

SUBMITTED DATE

**OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES**



**CERTIFICATE OF ACCREDITATION  
RENEWAL APPLICATION**

---

**PROGRAM NAME**

1970 West Broad Street  
P.O. Box 182073  
Columbus, Ohio 43218-2073

## Completing the Certificate of Accreditation Renewal Application

Pursuant to Ohio Revised Code (R.C.) 4765.17, a certificate of accreditation is valid for up to five years and may be renewed by the State Board of Emergency Medical, Fire, and Transportation Services Board (Board) pursuant to procedures and standards established in rules adopted under R.C. 4765.11. An institution requesting a Certificate of Accreditation Renewal application is required to complete the form prescribed and furnished by the Board and submit it to the Division of EMS. The completed application must be submitted no later than the 30<sup>th</sup> day prior to expiration of the current certificate.

The ultimate goal of accreditation is to help a training program attain its own goal - improving student learning and student achievement. The effectiveness of accreditation depends upon the institution's honest, self-reflective analysis of its strengths and challenges based upon the Board approved standards. The questions should be answered in clear and concise language and should completely address each of the questions asked. An accredited institution must provide all documentation requested by the self-study application.

1. A review of the following R.C. 4765 and Ohio Administrative Code (O.A.C.) 4765 will assist in completing the application.
  - a. R.C. 4765.16 Development & teaching of training & continuing education programs; standards
  - b. R.C. 4765.23 Issuance; renewal; suspension or revocation of a certificate to teach
  - c. R.C. 4765.24 Certificate of successful completion issued to graduates; continuing education
  - d. O.A.C. 4765-7 Accreditation of training programs
  - e. O.A.C. 4765-12 Emergency Medical Responder (EMR) curriculum; scope of practice
  - f. O.A.C. 4765-15 Emergency Medical Technician (EMT) curriculum; scope of practice
  - g. O.A.C. 4765-16 Advanced EMT (AEMT) curriculum; scope of practice
  - h. O.A.C. 4765-17 Paramedic curriculum; scope of practice
  - i. O.A.C. 4765-18 Qualifications for a certificate to teach & EMS instructor training program
2. It is the responsibility of the applicant to submit a complete and accurate application. Should you have any questions while completing this application, please contact the Division of EMS at (800) 233-0785.
  - a. Complete all sections of the Board approved application. *An incomplete renewal application will not be processed and will be returned to the applicant.*
  - b. Submit the application by email, fax, or mail (email attachment preferred).
  - c. Review and sign the Certificate of Accreditation Renewal Application checklist
  - d. Make a copy of the application for the EMS training program files.
3. Upon receipt and review of the application an EMS Education Coordinator will contact the Program Director to schedule an onsite or virtual review of the facilities, equipment, and files.

### Return Application to:

Ohio Department of Public Safety  
Division of Emergency Medical Services  
Attn: EMS Accreditation  
1970 West Broad Street  
P.O. Box 182073  
Columbus, Ohio 43218-2073  
Fax 614-466-9461  
E-mail: EMSEducation@dps.ohio.gov

**Certificate of Accreditation Renewal Application Check List**

**Documentation to be submitted with the application:**

- Statement of continued support for EMS training with authorizing official signature

**Documentation to be available for review during the accreditation onsite visit:**

- Advisory committee meeting minutes
- Current and signed affiliation agreements for clinical experience, prehospital internship, facilities and training equipment
- Course syllabus and schedule for each EMS training program offered during accreditation cycle
- Course lesson plans for each EMS training program offered during cycle
- Evaluations of student cognitive performance
- Evaluations of student in-course and final practical skills performance
- Documentation of student clinical and prehospital performance
- Preceptor evaluations of student performance
- Written and practical assessments of student competency (if credit awarded for previous training)
- Attendance records for each EMS training program offered during cycle
- Accident and injury reports for each EMS training program offered during cycle
- Summary of student evaluations for each EMS training program offered during cycle
- Copy of valid certificates to teach for instructors utilized during accreditation cycle
- Copy of supervisor evaluations for all instructors utilized during accreditation cycle
- Documentation of CE training programs offered during cycle
- Summary of student evaluations for each CE training program offered during cycle

**The application has been:**

- Reviewed to assure the document is complete
- Reviewed and signed by the authorizing official and program medical director
- Copied for the training program file
- Submitted for renewal at least 30 days prior to expiration date

PROGRAM DIRECTOR NAME (Printed)	
PROGRAM DIRECTOR SIGNATURE <b>X</b>	DATE

# Certificate of Accreditation Renewal Application

DATE

**Complete each section as directed.** To provide as complete an answer as possible, it may be necessary to include comments or submit additional documents. **(Please type or print legibly. Mark all that Apply)**

