



Michigan Department of Health and Human Services  
 Bureau of EMS, Trauma and Preparedness  
 Division of EMS and Trauma  
 P.O. Box 30207  
 Lansing, MI 48909-0207  
 517-335-8150 (Phone)

## Application and Re-approval Application for Initial Education Program Sponsor

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| <p style="text-align: center;"><b>MDHHS-BETP Use Only</b></p> <p><b>Date received:</b></p> <p><b>Date reviewed:</b></p> <p><b>EMS Education Program approval:</b><br/>                 Yes                   No</p> | <p><b>Date amendments received:</b></p> <p><b>Date of site visit:</b></p> <p><b>Education Coordinator Signature:</b></p> |
|---|--|

This application is to be completed jointly by the Program Sponsor Representative and the Program Director. Approval of an education program for EMS is predicated upon completion and submission of this application as prescribed by PA 368 of 1978, as amended. Application rules and compliance with program requirements must be met for the level of initial education program applied for. No courses may be held until the sponsor is approved by MDHHS-BETP.

Once approved, the program sponsor will receive a certificate of approval with the program approval number. The approval will be for a period of three (3) years. For re-approval, the application must be received by the MDHHS-BETP office 60 days prior to the expiration of program. Approval of program is dependent on the program sponsor meeting all requirements and a site visit inspection.

If you are applying for, or are currently approved as a CE program sponsor, complete the required information located on page 11:

Eligibility for approval is based on the following:

**Check the appropriate box: (proof of sponsor type must be attached to application at submission)**

- |   |   |
|---|---|
| Post-secondary School                           | High School/Vocational/Technical School |
| Proprietary School (attach copy of certificate) | Adult Education Center                  |
| Life Support Agency                             | Hospital                                |
| U.S. Military                                   |   |

Name of Program: \_\_\_\_\_ Phone #: \_\_\_\_\_


Address: \_\_\_\_\_ Website: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email completed application and attached documents to:**

**[MDHHS-EMSED@michigan.gov](mailto:MDHHS-EMSED@michigan.gov)**

If applying for the Paramedic level, the program sponsor must be a post-secondary school, high school, vocational school, technical school, proprietary school, adult education center, or hospital.

If accredited by CAAHEP, attach a copy of the accreditation certificate here: 

If applying for Paramedic level program, attach CoAEMSP communication for accreditation

or Letter of Review here: 

**Highest education level applying for:**

MFR/EMR

Specialist/AEMT

EMT

Paramedic (**see requirements listed page 1**)

Instructor Coordinator (**For eligibility, see page 12**)

**Program Sponsor Representative** 

The sponsor representative must have a signed written understanding of the representative's responsibilities, which include an action plan identifying their oversight of all EMS courses hosted by the education program. This action plan must also include:

Frequent sponsor representative visits to the classroom to interview students and observe faculty.

Scheduled student interviews to survey student progress, concerns, etc.

Written reports from faculty to the sponsor at designated intervals during course with specific factors reported.

The Program Sponsor Representative is responsible for the program and records must be secured on site.

**Program Director** 

The program director must be licensed in the State of Michigan as an EMS Instructor Coordinator and have a valid Michigan EMS provider license at the level of the program to be taught or higher throughout the entire approval period.

A current curriculum vitae and copy of EMS provider and IC licenses must be attached to this document.

The program director must be formally affiliated or contracted with the course sponsor. A signed letter to verify this must be attached here:

Written position description outlining the program director's responsibilities must be attached.

The Program Director understands that the program records belong to the program sponsor and will remain on site of the approved education location.

An IC licensed at or above the level of the education program, and included on the instructor list, must be present during all didactic, and psychomotor classes with the following exceptions:

Healthcare Provider CPR courses

Hazardous Materials taught by HazMat Instructor

Pre-requisite college level A&P and Pharmacology courses taught by a professor with academic credentials in those topics. The required hours in the curriculum for these courses may be deducted from the total course hours.

When a qualified instructor or subject matter expert approved by the department is present. MDHHS-BETP SME policy: [https://www.michigan.gov/documents/mdhhs/SME-Final\\_647828\\_7.pdf](https://www.michigan.gov/documents/mdhhs/SME-Final_647828_7.pdf)

Prior to any course start date, the program director will notify the local Medical Control Authority of the course and the date of completion.

**\*Both the Program Sponsor Representative and the Program Director must be present for the site visit.**

**Contact information for someone other than Program Director or Program Sponsor Representative:**

| Name                         | Phone number | Email address |
|------------------------------|--------------|---------------|
| <b>Instructional Faculty</b> |              |               |

All instructors on the instructor list must be proficient in their subject matter presented.

