District of Columbia Department of Health
Health Emergency Preparedness and Response Administration

EMS Educational Institution Educational Course Submission Procedures Guide

August 2011

EMS Educational Institution Educational Course Procedures

Release Notes

01 August 2011 – Initial Release

Regulation and Policies

The following table identifies the regulations and policies that influence this manual.

Law	Regulation	Policy	Title	Effective Date
17-357			EMS Act of 2008, Section 8	01 June 2009
	29-505		Emergency Medical Technician Course	04 Dec 1998
		2010-0011	EMS Educational Institution Certification Standards	01 Dec 2010
		2010-0012	EMS Instructor Standards	01 Dec 2010
		2011-0015	EMS Curriculum and Course Standards	01 Aug 2011
		2011-0016	EMS National Education Standards Transition Procedures	01 Aug 2011

Preface

With the transition from the National Standard Curriculum (NSC) to the National Education Standards (NES), a review of how educational courses were reviewed and tracked was conducted. By utilizing the National Registry of Emergency Medical Technicians (NREMT) as the District's certification standard, there are certain guidelines that must be met to allow the providers to qualify to sit for certification exams and to receive continuing education (CE) credit. The result is a change to how the educational institutions in the District will submit curricula for approval and the method of applying for Continuing Education.

The EMS Educational Institution Course Procedures Guide is designed to assist the Program Coordinator in complying with these updates. The guide describes the processes involved, the necessary documentation, and how the process is intended to work. The guide is based on current Department of Health policies and regulations.

The guide should also help answer some of the questions you may have about how to apply for CE credit, what items are needed, the proper documentation, etc. We have included blank copies of all the necessary forms, as well as completed samples to give you an idea of what is expected.

This guide will change over time as new regulations and policies are enacted and old regulations and policies are repealed. Anytime there is a question about what is the proper form, method or procedure, refer to the latest version of the DC Municipal Regulations, Title 29, Chapter 5 or DOH policy, whichever is most current. This guide will be the last item to be updated. You should always feel free to contact DOH anytime you have questions concerning anything dealing with EMS certification or educational issues.

If you see mistakes in this handbook please let us know. We are working hard to improve the services offered by the EMS Division of the Health Emergency Preparedness and Response Administration (HEPRA) in the Department of Health (DOH). We are continuing to work to be responsive to your needs as EMS educators and providers. Let us know how we can best help you.

Thank you,
The EMS Staff at DOH

Table of Contents

EMS Courses

The National Highway Traffic and Safety Administration (NHTSA) within the US Department of Transportation (DOT) establishes the national education standards for EMS providers. The latest version of these standards was published in January of 2009 as the National EMS Education Standards (NES). These standards can be adopted by each state, with each state defining the rules and regulations to enforce the education and testing standards as adopted by the state.

The District of Columbia (DC) EMS Act of 2008 was passed into law in March of 2009 giving the DC Department of Health (DOH) the legal authority to establish the rules, regulations and policies that govern EMS in the District. This includes the education and testing standards to be used. It has been determined that DC will follow the DOT/NHTSA standards, as well as utilize the National Registry of Emergency Medical Technicians (NREMT) as the testing and certification authority for all District EMS Certification levels.