## SECTION I: EMS TRAINING PROGRAM INFORMATION

### RENEWAL LEVEL(S)

- EMR
- EMT
- AEMT
- Paramedic
- EMS Instructor
- Continuing Education

Does this accredited institution conduct a high school / secondary school EMT training program?  Yes  No

OFFICIAL PROGRAM NAME			
SPONSORING ORGANIZATION			
ACCREDITATION NUMBER (3-DIGIT NUMBER)		ACCREDITATION EXPIRATION DATE	
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
WEB SITE ADDRESS			
TELEPHONE NUMBER		FAX NUMBER	
ORGANIZATION TYPE			
<input type="checkbox"/> 4-Year University / College	<input type="checkbox"/> EMS Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> JVS / Career Center
<input type="checkbox"/> 2-Year Community College	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Private Institution	<input type="checkbox"/> Other

### CAAHEP NATIONAL ACCREDITATION [O.A.C. 4765-7-02(B-C)]

Is this EMS Paramedic training program accredited through CAAHEP?  Yes  No  
If yes, submit a copy of certificate with application.

Does this EMS Paramedic training program hold a Letter of Review issued by CoAEMSP?  Yes  No  
If yes, submit a copy of certificate with application.

**AUTHORIZING OFFICIAL INFORMATION [O.A.C. 4765-7-02(A)(2)]**

This individual must have signature authority for the EMS accredited institution. Complete the following information and furnish a table of organization along with a statement of support\* for the EMS training program. The statement of support may include any direct personnel and facility costs or in-kind support from the EMS accredited institution.

*\*(Submit statement of continued support under Appendix)*

NAME	
TITLE (WITHIN INSTITUTION)	EMAIL ADDRESS
TELEPHONE NUMBER	FAX NUMBER

**PROGRAM DIRECTOR INFORMATION [O.A.C. 4765-7-02(A)(2)(a-k)]**

The authorizing official has the responsibility to serve or designate a person of good reputation to serve as program director. The program director will be the primary contact for the Division of EMS and the recognized signature on EMS program certificates of completion.

Same as authorizing official. *If different than authorizing official, complete the following information.*

PROGRAM DIRECTOR NAME				
EMPLOYMENT STATUS <input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time				
OHIO CERTIFICATION / LICENSURE (CHECK ALL THAT APPLY.)				
<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> Paramedic	OHIO CERTIFICATION NUMBER
<input type="checkbox"/> Registered Nurse		<input type="checkbox"/> Physician Assistant		OHIO LICENSE NUMBER
<input type="checkbox"/> EMS Instructor	<input type="checkbox"/> Fire Instructor	<input type="checkbox"/> Assistant EMS Instructor		OTHER
EMAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM PROGRAM)				
CITY	STATE	ZIP	COUNTY	

IF THE PROGRAM DIRECTOR DOES NOT MANAGE THE DAILY ACTIVITIES OF THE PROGRAM, COMPLETE THE FOLLOWING INFORMATION FOR THE PERSON WHO DOES:

NAME				
EMPLOYMENT STATUS <input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time				
OHIO CERTIFICATION / LICENSURE (CHECK ALL THAT APPLY.)				
<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> Paramedic	OHIO CERTIFICATION NUMBER
<input type="checkbox"/> Registered Nurse		<input type="checkbox"/> Physician Assistant		OHIO LICENSE NUMBER
<input type="checkbox"/> EMS Instructor	<input type="checkbox"/> Fire Instructor	<input type="checkbox"/> Assistant EMS Instructor		OTHER
EMAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM PROGRAM)				
CITY	STATE	ZIP	COUNTY	

**PROGRAM MEDICAL DIRECTOR INFORMATION [O.A.C. 4765-7-02(A)(2)(h)]**

Complete the following information regarding the EMS program medical director. The R.C. 4765.16 requires all courses offered through an EMS training program, other than ambulance driving, shall be developed under the direction of a physician who specializes in emergency medicine.

NAME				
OHIO LICENSE NUMBER		EXPIRATION DATE		
SPECIALTY		BOARD CERTIFIED BY		
BUSINESS ADDRESS				
CITY		STATE	ZIP	COUNTY
BUSINESS TELEPHONE NUMBER		FAX NUMBER		

The program medical director is responsible for the medical components of the training program.  Yes  No  
*[Ref. O.A.C. 4765-7-02(A)(3)]*

**ADVISORY COMMITTEE [O.A.C. 4765-7-02(A)(8)]**

An EMS training program advisory committee consisting of the program director, the medial director, clinical experience and prehospital internship preceptors, instructors, and EMS providers must meet at least once each year of the accreditation cycle.

