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. EMR Course Quality Monitoring

The regional EMS office will monitor and evaluate approved EMR courses for compliance with ADPH OEMS EMR 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. Inspection of the educational facility for compliance with educational standards,
 - 6. Inspection of educational equipment and training aids for suitability to the curricula, and
 - 7. 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 EMR 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 EMR course completion certificates and CPR cards for each student.

EMR Course Application

(OEMS Course Approval Number: _____)

Form A1

Training Program Name: _____ Course start date: _____

Mailing Address: _____

City _____ State _____ Zip _____

Course Coordinator: _____ Phone: _____

Email: _____

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

- 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

Identify type and amount of all fees associated with EMR 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)

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

Total Required Cost for EMR 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 EMR classes? Yes (Attach Accreditation Documentation) No

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

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

Student candidates have a right to be informed about the Training 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 and contact information for two (2) nearby accredited college EMR programs. A copy of the information provided to the student candidate must be attached to this form. **PAPERWORK VERIFIED (ATTACHED 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 (ATTACHED TO A1)**

(Form Continues- See Reverse Side)

EMR 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: _____

Each instructor/skills assistant/coordinator must complete a separate EMR 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: _____ (45), Skills Verification hours: _____ (16),

Registration Form A1 must 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 _____

EMR 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- Must be Alabama licensed EMSP at EMT level or higher, have an instructor certification, and have a minimum of five years field experience.

Secondary Instructor- Must be Alabama licensed EMSP at EMT or higher level, have an instructor certification, and have a minimum of three years field experience.

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

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

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

Paramedic Intermediate EMT Advanced EMT EMT EMR 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

EMR Course Proposed Schedule

Form A3

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

- The EMR course proposed schedule must provide the EMR Program name, course coordinator name, and date of course.***
- The EMR course proposed schedule must show the class numbers, dates and times of instruction, presentation topics, homework and exam planning, and instructor assignments.***
- The EMR course proposed schedule must provide a place for providing the course approval number once it is assigned.***

All classroom and skill session hours must be listed.

Sample Classroom Schedule Layout

Sally's EMR Program
Course Coordinator: Sally Mae
January 1- March 21, 2014

Class	Date	Hours	Presentation Topics	Homework	Exam	Instructor
1	Jan 1, 2014	5p-10p	Introduction to EMS System	Read CH 1	None	Smith
2	Jan 3, 2014	5p-10p	Chapter 1- EMR Safety and Wellness	Read CH 2	CH 1	Smith
3	Jan 4, 2014	5p-10p	Chapter 2- Vital Signs Skills- Vital Signs	Read CH 3	None	Smith Varnedoe

(Approved Course Number: _____)

OEMS Course Approval Number: _____

EMR EQUIPMENT LIST

(OEMS Course Approval Number: _____)

Form A4

The following equipment is the minimum required (available) for an EMR 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	
1	CPR Manikin – Adult
1	CPR Manikins – Adult
2	CPR Manikins – Infant
1	Airway Trainer – Adult
OXYGEN EQUIPMENT / ADJUNCTS	
1	Portable Oxygen Tank
1	Oxygen Tank Regulator
1	Oxygen Tank Wrench
1	Nasal Cannula – Adult
1	Non-Rebreather Face Mask – Adult
1	Non-Rebreather Face Mask – Child
2	Bag-Valve-Mask unit with Reservoir - Adult
2	Bag-Valve-Mask unit with Reservoir - Infant
1	Portable Suction Unit
1	Suction Catheter
1	OPA (Oral Airways) – Set of assorted sizes
SPLINT MATERIALS	
1	Traction Splint
2	36" Padded Board Splints or Equivalent
2	15" Padded Board Splints or Equivalent
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)
2	Blankets (<i>Wash after each course</i>)
1	Pillow
12	Triangular Bandages (<i>Wash after each course</i>)
BANDAGE MATERIALS	
<i>These are disposable supplies and should be replaced with each course</i>	
1	Aluminum Foil / Vaseline Gauze
12	Roller – Type Gauze
24	4 x 4 Dressings
12	5 x 9 or larger ABD (Abdominal) Pads
MISC. EQUIPMENT	
1	A.E.D. Trainer (<i>Automatic External Defibrillator</i>)
1	Elevating Stretcher
4	Blood Pressure Cuff
4	Regular Stethoscope

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 EMR Course: _____

I have received an explanation of the total cost for my EMR course. Total cost of EMR 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 EMT- Advanced courses, and contact information for two (2) nearby accredited college EMR programs.

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

Student Signature: _____

Date: _____

OEMS Course Approval Number: _____

CONFIDENTIALITY STATEMENT AND AGREEMENT

I understand that as a participant EMR 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 EMR 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 EMR education program, except to those individuals who are authorized to receive it.

I understand that any breach of confidentiality is detrimental to the EMR program and to its mission of EMR 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.

Having read the above statement, I _____ (print legal name) hereby certify that I have received a confidentiality briefing (HIPPA) by the instructor teaching my EMR 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 EMR Course and that I could also face legal consequences.