Section 8 of the EMS Act requires that all EMS education facilities within the District obtain certification from DOH, and that they comply with curriculum and competency standards as set by DOH. Further, Section 9 of the Act requires District certified EMS instructors for all EMS courses taught in DC. This handbook is designed to help the individual EMS educational institutions within the District to comply with the standards set forth by DOT/NHTSA, the NREMT, and the EMS Act.
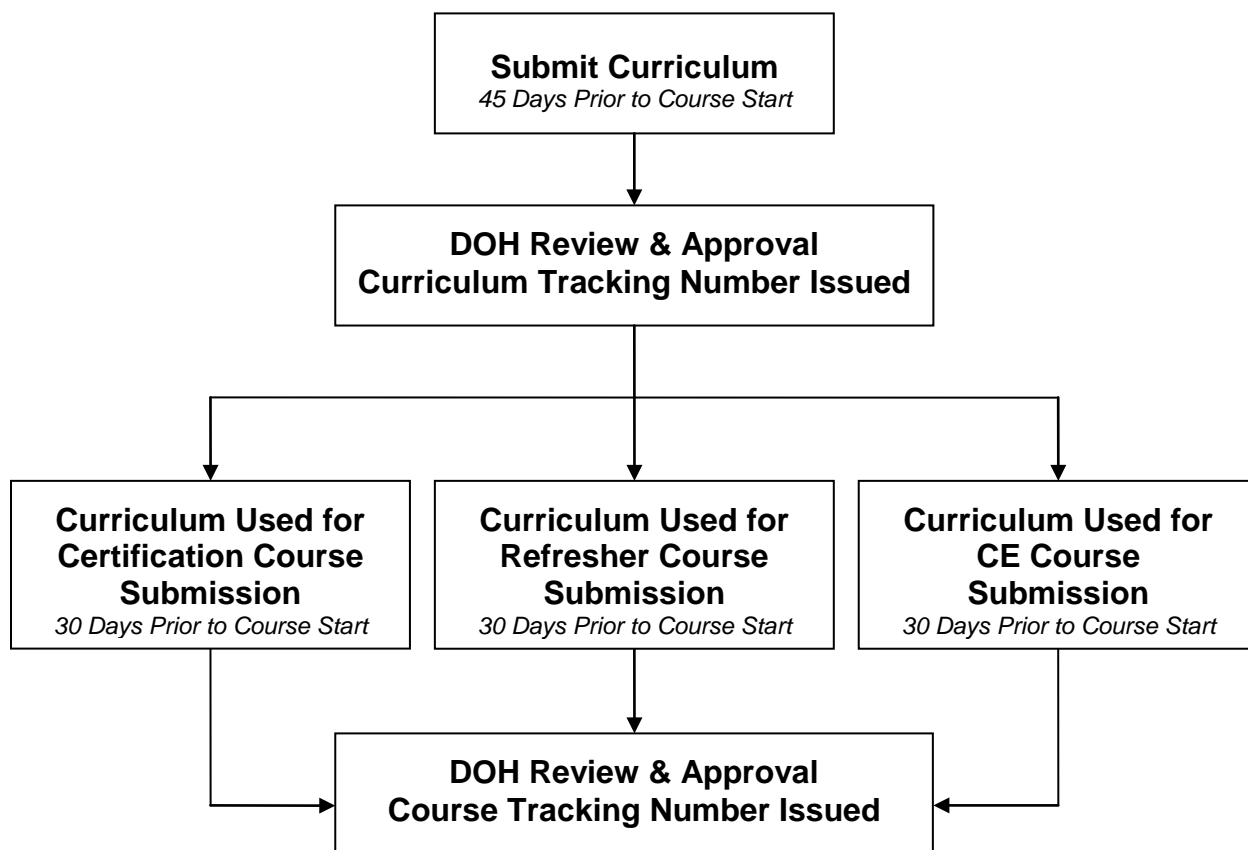
With the 2009 update to the National EMS Education Standards, the Department of Transportation will no longer be releasing an educational curriculum for the various certification levels. This will result in the individual educational institutions developing their own curricula for all certification levels. These will need to be reviewed at the state level for approval.

The NREMT requires that the states approve certification and continuing education courses in order to take certification exams and receive continuing education credit. To meet these requirements, on the following pages we will describe the process to have a curriculum approved, how to have a course approved, and how to submit a course for continuing education credit hours in the District of Columbia.
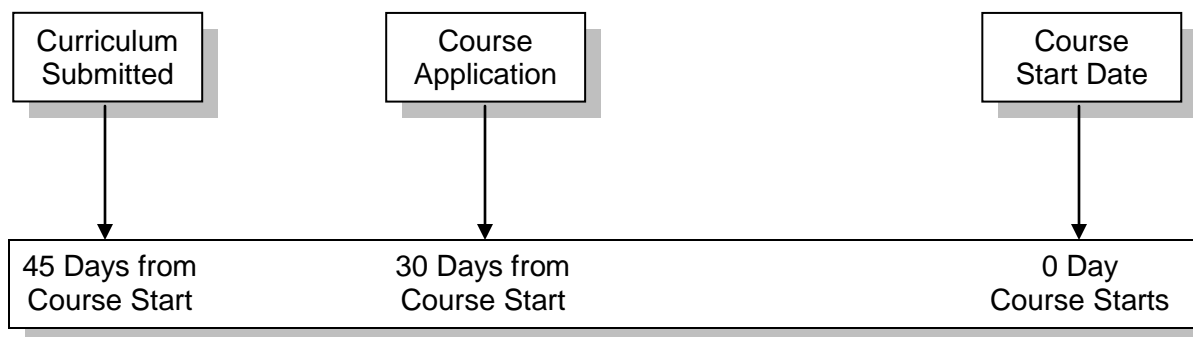
Overview

