

Washington State Department of Health
Office of Community Health Systems
EMS and Trauma Section

EMS Training Program
And
Instructor Manual



Authority: RCW 18.71, 18.73, 70.24, 70.168

Rules Governing Emergency Medical Services: WAC 246-976

DOH 530-126 September 2012

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Purpose

The purpose of this manual is to provide the user with a better understanding of the EMS education process in Washington State.

Section 1 –EMS training programs- provides the requirements and standards necessary to establish and maintain EMS training programs. In addition, it provides the requirements and standards necessary to conduct initial EMS courses through a department-approved EMS training program properly. It also provides information students need to complete the certification process.

Section 2 –Involvement in EMS Education-provides the entire sequence an EMS instructor might experience prior to approval as a senior EMS instructor (SEI) or lead Instructor. It includes starting with students meeting prerequisites through the completion of a course and submission of the course paperwork. It also contains information regarding renewal of SEI recognition.

Section 3 –Ongoing Training and Evaluation Program-covers Ongoing Training and Evaluation Program (OTEP) development, information regarding EMS evaluators, EMS evaluator workshops, and how an individual completes an OTEP.

This manual is a living document that will be updated periodically to provide the most current and up-to-date information.

Section 1 – EMS Training Programs

I. EMS Training Program Components

The following guidelines define the minimum requirements necessary to become and to renew a Washington State EMS training program to conduct initial EMS courses for certification as identified in [WAC 246-976-022](#).

- A. To attain Department of Health (department) approval as an EMS training program, applicants must meet these requirements:
 1. **Organization type:** Must be one of the following:
 - a. A local EMS and trauma care council or a county office responsible for EMS training for the county. This includes county agencies established by ordinance and approved by the MPD to coordinate and conduct EMS programs;
 - b. A regional EMS and trauma care council providing EMS training throughout the region;
 - c. An accredited institution of higher education; or
 - d. A private educational business, licensed as a private vocational school.
 2. **Optional organization**
 - a. If the organizations listed above do not exist or are unable to provide an EMS training program, the local EMS and trauma care council may recommend to the department another entity that is able to provide training.
 - b. In the absence of a local EMS council, the regional EMS and trauma care council may provide such recommendation.
 - c. Initial training courses conducted for licensed EMS agencies under the oversight of a department-approved EMS training program.
 3. **Training program application:**
 - a. Applicant must demonstrate the need for new or additional EMS training programs. Appendix C provides additional information on this requirement.
 - b. Complete a Department of Health, EMS training program application on forms provided by the department indicating the levels of EMS training the program wants to conduct.
 - c. Provide a description of classroom and laboratory facilities.
 - d. Provide a list of training equipment and supplies on hand (or accessible) for use in the program.
 - e. Course enrollment: For each level of EMS training applying for, provide a description of the course entry prerequisites, selection criteria, and the process used to screen applicants.
 - f. Provide a student handbook for each level of EMS training applied for that provides:
 - 1) A course schedule/calendar and syllabus for students that includes class dates, reading assignments, and exam/quiz dates, updated for each course, and
 - 2) Training program policies, including:
 - a) Minimum standards to enter training;
 - b) Attendance (EMS Rules do not contain a provision allowing students to miss classes when attending an EMS course).
 - i. Students are responsible for all classes and course content.
 - ii. The training program must be clearly state any make-up session policy established.

- iii. The student must complete make-up requirements before the course completion date.
 - c) Course requirements and minimum standards required for successful completion of course knowledge and skill examinations;
 - d) Course requirements and minimum standards required for successful completion of clinical and field internships, including a list of sites available;
 - e) Course requirements and minimum standards required for successful completion of other course requirements;
- 3) Training program expectations of students, including but not limited to:
- a) Compliance with all course policies established by the training program, SEI/LI, and training physician, and
 - b) Meeting course eligibility requirements and additional requirements of the training program, and
 - c) Providing the training program with current contact information and notifying the training program when changes occur, and
 - d) Notification of student status, such as illness, injury, or withdrawal from the course prior to completion, and
 - e) Registration on the NREMT EdNet to create an account and submit NREMT application (and payment if not part of tuition) to test, and
 - f) Registration on the PearsonVUE site to schedule the cognitive examination, and
 - g) Completion of the cognitive examination, and
 - h) Informing the training program of any need for remediation, and
 - i) Complete identified remediation as arranged, and
 - j) Rescheduling and retesting of the cognitive examination if needed.
- 4) The student must meet Initial certification requirements to apply for certification as identified in [WAC 246-976-141](#).
- g. Training program approval is effective on the date the department issues the certificate or letter. The EMS training program must renew to continue as an EMS training program. The approval letter will indicated the expiration date. The Department of Health, EMS and Trauma Section staff will approve the course on National Registry's EdNet, after the training program has entered the appropriate information.
4. **General** - An approved EMS training program must:
- a. Ensure the SEI/LI has access to all necessary educational and equipment resources to present the educational program and conduct courses following the department requirements and providing all components of the educational program;
 - b. Initial paramedic training provided by approved training programs must be accredited by a national accrediting organization approved by the department. The approved organization is the Commission on Accreditation of Educational Programs for the EMS Professional (CoAEMSP), <http://www.coaemsp.org/>. CoAEMSP, as a member of Commission on Accreditation of Allied Health Education Programs (CAAHEP), provides accreditation services for paramedic programs, <http://www.caahep.org/>;
 - c. With the course instructor, ensure course applicants meet the course application requirements in [WAC 246-976-041](#);

- d. Maintain clinical and field internship sites to meet course requirements, including the requirement that internship rotations on EMS vehicles must be performed as a third person, not replacing required staff on the vehicle;
 - 1) Provide a copy of the current-county specific-county medical program director field protocols to each student for the internship assigned;
 - 2) Use field internship preceptors who monitor and evaluate students in a standard and consistent manner.
 - 3) Ensure sufficient agreements with appropriate clinical/hospital/field internship sites to accomplish all clinical objectives of the educational standards prior to course completion.
 - e. Conduct examinations over course lessons and other Washington state required topics;
 - f. Provide the department, county MPD, or MPD delegate access to all course related materials;
 - g. Participate in EMS and Trauma Care Council educational planning;
 - h. Coordinate activities with the department-approved certification examination provider, including:
 - 1) Registering the training program;
 - 2) Assisting students in registering with the examination provider;
 - 3) Providing verification of cognitive knowledge and psychomotor skills for students successfully completing the EMS course; and
 - 4) Assist students to scheduling the examination.
 - i. Maintain student records for a minimum of four years. (See details in Section 1.II.)
 - j. Monitor and evaluate the quality of instruction for the purposes of quality improvement, including course examination scores for each level taught.
 - k. Submit an annual report to the department that includes:
 - 1) Annual, overall certification examination results;
 - 2) A summary of complaints against the training program and what was done to resolve the issues; and
 - 3) A summary of issues and quality improvement activities performed to improve training.
- B. EMS training program, applicants must meet the requirements of [WAC 246-976-022](#) (3) to renew approval.
- 1. An EMS training program must be in good standing with the department and:
 - a. Have no violations of the statute and rules;
 - b. Have no pending disciplinary actions;
 - c. Maintain an overall pass rate of 75 percent on department-approved state certification examinations; and
 - d. National accreditation and department approval of EMS training programs offering paramedics training is required
 - 2. For reapplication an EMS training program must complete:
 - a. The requirements in Tables A and B of [WAC 246-976-022](#); and
 - b. Submit an updated EMS training program application to the department at least six months prior to the program expiration date.
- C. Quality Assurance will be conducted by the department, MPD, MPD designee, or MPD delegate
- 1. Department staff or designee may monitor EMS training programs and EMS courses for compliance with statute, rule, and education standards.

2. Department staff or designee may evaluate EMS training programs, EMS courses, and instructors for compliance with statute, rule, and education standards.
 3. Evaluation may be conducted concurrently, retrospectively, or proactively.
 4. Evaluation may include but is not limited to the following:
 - a. Training program compliance, and
 - b. SEI/LI compliance, and
 - c. Instructor performance evaluated by students, using a standard evaluation tool adopted or developed and executed by department, or
 - d. Review of student performance on National Registry examinations or other course examinations.
 - e. Training physician compliance, and
 - f. A review of clinical/field sites and documentation demonstrating student achievement of clinical objectives, and
 - g. Appropriateness of clinical/field sites relative to the standards/instructor guidelines, and
 - h. Inspection of educational equipment and training aids for suitability for the standards/instructor guidelines, and
 - i. A formal audit of any or all records for compliance.
 5. The department will review information obtained from evaluation and summary findings with the training program, training program director, SEI/LI, and training physician as determined by the department.
 6. The department may make summaries of education program findings available to MPDs, licensed EMS services and organizations sponsoring EMS educational programs.
- D. Discipline of the EMS training program relative to non-compliance issues with educational standards:
1. The department may deny, suspend, modify, or revoke the approval of a training program when it finds:
 - a. Violations of chapter 246-976 WAC;
 - b. Pending disciplinary actions;
 - c. Falsification of EMS course documents; or
 - d. Failure to update training program information with the department as changes occurs.
 2. The training program may request a hearing to contest department decisions about denial, suspension, modification, or revocation of training program approval in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and associated administrative codes.

II. Training Program Administration

EMS training programs and training courses approved by the department must be compliant with the administrative requirements described in this section of this manual. The key personnel in the training program are the training program director, the SEI/LI, and the MPD. Individuals filling more than one of these positions are responsible for the roles of that position.

- A. The training program, SEI, lead Instructor, assistant instructors, evaluators, and training physician are responsible for ensuring compliance with administrative requirements and training program policies.
- B. The training program director and SEI/LI will submit a training course application in accordance with [WAC 246-976-023](#). Number III below covers this procedure in depth.
- C. The training program is the repository for official course and student records and is required to maintain all records for a minimum of four (4) years after the conclusion of the course.
 1. The SEI/LI is responsible for the completion and submission of required course completion documents to the department and the training program.
 2. The training program director is responsible to ensure course records are stored appropriately and the SEI/LI submits all course completion documents to the department.
 3. The training program is required to maintain the following records:
 - a. A copy of the original course application submitted to the department, and
 - b. A copy of the course approval issued by the department, and
 - c. Documentation of student's compliance with all required prerequisites for the level of the course, and
 - d. A master course schedule that includes documentation of canceled, modified, or added classes with dates, times, instructor, and location changes, and
 - e. A class attendance record for each class that includes the date each class was held, lesson number, signatures of students attending, instructor's annotation regarding student attendance, and instructor's signature, and
 - f. A record of approved make-up sessions that include the date of the session, session topic(s), name of the student(s), how the content was made up, verification of the student(s) completion of the session, and the instructor(s) signature, and
 - g. A record 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. Includes the objective(s) being remediated, date of session, the results of an evaluation of the objective, student(s) and instructor(s) signature, and
 - h. A record of each individual skill evaluation that documents the evaluation and the results of the performance for each specific psychomotor objective contained in the curriculum, the pass/fail criteria, the student's name, individual score, and date administered, and
 - i. A copy of each cognitive examination, quiz or evaluation (either paper or electronic format) administered during the course to include date administered, student's name, individual score, and pass/fail criteria, and
 - j. Copies of written agreements with those facilities used by the course for fulfillment of clinical and field internship objectives, and
 - k. Documentation of the training physician's approval of clinical preceptors and guest lecturers, and

- l. Documentation of orientation for clinical preceptors to the clinical objectives and scope of practice of the student, and
 - m. Documentation that demonstrates the student's achievement of all clinical and field internship objectives, and
 - n. Documents that record the reason for failure of each student who failed to complete the course of study.
- D. The training program will submit course completion records completed by the SEI/LI to the EMS and Trauma Section via U.S. mail.
- 1. The most current versions of the standardized forms are available on the office [education web page](#). User generated forms will not be accepted by the department with the exception of paramedic program course schedules.
 - 2. An "EMS Course Completion Verification" (AKA EMS Course Graduation Form) document verified by the training program will be submitted to the Department of Health, EMS and Trauma Section within thirty (30) days of course completion.
 - a. Failure to submit this form may prevent approval of future training courses.
 - b. The pass/fail status of the individuals in the course is not based on successful completion of the department-EMS-approved certification examination, but on:
 - 1) Successful completion of the course guidelines or curriculum objectives;
 - 2) Demonstrated comprehensive knowledge and skills required by the course certification level.
 - 3) Successful completion of course written and practical evaluations and examinations.
 - c. Enter an "incomplete" for any student who has not yet completed the program, but you anticipate will do so. **This entry requires the submission of a memo of explanation to the department as to the circumstances regarding the student's inability to complete the course.** Submit an updated "EMS Course Completion Verification" once all students have either passed or failed the program.
- E. The SEI/training program will issue a certificate or letter of course completion to all students who comply with all department standards and all policies established by the training program, and who successfully complete the educational program.
- a. The course completion document issued to the student will include the following:
 - 1) Name of the training program, and
 - 1) Course location (city and state), and
 - 2) The department course approval number, and
 - 3) The full legal name of the student, and
 - 4) The words "Successfully completed the following Washington State Department of Health-approved course," and
 - 5) Level of course (EMR, EMT, advanced EMT, Paramedic), and
 - 6) For EMT courses, additional special skills training completed with the course (skills are listed on the EMS Course Application and Course Completion Verification Form), and
 - 7) Date of course completion, and
 - 8) The words "This document does not grant Washington State Certification," and
 - 9) Printed name, credential number if Washington certified, and signature of the SEI/LI, and
 - 10) Additional text and information desired by the training program.
 - b. The Certificate of Course Completion must not include:

- 1) Any wording or indication that the individual is certified or authorized to perform/function in any EMS capacity.
 - 2) Any inference the individual is a certified EMR, EMT, or any other certified EMS provider level.
- c. Prior to issuing the certificate, the SEI/lead Instructor must verify the student's:
- 1) Comprehensive cognitive, affective, and psychomotor abilities.
 - 2) Successful completion of the clinical/field experience following the procedures in this document. (see Appendix A)

III. Initial EMS Training Course Requirements

The following standards define the requirements and guidelines necessary to conduct initial EMS training courses as contained in [WAC 246-976-023](#).

A. Training Course Application Process:

1. The training program will use the most current EMS training course forms available from the office [education web page](#).
 - a. The course schedule: The department will not accept user-generated forms for EMR, EMT and AEMT courses. The department will accept a suitable course schedule for paramedic courses.
 - b. The EMS Training Course Application requires a printed name and course approval recommendation signature by the:
 - 1) Training program director, and
 - 2) Local EMS council [[WAC 246-976-970 \(2\) \(b\)](#)].
 - 3) County MPD, and
 - c. All courses require a completed EMS course training application postmarked or received by the department at least three weeks prior to the course start date identified on the application and department approval prior to conducting the education.
 - 1) The process of obtaining these signatures may take some time considering the availability of the individuals and frequency of meetings, so please plan accordingly.
 - 2) Due to short course length and the NREMT requirement to submit a practical skill examination request 6 to 8 weeks prior to the projected examination date:
 - I. The department must receive AEMT course applications at least 8 weeks prior to the start of the course.
 - 3) The department will not process regular applications received less than three weeks and AEMT applications less than 8 weeks prior to the course.
 - d. The department will accept only completed applications for review and will return incomplete applications to the applicant.
 - e. In addition, the Training Program Director should contact the EMS and Trauma Section to schedule the NREMT-AEMT practical skills examination during the early planning stages.
 - f. The applicant will submit the completed application to the Department of Health, EMS and Trauma Section via U.S. Mail or email to debra.galvan@doh.wa.gov (Forms must be completed, printed, signed, and scanned to send via email).
2. The department will assign a unique number to the approved course.
 - a. The department of Health, EMS and Trauma Section will issue a course approval letter via U.S. mail, or by email, if so received, to the Training Program mailing address on the application. The approval letter sent via email must be printed and retained as a required course record.
 - b. Receipt of a course approval letter from the department is required to begin the course.
 - c. The department course approval number must be used on all documents, certificates, records, and correspondence pertaining to the approved course, and is used for several purposes:
 - 1) Course tracking and course related correspondence,
 - 2) Course identification in the credential database,
 - 3) Links the course application, approval letter, and Course Completion Verification form.

