

**Michigan Department of Community Health**  
**EMS and Trauma Systems Section**  
 201 Townsend Street  
 Lansing, Michigan 48913

<b>MDCH USE ONLY</b>	
Date Received at MDCH: _____	Date Amendments Requested: _____
Date Rec'd by Regional Coordinator: _____	Date Amendments Received: _____
Date Reviewed by Regional Coord.: _____	Date of On-Site: _____
	Date Report form sent to MDCH: _____
Recommended Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Regional Coordinator Signature: _____	

**PROGRAM SPONSOR**  
**APPLICATION FOR INITIAL APPROVAL**

This application is to be completed jointly by the Program Sponsor's Course Coordinator and a representative of the Program Sponsor. **Two complete copies, one with original signatures, and all attachments must be received by MDCH at least 60 days prior to the planned start of the first course to be offered.** Approval of an education program for emergency medical services personnel is predicated upon completion and submission of this application as prescribed by PA 368 of 1978, as amended, and applicable Rules, and compliance with Program Requirements for the respective program type and level. **The courses may not start until the application is approved.** If the application does not meet approval criteria 30 days following the evaluation, or 7 days prior to course or continuing education start date, the application becomes null and void.

Program approval is for up to three years. For all additional course offerings within the approval period, the sponsor must submit the appropriate form; Interim Application form BHPPA-EMS-136a and attachments electronically to MDCH; CE Application BHPPA-EMS-202c **to the Regional Coordinator** at least 30 days prior to date of the class.

Paramedic program sponsors with accreditation from Joint Review Committee on Educational Programs for EMT-Paramedic must submit this application with a copy of verification of accreditation from JRC and must complete questions 1-7 (attachments not required for questions 5, 6 & 7). Programs with current JRC accreditation will be approved for all four levels of EMS education. For additional course offerings, form BHPPA-EMS-136a must be submitted as noted above.

Refer to the Program Explanation and Criteria document for detailed instructions on application requirements.

1.

Education Program Sponsor			
Address			
City	State	Zip	County

2.

<b>Type of Program applying for:</b>			
_____ EMS Education Program Sponsor ( <b>Check appropriate level</b> ):	_____ MFR	_____ EMT	
_____ IC Education Program Sponsor	_____ EMT-Specialist	_____ Paramedic	
_____ EMS CE Program Sponsor			

3.

**Sponsor is a:**

☐ Post-Secondary School
 ☐ Life Support Agency  
☐ Vocational/Technical/High School
 ☐ Hospital  
☐ Licensed Proprietary School
 ☐ U.S. Military Service  
☐ Adult Education Center

**Attach verification of sponsor type, a written statement outlining sponsor responsibilities, and how Sponsor will provide oversight to all courses. (See Program Approval Criteria)**

4.

**Program Sponsor Representative:** Print Clearly

Title

First/Middle/Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 MI I/C License #: \_\_\_\_\_ I/C ID#: \_\_\_\_\_

5.

**Program Course Coordinator (I / C):** Print Clearly

First/Middle/Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 MI I/C License #: \_\_\_\_\_ I/C ID#: \_\_\_\_\_

**Attach copy of course coordinator's provider & I / C licenses, contract or employment agreement between sponsor and course coordinator AND course coordinator position description.**

Only one Course Coordinator allowed per program.

6.

**Physician Director:** Print Clearly (Education Program Sponsor only)

First/Middle/Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attach copy of MD/ DO license, curriculum vitae of physician director, copy of contract between program sponsor and physician director AND physician director position description (may be part of contract).**

7.

Has Medical Control Authority been informed of application and proposed courses? ☐ Yes ☐ No

Name of MCA: \_\_\_\_\_

MCA Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

8.

**Start date(s) and end date(s) of first course to be offered at each level:**

MFR	_____	-	_____
EMT	_____	-	_____
EMT-Specialist	_____	-	_____
Paramedic	_____	-	_____
IC	_____	-	_____

**(Attach schedule of each course listed above, following attached format)**

9.

