



**Training Center Guide
To the
Maine EMS
Training Center Standards**

2023

Maine EMS
152 State House Station
45 Commerce Drive, Ste. 1
Augusta, ME 04333

Update History

Approved by Maine EMS Education Committee 12 Apr 2023
Approved by the Maine EMS Board 3 May 2023

Review Interval: Annually and as needed.

Next Revision: 2024

Table of Contents

I. Introduction to the Guidelines	5
II. Use of the Guide	5
III. Guidelines	7
§ 3 Standard - Training Center Structure	
Standard 3.A.1 – Eligibility for Authorization/Sponsorship	7
Standard 3.A.1.a.viii – Training Center Consortium	10
Standard 3.B.1 - Responsibilities of the Training Center	12
Standard 3.B.2 - CAAHEP Accreditation	14
§ 4 Standard - Program Goals and Offerings	
Standard 4.A.1 – Program Goals and Minimum Expectations	15
Standard 4.B.1 – Program Advisory Committee	17
Standard 4.C – Program Offerings	20
§ 5 Standard - Training Center Resources	
Standard 5.A – Resource Types and Amounts	21
Standard 5.A.2 – Hospital/Clinical Field Experience and Capstone Field Internship Affiliations	25
Standard 5.B.1.A.ii – Training Center Director Responsibilities	32
Standard 5.B. 1.a.iii – Training Center Director Qualifications	34
Standard 5.B.1.b. – Program Director Responsibilities	34
Standard 5.B.1.b.v – Program Director Qualifications	39
Standard 5.b.1.c – Program Medical Director Responsibilities	42
Standard 5.B.1.c.iv – Program Medical Director Qualifications	46
Standard 5.B.1.d – Associate Medical Director Responsibilities	47
Standard 5.B.1.d.iv – Associate Medical Director Qualifications	48
Standard 5.B.1.e – Assistant Medical Director Responsibilities	50
Standard 5.B.1.e.iv – Assistant Medical Director Qualifications	51
Standard 5.B.1.f.iii – Lead Instructor Responsibilities	53
Standard 5.B.f.iv – Lead Instructor Qualifications	55
Standard 5.B.1.g.i – Instructional Faculty Responsibilities	57
Standard 5.B.1g.iv – Instructional Faculty Qualifications	62
Standard 5.B.1.h.iii – Clinical Coordinator Responsibilities	65
Standard 5.B.1.h.v - Clinical Coordinator Qualifications	67
Standard 5.C.1 – Training Center Curriculum	68
Standard 5.C.1.a.v – Team Leads	72
Standard 5.C.2 – Retention of Student Records	74
Standard 5.D – Resource Assessment	78
§ 6 Standard - Student and Graduate Evaluation/Assessment	
Standard 6.A.1 – Student Evaluation – Frequency and Purpose	80
Standard 6.A.2 – Student Evaluation Documentation	84
Standard 6.B.2 – Student Outcomes - Assessment	88
Standard 6.B.3 – Student Outcome Reporting	91
§ 7 Continuing Education	
Standard 7.A – Authorization to Approve Continuing Education	93
§ 8 Fair Practice Standards	
Standard 8.A – Publications and Disclosures	94
Standard 8.B – Lawful and Non-Discriminatory Practices	110
Standard 8.C – Safeguards	115
Standard 8.D – Student Records	118
Standard 8.E – Substantive Change	120
Standard 8.F – Agreements and Contracts	122

§ 9 Standard - Authorization	
Standard 9.A Authorization Definition	124
Standard 9.B Authorization Requirement	125
Standard 9.C Authorization Levels	126
Standard 9.E Standards for Training Center Application	128
Standard 9.F Annual Reports	129
Standard 9.H Interim Changes	131
§ 10 Deficiencies and Remediation	
Standard 10.A.1 Deficiency Reporting and Remediation Timeline	132
Appendix A: Maine EMS Training Center Equipment Requirements	
A. General Guidelines for Training Center Equipment Inventory	134

I. Introduction to the Guidelines

As the 2023 review process for the Maine EMS Training Center Standards document progressed, several issues became apparent. First was that the scope of review and update was significant and needed to accommodate many changes in learning methodologies, training center models, and changes in EMS program accreditation, that had occurred since they had originally been written in 2009.

The second, was that the original version of the Maine EMS Training Center Standards document was written largely for existing training centers which

- Were already established and running courses
- Already had existing policies and procedures
- Already had established program curricula
- Already had existing agreements and contracts for clinical and field experience
- Were largely limited to live delivery classroom learning and used little hybrid or online learning management systems
- Had a significant backlog of graduated cohorts from which to extract student outcome data

Third, few new training centers had been authorized since the initial authorization process for the training centers existing in 2009 had been completed. As new training centers went through the authorization approval process in the past few years, it became apparent there was a need to provide a guide, or aid for new Training Center Directors and Program Directors to assist them in operationalizing the standards. The concept of providing such a guide is not new, as the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) provides one to assist programs with meeting CAAHEP accreditation standards.

II. Use of the Guide

This document is a **separate document** from the Maine EMS Training Center Standards and is **not** part of that document. This Training Center Guide to the Standards is intended as a tool for candidate training centers to assist them in developing EMS licensure and other programs that meet the standards outlined in the Maine EMS Training Center Standards document.

NOTE: THIS DOCUMENT DOES NOT INCLUSIVELY ADDRESS ALL STANDARDS LISTED IN THE MAINE EMS TRAINING CENTER STANDARDS DOCUMENT.

- Instead, this document contains guidelines for key standards in §1 - §8 which relate to training center and training center program structure, resources, curriculum, student evaluation, student outcomes, equipment, and fair practices.
- Standards which refer to state processes for training center application for authorization and for annual reporting are not included in this guidelines document.

All programs should refer to the complete Maine EMS Training Center Standards document to ensure they've accounted for all standards during the development process of their programs.

Each standard guideline is broken down into four sections:

<ul style="list-style-type: none">• Standard	This section cites the standard as it appears in the Training Center Standards document, for reference.
<ul style="list-style-type: none">• Evidence to Meet Standard	This section lists suggested items that a training center undergoing authorization might present in its application process which might demonstrate compliance with the standard. This list is only a guideline suggestion and is not all-inclusive of possibilities.
<ul style="list-style-type: none">• Guidelines	This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.
<ul style="list-style-type: none">• Policies, Procedures and Statements	This section lists suggested policies, procedures, and/or Training Center/Program statements that may be helpful in building a robust program and/or demonstrating compliance with the standard. The list is not all-inclusive.

Paramedic Programs must have a Letter of Review (LoR) **or** Accreditation through CAAHEP/CoAEMSP. Please see <https://coaemsp.org/caahep-standards-and-guidelines> for the most up to date standards for Paramedic Programs.

These Guidelines should be reviewed and updated by Maine EMS annually.

III. Guidelines

§ 3 STANDARD - TRAINING CENTER STRUCTURE

STANDARD	Training Center Eligibility for Authorization/Sponsorship
	Standard #: § 3.A Eligibility for Authorization

A. Eligibility for Authorization

1. To be eligible to receive authorization as a Maine EMS Training Center, an applicant must:
 - a. Demonstrate that the applicant is:
 - i. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.an approved accreditation agency that has the authority to award a minimum of a certificate credential at the completion of the program; or,
 - ii. A Secondary Charter, Indian Education, Magnet, Career and Technical Education (CTE), Public or Private School, inside the State of Maine approved and recognized by the Maine Department of Education (MDoE), which awards a minimum of a certificate at the completion of the program.
 - a) These programs are limited to Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) Programs.
 - iii. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services and authorized under applicable law to provide healthcare and authorized under applicable law to provide the post-secondary program, which awards a minimum of a certificate at the completion of the program.
 - iv. A branch of the United States Armed Forces or a federal, state, county, or municipal agency which awards a minimum of a certificate at the completion of the program.
 - v. An Adult Education Center inside the State of Maine recognized by the Maine Department of Education (MDoE) which awards a minimum of a certificate at the completion of the program.
 - a) These programs are limited to Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) Programs.
 - vi. A Maine EMS Board recognized and contracted Regional EMS Office.
 - a) These Training Centers are limited to non-CAAHEP/CoAEMSP Programs only, unless they form a Maine EMS and CAAHEP/CoAEMSP approved consortium.

- vii. A Maine EMS Board recognized and licensed ambulance service operating within the State of Maine.
 - a) Authorizations for these Training Centers are limited to licensure programs which do not require CAAHEP/CoAEMSP accreditation, unless they form, or are part of, a Maine EMS and CAAHEP/CoAEMSP approved consortium.
- viii. A Training Center Consortium, which is a group made up of two or more partners that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in Maine EMS Training Center Standard §3.A.1.
 - a) Any such consortium entity must have a physical presence in Maine.
 - b) "Consortium" does not refer to clinical affiliation agreements with the training center.

EVIDENCE TO MEET STANDARD	<i>"Evidence" means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Valid institutional accreditation letter (*most current*)
2. Legal authorization to provide primary, secondary, and/or post-secondary education.
3. Articulation agreement with academic credit granting post-secondary institution.
4. Documentation indicating that each State EMS Office has been notified that the program has students in that state (*for out of state clinical/field sites if applicable*).

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

A sponsoring institution must be at least one of the following:

1. This is a college, university, community college, junior college that is accredited by a regional or national institutional accrediting body. Vocational schools, proprietary schools, and religious schools may be accredited by regional accrediting agencies or specialized institutional accrediting bodies. A list of approved accrediting organizations can be found on the US Department of Education web site <https://www.chea.org/chea-and-usde-recognized-accrediting-organizations>.
2. A hospital, clinic, or medical center may be a sponsor under certain conditions. The hospital, clinic, or medical center must maintain permanent records, must ensure quality of the program, and must assure that all fair practices are followed.
 - a. A hospital, clinic, or medical center, may be a sponsor:
 - i. It must be accredited by The Joint Commission or its equivalent and authorized by the State of Maine to provide health care.

- ii. It must have an articulation agreement (AA) with an accredited educational institution that can provide college credits for the training.
- 3. A governmental fire academy or EMS training agency may be a sponsor.
 - a. It must be an agency of the federal, state, city, or county government.
 - b. It must have an articulation agreement (AA) with an accredited educational institution that can provide college credits for the training.
- 4. A Maine EMS Board recognized and contracted Regional EMS Office.
 - a. These Training Centers are limited to non-CAAHEP/CoAEMSP Programs only, unless they form a Maine EMS and CAAHEP/CoAEMSP approved consortium.
 - b. It must have an articulation agreement (AA) with an accredited educational institution that can provide college credits for the training.
- 5. A Maine EMS Board recognized and licensed ambulance service operating within the State of Maine.
 - a. These Training Centers are limited to non-CAAHEP/CoAEMSP Programs only, unless they form a Maine EMS and CAAHEP/CoAEMSP approved consortium.
 - b. It must have an articulation agreement (AA) with an accredited educational institution that can provide college credits for the training.
- 6. A secondary career and technical education (CTE), charter, Indian education, magnet, public or private, School, inside the State of Maine approved and recognized by the Maine Department of Education (MDoE), which awards a minimum of a certificate at the completion of the program.
 - a. These Training Centers are limited to non-CAAHEP/CoAEMSP Programs only, unless they form a Maine EMS and CAAHEP/CoAEMSP approved consortium.
 - b. It must have an articulation agreement (AA) with an accredited educational institution that can provide college credits for the training.
- 7. An adult education center or school, inside the State of Maine, approved and recognized by the Maine Department of Education (MDoE), which awards a minimum of a certificate at the completion of the program.
 - a. These Training Centers are limited to non-CAAHEP/CoAEMSP Programs only, unless they form a Maine EMS and CAAHEP/CoAEMSP approved consortium.

An **articulation agreement (AA)** is an agreement between an educational institution and a training facility to provide college credit to individuals completing the training program. This agreement allows students to receive college credit if they enroll at the educational institution; it does not require that students who do not register receive college credit. The articulation agreement may be composed as a memorandum of understanding (MoU), transfer agreement, or other suitable instrument, if the requirements of articulation are met.

For each state in which the Training Center has enrolled students, the program must document that it has successfully notified the State EMS office that the Training Center has students in that state.

For a distance education training center or program, the location of the program is the mailing address of the sponsor.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. None

Maine EMS

1. Application for Training Center process

STANDARD	Training Center Consortium
	Standard #: § 3.A.1.a.viii Training Center Consortium

viii. A Training Center Consortium, which is a group made up of two or more partners that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in Maine EMS Training Center Standard §3.A.1.

- a) Any such consortium entity must have a physical presence in Maine.
- b) "Consortium" does not refer to clinical affiliation agreements with the training center.

EVIDENCE TO MEET STANDARD	<i>"Evidence" means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Current fully executed consortium agreement, contract, or memorandum of understanding (MoU).
2. Organizational chart
3. Consortium governing body meeting minutes (*most current or specific # of years' worth?*)
4. Articulation agreement(s)
5. Documentation indicating that each State EMS Office has been notified that the program has students in that state [*For out of state clinical/field sites if applicable*]

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Compliance with this portion of the standard is for Training Centers with consortiums only.

A consortium agreement is an agreement, contract, or memorandum of understanding (MoU) between two or more entities, one of which must be within the State of Maine, to provide governance of a program. The members of the consortium set up a separate Board to establish and run an educational program. The governance, lines of authority, roles of each partner must be established in the agreement and have an organizational chart.

A member of the consortium must have a physical location and presence in Maine. They must designate the physical location in Maine as the “Home” or “Main” campus or a satellite campus.

Training Centers in Maine cannot accept students from out of State Programs to provide solely clinical and field internship rotations. A consortium agreement must exist for this practice to be permissible.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Consortium Agreement

- a. The agreement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. Organizational structure
 - iii. Which parties are responsible for what aspects of the consortium?
 - iv. How conflicts will be resolved?

2. Consortium Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. That one (1) member of the consortium has a physical presence in Maine.
 - iii. That all State EMS Offices in which the consortium operates to deliver EMS education have approved of education delivery
 - iv. Maintain and hold attendance records and minutes of consortium meetings.

Maine EMS

1. Notification mechanism for changes to a consortium
2. Policy for Programs approved in other States but will be sending only clinical/field internship students to Maine.

STANDARD	Training Center Sponsor Responsibilities
	Standard #: § 3.B.1 Responsibilities of the Training Center

B. Responsibilities of the Training Center

1. The training center must:
 - a. Ensure that each Program meets the Maine EMS Training Center Standards
 - b. Provide a statement reflecting whether or not academic credit for the program may be awarded:
 - i. Directly from the accredited institution sponsoring the program
 - a) Students may seek prior learning assessment for credit from all institutions that offer degrees and certificates in EMS.
 - b) Approval of credit for the program is subject to the policies and procedures of the reviewing institution which may include alignment of the curriculum by any course instructor with that of the sponsoring institution.
 - ii. Through an articulation agreement, OR
 - iii. That the program is not directly sponsored by an academic institution, nor does it have an articulation agreement with one. Therefore, eligibility for award of academic credit is subject to the policies of the academic institution reviewing the program for award of credit at that institution.
 - c. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Participation in the annual resource assessment
2. Participation on the program Advisory Committee
3. Review of the program’s annual report
4. Other long-term planning activities

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The sponsor(s) demonstrates commitment to program success by taking an active role to ensure the resources and educational oversight necessary for the program to remain in compliance with the Maine Board of Emergency Medical Services Training Center Standards and Guidelines.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

The Training Center must make students aware and informed of the availability of academic credit for their work in the program(s).

Representatives of Maine EMS must have access to the course for the purpose of auditing, monitoring, or evaluating the program. Any identified course problems that are not satisfactorily resolved will be referred to Maine EMS for review and potential action.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

- 1. Continuity of Operations Policy/Statement
 - a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. How the Training Center will continue operations when confronted with:
 - 1. Loss of physical space and/or buildings due to other unforeseen consequence
 - 2. Loss of Training Center Director, Program Director, Medical Director(s), Lead Instructor, Instructional Faculty, and/or Clinical Coordinator due to unforeseen circumstance
 - 3. Loss of technology due to unforeseen consequence.
 - 4. Loss of clinical and/or field site(s) due to unforeseen consequence.
 - 5. Pandemic/emerging infectious disease (EID) responses
 - iii. Closure of the Training Center with courses still in session

2. Receipt of College Credit and Transfer Credit Policy/Statement

a. The policy/statement must address the following key elements:

- i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
- ii. A statement as to whether college/university credit is available for the course.
- iii. The college/university that is providing the credit and how that credit may be applied at the college/university.
- iv. The articulation agreement(s) between the program and all colleges/universities that provide credit.

3. Maine EMS Access Policy/Statement

a. The policy/statement must address the following key elements:

- i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
- ii. The training center will allow Maine EMS timely access to their records, curriculum, facilities, and personnel upon request for the purpose of auditing, self-studies, annual reports, and formal investigations.

Maine EMS

- 1. Standards and policy/procedure for ceasing operations of Training Centers related to pandemic/EID, natural disasters, etc.

STANDARD	CAAHEP Accreditation
	Standard #: § 3.B.2 CAAHEP Accreditation

2. CAAHEP Accreditation

- a. All Programs requiring CAAHEP accreditation/LoR for eligibility for NREMT certification testing must comply with all standards and guidelines set forth by CAAHEP and CoAEMSP.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Initial or continuing program accreditation from CAAHEP
- 2. Letter of review (LoR) from CAAHEP

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Compliance with this standard is for Training Centers with Paramedic Programs or CAAHEP accredited AEMT Programs only.

Paramedic Programs require CAAHEP Accreditation/LoR to be offered by a Maine EMS licensed Training Center.

If a Program is accredited at the AEMT level by CAAHEP they will comply with all standards set forth for AEMT Programs.

The National EMS Educational Guidelines of 2021 recommend accreditation of AEMT by 2025.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Compliance with CAAHEP/CoAEMSP Standards Policy/Statement
 - a. The policy/statement must address the following key elements:
 - i. That the Program will comply with CAAHEP/CoAEMSP standards, policies, procedures, and reporting requirements.

Maine EMS

1. Requirement that Maine EMS Training Centers that wish to offer a Paramedic Program, hold a LoR, Initial accreditation, or continuing accreditation from CAAHEP.

§ 4 PROGRAM GOALS AND OFFERINGS

STANDARD	Program Goals and Minimum Expectations
	Standard # §4.A.1 Program Goals and Minimum Expectations

A. Program Goals and Minimum Expectations

1. For each program, the training center must have a written statement of the program’s goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program.

a. The program must have the following minimum expectations statement:

i. **Paramedic:**

- 1) "To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

ii. **Advanced Emergency Medical Technician:**

- 1) "To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

iii. **Emergency Medical Technician:**

- 1) "To prepare Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

iv. **Emergency Medical Responders:**

- 1) "To prepare Emergency Medical Responders who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

2. Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

a. In this Standard, "field" refers to the Profession.

3. Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an emergency medical services professional. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

4. The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

EVIDENCE TO MEET STANDARD	<i>"Evidence" means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Published program goal(s) in program promotional materials, student handbook, advisory committee minutes, and/or other areas.
2. Written documentation that Program Director, Medical Director, and Advisory Committee have reviewed and approved the Program Goals and Minimum Expectations

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The minimum expected program goal stated in the standards must be published verbatim in the program information. Although programs are welcome to have additional goals, they may not add or subtract wording from the full statement of the minimum expected goal. If additional goals are added, each goal must be measured accordingly. The minimum expected program goal (*and any additional goals*) must be approved by the program Medical Director and endorsed by the program Advisory Committee on an annual basis.

In this Standard, “field” refers to the Profession.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Program Goal & Objective Statement
 - a. The statement must address the following key elements
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. Clearly stated program goal
 - iii. Clearly state program objectives
 - iv. Approved by Program Director and Medical Director
 - v. Annual review and evaluation by Advisory Committee

Maine EMS

1. None

STANDARD	Program Advisory Committee
	Standard # §4.B.1 Program Advisory Committee

B. Program Advisory Committee

1. A program advisory committee must be designated and must include at least one representative of each community of interest and **must meet annually**. Communities of interest served by the program include, but are not limited to:
 - a. Students
 - b. Graduates

- c. Faculty members
 - d. Sponsor employers
 - e. Physicians
 - f. Clinical and field internship representatives
 - g. The public
 - h. Key governmental official
2. It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.
 3. For each program, the program advisory committee:
 - a. Advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.
 - b. Ensures program responsiveness to change.
 4. Program advisory committee meetings may be conducted using synchronous electronic means.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. List of current advisory committee members identifying at least one representative from each required group
2. Advisory committee meeting minutes and attendance from past three (3) years.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The Program Advisory Committee must meet at least once a year and review the goals, outcomes for the classes in the last year and make recommendations to the program.

The Advisory Committee meetings should also include review of all minimum competency requirements, including team leads, achievement of goals, analysis of the goals, action plan, and results of action where appropriate and review of the annual report and other objective data that supports program evaluation.

There must be an Advisory Committee roster indicating the communities of interest that the members represent. Best practice is for the program Advisory Committee Chair to be selected from one of the non-program affiliated communities of interest. Additional faculty and administration are ex-officio members.

Student and graduates should be added to the advisory committee once the program has them.

Police and/or fire services would be represented, if they have a role in EMS in the community served by the program.

A key governmental official, where appropriate, could include an elected official, an appointed public official, an individual involved in emergency management, and/or another public official.

The public member of the Advisory Committee should be a person who has valuable input to the program. The public member should not be employed by the sponsor or a clinical affiliate and should not qualify as any other named community of interest representative.

The Advisory Committee meetings must have Minutes reflecting the attendees, and meaningful discussion and actions during the meeting.

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Program Advisory Committee Policy

a. The policy/statement must address the following key elements.

- i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
- ii. Establish a Program Advisory Committee
- iii. Key stakeholders:
 1. Students (*once the program has them*)
 2. Graduates (*once the program has them*)
 3. Faculty members
 4. Clinical and field internship representatives
 5. Police and/or Fire Department representative
 6. A member of the public (*non-EMS, non-institution, not in the other stakeholder groups*)
 7. Institutional sponsor
 8. Physician
 9. Hospital/Clinic Representative
 10. Employer
 11. Key Government Official

- iv. Annual review and/or approval of:
 - 1. Resource survey outcomes and recommendations
 - 2. Student minimum competencies (SMC) and psychomotor portfolio
 - 3. Program Goals and Objectives
- v. Meet at least once each year.
- vi. Maintain minutes of the meeting with attendance (*full name and community of interest*) records

Maine EMS

- 1. Consider adding advisory committee minutes to the annual report.

STANDARD	Program Offerings
	Standard # §4.C. Program Offerings

C. Program Offerings

- 1. The Training Center must identify each Program (EMR, EMT, AEMT and/or Paramedic) that they will provide. The Training Center must demonstrate that they have achieved all standards for each Program.
- 2. A Training Center is not required to provide all the training levels but must be authorized for each level it wishes to provide licensure opportunity for.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Training Center Self Study/Application
- 2. Program Self Study/Application
- 3. Annual Report

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Only a Maine EMS licensed training center may deliver education that leads to clinician licensure within the State of Maine. The Training Center must identify each Program (*EMR, EMT, AEMT and/or Paramedic*) that they will provide. The Training Center must demonstrate that they have achieved all standards for each Program.

A Training Center is not required to provide all the training levels but must be authorized for each level it wishes to provide licensure education for.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. None

Maine EMS

1. Program Self Study Package Application

§ 5 TRAINING CENTER RESOURCES

STANDARD	Resource Types and Amounts
	Standard #: § 5.A Resource Types and Amounts

A. Resource Types and Amounts

1. The applicant must have sufficient resources to ensure the achievement of the program’s goals and outcomes. Resources include, but are not limited to:
 - Faculty
 - Administrative/support staff
 - Curriculum
 - Finances
 - Faculty/staff workspace
 - Spaces for confidential interactions
 - Faculty/staff continuing education
 - Ancillary student facilities
 - Hospital/clinical affiliations
 - Field internship affiliations
 - Equipment/supplies
 - Computer resources
 - Information technology
 - Instructional reference materials
 - Classroom/lab facilities (physical or virtual)

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Results of annual program(s) resource assessment
2. Advisory committee meeting minutes
3. Course evaluations
4. Budget
5. Financial Reports
6. Program(s) Psychomotor Portfolio
7. EMS equipment and supplies to meet all Training Center program deliveries in all locations.
8. Copies of rental/lease agreements
9. Memorandum of understanding (MoU) to use and/or borrow equipment.
10. Site Visit
11. Floor plans and pictures
12. Outcomes

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

There are no set numbers for resources; only the requirement that the resources are sufficient as documented by an on-going Resource Assessment system and other objective outcome data.

The same space can be used for class and lab provided the space is adequate for the number of students and accommodate the required activity.

For classroom space **recommendations** please see:
<https://www.maine.gov/doe/sites/maine.gov.do/files/inline-files/2%20%20Space%20Allocation%20Guidelines%20Revised%20January%202015.pdf>

The Training Center (*and each Program in the Training Center*) must demonstrate that the resources and policies are adequate to sustain the appropriate education of students enrolled in all Program(s) to achieve the required outcomes.

While a full-time clerical position might be ideal, the comparable amount of support can be provided by a combination of resources, such as part-time positions, clerical sharing, etc. However, the sufficiency of the clerical support is objectively determined by the data collected for resource assessment.

The objective measurement is reflected by the adequacy of program activities such as: timely filing of documents, phone coverage, organized records, up to date files, adequate correspondence turnaround time, regardless of how the program accomplishes those tasks.

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Equipment and Supplies Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. How the program will ensure that it has the necessary and required equipment for EMS education by program
 1. Meet all psychomotor motor objectives of the Program based upon,
 - a. The 2021 National Educational Standards
 - b. The Maine EMS Scope of Practice Standards
 - c. The National Registry of Emergency Medical Technicians (NREMT) Standards.
 - d. Meet all specialty (*certification*) education included in the Program.
 - e. Meet all components of the Program's psychomotor portfolio.
 - iii. Copies of agreements for equipment that the Training Center will be renting/leasing.
 - iv. Memos of Understanding (MoU) for the usage of equipment from agencies that will be borrowed.
 - v. How equipment will be used/transported between "Home", "Satellite", and "Alternate" sites, if sharing
 - vi. How the Program will meet equipment to student ratios
 - vii. How students will access equipment outside normal class sessions (*if available and permissible*)
- b. For additional information please see Appendix A.

2. Facilities Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.

- ii. How the program will accommodate accessibility requirements of students and faculty consistent with Federal and State guidelines
- iii. How the program will ensure the students and faculty have sufficient space for seating
- iv. How the program will ensure the students and faculty have adequate space available for practical sessions
- v. How the program will ensure the students and faculty have adequate interior and exterior lighting
- vi. How the program will ensure the students and faculty have adequate climate control to provide comfortable environment for learning
- vii. How the program will ensure the students and faculty will be reasonably free of interruptions during the class
- viii. How the program will ensure the students and faculty have adequate bathroom facilities in place with hot and cold running water
- ix. How the program will ensure the students and faculty have appropriate safety standards in place, including fire extinguishers, smoke alarms, and evacuation plans (by jurisdictional code)
- x. How the program will ensure the students and faculty have appropriate technology available to include but not limited to Wi-Fi, internet, learning management systems, audiovisual equipment, charts, models, etc.

3. Financial Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. An operational budget will be produced.
 - iii. A time will be specified for the budget (*Calendar Year, Fiscal Year, Biannual, etc.*)
 - iv. The budget will be accessible to stakeholders.
 - v. How financial budgets will be stored and maintained.
 - vi. Clear financial practices that follow generally accepted accounting standards and guidelines.
 - vii. Annual financial reports will be produced for stakeholders to review.
 - viii. Audit process
 - ix. How records will be maintained and stored

4. Satellite and Alternative Site Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Designates the “*home*” site or “*main campus*” where most courses are delivered.
 - iii. Specifies the facilities requirements for a Satellite site.
 - iv. Specifies how education delivered at the Satellite site will be equivalent to and have all the resources of the “*home*” or “*main campus*” site.
 - v. Explains how the Program Director will supervise activities at the satellite site.
 - vi. Require that a Lead Instructor will consistently be at and supervise education at the satellite site.
 - vii. Requirement to notify Maine EMS of satellite sites 30 days prior to usage.
 - viii. Emergency procedures for the Satellite Site (*may need multiple sets based on location needs*)
 - ix. Explains the process for selecting and utilizing an alternate site.

Maine EMS

- 1. Establish a process for evaluation of equipment to ensure that programs have all necessary supplies.
- 2. Course tracking in Licensure system
 - a. Require all EMR, EMT, AEMT, and Paramedic to be listed in licensure with location, start date, end date, Program Director, Lead Instructor, Medical Director(s)
 - b. Add a Program Director to every EMR, EMT, AEMT, and Paramedic Course offering.
 - c. Add a Lead Instructor to every EMR, EMT, AEMT, and Paramedic course offering.
 - d. Add a Medical Director(s) to every EMR, EMT, AEMT, and Paramedic course offering.

STANDARD	Hospital/Clinical, Field Experience and Capstone Field Internship Affiliations
	Standard # §5.A.2 Hospital/Clinical, Field Experience and Capstone Field Internship Affiliations

- 2. Hospital/Clinical, Field Experience and Capstone Field Internship Affiliations
 - a. For all programs, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint, and interventions in the delivery of emergency care appropriate to the level of the EMS licensure for which training is being offered.

- b. The clinical/field experience and Capstone Field Internship resources must ensure exposure to, and assessment and management of the following patients and conditions:
 - i. Adult trauma and medical emergencies
 - ii. Pediatric trauma and medical emergencies, including assessment and management
 - iii. Geriatric trauma and medical emergencies.
- c. Numbers of the above patient populations must be adequate in order to meet national and Maine clinical behavioral objectives (CBOs).
- d. Contracts outlining the responsibility of each affiliation must be clearly articulated.
 - i. Clinical Affiliation Agreements must exist before students enter the Clinical, Field and Capstone Field Internship environments.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Student minimum competencies (SMC)
2. Student clinical, field, and/or capstone field internship records
3. Advisory committee minutes
4. Site evaluation
5. Preceptor evaluations
6. Clinical Affiliation Agreements
7. Preceptor training records with annual updates
8. Clinical supervisor training records with annual updates

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Clinical and field internship objectives must meet or exceed the requirements set forth in the most current version of the National EMS Education Standards.

Clinical Affiliation Agreements must exist before students enter the Clinical, Field and Capstone Field Internship environments.

Emergency Medical Responder Program:

No requirement for Clinical, Field Experience, and/or Capstone Field Internship. If the Training Center wishes to provide these experiences, they will need to comply with the Emergency Medical Technician Standard.

Emergency Medical Technician Program:

The clinical resources must ensure exposure to pediatric, adult, and geriatric patients experiencing acute and critical traumatic injury and medical emergencies. Emergency departments, urgent cares, and other walk-in type clinics would be good examples.

It is strongly recommended that the Training Center demonstrate that the student has performed an observational experience on a staffed ambulance with a preceptor licensed as an EMT, AEMT, or Paramedic.

The program must set and require minimum competency of **ten (10) patient assessments with a MEFIRS patient care report for each.**

The objectives must clearly state the intent of the rotation and outcomes required. The access and availability of the patients is the critical issue. The location of the experiences is at the discretion of the program.

Live patient encounters should occur; however, appropriate simulations can be integrated into the educational process to provide skills acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. The program must show that this method of instruction is contributing to the attainment of the program's goals and outcomes.

Evaluation of the clinical and field sites should be done by the program. They should ensure, through tracking that the clinical and field internship sites provide the minimum requirements for competency.

Advanced Emergency Medical Technician Program:

In addition to the details below, the Training Center must ensure compliance with CoAEMSP and CAAHEP standards if they hold an Advanced EMT Program accreditation.

The clinical resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include extraglottic and supraglottic airways; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

The program must set and require minimum competency numbers of patient contacts for each listed category. **Those minimum numbers must be approved by the Program Director, Medical Director, and endorsed by the Advisory Committee with documentation of those actions.** The tracking documentation must then show those minimums and that each student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. **No minimum number can be fewer than two (2).**

The objectives must clearly state the intent of the rotation and outcomes required. While the specific units/rooms may provide the types of patients to meet the objectives, there are likely other locations and creative activities that can provide the necessary type of patient encounters.

The access and availability of the patients is the critical issue. The location of the experiences is at the discretion of the program. For example, pediatric patient exposures may occur in the emergency department.

Live patient encounters must occur; however, appropriate simulations can be integrated into the educational process to provide skills acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. The program must show that this method of instruction is contributing to the attainment of the program's goals and outcomes.

For an interfacility transfer (IFT) to be documented as a patient contact in the field experience or the capstone field internship, the patient must be transferred to a higher level of care requiring assessment and may require emergency care.

For airway management: Each student must demonstrate competency in airway management. The program sets the required minimum competency numbers approved by the Program Director, Medical Director, and Advisory Committee as described above.

For example, the AEMT student should be successful in any combination of live patients, high-definition simulations, low fidelity simulations, and/or cadaver labs in all age brackets (neonate, infant, pediatric, and adults). High-definition simulation is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads. AEMT students should have exposure to diverse environments of learning, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory surgical centers, and out of hospital settings (e.g., ambulance or field environments) and laboratories (floor, varied noise levels, varied lighting conditions).

The **AEMT student should have no fewer than thirty (30) attempts at airway management** across all age levels, with a 90% success rate utilizing extraglottic and supraglottic airway models in their last ten (10) attempts. The AEMT student needs to be 100% successful in the management of their last twenty (20) attempts at airway management. Most airway attempts should be emphasized with live airway managements, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director's signature.

Evaluation of the clinical and capstone field internship sites should be done by the program. They should ensure, through tracking that the clinical and capstone field internship sites provide the minimum requirements for competency.

Paramedic Program:

In addition to the details below, the Training Center must ensure compliance with CoAEMSP and CAAHEP standards.

The clinical resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

The program must set and require minimum competency numbers of patient contacts for each listed category. **Those minimum numbers must be approved by the Medical Director and endorsed by the Advisory Committee with documentation of those actions.** The tracking documentation must then show those minimums and that each student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. **No minimum number can be fewer than two (2), including each pediatric age subgroup. Two patient encounters in each pediatric subgroup must be live and cannot be achieved through simulation.**

The objectives must clearly state the intent of the rotation and outcomes required. While the specific units/rooms may provide the types of patients to meet the objectives, there are likely other locations and creative activities that can provide the necessary type of patient encounters.

The access and availability of the patients is the critical issue. The location of the experiences is at the discretion of the program. For example, psychiatric patient exposures may occur in the emergency department.

Live patient encounters must occur; however, appropriate simulations can be integrated into the educational process to provide skills acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. The program must show that this method of instruction is contributing to the attainment of the program's goals and outcomes.

For an interfacility transfer to be documented as a patient contact in the field experience or the capstone field internship, the patient must be transferred to a higher level of care requiring assessment and may require emergency care.

For airway management: Each student must demonstrate competency in airway management. The program sets the required minimum competency numbers approved by the Program Director, Medical Director, and Advisory Committee as described above.

For example, the paramedic student should be successful in any combination of live patients, high-definition simulations, low fidelity simulations, and/or cadaver labs in all age brackets (neonate, infant, pediatric, and adults). High-definition simulation is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads. Paramedic students should have exposure to diverse environments of learning, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory surgical centers, and out of hospital settings (e.g., ambulance or field environments) and laboratories (floor, varied noise levels, varied lighting conditions).

The **paramedic student should have no fewer than fifty (50) attempts at airway management** across all age levels, with a 90% success rate utilizing endotracheal intubation models in their last ten (10) attempts. The paramedic student needs to be 100% successful in the management of their last twenty (20) attempts at airway management. Most airway attempts should be emphasized with live intubations, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director's signature.

Evaluation of the clinical and capstone field internship sites should be done by the program. They should ensure, through tracking that the clinical and capstone field internship sites provide the minimum requirements for competency.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Clinical Affiliation Agreements (CAA) Policy/Statement

- a. The policy/statement/agreement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation),** meet all CAAHEP/CoAEMSP standards.
 - ii. How the program will demonstrate that all students have a verified competency in the psychomotor skills they may be asked to perform in the clinical/field setting before they enter the setting.
 - iii. Clinical Affiliation Contract

- iv. How Clinical and/or Field Affiliate Contract will be stored and maintained.
- v. Copies of all active Clinical and/or Field Affiliate Contracts
- vi. Shows compliance with all expectations of statute: Link:
<https://www.mainelegislature.org/legis/statutes/32/title32sec93-A.html>

2. Student Minimum Competencies (SMC) and Psychomotor Portfolio Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Program Director, Medical Director, and Advisory committee approve all minimum numbers of assessments, skills, and team leads for each program.
 - iii. All required assessments, skills, and team leads have a minimum of two (2)
 - iv. How simulation may be used to achieve goals
 - v. What skills must be performed on “live” patients?
 - vi. Annual review

3. Team Lead Definition Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Program’s definition of team leadership.
 - 1. This definition will be dependent upon candidate program level, i.e., EMR/EMT, AEMT, Paramedic.
 - 2. **For AEMT and Paramedic Programs:** Program’s definition of Advanced Life Support (ALS) team leadership.
 - 3. **For AEMT and Paramedic Programs:** Program’s definition of an interfacility transport.
 - iii. Program’s definition is used for classroom and laboratory scenarios.
 - iv. That definition is approved by the Program Director and Medical Director
 - v. That the definition is reviewed by the Advisory Committee

4. Preceptor Evaluation Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Evaluation tool
 - iii. How the preceptor is evaluated
 - iv. How the preceptor will receive feedback from the evaluation
 - v. How the preceptor evaluations will be stored
 - vi. How and when, or if, preceptor evaluations will be released to preceptor's employers.
 - 1. The release of preceptor evaluations by training centers to preceptor employees is not required by these Training Center Standards. However, some employers may request evaluations for their own internal purposes. The specific training center will determine their own policies regarding release of evaluations.

