### Pre-Visit Items

<table>
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<tr>
<th>Program Sponsor:</th>
<th>Meets</th>
<th>Does Not Meet</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>Type:</strong> (Post-secondary school, high school, vocational school, proprietary school, adult education center, licensed life support agency, hospital or US Military)</td>
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<td>Sponsor Contact person other than representative or program director:</td>
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<td>Statement of sponsor's responsibilities:</td>
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<td>Action plan identifying how the sponsor will provide oversight of all EMS courses at all locations.</td>
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<tr>
<th>Operational Policies:</th>
<th>Meets</th>
<th>Does Not Meet</th>
<th>Notes</th>
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<tr>
<td>General liability policy covering students, faculty, ancillary staff, etc. Recommended at least $1,000,000.</td>
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<td>Americans With Disabilities Act: (program also provides students with NREMT ADA policy, located on their website at <a href="http://www.nremt.org">www.nremt.org</a>)</td>
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<td>Non-discrimination policy:</td>
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<td>Published sexual harassment policy:</td>
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<td>Record maintenance policy: (student records must be maintained minimum of five years).</td>
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<td>Examples of evaluation tools:</td>
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<td>Admission criteria:</td>
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<td>Policy for records of students denied admission, as well as reason for denial, incident reports, counseling records, etc.:</td>
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<td>Procedure used to review test instruments:</td>
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<td>Syllabus/Course Announcements/Course Catalogs/Handbooks demonstrate &quot;fairness in advertising&quot;.</td>
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<td>Evaluations of program by students for during each course and at the end of each course: (provide copy of evaluation).</td>
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<td>Written action plan documenting how the information from evaluations will be implemented:</td>
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<td>Advisory committee meeting at least annually (majority of committee should not be current faculty):</td>
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<td>Certificate of completion for courses. Sample must be enclosed.</td>
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<td>Financial support statement attached showing support of the course and that the program sponsor is financially responsible for the program.</td>
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<td>Verification of submission to local MCA regarding any upcoming courses.</td>
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<td>EMR/MFR and EMT Psychomotor Exam Assurance statement signed.</td>
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<td>Paramedic programs must have math and reading assessment testing and remediation resources available.</td>
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<td>Paramedic program may not begin a course until the letter of review from the CoAEMSP is received and in their file at MDHHS. If CAAHEP accredited, must submit copy of certificate.</td>
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**Program Director:**

Michigan licensed provider and Instructor Coordinator (copy of licenses and curriculum vitae):

Written agreement between the program sponsor and the course coordinator, including job description and employment verification:

Written job description outlining the responsibilities for this position:

Written agreement that the program director will submit a course completion roster at the end of approved course, with students who have successfully completed

**Instructional Faculty:**

Copy of Michigan provider and IC license. If subject matter expert, must be shown on attached CV.

Sponsor must provide an employment verification letter or contract with each instructor.

Written job description outlining the responsibilities for this position:

**Physician Director:** For EMT, AEMT and Paramedic programs.

Formal affiliation letter between the program and the physician director with written description of expectations.

Copy of Michigan MD or DO license.

Current curriculum vitae.

Provides verification of clinical experience and current expertise in emergency medical care.