- d. The training program should allow at least twenty-one (21) days for department course approval after submission of an application.
3. Training Course changes:
- a. Changes in training physician, SEI/LI, or course start/end date require immediate notification to the Department of Health, EMS and Trauma Section.
 - 1) Notification may be by telephone at 360-236-2840 or
 - 2) E-mail to debra.galvan@doh.wa.gov.
 - b. When any of the above changes occur, the department may require additional documentation regarding the circumstances resulting in the change.
 - c. Changes in an approved course must be compliant with the EMS Education Standards Manual and approved curriculum/standards/guidelines.
 - d. If the schedule is changed, submit the revised schedule with the EMS Course Completion Verification form.
- B. Personnel Requirements: All courses approved by the department will have the corresponding personnel described in this section as necessary for the level of course conducted and number of students:
1. Training program director- the person in charge of the EMS training, not necessarily the SEI or lead instructor, with the following responsibilities:
 - a. Serve as the primary contact for the department, and
 - b. To represent the training program and provide all administrative oversight of the education program, and
 - c. Ensure all educational resources necessary for teaching all course content and an appropriate inventory of course materials and supplies are available for use by the SEI/LI, and
 - d. Ensure compliance with all administrative and educational standards throughout the educational program, and
 - e. Schedule and coordinate all of the educational program components, and
 - f. Develop and maintain education program policies to include those outlined in Section 1.II. "Training Program Administration" (above).
 - g. Conduct independent student evaluations of instructors and other course personnel, and
 - h. Fields and documents complaints from course personnel and students, and resolves per training program policies and procedures, and
 - i. Ensure the SEI/LI completes and submits required course completion documents to the department, and
 - j. Ensure a course completion certificate is provided to those students the SEI/LI can verify are competent in the course cognitive, affective and psychomotor objectives and have successfully completed the clinical/field experience, and
 - k. Enter all course data necessary for registration of the course with National Registry of EMTs on EdNet. (Appendix D), and
 - l. Verify knowledge and skills with the NREMT for students who have successfully completed initial EMS training courses.
 2. Senior EMS instructor (SEI), and lead instructor (LI) - SEI means an individual approved by the department to be responsible for the administration, quality of instruction and the conduct of initial emergency medical responder (EMR), emergency medical technician (EMT), and as appropriate, advanced EMT (AEMT) training courses. LI means an individual approved by the department to be responsible for the administration, quality of instruction and the conduct of department-approved special skills courses, advanced EMT (AEMT), and paramedic training courses.

- a. Each course will have a designated SEI or LI who is primarily responsible for:
 - 1) Being knowledgeable of educational standards, curricula/ instructor guidelines, course documents and instructions, and processes associated with EMS training and certification, and
 - 2) Developing of an end-of-course written examination for course completion or grading purposes. The department-approved EMS certification examination is not an end-of-course examination, and
 - 3) Developing/providing scenarios used in role play evaluation during the psychomotor examinations, and
 - 4) Having an attendance roster, with the date annotated, present at each class for students to sign or have instructor take attendance, and
 - 5) Having a course record book/file to enter and track student attendance, exam/quiz scores, etc., and
 - 6) Maintaining all course paperwork including student records consisting of attendance, evaluation results and determinations of competence, and
 - 7) Conducting the course using current Washington-approved curricula/instructor guidelines from which to develop lesson plans, teaching all objectives within the curriculum, and
 - 8) Using appropriate textbooks, workbooks and other course material, and
 - 9) Overall delivery of lecture and skill lessons, and
 - 10) Providing on-site instruction during each class to supervise any other course instruction, unless replace with another SEI or LI. When using other instructors, the SEI or LI need not be physically present but must be immediately available for consultation, and
 - 11) The review and monitoring of all assistant instructors and guest instructors to ensure compliance with the course instructor guidelines, and
 - 12) Orientation of all guest instructors, clinical preceptors, and field internship preceptors to the specific course objectives within their sphere, and
 - 13) Evaluation of assistant instructor performance and competency, and
 - 14) Ensuring there is a sufficient number of EMS evaluators or assistant instructors to maintain a six to one (6:1) student to instructor ratio for psychomotor portions of the course, and
 - 15) Using training equipment and training aids that are fully functional and in serviceable condition, and
 - 16) Properly teaching and demonstrating practical skills, and
 - 17) Conducting written evaluations throughout the course to ensure individuals are knowledgeable in all topic areas, and
 - 18) Conducting practical skills evaluations to determine skills competency utilizing the skills evaluation forms approved by the department; these evaluations may occur throughout the course, and
 - 19) Ensuring the proper scheduling of hospital, clinical or field internship time and students have a positive experience when meeting clinical or field internship experiences.
 - a) Students are scheduled for and complete the required experiences prior to participating in the psychomotor examination (unless uncontrollable circumstances are identified and documented as required), and
 - b) Develop or utilize appropriate evaluation forms and evaluate student performance of clinical, and field internship experiences, and
 - c) Review and provide feedback to students on patient evaluation write-ups, and

- 20) Conducting organized and coordinated psychomotor examinations using only department-approved forms, and
- 21) Verifying documentation of student performance and competency, and
- 22) Ensuring a course completion certificate is provided to those students the SEI/LI can verify are competent in the course cognitive, affective and psychomotor objectives and have successfully completed the clinical/field experience, and
- 23) Orienting students, providing accurate and appropriate information about the certification examination and initial certification process, then
 - a) Arrange for and/or assisting students to register for the approved Washington State Department of Health-EMS (NREMT) certification examination in a timely manner, and
 - b) Assist students by informing them how to proceed with initial Washington State EMS certification, and
- 24) Inform students/individuals who upon course completion or receipt of a course completion certificate, that:
 - a) There will **no indemnification from liability** when responding on emergency responses with a licensed EMS agency, unless placed back in training status by the county MPD.
 - b) Until the Washington State certification process is completed **and** the official certification authorization issued, providing patient care is **unauthorized practice**.
- 25) Inform students/individuals that upon passing the department (NREMT) certification examination and NREMT certification, providing patient care is **unauthorized practice** until they have applied for and received official Washington State certification from the department.
- 26) Inform students/individuals of responsibilities as a Department of Health-certified EMS provider:
 - a) They are authorized to perform prehospital patient care as a state certified prehospital EMS provider only when their certification is valid and only within their scope of practice:
 - i) When performing in a prehospital emergency setting or during interfacility ambulance transport; and
 - ii) When performing for a licensed EMS agency or an organization recognized by the department; and
 - iii) Within the scope of care that is:
 - (a) Included in the Washington State Amended and approved instructional guidelines/curriculum for the individual's level of certification; or
 - (b) Included in approved specialized training; and
 - (c) Included in state-approved, county MPD protocols.
 - b) To become familiar with [RCW 18.130 – Regulation of health professions – Uniform Disciplinary Act](#). The department holds EMS providers to this statute for professional conduct.
 - c) As certified EMS providers, they are required to be associated with a licensed or department approved prehospital EMS provider, and to inform the department of any changes in supervising EMS agency or personal information.
 - d) Certified EMS providers are responsible to maintain education and examination requirements for recertification. That certification is a

personal property right. All providers are responsible to renew their certifications on time or face discipline for unlicensed practice. It is their responsibility to maintain records of their education.

- 27) Completing and submitting required course completion documents to the department on time.
3. Other Instructors must be approved by the MPD and are under supervision of the primary SEI or LI:
 - a. Guest instructors- may instruct individual course lessons when knowledgeable and skilled in the topic:
 - 1) Must have education credentials and experience consistent with the instructional guidelines they teach, and
 - 2) The training physician must approve guest lecturers for all courses, and
 - 3) The guest lecturer may not provide more than 25 percent of the course lessons.
 - b. Assistant Instructors - must be a department-approved EMS evaluator; and may instruct individual course lessons when knowledgeable and skilled in the topic. Evaluators must be certified at or above the level of education being provided.
 - c. Guest and Assistant Instructor responsibilities are:
 - 1) For following the course curricula or instructional guidelines for the level of training conducted;
 - 2) Assisting the SEI or LI as directed, and
 - 3) Training of students in skill objectives, and
 - 4) Evaluation of student performance and competency, and
 - 5) Documenting student practical skill performance and competency.
4. Evaluators must be approved by the MPD and the department, and under supervision of a primary SEI or LI.
 - a. EMS evaluators for EMR and EMT courses must be certified at the EMT, AEMT, or paramedic level.
 - b. EMS evaluators for advanced EMT courses must be certified at the AEMT or paramedic level.
 - c. EMS Evaluators for paramedic courses must be certified paramedics, program instructional staff (when training is provided by an accredited paramedic training program), or MPD delegated evaluators.
5. Training physician- Can be the county medical program director or an MPD delegated physician with oversight responsibilities for department-approved EMS education courses as described within this manual:
 - a. The training physician must be oriented to the scope of practice of the EMS students, and
 - b. Hold a current active license issued by the department to practice medicine and surgery or osteopathic medicine or surgery in Washington and in good standing with no restriction upon or actions taken against his/her license.
 - c. Course training physician responsibilities are:
 - 1) Verification of student competency and completion of all course objectives through formal review, examination, or evaluation by the training physician or his or her delegate, and
 - 2) Approval of all guest lecturers, clinical and field preceptors, and
 - 3) Approval of all clinical and field internship facilities, and

- 4) Through collaboration with EMS medical directors, hospital supervising physicians, and/or medical clinic supervising physicians ensure appropriate medical supervision for students participating in clinical and internship education.
6. Each initial EMS course type has instructor requirements;
 - a. EMR and EMT course:
 - 1) Department-approved SEI, or.
 - 2) Department-approved SEI-candidate supervised by an approved SEI, and
 - 3) Approved by the county medical program director.
 - b. AEMT course:
 - 1) Department-approved SEI certified at the AEMT level or higher, or
 - 2) A paramedic, or
 - 3) Program instructional staff when training is provided by an accredited paramedic training program; and
 - 4) Approved by the county medical program director.
 - c. Paramedic course:
 - 1) The lead instructor for paramedic courses must have proof of clinical experience at the paramedic level or above; and
 - 2) Must have the approval of the training program's training physician and the county medical program director.
- C. Course Standards: The department-approved training program director, SEI/Lead Instructor, assistant instructors, and county MPD or MPD delegated training physician share in the accountability to maintain education standards throughout the course.
 1. Student screening is the responsibility of the Training Program, and SEI/lead instructor. [WAC 246-976-041](#) requires student screening to confirm prospective students meet course entry requirements.
 - a. An applicant must be at least 17 years of age at the beginning of the course. The department will not grant variance requests for the age requirement.
 - b. Emergency medical responder and emergency medical technician applicants have no educational prerequisites.
 - 1) It is **recommended, not required**, that a nationally recognized CPR health care provider or professional rescue level skills be made a pre-course requirement. This prerequisite would include patient assessment, scene survey, recovery position, infection control, recognizing a heart attack, adult, child, and infant CPR including 1 and 2 rescuer, mouth-to-mouth with barrier, mouth-to-mask, bag-valve mask, conscious and unconscious choking procedures and AED.
 - c. EMT An applicant for training at the AEMT level requires a currently certified EMT with at least one year of experience. Certification for a year does not meet this requirement, and the experience should be prehospital in nature.
 - d. An applicant for training at the paramedic level must document at least one year of experience as a certified EMT, or equivalent prehospital experience; and meet all entry requirements of the state-approved paramedic-training program.
 - e. The requirements in [WAC 246-976-141](#) are not required to enter a course; however, it is common when prioritizing students to select applicants who meet these requirements prior to those who do not.
 - f. Any prospective student not meeting the requirement to enter initial AEMT, or Paramedic EMS training ([WAC 246-976-041](#)) may request a variance to that requirement as provided by [RCW 18.73.101](#).

- 1) The department will not grant variance requests for the age requirement.
 - 2) An approval of the variance request must be in the student's hands before the beginning of the course for the student to be eligible for training and certification.
 - 3) The intent of RCW 18.73.101 is to allow the department to make an exception to the rules only when compliance would reduce or eliminate emergency medical services, and then, only if no detriment to public safety would result.
 - 4) A variance request for any other purpose does not meet this intent and does not justify approval from the Department.
 - 5) The requestor's county MPD must recommend the variance to the department and approval obtained, prior to the beginning of the course.
2. Students enrolled in initial certification courses are required to, at a minimum, have a core textbook consistent with the department-approved instructor guidelines/curriculum.
 3. The student to instructor ratio for psychomotor instruction will be no greater than six to one (6:1).
 4. No didactic education session may exceed eight (8) hours within a twenty-four (24) hour period.
 5. All instruction will meet or exceed the minimum recommended time allotted for the approved curriculum:
 - a. EMR – 48 to 60 clock hours, includes the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
 - b. EMT – 150 to 190 clock hours, includes the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
 - c. AEMT – 150 to 250 clock hours beyond EMT requirements, includes the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
 - d. Paramedic – As required by the department-approved accreditation agency and the Department of Health. Accredited programs typically range from 1,000 to 1,300 clock hours, including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material. Further pre-requisites may be required to address competencies in basic health sciences (anatomy and physiology) and in basic academic skills (English and mathematics).
 6. Course curriculum or instructor guidelines and core content must adhere to content approved by the department in [WAC 246-976-023](#):
 - a. The "National EMS Scope of Practice Model," "National EMS Education Standards" and the Instructor Guidelines published January 2009 (for the level of instruction), are companion documents and have been amended for use in Washington State by the department.
 - 1) The *National EMS Scope of Practice Model* identifies the psychomotor skills and knowledge necessary for the minimum competence of each nationally identified level of EMS provider.
 - 2) The Washington amended National EMS Standards define the minimal entry-level educational competencies for each level of EMS personnel as identified in the National EMS Scope of Practice Model. The less rigid format of the Standards supports diverse implementation methods and more frequently updated content.
 - 3) The Washington amended National EMS Instructor Guidelines (IG) do not comprise a curricula, but are intended to provide guidance to instructors

regarding the content that may be included within each area of the National EMS Education Standards, and to provide interim support to SEI/LIs. The format of the IGs are not intended to be all-inclusive; it is understood that they will become outdated as research, technology, and national organization guidelines dictate changes in patient assessment and care.