Regardless of the type of course that an institution wishes to teach, it all begins with the submission of a curriculum. Once the curriculum is approved and issued a number, it can be used as part of a certification course, refresher course, or a continuing education course.

Course Approval Flow Chart

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                    ┌──────────────────────────────┐
                    │      Submit Curriculum        │
                    │  45 Days Prior to Course Start │
                    └───────────────┬──────────────┘
                                    │
                    ┌───────────────▼──────────────┐
                    │      DOH Review & Approval     │
                    │ Curriculum Tracking Number Issued │
                    └───────────────┬──────────────┘
          ┌─────────────────────────┼─────────────────────────┐
          │                         │                         │
┌─────────▼─────────┐   ┌───────────▼──────────┐   ┌──────────▼─────────┐
│ Curriculum Used for│   │ Curriculum Used for  │   │ Curriculum Used for│
│ Certification Course│  │   Refresher Course   │   │     CE Course      │
│    Submission      │   │     Submission       │   │    Submission      │
│ 30 Days Prior to   │   │ 30 Days Prior to     │   │ 30 Days Prior to   │
│   Course Start     │   │   Course Start       │   │   Course Start     │
└─────────┬─────────┘   └───────────┬──────────┘   └──────────┬─────────┘
          │                         │                         │
          │             ┌───────────▼──────────┐              │
          └────────────▶│  DOH Review & Approval │◀────────────┘
                        │ Course Tracking Number Issued │
                        └──────────────────────┘
```

Curriculum and Course Application Timeline

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┌──────────────┐      ┌──────────────┐                    ┌──────────────┐
│ Curriculum   │      │   Course     │                    │   Course     │
│ Submitted    │      │ Application  │                    │ Start Date   │
└──────┬───────┘      └──────┬───────┘                    └──────┬───────┘
       │                     │                                   │
       ▼                     ▼                                   ▼
┌──────────────────────────────────────────────────────────────────────┐
│ 45 Days from        30 Days from                          0 Day       │
│ Course Start        Course Start                          Course Starts │
└──────────────────────────────────────────────────────────────────────┘
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Submission and Approval of Curricula

The process begins with submitting a curriculum to the Department of Health. There is no need to submit curricula for courses that are nationally recognized and provide their own certification (such as the American Heart Association's Advanced Cardiac Life Support course). This process is for locally developed and/or instructed courses, typically for initial certification, refresher, and continuing education or pilot programs. All curricula for courses taught in the District, other than those approved by CECBEMS, must be submitted to DOH for review and approval. *CECBEMS approved curricula must be submitted to obtain a DOH tracking number.*

The EMS Curriculum Approval Application should accompany any curriculum. The form is broken into three sections;

- Educational Institution Information
- Curriculum Information
- Certification

Please submit one application for each curriculum.

Educational Institution Information

This section gives us the basic information on who is submitting the curriculum. This includes the name and DOH certification number of the institution (this is the same as your NREMT Program Code).

Next is the lead author of the curriculum. This could be an individual with the institution, an outside author, a company that offers curricula for sale, etc. If the author is a DC instructor, please include their DC instructor certification number. If the author is not a DC instructor, leave the number section blank.

The last set of lines is for the institution's Program Coordinator. This should include the Program Coordinator's instructor certification number, phone numbers where the Program Coordinator can be reached, and an e-mail address. This will allow us to contact the Program Coordinator if any questions arise concerning the curriculum.

Sample Educational Institution Information

Educational Institution Information

Sponsoring Educational Institution: Sample Educational Institute   Number: 999

Lead Author: Jane Author   Number: 901

Program Coordinator: John Director   Number: 999

Phone: (202) 555-1234   Fax: (202) 555-1234   Cell Phone: (202) 555-1234

E-Mail: john.director@sei.edu

Curriculum Information