Name of EMR Course (or location): _____

EMR Course Primary Instructor: _____

Dates of EMR 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 EMR 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 EMR 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 EMR 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 EMR skills, 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 EMR 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 EMR skills 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 EMR Program: _____

EMR Program Instructor: _____

Dates of EMR Program: _____

Student Name (PRINT)

Student Signature

Date

Witness Name (PRINT)

Witness Signature

Date

OEMS Course Approval Number: _____

EMR Course Application Process

Verification Flow Sheet STEP 1 of 5

Date of first class: _____

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

The initial EMR 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 EMR course application paperwork should arrive together at the regional office in a single folder; arranged in the order that it is presented below.

Incomplete or improperly filed initial applications will not be processed.

- EMR Course Application (Form A1)
 - Copy (sample) of college information letter provided with Form A1
 - EMR course accreditation status
 - Eligibility of college credit
 - Eligibility to attend EMR course
 - Contact information for two nearby accredited colleges providing EMR courses
 - Copy (sample) of HIPAA certification of completion (form or certificate) provide with Form A1
- EMR Course Instructor Information (Form A2) for each instructor
- Course Schedule (Form A3)
- EMR Course Equipment List (Form A4)
- Copy of student handout paperwork:
 - Instructor contact information
 - EMR course guidelines
 - Attendance policy
 - Dress code
 - Course objectives
 - Grading method and scale
- Copy of National Registry skills sheets or equivalent

-
- Regional EMS Office Verification of Initial Application.**
 - EMR 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 EMR course student roster 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

- EMR 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

Sponsoring Agency: Raining Chicken VFD

Course Location: 31 Nest Rd, Coop, AL 35969

Course Coordinator: Chicken Little

Course dates: August 25- November 20, 2014

First Name	Last Name	Address	Phone
Hugh	Hollon	Suite 1100, Montgomery, AL 36104	205-555-3456
Rony	Najjar	101 Sivley, Huntsville, AL 35801	256-656-9999
Stephen	Wilson	201 Monroe Street, Montgomery, AL 36104	205-876-5309

Regional EMS Office Verification Preliminary Student Roster

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

OEMS Course Approval Number: _____

EMT 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.

- EMR Student Registration (Form B1)
- Confidentiality Briefing Statement (Form B2)
- Release of Liability (Form B3)

On-Site Inspection within ten (10) business days of first class Date: _____

Faculty

- Course Coordinator
- Lead Instructor
- Instructors listed 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.

- Final EMR course roster
 - Shows EMR 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 EMR course roster are listed on the final EMR course roster
 - Student first and last name with middle initial
 - Student Social Security Number (for National Registry)
 - Student EMR Course disposition (Pass, Fail, Pending, Withdraw, Dismissed)
 - Student National Registry Skills 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

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

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 EMR 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: _____

EMR Course Application Process

Verification Flow Sheet STEP 5 of 5

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
- EMT course preliminary roster as submitted to the regional EMS office
- EMT 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)
- EMT 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 EMT 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 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 Responder EMR
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
	State	Same as above
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
	State	Same as above
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
	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
Instructor Preparation Resources	National	<ol style="list-style-type: none"> a. Provide space for instructor preparation b. Provide support equipment for instructor preparation
	State	Same as above
Storage Space	National	Provide adequate and secure storage space for instructional materials
	State	Same as above
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
	State	Same as above
Programmatic Approval	National	Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval
	State	State/Regional approval (EMT Course Application, FORM A1)
Medical Director Oversight	National	Provide medical oversight for all medical aspects of instruction
	State	In addition to one above, the physician must meet offline medical director criteria.

		Emergency Medical Responder EMR
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
	State	<p>EMR Primary Instruction Requirements:</p> <ol style="list-style-type: none"> 1. Must be Alabama licensed at the ALS level (AEMT, Intermediate, or Paramedic). 2. Must have instructor certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, AHA Core 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>EMR Secondary Instructor Requirements:</p> <ol style="list-style-type: none"> 1. Must be Alabama licensed as an EMT. 2. Must have instructor certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE). 3. Must have 3 years min of field experience. 4. A CPR instructor may be used to teach a CPR course, as long as the secondary instructor is present.
Hospital/ Clinical Experience	National	None required at this level
	State	Same as above
Field Experience	National	None required at this level
	State	Same as above.
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: 3. Independent student preparation 4. Synchronous/Asynchronous distributive education 5. Face-to-face instruction 6. Pre- or co-requisites 7. Course length is estimated to take approximately 48-60 didactic and laboratory clock hours
	State	<ol style="list-style-type: none"> 1-6 Same as above 7. Course length is 45 hours at a minimum.

		Emergency Medical Responder EMR
Course Design	National	Provide the following components of instruction: <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories
	State	Same as above
Student Assessment	National	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
	State	Same as one above
Program Evaluation	National	1.Provide evaluation of program instructional effectiveness 2.Provide evaluation of organizational and administrative effectiveness of program
	State	Same as one above