Instructor list:  [https://www.michigan.gov/documents/mdhhs/Instructional\\_Faculty\\_630386\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Instructional_Faculty_630386_7.pdf)

Instructor's credentials and curriculum vitae must be current and attached.

Instructors must be employed or contracted with the program sponsor. The signed employment letter or contract must be attached to this document.

The written position description for faculty duties and responsibilities must be attached.

### **Physician Director**

A physician director is required for all initial education programs at the EMT, Specialist/AEMT, and Paramedic levels.

A copy of the physician's medical license must be attached, as well as a current curriculum vitae.

A signed formal affiliation or contract with position description and responsibilities must be attached.

The Physician Director must have demonstrated clinical experience and current expertise in emergency medical care. This experience and expertise must be documented experience in the

direction of an EMS system, EMS education program medical direction, completion of a Medical Director's course, or personal employment as an emergency medical physician or EMS provider.

### Advisory Committee

Advisory Committee list:

[https://www.michigan.gov/documents/mdhhs/Advisory\\_Committee\\_630385\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Advisory_Committee_630385_7.pdf)

An advisory committee must meet at least annually for the purpose of providing feedback to the program regarding student competencies.

The advisory committee should be composed of EMS and other health care professionals who are actively involved in the EMS system and interact with student graduates from the program.

The majority of members on this committee should not be current faculty.

Meeting minutes must be available for review on the site visit.

### Financial Resources

A written statement from the sponsor's Chief Financial Officer, or equivalent, assuring financial support of the education program.

The financial support for the continuance of the program is the program sponsor's responsibility and it may not be assigned to another party.

### Facility

The facility must be conducive to learning.

The classroom must have enough writing space and chairs for each of the students.

Enough bathroom facilities with an area to wash hands is required.

Lighting must be adequate for day or evening classes.

There must be enough power sources for audio visuals.

The classroom/s must be adequately heated and ventilated to maintain a reasonable temperature.

The lab space must be clean and of enough size to carry out the psychomotor portions of the program, including testing.

Reasonable accommodation must be met for students who may have a disability. Resources for the ADA are: <https://www.dol.gov/general/topic/disability/ada> A brief overview of the ADA: <https://www.dol.gov/general/topic/disability/ada>

## Audio Visual

See attached required classroom equipment list here:

[https://www.michigan.gov/documents/mdhhs/Education\\_Program\\_Class\\_Room\\_Requirements\\_622937\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Education_Program_Class_Room_Requirements_622937_7.pdf)

Audiovisual Requirements:

Instructor Writing Surface

Writing surface visible from all areas of room

Computer presentations:

Monitor(s) or video projector visible to all areas of room

Appropriate screen or surface for broadcast

Back-up computer

Technical assistance, prn

Audio device suitable for all areas of room

## Equipment

See attached required equipment list.

[https://www.michigan.gov/documents/mdhhs/Required\\_Equipment\\_Checklist\\_622939\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Required_Equipment_Checklist_622939_7.pdf)

Enough equipment to hold a group size of 1 instructor for every 6 students during psychomotor stations. The equipment must be either present for the entire class or a signed rental agreement must be on file. Any rental agreement must include specific dates, equipment, and must state the equipment is dedicated to the program sponsor for those dates.

A skill rotation plan if not enough equipment to hold a course with multiple students.

## Operational Policies



The program sponsor must have in effect a general liability insurance policy that covers personal injury or damages for all program locations. This policy would cover students, faculty, ancillary staff, volunteer, etc. The recommended amount is at least \$1,000,000.

The program sponsor will have in effect and publish in their syllabus or handbook a policy regarding the "Americans with Disabilities Act". NREMT ADA Policy is:

<https://www.nremt.org/rwd/public/document/policy-accommodations> This should be shown to all students.

The program sponsor will have in effect and publish in their syllabus or handbook a non-discrimination policy.

The program sponsor will have in effect and publish in their syllabus or handbook a sexual harassment policy. All complaints of harassment must be investigated and handled in a professional and timely manner to allow the student/s freedom of any perceived harassment in the classroom or on clinical rotation. For reference, see [Title IX Civil Rights for Individuals/Sex-discrimination in Education](#).

### Program Evaluation



A process for evaluation of the course by the students at the completion. These documents must be kept on file with each course.

A method for the primary instructor (s) to receive feedback from the students and/or supervisory faculty at least once during a course to facilitate change (if change is necessary).

Written action plan will document how the information obtained from the evaluation process is utilized to make changes in the program.