*(Committee meeting minutes must be available for review at the time of the site visit)*

**OFFSITE LOCATIONS [O.A.C. 4765-7-02(D)(3)(c)]**

A listing of all approved off-site locations currently used by the program for initial EMS training, and the training level offered at each facility by the accredited institution during past accreditation cycle must be made available during the renewal site visit.

**CONTINUING EDUCATION (O.A.C. 4765-7-09 & 11)**

This EMS training program offers continuing education courses.  Yes  No

*(A copy of the documents in compliance with O.A.C. 4765-7-09 & 11 must be available during the site visit)*

**SECTION 2: ADMINISTRATION**

**PROGRAM DIRECTOR [O.A.C. 4765-7-02(A)(2)(a-k)]**

- Describe the current responsibilities of the EMS program director position.
- What evidence demonstrates that the program director is responsible for all of the requirements listed in O.A.C. 4765-7-02(A)(2)(a-k)?:

**FINANCIAL RESOURCES [O.A.C. 4765-7-02(A)(9)]**

3. The training program is supported with adequate financial resources to meet the curriculum objectives established by the board.

Yes  No

*(Documentation of adequate financial resources to operate the EMS training programs must be made available for review during site visit)*

**FACULTY [O.A.C. 4765-7-02(E)(2)]**

4. All training program instructors are appropriately certified to teach within their level of EMS training.

Yes  No

5. Instructors are regularly evaluated. *(Documents and verification must be available at the time of the onsite visit)*

Yes  No

**SECTION 3: FACILITIES AND RESOURCES**

**FACILITIES [O.A.C. 4765-7-02(A)(11)]**

6. The program maintains adequate classroom and laboratory facilities to meet the curriculum objectives established by the Board

Yes  No

*(A review of the facilities will be conducted if onsite visit)*

**EQUIPMENT AND SUPPLIES [O.A.C. 4765-7-02(A)(13)]**

7. The program maintains sufficient equipment to meet the curriculum objectives established by the Board.

Yes  No

*(A review of the equipment will be conducted if onsite visit)*

**LEARNING RESOURCES [O.A.C. 4765-7-02(A)(18)]**

8. The program maintains sufficient learning resources in their library / media center to meet the needs of students and staff.

Yes  No

*(A review of the facilities will be conducted if onsite visit)*

## SECTION 4: CURRICULUM AND EVALUATION

### CLINICAL AND PREHOSPITAL INTERNSHIPS [O.A.C. 4765-7-02(A)(2)(16)]

9. Clinical and prehospital internships are completed in a manner that meets the O.A.C. requirements.  
 Yes     No

Provide any clarifying statements as needed below:

10. Is a written policy in place to ensure that a student is never used to meet the minimum staffing requirement or in place of essential personnel?  
 Yes     No

*(A copy of each required written policy must be available for review at the time of the onsite visit)*

11. A signed copy of all agreements with clinical and prehospital organizations affiliated with the training program during the past accreditation cycle must be made available during the site visit.

### COURSE & STUDENT RECORDS [4765-7-02(D-E)]

12. Program course and student records are kept in compliance with the O.A.C. requirements.  
 Yes     No

*(A copy of the required written documents must be available for review at the time of the site visit)*

13. All students are notified in writing of the process for obtaining a certificate to practice under R.C. 4765.30 and O.A.C. 4765-8 and that an Ohio certificate to practice may not be granted if the individual fails to meet the qualifications for a certificate to practice set forth in O.A.C. rule 4765-8-01.

Yes     No

*(Documentation of regular evaluations of student performance and achievement must be available for review during the onsite visit)*

## SECTION 5: SELF ANALYSIS

14. Provide an analysis of the EMS training program. Explain the teaching and learning goals of the program training and how they translate into quality EMS education. Describe the strengths and challenges of the program including student retention, passing rates and student employability. Include the methods used by the program to assess teaching and learning, student success and program improvement. How will the outcomes impact the future goals of the training program?



## Sponsoring Organization Signature Page

AUTHORIZING OFFICIAL NAME (Printed)	
AUTHORIZING OFFICIAL TITLE	
AUTHORIZING OFFICIAL SIGNATURE <b>X</b>	DATE

MEDICAL DIRECTOR NAME (Printed)		
MEDICAL DIRECTOR SIGNATURE <b>X</b>		DATE

EMS PROGRAM DIRECTOR NAME (Printed)	
EMS PROGRAM DIRECTOR SIGNATURE <b>X</b>	DATE

**Return application to:**

Ohio Department of Public Safety  
Emergency Medical Services Division  
EMS Accreditation  
1970 West Broad Street  
P.O. Box 182073  
Columbus, Ohio 43218-2073