- 4) In implementing the Washington State Amended Standards, EMS instructors and educational programs will have the freedom to develop their own curricula or to use any of the wide variety of publishers' lesson plans and instructional resources that are available at each EMS educational level.
- D. Evaluation, Examination, Remediation, and Reevaluation: The Washington State Practical Skills Examination consists of the successful completion of all individual practical skill sheets and any required comprehensive end of course evaluations.
1. Requirements identified for the for successful completion of the EMR and EMT course practical skill examinations are located in the department-approved practical skills examination provided on the office [education web page](#) under the EMR or EMT documents section.
 - a. Each student must complete each practical skill taught during the course to identify needed corrective action for the students with continued practicing and evaluation until the student demonstrates the required competence.
 - b. Individual skills evaluated and successfully completed during the practical lab lessons are also successful for course completion.
 - c. A comprehensive end of course evaluation is required for all initial EMR and EMT courses.
 2. A state-approved NREMT representative administers the NREMT AEMT and Paramedic practical skill certification examinations.
 - a. AEMT and paramedic training programs should use the NREMT-developed practical skill sheets during the course and for course completion.
 3. Authorized practical skill evaluators/examiners are:
 - a. A medical program director (MPD) or MPD delegated training or supervising physician.
 - b. A department-approved SEI or a MPD and department-approved EMS Evaluator, certified at the EMT level or higher, at or above the level of the individual being evaluated.
 - c. A qualified non-physician delegated by the MPD.
 - d. Instructors credentialed through nationally recognized training programs, although not approved as an Department of Health EMS evaluator, i.e., CPR, ACLS, PHTLS, PALS, etc., when approved by the MPD. Evaluations of skills during these specific training courses must use the nationally recognized training program's skill evaluations sheets.
 - e. Guest instructors must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the MPD to instruct or evaluate EMS topics.
 4. Role Play is individual and/or team practical skills performance evaluations from written scenarios. Use this method for the comprehensive end of course evaluation.
 - a. The development of Role-play scenarios used for role-play evaluations is the SEOs responsibility. During scenario development, skill combinations are encouraged. For example, for the trauma evaluation, you could combine oxygen, splinting, PASG, along with stabilization and immobilization. For the

- medical evaluation, you could introduce pharmacology elements including indications, contraindications, dosages, side effects.
5. Remediation and Reevaluation:
 - a. Provide individuals who have not demonstrated competency with remedial training and reevaluation within reason.
 - b. Provide remediation and reevaluation soon after the student's deficiency is noted and before the student receives education beyond that module.
 - c. Document the remediation and reevaluation sessions until student demonstrates competency or reasonable efforts have failed.
 - d. The SEI/lead instructor and the training program director, training physician, or MPD should counsel individuals who fail remediation efforts regarding further involvement in the course or EMS field.
 - E. Completion of the clinical/field experience requirements is part of successful course completion and is mandatory. **Do not** issue any student a course completion certificate until the student completes all course requirements successfully.
 1. Appendix A provides Clinical/field rotations, including hospital experience. They are also in the approved standards/instructor guidelines appropriate to the training.
 - a. It is the responsibility of the training program, training program director, and SEI/lead instructor to arrange and develop agreements for the students to have the opportunity to complete clinical and field internship rotations.
 - b. The inability of a training program to complete these requirements constitutes an incomplete course.
 - c. The training program director/SEI/LI must contact the Department of Health, EMS and Trauma Section if questions regarding these requirements arise or if the program cannot meet these requirements.
 2. Clinical Facilities: All clinical facilities are required to be compatible with and appropriate for the instructional guidelines for the EMS level training conducted.
 - a. The MPD or MPD-delegated training physician must approve clinical facilities for all advanced EMT and paramedic courses.
 - F. Educational Infrastructure to support courses:
 1. Equipment: Education programs will have access to all equipment and educational aids necessary to fulfill the needs of the instructional guidelines.
 - a. See Appendix E for the recommended equipment guidelines.
 - b. Provide audio, visual, and kinematic aids to support and supplement didactic instruction.
 - c. Educational facilities: All classroom facilities used for EMS educational programs are required to be conducive to a learning environment to include:
 - d. ADA compliant facility
 - e. Environmental controls for heating, cooling, and ventilation, and
 - f. Adequate space for seating and skills practice relative to the anticipated number of students and type of course:
 - 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
 - g. Adequate space for course resources and workspace for instructional preparation.
 - h. Provide adequate and secure storage space for instructional materials, supplies, equipment.

- i. Appropriate restroom facilities.
- G. The following define the requirements and guidelines necessary to complete the department-approved cognitive certification exam as contained in [WAC 246-976-022](#) and [-141](#).
 - 1. Examination Registration procedures and process:
 - a. The training program director must have registered the course on the nremt.org website.
 - b. Appendix D provides detailed information for course registration, student application, and scheduling a certification examination.
 - c. The SEI/LI should encourage students to complete the approved department certification examination as soon as possible after course completion.
 - d. The SEI/LI should assist students in applying to take the examination and scheduling the examination if requested.
 - 2. Examination Eligibility:
 - a. An individual is eligible to take the Department of Health-EMS certification examination upon successful completion of an approved EMS course and has intent to become certified.
 - b. Agency association is not required to take the exam. However, the individual should intend on becoming associated with a department licensed prehospital EMS agency or a department-approved EMS supervising organization.
 - 3. Examination Results:
 - a. Successful completion of an initial course is valid for two years. After two years, individuals desiring certification must complete another entire course.
 - b. Applicants will have three attempts within 12 months of course completion to pass the examination.
 - 1) In the event the applicant is unsuccessful passing the cognitive examination, the NREMT will provide feedback on performance. The applicant may apply to retest 15 days after the last examination.
 - 2) After three unsuccessful attempts, the applicant may retake the initial EMS training course, or within 12 months of the third unsuccessful attempt, complete department-approved refresher training covering airway, medical, pediatric, and trauma topics identified below, and pass the department-approved certification examination.
 - a) EMR - Not applicable. Must repeat EMR course.
 - b) EMT - 24 hours.
 - c) AEMT- 36 hours - pharmacology review must be included in the refresher training.
 - d) Paramedic- 48 hours - pharmacology review must be included in the refresher training.
 - c. In cases where applicants do not yet meet all certification requirements, a passing score is valid for 12 months.
- H. The following define the requirements and guidelines necessary to obtain initial EMS provider certification following the successful completion of Washington State-approved EMS course per requirements as contained in [WAC 246-976-141](#).
 - 1. Screening procedures and process:
 - a. The training program should screen course applicants to ensure they will meet and can document the requirements of [WAC 246-976-141](#) and the initial EMS certification application packet prior to entry into the course.
 - b. The training program must provide a copy of initial certification requirements for certification as identified in [WAC 246-976-141](#) in the student handbook provided

- at the beginning of the course.
2. Certification procedures and process:
 - a. SEI/LIs should assist students in the completion of the initial EMS certification application if requested. This may be done prior to course completion as the application has two parts:
 - 1) The first part (initial EMS certification application) is the student's information that can be sent in to begin the process, and
 - 2) The second part (EMS supervisor/medical program director signature form) is for the student's EMS agency or organization to verify association and for the MPDs recommendation for certification.
 - b. The training program through the SEI/LI must provide a course completion certificate or letter containing the information identified in Section 1.II.E. above.
 3. Initial Certification Application requirements: An applicant must:
 - a. Complete and submit an [Initial EMS Certification Application](#) to the department at the address provided on the application:
 - 1) Do not alter the application forms in any way.
 - 2) Read the application in its entirety and follow all directions.
 - 3) Obtain the required supervisory and MPD signatures. After the MPD signs the recommendation, the local EMS office may forward the application packet to the department on the student's behalf.
 - b. Proof of meeting the requirements identified below:
 - 1) Candidate must provide proof of successful EMS course completion from a department-approved EMS training program. For paramedic applicants, this proof must be from a training program accredited by a department-approved national accrediting organization.
 - 2) Provide proof of a passing score on the department-approved certification examination for the level of certification.
 - 3) High school diploma or GED: Required for EMT, AEMT and paramedic only.
 - 4) Provide proof of identity - state or federal photo ID (military ID, driver's license, passport).
 - 5) Provide proof of age - at least 18 years of age. The department will not grant variances to the age requirement.
 - 6) Provide proof of EMS agency association - active membership, paid or volunteer with:
 - (a) Licensed aid or ambulance service;
 - (b) Law enforcement agency;
 - (c) Business with organized industrial safety team;
 - (d) Senior EMS instructors or training coordinators who teaching for a department-approved EMS training program, but are unable to be associated with approved agencies above.
 - c. Background check - required. The completion of a fingerprint card and FBI background check may be required.
 4. Certification Issuance by the department
 - a. Individuals who have successfully completed an EMS course and received a letter/certificate of course completion are not authorized to provide patient care until they have completed the Washington State certification process and have official certification from the Department of Health.

- b. Successful completion of an EMS course, the department-EMS certification examination (NREMT), and NREMT certification does not authorized individuals to provide patient care. Only official certification from the Department of Health provides that authorization.
- c. If individuals have questions, SEIs/LIs should encourage them to contact the Department of Health Customer Service Office at (360) 236-4700.
- I. The following standards define the requirements and guidelines necessary to conduct EMS specialized training courses as contained in [WAC 246-976-024](#).
 - 1. MPDs may submit a proposal to conduct pilot training programs to determine the need for skills, techniques, or equipment that are not included in standard course curricula/instructional guidelines. A pilot program allows the MPD to conduct field research to determine:
 - a. The effectiveness of the training;
 - b. EMS provider knowledge and skills competency;
 - c. The ability of the EMS provider to provide proper patient care.
 - 2. To request approval of a pilot training program, the MPD must submit a proposal that includes the following information to the department for review:
 - a. A needs statement describing what the proposed pilot will address;
 - b. The level of certified EMS provider who will be participating in the pilot training;
 - c. The length of the pilot project;
 - d. The method by which the pilot project will be evaluated;
 - e. Course curriculum/lesson plans;
 - f. Type of instructional personnel required to conduct the pilot training;
 - g. Course prerequisites;
 - h. Criteria for successful course completion, including student evaluations and/or examinations; and
 - i. Prehospital patient care protocols for use in the pilot program.
 - 3. The department will:
 - a. Review the request and training plan;
 - b. Consult with the prehospital technical advisory committee to determine the need for, and the benefits of the requested training throughout the state.
 - c. Based on recommendation of the prehospital TAC, approve or deny the request for the pilot program.
 - 4. The MPD must report the results of the pilot training to the department and the Prehospital TAC.
 - a. The department and the prehospital TAC will review the results of the pilot training project to determine whether to implement the new training statewide.
 - b. If implemented statewide, the department will adopt it as specialized training and notify all county MPDs to advise if the skill is required.

Section 2 – Involvement in EMS Education

I. How Do I Get There?

Information about the SEI qualification process is available on the department website at <http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EMSEducationandCertification/EMSEducation/SeniorEMSInstructorQualificationProcess.aspx>

- A. After obtaining experience in the EMS field, many individuals want to become involved in EMS education, some with the intention of eventually becoming an SEI.
 1. Individuals begin by assisting SEIs during an EMT course.
 - a. With the completion of an EMS evaluator workshop (with MPD and department-approval), course assistants can provide fair and objective evaluations of students' practical skills.
 - b. As these assistants become more knowledgeable in topic content, and when approved by the MPD, they begin instructing portions of a course under the supervision of the SEI.
 - c. As the assistants become fully knowledgeable of EMT topics, some desire to teach CME or OTEP classes. As their instructional abilities increase, some seek approval as an SEI.
 2. CME or OTEP classes do not require instruction by an SEI.
 - a. The instruction of CME and OTEP is not a need to begin the SEI qualification process.
 - b. We recommend experience in teaching CME or OTEP as well as assisting in local EMS courses. The additional experience will provide a solid base for further instructor training prior to completing the instructor course prerequisite for becoming an SEI.
 3. Prerequisites to begin the SEI qualification process:
 - a. You must send proof of the following prerequisites to the department:
 - 1) Current Washington State EMT or higher EMS level certification.
 - 2) At least three years prehospital experience at the EMT level or above, with at least one recertification.
 - 3) Successful completion of a department-approved EMS Evaluator workshop.
 - 4) Current recognition as a CPR instructor for health care providers by the AHA, the ARC, the National Safety Council (NSC), or other nationally recognized organization with equivalent standards as determined by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), and approved by the department.
 - 5) Successful completion of an instructor training course by the U.S. Department of Transportation, National Highway Traffic Safety Administration, an instructor training course from an accredited institution of higher education, or an equivalent instructor course approved by the department.
 - 6) Successful completion of an examination developed and administered by the department, on current EMS training and certification statutes, WAC and the Uniform Disciplinary Act (UDA). Information regarding the required examination is available on the office [SEI web page](#).
 - b. The following specific courses are approved by the department as acceptable Adult Instructional Methodology courses;
 - 1) Washington State teaching certificate, or completion of a credited post-secondary school instructor, or
 - 2) National Association of EMS Educators ([NAEMSE](#)) Instructor Course, part 1, or
 - 3) Fire Fighter Certification System, Fire Instructor I and II, or

- 4) Department of Defense Instructor Courses, i.e. U.S. Army Basic Instructor Course (ABIC) [previously Total Army Instructor Trainer Course (TAITC)], or similar.
 - 5) Professional Education and Resources Company (PERCOM) Online EMS Instructor Course- <http://percomonline.com/EMS-Instructor-Course.php>.
- c. It is fair to say this process can take some time, so plan. The SEI applicant should complete the following requirements over a period.
4. When the applicant meets the prerequisites, they need to send all documentation to the department with a letter requesting to begin the SEI qualification process. Include the following:
 - a. EMS credential number – (found on your EMS certification card)
 - b. Name and address
 - c. Phone Numbers - work phone, home phone, fax if available
 - d. Email address
 - e. County of primary EMS agency supervision
 - f. Primary EMS agency name and credential number or agency number (i.e., 34D09)
 5. The department verifies the prerequisites; then issues an Initial Recognition Application Procedures (IRAP) packet containing the instructor objectives the applicant must complete to become an approved SEI. At this point, the individual is an SEI candidate. The packet includes instructions to complete the process, and an application. The application must be submitted when the objectives have been completed, following the instructions, to become approved as an SEI.
- A. Completion by the IRAP by the senior EMS instructor candidate
1. The SEI qualification process is “performance-based.” This process is one in which the criteria for qualification is individual performance on a series of objectives that must be successfully completed.
 - a. The SEI candidate must complete the objectives identified in the IRAP within an EMT course. Some of the objectives will be administrative; however, most will be instructional in nature.
 - b. An approved SEI evaluates each instructional objective. When the objectives, objectives signoff sheet and all evaluation documents are completed, the candidate submits them for the approval process.
 2. This process includes a review of the objectives by the MPD who when satisfied with the successful completion, forwards a recommendation for SEI approval to the department. The department reviews the objectives packet to determine if they have met the requirements for approval. If approved, the SEI candidate will receive a SEI recognition card, and a SEI Renewal Application Procedures packet. **The renewal application procedures contain the objectives the new SEI must complete over the three years approval period.**
- B. Once approved as a SEI/lead Instructor, it is necessary to remain current in EMS knowledge and skills to convey that knowledge to others as well as the proper and accurate evaluation skills. Maintaining the knowledge and skills, and sharing them with others is part of being an EMS professional.

II. How Do I Stay There?

Information about the SEI renewal process is available on the department website at <http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EMSEducationandCertification/EMSEducation/SeniorEMSInstructorQualificationProcess.aspx>

A. SEI Renewal Requirements:

1. To become reapproved as an SEI under the SEI qualification process, you must have proof that you meet the following requirements:
 - a. Current or previous recognition as a Washington State SEI.
 - b. Current Washington State EMT or higher EMS level certification.
 - c. Current recognition as a CPR instructor for health care providers by the AHA, the ARC, the National Safety Council (NSC), or other nationally recognized organization with equivalent standards as determined by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), and approved by the department.
 - d. Successful completion of an examination developed and administered by the department on current EMS training and certification statutes, WAC and the UDA.
 - e. The requirement of the SEI workshop may be fulfilled by any combination of the following:
 - 1) NREMT Update for Training Programs, or
 - 2) NAEMSE workshop, or
 - 3) SEI workshop as approved by department
 - f. Successful completion of the renewal application procedures as received from the department with initial SEI recognition card, to include the recommendation signature of the MPD.
2. When completed, the candidate submits them for the approval process.
3. This process includes a review of the objectives by the MPD who when satisfied with the successful completion, forwards a recommendation for SEI approval to the department. The department reviews the objectives packet to determine if they have met the requirements for approval. If approved, the SEI candidate will receive a SEI recognition card, and a SEI Renewal Application Procedures packet. The renewal application procedures contain the objectives the new SEI must complete over the three years approval period.