### Learning Resources (Library)

All EMS initial education programs must have access to learning resources related to the curriculum available to the students and faculty. This may include access to distant learning training materials as well as on-site books and other materials.

### Clinical Resources



**This document must be followed for student eligibility to attend clinical rotations:**

[http://www.legislature.mi.gov/\(S\(20div3aibgwlaigvbpwi0djo\)\)/mileg.aspx?page=GetObject&objectname=mcl-333-20173a](http://www.legislature.mi.gov/(S(20div3aibgwlaigvbpwi0djo))/mileg.aspx?page=GetObject&objectname=mcl-333-20173a)

Formal, written agreements with area hospitals, facilities, and EMS agencies to provide for clinical participation and supervision for the program participants. Signed copies of contract must be submitted with the application for initial and re-approval education programs for all EMT, Specialist/AEMT, and Paramedic levels. Contracts must be signed and authorized to cover each three (3) year approval period. The program sponsor must have a contract with at least one EMS agency licensed at the level of the training program or higher, and one contract with a hospital.

Each student shall have a syllabus and other clinical documents that identify the requirements for clinical participation. The syllabus will identify all clinical requirements, including dress code, student identifying name tag, and scope of practice.

Each student must have documented Communicable Disease training, as well as fit-testing for N-95 masks. The education program must provide the appropriately sized N-95 mask to each student prior to their clinical, and each student must carry their N-95 with them to each clinical assignment.

The program must identify the types of vaccinations required by the clinical facility/s, and in accordance with OSHA/MiOSHA, and local public health agencies. There will be a process defined and utilized that identifies the procedure for obtaining documentation from students of having received vaccinations prior to attendance in the clinical setting.

The program director will have verification of student attendance at all clinical offerings. The proof of attendance to each clinical assignment will be maintained in the student file. There must be a policy in place for verification of student attendance on each clinical, including the hours of the assignment.

A document of clinical objectives must be given to each student. The objectives will meet the scope of practice of the course, and it must include a statement that the student will not perform a skill on a patient unless they have demonstrated validation of the skill in the classroom. These skills must be available for the clinical preceptor to review at each clinical rotation.

There will be a statement in this document that assures the student has received education on infection control and use of personal protective equipment prior to entering the clinical setting. This training will be in accordance with OSHA/MiOSHA guidelines.

There will be a policy identifying how a student shall report any potential infectious exposures during classroom, lab sessions, and clinical rotations.

The program will document how each student will be supervised in the clinical setting and who they need to report to.

A written policy stating that the student must be clearly identified in all clinical settings by name and the word "student" must be on their name tag or their uniform in all clinical settings.

A student may not use work time as clinical time.

A Paramedic student must complete their Field Internship program at the end of the course, as described in CoAEMSP policies.

### Program Syllabus, Student Policies



**Students must sign an acknowledgement of receipt of the syllabus and their understanding of the course policies and procedures.**

**MDHHS-BETP Requirements:** The program director will instruct using the National Education Standards, as approved by DOT-NHTSA, the State of Michigan program objectives, and the NREMT skill sheets for the level of the training program. The program approval certificate with the approved dates must be posted in the classroom. The syllabus must also list the lead instructor, their contact information, and their availability for conference.

**Admission Policy:** Student admission will be made in accordance with practices which are clearly defined and published. Specific academic requirements, such as pre-requisites, health-related testing and vaccination requirements, technical requirements shall be defined and published.

**Criminal History:** Both NREMT and the MDHHS-BETP ask the applicant if they have a criminal history for anything other than a minor traffic citation. Please refer to MDHHS-BETP criminal compliance policy here: [https://www.michigan.gov/documents/mdch/EMS-500-Personnel\\_Non\\_Compliance\\_6-12\\_491993\\_7.pdf](https://www.michigan.gov/documents/mdch/EMS-500-Personnel_Non_Compliance_6-12_491993_7.pdf) The NREMT criminal conviction policy is located here:

[https://content.nremt.org/static/documents/Criminal%20Convictions%20Policy\\_Nov\\_2018.pdf](https://content.nremt.org/static/documents/Criminal%20Convictions%20Policy_Nov_2018.pdf)

**Attendance Policy:** Specific regulations for attendance must be published in this document. It shall also state that a student will not graduate from the course if they do not meet the minimum requirement.

**Grading Scale:** The specific grading scale will be published in this document, and these requirements must be met for successful completion.

**Successful Course Completion:** It must be documented that the student understands they must meet the minimum criteria to successfully complete the course and be eligible for a certification exam and state license. The criteria for successful completion must include didactic, psychomotor, Final exams, and competent affective evaluations.