5. Preceptor Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Field preceptors must be at the license level or higher level of which the student is pursuing on all patient encounters and throughout the patient encounter to receive "credit" for the experience.
 - iii. Requirement for Clinical Site Supervisor, Field Site Supervisor, and Capstone Field Internship Preceptor all to receive Program preceptor training with annual update.
 - 1. Goals and objectives
 - 2. Student scope of practice
 - 3. Program personnel contact information
 - 4. Evaluation tools and criteria
 - 5. Coaching and mentoring techniques
 - iv. Clinical Supervisor training plan
 - v. Field Supervisor training plan
 - vi. Capstone Field Internship Preceptor training plan
 - vii. How preceptors are selected

viii. How records will be maintained for preceptors and training

Maine EMS

1. None

STANDARD	Training Center Director Responsibilities
	Standard #: §5.B.1.a.ii Training Center Director

3. Required positions are denoted by an asterisk (*).

a. Training Center Director*

- i. The Training Center Director is the Maine EMS Recognized administrative head of the Training Center. The Training Center Director is the party that is ultimately responsible for all aspects of the Training Center.
- ii. Responsibilities
 - 1) The Training Center Director is responsible for the overall functioning of the EMS Training Center, which includes, but is not limited to:
 - i. Ensuring the qualification of all staff and faculty
 - ii. Providing oversight, monitoring, and assurance of accomplishment and adherence to Training Center and program goals and Maine EMS requirements for EMS Training Center.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Written job description.
- 2. Resume/CV of Training Center Director
- 3. Signed/dated letter of appointment of Training Center Director
- 4. Signed/dated letter of acceptance of Training Center Director

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The Training Center Director is the Maine EMS recognized administrative head of the Training Center. The Training Center Director is the party that is ultimately responsible for the Training Center.

The Training Center Director is responsible for appointing a Program Director for each Program (*EMR, EMT, AEMT, and/or Paramedic*) the Training Center offers. The Training Center Director is also responsible for appointing personnel for review of continuing education in accordance with Maine EMS rules and policy.

The Training Center Director may fill multiple positions in the Training Center and/or Program(s) if they meet the qualifications for the position.

It is acceptable for the Training Center Director to be any of the other roles in Program if they meet the qualifications for that role. There must be clear evidence that the Program Director, Medical Director, and Advisory Committee drive the educational goals of each Program.

Common people that may fill this role (*but not limited to*):

1. Chief Executive Officer (CEO), President, Vice-President, Assistant Vice President
2. Chief Academic Officer (CAO), Dean, Associate Dean, Assistant Dean, Department Head/Chair
3. Executive Director, Director, Assistant Director
4. Chief, Assistant Chief, Deputy Chief, Battalion Chief

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Job Description: Training Center Director

- a. The Training Center Director must be responsible for the Training Center, including, but not limited to:
 - i. Serve as the administrative head of the Training Center,
 - ii. Designate qualified Program Directors for EMR, EMT, AEMT, and/or Paramedic Programs to manage the delivery of the education for these programs.
 - iii. Designate qualified personnel to manage the review of continuing education in accordance with Maine EMS rules and policy.
 - iv. long range planning and ongoing development of the Training Center
- b. Additional duties that the Training Center Director may perform as related to the Training Center.

Maine EMS

1. Process for notification of change in the position

STANDARD	Training Center Director Qualifications
	Standard #: §5.B.1.a.iii Training Center Director Qualifications

iii. Qualifications

- 1) Each Training Center must establish a designated set of qualifications for the Training Center Director.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written job description.
2. Resume/CV

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The Training Center must establish a set of qualifications for the Training Center Director.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Training Center Director

- a. Minimum requirements
 - i. As identified by the Training Center
Maine EMS

1. None

STANDARD	Program Director Responsibilities
	Standard # § 5.B.1.b. Training Center Resources/Training Center Personnel

Required positions are denoted by an asterisk (*).

b. Program Director*

- i. The Program Director must be directly employed or contracted by the Training Center

- ii. Program Directors are responsible for all aspects of a specific EMS licensure training program, including, but not limited to:
 - 1) Administration, organization, coordination and supervision of the EMS licensure training program or course
 - 2) Adherence to applicable rules and standards as established by Maine EMS.
 - 3) Continuous quality review and improvement of program
 - 4) Long range planning and ongoing development of the program
 - 5) Effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program
 - 6) Cooperative involvement with the program Medical Director(s),
 - 7) Orientation/training and supervision of clinical and field internship preceptors
 - 8) The orientation/training and supervision of:
 - i. licensed Instructor/Coordinator faculty and adjunct faculty
 - ii. Non-IC licensed instructor faculty and/or non-faculty content expert instructors.
 - 9) Along with the Training Center Director, ensuring the qualifications of all instructional staff and faculty.
 - 10) The effectiveness and quality of fulfillment of any and all responsibilities delegated to another qualified individual
- iii. The Training Center Director may serve as the Program Director if qualified per item IV below.
- iv. For nationally accredited Advanced Emergency Medical Technician (AEMT) and Paramedic training programs, Program Director should be a full-time position.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Written job description.
- 2. Teaching and administrative workloads
- 3. Faculty teaching schedules
- 4. Preceptor Training Program
- 5. Evaluation and results of clinical and capstone field internship preceptor training
- 6. Evaluation and results of student course evaluations

7. Evaluation of resource survey

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Program Directors are responsible for providing for the orientation/training and supervision of clinical and field internship preceptors.

Emergency Medical Responder:

No requirement for Clinical, Field Experience, and/or Capstone Field Internship. If the Training Center wishes to provide these experiences, they will need to comply with the Emergency Medical Technician Standard.

Emergency Medical Technician:

As part of the administration, organization, and supervision of the program, the Program Director must ensure that there is preceptor orientation/training for all clinical and field experiences, if provided by the program.

The training/orientation must include the following topics:

- Purposes of the student rotation (*minimum competencies, skills, and behaviors*)
- Program and program personnel contact information.
- Applicable student scopes of practice to include patient assessment skills, authorized treatments, interventions, and medications.
- Evaluation tools used by the program.
- Criteria of evaluation for grading students
- Contact information for the program.
- Program's definition of Team Lead
- Coaching and mentorship techniques

The training media may take many forms:

- written documents
- formal course
- power point presentation
- video
- on-line
- designated trainers on-site that the program relies upon

The program should tailor the method of delivery to the type of rotation (*e.g., hospital, physician office, field*).

The program must identify a key person in hospitals (departments), in other clinical experience settings, and for field experience. The program must demonstrate that every key person has completed the orientation. The program can then arrange to have those key personnel provide guidance to any other preceptors in those settings.

For clinical and field experiences, the program should focus on the evaluation of the experience, but that evaluation must include at least an overall, not necessarily individual, evaluation of the preceptors.

The program must provide evidence of the completion of the training of field internship preceptors by dated rosters of participants, on-line logs, signed acknowledgement by the capstone field internship preceptor.

Advanced Emergency Medical Technician and Paramedic:

As part of the administration, organization, and supervision of the program, the Program Director must ensure that there is preceptor orientation/training.

The training/orientation must include the following topics:

- Purposes of the student rotation (*minimum competencies, skills, and behaviors*)
- Program and program personnel contact information.
- Applicable student scopes of practice to include patient assessment skills, authorized treatments, interventions, and medications.
- Student knowledge at program progression
- Evaluation tools used by the program.
- Criteria of evaluation for grading students
- Contact information for the program.
- Program's definition of Team Lead
- Program's required minimum number of Team Leads
- Coaching and mentorship techniques

The training media may take many forms:

- written documents
- formal course
- power point presentation
- video

- on-line
- designated trainers on-site that the program relies upon

The program should tailor the method of delivery to the type of rotation (*e.g., hospital, physician office, field*).

The program must demonstrate that **each capstone field internship preceptor** has completed the training. For example, there may be an on-line session documenting completion by the preceptor, or there may be a written packet provided by the program, which is read and signed by the preceptor at the start of the rotation, or a representative of the program may meet briefly with the potential preceptors at that location.

For capstone field internship experiences, the program should focus on the evaluation of the experience, but that evaluation must include an evaluation of each active capstone field internship preceptor.

The program must identify a key person in hospitals (departments), in other clinical experience settings, and for field experience. The program must demonstrate that every key person has completed the orientation. The program can then arrange to have those key personnel provide guidance to any other preceptors in those settings.

For clinical and field experiences, the program should focus on the evaluation of the experience, but that evaluation must include at least an overall, not necessarily individual, evaluation of the preceptors.

The program must provide evidence of the completion of the training of field internship preceptors by dated rosters of participants, on-line logs, signed acknowledgement by the capstone field internship preceptor.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Program Director

- a. The program director must be responsible for all aspects of the program, including, but not limited to:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. the administration, organization, and supervision of the educational program,
 - iii. the continuous quality review and improvement of the educational program,
 - iv. long range planning and ongoing development of the program,
 - v. the effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program,
 - vi. cooperative involvement with the medical director,

- vii. the orientation/training and supervision of clinical and field internship preceptors
- viii. the effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.

Maine EMS

1. Mechanism for notification of change in the position

STANDARD	Program Director Qualifications
	Standard # § 5.B.1.b.v Program Director Qualifications

v. Qualifications:

- 1) Program Directors for nationally accredited EMS training programs must satisfy the Program Director requirements as set forth by CAAHEP/CoAEMSP.
- 2) Paramedic programs
 - i. Minimum of a Bachelor’s degree (any field) from an accredited institution of higher education, upon adoption of this standard.
 - ii. This standard matches CoAEMSP/CAAHEP standards (2022)
- 3) Advanced Emergency Medical Technician (AEMT) programs
 - i. Associate’s degree (any field) upon adoption of this standard.
 - ii. Program will require Associate’s degree for AEMT Program Director that is currently serving on date of adoption of this standard within 5 (five) years, AND
 - iii. Any new AEMT Program Director appointed after date of adoption of this standard must hold an Associate’s degree.
- 4) Emergency Medical Technician (EMT)
 - i. Associate’s degree (any field) upon adoption of this standard
 - ii. Program will require Associate’s degree for EMT Program Director that is currently serving on date of adoption of this standard, within 5 (five) years, AND
 - iii. Any new EMT Program Director appointed after standard implementation date must hold an Associate degree.

5) Emergency Medical Responder

- i. Associate degree (any field) upon adoption of this standard
- ii. Program will require Associate degree for EMR Program Director that is currently serving on date of adoption of this standard, within 5 (five) years, AND
- iii. Any new EMR Program Director appointed after standard implementation date must hold an Associate degree.

6) Maine EMS licensed Instructor/Coordinator and hold a Maine EMS clinician license at or above the level for which the program was approved

7) Have appropriate medical or allied health education, training, and experience

8) Be knowledgeable about methods of instruction, testing and evaluation of students

9) Have field experience in the delivery of out-of-hospital emergency care

10) Be knowledgeable about the following:

- i. The current versions of the *National EMS Scope of Practice, Maine EMS Protocols and Scope of Practice, and National EMS Education Standards*
- ii. Evidence-informed clinical practice
- iii. Standards and procedures for national EMS clinician certification and Maine state EMS licensure

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Maine EMS Instructor/Coordinator license
- 2. Maine EMS License and/or NREMT Certification (*must meet or exceed program*)
- 3. Written job description.
- 4. Academic transcripts
- 5. Resume/CV
- 6. Signed/dated letter of appointment.
- 7. Signed/dated letter of acceptance.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Emergency Medical Responder, Emergency Medical Technician, and Advanced Emergency Medical Technician:

The associate degree must be awarded by an academic institution that is accredited by an institutional accrediting agency that is recognized by the United States Department of Education (USDE). **The associate degree may be in any major.**

Paramedic:

The Bachelor’s degree must be awarded by an academic institution that is accredited by an institutional accrediting agency that is recognized by the United States Department of Education (USDE). **The bachelor’s degree may be in any major.**

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Program Director

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Maine EMS licensed EMS clinician at the level or above of the Program that they are leading.
 - iii. Maine EMS licensed Instructor/Coordinator
 - iv. Academic degree
 - 1. **Paramedic:** Bachelor’s degree (*any field of study*)
 - 2. **AEMT, EMT, and EMR:** Associate degree (*any field of study*)
 - v. have appropriate medical or allied health education, training, and experience,
 - vi. be knowledgeable about methods of instruction, testing and evaluation of students,
 - vii. have field experience in the delivery of out-of-hospital emergency care,
 - viii. have academic training and preparation related to emergency medical services at least equivalent to that of a paramedic,
 - ix. be knowledgeable about the current versions of the National EMS Scope of Practice and National EMS Education Standards, and about evidenced-informed clinical practice.

Maine EMS

1. Effective date to meet educational requirements.
2. Denote specific evidence, if applicable for positions.

STANDARD	Program Medical Director Responsibilities
	Standard # § 5.B.1.c Standard – Medical Director

Required positions are denoted by an asterisk (*).

c. Medical Director*

- i. The Medical Director must be directly employed or contracted by the Training Center
- ii. The medical director must
 - 1) review and approve (rationale) the educational content of the program to include didactic, laboratory, clinical experience, field experience, and capstone field to ensure it meets current standards of medical practice
 - 2) review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards
 - 3) review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, field experience, and capstone field internship
 - 4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary
 - i. *For EMR and EMT programs, this may be delegated to the Program Director and Lead Instructor*
 - ii. It is recommended that corrective measures occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.
 - 5) ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains
 - i. Terminal competency verification for programs which are nationally accredited must be in accordance with CAAHEP/CoAEMSP standards and policies.
 - ii. Terminal competency verification for AEMT programs
 - iii. Terminal competency verification for EMR and EMT programs may be delegated to the Program Director and Lead Instructor.
 - 6) engage in cooperative involvement with the Program Director

- 7) ensure the effectiveness and quality of any Medical Director responsibilities delegated to an Associate or Assistant Medical Director.

iii. Medical Director Interaction

- 1) For AEMT and Paramedic programs, it is recommended that the Medical Director interaction with students be in a variety of settings, as feasible, such as:
 - i. Lecture
 - ii. Laboratory
 - iii. Clinical
 - iv. Capstone field internship.
- 2) Medical Director interaction may be by synchronous electronic methods, as well as in-person.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written job description.
2. Teaching and administrative workload assignments (as applicable)
3. Review of surveys (*student, program, clinical, field, graduate, and employer*)
4. Reviews/Approve AEMT and Paramedic student progress on an individual level
5. Approval of curriculum
6. Approval of AEMT and Paramedic terminal competency for each student
7. Regular communication with Program Director(s)
8. Checklist sign offs, email, log of activity, etc.

GUIDELINE

This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.

There must be written documentation that the Medical Director fulfills each of the responsibilities:

1. Documentation could include a signed memorandum stating the nature of review activities, dates conducted, etc.
 - This responsibility does not mean that the Medical Director must be present for each type of activity – only that he/she reviews and approves. Review of evaluations is for those that relate to the students, not the faculty/staff. The Medical Director is not responsible for evaluation of program personnel.
 - There must be evidence of interaction between the Medical Director and the students.
2. Documentation could include descriptions of on-going activities, date(s) of communication with program director for such activities, etc.
3. Documentation must include a terminal competency form for each AEMT, and Paramedic graduate signed and dated by the Medical Director.

A terminal competency form for each AEMT or Paramedic student must contain a dated original signature by the medical director. A stamped signature is not acceptable. A secure electronic signature is acceptable.

The terminal competency form must include the following statement: “We hereby attest that the candidate listed below successfully completed all of the Terminal Competencies required for graduation from the AEMT or Paramedic Education program as a minimally competent, entry-level, AEMT or Paramedic and as such is eligible for State and National Certification written and practical examination in accordance with our published policies and procedures.” The form must also have a section or sections where the medical director attests to and ensures the competence of the graduate in all three domains: cognitive, psychomotor, and affective.

Terminal competency measurement for EMR and EMT must be approved by the Medical Director, but the Medical Director does not need to sign for each student individually. This may be delegated to the Program Director and/or Lead Instructor.

A secure electronic signature is **not** a jpeg or other type of image attached to a document. A secure electronic signature is unique and under the sole control of the individual making the signature, the technology used must be able to identify the person making the signature, and the technology must be able to identify if the document was changed in any way after the electronic signature was applied.

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Job Description: Medical Director

- a. The medical director must be responsible for medical oversight of the program, and must:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed prehospital or emergency care practice.
 - iii. review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards.
 - iv. review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship,
 - v. review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.
 - vi. ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,
 - vii. engage in cooperative involvement with the program director,
 - viii. ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician.
 - ix. ensure educational interaction of physicians with students.

Maine EMS

1. Notification process/mechanism for change in Medical Director

STANDARD	Program Medical Director Qualifications
	Standard # § 5.B.1.c.iv Qualifications

iv. Qualifications:

1) The Medical Director must:

- i. Be a physician currently licensed and authorized to practice in the state of Maine
 - 1. It is *recommended* that the Medical Director be board certified in EMS Medicine or Emergency Medicine.
 - 2. Medical Directors for nationally accredited programs must follow the qualification requirements for Program Medical Directors in accordance with CAAHEP standards
- ii. Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care
- iii. Have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program
- iv. Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions; and,
- v. Be knowledgeable in teaching the subjects assigned, when applicable.
- vi. Have intimate knowledge of Maine EMS rules, standards, protocols, and functions.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Written job description.
- 2. Resume/CV
- 3. Signed/dated letter of appointment.
- 4. Signed/dated letter of acceptance.
- 5. Copy of State Physician (MD or DO) license.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The program must have a formal relationship with a physician currently authorized to practice in each state where the program’s students are participating in patient care, to accept responsibility for the practice of those students.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Medical Director

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation),** meet all CAAHEP/CoAEMSP standards.
 - ii. be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients,
 - iii. have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,
 - iv. be an active member of the local medical community and participate in professional activities related to out-of-hospital care,
 - v. be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

Maine EMS

1. None

STANDARD	Program Associate Medical Director Responsibilities
	Standard # § 5.B.1.d Associate Medical Director

d. Associate Medical Director

- i. The Associate Medical Director must be directly employed or contracted by the Training Center
- ii. When/if the Training Center Medical Director delegates specified responsibilities, the Training Center may designate one or more Associate Medical Directors

iii. Responsibilities

- 1) Fulfills responsibilities as delegated by the Program Medical Director

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written job description.
 - a. Clearly delegated responsibilities as determined by the Program Medical Director

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

There must be written documentation that the Associate Medical Director fulfills each of the specified responsibilities delegated by the program Medical Director.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. **Job Description: Associate Medical Director**
 - a. The job description must delegate the responsibilities for medical oversight of the program to the Associate Medical Director.
2. There must be evidence of approval by the Medical Director

Maine EMS

1. Notification process/mechanism for change in Associate Medical Director

STANDARD	Program Associate Medical Director Qualifications
	Standard # § 5.B.1.d.iv Qualifications

iv. Qualifications:

- 1) The Associate Medical Director must:
 - i. Be a physician currently licensed and authorized to practice in the state of Maine, with experience and current knowledge of emergency care of acutely ill and injured patients
 - ii. Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients,

medical direction, and quality improvement in out-of-hospital care; and,

- iii. Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written job description.
2. Resume/CV
3. Signed/dated letter of appointment.
4. Signed/dated letter of acceptance.
5. Copy of State Physician (MD or DO) license.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

For programs with an Associate Medical Director who works collaboratively with the program Medical Director, the program must demonstrate the individual is qualified to perform the delegated responsibilities on behalf of the Medical Director.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Associate Medical Director

- a. Minimum requirements
 - i. be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients,
 - ii. have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,
 - iii. be an active member of the local medical community and participate in professional activities related to out-of-hospital care,

- iv. be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

Maine EMS

1. None

STANDARD	Program Assistant Medical Director Responsibilities
	Standard # § 5.B.1.e Assistant Medical Director

e. Assistant Medical Director

- i. The Assistant Medical Director must be directly employed or contracted by the Training Center.
- ii. When/if the Training Center Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s) of the educational activities of the program, the Training Center must appoint an Assistant Medical Director.