C. What EMS Instructors Should Know

1. Revised Code of Washington (RCW) – also known as statutes
 - a. Although there are numerous statutes pertaining to the EMS and Trauma System that EMS educators should be familiar with, the statutes listed below are of particular importance because one identifies the Department of Health duties and the other identifies the process for getting a variance from the requirements involving EMS training.

[18.73.081](#) **Duties of secretary--Minimum requirements to be prescribed**
[18.73.101](#) **Variance from requirements**
 - b. In addition, it is necessary to be familiar with [RCW 18.130, the Uniform Disciplinary Act \(UDA\)](#). This statute consists of laws governing the licensure and discipline procedures for health and health-related professionals and businesses.
 - c. Current EMS and Trauma related statutes are available on the office [statutes web page](#).
2. Washington Administrative Code (WAC) – Also Known As Rules
 - a. All individuals involved in EMS training and evaluation should be familiar with the following EMS rules pertaining to EMS training and certification:

Training

[246-976-022](#) **Training Program**

246-976-023	Training Course Requirements
246-976-031	Senior EMS Instructor (SEI)
246-976-032	SEI Renewal
246-976-033	Denial, suspension, modification or revocation of SEI recognition
246-976-041	To Apply For Training

Certification

246-976-141	To obtain Initial EMS provider Certification
246-976-142	To obtain reciprocal (out-of-state) EMS certification
246-976-143	To obtain EMS certification by challenging the educational requirements
246-976-144	EMS Certification
246-976-161	General education requirements for EMS provider recertification
246-976-162	The CME method of recertification
246-976-163	The OTEP method of recertification
246-976-171	Recertification, reversion, reissuance and reinstatement of certification
246-976-182	Authorized Care – Scope of practice
246-976-191	Disciplinary Actions

b. Current EMS and Trauma related rules are available on the office [rules web page](#).

D. What to Teach (Instructor Guidelines/ Curricula and where to find it)

1. Washington State Required Course curriculum or instructor guidelines and core content must adhere to content approved by the department in [WAC 246-976-023](#):
 - a. The “National EMS Scope of Practice Model,” “National EMS Education Standards” and the Instructor Guidelines published January 2009 (for the level of instruction), are companion documents and have been amended for use in Washington State by the department.
 - 1) The National EMS Scope of Practice Model identifies the psychomotor skills and knowledge necessary for the minimum competence of each nationally identified level of EMS provider.
 - 2) The Washington amended National EMS Standards define the minimal entry-level educational competencies for each level of EMS personnel as identified in the National EMS Scope of Practice Model. The less rigid Standards format allows diverse implementation methods and supports content updates.
 - 3) The Washington amended National EMS Instructor Guidelines (IG), do not comprise a curricula, but are intended to provide guidance to instructors regarding the content that may be included within each area of the National EMS Education Standards, and to provide interim support to SEI/LIs. The IGs are not all-inclusive. The expectation was that they will become outdated as research, technology, and national organization guidelines dictate changes in patient assessment and care.
2. Conducting any EMS initial course, CME or OTEP requires the use of the approved standards and guidelines. WAC 246-976-023 references the instructor guidelines as the approved standard; therefore, are an extension of WAC and become the standard of care.

3. When implementing the Washington State Amended Standards, EMS instructors and educational programs will have the flexibility to develop their own curricula or to use any of the wide variety of publishers' lesson plans and instructional resources that are available at each EMS educational level.
4. All SEIs/lead EMS instructors, and other instructors must be knowledgeable of and comply with the National Instructor Guidelines, amended and approved by Washington State Department of Health. They must:
 - a. Read or review the EMS Standards and instructor guidelines, and be familiar with all sections. This includes all instructional lessons, additional required topics, and appendices.
 - b. Be able to locate course requirements and resources. This includes course forms, clinical or field requirements, practical skills requirements, and other course related concerns.
5. Initial course curricula/instructor guidelines are available on the office **publications web page**.
6. Other State Required Curricula/Instructor Guidelines
 - a. Instruction in multicultural health appropriate to the level of EMS training; and
 - b. A four-hour, department-approved, infectious disease training program that meeting the requirements of chapter 70.24 RCW. The required instructional material for EMS is the "Infectious Disease Prevention for EMS providers." It is available on the website at <http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Publications.aspx>.
 - c. This instruction must be incorporated into the EMS course consistent with the instructor guidelines for the EMS level being taught, and
 - d. Other training consistent with MPD protocols.
7. Additional Curricula/Instructor Guidelines
 - a. Curricula/instructor guidelines for special skills, wilderness EMS, etc., may be found on the department website at: <http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Publications.aspx>

III. Denial, Suspension, Modification or Revocation of SEI Recognition

Information regarding this process is available in [WAC 246-976-033](#) on the department website at

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EMSEducationandCertification/EMSEducation/SeniorEMSInstructorQualificationProcess.aspx>

- A. The department may deny, suspend, modify or revoke an SEI's recognition when it finds:
1. Violations of [Chapter 18.130 RCW](#).
 2. A failure to:
 - a. Maintain EMS certification;
 - b. Update the following personal information with the department as changes occur:
 1. Name;
 2. Address;
 3. Home and work phone numbers.
 - c. Maintain knowledge of current EMS training and certification statutes, WAC and the UDA;
 - d. Comply with requirements in [WAC 246-976-031\(1\)](#);
 - e. Participate in the instructor candidate evaluation process in an objective and professional manner, without cost to the individual being reviewed or evaluated;
 - f. Complete all forms and maintain records in accordance with WAC;
 - g. Demonstrate all skills and procedures based on current standards;
 - h. Follow the requirements of the Americans with Disabilities Act (ADA);
 - i. Maintain security of all Washington State Department of Health examination materials.
- B. The candidate or SEI may request a hearing to contest department decisions with regard to denial, suspension, modification, or revocation of SEI recognition in accordance with the Administrative Procedure Act (APA) (Chapter 34.05 RCW) and associated Washington Administrative Code.

Section 3 – Ongoing Training & Evaluation Program

I. OTEP Development

A. "Ongoing Training and Evaluation Program (OTEP)" is a program of education for EMS personnel, approved by the MPD and the Department of Health to meet the education requirements and core topic content for recertification. OTEP includes cognitive, affective, and psychomotor evaluations following completion of each topic presentation to determine student competence of topic content. OTEP training and evaluation sessions must be conducted at least quarterly to be considered ongoing.

B. This section provides the guidelines to develop an OTEP that meets minimum state standards and provides information to assist in the continual improvement of existing training programs.

1. EMS Agency Involvement- If an EMS agency decides to conduct an "OTEP" it must:
 - a. Have currently certified EMS providers
 - b. Have county MPD and department-approved EMS evaluators and Instructors
 - c. Develop a training program following educational requirements for the recertification of EMS personnel, using topic content identified below.
 - d. Complete the ongoing evaluation and training application, DOH Form 530-010
 - e. Obtain "OTEP" approval from county MPD and the department
2. Instructor and Evaluator Personnel
 - a. Evaluation must be performed by MPD and department approved EMS evaluators. The MPD may also approve non-EMS credentialed personnel as an authorized evaluator (see II below).
 - b. Instructors must be a currently approved EMS evaluator and approved by the county MPD to instruct and evaluate EMS topics, or another authorized instructor (see II below).
3. Participation in OTEP – Current EMS certification is required to participate in an approved OTEP.
4. Medical Program Director (MPD) Responsibilities- MPDs or their designated delegate(s) are responsible for approval of:
 - a. OTEP instructors and EMS evaluators.
 - b. OTEP for EMS provider recertification.
 - c. Recommendation of recertification of EMS providers to the department
5. Ongoing Training and Evaluation Program Content: (additional information is available in the Education Requirements for the Recertification of EMS Personnel available at <http://www.doh.wa.lcl/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EMSEducationandCertification/EMSEducation/EducationRequirementsForEMSRecertification.aspx>)
 - a. Must meet annual and certification period educational requirements using:
 - 1) Cognitive, affective and psychomotor objectives found in instructor guidelines or curricula identified in [WAC 246-976-161](#), for the level of certification being taught in the following core content areas:
 - a) Airway /ventilation (including intensive airway management training for personnel with advanced airway (ET) qualifications to determine competency), and
 - b) Cardiovascular, and
 - c) Medical emergencies/behavioral, and
 - d) Trauma, and
 - e) Obstetrics, and
 - f) Pediatrics, and

- g) Operations, and
 - h) Intensive IV therapy training for personnel with IV therapy qualifications to determine competency.
- 2) The current national standards published for CPR, foreign body airway obstruction (FBAO), defibrillation, and patient care appropriate to the level of certification.
 - 3) County Medical Program Director (MPD) protocols, Regional Patient Care Procedures, and County Operating Procedures.
 - 4) Training updates in standards as identified by the Department. This material is made available on the Emergency Medical Services and Trauma System [website](#)
- b. Must provide evaluations to determine the student competence of those cognitive, affective, and psychomotor objectives covered, following the completion of each topic presentation.
 - 1) The use of psychomotor skill evaluations approved by the department or from nationally recognized training programs is required as identified in [WAC 246-976-161](#), for the level of certification evaluated.
 - 2) If a skill does not have a department, approved evaluation form the MPD must see one is developed and approved to evaluate the skill.
 - c. Must have content approved by the MPD approval.
 - d. May incorporate nationally recognized training programs within an OTEP for the core content areas identified in 5.a.
 - e. Paramedic and AEMT OTEP skill maintenance requirements are in [WAC 246-976-163](#), Table B.
6. Other Considerations:
 - a. Remedial Training - If an EMS provider is unable to demonstrate knowledge and skill competency, he/she may receive remedial training as determined by the MPD.
 - b. Any EMS provider changing from the OTEP method to the CME method must meet all requirements of the CME method including the written and practical skills certification examinations identified in [WAC 246-976-171](#).
 7. OTEP Quality Improvement:
 - a. The key to a successful OTEP is periodic assessment of instructors and EMS evaluators. The following are several suggested approaches to establish an in-house quality assessment (QA) program in training and evaluation:
 - 1) Conduct peer evaluations of CME instructors and EMS evaluators. Sample "peer review forms" are available from the department upon request.
 - 2) Whenever possible involve the MPD or delegate in training or evaluation sessions.
 - 3) Periodically survey EMS personnel about the strengths and weaknesses of the OTEP, and obtain suggestions for improvement.
 8. National Registry of Emergency Medical Technicians (NREMT) Recertification Requirements:
 - a. Many individuals in Washington State maintain NREMT credentials exclusively or in addition to Washington State EMS credentials. Education requirements obtained to meet Washington's standards may be used to meet NREMT recertification requirements when:
 - 1) The education meets hour and topic requirements.
 - 2) The courses obtained have been properly documented and provided to the NREMT by the required due date.
 - 3) For additional information, please refer to the NREMT website at: <http://www.nremt.org/nremt/about/brochuresRecertification.asp>.

9. OTEP Reapproval:
 - a. Substantive changes to the approved OTEP require documented approval from the county MPD and the department.
 - b. OTEP applications are available on the office [publications webpage](#).

II. OTEP EMS Evaluators and Instructors

- A. An agency conducting an OTEP will need instructor/evaluator personnel.
- B. During an OTEP, EMS personnel must complete and demonstrate competency in skills contained in the Washington State-approved practical skills examinations/evaluations for the appropriate level of certification, and evaluation skill sheets from other approved topic content.
 1. EMS Evaluators use the practical skills sheets determine each individual's competency on each skill covered during the OTEP.
 - a. EMS Evaluators must:
 - 1) Be currently certified at the EMT level or higher, which has completed at least one certification cycle.
 - 2) Complete an MPD-approved EMS Evaluator Workshop that teaches the methods and techniques of consistent and objective practical skills evaluation using skill evaluation forms identified by the Department of Health.
 - 3) Complete the EMS Evaluator Application, DOH Form 530-012.
 - a) EMS Evaluator Applications are available on the office [education webpage](#).
 - 4) Be approved by the county medical program director and the Department of Health.
 - 5) Evaluate practical skills for individuals at or below the evaluator's level of certification.
 - b. Other Authorized Evaluators:
 - 1) A medical program director (MPD) or MPD delegated training or supervising physician.
 - 2) A qualified non-physician delegated by the MPD.
 - 3) Instructors credentialed through nationally recognized training programs, although not approved as an EMS evaluator, i.e., CPR, ACLS, PHTLS, PALS, etc., when approved by the MPD. Evaluations of skills must use the nationally recognized training course skill evaluations sheets.
 - 4) Guest Instructor, when used, must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the MPD to instruct or evaluate EMS topics. An SEI (initial EMT or emergency medical responder classes), lead instructor (for initial AEMT or paramedic courses), or EMS evaluator (for OTEP classes) should be present during the guest lecturer's presentation.
 2. EMS instructors use the practical skills and determine each individual's competency on each skill covered during the OTEP.
 - a. OTEP Instructors Must:
 - 1) Be currently certified at the EMT level or higher, which has completed at least one certification cycle.
 - 2) Be a currently approved EMS evaluator.
 - 3) Be approved by the county MPD to instruct and evaluate EMS topics.
 - 4) Instruct topics or evaluate practical skills for individuals at or below the evaluator's level of certification.

- 5) Guest instructor, when used, must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic presented and approved by the MPD to instruct or evaluate EMS topics. An SEI, lead instructor, or EMS evaluator (for OTEP classes) should be present during the guest lecturer's presentation.

III. EMS Evaluator Workshops

A. The purpose of evaluator workshops is to teach methods and techniques to enable individuals to provide reliable, objective practical skill evaluations while properly using evaluation skill forms identified by the Department of Health.

1. Instructor Requirements:
 - a. Individuals experienced in EMS practical skill instruction, demonstration and evaluation, such as senior EMS instructors or other individuals approved by the medical program director, must conduct EMS Evaluator Workshops.
 - b. EMS evaluator workshop instructors must submit a course roster to the department to document successful completion of the course. Course rosters are available for EMS evaluator workshop on the office [education webpage](#).
2. Workshop Completion Requirements:
 - a. Evaluator course participants must successfully complete all course objectives.
 - b. As many evaluations as possible should be accomplished during the EMS evaluator workshop.
4. EMS evaluators will evaluate only those practical skills (on other people) for which they have completed a successful evaluation.

IV. EMS Evaluator Performance Maintenance

A. EMS evaluators need to participate in skills evaluations periodically to maintain proficiency in the techniques and methods of evaluation.

B. EMS evaluators must be competent in both performing and evaluating each individual practical skill, prior to evaluating others in the performance of practical skills.

1. EMS evaluators should maintain skills and knowledge by attending periodic evaluator or instructor updates.
2. Workshops provide an opportunity to add to the practical skills an evaluator is able to evaluate if not completed during the initial EMS evaluator workshop. As many of these evaluations as possible should be accomplished during a periodic instructor or evaluator update.
 - a. Performing skill evaluations as an EMS evaluator does not meet the requirement to be competent in any skill for recertification purposes.
 - 1) Each EMS evaluator must perform each skill, be evaluated by another EMS evaluator, and determined successful in the performance of each skill to meet competency requirements for recertification.
 - 2) Quarterly participation in evaluations is required based on the topic(s) covered during that quarter, WAC 246-976-163.