This section will give us some basic information about the curriculum. It includes the title of the curriculum and, if CE, the total number of hours required to instruct the curriculum.

Next are two tables which are used to categorize the curriculum as Advanced Life Support or Basic Life Support. In each table is a category, followed by an area for hours. This section is used when the curriculum will be used for CE or refresher courses. You will notice that the categories match the National Registry categories. This should make it easier for you to match the curriculum to the CE area you wish to cover.

The last line in this section is a reminder to attach the curriculum, as well as a check box to indicate if the curriculum is for a pilot program.

Sample Curriculum Information

Curriculum Information

Curriculum Title: Trauma Assessment for the EMT   Total Hours: 3

Identify which of the following topic area(s) are covered by the curriculum, and how many hours for each topic.

Basic Life Support	Hours	Advanced Life Support	Hours
☐ Preparatory		☐ Operational Tasks	
☐ Airway & Breathing		☐ Airway & Breathing	
☐ Patient Assessment		☐ Cardiology	
☐ Medical/ Behavioral		☐ Medical Emergencies	
☒ Trauma	3	☐ Trauma	
☐ Infants & Children		☐ Pediatrics	
☐ Obstetrics		☐ Obstetrics	

Attach a Copy of the Curriculum to This Application   ☐ Pilot Program

Certification

This section contains two signatures; one for the Program Coordinator and one for the Medical Director. These signatures verify that the responsible leadership of the institution is aware of the curriculum and have approved it's submission for District approval.

Certification & Refresher Curricula

All certification and refresher courses must conform to current Department of Transportation and NREMT minimum standards for the certification level. Certification courses can exceed these minimum standards, but students need to understand that they may not be authorized to perform any additional skills beyond nationally recognized standards and those adopted for use in the District of Columbia.

Maintaining Currency

Periodically the Department of Health will review approved curricula on file. If the curriculum does not meet current national (NHTSA and NREMT) or local standards, it will be removed from use. The sponsoring educational institution will be notified of the removal of the curriculum. The sponsoring institution can resubmit the curriculum once it has been updated. It will be reviewed, issued a new tracking number and, upon approval, be used in EMS courses.

Submission and Approval of an Education Course

This process is for locally developed and/or instructed courses. These courses are typically for initial certification, refresher, continuing education, or pilot programs. Any EMS course taught in the District must be reviewed and approved by DOH. There is no need to submit for approval courses that are nationally recognized and provide their own certification (such as the American Heart Association's Advanced Cardiac Life Support course). Once a curriculum or series of curricula have been approved, the educational institution can apply for approval of a course by the Department of Health. You must use only approved curricula during the course.

An EMS Course Approval Application must be submitted anytime an institution wishes to teach a locally developed EMS course, regardless of the type of course. It must be submitted to DOH at least 30-days prior to the first day of the course. The form is broken into five sections;
- Educational Institution Information
- Course Information
- Curricula Used
- Instructional Staff
- Certification

Educational Institution Information
This section gives us the basic information on who is submitting the course for approval. This includes the name and DOH certification number of the institution.

Next is the institution's Program Coordinator. This should include the Program Coordinator's instructor certification number, phone numbers where the Program Coordinator can be reached, and an e-mail address. This will allow us to contact the Program Coordinator if any questions arise concerning the course.

The last two lines in this section are used to identify the physical location where the course will be taught. If the course is to be taught at the address of the institution, simply check the box next to "At Institution"

Sample Educational Institution Information

Educational Institution Information
Sponsoring Educational Institution: *Sample Educational Institute*   Number: *999*
Program Coordinator: *John Director*   Number: *999*
Phone: (*202*) *555-1234*   Fax: (*202*) *555-1234*   Cell Phone: (*202*) *555-1234*
E-Mail: *john.director@sei.edu*
Course Location Address:_____ ☒ At Institution
City, State, ZIP Code: _____

Course Information

The next section provides basic information about the course. The name of the course should be entered on the top line. This can be any title that makes sense to you and your institution's record keeping.