1) Examples:

- i. Training Center licensure programs conducted in another state
- ii. Field internships, ride-alongs, or clinical experiences conducted in another state
- iii. Responsibilities
 - 1) Medical supervision and oversight of students participating in field experience and/or Capstone Field Internship

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Written job description.
 - a. Clearly delegated responsibilities as determined by the Program Medical Director
- 2. Written authorization from the State EMS Agency for clinical and/or field internship activities.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Only required for programs that offer clinical rotations outside the State of Maine.

If an Associate Medical Director was used for an out-of-state program or clinical, field experience, or capstone field internship site(s) in the most recent five-year licensure cycle:

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Assistant Medical Director

- a. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
- b. When the program Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s) of the educational activities of the program, the sponsor must appoint an Assistant Medical Director.
 - i. Medical supervision and oversight of students participating in field experience and/or field internship.

Maine EMS

- 1. Notification process/mechanism for change in Assistant Medical Director

STANDARD	Program Assistant Medical Director Qualifications
	Standard # § 5.B.1.e.iv Qualifications

iv. Qualifications

1) The Assistant Medical Director must:

- i. Be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s), with experience and current knowledge of emergency care of acutely ill and injured patients
- ii. Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care
- iii. Be an active member of the local medical community and participate in professional activities related to out-of-hospital care
- iv. Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written job description.
2. Resume/CV
3. Signed/dated letter of appointment.
4. Signed/dated letter of acceptance.
5. Copy of State Physician (MD or DO) license.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

If an Assistant Medical Director was used for an out-of-state program or clinical, field experience, or capstone field internship site(s) in the most recent five-year licensure cycle, an Associate or Assistant Medical Director form must be on file for each out-of-state site.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Assistant Medical Director

- a. Minimum requirements
 - i. be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s), with experience and current knowledge of emergency care of acutely ill and injured patients,
 - ii. have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,
 - iii. be an active member of the local medical community and participate in professional activities related to out-of-hospital care,
 - iv. be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

Maine EMS

1. None

STANDARD	Lead Instructor Responsibilities
	Standard # § 5.B.1.f.iii Responsibilities

Required positions are denoted by an asterisk (*).

f. Lead Instructor*

- i. Program Lead Instructors must be directly employed or contracted by the Training Center.
- ii. The program director may serve as the lead instructor
- iii. Responsibilities
 - 1) A Lead Instructor must be assigned for each program cohort offered and must be documented in the Maine EMS on-line licensing system.
 - 2) Program Lead Instructors are responsible for duties and responsibilities in conducting an EMS Program as may be delegated by the Program Director. Duties may include, but are not limited to:
 - i. Practical and didactic instruction of the program
 - ii. Coordination or assisting in the coordination of the didactic, lab, clinical and/or capstone field internship instruction.
 - iii. Supervision of instructional faculty involved in the teaching of the program cohort.
 - iv. Assessment of student didactic, psychomotor, and affective competencies.
 - v. Individual program outcomes assessment and evaluation
 - vi. Ensuring that students have met the minimum established standards and criteria.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Written job description.
- 2. Syllabi
- 3. Training Center Orientation
- 4. Annual Evaluation
- 5. Student Evaluations

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

When the program utilizes a Lead Instructor, there must be written documentation that the Lead Instructor fulfills each of the specified responsibilities delegated by the Program Director.

A lead instructor must be assigned to any program at any satellite and/or alternative location.

Examples of satellite programs in our current system:

- Community College A has two campuses, the “main campus” is the home campus, and the secondary campus (*when the students do not travel to the main campus*) is a satellite.
- A private Training Center has a home campus and manages a CTE/High School Program, the CTE/High School Program is a Satellite program.

A lead instructor must be assigned, be regularly and consistently available to students at the site, to any program that occurs off the home campus.

Example of alternative site locations in our current system:

- A program that offers an off-site laboratory space, but students attend the same lecture section (*virtually or by physical presence*)

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Lead Instructor

- a. Job Duties
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Delegated duties by the Program Director

Maine EMS

- 1. Mechanism for notification of change in the position

STANDARD	Lead Instructor Qualifications
	Standard #: § 5.B.1.f.iv Lead Instructor Qualifications

iv. Qualifications:

- 1) Paramedic programs
 - i. The Lead Instructor *must possess a minimum* of an Associate’s degree from an accredited institution of higher education.
 - ii. It is *recommended* that the Lead Instructor possess a Bachelor’s degree from an accredited institution of higher education
- 2) EMR, EMT, AEMT programs
 - i. It is *recommended* that the Lead Instructor possess an Associate degree from an accredited institution of higher education
- 3) Professional healthcare credentials
 - i. Maine EMS provider license at or above the level of the program being taught

OR

 - ii. Maine licensed Nurse practitioner (NP), Physician (MD, DO), Physician Assistant (PA), Register nurse (RN), and/or Respiratory Therapist (RRT) license

OR

 - iii. NREMT Certification at or above the level of the program being taught
- 4) Experience in emergency medicine/prehospital care
- 5) Maine EMS licensed Instructor Coordinator
- 6) Knowledge of instructional methods
- 7) Teaching experience to deliver content, skills, instruction, and remediation
- 8) Lead Instructors for nationally accredited EMS training programs must satisfy the Lead Instructor requirements as set forth by CAAHEP/CoAEMSP.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Maine EMS Instructor/Coordinator license
2. Maine EMS license (*must meet or exceed program*), Maine Nurse practitioner (NP), Physician (MD, DO), Physician Assistant (PA), Register nurse (RN), and/or Respiratory Therapist (RRT) license, and/or NREMT Certification
3. Written job description.
4. Official academic transcripts
5. Resume/CV
6. Signed/dated letter of appointment.
7. Signed/dated letter of acceptance.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Emergency Medical Responder, Emergency Medical Technician, and Advanced Emergency Medical Technician:

While these standards recommend a minimum of an Associate’s degree for lead instructors at the EMR, EMT, and AEMT levels, in that case, it is also recommended that the Associates degree should be awarded by an academic institution that is accredited by an institutional accrediting agency that is recognized by the United States Department of Education (USDE). The Associate’s degree may be in any major.

Paramedic:

The Associates degree must be awarded by an academic institution that is accredited by an institutional accrediting agency that is recognized by the United States Department of Education (USDE). The Associates degree may be in any major.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Lead Instructor

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.

- ii. Maine EMS license (*must meet or exceed program*), Maine Nurse practitioner (NP), Physician (MD, DO), Physician Assistant (PA), Register nurse (RN), and/or Respiratory Therapist (RRT) license, and/or NREMT Certification
- iii. Maine EMS licensed Instructor/Coordinator
- iv. Academic degree
 - 1. **Paramedic:** Associate degree (*any field of study*)
 - 2. **AEMT, EMT, and EMR:** As designated by specific training center.
- v. Experience in emergency medicine/prehospital care
- vi. Knowledge of instructional methods
- vii. Teaching experience to deliver content, skills instruction, and remediation.

Maine EMS

1. None

STANDARD	Instructional Faculty Responsibilities
	Standard #: § 5.B.1.g.i Instructional Faculty Responsibilities

g. Instructional Faculty

- i. Program Instructional Faculty must be directly employed or contracted by the Training Center.
- ii. For all didactic and laboratory EMS specific instruction to which a student is assigned, there must be qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements. These personnel must be:
 - 1) Approved and supervised by the Program Director or Lead Instructor (if designated)
 - 2) Oriented to the Training Center's Policies and Procedures
 - 3) Provided lesson plans for instruction and assessment of student outcomes
 - 4) Students must be provided the opportunity to evaluate instructors
- iii. Clinical/Field Site Supervisor/Preceptor
 - 1) The program must designate Clinical/Field Supervisors/Preceptors at each location the student will perform a clinical or field rotation.
 - 2) The supervisor/preceptor must be trained and oriented by the program in accordance with the program's preceptor training and orientation program.

3) Responsibilities

- i. Direct supervision, training, and mentorship of program students, onsite, during clinical/field rotations.
- ii. Evaluation and documentation of student progress and attainment of clinical behavioral objectives

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Lesson Plans
2. Preceptor training records and rosters
3. Preceptor training with annual updates
4. Site evaluations
5. Student evaluations
6. Syllabi
7. Written job descriptions

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

“Instructional Faculty” includes paid or unpaid, part-time, and/or adjunct faculty, instructional staff, or any other title associated with the individual responsible for the supervision and/or assessment of the student, not otherwise specified in these documents. Examples of program instructional faculty covered under this standard include, but are not limited to:

1. Clinical/Field site supervisor
2. Field Preceptor
3. Capstone Field Preceptor
4. Didactic content lecturer (including subject matter experts)
5. Laboratory instructors (including assistant/adjuncts)

The position of Clinical Coordinator is a separate designated position. It is not the intent of these standards that the Clinical Coordinator position be considered as “Instructional Faculty” in and of itself. However, personnel who are clinical coordinators may also be functioning as instructional faculty in other capacities which are separate from the job of Clinical Coordinator.

“Clinical/Field Site Supervisor” includes paid, or unpaid, part-time, or adjunct faculty, or staff, or any other title associated with the individual responsible for the supervision of the personnel that precept or supervise and/or assess the student.

“Field Preceptor” includes paid or unpaid, part-time, or adjunct faculty, or staff, or any other title associated with the individual responsible for the direct precepting assessment of the student during the final field internship phase.

The Program will need to show evidence of Clinical and Field Supervisor training and/or update training on an annual basis.

Emergency Medical Responder Program:

Programs do not need to have Clinical/Field Site Supervisors. If the Program chooses to have an externship program, they will comply with all EMT Program requirements for Clinical and Field education.

Emergency Medical Technician, Advanced EMT, and Paramedic Programs:

A Clinical Supervisor will need to be assigned for each clinical site and area within the clinical site. An example is a hospital with an emergency department, intensive care unit, and a psychiatric unit would require a clinical supervisor for each unit in the hospital.

AEMT and Paramedic Programs would also need to train a field site supervisor along with capstone field internship preceptors. These people could be the same.

Clinical and Field Supervisors must have access to preceptor materials and necessary contact information for key program personnel.

Emergency Medical Responder Programs

Do not need to train Field Preceptors. If the Program opts for a Field Experience, they will need to follow the EMT, Advanced EMT and Paramedic standards.

Emergency Medical Technician, Advanced EMT, and Paramedic Programs:

All preceptors need to be trained in the Program standards for preceptors.

Programs that are nationally accredited or have an LoR must also comply with CAAHEP and CoAEMSP requirements.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Instructional Faculty

- a. **If CAAHEP accredited (or seeking accreditation),** meet all CAAHEP/CoAEMSP standards.
- b. The Program must have job descriptions for the various types of “faculty” they use/employ with specified duties for each role.
- c. **Examples:** Instructor, lecturer, laboratory instructor, assistant instructor, subject matter expert, student instructor, etc.

2. Job Description: Clinical/Field Site Supervisor

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Train and mentor other hospital staff in the expectations of Program students in the clinical rotation

3. Job Description: Clinical/Field Preceptor (as applicable for the program)

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Provide direct supervision of program internship student.
 - iii. Provide timely and meaningful feedback to the internship student.
 - iv. Complete evaluations of the student in accordance with Program Policy and Preceptor Training Program

4. Job Description: Capstone Field Preceptor (as applicable for the program)

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Provide direct supervision of program internship student.
 - iii. Provide timely and meaningful feedback to the internship student
 - iv. Complete evaluations of the student in accordance with Program Policy and Preceptor Training Program

5. Instructional Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Faculty will be provided with curriculum, resources, lesson plans, psychomotor portfolios, and assessments approved by the Program Director or Lead Instructor (*when delegated*).

6. Subject Matter Expert Supervision Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. How the Program will use and approve subject matter experts
 - iii. That subject matter experts do not assess and evaluate students for summative competency.

7. Capstone Field Preceptor Policy/Statement (*as applicable to the program*)

- a. The Policy must include:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Review of licensure violations (*by the State of preceptorship*) in the past three (3) years
 - iii. Review of EMS Service disciplinary actions in past one (1) year
 - iv. Completed the Program's Preceptor Training Program
 - v. Completed EMS Service's probation/provisional employment period.
 - vi. Demonstrated compliance with service quality assurance/improvement standards.
 - vii. Is not compelled by the EMS Service or the Training Center against their will to perform preceptor duties.
 - viii. Review of perceived or actual conflicts of interest between student and preceptor
 1. Nepotism
 2. Intimate and personal relationships
 3. Position of power
 - ix. A clear plan of how a student that completes capstone field internship at a service they are employed by or affiliated with will receive an independent evaluation.

Maine EMS

1. Faculty are supervised by Program Directors and Lead Instructors who are ultimately responsible for the Program/Course offerings.
2. If the EMS Service's job description includes "field training" or "precepting" as a standard duty of the EMS Provider, that they are not being compelled.

STANDARD	Instructional Faculty Qualifications
	Standard #: § 5.B.1.g.iv Instructional Faculty Qualifications

iv. Qualifications

- 1) Instructional faculty must be qualified by experience and/or credentials to teach the subject materials whether pertinent to patient care or EMS Operations
- 2) Satisfactory evaluation of ability to present program materials by the Lead Instructor and/or Program Director and approval by the Program Medical Director.
- 3) Clinical and Field Supervisors receive program orientation training in specific EMS program standards. Hospital/Clinic unit supervisors should then provide precepting training and/or guidance to their preceptors who work with EMS program students.
 - i. Preceptors that have been trained by the qualified Clinical or Field Site Supervisor may be used for non-capstone functions.
 - ii. Capstone Field Preceptors must be oriented by the Program Director's standard on an annual basis.

EVIDENCE TO MEET STANDARD	<i>"Evidence" means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Annual evaluations
2. Preceptor State EMS license (*must meet or exceed program*)
3. Preceptor training program
4. Preceptor training with annual updates
5. Resume/CV
6. Student evaluations
7. Training Center Orientation
8. Written job description(s)

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The program must have documentation which includes the required qualifications and position functions, initial training, and annual training for the program faculty.

The program must have documentation which includes the required qualifications and position functions, initial training, and annual training for the clinical/field site supervisor.

The program must have documentation which includes the required qualifications and position functions, initial training, and annual training for a capstone field preceptor qualification.

The Program Director and Lead Instructor (when designated) are ultimately accountable for ensuring the qualifications and preparation of all instructional faculty.

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Job Description: Instructional Faculty

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training, and experience to teach the courses or topics to which they are assigned.

2. Job Description: Clinical Site Supervisor

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Clinical licensure and experience as a nurse (RN), respiratory therapist (RRT), nurse practitioner (NP), physician assistant (PA), and/or physician/surgeon (DO/MD)
 - iii. Completed the Program's Preceptor Training Program

3. Job Description: Field Site Supervisor

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Licensed (*by the State of preceptorship*) at or above the EMS student's level.
 - iii. Good standing with EMS service and State EMS Office (*See Capstone Field Internship Policy*)
 - iv. Completed the Program's Preceptor Training Program

4. Job Description: Clinical Preceptor

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training, and experience to teach the courses or topics to which they are assigned.

5. Job Description: Field Preceptor

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Licensed (*by the State of preceptorship*) at or above the EMS student's level.
 - iii. Good standing with EMS service and State EMS Office (*See Capstone Field Internship Policy*)
 - iv. Approval by the EMS service as a field preceptor

6. Job Description: Capstone Field Preceptor

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Licensed (*by the State of preceptorship*) at or above the EMS student's level.
 - iii. Good standing with EMS service and State EMS Office (*See Field Internship Policy*)
 - iv. Completion of EMS service's probationary/provisional period
 - v. Completed the Program's Preceptor Training Program
 - vi. Working knowledge of the EMS Curriculum being supervised

7. Faculty Orientation Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.

- ii. Orientation by the Training Center on the following:
 - 1. Institutional Policy and Procedure
 - 2. Training Center Policy and Procedure
 - 3. Program Policy and Procedure
 - 4. Faculty Code of Conduct
 - 5. Faculty Grievance Procedure
 - 6. Faculty Evaluation Standards
 - 7. Course Evaluation Standards
 - 8. How to perform counseling and remediation
 - 9. Documentation of student progress
- iii. Annual training requirements as required by the specific training center for which they are teaching.

Maine EMS

- 1. It is not the intent that every “instructional faculty” is a licensed instructor Coordinator, unless otherwise specified in these standards.

STANDARD	Clinical Coordinator Responsibilities
	Standard #: § 5.B.1.h.iii Clinical Coordinator Responsibilities

Required positions are denoted by an asterisk (*).

h. Clinical Coordinator*

- i. For any program offering clinical/field experience and/or a capstone field internship, a Clinical Coordinator must be designated.
- ii. Clinical Coordinators function under the direction of the Program Director and/or Lead Instructor (if designated).
- iii. The Clinical Coordinator may be a faculty member with other teaching responsibilities or assignments
 - 1) Depending on the program size and staffing structure, the same individual may fill the role and responsibilities of Program Director and/or Lead Instructor and/or Clinical Coordinator.

iv. Responsibilities

- 1) Coordinate clinical education
 - i. Ensure clinical contracts with affiliated agencies are in place
- 2) Ensure documentation of the evaluation and progression of clinical performance
 - i. Ensure the standards for clinical behavioral objectives are met.
- 3) Ensure orientation of the personnel who supervise or instruct students at clinical and capstone field internship sites to the program's requirements
- 4) Coordinate the assignment of students to clinical and field internship sites
 - i. Schedule clinical hours

EVIDENCE TO MEET STANDARD	<i>"Evidence" means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written job description.
2. Training Center orientation.
3. Annual evaluation
4. Student evaluations

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The Program must demonstrate that they have a clinical coordinator and/or coordinator(s) that support the student through the clinical, field, and capstone field internship process.

The Clinical Coordinator may fulfill other roles within the Training Center, if they are qualified, to include but not limited to Training Center Director, Program Director, Lead Instructor, Instructional Faculty, Clinical/Field Site Supervisor, and/or Preceptor.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Job Description: Clinical Coordinator

- a. **If CAAHEP accredited (or seeking accreditation),** meet all CAAHEP/CoAEMSP standards.