**Course Location(s) (building, room # , street address, city, zip)**


10. **General Program Sponsor Criteria – This section must be completed by all initial applicants. If you are currently an approved program sponsor and are seeking an additional program type, you do not need to complete this section, proceed to specific program type criteria**

**Program Sponsor Approval Criteria**

*See text for detailed explanation of criteria, documentation required, and re-approval documentation required.*

**NOTE:Criteria are divided into required and recommended categories.**

**M-criteria for MFR program**

**S-criteria for EMT-Specialist program**

**I-criteria for IC program**

**B-criteria for Basic EMT program**

**P-criteria for Paramedic program**

**C-criteria for CE program**

**General Criteria for all applicants**

**Program Sponsorship-Required**

1. \_\_\_\_ **M B S I C** Provide documentation that verifies sponsor facility type. Programs must be sponsored by a facility that is either a post-secondary school (such as a university or a college), a high school or vocational/technical school, or proprietary school licensed by the Michigan Department of Labor and Economic Growth; an adult education center; a licensed life support agency, a hospital, or a United States Military Service.  

or
2. \_\_\_\_ **P** Provide documentation that verifies sponsor facility type. Programs must be sponsored by a facility that is either a post-secondary school, a high school or vocational/technical school, or proprietary school licensed by the Michigan Department of Labor and Economic Growth; an adult education center, or a hospital.
3. \_\_\_\_ **M B S P I C** Provide a sponsor representative contact that is other than the course coordinator or primary IC.
4. \_\_\_\_ **M B S P I C** Provide a written statement outlining sponsor responsibilities.
5. \_\_\_\_ **M B S P I C** Provide an action plan that documents how the sponsor will provide oversight to all classes.

**Course Coordinator-Required**

6. \_\_\_\_ **M B S P I C** Course Coordinator for the program is identified on application.
7. \_\_\_\_ **M B S P I C** Show proof of Michigan IC licensure and EMS provider licensure.
8. \_\_\_\_ **M B S P I C** Provide documentation of formal affiliation with program (employment verification letter) or copy of contract with sponsor.
9. \_\_\_\_ **M B S P I C** Provide written Course Coordinator position description.
10. \_\_\_\_ **M B S P I C** Assure a licensed IC is present during all classes with the exception of the presence of a qualified instructor or subject matter expert approved according to MDCH policy.

**Course Coordinator-Recommended**

11. \_\_\_\_ **M B S P I C** Provide documentation of previous experience as a Course Coordinator
12. \_\_\_\_ **M B S P I C** Provide documentation of previous coordination experience
13. \_\_\_\_ **M B S P I C** Provide documentation of previous general administrative experience
14. \_\_\_\_ **M B S P I C** Provide documentation of academic credentialing, e.g. B.S., M.S., Ph.D., etc.

**Instructional Faculty-Required**

15. \_\_\_\_ **M B S P I C** Provide documentation that demonstrates instructors are proficient in the subject material presented. If an EMS provider, instructor must be licensed at level of course or higher.
16. \_\_\_\_ **M B S P I C** Provide Curriculum Vitae for instructors that identifies credentials, including copy of EMS license for each instructor, if applicable.
17. \_\_\_\_ **M B S P I C** Provide documentation that demonstrates instructor formal affiliation(employment verification letter) or copy of contract with program sponsor
18. \_\_\_\_ **M B S P I C** Provide instructor's written position description (generic).

**Instructional Faculty-Recommended**

19. \_\_\_\_ **M B S P I C** Provide documentation that instructors are licensed I/C(s) in State of Michigan
20. \_\_\_\_ **M B S P I C** Provide documentation that instructors have academic credentialing.
21. \_\_\_\_ **M B S P I C** Provide documentation that instructors have previous EMS field experience.
22. \_\_\_\_ **M B S P I C** Provide documentation that instructors have previous teaching experience.

**Financial Resources-Required**

23. \_\_\_\_ **M B S P I C** Provide a written statement from the sponsor that states there is financial support for the program.