On the next line check the box(es) for the level of the education that will be conducted;
- EMR (Emergency Medical Responder)
- EMT-B (Basic)
- A-EMT (Advanced)
- EMT-I (Intermediate)
- Paramedic

The next line is the type of course to be held. Only one box should be checked.
- Certification
- Refresher
- CE
- Pilot Program

The next two lines provide us with information about when the course will be held. This includes the projected start and ending dates for the course, the number of hours the course will entail, and the days of the week the course will be held.

If the course is for BLS certification (EMR and EMT), the educational institution will need to conduct a practical exam. You should indicate the date you wish to hold the practical exam so that we can work with you to have a DOH representative present.

Lastly, indicate if the course is private or open to the public and the number of students you estimate will be in attendance. If it is open to the public, please check the box. Otherwise, leave the box empty.

Sample Course Information

Course Information

Course Title: Trauma Update

Level of Training: ☐ EMR ☒ EMT ☐ AEMT ☐ EMT-I ☐ Paramedic

Type of Course: ☐ Certification ☐ Refresher ☒ CME ☐ Transition ☐ Pilot Program

Course Start Date: 6/30/2012 Course End Date: 6/30/2012 Hours: 8

Days Held: ☐ Sun ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri ☒ Sat

☐ Practical Exam to be Conducted Practical Exam Date: _____

☒ Open to Public Projected Number of Students: 30

Curriculum(s) Used

The third section allows you to list all of the approved curricula that you will use in the course. There is room for 24 curricula to be listed. If you need additional space, add an additional sheet. It is important that you include the curriculum number(s) with your application.

Sample Curriculum(s) Used

Curricula Used

Curriculum Name	Number	Curriculum Name	Number
Trauma Assess / EMT	21		
Rapid Extrication	32		
Head Injured Patient	107		

If additional space is needed, continue on a separate sheet

Instructional Staff

In this area you should list all of the instructors who will be participating in the course. There are enough spaces to list 14 instructors. If you need to list additional instructors, simply attach a separate sheet. It is important that you include the instructor's DOH Instructor Certification number.

Sample Instructional Staff

Instructional Staff *(Include all assigned staff participating in this course.)*

Instructor Name	Instructor #	Phone/Email
John Director	999	202-555-1234
Jane Author	901	"
Ronald Instructor	1004	"

Certification

This section contains two signatures; one for the Program Coordinator and one for the Medical Director. These signatures verify that both of these individuals are aware of the course, the designated instructors, and have approved the application to be submitted for DOH approval.

Multiple Courses

Depending on your circumstance, you may be able to submit for multiple course approvals on a single application. For instance, you may know that you are going to teach 12 refresher courses over the coming year. The same material will be used for every course. The only thing that changes is the course dates and possibly the instructors. When this occurs, you can submit a single application with the following modifications;

- Complete the *Educational Institution Information* section as usual.
- Complete the *Course Information* section as usual except leave the start and ending dates blank.
- Complete the *Curricula Used* section as usual.
- If you will be using the same instructors for all of the courses, you can complete the *Instructional Staff* section.
- Complete the *Certification Section* as usual.
- Now submit a listing of the class dates on a separate sheet. If you will be using different instructors for various courses, list the instructors for each course date.

Each course will receive a separate course number, along with a separate approval letter.

Conducting Approved Education Courses

All EMS Education Courses (others than those previously outlined) taught in the District must be taught by DC certified educational institutions and taught by DC certified instructors. Educational institutions that are certified to teach at the Advanced Life Support level are authorized to teach certification courses at the BLS level. Educational institutions that are certified to teach at the Basic Life Support level are only authorized to teach certification courses at the BLS level.

Program Coordinator
The Program Coordinator is responsible for the course content and how it is delivered. The Program Coordinator should insure that a certified instructor is present for the course. This does not preclude the use of non-certified instructors to teach specific sections of the course. The Department of Health encourages guest speakers to be utilized in various areas of the course. All non-certified instructors must be vetted and approved by the educational institution's Medical Director prior to being allowed to teach in a classroom.