- b. Coordinates the scheduling of clinical, field, and capstone field internship.
- c. Tracks the progress of students through clinical, field, and capstone field internship.

Maine EMS

- 1. Mechanism for notification of change in the position

STANDARD	Clinical Coordinator Qualifications
	Standard #: § 5.B.1.h.v Clinical Coordinator Qualifications

v. Qualifications

- 1) Possess documented experience in emergency medical services
- 2) Possess knowledge of the curriculum
- 3) Possess knowledge about the program’s evaluation of student learning and performance

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Written job description.
- 2. Official academic transcripts
- 3. Resume/CV

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The program must have documentation which includes the required personnel qualifications and position functions, initial training, and annual training for the program clinical coordinator.

Possession of documented experience in emergency medical services towards individual qualification for the position includes, but is not limited to:

- Personnel curriculum vitae or resume
- Documentation of employment as an active field EMS provider with a service providing EMS.
- Documentation of employment in a position requiring active clinical interaction with EMS services and field providers

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Job Description: Clinical Coordinator

- a. Minimum requirements
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Knowledge of schedule practices and site requirements
 - iii. Knowledge of Program curriculum
 - iv. Have documented experience in Emergency Medical Services (EMS)

Maine EMS

- 1. None

STANDARD

Curriculum

Standard #: § 5.C.1 Training Center Curriculum

C. Training Center Curriculum/Academic Policies

1. Curriculum

- a. Training center program curricula must ensure that the goals for each program are achieved.
 - i. Program instruction must be based upon clearly written course/program syllabi that include:
 - 1) A course/program description
 - 2) Course/program objectives
 - 3) Methods of evaluation
 - 4) Topic outlines
 - 5) Competencies required for graduation/program completion in the cognitive, psychomotor, and affective learning domains
 - ii. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities.

- iii. Each program must demonstrate that the curriculum offered meets or exceeds the content and competencies contained in the latest edition of the National EMS Education Standards for the respective program being taught. Programs must also include any materials, standards or protocols developed by the Medical Direction and Practices Board and approved by the Maine EMS Board.
- iv. Each program must set and require minimum student competencies for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.
 - 1) Maine EMS defines “entry-level competency” as follows:
 - i. That the provider can meet knowledge, skills, and abilities (KSAs) as defined by Maine EMS protocol, scope of practice and standard of care for the specific level of licensure.
 - ii. This is independent of any licensure level or certification at any licensure level which requires experience or advanced education beyond that required by the National EMS Education Standards.
- v. Students must be provided opportunities to serve as a team leader or provider in charge of patient care in a variety of emergency medical situations.
 - 1) The capstone field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.
- b. Copies of each course/program syllabus, curriculum sheets, and catalog/advertising material must be developed and made available for review upon request.
 - i. The progression of learning must be illustrated, showing how each of the following items are integrated in the curriculum:
 - 1) Course/program objectives
 - i. Cognitive
 - ii. Psychomotor
 - iii. Affective
 - 2) Lesson plans
 - 3) Didactic content
 - 4) Lab content
 - i. Syllabi
 - ii. Skills sheets
 - iii. Scenarios

- 5) Skills portfolios (programs not requiring accreditation)
- 6) Clinical and field experience
- 7) Capstone field internship (if incorporated by the program)

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. List of courses with descriptions required for completion of the Program.
2. Syllabi
3. Lesson Plans
4. Psychomotor portfolio
5. Formative assessments
6. Evaluation tools
7. Learning outcomes
8. Advisory committee meeting minutes
9. Documentation demonstrating the comparison of the program curriculum with the latest National Emergency Medical Services Education Standards [<https://www.ems.gov/education.html>]
10. Documentation demonstrating the comparison of the program curriculum with the latest Maine Emergency Medical Services Scope of Practice

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

All curricula must meet or exceed the 2021 National EMS Education Standards and the Scope of Practice as determined by Maine EMS.

“Entry-Level Competency”

The National EMS Education Standards outline the minimal competencies, clinical behaviors and judgments that should be met for entry-level EMS clinicians to perform their roles as outlined in the National EMS Scope of Practice Model.

Completion of such a curriculum should not be confused with or used in place of, “credentialing.” Credentialing is both a process and responsibility of the individual EMS service, and should involve the service training officer and service medical director where present. Credentialing ensures that the EMS clinician has been educated to the operations and clinical guidelines set forth by Maine EMS and the Maine EMS Board, the Medical Direction and Practices Board, and the specific EMS service for which the clinician is functioning.

Emergency Medical Responder:

Progression of learning typically involves didactic/theory followed by laboratory practice.

The required curriculum content topics should be documented through course syllabi, lesson plans, supplemental instructional materials, textbooks, reference materials, etc., which lead to accomplishment of the program goals and outcomes.

To assure entry-level competence, the program must adopt a skills assessment system that results in a portfolio which documents the evaluation of the progression of each student through individual skills acquisition and scenario labs. The program shall evaluate and document student progression over time. This assessment system should represent best practices in education, measurement, and documentation of the affective, cognitive, and psychomotor domains.

Program completion is defined as successful completion of all phases (*didactic and laboratory*).

Emergency Medical Technician:

Progression of learning typically involves didactic/theory followed by laboratory practice followed by clinical experience.

The goal of all Emergency Medical Technician programs should be to provide real world clinical and field experiences. It is recognized that this is not always an option, and that clinical and field rotations may be handled through simulated patient encounters.

The required curriculum content topics should be documented through course syllabi, lesson plans, supplemental instructional materials, textbooks, reference materials, etc., which lead to accomplishment of the program goals and outcomes.

To assure entry-level competence, the program must adopt a skills assessment system that results in a portfolio which documents the evaluation of the progression of each student through individual skills acquisition, scenario labs, and clinical. The program shall evaluate and document student progression over time. This assessment system should represent best practices in education, measurement, and documentation of the affective, cognitive, and psychomotor domains.

Program completion is defined as successful completion of all phases (*didactic, laboratory, and clinical/field experience- as adopted by the program*).

Advanced Emergency Medical Technician and Paramedic:

Progression of learning typically involves didactic/theory followed by laboratory practice followed by clinical experience followed by capstone field internship.

The required curriculum content topics should be documented through course syllabi, lesson plans, supplemental instructional materials, textbooks, reference materials, etc., which lead to accomplishment of the program goals and outcomes.

NOTICE: When live clinical and/or field experience becomes unrealistic or impossible due to environmental circumstances (*i.e., pandemics, national emergencies, etc.*), it is permissible to use simulation. Refer to NREMT and CoAEMSP policies regarding the same.

To assure entry-level competence, the program must adopt a skills assessment system that results in a portfolio which documents the evaluation of the progression of each student through individual skills acquisition, scenario labs, clinical and capstone field internship. The program shall evaluate and document student progression over time. This assessment system should represent best practices in education, measurement, and documentation of the affective, cognitive, and psychomotor domains.

Program completion is defined as successful completion of all phases (*didactic, laboratory, clinical, field experience, and capstone field internship*).

If the Program is accredited by CAAHEP/CoA they comply with all standards established.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Curriculum Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.
 - iii. Curriculum offered meets or exceeds the content and competency of the Scopes of Practice for Emergency Medical Services clinicians as determined by the Maine EMS Board and the Maine EMS Medical Direction and Practices Board.
 - iv. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities.
 - v. Meets all standards of the National Registry of Emergency Medical Technicians (NREMT)

Maine EMS

- 1. Maine EMS must develop a scope of practice document that clearly outlines what EMR, EMT, AEMT, and Paramedic scope of practice allows for in the State of Maine.
- 2. Need to include some linkage or similar appendix to the National EMS Education Standard

STANDARD	Curriculum (Team Leads)
	Standard #: § 5.C.1.a.v Team Leads

- v. Students must be provided opportunities to serve as a team leader or provider in charge of patient care in a variety of emergency medical situations.
 - 1) The capstone field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Completed Student Minimum Competencies (SMC)
2. Syllabi
3. Program and/or Clinical handbook
4. Documentation of tracking team leads for each student.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Emergency Medical Responder and Emergency Medical Technician:

No requirement for Capstone Field Internship. If the Training Center wishes to provide these experiences, they will need to comply with the Advanced Emergency Medical Technician and Paramedic Standard.

Advanced Emergency Medical Technician and Paramedic:

The capstone field internship site must allow students to assess and manage patients in the pre-hospital environment where he/she will progress to the role of Team Leader. Each program is required to define Team Lead and document it in program materials.

Minimum team leads must be established by the program and accomplished by **each** student. The number of team leads is established and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the paramedic profession.

The program must show that the timing and sequencing of the team leads occur as a capstone experience and in relation to the didactic and clinical phases of the program to provide an appropriate experience to demonstrate competence.

Evaluating the effectiveness of being a team lead is under standard § 5.C.1.a.v.1.

Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (*not necessarily performed the entire interview or physical exam, but rather overseen the assessment*), as well as formulated and implemented a treatment plan for the patient. This means that most (*if not all*) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (*if applicable*). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or crew. (*Preceptors should not agree to a "successful" rating unless it is truly deserved. As a rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.*)

To be counted as a Team Lead the student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field.

For the capstone field internship to meet the breadth of the AEMT or paramedic profession, team leads must include transport to a medical facility and may include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care.

Capstone field internship team leads cannot be accomplished with simulation.

The program must have a written definition of a successful Team Lead available to the students (e.g., syllabus, student handbook, evaluation form).

The Team Leadership definitions used for Capstone Field Internship must match the classroom and laboratory definitions.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Team Leadership statement (SEE Maine EMS Training Center Standards § 5.C.1.a.v, page 28)
2. Laboratory Tracking Tool (i.e., skills sheets, online tracking program, etc.)
3. Student Minimum Competency Tracking Tool (i.e., skills sheets, online tracking program, etc.)
4. Capstone Field Internship Tracking Tool

Maine EMS

1. None

STANDARD	Curriculum (Retention/Tracking)
	Standard #: § 5.C.2 Retention of Student Records

2. Retention of Student Records

- a. The training center must have a policy regarding retention of student course/program records. The policy must address the following:
 - i. Licensure course/program records must be maintained in accordance with parts 2.a.iii and 2.b of this section.
 - ii. Length of time for which training centers will retain records for licensure course/program students
 - iii. For each program, the training center must track and keep on record all clinical, field and capstone field internship hours completed for each student, all competencies accomplished by each student, and all skills and assessments for a period of 7 years or until the student has graduated from the program.

b. Retention of permanent records

- i. The training center must maintain a permanent record for each student enrolled in the program, effective, at a minimum, from the date of adoption of this standard, forward. Each record must include:
 - 1) Student name
 - 2) Course/program Lead Instructor
 - 3) Maine EMS course number
 - 4) Sponsoring training center name
 - 5) Date of enrollment
 - 6) Date of program completion
 - 7) Final status in program
 - i. Successfully completed
 - ii. Incomplete
 - iii. Withdrew
 - iv. Failed
 - 8) NREMT exam status
 - i. Tested – passed/failed
 - ii. Did not test
 1. Students not taking the NREMT certification exam within 2 years of program completion should be considered as “did not test.”
- ii. Upon adoption of this standard, the training center must have a policy for disposition of student records and transfer to Maine EMS in the case that the training center should cease delivery of one or more of its licensure course/programs and/or ceases operation.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- Completed Student Minimum Competency (SMC) and psychomotor portfolio.
- Summary tracking demonstrating program required minimum competency numbers.
- Outcome data and analysis.
- Student record files (digital or print)

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The Program must maintain records as indicated by the standard for a minimum of seven (7) years or in accordance with federal and state(s) laws for record retention.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Academic Record Keeping Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. The program must maintain all records for a minimum of two (2) full license cycles or longer if indicated to do so here:
<https://www.maine.gov/sos/arc/records/local/localschedules.html>
 - iii. How records will be stored
 - iv. Security measures to keep records safe
 - v. Student data to be collected
 1. Student full name
 2. Student address
 3. Student date of birth
 4. Final class/course grade

2. Attendance Policy

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Attendance requirements
 - iii. Penalties for failing to attend (if any)
 - iv. Record of each student's attendance at all didactic, laboratory, clinical, events, field clinical, and field internship, throughout the course/program

3. Program Records Keeping Policy

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. The program must maintain all records for a minimum of two (2) full license cycles or longer if indicated to do so here:
<https://www.maine.gov/sos/arc/records/local/localschedules.html>
 - iii. How records will be stored
 - iv. Security measures to keep records safe
 - v. Student file
 1. Attendance records
 2. Clinical, Field, and Field Internship records to include:
 - a. Attendance
 - b. Evaluations
 - c. Completion of Clinical, Field, and Field Internship competencies
 3. Counseling reports
 4. Psychomotor portfolio records
 5. Summative assessments grades/outcomes
 6. Terminal competency form

Maine EMS

1. None

STANDARD	Resource Assessment
	Standard # §5.D Resource Assessment

D. Resource Assessment

1. The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards.
2. The results of the resource assessment must be the basis for ongoing planning and change.
 - a. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Results of annual program resource assessment
2. Annual student resource assessment survey
3. Annual personnel resource assessment survey
4. Advisory committee meeting minutes
5. Course evaluations
6. Action plans for addressing issues identified in resource assessments.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Program resource assessment surveys must be administered at least annually and be reflected in an on-going resource assessment. The completed assessment must be presented to the Advisory Committee as part of the evaluation system. Recognized deficiencies must have an action plan and a method of review to ensure the deficiency is corrected.

An action plan is a written, comprehensive plan, developed by the Training Center, that addresses issues or deficiencies which have been identified in the program resourced assessment process. Action plans should contain, but may not be limited to, the following elements:

- Identification or description of the issue or deficiency
- Process outlines for addressing the issue
- Specific and overall process objectives
- How the process will be monitored, and results measured

- Group or individuals responsible for carrying out the action plan.
- Estimated date or time of completion

It is expected that each Program (*EMR, EMT, AEMT, and/or Paramedic*) offered by the Training Center will have an assessment and survey process.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Course Evaluation Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Course(s) will be evaluated
 - iii. Evaluations will be reviewed by the Program Director
 - iv. Evaluations will be reviewed by the Lead Instructor (*as applicable*)
 - v. Evaluations will be provided to the faculty of the course (*as applicable*)
 - vi. Copy of course evaluation tool.

2. Program Survey Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. That program stakeholder resource assessment surveys (*annually*) will be used.
 - iii. That program student resource assessment surveys (*annually*) will be used.
 - iv. That data analysis of the surveys will occur (*annually*).
 - v. That data analysis will be provided to the medical director(s), stakeholders, and the advisory committee (*annually*).
 - vi. That plans for program improvement will be designed and executed from these surveys and assessments (*annually*).

Maine EMS

1. Consider how Maine EMS can support the data collection process for Training Centers.

§ 6 STANDARD - STUDENT AND GRADUATE EVALUATION/ASSESSMENT

STANDARD	Student Evaluation: Frequency and Purpose
	Standard #: § 6.A.1 Student Evaluation Frequency and Purpose

A. Student Evaluation

1. Frequency and Purpose

- a. Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.
 - i. "Valid," or validity, in the context above, means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.
- b. Achievement of the program competencies required for graduation must be assessed by criterion referenced, summative, comprehensive final evaluations in all learning domains at the completion of all components of the program.

EVIDENCE TO MEET STANDARD	<i>"Evidence" means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Exam analysis records
2. Instructor observations (evaluations) form and records
3. Presenter (Guest lecturer) evaluation form and records
4. Skill instructor evaluation form and records

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Didactic/Cognitive Evaluation

The didactic evaluation system must include both formative and summative types of evaluations and assessments (e.g., quizzes, exams).

There should be a progression in the level of questions toward higher levels of critical thinking.

The examinations must be reviewed for validity and medical accuracy. The Medical Director must review the medical content and accuracy of the examination system. These activities must be documented.

Validity must be demonstrated on summative exams, but methods may vary depending on the number of students. All exams should be reviewed by item analysis, which may include difficulty index (p+) and discrimination index (point bi-serial correlation).

For programs using a commercial testing product, the program must demonstrate, through the program's own item analysis, that the test items used are valid and reliable for the program. Simply quoting the national validity and reliability information provided by the vendor does not adequately establish that the test items are valid and reliable for the specific curriculum of the specific program.

The results of the review (*based on program established criteria*) must be documented as well as any changes to exams that resulted from the review. Programs with large enrollments may be able to employ recognized mathematical formulas.

For more information on validation of examinations please see: <https://coaemsp.org/coaemsp-evaluations-instruments-program-resources#9b>.

Psychomotor Evaluation

The program needs to have a system that provides evidence that the student moves from novice to entry level competence for each skill as evaluated individually and through scenario-based activities or patient care activities. The frequency of evaluations is determined by each program; however certain evaluations are required.

The program must designate the minimum number of times that each student must successfully perform each skill.

The program must be able to justify its minimum competency numbers (*attempts and patient contacts*) which may relate to the national standards, Maine Emergency Medical Services Scope of Practice, input from the Advisory Committee and/or approval by the Medical Director.

Affective Evaluation

As important as the cognitive and psychomotor domains, the program must teach, monitor, and evaluate (*i.e., grade*) the attitudes and behaviors of the students, including interpersonal interactions. There must be at least one comprehensive affective evaluation of each student, separate from affective components of clinical/field evaluations. The program must maintain records of the regular affective evaluations.

On-going, documented affective evaluations must be done that assess student behaviors for all learning settings (*i.e., didactic, laboratory, clinical, and field*) with combined or separate instruments. The affective evaluation items may be incorporated with other evaluations (*e.g., skill, competency, capstone field internship*). The frequency of the evaluations needs to be done in a timely manner to provide the student and at least the program director and medical director with his/her performance/ progress throughout the program. These periodic affective evaluations are in addition to the required summative, comprehensive affective evaluation at the end of the program.

When the program determines that a student is not exhibiting appropriate behaviors, there must be evidence of counseling to attempt to correct the behavior, when appropriate, and continued evaluation of successful remediation or academic action (*e.g., probation, failure*).

Terminal Competency

The program must document that each student has reached terminal competency as an entry level provider in all three (3) learning domains through a system of evaluation from novice to entry level competence and through scenario-based activities or patient encounters (*e.g., portfolio*).

Emergency Medical Responder and Emergency Medical Technician:

Achievement of the competencies required for graduation must be assessed by program criterion-referenced, summative, comprehensive final evaluations. **Summative program evaluation is a capstone event that occurs when the program completes.** This should not be confused with the “capstone field internship” requirement at the paramedic level.

Summative comprehensive evaluation must include cognitive, psychomotor, and affective domains. In most cases a combination of written (*cognitive*) and scenario (*psychomotor and affective*) evaluations will be necessary to perform such a summative evaluation.