**Financial Resources-Recommended**

24. \_\_\_\_ **M B S P I C** Provide a course budget **and** written statement from the sponsor financially supporting the program.

**Facility-Required (See facility requirements attachment)**

25. \_\_\_\_ **M B S P I** The facility meets all requirements in the attached appendix.

**Facility-Recommended (See facility recommendations)**

26. \_\_\_\_ **M B S P I** The facility meets some recommendations in the attached appendix.

**Audio Visual-Recommended (See audio visual list attachment)**

27. \_\_\_\_ **M B S P I C** Some audio-visual equipment identified as recommended in the attached appendix is available.

**Operational Policy/ Procedures-Required**

28. \_\_\_\_ **M B S P I C** Provide copies or documentation of general liability policies in place which cover the faculty and students in all program locations.
29. \_\_\_\_ **M B S P I C** Provide a copy of the program's ADA policy.
30. \_\_\_\_ **M B S P I C** Provide a copy of the program's non-discrimination policy.
31. \_\_\_\_ **M B S P I C** Provide copy of the program's sexual harassment policy that is provided to students.

**Program Evaluation-Required**

32. \_\_\_\_ **M B S P I C** Document that a course evaluation is performed, by the students, at the completion of each course.
33. \_\_\_\_ **M B S P I C** Document that the primary instructor is evaluated, for the purpose of providing feedback to the instructor, at least once during each course.
34. \_\_\_\_ **M B S P I C** Provide a written action plan that documents how information obtained from the evaluation process (numbers 101-103) is utilized to make changes in the program when appropriate.
35. \_\_\_\_ **M B S P I C** Document and demonstrate that the program's Advisory Committee is active.

11. **Education Program Sponsor Criteria – This section must be completed by all applicants wishing to provide MFR, EMT, EMT-Specialist, or Paramedic level education.**

## **Education Program Sponsor Approval Criteria**

### **Program Sponsorship-Required**

36. \_\_\_\_ **M B S P** Provide documentation that Medical Control Authority has been informed of the program.

### **Course Coordinator-Recommended**

37. \_\_\_\_ **M B S P C** Provide documentation of previous teaching experience  
38. \_\_\_\_ **M B S P C** Provide documentation of previous field experience  
39. \_\_\_\_ **M B S P C** Provide documentation of license at higher level than the program

### **Physician Director-Required**

40. \_\_\_\_ **B S P** Physician Director is identified on application and signs original signature to application.  
41. \_\_\_\_ **B S P** Provide documentation that physician is licensed.  
42. \_\_\_\_ **B S P** Provide documentation that physician is formally affiliated (letter of employment) or provide copy of contract with the program sponsor.  
43. \_\_\_\_ **B S P** Provide the Physician Director's written position description (may be in contract). When not in contract, this position description must be signed in acknowledgement by the physician.  
44. \_\_\_\_ **B S P** Provide documentation that physician has clinical experience and current expertise in providing emergency care.

### **Physician Director-Recommended**

45. \_\_\_\_ **M** Physician Director is identified on application and signs original signature to application.  
46. \_\_\_\_ **M** Provide documentation that physician is licensed and has emergency care experience.  
47. \_\_\_\_ **M** Provide documentation that physician is formally affiliated (letter of employment) or provide copy of contract with the program sponsor.  
48. \_\_\_\_ **M** Provide the Physician Director's written position description (may be in contract).  
49. \_\_\_\_ **M B S** Provide documentation that physician is knowledgeable in EMS systems.  
50. \_\_\_\_ **M B S P** Provide documentation that physician is Board-certified or board-eligible in emergency medicine.  
51. \_\_\_\_ **M B S P** Provide documentation that physician completed an EMS fellowship.  
52. \_\_\_\_ **M B S P** Provide documentation that physician is actively involved in emergency medicine or EMS professional organizations.  
53. \_\_\_\_ **M B S P** Provide documentation that the physician signs a statement assuring student competency at the end of the program.  
54. \_\_\_\_ **M B S P** Provide documentation that the physician signs a statement assuring familiarity with education program requirements.  
55. \_\_\_\_ **M B S P** Provide documentation that the physician signs a statement accepting responsibility to review the course curriculum for medical correctness.