The Program Coordinator is also responsible for the record keeping of all course records. This includes;
- Complete outlines for each course given, including a copy of the curriculum, method of evaluation and a record of participant performance;
- Record of time, place, and date each course is given;
- For CE courses, record the number of CE hours granted;
- A curriculum vitae or resume for each instructor; and
- A roster signed by course participants, to include name and the DC DOH certificate number (for DC certified EMS personnel) and a record of any course completion certificate(s) issued.

All course records need to be maintained for five years following the completion of the course. It should be done in a manner that prevents loss, destruction or unauthorized use of these records.

Multiple Educational Institutions
The Department of Health encourages the practice of two or more educational institutions collaborating on an EMS course. By combining the strengths of each institution, the result is the student receiving a better educational experience than had each institution performed their course separately.

When multiple institutions work together on a course, one institution must take the lead. The lead institution will be responsible for meeting all of the current DC course requirements. This would include submitting the course application and any additional curricula that are needed. They will also serve as the educational institution of record. They will be required to maintain all of the student records, the CVs of the instructors, number of CE awarded, etc. They are also charged with the responsibility of insuring that all of the classes are conducted properly.

Continuing Education

Educational institutions that are certified to teach at the Advanced Life Support level are authorized to teach CE courses at the BLS level. Educational institutions that are certified to teach at the Basic Life Support level are only authorized to teach CE courses at the BLS level.

CE Courses Eligible for Credit
When an institution submits curricula and/or course application, they indicate the number of CE hours they are requesting for the course. The course will be reviewed by the Department of Health and a determination will be made of the total number of CE hours that will be authorized for a particular course.

> *Note: For CE courses that have received accreditation from the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), submit a copy of the authorization to DOH to obtain a curriculum tracking number.*

CE Topics
When creating CE courses, they should be categorized according to current NREMT CE categories for the certification level targeted. These categories are also listed on the EMS Curriculum Approval Application.

It should be noted that some activities cannot be submitted for CE credit according to current NREMT guidelines. These activities include;
- Clinical rotations
- CPR
- Home Study Programs (this *does not* include relevant on-line college courses)
- Instructor Courses
- Management/Leadership Courses
- Performance of Duty
- Preceptor Hours
- Serving as a skill examiner
- Volunteer time with agencies

Assigning CE Hours
When you submit a course for continuing education credit, hours shall be assigned based on the curricula submitted as part of the course. In addition, the following guidelines will be used when assigning continuing education hours by DOH:
- Classes or activities less than one CE hour in duration will not be approved; and
- For courses greater than one CE hour, credit may be granted in no less than half hour increments.

CE Listings/Certificates

When educational institutions conduct a CE course, they need to issue each participant some form of documentation verifying the participant's successful completion. The document should be a "tamper resistant" document or certificate (i.e., a computer generated document as opposed to a hand-written document) within thirty calendar days of completion of the course, class, or activity.

When a certificate or listing is issued, it should contain the following information:
- Educational institution name, address and their DOH EMS educational institution number
- Course title and DOH assigned course number
- Date of course, class, or activity
- Name of participant and their EMS certification number
- Hours of continuing education awarded
- Signature of Program Coordinator and/or class instructor
- Signature of Medical Director

Sample CE Participant Listing

Sample Educational Institute
123 Anywhere Street, NE   Washington DC 20000
DC Department of Health Educational Institution #99

Trauma Update CE Course #313
June 1, 2009

Participants

Name	DC Cert #	CE Hours
Participant One	123	8