Advanced Emergency Medical Technician & Paramedic:

Achievement of the competencies required for graduation must be assessed by program criterion-referenced, summative, comprehensive final evaluations. **Summative program evaluation is a capstone event that occurs when the capstone field internship is nearing completion.**

Summative comprehensive evaluation must include cognitive, psychomotor, and affective domains. In most cases a combination of written (*cognitive*) and scenario (*psychomotor and affective*) evaluations will be necessary to perform such a summative evaluation.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Formative Assessment Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation),** meet all CAAHEP/CoAEMSP standards.
 - ii. That the Program will frequently provide formative affective, cognitive, and psychomotor assessments with feedback to students
 - iii. How formative assessments will be used for affective, cognitive, and psychomotor objectives.
 - iv. How copies of all formative assessments will be maintained with the course record.

2. Instructor Evaluation Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation),** meet all CAAHEP/CoAEMSP standards.
 - ii. How instructors will be evaluated – lead and secondary/assistant/adjunct
 - iii. Frequency of evaluation
 - iv. Evaluation tool

3. Medical Director Review of Key Program Materials Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. How they review and approve affective summative exams
 - iii. How they review and approve cognitive summative exams
 - iv. How they review and approve curriculum & lesson plans
 - v. How they review and approve psychomotor summative exams
 - vi. Explain how the Medical Director will review each student to ensure competency before graduation (*terminal competency*)
 - vii. How records are kept

4. Summative Assessment Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. How summative assessments will be used for affective, cognitive, and psychomotor objectives.
 - iii. How will copies of all Summative assessments will be maintained with the course record?
 - iv. How will reliability and validation records for all summative examinations be maintained?
 - v. All affective, cognitive, and psychomotor summative examinations are approved by the Medical Director and Program Director

5. Terminal Competency Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Usage of a terminal competency form for each student to ensure that all objectives of the program have been completed.
 - iii. Data elements
 1. Student name
 2. Program
 3. Completion date

4. Affective summative assessment(s) completed.
 5. Cognitive summative assessment(s) completed.
 6. Psychomotor summative assessment(s) completed.
 7. Clinical and field internship objectives completed.
 8. Program Director signature and date
 9. Medical Director signature and date
- iv. Copy of terminal competency form for each program
 - v. How terminal competency forms will be maintained and stored.

6. Validity/Reliability of Summative Assessments

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Process to review all affective, cognitive, and psychomotor summative exams by the Program Director, Medical Director, and faculty.
 - iii. Process to correct or enhance affective, cognitive, and psychomotor summative exams.

Maine EMS

1. None

STANDARD	Student Evaluation: Documentation
	Standard #: § 6.A.2 Student Evaluation Documentation

2. Documentation
 - a. Student evaluations must be maintained in sufficient detail to document learning progress and achievements.
 - b. The program must track and document that each student successfully meets each of the program established student minimum competency requirements according to
 - i. Patient ages
 - ii. Patient conditions, pathologies, and/or complaints
 - iii. Motor skills
 - iv. Management in lab, clinical, field experience, and field internship

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Terminal competency form
2. Psychomotor portfolio

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Didactic/Cognitive Documentation

The program must keep a master copy of all didactic/cognitive assessments (*quizzes and exams*) used in the program. Also, the program must maintain a record of student performance on every didactic evaluation.

Psychomotor Documentation

The program must keep a master copy of all psychomotor evaluation instruments used in the program. Also, the program must maintain a record of student performance on every psychomotor evaluation. The record could be a summary of scores or the individual graded skill sheets.

Documentation should show progression of the students toward terminal competency.

Affective Documentation

The program must keep a master copy of all affective evaluation instruments used in the program. Also, the program must maintain a record of every student’s affective evaluation(s).

Evaluations of all learning domains should be reviewed with students in a timely fashion. Evidence of review is required.

A record of all counseling and the results must be maintained by the program.

It is expected that the Training Center will meet with each student at least once each academic session (*e.g., semester, term, quarter*) in sufficient time that the student can adequately respond to the counseling, as needed.

Counseling includes, but is not limited to, exchange of information between program personnel and a student providing academically related advice or guidance for each of the three learning domains.

The Training Center should have a policy on when student counseling will occur, such as:

- Routinely during an academic session (*e.g., semester, quarter, term*)
- including as part of due process for disciplinary proceeding
- academic deficiencies and the path for improvement
- other issues that interfere with the teaching/learning process
- the academic status of the student and what must occur for academic success in the course and/or program.

- a status assessment of the student's academic progress for each learning domain

The documentation of counseling session should include at a minimum:

- The date of the counseling session
- The reason for the counseling session
- The essential elements of the discussion of the counseling, including corrective action and the timeline for that action.
- The decision of the result of the counseling
- The signature of the school official doing the counseling
- The student's response to the counseling
- The signature of the student acknowledging receipt of the counseling completed form.

Capstone Field Internship Documentation

The program must keep a master copy of all capstone field internship evaluation instruments used in the program. Also, the program must maintain a record of student performance on every capstone field internship evaluation. The record could be a summary of scores or the individual evaluation instruments.

Documentation should show progression of the students to the role of team leader as required by the program.

The program must document a mechanism for demonstrating consistency of evaluation and progression of the student during team leadership.

Emergency Medical Responder and Emergency Medical Technician:

Terminal Competency Documentation

The program must have a document signed by the Lead Instructor and the Program Director showing that the student has achieved the established terminal competencies for all phases of the program.

There must be a tracking system: either paper or computer based.

The tracking system must incorporate and identify the minimum competencies (*program required minimum competency numbers*) required.

The tracking system must clearly identify those students not meeting the program required minimum competency numbers.

Advanced Emergency Medical Technician and Paramedic:

Terminal Competence Documentation

The program must have a document signed by the Medical Director and the Program Director showing that the student has achieved the established terminal competencies for all phases of the program.

There must be a tracking system: either paper or computer based.

The tracking system must incorporate and identify the minimum competencies (program required minimum competency numbers) required for each exposure group, which encompasses patient age (*pediatric age subgroups must include newborn, infant, toddler, preschooler, school-ager, and adolescent*), pathologies, complaint, gender, and intervention, for each student.

Intervention tracking must include airway management with any method or device used by the program.

The tracking system must clearly identify those students not meeting the program required minimum competency numbers.

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Terminal Competency Documentation Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Required for all programs and students
 - iii. EMR/EMT reviewed by Medical Director(s)
 - iv. AEMT/Paramedic requires direct review of student by Medical Director(s).

2. Counseling Documentation Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. How formative assessments will be used for affective, cognitive, and psychomotor objectives.
 - iii. Counseling will occur:
 - 1. Routinely during an academic session (e.g., semester, quarter, term)
 - 2. including as part of due process for disciplinary proceeding
 - 3. academic deficiencies and the path for improvement
 - 4. other issues that interfere with the teaching/learning process
 - 5. the academic status of the student and what must occur for academic success in the course and/or program

6. a status assessment of the student's academic progress for each learning domain
- iv. Documentation will include:
1. The date of the counseling session
 2. The reason for the counseling session
 3. The essential elements of the discussion of the counseling, including corrective action and the timeline for that action
 4. The decision of the result of the counseling
 5. The signature of the school official doing the counseling
 6. The student's response to the counseling
 7. The signature of the student acknowledging receipt of the counseling completed form.

Maine EMS

1. None

STANDARD	Student Evaluation – Student Outcomes Assessment
	Standard #: § 6.B.2 Student Outcomes Assessment

B. Student Outcomes

1. Each program must meet the established outcomes thresholds.
2. Assessment
 - a. The program must periodically assess its effectiveness in achieving established student outcomes. The results of this assessment must be reflected in a regular, periodic review and timely revision of the program.
 - i. Program evaluation must be a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students, and graduates. Reports and data must be maintained for review.
 - b. Established student outcomes and assessments must include, but are not limited to:
 - i. Student performance on national or state credentialing examinations (pass rates)
 - ii. Programmatic retention
 - 1) Program exit point completion (retention and attrition rates)

- iii. Graduate satisfaction surveys
 - 1) Lead and adjunct instructor
 - 2) Curriculum
 - 3) Clinical sites and preceptors
- iv. Employer satisfaction surveys
- v. Placement in full or part-time employment or volunteering in the profession or in a related profession.
 - 1) A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.
 - 2) Graduates pursuing academic education related to progressing in health professions or serving in the military may be counted as placed.
- vi. Nationally accredited programs must meet the outcomes assessment thresholds established by the CoAEMSP.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Annual Report
- 2. Program Resource Survey
- 3. Employer Survey
- 4. Graduate Survey

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

All programs must publish their latest annual outcomes results for the National Registry, Retention, and Positive Job Placement on the program’s homepage of their website.

At all times, the published results must be consistent with and verifiable by the latest Annual Report of the program.

Program expected outcomes

The following are the metrics for evaluation of program effectiveness by Maine EMS:

1. **Retention:** 70% of enrolled students must graduate from the program, on time, reported on an annually basis in the year the program ends.
 - A student is considered enrolled in the Program after they have completed 10% of the total hours of the program and must be reported.
 - Program exit point completion (retention and attrition rates)
 - Successfully completed.
 - Incomplete
 - Withdrew
 - Failed
2. **NREMT pass rate:** 70% of graduating students must complete NREMT certification within three (3) attempts.
3. **Job placement rate:** 70% of the students graduating the program at 6-12 months must be:
 - Employed in a role that requires the usage of their EMS skills.
 - Continuing their education at an accredited college or university
 - Serving in the United States military
 - Other employment or volunteer activity wherein EMS skills may be valuable or desired.
4. **Graduate and employee surveys:** 100% of graduates and employers (*as identified by graduate surveys*) must be sent a survey 6-12 months after graduation.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Outcomes Assessment Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Requirement to assess outcomes of each program delivery in accordance with standard.

- iii. Requirement to develop quality assurance and improvement practices based on assessments.

Maine EMS

- 1. Annual reporting forms
- 2. Policy/Statement with the definition of employed for annual reporting (*Needs to consider true volunteer work for EMR/EMT or alternative work like Teachers who become EMTs*)

STANDARD	Student Outcome Reporting
	Standard #: § 6.B.3 Student Outcome Reporting

3. Outcome Reporting

- a. At least annually, programs must submit to Maine EMS, an annual report, containing the program goal(s), outcomes assessment results, and an analysis of the results.
 - i. This is applicable to both basic life support and advanced life support programs.
 - ii. Training center programs which are nationally accredited may submit their CoAEMSP reports for these programs.
- b. If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to Maine EMS that responds to the identified deficiency(deficiencies).
 - i. The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation.
 - ii. The program must assess the effectiveness of the corrective steps.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Annual Report

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

All programs must publish their latest annual outcomes results for the National Registry, Retention, and Positive Job Placement on the program’s homepage of their website.

At all times, the published results must be consistent with and verifiable by the latest Annual Report of the program.

Established Outcomes Thresholds

There may be instances wherein the program does not meet an established outcomes threshold. In these cases, Maine EMS and the Training Center will engage in a collaborative and constructive dialogue to examine related issues. An important part of the Training Center's address of the issue in these cases is development of an action plan.

An action plan is a written, comprehensive plan, developed by the Training Center, that addresses issues or deficiencies which have been identified in the program resourced assessment process. Action plans should contain, but may not be limited to, the following elements:

- Identification or description of the issue or deficiency
- Process outlines for addressing the issue.
- Specific and overall process objectives
- How the process will be monitored, and results measured
- Group or individuals responsible for carrying out the action plan.
- Estimated date or time period of completion.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Outcomes Reporting Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. That program retention data will be available to stakeholders.
 - iii. That program NREMT pass rates will be available to stakeholders.
 - iv. That there will student evaluations of faculty, guest lecturers, clinical and field sites, field internship preceptors, and courses
 - v. That program resource surveys will be available to stakeholders.
 - vi. Copies of all evaluation tools
 - vii. Annual assessment will occur.

2. Survey Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited**, meet all CAAHEP/CoAEMSP standards.
 - ii. That program graduate surveys (*6-12 months after graduation*) will be used.
 - iii. That program employer surveys (*6-12 months after graduation/employment*) will be used
 - iv. That program resource surveys will be used.
 - v. That data analysis of the surveys will occur.
 - vi. That data analysis will be provided to stakeholders and the advisory committee.

Maine EMS

- 1. Policies and procedures for:
 - a. Annual reporting and changes to annual reporting.
 - b. Failure to achieve outcomes.

§ 7 CONTINUING EDUCATION

STANDARD	Continuing Education
	Standard #: § 7.A Authorization to Approve Continuing Education

§ 7 Continuing Education

A. Authorization to Approve Continuing Education

- 1. All Maine EMS authorized training centers have the authority to develop, approve and deliver EMS continuing education in accordance with Maine EMS Rules, policies, and procedures.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Policy & Procedures

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

All Maine EMS Training Centers are granted authority by Maine EMS to review and approve Continuing Education Hours/Credits for Maine EMS Providers. The Training Center must have a policy in place to demonstrate compliance with Maine EMS Continuing Education Policy.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Maine EMS Continuing Education Credits Policy

- a. The policy/statement must address the following key elements:
 - i. Compliance with Maine EMS standards for administrating a Maine Continuing Education Program (*See Maine EMS Recommendations Document*)

Maine EMS

- 1. Continuing Education Standard and Policy

§ 8 FAIR PRACTICE STANDARDS

STANDARD	Publications and Disclosures
	Standard #: § 8.A Standard – Publications and Disclosures

§ 8 Fair Practice Standards

A. Publications and Disclosure

- 1. Syllabi, course/programs materials, brochures and advertising, and websites must accurately reflect the program offered.
- 2. For each program offered, the following must be made known clearly to all applicants and students:
 - a. Program sponsor’s authorization to deliver licensure courses/programs in the state of Maine.
 - b. Nationally accredited programs
 - i. Sponsor’s institutional and programmatic accreditation status
 - ii. Name and website address of CAAHEP

- c. Admissions policies and practices
 - d. Technical standards
 - e. Occupational risks
 - f. Policies on advanced placement, transfer of credits, and credits for experiential learning
 - g. Number of credits required for completion of the program
 - h. Tuition/fees and other costs required to complete the program
 - i. Policies and processes for withdrawal and for refunds of tuition/fees
 - j. Policies and processes for assignment of clinical experiences.
3. A minimum of the following must be made known to all students:
- a. Academic calendar
 - b. Student grievance procedure
 - c. Student appeals process
 - d. Criterial for successful completion of each segment of the curriculum and for graduation
 - e. Policies by which students may perform clinical work while enrolled in the program
4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes:
- a. National or state credentialing examination(s)
 - b. Programmatic retention
 - c. Placement in full or part-time employment or volunteering in the profession or a related profession as established by the CoAEMSP.
 - d. It is *recommended* (but not required) that the program sponsor develop a suitable means of communicating to the communities of interest, the achievement of students/graduates (e.g., through a website or electronic or printed documents)

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Program/course catalog
- 2. Training Center Policies and Procedures
- 3. Program Policies and Procedures
- 4. Student Handbook(s)

5. Faculty Handbook(s)
6. Website (*screen shots and web links*)

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

Training Centers must provide clear and accurate information about all aspects of the center and its program(s).

Published information about the program(s) must be consistent wherever it appears (i.e., website, catalog, student handbook, recruiting material, etc.).

Published information should be reviewed annually to ensure it is up-to-date and consistent with current standards and policies and for internal consistency with Training Center and Maine Emergency Medical Services requirements.

The statement of Training Center Licensure must be in accordance with Maine EMS standards.

Paramedic:

The Training Center must show evidence of compliance with all CoAEMSP and CAAHEP required disclosures, where applicable.

The program information specified in this Standard must be made known and available to students in at least one of the program’s publications (i.e., website, catalog, student handbook, recruiting materials, policies, and procedures, etc.).

Institutions and programs accredited by the recognized accrediting organization:

1. Provide timely, readily accessible, accurate and consistent aggregate information to the public about institutional or programmatic performance and student achievement, as such information is determined by the institution or program, based on quantitative or qualitative information with external verification as appropriate.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Academic Policies/Statements

a. Academic Alerts Policy/Statement

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. How the program will notify the student of unsatisfactory progress in the program(s)

b. Academic Misconduct Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. How to report academic misconduct
 - 3. To whom academic misconduct is to be reported
 - 4. Investigation process
 - 5. Due process for the student
 - 6. Outcomes
 - 7. Appeal process of the decision

c. ADA/Disabilities Accommodations Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - a. Link: https://www.ada.gov/2010_regs.htm
 - 2. How does the student access ADA accommodations?
 - 3. Who is responsible for determining accommodations?
 - 4. What fees are associated with ADA accommodations?

d. Advanced Placement (AP) and Prior Learning Assessment (PLA) Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. How the program awards credit for previous work-related experience (*not required*).
 - a. If available, how the program verifies that the previous work-related experience.
 - b. If available, how the program demonstrates equivalency to the program's standards.

e. Augmented/Virtual Learning Policy/Statement

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. If augmented and/or virtual learning will be used in the Program (*not required*).
 3. If used, how it will be used during the program.
 4. If used, how it will be evaluated, assessed, and graded (*not required to be graded*).
 5. If used, how will technology failure be addressed.
 6. If used, how will health effects (*dizziness, injury, etc.*) to student learners be addressed.
 7. If used, will it be used to substitute psychomotor portfolio, clinical, and/or field skills.
 8. If used, for summative evaluation, how will it be evaluated and reviewed for efficacy.
- ii. This policy is inclusive, specifically, of “virtual reality” learning and evaluation mechanisms.

f. Class Cancellation Policy/Statement

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. When classes may be cancelled
 3. Who will be responsible for class cancellation?
 4. How notification of class cancellation will occur

g. Distance Education/On-line Policy/Statement

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. How the Program will achieve the same goals as face-to-face learning methods
 - a. Student and instructor access must be deemed equivalent to a standard (*single location*) course.

- b. The Training Center must demonstrate a technology plan that includes regular instructor availability, reasonably equivalent student/instructor interactivity, and, if necessary, objectives for verifying student interaction.
- 3. How the Program will utilize asynchronous learning in the course
- 4. How the Program will utilize synchronous distance/on-line learning in the course
- 5. How the Program will integrate didactic, laboratory, clinical, and field for distance education students
- 6. How the faculty will be available to students outside standard classroom times
- 7. Technology Plan
 - a. The Training Center must demonstrate a technology policy. This plan should include:
 - i. Hardware/software requirements
 - ii. Technical support contact information, hours of operation, and any additional costs or fees (if any) related to technical support.
 - iii. Explain how:
 - 1. Data is protected and backed up.
 - 2. User privacy and data is protected.
 - 3. Students and instructional faculty will interact through technology.
 - 4. Technology failure will be handled.
- 8. What technology will be utilized to facilitate distance learning?
- 9. What technology the student is required to have or purchase to access distance learning, to include hardware, software, and peripherals.
- 10. Estimated clock hours for distance learning.

h. Dress Code/Uniform Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. What the dress code (*if any*) is for classroom, laboratory, clinical, and/or field internship
 - 3. What are the costs for uniforms and equipment if not included?
 - 4. How will the program have non-discriminatory practices?

i. Grade Appeal Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. How to appeal the grade
 - 3. What the process is for grade appeal
 - 4. How student will be notified of the result of appeal
 - 5. Outcomes of the appeal

j. Grading Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. What the grading scale is
 - 3. Grading breakdowns for the program (or courses, semesters, grading periods in the program)
 - 4. Minimum passing scores for Maine EMS Training Center courses
 - a. EMR: 75%
 - b. EMT: 75%
 - c. AEMT: 80%
 - d. Paramedic: 80%

k. Graduation Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. Identifying the criteria for graduation?
 - 3. Identifying the fees for graduation (if any)?