V. Completing the OTEP Method of Recertification

- A. To complete the OTEP method you must:
1. Complete the educational requirements for EMS provider renewal identified in [WAC 246-976-161](#).
 2. Document department and MPD-approved OTEP that includes requirements indicated in [WAC 246-976-161](#), and the education, evaluation and skill requirements specified in [WAC 246-976-163](#):
 - a. Table A - The cognitive, affective, and psychomotor education and evaluations, appropriate to your level of certification.
 - b. Table B - The skills maintenance requirements appropriate to your level of certification.
 3. Complete the Department of Health recertification/renewal requirements identified in [WAC 246-976-171](#) and certification requirements identified in [WAC 246-976-141](#).
- B. Changing Recertification Methods:
1. Any EMS provider may elect to obtain his or her education requirements for recertification through the CME method by the completion of the education requirements identified in [WAC 246-976-161](#) Table A and B, and
 2. Successfully completing the Washington State written examination and practical skills examination as identified in [WAC 246-976-171](#).

EMS and Trauma Section Contact Information

Address any questions regarding the information provided in this document to the EMS and Trauma Section by the following methods:

U.S. Mail – Office of Emergency Medical Services and Trauma System
EMS and Trauma Section
P.O. Box 47853
Olympia, Washington 98504-7853

Phone: (360) 236-2840
Fax: (360) 236-2830

Appendices

Appendix A – Clinical and Field Experience Requirements

General

In addition to the hours of instruction and practical skills evaluations, initial EMS courses require the completion of clinical/field internships to perform patient care procedures and interactions. The training program and MPD make agreements with clinical facilities and EMS agencies to provide this resource for the students as part of the course.

Students complete these internships/rotations with EMS agencies, hospitals, clinics, or physician offices. The training program or training program director must establish appropriate relationships with various clinical sites to ensure students receive:

- Adequate supervision/preceptorship, and
- Adequate contact with patients, and.
- Completed student performance reports.

To ensure students are aware of activities that occur in their clinical/field experience, all students enrolled in an initial certification course will receive an orientation to the national EMS scope of practice, relative to the course level they are attending. They should receive this no later than the second classroom session. Each educational level assumes mastery of previously stated competencies. Each individual must demonstrate each competency within his or her scope of practice and for patients of all ages.

- **Emergency Medical Responder**
The primary focus of the emergency medical responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher-level personnel at the scene and during transport. Emergency medical responders function as part of a comprehensive EMS response, under medical oversight. Emergency medical responders perform basic interventions with minimal equipment.
- **Emergency Medical Technician**
The primary focus of the emergency medical technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency medical technicians function as part of a comprehensive EMS response, under medical oversight. Emergency medical technicians perform interventions with the basic equipment typically found on an ambulance. The emergency medical technician is a link from the scene to the emergency health care system.
- **Advanced Emergency Medical Technician**
The primary focus of the advanced emergency medical technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced emergency medical technicians function as part of a comprehensive EMS response, under medical oversight. Advanced emergency medical technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The advanced emergency medical technician is a link from the scene to the emergency health care system.

- Paramedic

The paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The paramedic is a link from the scene into the health care system.

1. Students will demonstrate competency in the corresponding didactic/laboratory course objectives prior to clinical/field rotations related to that objective.
2. Students must complete clinical/field experience requirements before taking the Comprehensive End of Course Evaluation or the NREMT final practical examination. Training programs approved to conduct AEMT and PM training courses must make written notification to the department, EMS Training Section, at least two (2) weeks prior to the test day, for any student not meeting this requirement due to uncontrollable circumstances. The student must still complete the requirements prior to receiving a course completion certificate.
3. Evaluation of students as a third-person required, not staffed, or assigned as the regular on-duty EMS provider.
4. The training program must establish a feedback system to ensure that students have acted safely and professionally during their clinical/field rotations.
5. Students must receive a written report of their performance by their clinical/field supervisor/preceptor. The training program develops these forms and provides them to the students to take to their clinical/field rotations for completion by the clinical/field supervisor/preceptor. The clinical/field supervisor/preceptor returns these forms to the SEI/LI/clinical coordinator.
6. Remediation-Students reported as having difficulty must receive remediation and redirection. Repeat clinical/field experiences until the student is competent within the goals established by the accrediting organization, training program, and county medical program director. The SEI/lead instructor and the training program director, training physician, or MPD should counsel individuals who cannot be remediated regarding further involvement in the course or EMS field.

Resources

Use any combination of the resources listed below to meet the clinical/field requirements for the course:

- Clinical Experience Resources
 - Intensive care unit
 - Coronary care unit
 - Emergency department
 - OB-GYN
 - Recovery room
 - Nursing home
 - Clinics
 - Doctor's office
 - Other departments or clinical facilities approved by the MPD
- Field Experience Resources
 - Ambulance or aid vehicle runs involving the care of sick or injured patients.
 - Be approved by the training program director, training physician, SEI, and MPD.

Expectations-should be included in the student handbook. At a minimum:

Each student should be neat, clean, and well groomed and physically fit enough to perform the minimal entry-level job requirements while in clinical/field experience rotations. Council students who fail to exhibit good hygiene while the program is in session to provide them an opportunity to correct the habits.

Students will arrive on time and stay until the end of the scheduled rotation. Clear changes of the rotation schedule through the SEI/LI/clinical coordinator prior to the change. Notify the clinical/field site in a timely manner.

Students should bring all equipment necessary to perform at the clinical/field site, to include at a minimum:

- Equipment: pen penlight, scissors, stethoscope
- Clothing: change of clothes if uniform becomes contaminated, coat, gloves, hat as necessary.
- Paperwork: clinical/field rotation student evaluations forms, any other forms deemed necessary by training program.
- Other: EMS textbook/protocols to study during 'downtime'.

Requirements-should be included in the student handbook. Note: In this section, any guidance taken directly from the National EMS Education Standards will be underlined, and any other guidance will be in normal text.

At a minimum:

Emergency Medical Responder

The student must participate in and document five patient assessments in the clinical/field setting or on standardized/scenario patients if clinical/field settings are not available.

A patient interaction/clinical contact is the completion of an assessment and recording the patient history and assessment information. The student should record the patient history and assessment on a prehospital patient care report; i.e., Washington State Medical

Incident Report (MIR), just as if interacting with this patient in a field setting. The SEI must review the prehospital patient care report to ensure competent documentation practices in accordance with the minimum data set.

Emergency Medical Technician

Students should observe emergency department operations for a period sufficient to gain an appreciation for the continuum of care.

Students must successfully complete of 10 hours of patient care observation in any combination of the clinical/field resources listed above.

The student must participate in and document 10 patient assessments. Perform at least five assessments in a clinical/field setting. The student may perform five assessments on standardized/scenario patients if clinical/field settings are not available.

A patient interaction/clinical contact is the completion of an assessment and the recording of the patient history and assessment information. This student records this information on a prehospital patient care report; i.e., Washington State Medical Incident Report (MIR), just as if interacting with this patient in a field setting. The prehospital patient care report is then be reviewed by the SEI to ensure competent documentation practices in accordance with the minimum data set.

Advanced Emergency Medical Technician

Students must at a minimum successfully complete the following in a clinical or field setting; or in the absence of resources, as determined by the county MPD, completed in a lab-based, patient scenario setting using a patient simulation aid. Maximum numbers of lab-based scenarios are provided in (parentheses) below:

- The student must demonstrate the ability to administer medications to at least 15 times to live patients, while performing all steps of each procedure safely and properly. (Lab-based scenarios - no more than seven)
- The student must demonstrate the ability assist patients with medications safely and properly.
- The student must demonstrate the ability to gain vascular access, while performing all steps of each procedure safely and properly on at least 25 times on patients of various age groups. (Lab-based scenarios - no more than 10)
- The student must demonstrate the ability to ventilate at least 20 non-intubated live patients of various age groups of all age groups effectively, while performing all steps of each procedure). (Lab-based scenarios - no more than 10)
- The student must demonstrate the ability to perform supraglottic airway insertion, while performing all steps of each procedure safely and properly.
- The student must demonstrate the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with chest pain.
- The student must demonstrate the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
- The student must demonstrate the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.

- The student must demonstrate the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with syncope.
- The student must demonstrate the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for obstetric patients.
- The student must demonstrate the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for psychiatric patients.
- The student must demonstrate the ability to perform a comprehensive assessment on pediatric, adult, and geriatric patients.
- The student must demonstrate the ability to monitor blood glucose levels with use of automated devices or reagent strip, while performing all steps of each procedure safely and properly.
- The student must demonstrate the ability to monitor oxygen saturation with the use of pulse oximetry, while performing all steps of each procedure safely and properly.
- The student must demonstrate the ability to complete comprehensive medical legal documentation successfully relative to the advanced EMT scope of practice.
- The student must participate in and document team leadership in prehospital field experience situations.

Paramedic

Paramedic students must complete the clinical/field internships/rotations within eighteen (18) months of completing the didactic portion of the course.

Students must meet the following goals in the clinical/field internships/rotations, on actual patients, and in accordance with the training program accrediting agencies' guidance. Items in **bold text** are essentials and are required. Items in normal text are minimum standards to achieve the essentials. Minimum standards are not the only way to achieve the essentials. A survey of paramedic training program directors, expert opinion, including input from representatives of accredited Washington paramedic training programs, and the EMS Education Workgroup developed these standards and essentials.

- **Ages Exposure**
 - **The student must demonstrate the ability to perform a competent and comprehensive assessment on pediatric, adult, and geriatric patients to the satisfaction of the training physician.**
- **Resuscitative Pharmacology**
 - **The student must demonstrate safe administration of medications to the satisfaction of the training physician.**
 - The student must demonstrate the ability to manage the pharmacology of resuscitation and understand the risks of emergency medications, including those appropriate for cardiac arrest to the satisfaction of the training physician.
- **Psychomotor Skills**
 - **The student must demonstrate competency to perform endotracheal intubation to the satisfaction of the training physician.**
 - The student should safely, and while performing all steps of each procedure, successfully intubate at least 20 live patients.
 - **The student must demonstrate competency gain venous access, safely and properly to the satisfaction of the training physician.**
 - The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients, and must demonstrate competency to the satisfaction of the training

physician. (This excludes venous cannulation for the sole purpose of drawing blood.)

- **The student must demonstrate the ability to ventilate a patient effectively.**
 - While performing all steps of each procedure, the student should effectively demonstrate competency to the satisfaction of the training physician.
- **The student must demonstrate the ability to perform a comprehensive assessment of obstetric patients to the satisfaction of the training physician. (Observation time of “live” births is desirable.)**
- **The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients to the satisfaction of the training physician.**
- **The student must demonstrate establishment of a central, line safely and competently to the satisfaction of the training physician. (Upon paramedic certification, must have county MPD approval to establish central lines.)**
- **The student must demonstrate the ability to perform a competent and comprehensive assessment on patients who present with medical, trauma, or cardiac related complaints to the satisfaction of the training physician.**

Appendix B - Strategies For Successful EMT Programs

National Registry of Emergency Medical Technicians®

THE NATION'S EMS CERTIFICATION™



Identifying Educational Strategies of Successful EMT-Basic Programs

Jonathan R. Studnek, MS, NREMT-P; Gregg S. Margolis, PhD, NREMT-P; Antonio R. Fernandez, BS, NREMT-P; Joseph Mistovich, M.Ed., NREMT-P

Poster presentation at the Prehospital Care Research Forum at the annual symposium of the National Association of EMS Physicians January 2007

Introduction: First time pass rates on the EMT-Basic national certification examination is used by many as a benchmark for success of EMS educational programs. Some EMS education programs consistently achieve high success rates, while others struggle. This project develops a list of specific educational strategies used by those who attain consistent success.

Methods: A seven-step nominal group technique (NGT) was used to determine if strategies that lead to a successful EMT-Basic educational program could be identified. For the purposes of this study, educational success is defined as the graduates first time pass rate on EMT-Basic national certification examination. Therefore, NREMT data from 2002-2005 was analyzed in order to identify consistently high performing EMT- Basic educational programs. Focus group participants were the Training Program Directors of educational institutions where at least 40 students took the national certification exam each of the last four years and at least 80 percent of their graduates passed the exam in three out of the four years. Participants were convened and using the NGT asked to answer the following question: "What are specific strategies that lead to a successful EMT-Basic educational program?"

Results: Ten out of the 12 EMS educational programs meeting the eligibility requirements participated. After completing the seven-step NGT process, 12 strategies were identified as leading to a successful EMT-Basic educational program (see Table 1).

Table 1: Educational Strategies
Accept students who are highly motivated to succeed
Ensure institutional support
Administer multiple assessments
Develop standardized lesson plans
Have a passing standard that is above the minimum competency level.
Hire qualified/certified instructors
Maintain effective communication between didactic, practical and field instructors
Maintain instructional consistency
Provide clearly defined objectives
Provide immediate feedback for written and practical evaluations to students
Require prerequisites
Teach test-taking skills

Conclusion: A group of EMS educators selected based on past educational success were able to generate a list of strategies that may help other EMT-Basic educational programs achieve similar success. This list represents ideas that other educators may use in order to increase their success. Future studies should be conducted to determine the impact these strategies have on program success.

EMS Educator's Steps in Conducting a Successful Course

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

+ 120 days/4 months out

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

120 days/4 months out

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

90 days/3 months out

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

- Secure SEI/lead instructor, evaluators, guest instructors, lab assistants' commitment.
- Make out course schedule.
- Make instructor, evaluator, etc. assignments.
- Submit course application and schedule through MPD to State Department of Health.
- Inventory supplies and equipment on hand.
- Order any needed supplies and equipment.

60 days/2 months out

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

Review 90 days out list and accomplish anything left undone.

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

30 days/1 month out

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

Review 90 days out list and accomplish anything left undone.

Review 60 days out list and accomplish anything left undone.

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

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

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

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

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

___ Review any course material sent to printer for accuracy.

___ Register course on NREMT website.

___ Send second Letter of Instruction/Welcome letter to students with any updated information needed prior to first day of class, to include immunizations needed, course instructor contacts, etc.

___ Reconfirm classroom/lab rooms are scheduled.

___ Reconfirm any other sub-course applications (i.e. ACLS, AMLS, PHTLS, PALS), receipt of course approval.

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

___ O² tanks full?

___ Check that all computer/AV equipment is operable.

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

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

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

14 days/2 weeks out

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

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

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

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

___ Ensure receipt of course approval from State Department of Health.

___ Review schedule and verify commitment with SEI/LI, evaluators, guest instructors, lab assistants.

___ Notify State Department of Health if there are any start/end date or SEI/LI changes to the course.

7 days/1 week out

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

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

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

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

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

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

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

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

___ Post Policies, Procedures, L&I, OSHA, WISHA, etc. to classroom bulletin board.

1 day out

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

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

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

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

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

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

___ Do a walk-through of the next day.

- ___ Put first-day handouts/student handbooks in the classroom ready to go.
- ___ Ensure you have all check-in checklists, etc. in the classroom.
- ___ Ensure you have a grade book/rosters ready to take attendance each day.
- ___ Ensure you have a spreadsheet, etc. to record all quiz/test scores.
- ___ Confirm clinical/field rotation sites date(s) for rotations.

First day of class

- ___ Dress as a role model for your students to emulate as a professional.
- ___ Arrive at classroom at least an hour prior to class start time to ensure there are no surprises.
- ___ Do you need to post directional signs to help your students find your classroom?
- ___ Start class on time as this will set the tone for on-time expectations.
- ___ Take roll/ have students sign in on roster for the day.
- ___ Collect any documents that were to be turned in on day 1 or have not been turned in yet, record of immunizations, CPR card, EMS certification card, etc.
- ___ Counsel any student who arrived on day 1 unprepared; this sets the tone for expectations to be met.
- ___ Hand out the student handbooks and go over the contents.
- ___ Go over training course policies and have the students read and sign the “Expectations of Students” agreement, then collect these, make copies and give the copies back to the students to place back in their handbooks.
- ___ Have student fill out an emergency contact form.
- ___ Make a copy of driver’s license, etc. for student’s file folder.
- ___ Make sure you are available after class to answer any student’s question/concern.
- ___ Make sure you have all supplies/equipment, LPs, PowerPoint presentations, etc. ready for the next day.