A certificate of successful course completion will be provided to each student who meets the criteria. Within 30 days after course end date, the program director will submit a course completion roster to MDHHS-BETP. The course must end on the date of the approved course schedule. Attach a copy of the certificate to this document.

**Appeals Policy/Procedure:** The process of an appeal must be documented, and it should begin with the program director and the specific chain of command they must follow.

**Guidance Procedure:** Academic counseling services shall be made available to all students. Documentation of regular and timely discussions with the instructor or their designee on student strengths, weaknesses, and progress in the program and provide evidence that the students are informed of fair practices, due process with admission and retention policies, unfavorable evaluations and disciplinary policies such as those for suspension and dismissal.

**Health and Safety Policy:** A policy must be published that explains the education program will meet all requirements of all relevant regulatory agencies.

**Disclosure Policy/Procedure:** This policy/procedure shall be published which will inform the student regarding what information can be released to other parties and under what circumstances. It should also define when student consent is necessary for release of information. See Family Educational Rights and Privacy Act (FERPA) here: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

**Textbook/s:** The required textbooks must be identified and must include how the student can obtain the required textbook/s. The text used in the program must be appropriate for that level of educational program.



**Dress Code/Hygiene Policy:** This policy shall identify student dress for the classroom and for the clinical rotations. Proper hygiene must also be defined. A student must have their name and “student” on either their clothing or a name tag. The education program must also be identified on either the clothing or the name tag.

**Course Completion:** The program director will assist students with creating their profiles and registering to take their certification exams <https://www.nremt.org/rwd/public> and their state licensing at <https://www.mi-emsis.org/licensure/portal#/login> The program director must follow the program flow chart:

[https://www.michigan.gov/documents/mdhhs/Initial Ed program flow chart revised 110316\\_542519\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Initial_Ed_program_flow_chart_revised_110316_542519_7.pdf)

### Operational Policies/Procedures



The program will have a policy for review of the program success. This review will include testing instruments, pass rates, and improvement plans.

The program sponsor must have a policy regarding maintenance of student and operational records. These would include student files, examination tools, admission criteria, any records of denied admission, counseling records, or student dismissal from program. **Records must be maintained for a period of 7 years.** Requirements for records in student files are here: [https://www.michigan.gov/documents/mdhhs/Student File Checklist 622935\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Student_File_Checklist_622935_7.pdf)

**Fairness in Advertising:** Students will be provided accurate information regarding program requirements, any tuition and fees, refund policies, institutional and program policies, procedures, and supportive services. A description of the curriculum, a statement of course objectives, course outlines, class and laboratory schedules, clinical and field internship schedules and teaching plans must be available to students.

**Paramedic programs must have math and reading assessment testing provided, and a remedial resource to students must be available, as needed.**

All courses must have 1 instructor for every 6 students during psychomotor training and testing.

### Program Evaluation



The program sponsor and program director will document how they have evaluated their effectiveness in developing student competencies consistent with MDHHS-BETP requirements. Pass rates will be reviewed at least annually. **Programs with a pass rate of 72% or below must create a program improvement plan and submit to MDHHS-BETP at [MDHHS-EMSED@michigan.gov](mailto:MDHHS-EMSED@michigan.gov)**

The program director will provide the program sponsor a final report summarizing student outcomes of each course. This report will include student evaluations, student attrition, numbers of students completing the course successfully and pass rates.

The program evaluation will be kept with the course records and reviewed during a site visit from the department.

Each student will be given a program evaluation which will include evaluation of overall program, instructors, clinical experiences, and any additional comments.

Annual report of the education program must be submitted **by July 31** each year. Link to the annual report:

[https://www.michigan.gov/documents/mdhhs/Annual\\_Report\\_666333\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Annual_Report_666333_7.pdf)

### **Psychomotor Exams**

Medical First Responder/EMR and EMT students must have their NREMT psychomotor exam completed by the program on the last day of class. The skill sheets utilized for the psychomotor exam are located at [michigan.gov/ems](http://michigan.gov/ems). This signed psychomotor exam assurance statement must be signed by all parties and attached to this application. The statement link is here:

[https://www.michigan.gov/documents/mdhhs/MFR\\_EMRT\\_Psychomotor\\_Exam\\_Assurance\\_Statement\\_Updated\\_0618\\_629152\\_7.pdf](https://www.michigan.gov/documents/mdhhs/MFR_EMRT_Psychomotor_Exam_Assurance_Statement_Updated_0618_629152_7.pdf)

### **Course Schedules**



Attach sample or real course schedules for all levels of programs applied for.