**Equipment-Required (See equipment requirements attachment)**

56. \_\_\_ **M B S P** All equipment is available as required in the attached appendix.
57. \_\_\_ **M B S P** A Lesson Plan is provided if station rotation is necessary to meet all equipment requirements. This will be based on maximum number of students enrolled in course for evaluating 1:6 ratio for equipment rotation.

**Equipment-Recommended (See equipment recommendations)**

58. \_\_\_ **M B S P C** Some equipment identified as recommended in the attached appendix is available.

**Audio Visual-Required (See audio visual list attachment)**

59. \_\_\_ **M B S P I** All audio-visual equipment is available as required in the attached appendix.

**Learning Resources(Library)-Required**

60. \_\_\_ **M B S P I** Demonstrate availability of library resources related to the curriculum.

**Learning Resources(Library)-Recommended**

61. \_\_\_ **M B S P I** Demonstrate availability of a dedicated EMS resource center.
62. \_\_\_ **M B S P I** Demonstrate availability of internet access.
63. \_\_\_ **M B S P I** Demonstrate availability of hospital library access.
64. \_\_\_ **M B S P I** Demonstrate availability of college library with medical program access.
65. \_\_\_ **M B S P I** Demonstrate availability of self-instruction resources (computer aided instruction).

**Clinical Resources-Required**

66. \_\_\_ **B S P** Provide copy of each formal clinical agreement with hospitals, facilities, EMS agencies and education program sponsors. Minimally one pre-hospital and one hospital agreement must be in place.
67. \_\_\_ **B S P** Provide a copy of the document that informs the student that clinical requirements meet or exceed minimum state guidelines for types of facilities and objectives, or hours.
68. \_\_\_ **B S P** Demonstrate the process for verifying that students have obtained required vaccinations before attending clinical rotations.
69. \_\_\_ **B S P** Demonstrate the process used to verify that students attend clinical rotations.
70. \_\_\_ **B S P** Provide a copy of the objectives that are provided to the student for each clinical location.
71. \_\_\_ **B S P** Provide a copy of the clinical assignment that the student receives and demonstrate how the clinical activities of the assignment relate to the attainment of the objectives.
72. \_\_\_ **B S P** Document and demonstrate that didactic and psychomotor training occurs prior to student attendance of clinical experience on that knowledge/skill area.
73. \_\_\_ **B S P** Document and demonstrate that students receive education on infection control and use of PPE prior to entering the clinical setting.
74. \_\_\_ **B S P** Provide copy of infectious exposure policy and infectious exposure reporting procedure.
75. \_\_\_ **B S P** Document and demonstrate that student reports to approved clinical supervision at each clinical facility.
76. \_\_\_ **B S P** Demonstrate how student identification is utilized in the clinical setting.
77. \_\_\_ **P** Demonstrate that a formal field internship program exists following completion of course work.

**Clinical Resources-Recommended**

78. \_\_\_\_ **B S** Demonstrate that a formal field internship program exists.
79. \_\_\_\_ **B S P** The course coordinator and/or clinical preceptor responsible for the clinical setting has in place a system for demonstrating proof of the students' participation:
- a. The course coordinator/clinical preceptor schedules the student in clinical setting.
  - b. The clinical setting is advised in writing of the students scheduled.
  - c. A system is maintained at the facility to record student attendance.
80. \_\_\_\_ **B S P** Demonstrate that students have access to a diverse patient mix (age/race/patient conditions).
81. \_\_\_\_ **B S P** Provide a copy of the contract between the program and the clinical faculty.