During Course Activities

- ___ Confirm clinical/field rotations, schedule/reschedule as necessary.
- ___ Collect and review every clinical/field rotation evaluation and Patient Care (Report PCR).
- ___ Verify each student’s completion of each clinical/field contact/rotation.
- ___ File clinical/field forms into the student’s file folder.
- ___ File every quiz/test/skill evaluation sheet into student’s file folder.
- ___ Update course grade book/spreadsheet at least weekly regarding quiz/test scores, skills completed, clinical/field requirements met, attendance, etc.
- ___ Counsel student(s) who do not pass cognitive (<80 percent) /psychomotor tests. Remediate and reevaluate these students and file all documentation.
- ___ Counsel student(s) on a module/quarterly basis regarding their status in the course. Make a schedule of these so students know they are expected whether they are doing well or struggling.
- ___ Conduct student evaluations of the course –instructor, assistants, labs on a regular basis to get their input on what might assist them to improve the course.
- ___ Assign workbook/homework for every class to ensure they are reading ahead.
- ___ Administer surprise quizzes (pass is 80 percent) occasionally to ensure students are doing their reading assignments ahead of the class lecture. (Can use for extra credit points to reward them for reading)
- ___ Look over their workbooks/homework and provide input back to them immediately.
- ___ Ensure students are using on-line assets to practice quizzes/tests in preparation of taking the NREMT computer exam.
- ___ Conduct scheduled quizzes (pass is 80 percent) on a frequent / regular basis to evaluate their cognitive retention.
- ___ Conduct scheduled skill labs on a frequent / regular basis to ensure the students have plenty of time to hone their psychomotor skills.
- ___ Contact and confirm lab assistants and “patients” throughout the course.

- ___ Contact the State Department of Health six to eight weeks prior to the desired examination date for AEMT and PM courses. Then, when a date has been confirmed, schedule the examination with the NREMT **four to six weeks** before the examination
- ___ Confirm with the State Department of Health one month out from NREMT skill test date.
- ___ Contact and confirm evaluators for end-of-course/NREMT skills exams.
- ___ Submit course completion rosters and card fees to appropriate sponsor for ACLS/PHTLS, etc. classes as they are conducted.

≥14 days/2 weeks out from end of course

- ___ Ensure/assist students to create an account on the NREMT website, create an application to test.
- ___ Go over students' file folders to ensure all course completion requirements are progressing satisfactorily.
- ___ Confirm with the State Department of Health AEMT/PM NREMT skill test date and logistics.
- ___ Confirm end-of-course/NREMT skills test evaluators, 'EMS helpers', and patients.
- ___ If any AEMT/PM student has not completed clinical/field requirements, notify State Department of Health and get decision regarding NREMT skills test.
- ___ Contact and confirm evaluators for end-of-course/NREMT skills exams.

Last week of course

- ___ Ensure/assist any leftover students to create an account on the NREMT website, create an application to test.
- ___ Go over students' file folders to ensure all course completion requirements are progressing satisfactorily.
- ___ Complete course completion certificates/letters to have ready for students who pass with a copy for the student's files.
- ___ Copy course completion certificates/letters of student who pass to put into their files.

Last day(s) of course

- ___ Conduct final student evaluations of the course –instructors, assistants, guest instructors, labs, to get their input to improve the course conduct in the future.
- ___ Ensure/assist students who pass and finish all clinical/field requirements register and pay for the test on the NREMT website.
- ___ For students who pass and ensure students have completed all clinical/field requirements; have the Training Program Director go onto NREMT website to annotate their passing the course and skills evaluation.
- ___ Ensure all students who did not pass have a date for counseling/remediation/reevaluation.
- ___ Ensure all student receive counseling who have not completed the clinical/field requirements and have a plan to complete the requirements.

Days after course completion

- ___ Send course completion roster through the MPD to State Department of Health.
- ___ Assist students with scheduling NREMT exam.
- ___ Assist all students who have remaining requirements to accomplish them.
- ___ Assist students with the Washington State certification process.
- ___ Close out student file folders and ensure the Training Program gets them to file (for four years).
- ___ Send letters of appreciation to clinical/field site preceptors.
- ___ Inventory supplies/equipment.
- ___ Return any borrowed supplies/equipment.
- ___ Send any equipment in for repair that needs it, or order replacement as needed.

To increase the likelihood of success, SEIs/LIs should provide students information regarding the NREMT exam, www.nremt.org :

- As of January 1, 2007, the NREMT changed its written exam formatting to a Computer Based Testing (CBT) method. Paper and pencil exams are no longer used. PearsonVUE testing centers all over the United States administer these tests.
- You do not need to be an experienced computer user or be able to type to take the computer-based exam. The design of the computer testing system is such that the user needs only minimal computer experience and typing skills. A tutorial is available to each candidate at the testing center prior to taking the examination.
- The CBT used by the NREMT, a Computer Adaptive Testing (CAT), modeled to tailor the exam specifically to the individual EMT candidate. This is a state of the art testing method and uses a theory called Item Response Theory (IRT). IRT statistically measures a person's ability because the probability of a person answering a question correctly directly relates to his or her ability and the difficulty level of the question. Combining CAT with IRT makes NREMT exams more precise, fair, and accurate. What does that mean? Each item (question) has a weighted point value. The difficulty of the question determines the weight value. A harder question has a higher point value. An easier question has a lower value.
- A committee of 10-20 EMS experts created the examination questions. The members of the committee must all agree that the question is in line with the most current practice analysis study. These EMS experts make sure there is only one "best" or "correct" answer and that "each incorrect answer has some level of plausibility." The committee ensures each question and answer is easily found in common textbooks used in teaching EMS classes.
- New questions delivered by the CAT NREMT tests are not randomly chose. They are delivered one at a time to the candidate. The question rating is along the same ability scale as the candidate is exhibiting proficiency. The first questions on the exam are generally just below the passing standard. Questions asked that are below the candidate's level of ability, the probability is high for the candidate to answer the question correctly. If a question asked is above a candidate's level of ability, he or she has a high probability of missing it. If the candidate answers the question correctly, the CAT delivers then a slightly more difficult question. As the difficulty of the questions increases, eventually the candidate will start to miss questions. The questions then become slightly easier and the candidate will begin to answer correctly again. At this point, the exam application algorithm calculates an ability estimate for this candidate and begins delivering questions that are slightly harder and slightly easier than the candidate's ability. As the CAT exam progresses, the ability estimate gets more and more precise as the pattern of right to wrong answers stabilizes around the client's true ability. The exam will end at the point when there is a 95 percent certainty that the candidate's true ability is above or below the passing standard.
- CAT and IRT match the question difficulty to the candidate's perceived level of ability. This limits the number of questions delivered as well as increases accurateness.
- You cannot skip a question and come back to it later. The nature of the CAT exam requires that you answer each question individually before delivering the next question.
- Take your time and read each item carefully. Most people will have plenty of time to finish because of the way the exam is constructed. Most successful candidates spend about 30-60 seconds per item reading each question carefully and thinking it through. Less than 1 percent of the candidates are unable to finish the exam. Your risk of misreading a question is far greater than your risk of running out of time.

- Watch for words such as except, always, never, most appropriate and other qualifiers – anything that puts limits on the potential answer.
- Read the whole question thoroughly at least a couple of times and formulate the answer in your head, before you look at the answer choices. If you look at the answer choices prior to understanding the question completely, you may choose an incorrect answer.
- There are four potential answers. After reading the question, you can usually throw two of them out. Now you just have two others from which to decide.
- Do not complicate the scenario or situation. Do not bring elements into the questions that are not there. This will cause you to overlook the basics, for which is probably what the question is testing.
- Don't get frustrated. Because of the adaptive nature of the exam, everyone will think his or her test is difficult. The CAT algorithm is adjusting the test to your maximum ability level, so you may think all the items are difficult. Focus on one question at a time, do your best on that item, and move on.
- Ideally, you should know everything covered in the EMS course materials. There are no secret methods or insight than can replace proper test preparation, but some things are common. The tests are heavy in the basics. Know the current American Heart Association guidelines for CPR (for health care professionals) and ECC (Emergency Cardiovascular Care), plus ACLS for Paramedics. The test will include this material at the level of the exam you are taking. Know the course modules i.e. Airway, Ventilation and Oxygenation; Trauma; Cardiology; Medical; Pediatrics, and Operations. Most textbooks are up to date and written to a similar standard; however, no one source completely prepares you for the exam. You are encouraged to consult multiple references, especially in areas in which you are having difficulty.
- Operations is a large portion of the exam. Many students overlook this. Since September 2001, a great effort was made to incorporate more education about NIMS and ICS with regard to EMS. Understand how these systems work and how they apply to a mass casualty, and you will be a step ahead of other candidates.
- The NREMT exam is not specifically based upon the textbook you used in your class. The exam is based upon the NREMT Practice Analysis done every five years. The exam questions are written to fall within the DOT, National Education Standards and Instructional Guidelines; and the EMS textbooks give you their interpretation of those standards.
- Remember, although the NREMT exam looks at a minimum requirement to pass, nobody can pass without a broad base of knowledge.
- Take advantage of EMR/EMT/AEMT/Paramedic practice exams that are available on websites related to your textbook or a variety of other websites. Check with your instructor regarding credible websites. Many sites have detailed score tracking and exam review features that let you see your strong and weak areas while you continue to take exams and improve.
- Tips to think about before the test day are:
 - Eat a well-balanced diet and include B vitamin foods like bananas, oatmeal, raisins.
 - Drink plenty of water the day before your test.
 - Get plenty of rest.
 - Don't cram. Relax or sleep instead of cramming.
 - Don't consume a lot of coffee or sugar before the exam. It will only make your anxiety worse.
 - Study over a period of weeks before your test. Maybe even skip the night before the exam.

- Know exactly where the test center is and arrive early to eliminate the stress of being late. Remember you have to be signed up for the test. You cannot just walk in and take it. Bring your photo ID and a couple of pencils. Scrap paper will be provided for you and it must be turned in with your exam.
- When you go to take the test, dress in multiple layers so that you can shed what you do not need and still be comfortable. Temperatures of testing centers can vary a great deal throughout the day, especially if it is a rarely used room or building.
- Go to the restroom before the test. You are allowed to go during the exam, but you may not want to break your train of thought during the test.
- NREMT test results are available within 24-48 hours on the NREMT website. Check your exam results by logging back into your account on the NREMT website.
- If you do not pass the exam, you may retake it after 15 days. This period is to provide you with time to study. Do not try to retake it without going over areas you were deficient in.

**Appendix C - How to demonstrate need for a new EMS Training Program
For future TP&I manual development**

Appendix D –NREMT Candidate Registration

Student Instructions for NREMT EdNet Registration

1. All students must register with the National Registry of EMTs (NREMT) in order to be eligible for and apply to take the National Registry exam.
2. Students will need the “Training Program Name” and the “Program Number” provided by their course SEI/LI or Training Program Director to register.
3. Follow these easy steps three to four weeks in advance of when you plan to test. If you need additional assistance, please contact the SEI/LI or training program director or State EMS Office first, then NREMT at 614-888-4484 if the others cannot assist you.

Step 1: Create Your Account

- Go to <http://www.nremt.org> and click on ‘Login’ (found in the blue bar at the top of the NREMT home page).
- Click on “Set-Up New Account” and follow the instructions.

Read this to avoid delay! Make sure the name you use to set up your Account matches the name on your driver’s license exactly (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!

Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

Step 3: Manage Your Account Information

- The name you include in this area should be the same as what appears on your driver’s license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Step 4: Create a New Application

- Click on “Create a New Application” to apply to take your exam. Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on “Manage Account Information.”
- Select the application level you wish to complete.

Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay later.

Read this to avoid delay! An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.

- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: “Print ATT Letter.”

Read this to avoid delay! You will see “Print ATT Letter” only when you have been verified to test! This link will not appear if the verification process is not yet complete!

- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on “Candidate Services.”
- Click on “Application Status.”
- If you see “Submitted” next to “Course Completion Verification,” this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see the link “Print ATT Letter,” click on the link.

Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the “Print ATT Letter” appears.

Read this to avoid delay! Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.

Step 8: Contact Pearson VUE (PV) to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- You may go to its website to schedule your test at a PV site.
<http://www.pearsonvue.com/programs>
- Your ATT Letter will also include other important information you should read carefully.

Read this to avoid delay! You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the [Pearson VUE website](http://www.pearsonvue.com/programs). If you fail to appear for your exam, you will have to complete a new application and pay another application fee.

- Refunds will not be issued for no-shows.
- If you arrive late for your exam, you may lose your appointment.

EMS Students!

Additional informational can be found on the NREMT instructional DVD. Ask your instructor for more information or visit the NREMT website at <http://www.NREMT.org>.

Revisions and updates may be necessary to make the CBT transition as smooth as possible. Please refer to the [NREMT website](http://www.NREMT.org) for the most current policies and procedures.
Release date 11/06 Revised 6/07

APPENDIX E - Recommended EMS Course Equipment

The following list of equipment and supplies are recommendations and guidelines for items to have on hand for the various courses. Training programs may add items to this list as technology and practice change.

The Er means it is for the EMR courses.

The Et means it is for the EMT courses.

The A means it is for the advanced EMT courses.

The P means it is for the paramedic courses.