### **Satellite Locations**

Complete the satellite location application for each site:

[https://www.michigan.gov/documents/mdhhs/Satellite\\_Application\\_Update\\_0818\\_136s\\_630091\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Satellite_Application_Update_0818_136s_630091_7.pdf)

**\*If also applying for CE Program Sponsor, please complete the requirements listed on page 11.**

**\*If you are not applying for Instructor Coordinator program, please go to page 13 for signatures.\***

## CE Program Sponsor

### Operational policies for CE:



Policy must be on file describing the maintenance of continuing education records

Continuing education records must be maintained securely for a period of seven years

### CE Consortium



A CE sponsor may wish to have a consortium agreement with other agencies. This signed agreement with another agency must state that the program approval is for the sponsor, and they have the responsibility for all oversight. CE's may only be taught at the consortium site, by an approved instructor, and that all lesson plans, evaluations, and course rosters are utilized and maintained by the approved CE program sponsor.

CE Consortium agreements must be updated and signed by all parties with each renewal.

### Program Evaluation:



Evaluations will be provided to the CE program sponsor along with a summary of the course evaluations, and an action plan to implement any necessary changes.

### Advisory Committee



The advisory committee must review the CE program during their meetings and discussion must be documented in the minutes.

### CE Application



Up to 10 lesson plans may be submitted with the initial application.

Additional lesson plans may be added to your program throughout the approval period with the appropriate CE application for CE program sponsors.

A standardized CE Certificate of Attendance must be attached to this document and utilized in each CE course.

A standardized CE evaluation that will be used in CE classes must be attached to this application.

Any changes to the approved CE program sponsor must be submitted to the Department on the [Notification of Change Form](#).

### Location of CE classes



***Attach a list of all locations and addresses of your agency/department that CE will be offered.***

## Instructor Coordinator Program Sponsor Criteria

### Program Director



The program director will have previous experience as a coordinator of IC courses or EMS initial education programs.

### Instructional Faculty



Instructors must have previous teaching experience and must be identified on their Resume or Curriculum Vitae.

The segments of the course that relate to instructional techniques must be taught by: (check appropriate box and include a copy of their credentials)

An individual who possesses a baccalaureate degree in education and demonstrated teaching experience

Any baccalaureate degree with a teaching certificate at the elementary or secondary level, and demonstrated teaching experience

Master of Education degree

### **A copy of the Instructors degree must be attached.**



Two exceptions to this requirement are lectures on Preparation and Use of Instructional Aids and Practical Skills Instruction, which may be taught by any licensed Instructor Coordinator

The topics of EMS Program Coordination Issues, Review of MDHHS Requirements, and MDHHS Exam Process Overview must be taught by the MDHHS-BETP EMS Education Coordinator, or their designee. Arrangements for scheduling this should be done prior to the course schedule submission.

### Student Teaching Requirements

Student teaching must consist of both approved initial education and approved continuing education courses.

Student must be evaluated by a Michigan licensed Instructor Coordinator.

Student evaluations must be maintained in the student file.

Certification courses, such as BLS, ACLS, PALS, etc. do not count for student teaching.

**Signature Page:**

By signing this document, I affirm that all information submitted in response to this application is true and the initial education program sponsorship is consistent with MDHHS-BETP rules and regulations. I also affirm that all program instructors possess the knowledge and skills appropriate to their area of instructions and that all classes will be taught in an appropriate educational environment.

I affirm that all course completion certificates awarded will be under the direction of this program approval and any documentation of course completion will exhibit the program sponsor approval number and signature of the Program Sponsor Representative and the Program Director.

MDHHS-BETP 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 a site visit and follow-up monitoring visits, as deemed appropriate.

I verify that I am the authorized representative of the Program Sponsor, and I am authorized to sign this application. I affirm by my signature that this education program will follow all course requirements set forth and approved by MDHHS-BETP and that any changes from the information submitted herein will be submitted to the department for approval prior to implementation. **I understand that any misrepresentation of the information provided as part of this application may result in disapproval or revocation of the program.**

|   |              |
|---|--------------|
| Name of Program Sponsor Representative      |              |
| Email address                               | Phone number |
| Signature of Program Sponsor Representative | Date         |

I affirm my commitment to serve as the Program Director and to comply with all MDHHS-BETP requirements.

|                               |              |
|-------------------------------|--------------|
| Name of Program Director      |              |
| Email address                 | Phone number |
| Signature of Program Director | Date         |

I affirm my commitment to serve as Physician Director and to comply with all MDHHS-BETP requirements.

|                                 |              |
|---------------------------------|--------------|
| Name of Physician Director      |              |
| Email address                   | Phone number |
| Signature of Physician Director | Date         |