**Clinical Resources:**

Hospital and Pre-Hospital Agencies Providing Clinical Contracts: (minimum one hospital and one pre-hospital)

Course Level	Hospital/ Agency Name	Address	Effective Contract Dates	Contact Name & Phone #

**Attach copies of all clinical contracts.** (Clinical contracts must have been authorized within the last 3 years)**Student Policy/ Syllabus-Required**

82. \_\_\_\_ **M B S P I** Provide a copy of the admissions policy.
83. \_\_\_\_ **M B S P I** Provide a copy of the specific grading scale and definition of successful completion.
84. \_\_\_\_ **M B S P I** Provide a copy of the attendance policy.
85. \_\_\_\_ **M B S P I** Provide a copy of the appeals policy/procedure.
86. \_\_\_\_ **M B S P I** Provide a copy of the academic guidance procedure.
87. \_\_\_\_ **M B S P I** Provide a copy of the health and safety policy/procedure meeting those identified required areas in this section
88. \_\_\_\_ **M B S P I** Document and demonstrate how a copy of the MDCH Education Program Requirements is made available to the students.
89. \_\_\_\_ **M B S P I** Provide a copy of the disclosure policy/procedure meeting the identified required areas in this section.
90. \_\_\_\_ **M B S P I** Demonstrate that a primary textbook, or resource is identified and required.
91. \_\_\_\_ **M B S P I** Demonstrate in the syllabus the primary instructor availability, contact phone, and class cancellation procedure.
92. \_\_\_\_ **M B S P I** Provide a copy of the dress code/hygiene policy used for the clinical setting.
93. \_\_\_\_ **M B S P I** Document in the syllabus that upon successful completion, students will be provided the National Registry application, the exam reservation forms, license application and instructions for application completion.
94. \_\_\_\_ **M B S P I** Document in syllabus that upon successful completion, students will be provided a letter or certificate of course completion.
95. \_\_\_\_ **M B S P I** Document in syllabus that students are informed that a criminal history could impact the student's ability to participate in clinical, examinations and/or to become licensed.
96. \_\_\_\_ **M B S P I** Document in syllabus that students are informed before or at the first class session that the program sponsor is approved and the specific course has been approved.



### **Operational Policy/ Procedures-Required**

- 97.\_\_\_\_ **M B S P I** Student records will be maintained for minimally five years and contain:
- a. all academic information such as grades
  - b. copies of student course-end evaluations (didactic, practical, affective & clinical)
  - c. copies of all student clinical attendance verifications
  - d. any student incident report or counseling record
  - e. student vaccination history (if not found in other facility record)
- 98.\_\_\_\_ **M B S P I** Provide an example of each final evaluation tool that will be used to evaluate the student in the cognitive, psychomotor, affective domains.
- 99.\_\_\_\_ **M B S P I** Provide a policy that directs how evaluation tools will be developed and evaluated after use to improve validity and reliability, if needed.
- 100.\_\_\_\_ **M B S P I** Demonstrate "fairness in advertising" in all course information. Provide a copy of the course announcement for this criteria.
- 101.\_\_\_\_ **P** Demonstrate that student math and reading assessment testing is done and that a remedial resource is available.

### **Operational Policy/ Procedures- Recommended**

- 102.\_\_\_\_ **M B S P** A physical agility testing program, with resources for referral, is utilized.
- 103.\_\_\_\_ **M B S** Demonstrate that student math and reading assessment testing is done and that remedial referral resource is available.
- 104.\_\_\_\_ **M B S P** Additional liability coverage is provided (as noted in the text.)

### **Program Evaluation-Required**

- 105.\_\_\_\_ **M B S P I** By policy, describe how the program will utilize the data obtained from the comparison of the course outcomes to the success of students on the NREMT and State of Michigan exams.
- 106.\_\_\_\_ **M B S P I** By policy, direct what data is included in the final report that is made by the primary IC or course coordinator to the program sponsor and/or the Advisory Committee, and is maintained in course records. This final report includes:
- a. a summary of each course's evaluations (from # 101)
  - b. facts on student attrition (number of students enrolled/completing)
  - c. the comparison of course outcomes to NREMT and State of Michigan exam (# 103)
  - d. the action plan for implementing necessary changes (from # 104.)
- 107.\_\_\_\_ **P** Document how instructor competency is demonstrated and how their education is extended.