4. A certificate will be issued within 30 calendar days of program completion with the following information.
 - a. Student name
 - b. Training Center name
 - c. Program title
 - d. Maine EMS CEH number
 - e. Course completion date
 - f. Course location

I. Incomplete Policy/Statement

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. The criteria for a grade of “incomplete”
 3. What is the length of term for an incomplete?
 4. How a grade of incomplete effects retention/attrition statistic
 5. How incomplete records will be kept

m. Instructor/Student Ratio Policy/Statement

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. The Training Center and Program(s) will comply with all standards for instructor/Student Ratios as recommended and/or required by:
 - a. National Registry of Emergency Medical Technicians
 - b. Maine Emergency Medical Services
 - c. Recognized Certification Programs used within the courses (*e.g., American Heart Association, National Association of Emergency Medical Technicians, etc.*)
 3. Laboratory ratio of 1 instructor to 8 students should be maintained for all psychomotor EMS education.
 - a. The intent is that courses are not scheduled or established without necessary resources.

- b. Infrequent changes to ratios must be reported to and approved by the Program Director or Lead Instructor as indicated in policy.
 - c. Frequent Program complications with instructor-to-student ratios need to be reported in the Annual Report action plans.
4. Field ride along and capstone internship ratio of one (1) preceptor to one (1) student must be maintained.

n. Procedure Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. A statement as to whether the program will require the student to perform invasive or non-invasive procedures on fellow students or receive them from other students.
 - a. If the training center permits this, but does not require it, explain how they ensure students are aware that they do not have to participate.
 - 3. Invasive procedures, include:
 - a. any procedure that will enter the body through the outer layer of the skin by cutting or piercing, examples are (*but not limited to*):
 - i. Injections
 - ii. Intravenous access
 - iii. Intraosseous access
 - iv. Transdermal medications
 - b. Procedures that would reasonably enter the mouth, nose, esophagus, nasopharynx, oropharynx, laryngopharynx, trachea, vagina, urethra, and/or anus.
 - i. This includes routes of medication administration.
 - c. Any form of internal exams
 - 4. Non-invasive and sensitive procedures, include:
 - a. Any procedure that involves the physical touching of the body
 - b. Any procedure that requires a student to disrobe
 - c. Any interview or assessment that requires the disclosure of federal or state recognized health protected information or otherwise confidential information.

5. How the training center will ensure the health and safety of the students during the procedures.
6. How the training center will address injury to the student from the procedure or examination.
7. *How the training center will handle liability of invasive procedures.*

o. Syllabus, Handbook, and Course Schedule Policy

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. Course/Program name
 3. Course/Program location
 4. Course/Program day and times of meetings
 5. Program Director name, phone, and email
 6. Lead instructor name, phone, and email (*if applicable*)
 7. Clinical Coordinator name, phone, and email (*if applicable*)
 8. Medical Director (*Associate and/or Assistant as indicated*) name, phone, and email.
 9. Instructional faculty (*Designated course instructor and other instructors*) name and contact information (*if applicable*).
 10. Course/Program description
 11. Course/Program objectives
 12. Methods of instruction
 13. Course/Program schedule with readings, assignments, assessments, and due dates
 14. Course/Program requirements
 15. Grading requirements
 16. Required textbooks, learning management systems, and other tools.
 17. Syllabus acknowledgement

p. Student Suspension & Dismissal Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. What are the grounds for suspension and dismissal?
 - 3. What is the process for suspension and dismissal?
 - 4. How will the student's due process be protected?
 - 5. What is the process for appeal?
 - 6. How will the student be made aware of the outcome?

q. Tutoring and Remediation Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. Student remediation methods during the program(s), if any
 - 3. Methods of remediation for students that have completed the program(s), if any
 - 4. Tutoring services that are available to the student (*if any*)
 - 5. Fees for tutoring services (*if any*), and cost

r. Volunteer in the Classroom/Laboratory Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. How volunteers are selected and used in the classroom and laboratory settings
 - 3. How records are maintained for volunteers in the classroom

2. Criminal Background Check Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Whether the program requires a criminal background check or not.
 - iii. Costs & fees

- iv. Who will have access to the criminal background check?
- v. What decisions will the criminal background check will be used for?
- vi. Who will make decisions with the information?
- vii. Appeal process
- viii. Record keeping

3. Drug Testing Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. Whether the program requires drug testing or not
 - iii. If drug testing is required in any form:
 - 1. What drugs and substances will be tested for?
 - 2. When drug testing may be required?
 - 3. What tests and testing methods will be used?
 - 4. What are the related fees to drug testing and who is responsible for paying them?
 - 5. What is the consequence for refusal of drug testing?
 - 6. How will record keeping and security of information be maintained?
 - 7. Who will disclosures of information be made to?
 - 8. Appeals process for drug testing?

4. Enrollment Policy/Statement

a. Registration

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. How students enroll in courses once accepted to the program (if applicable)
 - 3. What is the Add/Drop period (*if applicable*)

b. Withdrawal

- i. The policy/statement must address the following key elements:
 1. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 2. How to withdraw from the course and/or Program
 3. Refund amounts for withdrawal (If no refund, policy should say specifically that the institution does not refund the tuition/cost, etc.)
 4. When is the beginning and end of withdrawal period?
 5. What special withdrawal exceptions may exist (special circumstances that would be considered for *full or partial refunds*)

5. FERPA Compliance Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 1. Link: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

6. Financial Aid Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. What type of financial aid is available to the student (no requirement to provide financial aid)?
 - iii. How does the student access the financial aid?
 - iv. What fees and costs related to the financial aid?
 - v. Compliance with all standards of the financial aid program

7. HIPAA/Confidentiality Law Compliance Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 1. Link: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

8. Immunization and Vaccination Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. The Program will require that students and faculty that enter classroom, laboratory, clinical and field affiliates receive all vaccinations (or permissible exemption) as required by:
 - a. State laws & rules for students in post-secondary education: 10-144 Code of Maine Rules Chapter 262:
<https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/10-144%20CMR%20c.%20262%20Adopted%20eff.%208-11-2021.pdf>
 - b. State laws & rules for students in post-secondary education: 10-144 Code of Maine Rules Chapter 262:
<https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/10-144%20CMR%20c.%20262%20Adopted%20eff.%208-11-2021.pdf>
provide that, "The presentation of acceptable proof of immunization/immunity must be made prior to the student's attendance at class or participation in other activities conducted by the school"
 - c. Student must follow mandated immunization (or permissible exemption in accordance with 10-144 Code of Maine Rules Chapter 262) requirements before starting the Program.
 - iii. The Program will require that students and faculty that enter clinical and field affiliates receive all vaccinations as required by:
 - a. State(s) laws & rules for students in Emergency Medical Services employment.
 - b. Standards established by clinical affiliation agreement (CAA), memorandum of understanding (MOU), and clinical affiliates.
 - iv. How records will be maintained

9. Health & Liability Insurance Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. The necessity (not required) for students to have personal liability insurance and if offered through the program its cost.
 - iii. The necessity (not required) for students to have health insurance and if offered through the program its costs.

- iv. The necessity (not required) for the Training Center/Institution to have liability insurance.

10. Maternity and Pregnancy Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. Compliance with Federal and State(s) law and non-discriminatory practices

11. Mental Health Services Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Provision, if any, of mental health services by the training center during their program enrollment (provision of mental health services is not required).
 - iii. If services are available:
 - a. What services are available?
 - b. How does the student access the services?
 - c. What fees may be applicable to the student for the service?

12. Military/Federal Service Leave Policy

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Addresses how faculty and students make notifications about Federal/Military service leave.
 - iii. Addresses the process the Program will use for faculty and students that are on Federal/Military service leave.
 - d. Return from leave.
 - e. Incompletes
 - f. Withdrawal
 - iv. Shows compliance with all State(s) and Federal Laws

13. Smoking and Tobacco Usage Policy

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. That the program will comply with all federal and state laws related to smoking and tobacco use in public buildings

14. Student Code of Conduct

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Expected behaviors.
 - iii. Prohibited behaviors.
 - iv. Behaviors which will result in suspension or expulsion from the program.
 - v. Disciplinary policy for exhibited behaviors which are prohibited.
 - vi. Counseling policy for behavior that does not meet expectations.
 - vii. Appeals

15. Student Impairment and Substance Abuse Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Zero tolerance for:
 - g. alcohol possession, usage, and/or impairment during clinical and field experiences
 - h. the unauthorized possession of, usage of, and/or impairment by any schedule W, X, Y, or Z drug (<https://www.mainelegislature.org/legis/statutes/17-A/title17-Asec1102.html>) during clinical and/or field experiences
 - iii. Address issues surrounding marijuana (conflict of federal and state(s) laws)
 - iv. Non-discriminatory practices will be used.

16. Tuition, Fees, Charges, Waivers and Refunds

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. All costs of tuition for the program
 - iii. All fees for the program
 - iv. Any tuitions, fees, or charges that may be waived and what the circumstance is.
 - v. Any reasonable out of pocket fees that the student would need to pay during the course.
 - vi. How to pay the tuition and fees
 - vii. How to request a tuition and/or fee waiver (if any)
 - viii. Refund schedule (if any)

Maine EMS

- 1. State EMS Statement for Licensed Training Centers (See CAAHEP)
- 2. Statement from Maine EMS regarding vaccinations for clinicals in relation to Chapter 21 (reference)

STANDARD	Lawful and Non-Discriminatory Practices
	Standard #: § 8.B Lawful and Non-Discriminatory Practices

B. Lawful and Non-Discriminatory Practices

- 1. All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.
- 2. A program conducting educational activities in other State(s) must provide documentation to Maine EMS that the program has successfully informed the state Office of EMS that the program has enrolled students in that state.
 - a. Nationally accredited programs must also provide notification to CoAEMSP.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Policies and procedures

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The program information specified in this Standard must be made known and available to students and faculty in at least one of the program’s publications (*i.e., website, catalog, student handbook, recruiting materials, policies, and procedures, etc.*).

If the program conducts educational activities in other State(s), the program must provide evidence that it has successfully notified the State Office of EMS that the program has Paramedic students in that state.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Admission Policies/Statements

a. Requirements for Admission.

- i. The policy/statement must address the following key elements:
 - 1. What are the minimum requirements for program entry for each program of study? The policy must include:
 - a. **EMR-to-EMT:** Requires
 - i. EMR (*Licensable*)
 - b. **EMT-to-AEMT:** Requires:
 - i. EMT (*Licensable*)
 - c. **EMT-to-Paramedic:** Requires:
 - i. EMT or AEMT (*Licensable*)
 - ii. Any requirements set forth by CoAEMSP/CAAHEP Accreditation
 - d. **AEMT-to-Paramedic:** Requires:
 - i. AEMT (*Licensable*)
 - ii. Any requirements set forth by CoAEMSP/CAAHEP Accreditation
 - e. **Paramedic:** Requires:
 - i. Any requirements set forth by CoAEMSP/CAAHEP Accreditation

2. All additional entry requirements are clearly expressed to prospective students prior to enrollment and payment.
3. That fair and non-discriminatory practices will be used in the admissions process

b. Application Process

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. How to apply
 3. What application fees will be charged and the refundability of those fees (*does not require a fee to be refundable or charged*)
 4. That fair and non-discriminatory practices will be used bin the application process.
 5. How the application will be maintained for records

2. Advertising Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Non-discriminatory practices will be used.
 - iii. How advertising records will be stored and maintained
 - iv. That the Training Center name will be included on all advertisements for the Program

3. Faculty Policies/Statements

a. Faculty Code of Conduct

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. Expected professional behaviors and actions.
 3. Unpermitted behaviors and actions
 4. Non-fraternization between students and faculty

b. Faculty Evaluation Process

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. Explain how the faculty will be evaluated by the Program Director
 3. Explain the frequency that faculty will be evaluated.
 4. Provide the evaluation tool.

c. Faculty Grievance Policy/Statement

- i. The policy/statement must address the following key elements:
 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 2. Explain how faculty may file a grievance regarding their working environment.
 3. Explain the process to address the grievance.
 4. Explain the due process for the faculty member.
 5. Explain the appeal process.
 6. Explain how the record how the records will be kept.
 7. Explain how the dispositions/outcome will be made available.

d. Faculty/Employee Injury and/or Illness Policy/Statement

- i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
- ii. The policy/statement must address the following key elements:
 1. How to cancel a class
 2. How to report illness
 3. How instructor substitution will occur
 - a. Short term absence (*single course session*)
 - b. Long term absence (*multiple consecutive course sessions*)

e. Hiring Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. Explain recruitment of faculty and other key personnel
 - 3. Explain Non-discrimination in hiring.
 - 4. Explain how faculty and other key personnel are hired.

f. Professional Development Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. How new faculty will be orientated.
 - 3. How faculty training will be updated on policy & procedure annually
 - 4. How just-in-time (JIT) training will be delivered (*if used*)
 - 5. Explain how records will be kept.

g. Workplace Injury Reporting Policy/Statement

- i. The policy/statement must address the following key elements:
 - 1. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 2. How to report
 - 3. When to report
 - 4. What to report

4. Non-discrimination, Equal Opportunity, and Affirmative Action Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Clear statement that the Program will comply with all applicable Federal and State (*for all States that the Program operates in*) laws and rules related to non-discrimination, equal opportunity, and affirmative action

5. Sexual Harassment Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Reflect compliance with all applicable Federal and State laws.

Maine EMS

- 1. None

STANDARD	Safeguards
	Standard #: § 8.C Safeguards

C. Safeguards

- 1. The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Emergency medical services students must be readily identifiable as students.
- 2. All activities required in the program must be educational and students must not be substituted for staff.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Policies and procedures

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

For educational activities, individuals must be clearly identified as students, in a specified clinical/field experience/internship, under the auspices of the program medical director, and under the supervision the designated preceptor prior to performing patient care. Students must not be substituted for staff.

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Bloodborne Pathogens Plan

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 1. <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>
 - 2. <https://www.mainelegislature.org/legis/statutes/22/title22sec832.html>

2. Emergency Procedures Policy/Statement

- a. The policy/statement must address the following key elements for when students and faculty are in the classroom, laboratory, clinical, and/or field internship:
 - i. If CAAHEP accredited (or seeking accreditation), meet all CAAHEP/CoAEMSP standards.
 - ii. Behavioral emergency
 - iii. Evacuation
 - iv. Facility/Utility emergency
 - v. Fire/Fire alarm
 - vi. Medical emergency or injury
 - vii. Natural disaster/Severe weather event
 - viii. Police or security emergency
 - ix. Reporting faculty injury
 - x. Reporting student injury

3. Emerging Infectious Disease (EID)/Pandemic Response Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards
 - ii. Effective date of the policy

- iii. Outlines how adjustments to the program will be made due to the EID/Pandemic
- iv. How the Training Center Administration, Program Director, Medical Director, and Advisory Committee will approve necessary changes in an EID/Pandemic situation
- v. The need for faculty and students to comply with guidance from public health officials during the EID/Pandemic situation

4. Latex-Free Environment Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. The program will make every effort to maintain a latex free environment
 - iii. Identify items that may contain latex to students
 - iv. Identify the accommodations they will allow for students that have latex allergies if items do contain latex

5. Mandated Reporting Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Compliance with State and Federal mandatory reporting

6. Respiratory Standards Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - 1. Link: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

7. Student Injury and/or Illness Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. How does a faculty member report student injury/illness?
 - iii. What information does the faculty member need to collect for reporting
 - iv. Who needs to be notified by the faculty member of the student illness/injury?
 - v. What record keeping needs to occur?

8. Weapons Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. How the program defines a “weapon”
 - iii. Process for addressing weapons in the classroom, laboratory, clinical, and field internship sites
 - iv. How does the program remain in compliance with clinical and field affiliate rules for weapons and firearms?

Maine EMS

1. None

STANDARD	Student Records
	Standard #: § 8.D Student Records

D. Student Records

1. Grades and credits for courses/program must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Policies and procedures
2. Records review self-study and site review

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The program has the responsibility to ensure that paramedic student records are maintained in accordance with state records retention laws, including the items listed in this Standard. Student academic transcripts that document student attendance dates, credits earned, if any, and grades shall be permanently maintained.

**POLICIES,
PROCEDURES,
STATEMENTS**

The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.

Training Center

1. Academic Record Keeping Policy/Statement

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. The program must maintain all records for a minimum of two (2) full license cycles or longer if indicated to do so here:
 - 1. <https://www.maine.gov/sos/arc/records/local/localschedules.html>
 - iii. How records will be stored
 - iv. Security measures to keep records safe
 - v. Student data to be collected
 - 1. Student full name
 - 2. Student address
 - 3. Student date of birth
 - 4. Final class/course grade

2. Attendance Policy

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Attendance requirements
 - iii. Penalties for failing to attend (if any)
 - iv. Record of each student's attendance at all didactic, laboratory, clinical, events, field clinical, and field internship, throughout the course/program

3. Program Records Keeping Policy

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.