**Syllabus:**

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**Name of Program:**

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<tr>
<th>Date of visit:</th>
<th>Level of program sponsorship:</th>
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*Note: The table is truncated for clarity. Additional details may be found in the original document.*
Admission policy: (Clearly defined and published to include academic requirements, vaccination requirements, technical requirements, pre-requisites, etc.)
Grading Scale: (To include final psychomotor and affective competencies).
Attendance policies: (To include any disciplinary action for excessive absences).
Appeals Policy/Procedure: (To include all steps in the appeals, including chain of command up to MDHHS, if not resolved).
Guidance Procedure: (Academic counseling services, documentation of guidance and progress).
Health and Safety Policy: (Any health pre-requisites, OSHA/MIOSHA requirements, lifting/moving safety, injury prevention, injury/exposure reporting).
MDHHS EMS Education Program Requirements. (Educational standards, state objectives, didactic, psychomotor and affective evaluations, etc.).
Textbooks: The text that will be utilized and required. Must be appropriate for level of program.
Syllabus receipt/agreement:
Dress code/hygiene policy:
Clinical policies, including: student shall be clearly identified by name and student status in all clinical settings. Student will not be in an employee role during clinical activities.
Clinical handbook or document identifying the clinical requirements.
Assurance of vaccinations required by clinical facilities, OSHA/MIOSHA, and local public health agencies.
Document showing how the student attendance at clinical offerings will be monitored.
Clinical document will have clinical objectives and a statement that the student cannot exceed the scope of practice of the EMS education program requirements.
Correlation between clinical experience and didactic and psychomotor training.
Exposure policy for the student.
Paramedic students must complete a field internship after all didactic, psychomotor, affective, and clinical portions of the course are successfully completed.
Course Completion:
Successful completion: Letter or certificate of completion to be submitted by student when applying for Michigan licensure.
Criminal History: (Refer to michigan.gov/ems and nremt.org for policies)
Course Approval: Each course must be shown approval of program to teach at that level).
Clinical Resources
Formal, written agreements with area hospitals, facilities and EMS agencies to provide for clinical participation and supervision. (Must be signed and updated each renewal cycle).
Must have at least one hospital and one EMS agreement/contract.
Preceptor training is recommended for all levels, but mandatory for Paramedic students.
Site Visit
Facility:
Classroom conducive to learning: (sufficient writing space and chairs for each student).
Bathroom facilities: Area to wash hands in addition to toilet and/or urinal.
Adequate lighting for day and night courses.
Sufficient power sources for AD and any other apparatus that utilizes power.
Adequate heat and ventilation to maintain reasonable temperature.
Handicap accessible unless an official document of waiver is on site.
Lab facility must be clean and sized appropriate for psychomotor training and testing.
Audio/Visual equipment: (computer, viewing screen, smart TV, speakers, etc.)
Equipment: (see checklist). Must be on site, or agreement of rental of equipment must be presented.
Appropriate numbers of equipment for number of students, and documented skill rotation plan.
Learning resource library. (must include appropriate level of resources for level of courses).
Records in each student file:
Syllabus receipt.
Grades.
Cognitive evaluations.
Psychomotor evaluations.
Competent Affective evaluation (at least one).
MIOSHA training: Bloodborne pathogens.
Vaccination records: TB, Hep B, any others that clinical sites require.
Records of students denied admission, as well as reason for denial, incident reports, counseling records, etc.:
Clinical records.
Instructor records.
Instructor and course evaluations.

**Program Evaluation:**
Document of effectiveness in developing student competencies: (NREMT pass rates).
Course coordinator provides Sponsor a final summary of performance outcomes of each course and the overall success.
Program sponsor documents how instructors of Paramedic programs are asked to demonstrate competency and extend their education.

**CE Program Sponsor**
Facility: See above requirements.
Equipment: Enough equipment to adequately accommodate the CE class size.
AV: List provided of required equipment.
Operational Policies: Record maintenance (must be maintained for a period of four years). Students are informed at the session of the approval of program.
Program evaluations: Evaluations will be kept with CE record, and a summary will be written with action plan for changes as necessary.

**Instructor Coordinator Program**
Course Coordinator: Previous experience as a coordinator of EMS initial training programs and/or IC courses
Instructional Faculty: Instructors must have previous teaching experience, and is documented on CV.
Instructional Techniques instructor credentials: Attached to CV: Baccalaureate degree in education with demonstrated teaching experience, or any baccalaureate degree, a teaching experience, or Master of Education Degree.
Coordination Issues must be taught by an MDHHS Education representative.
See above syllabus requirements:
Student teaching: Policy regarding what courses and who can evaluate.

**Summary:**

**Attestation and Signatures:**
I, the undersigned representatives of the above program, acknowledge receipt of a copy of this site visit report and any supplemental notes. I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies will subject the program to administrative action and penalties as outlined in Section 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

______________________________________          ____________________________________          ______________________________________
Program Sponsor Representative (Print Name)          Program Sponsor Representative (Signature)          Date

______________________________________          ____________________________________          ______________________________________
Program Director (Print Name)                                      Program Director (Signature)                                       Date

I, the undersigned MDHHS representative, acknowledge that I have conducted a full site visit of this program in accordance with the requirements set forth above and that all statements I have made on this site visit report are true and accurate to the best of my knowledge.

______________________________________          ____________________________________          ______________________________________
Regional Coordinator (Print Name)                              Regional Coordinator (Signature)                                Date
This site visit report is a preliminary report and is not a final approval for this program. Once all records are reviewed for completeness and accuracy, you will hear from MDHHS-BETP regarding the approval of your program.

Form Updated: 5/2/2018