### **Program Evaluation-Recommended**

- 108.\_\_\_\_ **M B S P I** Evaluate the effectiveness of the program in developing competencies consistent with the needs of the graduates' employers.
- 109.\_\_\_\_ **M B S I C** Document how instructor competency is demonstrated and how their education is extended.

12. **EMS CE Program Sponsor Criteria**

**Course Coordinator-Recommended**

110. \_\_\_\_ **M B S P C** Provide documentation of previous teaching experience  
111. \_\_\_\_ **M B S P C** Provide documentation of previous field experience  
112. \_\_\_\_ **M B S P C** Provide documentation of license at higher level than the program

**Facility-Required (See facility requirements attachment)**

113. \_\_\_\_ **C** The facility meets all requirements in the attached appendix.

**Facility-Recommended (See facility recommendations)**

114. \_\_\_\_ **C** The facility meets some recommendations in the attached appendix.

**Equipment-Recommended (See equipment recommendations)**

115. \_\_\_\_ **M B S P C** Some equipment identified as recommended in the attached appendix is available.

**Audio Visual-Recommended (See audio visual list attachment)**

116. \_\_\_\_ **C** Some audiovisual equipment as recommend in the attached appendix is available.

**Learning Resources(Library)-Recommended**

117. \_\_\_\_ **C** Some availability of library resources related to emergency medical services

**Operational Policy/ Procedures-Required**

118. \_\_\_\_ **C** Attendance records will be maintained for minimally four years and contain:  
a. date and time of course  
b. category & specific topic of course  
c. location of course  
d. course instructor  
e. copies of student evaluations (lecture & practical)  
119. \_\_\_\_ **C** Before or at the day of the CE session, participants will be informed in writing that the program sponsor is approved and the specific topic(s) have been approved.

**Program Evaluation-Required**

120. \_\_\_\_ **C** By policy, direct what data is included in the summary report that is made by the instructor or EMS CE Instructor Coordinator to the program sponsor. This report includes:  
a. summary of each course's evaluations  
b. the action plan for implementing necessary changes

**Program Evaluation-Recommended**

121. \_\_\_\_ **M B S I C** Document how instructor competency is demonstrated and how their education is extended.

13. **Instructor Coordinator Program Sponsor Criteria**

**Program Sponsorship -Recommended**

122.\_\_\_\_ I Programs are sponsored by a facility that is dedicated to professional education

**Course Coordinator-Required**

123.\_\_\_\_ I Provide documentation of previous teaching experience

**Instructional Faculty-Required**

124.\_\_\_\_ I Provide documentation that instructors have previous teaching experience.

125.\_\_\_\_ I Instructional Technique topics (except for Audio-Visual) and Measurement and Evaluation topics must be taught by a professional educator with a baccalaureate degree (or above), or a Michigan Secondary Education Certificate, or a Master of Education Degree.

126.\_\_\_\_ I The topics "Coordination Issues", "Review of MDCH Requirements" and the "Practical Exam In-service" must be taught by a MDCH representative.

**Audio Visual-Required (See audio visual list attachment)**

127.\_\_\_\_ **M B S P I** All audio-visual equipment is available as required in the attached appendix.

**Learning Resources(Library)-Required**

128.\_\_\_\_ **M B S P I** Demonstrate availability of library resources related to the curriculum.

**Learning Resources(Library)-Recommended**

129.\_\_\_\_ **M B S P I** Demonstrate availability of a dedicated EMS resource center.

130.\_\_\_\_ **M B S P I** Demonstrate availability of internet access.

131.\_\_\_\_ **M B S P I** Demonstrate availability of hospital library access.

132.\_\_\_\_ **M B S P I** Demonstrate availability of college library with medical program access.

133.\_\_\_\_ **M B S P I** Demonstrate availability of self-instruction resources (computer aided instruction).