- ii. The program must maintain all records for a minimum of two (2) full license cycles or longer if indicated to do so here:
 - 1. Link: <https://www.maine.gov/sos/arc/records/local/localschedules.html>
- iii. How records will be stored
- iv. Security measures to keep records safe
- v. Student file
 - 1. Attendance records
 - 2. Clinical, Field, and Field Internship records to include:
 - a. Attendance
 - b. Evaluations
 - c. Completion of Clinical, Field, and Field Internship competencies
 - 3. Counseling reports
 - 4. Psychomotor portfolio records
 - 5. Summative assessments grades/outcomes
 - 6. Terminal competency form

Maine EMS

- 1. None

STANDARD	Substantive Change
	Standard #: § 8.E Substantive Change

E. Substantive Change

- 1. For any program, training centers must report substantive change(s) in a timely manner. Changes in faculty, curriculum or processes must be reported to Maine EMS in the annual report.
- 2. Changes in the following should be reported to Maine EMS within 30 (thirty) days:
 - a. Training Center Director
 - b. Program Director
 - c. Medical Director
 - d. Change in sponsorship
 - e. Change in location

- f. Addition of a satellite location
 - g. Addition of a distance learning program
3. Nationally accredited programs are responsible for compliance with the above in accordance with the CAAHEP/CoAEMSP policies and procedures.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Policies and procedures
- 2. Notification to Maine EMS

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

The Training Center must report substantive changes in a timely manner to Maine EMS and may require additional information.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Substantive Change Policy

- a. The policy/statement must address the following key elements:
 - i. **If CAAHEP accredited (or seeking accreditation)**, meet all CAAHEP/CoAEMSP standards.
 - ii. Maine EMS must be notified within 30 calendar days of the following personnel changes:
 - 1. Training Center Director
 - 2. Program Director
 - 3. Medical Director (*includes Associate and Assistant*)
 - iii. Maine EMS must be notified within 30 calendar days of the following program changes:
 - 1. Change in sponsorship
 - 2. Change in location
 - 3. Addition of a satellite location

4. Addition of an alternative location
5. Addition of a distance learning program
6. Suspension of a Program
7. Closure of a Program
8. Suspension of the Training Center
9. Closure of the Training Center

Maine EMS

1. Mechanisms to notify the office of these changes other than an e-mail.

STANDARD	Agreements and Contracts
	Standard #: § 8.F Agreements and Contracts

F. Agreements and Contracts

1. There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.
 - a. Clinical Affiliation Agreements must exist before students enter the Clinical, Field and Capstone Field Internship environments.
2. New Training Center applicants
 - a. There should be written, formal agreements in place between the EMS Training Center and all other entities that participate in the education of students describing the role and responsibilities between the EMS Training Center and that entity. Existing contracts must be available for review upon request
 - b. Some entities who participate in providing clinical and/or field ride-along experiences for EMS program students may require any Training Center in negotiations with them to already be authorized by the State before signing a contract. In these cases, a letter of commitment from the prospective entity, would be acceptable under these standards.
3. Upgrading Training Centers and Authorization Renewals
 - a. There must be written, formal affiliation agreements in place between the EMS Training Center and all other entities that participate in the education of the students describing the relationship, role and responsibilities between the EMS Training Center and that entity. Contracts must be available for review upon request.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Academic Articulation Agreements (AA)
2. Clinical affiliation agreements (CAA)
3. Contracts
4. Memorandum of understanding (MOU)

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

There must be current affiliation agreements with clinical affiliates and capstone field internship sites that define the responsibilities of both the program and the Training Center, detailing what the students can do at the site, and the responsibilities of the preceptor.

NOTICE: If the sponsor is a consortium, the agreements must be with the consortium or one of the consortium partners and the responsibility for maintaining such agreements must be provided for in the Consortium Memorandum of Understanding (MOU).

Contracts may have automatic renewal provisions, but the program should show evidence of periodic review that the affiliation continues to meet the needs of the program.

If the program uses a secure electronic signature, documentation of the agreement must exist between the parties allowing for such signature. A secure electronic signature is **not** a jpeg or other type of image attached to a document. A secure electronic signature is unique and under the sole control of the individual making the signature, the technology used must be able to identify the person making the signature, and the technology must be able to identify if the document was changed in any way after the electronic signature was applied.

Fully executed and signed agreements **must** exist for all Training Center functions that are fulfilled by external parties.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Clinical Affiliation Agreement
2. Other contracts and MOUs as developed

Maine EMS

1. None

§ 9 AUTHORIZATION

STANDARD	Authorization
	Standard #: § 9.A Authorization Definition

A. Authorization:

1. **Authorization:** This status is assigned when the program
 - a. meets the criteria outlined in the Training Center Standards document
 - b. Annual written reports of educational activities and progress have been submitted and will continue to be submitted to Maine EMS.

2. **An authorization as a Maine EMS Training Center is valid for a period of five years.**

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written (digital or hard copy) authorization issued by Maine EMS to conduct courses leading to licensure in Maine.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

1. Authorization from Maine EMS as a training center is *not* a license to operate as a training center.
2. Authorization from Maine EMS as a training center is a status assigned to an EMS training entity indicating that it has undergone a review and evaluation by Maine EMS and has met the established standards and criteria in accordance with the Maine EMS Training Center Standards document.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. None

Maine EMS

1. Maine EMS Training Center Standards

STANDARD	Authorization Requirement
	Standard #: § 9.B Authorization Requirement

B. Authorization Required

1. Educational institutions that provide EMS education leading to licensure in the state of Maine must receive written authorization from Maine EMS to be an EMS Training Center.
2. Maine EMS Board authorized EMS Training Centers may conduct programs in accordance with the authorization granted. Graduates of licensure courses/programs from Maine EMS authorized training centers will be considered to have met the training requirements for eligibility for Maine EMS licensure.
3. Process for EMS Training Center approvals.
 - a. The Maine EMS office is responsible for developing a standardized process for EMS Training Center approvals, in accordance with these standards.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Written (digital or hard copy) authorization issued by Maine EMS to conduct courses leading to licensure in Maine.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

1. Any training entity wishing to conduct programs and/or courses in the state of Maine, leading to EMS licensure, in Maine, must have written authorization issued by Maine EMS.
2. Training organizations or persons producing EMS education content which is self-developed or is a standardized curriculum and is delivered for the explicit purpose of providing EMS continuing education hours do not require authorization to do so by Maine EMS.
3. In accordance with these Maine EMS Training Center Standards, Maine EMS is responsible for developing a standardized process for EMS Training Center approvals. This process includes development of tools and mechanisms for processes inclusive of, but not limited to:
 - a. Training Center Applications
 - b. Training Center and Resource Self-Assessments
 - c. Process for Program review

- d. Training Center Annual reporting
- e. Change reporting

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

- 1. Digital or printed copy of current Maine EMS-issued authorization

Maine EMS

- 1. Maine EMS Training Center Standards
- 2. Policies and procedures for Training Center Authorization processes.

STANDARD	Authorization Levels
	Standard § 9.C Authorization Levels

C. Authorization Levels

- 1. Training Centers may be authorized to deliver licensure programs at any one or more of the following levels:
 - a. EMR
 - b. EMT
 - c. AEMT
 - d. Paramedic
- 2. Training Centers must apply for authorization at the level or levels of licensure programs for which they wish to be authorized to deliver.
 - a. Authorization will only be issued for those levels for which the training center applies and meets the criteria in accordance with these standards.
 - b. Training centers will be held responsible for meeting all requirements as set forth in this Training Center Standards document, for all licensure program levels for which authorization is issued.
- 3. Issued authorizations will reflect the licensure program levels authorized.

4. An authorized Training Center may apply for upgrade or downgrade of its level or levels of authorization at any time.
 - a. Application for such upgrade or downgrade will initiate a new authorization process for the level or levels applied for, with any accompanying site visits and fees, in accordance with these standards.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Application for upgrade/downgrade in Training Center Authorization
2. Written (digital or hard copy) authorization issued by Maine EMS to conduct courses leading to licensure in Maine.

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

1. A training organization or entity may apply for authorization to teach at any specific level, or multiple levels for which it satisfies authorization criteria. This is in contrast to the practice of being authorized, for example, as a “BLS” or “ALS” training center, in which the training center is authorized and must meet the standard to teach all courses falling under BLS or ALS licensure courses, respectively.
2. Training Centers may only deliver licensure courses at the levels for which they are authorized.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. None

Maine EMS

1. None

STANDARD	Training Center Application
	§ 9.E Standards for Training Center Application

E. Standards for Training Center Application

1. Initial, renewal and upgrade applications should be submitted electronically.
 - a. Submissions to be submitted electronically should include, but are not limited to:
 - i. Application Form
 - ii. Training Center Self-Assessment
2. Training Center renewal applications will be submitted to Maine EMS *at least 90 days prior* to the expiration date of the current Maine EMS authorization.
3. Application Review
 - a. Maine EMS will have *60 calendar days* from the date of receipt of an application to approve or deny the application or to request additional information.
 - b. If deficiencies with the program or application material are identified during the review process, Maine EMS will notify the applying institution of the specific deficiencies, what corrective measures need to be taken before the application can be approved and a time definite for submission of additional material.
 - i. If needed, a technical assistance visit will be scheduled, at the EMS Training Center's expense. The purpose of the technical assist visit will be to resolve any program concerns and to assist the EMS Training Center in the initial or renewal process.
4. In order to receive authorization as a Maine EMS Training Center, an applicant must:
 - a. Meet eligibility criteria in accordance with § 3.1.A of these standards.
 - b. Provide a completed Self-Assessment.
 - i. The Training Center must complete a self-study and will maintain, on file, copies of all supporting documents. These documents must be made available to Maine EMS upon request.
 - c. Entities who maintain national accreditation may request that a site visit be waived for levels specific to accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
 - d. Submit required application and site visit fees.
 - e. Demonstrate adherence to Maine EMS law, Rules and EMS Training Center Standards and requirements.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Submission of application for Maine EMS Training Center Authorization

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

1. Both initial and renewal applications should be submitted electronically to Maine EMS. Application packages should consist of:
 1. Digital application form
 2. Digital Training Center Self-Assessment form, filled out as applicable
2. All programs, regardless of accreditation status are subject to site visits as part of both the initial authorization process and authorization renewal process.
3. Entities applying for authorization who currently maintain CAAHEP accreditation for one or more of their licensure course programs may request that a site visit be waived with regard to those programs which are already CAAHEP accredited.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. None

Maine EMS

1. Maine EMS policy for notification of upcoming renewals
2. Maine EMS policy for technical assist visits
3. Maine EMS policy for program audits.

STANDARD	Annual Reports § 9.F Annual Reports
-----------------	--

F. Annual Reports

1. Authorized EMS Training Centers must submit an annual report to between March 1st and March 31st. The purpose of this report is to:
 - a. Update Maine EMS of program changes

- b. Provide a summary of program evaluation outcomes for the preceding year
 - c. Demonstrate compliance with established program standards and outcome thresholds
2. Annual reports should contain program information and student outcome data for **each level of licensure program** the training center is authorized to deliver.
- a. Training Centers who have received national accreditation for one or more of their programs may submit a copy of the annual reports submitted to CoAEMSP for those programs which are accredited.
3. Format
- b. Annual reports should be submitted in accordance with Maine EMS policy.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

- 1. Submitted Annual Report

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

- 1. Annual reports should contain program information and student outcome data for **each level** of licensure course program the Training Center is authorized to deliver, regardless of accreditation status.
- 2. Information contained in the Annual Report should be in accordance with the Maine EMS Training Center Standards and Maine EMS policy.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

- 1. Annual Report

Maine EMS

- 1. Policy on reporting requirements and submission of the training center annual report.

STANDARD	Interim Changes
	§ 9.H Interim Changes

H. Interim Changes

1. Any substantial change in program delivery or format, shall be presented to Maine EMS for review, as well as be documented in the Training Center Annual Report.
2. Additions to or removals from licensure program levels in Training Center authorization may be applied for at any time.
3. Changes in consortium sponsorship shall be presented to Maine EMS for review and action, as needed.
4. If a program's national accreditation status has changed, the entity must notify the Maine EMS Office and the Board of such change, and a subsequent site visit may be scheduled or self-study appraisal required, at the discretion of Maine EMS and/or the Board.
5. Maine EMS reserves the right to conduct unannounced site visits or request additional information from the approved programs at any time, or to perform audit visits as needed.

EVIDENCE TO MEET STANDARD	<i>"Evidence" means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Interim change notice
2. Annual report
3. Student handbook
4. Clinical/field experience site agreement
5. Consortium agreement

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

1. The intent of this section is to ensure major program changes are reported to Maine EMS. A major program change may be defined as a change in the program curriculum which includes, but is not limited to the following:
 - a. Affects the program's ability to obtain or maintain CAAHEP accreditation (if applicable)
 - b. Presents as a significant change from the current practice in the Training Center's platform of delivery of didactic and/or psychomotor content (i.e., hybrid or blended classes, use of satellite sites, etc.)

- c. Changes in key training center personnel:
 - i. Training Center Director
 - ii. Program Director
 - iii. Program Medical Director, Associate Medical Director, and/or Assistant Medical Director
- d. Utilization of out-of-state clinical and/or field training sites for student clinical/field experience
- e. Addition or deletion of satellite campus/site
- f. Addition or deletion of alternate site/campus
- g. Changes in consortium sponsorship if a training center program is under a consortium agreement

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

- 1. None

Maine EMS

- 1. Interim change reporting policy

§ 10 DEFICIENCIES AND REMEDIATION

STANDARD	Deficiencies and Remediation
	§ 10.A Deficiency Reporting and Remediation Timeline

§10 Deficiencies and Remediation

A. Deficiency Reporting and Remediation Timeline

- 1. If deficiencies are reported by the Program Review Team, the Training Center has 90 days from the date the report was received by the applicant to correct the deficiencies. The Training Center will demonstrate that the identified deficiencies are corrected or may, with the approval of Maine EMS, provide a detailed action plan to correct each deficiency.

2. If deficiencies are self-reported by the Training Center/Program the Training Center/Program has 90 days from the date the report was received by Maine EMS to correct the deficiency. The Training Center/Program will demonstrate that the identified deficiencies are corrected or may, with approval of Maine EMS, provide a detailed action plan to correct each deficiency.

B. Disciplinary Action

1. If remediation of a deficiency is unsuccessful, Maine EMS may pursue disciplinary action in accordance with 32 M.R.S., Chapter 2-B, the Maine Administrative Procedures Act (5 M.R.S.) and any Rules or other requirements adopted and published by the Maine Board of EMS.

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Annual Report
2. Self-report

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

1. Deficiencies may be identified by a Maine EMS program review team during a program review or site visit during the processes for initial authorization or authorization renewal, or during audits.
2. Deficiencies may also be identified and self-reported by a Training Center or a Program.
3. The intent of this standard is to identify processes and a timeline by which program deficiencies may be identified and addressed.
4. The development of a detailed action plan is a valuable tool for addressing deficiencies, especially if the identified deficiency is not able to be immediately or quickly corrected. In these cases, a detailed action plan is of significant importance in identifying that:
 - a. A deficiency has been recognized by the Training Center/Program
 - b. A plan for address and correction has been identified.
 - c. A timeline has been developed for resolution of the deficiency.

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Development and submission of an action plan
2. Correction of identified deficiencies

Maine EMS

1. None.

STANDARD	Appendix A: Maine EMS Training Center Equipment Requirements General Guidelines for Training Center Equipment Inventory
-----------------	--

A. General Guidelines for Training Center Equipment Inventory

1. The Training Center must maintain equipment, for each program, and laboratory site, necessary to achieve the psychomotor and affective objectives developed from, and as outlined by, the following standards:
 - a. National EMS Education Standards 2021 (NHTSA) –
https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf
 - b. The National Emergency Medical Services (EMS) Scope of Practice of 2019 -
https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019.pdf
 - c. The National Emergency Medical Services (EMS) Scope of Practice of 2021 update -
https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019_Change_Notices_1_and-2_August_2021.pdf
 - d. The National Emergency Medical Services (EMS) Education Standards of 2021 -
https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf
 - e. The current Maine Emergency Medical Services (EMS) Prehospital Care Protocols -
<https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/Final-2021-Protocol-ALL-compressed.pdf>
 - f. The downloadable documents and forms listed under “Documents and Forms” and Scenario information tabs, regarding the NREMT Paramedic Portfolio -
<https://nremt.org/Document/paramedic-portfolio>
2. The information in the following documents can assist training centers with developing equipment inventory in consideration of patient care and transport in the Maine EMS system. These documents are specific to Maine EMS and are not all-inclusive.
 - a. The current Maine Emergency Medical Services (EMS) Protocol Formulary -
<https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/20220415-2021-MEMS-Formulary-V2-1.pdf>
 - b. The current Maine EMS Transporting Service Inspection Form -
<https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/20230130-MEMS-Transporting-Inspection-Form.pdf>
 - c. The current Maine EMS Approved Alternate Equipment list -
https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/EquipmentList_0.pdf
3. The references listed are not intended to imply specific required numbers of items nor are they intended to imply inclusiveness of all items contained. The intent is to provide references from which it is possible for a training center to develop a list of equipment that is pertinent, comprehensive, and best enables accomplishment of licensure course objectives.

4. Training Center equipment inventory should include devices, training aids and simulation devices which will facilitate and accommodate the following:
 - a. Development and completion of programs psychomotor competencies and skills portfolios
 - b. Formative and summative patient assessment and treatment scenarios
 - c. Summative examinations
 - d. Preparation for certification and licensure examinations within the scheduled laboratory sessions

EVIDENCE TO MEET STANDARD	<i>“Evidence” means examples of documentation which is submitted for review that demonstrates or supports that the training center meets the standard. Evidence of compliance submitted by the Training Center include, but are not limited to, examples listed here.</i>
----------------------------------	---

1. Equipment inventory policies
2. Equipment inventory list/spreadsheet
3. Equipment storage
4. Equipment tracking mechanism
5. Lab sheet/Lesson plans
6. Program/course curriculum

GUIDELINE	<i>This section gives guidance regarding various aspects of the standard, which may assist training centers with development of programs and processes that meet the standard. This section is not all-inclusive. Questions regarding any material in this section should be referred to Maine EMS.</i>
------------------	---

1. Because the art and science of patient care in EMS and interfacility patient care and transport is dynamic and ever changing, so are the techniques and equipment used in performance of patient care. At the same time, training and simulation equipment is also constantly improving and changing. It is therefore impractical to provide a list of minimum specific equipment and training aids required for training center inventory.
2. Instead, this appendix consists of a list of standards and guidelines upon which training centers should base their training equipment inventory. The majority of the listed standards did not exist when the ALS and BLS required equipment lists presented in the 2009 version of the Maine EMS Training Center Standards was written. Therefore, those lists were included as a starting point, with the intent that they would be updated periodically as changes in equipment and patient care techniques emerged. However, as the National Standard Curriculum from which these lists were drawn were sunsetted by NHTSA in favor of adoption of the 2009 National EMS Education Standards, neither of those minimum equipment lists were ever updated by NHTS. Nor, were those lists in the Maine EMS Training Center Standards updated.
3. The ALS and BLS required equipment lists were effectively superseded by the 2009 National EMS Education Standards and are obsolete. Likewise, their inclusion in the 2023 Maine EMS Training Center Standards has been superseded by inclusion of the standards documents reference in this Maine EMS standard.

4. Maine EMS will retain and make available, however, the former ALS and BLS list of minimum required equipment that training centers may use in developing their own equipment inventory. In doing so, Training Center Directors and Program Directors should remember, that these lists are no longer standards and have limited value in determination of final equipment inventory.
5. The practice of maintaining a comprehensive and up-to-date and list of equipment is helpful for the following processes, and is therefore *recommended*:
 - a. Equipment tracking and physical accountability
 - b. Fiscal accountability
 - c. Equipment purchasing and replacement planning and budgeting
 - d. Facilitation of review and periodic inspection

POLICIES, PROCEDURES, STATEMENTS	<i>The Training Center will need to demonstrate the following job descriptions, policies, procedures, or statements to show compliance with this standard. Maine EMS will develop instructions and policies or processes to support the Training Center in meeting this Standard.</i>
---	---

Training Center

1. Examples of Suggested Policies (*as applicable*):
 - a. Equipment use policy
 - i. Assignment to user
 - ii. Maintenance/cleaning
 - iii. Tracking (i.e., user, location, time period, etc.)
 - b. Equipment inventory policy
 - i. Purchasing
 - ii. Replacement
2. Current inventory list

Maine EMS

1. Current Prehospital Provider Protocols
2. Current and updated list of “Approved Alternate Equipment”
3. Current and updated EMS Protocol Formulary
4. Current and updated EMS Transporting Service Inspection Form