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
ADHESIVE TAPE SURG 1"	Silk tape, non-porous, Dermicel		Er,Et,A,P	8 rolls	12 rolls			
ADHESIVE TAPE SURG 2"	Silk tape, non-porous, Dermicel		Er,Et,A,P	8 rolls	12 rolls			
AED, Trainer w/accessories	Automatic External Defibrillator		Er,Et,A,P	1 @	3 @			
AIRWAY PHARYN ORAL, 00	J-tube, oral airway, infant		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN ORAL, 0	J-tube, oral airway, child		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN ORAL, 1	J-tube, oral airway, child		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN ORAL,80mm	J-tube, oral airway, small adult		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN ORAL,90mm	J-tube, oral airway, medium adult		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN ORAL,100mm	J-tube, oral airway, large adult		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN NASAL, 6mm or 28 Fr	nasal airway, nasal trumpet, small		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN NASAL, 7mm or 30 Fr	nasal airway, nasal trumpet, med		Er,Et,A,P	4 @	4 @			
AIRWAY PHARYN NASAL, 8mm or 32 Fr	nasal airway, nasal trumpet, large		Er,Et,A,P	4 @	4 @			
ALBUTEROL INH AER17GM	inhaler (real medication)		Et,A,P	1 @	4 @			
ALBUTEROL INH AER17GM	inhaler (fake training aid)		Et,A,P	1 @	4 @			
ALBUTEROL 0.5 in 2.5 cc saline, Nebulizer	medication for demo		Et,A,P	1 @	1 @			
ASPIRIN	medication for demo		Et,A,P	1 @	1 @			
ATROPINE 1 mg, INJ	medication for demo		Et,A,P	1 @	1 @			
BACKBOARD, Adult, long	plastic spine board, long		Er,Et,A,P	4 @	4 @			
BACKBOARD, Pediatric	Pedi-board		Er,Et,A,P	1 @	2 @			
BANDAGE, ADHESIVE .75X3" 300S	Band-Aid		Er,Et,A,P	8 A 50 P	8 A 50 P			
BANDAGE GAUZE Elastic 5YD X 4.5 "	Roller gauze, Kling, Kerlix, large		Er,Et,A,P	8 @	8 @			
BANDAGE GAUZE Elastic 5YD X 3 "	Roller gauze, Kling, Kerlix, small		Er,Et,A,P	8 @	8 @			
BANDAGE, Triangular	Cravat, sling		Er,Et,A,P	24 @	40 @			
BANDAGE GAUZE 4-1/2" 100S	4x4s sponges, sterile		Er,Et,A,P	4 Bx @	4 Bx @			
BANDAGE GAUZE 2-1/2" 100S	2x2s sponges, sterile		Er,Et,A,P	4 Bx @	4 Bx @			
BANDAGE Tagederm/Venoguard	OpSites		A,P	1 Bx	2 Bx			
BLANKET	for backboard & splint padding		Er,Et,A,P	4 @	8 @			
BURN SHEET, STERILE			Er,Et,A,P	1 @	4 @			
CANNULA, NASAL, OXYGEN	nasal cannula, adult		Er,Et,A,P	4 @	4 @			
CARSEAT, Infant			Er,Et,A,P	1 @	1 @			
CATHETER & NDL 20 GA, 50	Jelco, IV catheter		A,P	1 box	1 box			
CATHETER & NDL 18 GA, 50	Jelco, IV catheter		A,P	1 box	1 box			

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
CATHETER & NDL 16 GA, 50	Jelco, IV catheter		A,P	1 box	1 box			
CATHETER & NDL 14 GA	Jelco, IV catheter		A,P	1 box	1 box			
CATHETER & NDL 12 GA	Jelco, IV catheter		A,P	1 box	1 box			
CATHETER & NDL 14GA, x 3"	For chest decompression, ARS		P	1 @	6 @			
CERVICAL IMMOBILIZATION DEVICE	CID, Headbeds, Head blocks		Er,Et,A,P	4 sets	4 sets			
CHARCOAL ACTIVATED	medication		Et,A,P	1 @	4 @			
CHEST SEAL, Open wound	Asherman, HyFin, etc.		Et,A,P	1@	4 @			
CHILDBIRTH KIT	OB delivery kit		Er,Et,A,P	1 @	1 @			
COMBITUBE, DOUBLE LUMEN kit	ETC		A,P	1 @	1 @			
CPAP or BiPAP machine			Et,A,P	1 @	1 @			
DEMAND VALVE, FROPV			Et,A,P	1 @	4 @			
DEPRESSOR TONGUE	tongue blade		Er,Et,A,P	4 @	16 @			
DEXTROSE, 50%	medication for demo, bristojet		A,P	1 @	1 @			
DRESSINGS, Trauma	Various sizes		Er,Et,A,P	4 @	16 @			
EKG RHYTHM GENERATOR			P	1 @	2 @			
END-TIDAL CO2 DETECTOR	Colormetric, adult & pediatric		A,P	1@	4 @			
END-TIDAL CO2 CAPNOGRAPHYDEVICE	Handheld or on monitor		A,P	1 @	1 @			
EPINEPHRINE AUTO-INJ	medication, Epi-pens, auto-injector		Et,A,P	1 @	1 @			
EPINEPHRINE AUTO-INJ	trainer		Et,A,P	6 @	6 @			
EPINEPHRINE 1:10,000 preload	medication for demo, bristojet		T	1 @	1 @			
EPINEPHRINE 1:1000 vial	medication for demo		Et,A,P	1 @	1 @			
ESOPHAGEAL DETECTOR DEVICE			A,P	1 @	1 @			
FLASHLIGHT ROUND	Disposable flashlight, penlight		Er,Et,A,P	4 @	12 @			
FORCEPS TRACH TUBE Adult	McGill Forceps		A,P	4 @	4 @			
GAUZE 18X3" 12S VASELINE	occlusive		Et,A,P	4 @	8 @			
GLOVE EXAM X-LARGE	non-sterile		Er,Et,A,P	2 boxes	4 boxes			
GLOVE EXAM LARGE	non-sterile		Er,Et,A,P	2 boxes	4 boxes			
GLOVE PT EXAM MED	non-sterile		Er,Et,A,P	2 boxes	4 boxes			
GLOVE PT EXAM SMALL	non-sterile		Er,Et,A,P	2 boxes	4 boxes			
GLUCOMETER w/test strips & lancets	Accu-Check		Et,A,P	1 @	2 @			
GLUCAGON, INJ	medication for demo		A,P	1 @	1 @			
GLUCOSE, ORAL	tube of glucose paste		Et,A,P	1 @	4 @			
GOGGLES/FACESHIELDS	eye protection, PPE, eye shields		Er,Et,A,P	4 @	4 @			

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
GOWNS, Infectious Disease			Er,Et,A,P	4 @	4 @			
HELMETS (motorcycle, football, etc.) (med & LG)	for removal practice		Er,Et,A,P	1 @	2 @			
HEMOSTATIC AGENTS	HemCon, Combat Gauze		Et,A,P	2 @	6 @			
HEP-LOCK/SALINE LOCK			A,P	12 @	24 @			
INTRAVENOUS INJ SE T TUBING	10 drop IV tubing		A,P	2 @	2@			
INTRAVENOUS INJ SE T TUBING	15/20 drop IV tubing		A,P	48@	72@			
INTRAVENOUS INJ SE T TUBING	60 drop IV tubing		A,P	48@	72@			
INTRAVENOUS INJ SE T TUBING	Blood Administration		A,P	2 @	2@			
INTRAVENOUS INJ SE T TUBING	Buretrol		A,P	2 @	12@			
IPECAC SYRUP 30ml	medication		Et,A,P	1 @	1 @			
IV ARMS	Practice arm for starting IVs		A,P	2 @	4 @			
IV PUMP w/specific tubing &cartridges			P	1 @	1 @			
KED, Kendrick Extrication Device	Extrication vest		Er,Et,A,P	2 @	4@			
LARYNGEAL MASK AIRWAY	LMA		P	2 @	2 @			
LARYNGOSCOPE HANDLE			P	4 @	4 @			
LARYNGOSCOPE, video assisted	Glidescope or AirTraq		P	1 @	1 @			
laryngoscope handle batteries	Size appropriate for handle/device		P	2 per handle	8 per handle			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 1		P	1 @	4 @			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 2		P	1 @	4 @			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 3		P	4 @	4 @			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 4		P	4 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 1		P	1 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 2		P	1 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 3		P	4 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 4		P	4 @	4 @			
laryngoscope blade bulbs	spare bulbs		P	1 per blade	2 per blade			
LENGTH BASED MEASURING DEVICE	Broselow Tape		P	1 @	4 @			
LENGTH BASED MEASURING KIT	Awy/Meds kit related to LBMD		P	0	0			
LIDOCAINE, 10%, INJ	medication for demo, bristojet		P	1 @	1 @			
LUBRICANT, SILICON, Awy Manikin	can of spray		A,P	1 @	2 @			
LUBRICANT SURG 4 OZ (packets or tube)	KY jelly		Et,A,P	4 @	4 @			
MANIKIN, INTUBATION, ADULT	Airway Manikin		Er,Et,A,P	2 @	4 @			
MANIKIN, INTUBATION, CHILD	Airway Manikin		Er,Et,A,P	1 @	1 @			

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
MANIKIN, INTUBATION, INFANT	Airway Manikin		Er,Et,A,P	1 @	1 @			
MANIKIN, INTUBATION, DIFFICULT, ADULT	Airway Manikin		A,P	1 @	1 @			
MANIKIN, IO	Infant, and Adult simulation		A,P	1 @	1 @			
MANIKIN, INFANT CPR/AED			Er,Et,A,P	1 @	1 @			
MANIKIN, CHILD CPR /AED			Er,Et,A,P	1 @	1 @			
MANIKIN, ADULT CPR/AED			Er,Et,A,P	1 @	2 @			
MANIKIN, CENTRAL LINE	Or other training aids		P	1 @	1 @			
MANIKIN, CHEST DECOMPRESSION	Or other training aids		P	1 @	1 @			
MANIKIN, CHILDBIRTH	OB manikin		Er,Et,A,P	1 @	1 @			
MANIKIN, SIMULATOR, Adult	Sim- Man		P	0	1 @			
MANIKIN, SIMULATOR, Pediatric	Sim-Child		P	0	1 @			
MASK, OXYGEN NON-REBREATHER -ADULT			Er,Et,A,P	4 @	12 @			
MANIKIN, SURGICAL AIRWAY	Or other training aids		P	1 @	1 @			
MASK, OXYGEN NON-REBREATHER -CHILD			Er,Et,A,P	4 @	12 @			
MECONIUM ASPIRATOR			P	1@	4 @			
MEDICATIONS, various, Expired, for labs NO CONTROLLED SUBSTANCES	Vials, ampoules, bristojets,		A,P	1 @ variety	6 @ variety			
MONITOR, CARDIAC w/accessories			A,P	1@	4 @			
MOULAGE KIT			Er,Et,A,P	1 @	1 @			
NALOXONE (narcan), INJ	medication for demo, ampoule		A,P	1 @	1 @			
NEEDLE HYPO 18GA 100S	hypodermic needle		Et,A,P	1 box of 100	1 box of 100			
NEEDLE HYPO 22GA 100S	hypodermic needle		Et,A,P	1 box of 100	1 box of 100			
NEEDLE, IO kit w/extra needles	EZIO, FAST		A,P	1 @	2 @			
NITROGLYCERIN TAB, 100S	medication		Et,A,P	1 @	1 @			
OXYGEN USP, E Size TANK	O2 tank		Er,Et,A,P	4 @	4 @			
PACKS, Hot			Er,Et,A,P	4 @	16 @			
PACKS, Cold			Er,Et,A,P	4 @	16 @			
PAD,ALCOHOL, PREP 200S	Alcohol pad		Er,Et,A,P	1 box	1 box			
PAD POV-IOD IMPREG100	Betadine pad,		A,P	1 box	1 box			
PILLOW			Er,Et,A,P	1 @	2 @			
POCKET FACE MASK			Er,Et,A,P	4 @	6@			
PRESSURE INFUSER DEVICE	For IO		A,P	1 @	4 @			
PULSE OXIMETER			Et,A,P	1 @	1 @			
REGULATOR, PRESSURE,GAS	O2 Regulator,		Er,Et,A,P	4 @	4 @			

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
RESTRAINT, Patient	Commercial		Er,Et,A,P	1 @	1 @			
RESUSCITATOR HAND OPR	BVM, Adult		Er,Et,A,P	4 @	4 @			
RESUSCITATOR HAND OPR	BVM, Child		Er,Et,A,P	1 @	1 @			
RESUSCITATOR HAND OPR	BVM, Infant		Er,Et,A,P	1 @	1 @			
RINGER'S INJ 1000ML	IV fluid		A,P	4	4			
SCALPELS	for surgical crich		P	4 @	8 @			
SCISSORS, BANDAGE	Bandage scissors		Er,Et,A,P	4 @	6 @			
SHARPS CONTAINER	SHARPS container		Et,A,P	2 @	2 @			
SHOULDER PADS, football, other sports	For removal practice		Er,Et,A,P	1 set	1 set			
SMALL VOLUME NEBULIZER			Et,A,P	4 @	4 @			
SODIUM BICARBONATE INJ, 50 mEq	medication for demo, bristojet		A,P	1 @	6 @			
SODIUM CHL INJ 1000ML	IV fluid		A,P	8	72			
SODIUM CHL INJ 5cc	ampules		A,P	12 @	48 @			
SPHYGMOMANOMETER	BP cuff		Er,Et,A,P	4 @	8 @			
SPLINT, Cardboard, Large (Long)			Er,Et,A,P	1 @	6 @			
SPLINT, Cardboard, Medium			Er,Et,A,P	1 @	6 @			
SPLINT, Cardboard, Short			Er,Et,A,P	1 @	6 @			
SPLINT, PELVIC	Can be commercial or sheet		Er,Et,A,P	1@	2 @			
SPLINT, TRACTION	HARE, Sager		Er,Et,A,P	1 @	4 @			
SPLINT, UNIVERSAL 36X 4.5"	Sam Splint		Er,Et,A,P	4 @	8 @			
SPLINT, VACUUM			Er,Et,A,P	1 set	1 set			
STERILE WATER 1000ml	For irrigation		Et,A,P	1 @	4 @			
STETHOSCOPE ADULT SZ			Er,Et,A,P	4 @	8 @			
STETHOSCOPE , Teaching	Double ear set		Er,Et,A,P	1	1			
STOPCOCK, 3-way			A,P	12 @	24 @			
STRAP, PATIENT SECURING	litter, canvas, spider straps		Er,Et,A,P	20 @ /4sets	20 @/6 sets			
STRECHER, SCOOP	Scoop Clam		Er,Et,A,P	1 @	1 @			
STRETCHER, WHEELED	Ambulance cot, gurney		Er,Et,A,P	0 @	1 @			
STYLET, TRACHEAL TUBE, Adult 14 Fr	ET Tube Stylet		P	2 @	4 @			
STYLET, TRACHEAL TUBE, Pediatric	ET Tube Stylet		P	2 @	4 @			
SUCTION, HAND HELD	V-Vac		Er,Et,A,P	2 @	4 @			
SUCTION, MACHINE	Portable, rechargeable		Er,Et,A,P	2 @	2 @			
SUCTION TUBING, 8 FR	Suction catheter		Er,Et,A,P	2 @	6 @			

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
SUCTION TUBING, 14 FR	Suction catheter		Er,Et,A,P	2 @	6 @			
SUCTION TUBING, 18 FR	Suction catheter		Er,Et,A,P	2 @	6 @			
SUCTION TUBING, Yankauer			Er,Et,A,P	2 @	6 @			
SUPPORT CERVICAL Adjustable	C-collar, multi-size in one, adult		Er,Et,A,P	4 @	4 @			
SUPPORT CERVICAL, size Regular (unless Adj)	C-collar, stif-neck		Er,Et,A,P	4 @	4 @			
SUPPORT CERVICAL, size Short (unless Adj.)	C-collar, stif-neck		Er,Et,A,P	4 @	4 @			
SUPPORT CERVICAL, size No-neck(unless Adj)	C-collar, stif-neck		Er,Et,A,P	4 @	4 @			
SUPPORT CERVICAL, size Pediatric	C-collar, stif-neck		Er,Et,A,P	1 @	2 @			
SUPPORT CERVICAL, size Baby	C-collar, stif-neck		Er,Et,A,P	1 @	2 @			
SUPRAGLOTTIC AIRWAY	King LT, etc.		A,P	1@size	1@size			
SYRINGE, BULB 3 OZ			Er,Et,A,P	1 @	1 @			
SYRINGE, HYPO 1CC			Et,A,P	1 box of 100	1 box of 100			
SYRINGE, HYPO 3CC			A,P	1 box of 100	1 box of 100			
SYRINGE, HYPO 5CC			A,P	1 box of 100	1 box of 100			
SYRINGE, HYPO 10 cc			A,P	1 box of 100	1 box of 100			
THERMOMETER, electronic	Digital, thermoscan,		Er,Et,A,P	1 @	1 @			
THIAMINE INJ	medication for demo		P	1 @	1 @			
TONSIL TIP, rigid suction tip			Er,Et,A,P	2 @	4 @			
TOURNIQUET ADULT 14X1"	For IV starts		A,P	6 @	24 @			
TOURNIQUET	C.A.T. / SWATE		Er,Et,A,P	1@	6 @			
TOWELS, Bath size	for splint padding, etc.		Er,Et,A,P	2 @	8 @			
TRIAGE RIBBON	G,Y,R,B		Er,Et,A,P	1@	1 @			
TRIAGE TAGS			Er,Et,A,P	2 @	12 @			
TROUSERS ANTI-SHOCK	PASG, MAST pants		Et,A,P	2 @	2 @			
TUBING, OXYGEN, Connecting			Er,Et,A,P	4 @	4 @			
TUBE SECURING DEVICE	ET Tube holder		P	2 @	6 @			
TUBE TRACH , 2.5 mm	ET Tube, Endotracheal Tube		P	2 @	4 @			
TUBE TRACH , 3.0 mm	ET Tube, Endotracheal Tube		P	2 @	4 @			
TUBE TRACH , 5.0 mm	ET Tube, Endotracheal Tube		P	2 @	4 @			
TUBE TRACH , 6.5 mm	ET Tube, Endotracheal Tube		P	2 @	4 @			
TUBE TRACH , 7.0 mm	ET Tube, Endotracheal Tube		P	2 @	4 @			
TUBE TRACH , 7.5 mm	ET Tube, Endotracheal Tube		P	2 @	4 @			
VENTILATOR, TRANSPORT	Portable		P	1 @	1 @			