**Student Teaching-Required**

134.\_\_\_\_ I Provide a policy that demonstrates how the student's teaching opportunities will be arranged

135.\_\_\_\_ I Syllabus identifies student teaching requirements, meeting minimum state requirements.

136.\_\_\_\_ I Demonstrate a process that verifies students have met student teaching requirements.

137.\_\_\_\_ I Provide a copy of the student teaching objectives that are provided to the student.

138.\_\_\_\_ I Demonstrate in documentation how student teaching will have appropriate supervision.

**Student Teaching-Recommended**

- 139.\_\_\_\_ I Demonstrate in documentation that student teaching is diversified (initial training both didactic and skills, CE, community, etc.).
- 140.\_\_\_\_ I Demonstrate that a formal internship program exists.
- 141.\_\_\_\_ I Demonstrate that access to a diverse student population exists. (age, race, previous education).
- 142.\_\_\_\_ I Provide a copy of the contract between the program and the student teaching faculty (supervisory).

**Clinical Resources for Student Teaching:**

Hospital and Pre-Hospital Agencies Providing Clinical Contracts: (minimum one hospital and one pre-hospital)

Course Level	Hospital/ Agency Name	Address	Effective Contract Dates	Contact Name & Phone #

**Attach copies of all clinical contracts.** (Clinical contracts must have been authorized within the last 3 years)**Student Policy/ Syllabus-Required**

- 143.\_\_\_\_ **M B S P I** Provide a copy of the admissions policy.
- 144.\_\_\_\_ **M B S P I** Provide a copy of the specific grading scale and definition of successful completion.
- 145.\_\_\_\_ **M B S P I** Provide a copy of the attendance policy.
- 146.\_\_\_\_ **M B S P I** Provide a copy of the appeals policy/procedure.
- 147.\_\_\_\_ **M B S P I** Provide a copy of the academic guidance procedure.
- 148.\_\_\_\_ **M B S P I** Provide a copy of the health and safety policy/procedure meeting those identified required areas in this section
- 149.\_\_\_\_ **M B S P I** Document and demonstrate how a copy of the MDCH Education Program Requirements is made available to the students.
- 150.\_\_\_\_ I Document in the syllabus that students will be provided a copy of:  
a. the Michigan EMT Education Program Requirements (Objectives).  
b. the Michigan Education Program Approval Packet (forms and packet)  
c. the current Michigan EMS legislation (P.A. 368 of 1978 as amended)
- 151.\_\_\_\_ **M B S P I** Provide a copy of the disclosure policy/procedure meeting the identified required areas in this section.
- 152.\_\_\_\_ **M B S P I** Demonstrate that a primary textbook, or resource is identified and required.
- 153.\_\_\_\_ **M B S P I** Demonstrate in the syllabus the primary instructor availability, contact phone, and class cancellation procedure.
- 154.\_\_\_\_ **M B S P I** Provide a copy of the dress code/hygiene policy used for the clinical setting.
- 155.\_\_\_\_ **M B S P I** Document in the syllabus that upon successful completion, students will be provided the National Registry application, the exam reservation forms, license application and instructions for application completion.
- 156.\_\_\_\_ **M B S P I** Document in syllabus that upon successful completion, students will be provided a letter or certificate of course completion.
- 157.\_\_\_\_ **M B S P I** Document in syllabus that students are informed that a criminal history could impact the student's ability to participate in clinical, examinations and/or to become licensed.
- 158.\_\_\_\_ **M B S P I** Document in syllabus that students are informed before or at the first class session that the program sponsor is approved and the specific course has been approved.

### **Operational Policy/ Procedures-Required**

- 159.\_\_\_\_**M B S P I** Student records will be maintained for minimally five years and contain:
- a. all academic information such as grades
  - b. copies of student course-end evaluations (didactic, practical, affective & clinical)
  - c. copies of all student clinical attendance verifications
  - d. any student incident report or counseling record
  - e. student vaccination history (if not found in other facility record)
- 160.\_\_\_\_**M B S P I** Provide an example of each final evaluation tool that will be used to evaluate the student in the cognitive, psychomotor, affective domains.
- 161.\_\_\_\_**M B S P I** Provide a policy that directs how evaluation tools will be developed and evaluated after use to improve validity and reliability, if needed.
- 162.\_\_\_\_**M B S P I** Demonstrate "fairness in advertising" in all course information. Provide a copy of the course announcement for this criteria.