Participant Two	456	8
Participant Three	789	8
Participant Four	1011	8

Course Instructor Signature: *Ronald Instructor* | **Date:** *June 2, 2009*

Medical Director Signature: *Med Director*

Sample CE Participant Certificate

Sample Educational Institute

This is to Verify that

Participant One

Has Successfully Completed the

Trauma Update Course 313

and is Awarded 8 Hours of Continuing Education
on this 1st Day of June, 2009

Ronald Instructor

—————————————————
Course Instructor

123 Anywhere Street, NE
Washington DC 20000
DC Department of Health
Educational Institution #99

Med Director

—————————————————
Medical Director

Appendix- Sample Forms

Government of the District of Columbia – Department of Health

EMS Curriculum Approval Application

General Instructions
- All applications must be submitted by the sponsoring EMS Educational Institution's Program Coordinator or Medical Director, not individual instructors.
- To ensure timely processing of the application, please make sure that all of the required documents are attached when they are sent the Department of Health.
- The EMS Educational Institution's Program Coordinator and Medical Director must sign the application.

Curriculum Documentation
- The curriculum must include each course topic.
    - If it is anticipated that the curriculum will be used for continuing education, include the number of hours in each topic.
- A copy of the curriculum must be included with this application.
- Indicate if this curriculum is part of a pilot program.

Approval
- This form needs to be submitted to the Department of Health at least 45 days prior to the proposed start date to use the curriculum to allow the application to be processed before the start date of the course.
- CE curricula approved by CECBEMS need to be submitted to DOH to obtain a curriculum tracking number.
- A curriculum may not used until it is approved by the Department of Health and assigned a curriculum tracking number and approved for use.
- A curriculum tracking number will be included in the curriculum authorization letter upon approval. Please keep this number for your records and use on all curriculum correspondence.

DC-DOH EMS Form 2011-0015A   Page 1 of 2   ORG: Aug 2011

Government of the District of Columbia – Department of Health
EMS Curriculum Approval Application

Educational Institution Information

Sponsoring Educational Institution: _____ Number: _____

Lead Author: _____ Number: _____

Program Coordinator: _____ Number: _____

Phone: (_____) _____   Fax: (____) _____   Cell Phone: (____) _____

E-Mail: _____

Curriculum Information

Curriculum Title: _____   Total Hours: _____

Identify which of the following topic area(s) are covered by the curriculum, and how many hours for each topic.

Basic Life Support	Hours	Advanced Life Support	Hours
☐ Preparatory		☐ Operational Tasks	
☐ Airway & Breathing		☐ Airway & Breathing	
☐ Patient Assessment		☐ Cardiology	
☐ Medical/ Behavioral		☐ Medical Emergencies	
☐ Trauma		☐ Trauma	
☐ Infants & Children		☐ Pediatrics	
☐ Obstetrics		☐ Obstetrics	

Attach a Copy of the Curriculum to This Application   ☐ Pilot Program

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial, termination or revocation of the authorization to use the curriculum.

_____   _____
Signature of the Program Coordinator   *Date*

_____   _____
Signature of the Medical Director   *Date*

DC-DOH EMS Form 2011-0015A   Page **2** of **2**   ORG: Aug 2011

Government of the District of Columbia – Department of Health

EMS Course Approval Application

General Instructions

- All applications must be submitted by the sponsoring EMS Educational Institution's Program Coordinator and Medical Director, not individual instructors.
- To ensure timely processing of the application, please make sure that all of the required documents are attached when they are sent the State EMS Officer.
- The EMS Educational Institution's Program Coordinator and Medical Director must sign the application.

Course Information

- Include all of the instructor's names who are expected to be involved with the course.
  - If more than 14 instructors are used in a course, add a separate sheet that lists all of the anticipated instructors.
- Include the address where the course will be held.
- Include the anticipated start and ending dates, as well as total hours.
- Be sure to indicate if a practical exam will need to be offered.
- Indicate if this course is open to the public.
- Indicate if this course is part of a pilot program.

Curricula Used

- Only approved curricula can be used. Be sure to include the DOH curriculum tracking number on the application so as not to delay the processing of the application.
- If you are using more than twenty-four curricula for a course, add a separate sheet that list all of the curricula used and their DOH tracking numbers.

Approval