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
V-VAC CATHETERS			Er,Et,A,P	4 @	4 @			
V-VAC ADAPTER TIPS			Er,Et,A,P	4 @	4 @			
WRENCH, Oxygen	O2 Key		Er,Et,A,P	4 @	6 @			
YOKE-ADAPTER	must go with O2 Regulator 1 for 1		Er,Et,A,P	4 @	6 @			
Miscellaneous								
SKELETON <i>(optional)</i>			Er,Et,A,P	0 @	1 @			
ANATOMICAL CHARTS <i>(optional)</i>			Er,Et,A,P	0 @	1 @			
PORTABLE RADIOS <i>(optional)</i>			Er,Et,A,P	0 @	2 @			
OXYGEN BAG	"orange bag" for Airway items		Er,Et,A,P	4 @	6 @			
TRAUMA BAG	"red bag" for Assessment/Tx items		Er,Et,A,P	4 @	6 @			
Audio/Visual, Office Supplies, etc.								
Clothes, OLD/USED (Medium & Large sizes)	used for moulage scenarios		Er,Et,A,P	2@ size	8 @ size			
BINDER CLIPS (Tiny, Small, Med, Large sizes)			"	1 box @ size	1 box @ size			
BOARD, DRY ERASE			"	1 @	1 @			
BOARD, markers	multi-color set		"	1 @	1 @			
BOARD, eraser			"	1 @	1 @			
CDs, blank			"	5	10			
CLIPBOARDS			"	6@	6 @			
COMPUTER	Lap Top or PC for lite-box & admin		"	2 @	2 @			
CORRECTION TAPE, WHITE OUT	rollover type NOT liquid		"	1 @	1 @			
ENVELOPES	9 X 12"		"	30 @	30 @			
FOLDER, MANILA			"	50 @	50 @			
FOLDER, 6-part			"	1 @	1 @			
HIGHLIGHTERS	Set of multi-color		"	1 @	3@			
Audio/Visual, Office Supplies, etc. continued								
INDEX CARDS	3 X 5"		"	1 pkg	2 pkg			
MULTI-MEDIA PROJECTOR	Box-lite, Light-pro		"	1 @	1 @			
NOTE PAPER PAD	8 1/2 X 11 "		"	6 @	6 @			
OVERHEAD PROJECTOR			"	0 @	1 @			
PAPER, BOND	white for copier & printer		"	1 box	1 box			

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
PAPER CLIPS			"	1 box	1 box			
PENCIL, LEAD #2			"	24 @	48 @			
PEN, BALLPOINT			"	24 @	48 @			
POST-IT PADS (small, medium large sizes)			"	1 pkg @ size	1 pkg @ size			
PRINTER, for computer			"	1 @	1 @			
PRINTER, ink cartridge	<i>list type/model</i>		"	1 @	2 @			
RULER			"	1 @	1 @			
SCISSORS, OFFICE			"	1 @	1 @			
SCREEN, PROJECTION			"	1 @	1 @			
SHARPENER, PENCIL	electric or battery powered		"	1 @	1 @			
SHREDDER, PORTABLE	for shredding documents w/ SSN		"	1 @	1 @			
STAPLE REMOVER			"	1 @	1 @			
STAPLER w/ staples			"	1 @	1 @			
TAPE, PACKING TAPE, 2 "			"	1 roll	1 roll			
TAPE, SCOTCH TRANSPARENT			"	2 rolls	2 rolls			
THUMBDRIVE			"	1 @	1 @			
THREE- HOLE PUNCH			"	1 @	1 @			
TWO-HOLE PUNCH			"	1 @	1 @			
TV			"	1 @	1 @			
TYPEWRITER			"	1 @	1 @			
typewriter ribbon	<i>Part/model #</i>		"	1 @	1 @			
typewriter correction tape	<i>Part/model #</i>		"	1 @	1 @			
VCR/DVD PLAYER			"	1 @	1 @			
EXTENSION CORD, 50 ft.			"	1 @	1 @			
SURGE PROTECTOR	for computers		"	2 @	2 @			
POWER STRIP	multiple outlet		"	2 @	2 @			
BOOKS, CDs, etc.								
Emergency Medical Responder – Student	Textbook		EMR	1 @ student & SEI	24 @			
Emergency Medical Responder – Student	Workbook		EMR	1 @ student & SEI	24 @			
Emergency Medical Responder -Instructor	Resource book &/or CD		EMR	1 per instructor				

Equipment/Supply Item	"EMS term"	Part number	Use for EMR/EMT AEMT/PM?	Minimum Required	Amount for 24 Students r	Amount on hand t	Amount Needed	Notes
Emergency Medical Technician – Student	Textbook		EMT	1 @ student & SEI	24 @			
Emergency Medical Technician – Student	Workbook		EMT	1 @ student & SEI	24 @			
Emergency Medical Technician -Instructor	Resource book &/ or CD		EMT	1 per instructor				
Advanced E M T – Student	Textbook		AEMT	1 @ student & SEI	24 @			
Advanced E M T – Student	Workbook		AEMT	1 @ student & SEI	24 @			
Advanced E M T -Instructor	Resource book &/or CD		AEMT	1 per instructor				
Paramedic – Student	Textbook		PM	1 @ student & SEI/LI	24 @			
Paramedic – Student	Workbook		PM	1 @ student & SEI/LI	24 @			
Paramedic - Instructor	Resource book or CD		PM	1 per instructor				
Handbook for Emergency Cardiovascular Care	AHA-current edition		PM	1 @ student & SEI/LI	24 @			
ACLS- Provider Manual	AHA-current edition		PM	1 @ student & SEI/LI	24 @			
ACLS Instructor Package	AHA-current edition, resources		PM	1 per instructor				
PALS- Provider Manual	AHA-current edition		PM	1 @ student & SEI/LI	24 @			
PALS- Instructor Package	AHA-current edition, resources		PM	1 per instructor				
PHTLS- Provider Manual	NAEMT-current edition		PM	1 @ student & SEI/LI	24 @			
PHTLS-Instructor CD	NAEMT-current edition, resources		PM	1 per instructor				
AMLS- Provider Manual	NAEMT-current edition		PM	1 @ student & SEI/LI	24 @			
AMLS- Instructor Manual w/CD	NAEMT-current edition, resources		PM	1 per instructor				
PHYSICIANS DESK REFERENCE	PDR		Et,A,P	1 @	1 @			

Glossary - Definitions Used In This Manual

1. Advanced EMT instructor: A paramedic, an advanced EMT, recognized by the department as an SEI, or program instructional staff of an accredited paramedic-training program and approved by the county medical program director (MPD).
2. Agency: means an aid or ambulance service licensed by the secretary to provide prehospital care or interfacility ambulance transport.
3. Approved Course: An initial EMS training course, which meets education requirements and holds a letter of approval from the department.
4. Approved Educational Standards: Documents amended and approved by the Washington State Department of Health consisting of National EMS Scope of Practice Model, Educational Standards, Instructor Guidelines, and other curricula.
5. Assistant instructor: A person approved as an EMS evaluator and approved by the MPD to teach CME and OTEP, and assist in instruction when SEIs teach initial EMS courses.
6. Certification: means the secretary recognizes that an individual has proof of meeting predetermined qualifications, and authorizes the individual to perform certain procedures. A credential issued by the department to an individual for a specified period and indicates the holder meets minimum standards of proficiency for a Department of Health EMS certification level.
7. Certification Examination: A Department of Health approved test or tests to ensure entry-level knowledge and skills corresponding to the level of certification.
8. Certified EMS Personnel or Providers: Individuals who possess a valid certification issued by the Department of Health.
9. Classroom Education Facility: The physical location used to conduct the didactic education required for the course.
10. Clinical Education: The education component within an approved course where the student learns to apply the standards of care in the clinical environment, under the direct supervision of a preceptor.
11. Clinical Education Site: An appropriate location and environment for providing supervised clinical education and evaluation to meet the instructor guidelines of the approved education course.
12. Clinical Evaluation: The evaluation of (a) clinical skill(s) in a setting designated by the course medical director or their designee.
13. CoAEMSP: Committee on the Accreditation of Educational Programs for EMS Professions
14. Continuing Education: Prepared education sessions related to the instructor guidelines of the initial education course, or that are a logical progression of those guidelines.

15. Course Approval Number: A unique number assigned by the department for each approved initial training course.
16. Department or Department of Health: means the Washington State Department of Health, or Secretary-Washington State Department of Health, or Office of Community Health Systems-EMS and Trauma Division.
17. Didactic Education: Instructional sessions consisting of guidelines identified in the in this document for the training level being taught.
18. Distributive Learning: An educational model that allows instructor, students, and content to be located in different, non-centralized locations allowing instruction and learning independent of time and place.
19. EdNet: The National Registry of EMTs web based educational network found at <http://www.nremt.org>.
20. EMS evaluator: A person who has completed an evaluator workshop and has been approved by the county medical program director (MPD) and the Department of Health (department) to evaluate practical skills during an initial course, Continuing Medical Education (CME) or an Ongoing Training and Education Program (OTEP).
21. Emergency Medical Services and Trauma Care Steering Committee: The statewide advisory board of the department, which provides counsel to the department.
22. Field Internship: The portion of the initial EMS course where the student's hands on" practical application of skills and knowledge is evaluated and mentored by a qualified preceptor while performing actual EMS patient care in the field.
23. Field Internship Site: Locations where students perform the objectives learned in the classroom on actual EMS patients. Field internship sites must be appropriate to meet the scope of the educational program.
24. Field Performance Evaluation: The concurrent or retrospective evaluation by the training physician or designee of skills performed in the field setting.
25. Guest instructor is an individual knowledgeable and skilled in a specific EMS topic, and when approved by the MPD, instructs and evaluates EMS course topics. An example of this would be a basic life support instructor trainer recognized by the American Heart Association (AHA) or American Red Cross (ARC) to instruct the CPR portion of an EMT course. Guest Instructors are not required to be SEIs or lead instructors.
26. Health Care Provider: An individual certified or licensed by the department.
27. Initial Training Course: department-approved training course that, when completed successfully, meets the educational requirements for student eligibility to qualify for access to a certification examination.
28. Lead instructor (LI): An individual approved by the department to be responsible for the administration, quality of instruction and the conduct of advanced EMT (AEMT), and paramedic training courses. The lead instructor must meet the instructor requirements and be approved by the MPD.

29. Medical Program Director (MPD): means a person who meets the requirements of chapters 18.71 and 18.73 RCW and is certified by the secretary. The MPD is responsible for both the supervision of training and medical control of EMS providers. He or she is a physician who has been certified by the department to supervise EMS personnel in a county, group of counties or specified area of Washington State and is responsible for all EMS education and training in that area.
30. National Registry of Emergency Medical Technicians (NREMT): An independent, non-governmental, not-for-profit registration organization, which prepares validated examinations for the states' use in evaluating candidates for certification and recertification. The NREMT provides successful applicants a certification of meeting the minimum knowledge and skill requirements.
31. Ongoing Training and Education Program (OTEP): means a continuous (ongoing, not occasional) program of prehospital EMS education for EMS personnel after completion of initial training. The MPD and the department approve an OTEP. An OTEP must meet the EMS education requirements and core topic content required for recertification. The OTEP method includes evaluations of the knowledge and skills covered in the topic content following each topic presentation. A planned educational program designed to meet all continuing education needs for recertification of an EMS agency's individual personnel.
32. Patient Contact: Assessment and/or treatment provided to a patient by an EMS student when supervised in a clinical or field internship setting by a preceptor.
33. Pearson Vue: Privately operated test centers under contract by the National Registry of EMTs to provide computer testing for the Emergency Medical Responder, EMT, Advanced EMT and Paramedic.
34. Physician: means an individual licensed under the provisions of chapters 18.71 or 18.57 RCW. A person who holds a current active license issued by the Washington Department of Health to practice medicine, or surgery, or osteopathic medicine in Washington; and is in good standing with no restriction upon, or actions taken against, his/her license.
35. Preceptor: An individual oriented to the scope of practice and objectives of a specific education course that provides direct supervision and evaluation in a clinical or field internship setting, ensuring student progress during the clinical/field experience.
36. Psychomotor Education Objective: The skills-based component of a curriculum.
37. Recertification: The process of renewing the certification of an individual at the same level.
38. Refresher Education Course: A standardized modular educational program for the Emergency Medical Responder, EMT and Advanced EMT that is based upon the objectives of the initial education curriculum, which includes a structured evaluation of those objectives and is approved by the department.
39. Remedial Education: Additional education session(s) completed prior to course ending date for any students who failed to achieve course objectives.

40. Senior EMS instructor (SEI): Means an individual approved by the department to be responsible for the administration, quality of instruction and the conduct of initial emergency medical responder (EMR) and emergency medical technician (EMT) training courses. This person functions under the general supervision of the county MPD. SEIs are required as the primary instructor for initial EMR and EMT courses, and may instruct CME and OTEP classes. Requires initial approval of MPD and the department, and has an approval period of three years.
41. Senior EMS Instructor Evaluator (SEI-E): A currently approved SEI who evaluates an initial or renewing SEI candidate following the recognition objectives identified by the Washington State Department of Health, Office of Community Health Systems, Emergency Medical Services and Trauma Section. This is not a separate credential or level of approval.
42. Senior EMS Instructor (SEI) Renewal Candidate: An individual preparing to renew his or her SEI recognition. This person is attempting to demonstrate or perform renewal recognition objectives under the direct supervision of an SEI-E.
43. Senior EMS Instructor (SEI) Recognition Process: the method in which the Washington State Department of Health confirms that the individual is qualified to instruct specific EMS topics or courses, and issues a recognition card to the qualified SEI.
44. Skill Verification: The evaluation of a student or EMS provider's ability to perform a defined assessment, action, or treatment.
45. Standardized/scenario patient - An individual who has been thoroughly trained to accurately simulate a real patient with a medical condition; a standardized patient plays the role of a patient for students learning patient assessment, history taking skills, communication skills, and other skills.
46. Student: An individual meeting all EMS training course prerequisites and actively enrolled in an approved EMS training course.
47. Successful Completion: A favorable (passing) review by the SEI/LI for an initial training course verifying that the candidate has met all Department of Health EMS education requirements and course specific criteria.
48. Team lead medic - Someone who leads the call and who provides guidance and direction for setting priorities, scene and patient assessment, and management. The team leader may not actually perform all the interventions, but may assign others to do so.
49. Training Physician: An MPD delegated physician with oversight responsibilities for Department of Health-approved EMS training courses as described within the department EMS Education Standards Manual.
50. Training program: means an organization approved by the department to be responsible for specified aspects of training EMS personnel. A local or regional EMS council, proprietary school or licensed vocational school that meets training program application requirements and has been approved by the department to conduct EMS training.
51. Training Program Director: the person in charge of the EMS training with responsibilities for course conduct, not necessarily the SEI or Lead Instructor,