### **Program Evaluation-Required**

- 163.\_\_\_\_**M B S P I** By policy, describe how the program will utilize the data obtained from the comparison of the course outcomes to the success of students on the NREMT and State of Michigan exams.
- 164.\_\_\_\_**M B S P I** By policy, direct what data is included in the final report that is made by the primary IC or course coordinator to the program sponsor and/or the Advisory Committee, and is maintained in course records. This final report includes:
- a. a summary of each course's evaluations (from # 101)
  - b. facts on student attrition (number of students enrolled/completing)
  - c. the comparison of course outcomes to NREMT and State of Michigan exam (# 103)
  - d. the action plan for implementing necessary changes (from # 104.)

### **Program Evaluation-Recommended**

- 165.\_\_\_\_**M B S P I** Evaluate the effectiveness of the program in developing competencies consistent with the needs of the graduates' employers.
- 166.\_\_\_\_**M B S I C** Document how instructor competency is demonstrated and how their education is extended.

14. I affirm that all information submitted in response to this application is true and that the EMS education programs under our sponsorship are consistent with the Michigan Department of Community Health education program requirements and written and practical performance objectives. I also affirm that all program instructors possess the knowledge and skills appropriate to their area of instruction and that all classes will be taught in an appropriate educational environment.

I affirm that all course completion certificates and continuing education credits awarded will be under the direction of this program approval and any documentation of CE completion will exhibit Program Sponsor approval number and the signature of the Program Course Coordinator.

I affirm that as an approved EMS CE Program Sponsor all attendance records will be maintained a minimum of four years and that all requests for CE attendance verification by the Department will be returned within 10 days of receipt of verification request.

The Michigan Department of Community Health, or its designated representatives, reserves the right to request copies of all documentation relevant to the conduct of this program and upon which approval is granted and to make an initial on-site evaluation visit and follow-up monitoring visits as the Department shall deem appropriate.

I certify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this application on the Program Sponsor's behalf. I affirm by my signature that this program will follow all course requirements as set forth and approved by MDCH and that any changes from the information submitted herein will be submitted to MDCH for approval before they are implemented. **I understand that any misrepresentation of the information provided as part of this application may result in non-approval or revocation of existing approval.**

Printed Name of Program Sponsor Representative	
Original Signature of Program Sponsor Representative	Date

15. I affirm my commitment to serve as Course Coordinator and to comply with all MDCH requirements as the course coordinator

Printed Name if Program Course Coordinator	
Original Signature of Program Course Coordinator	Date

16. I affirm my commitment to serve as Physician Director and to comply with all MDCH requirements as the physician director

Printed Name of Physician Director	
Original Signature (Please indicate M.D. or D.O.)	Date

Attachments:                      Course Schedule Form  
    Instructional Faculty Form  
    Advisory Committee Member Form

**Documentation of compliance with all required approval criteria must be on file or physically present at the course site and available for verification during the on-site evaluation or at the request of the regional coordinator. It is suggested that documentation of compliance with recommended criteria also be made available at the on-site evaluation.**

**See Program Explanation and Criteria document for detail of requirements.**

## COURSE SCHEDULE

**Program Sponsor:** \_\_\_\_\_

**Course Level:** \_\_\_\_\_

**# Clinical Hours: \_\_\_\_\_**

**Field Internship Hours:** \_\_\_\_\_

**Course Location:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Pre-Hospital:** \_\_\_\_\_

**Attach course schedule(s) to application. Schedule must include topics and hours required in MDCH Education Program Requirements.**

[illegible]

## INSTRUCTIONAL FACULTY

[illegible]



## ADVISORY COMMITTEE MEMBERS

[illegible]