- This form should be submitted to the State EMS Officer at least 30 days prior to the proposed start date to allow processing to be completed before the course start date.
- A course may not be started or have tuition and fees collected until it is approved by the Department of Health and assigned a course number.
- A course authorization number will be included in the course authorization letter upon course approval. Please keep this number for your records and use on all course correspondence.

Government of the District of Columbia – Department of Health
EMS Course Approval Application

Educational Institution Information

Sponsoring Educational Institution: _____ Number: _____

Program Coordinator: _____ Number: _____

Phone: (_____) _____ Fax: (_____) _____ Cell Phone: (_____) _____

E-Mail: _____

Course Location Address:_____ □ At Institution

City, State, ZIP Code: _____

Course Information

Course Title: _____

Level of Training: □ EMR   □ EMT   □ AEMT   □ EMT-I   □ Paramedic

Type of Course: □ Certification   □ Refresher   □ CME   □ Transition   □ Pilot Program

Course Start Date: _____ Course End Date: _____ Hours: _____

Days Held: □ Sun   □ Mon   □ Tues   □ Weds   □ Thurs   □ Fri   □ Sat

□ Practical Exam to be Conducted   Practical Exam Date: _____

□ Open to Public   Projected Number of Students: _____

Curricula Used

Curriculum Name	Number		Curriculum Name	Number

If additional space is needed, continue on a separate sheet

DC-DOH EMS Form 2011-0015B   Page **2** of **3**   ORG: Aug 2011

Instructional Staff *(Include all assigned staff participating in this course.)*

Instructor Name	Instructor #	Phone/Email

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial, termination or revocation of certification of this course.

_____   _____

Signature of the Program Coordinator   Date

_____   _____

Signature of the Medical Director   Date

Government of the District of Columbia – Department of Health
EMS Curriculum Approval Application

Educational Institution Information

Sponsoring Educational Institution: _Sample Educational Institute_   Number: ___999___

Lead Author: _Jane Author_   Number: ___901___

Program Coordinator: _John Director_   Number: ___999___

Phone: (_202_) _555-1234_   Fax: (_202_) _555-1234_   Cell Phone: (_202_) _555-1234_

E-Mail: _____

Curriculum Information

Curriculum Title: _Trauma Assessment for the EMT_   Total Hours: ___3___

Identify which of the following topic area(s) are covered by the curriculum, and how many hours for each topic.

Basic Life Support	Hours		Advanced Life Support	Hours
☐ Preparatory			☑ Operational Tasks	
☐ Airway & Breathing			☐ Airway & Breathing	
☐ Patient Assessment			☐ Cardiology	
☐ Medical/ Behavioral			☐ Medical Emergencies	
☒ Trauma	3		☐ Trauma	
☐ Infants & Children			☐ Pediatrics	
☐ Obstetrics			☐ Obstetrics	

Attach a Copy of the Curriculum to This Application   ☐ Pilot Program

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial, termination or revocation of the authorization to use the curriculum.

John Director   05/10/2012
_____   _____
Signature of the Program Coordinator   Date

Ima Surgeon   05/10/2012
_____   _____
Signature of the Medical Director   Date

DC-DOH EMS Form 2011-0015A   Page **2** of **2**   ORG: Aug 2011

Government of the District of Columbia – Department of Health

EMS Course Approval Application

Educational Institution Information

Sponsoring Educational Institution: _Sample Educational Institute_   Number: _999_

Program Coordinator: _John Director_   Number: _999_

Phone: (_202_) _555-1234_   Fax: (_202_) _555-1234_   Cell Phone: (_202_) _555-1234_

E-Mail: _john.director@sei.edu_

Course Location Address: _____   ☒ At Institution

City, State, ZIP Code: _____

Course Information

Course Title: _Trauma Update_

Level of Training: ☐ EMR   ☒ EMT   ☐ AEMT   ☐ EMT-I   ☐ Paramedic

Type of Course: ☐ Certification   ☐ Refresher   ☒ CME   ☐ Transition   ☒ Pilot Program

Course Start Date: _6/30/2012_   Course End Date: _6/30/2012_   Hours: _8_

Days Held: ☐ Sun   ☐ Mon   ☐ Tues   ☒ Weds   ☐ Thurs   ☐ Fri   ☒ Sat

☐ Practical Exam to be Conducted   Practical Exam Date: _____

☒ Open to Public   Projected Number of Students: _30_

Curricula Used

Curriculum Name	Number	Curriculum Name	Number
Trauma Assess / EMT	21		
Rapid Extrication	32		
Head Injured Patient	107		

If additional space is needed, continue on a separate sheet

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Instructional Staff *(Include all assigned staff participating in this course.)*

Instructor Name	Instructor #	Phone/Email
John Director	999	202-555-1234
Jane Author	901	"
Ronald Instructor	1004	"

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial, termination or revocation of certification of this course.

John Director
_____
Signature of the Program Coordinator

5/30/2012
_____
Date

Ima Surgeon
_____
Signature of the Medical Director

5/30/2012
_____
Date

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