



Committee on Accreditation of Educational Programs
For the EMS Professions
8301 Lakeview Pkwy, Suite 111-312
Rowlett, TX 75088

Self-Study Report

For Programs Seeking

Continuing Accreditation

(CSSR)

for the 2015 *Standards & Guidelines*

Visit www.coaemsp.org for additional information about CoAEMSP and accreditation services.

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INSTRUCTIONS

Each program conducts an internal review culminating in the preparation of an Continuing-accreditation Self-Study Report (CSSR). The CoAEMSP will use the report, and any additional information submitted, to assess the program's degree of compliance with the *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) [www.caahep.org]. **Programs should carefully read the *Standards & Guidelines* as well as the *CoAEMSP Interpretations to the Standards and Guidelines* to fully understand and respond to the corresponding questions in the CSSR and the future preparation for the site visit.** The CoAEMSP Executive Office will review the CSSR and any additional documentation for completeness.

Electronic copies may ONLY be submitted by uploading this workbook in its original format plus a single pdf file of ALL supporting documentation (**no paper copies or USB/CDs** are accepted). **The CSSR (electronic) must be received in the CoAEMSP executive office, in addition to the CAAHEP Request for Accreditation Services (RAS), Student Questionnaires, and the payment of fees, for the submission to be complete.**

 **<=== Hovering your cursor over a cell with a red triangle in upper right corner reveals text. Try it.**

FEES:

Approximately 60 days prior to the due date of the CSSR, CoAEMSP will send an invoice for the required fees, payable no later than the due date of the ISSR.

Staff:	Ruth Crump	NOTE: Additional fees may be assessed if documents are rejected and/or require re-submission.
See:	Fee Chart	

REPORT FORMAT:

Respond to each question directly into the spaces provided on this template workbook. The protected format does not spell-check, so responses may be composed in a wordprocessing document, then pasted into this CSSR when complete. Prepare an electronic folder for each Appendix, and copy the specific files into the appropriate folder. **Once all electronic folders and files are complete, zip all the folders/files into a single zip file. NO paper or USB/CD submissions are accepted.**

Staff:	Lynn Caruthers	Contact the CoAEMSP staff person, Lynn Caruthers by phone (214-703-8445 ext 115) or email , to arrange setting up a program account to directly upload the CSSR workbook (in its original format) plus all supporting documents (in a single zip file) to a web fileshare.
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PLAGIARISM:

Plagiarism is defined as "an act or instance of using or closely imitating the language and thoughts of another author without authorization and the representation of that author's work as one's own, as by not crediting the original author" (dictionary.com).

CoAEMSP provides three types of documents: templates, examples, and samples.

Templates, (such as consortium sponsorship agreement, graduate and employer survey items, resource assessment survey items), contain language that is required by CoAEMSP. Use of template language is NOT considered plagiarism by CoAEMSP. Also, use of Standards wording is NOT considered plagiarism.

Examples, (such as Terminal Competency form, Advisory Committee meeting Minutes format), are provided by CoAEMSP as "best practice". Programs may choose to use the CoAEMSP example or not. Use of examples is NOT considered plagiarism.

Samples, (such as Accordance Community College sample self study report, appendices), are meant to illustrate the general content of the documents, however, the exact wording in samples is NOT to be used by programs in their documents, and any use of the exact words or close imitations is considered plagiarism.

Plagiarism in any documents submitted to CoAEMSP will result in immediate rejection, will require re-working by the program, and re-submission. **Additional fees may apply to re-submitted documents.**

If there are any questions about the use of CoAEMSP documents, please contact the Executive Office.

CAAHEP REQUEST FOR ACCREDITATION SERVICES:

Programs must electronically submit a new CAAHEP Request for Accreditation Services (RAS) when filing the CSSR, if not previously submitted. (There is no CAAHEP fee due with the RAS).

See: [CAAHEP_RAS](#)

TIMING OF INITIAL-ACCREDITATION SELF STUDY REPORT SUBMISSION:

Programs holding a Letter of Review (LoR) are required to submit the full Continuing-accreditation Self Study Report (CSSR) no later than 6 months after the graduation of the first class that was enrolled after the date of the LoR. If the complete CSSR is not satisfactory, then the program will have 30 days after receipt of the Executive Analysis (EA) to provide additional information to address the deficiencies, otherwise the LoR may be suspended. The LoR may also be revoked if the 6 month submission deadline is not met.

A self study report evaluation fee of \$500 is due upon submission of the CSSR.

NOTE: All tracking documentation MUST be submitted with the CSSR (see Standards III.A.2, III.C.2, III.C.3, and IV.A.2.b).

TIMING OF ON-SITE REVIEW:

When the CSSR is complete and satisfactory, a continuing-accreditation on-site review will occur as scheduled by CoAEMSP and agreed to by the program.

Complete each of the following TABS in the workbook. Create an electronic folder for each Appendix.

Title Page

Appendix A (complete in this workbook or submit program copy)

General Information

Appendix B

Brief History	Appendix C (complete in this workbook)
Program Info	Appendix D (complete in this workbook)
Standard I	Appendix E (complete in this workbook)
Standard II	Appendix F (complete in this workbook)
Standard III	Appendix G (complete in this workbook and submit supporting documentation)
Standard IV	Appendices H through N
Standard V	Appendix O (complete in this workbook and submit supporting documentation, if applicable)
	Appendix P (submit supporting documentation)
	Appendix Q (submit supporting documentation, if applicable)

Once the tabs and appendices are completed, zip all folders/files, and submit to CoAEMSP by uploading to a web fileshare.

All submissions must be done through Karen Franks in the Executive Office.

Staff: Karen Franks	(email)
214-703-8445 ext 111	(voice)
214-703-8992	(FAX)

11/20/2015

TITLE PAGE

1. Program Level:
2. CoAEMSP Program #: (the 600xxx number assigned by CoAEMSP)

3. Name and address of the program sponsor (either institution or consortium):

NOTE: The sponsor name MUST match verbatim in all accreditation documents.

29	Name:	Central Washington University	
	Address:	EMS Paramedicine Program - Purser Hall	
	Address:	400 E. University Way, MS - 7572	
	City, State Zip:	Ellensburg, WA 98926	
	Voice #:	(509)963-1145	
	FAX #:		
	website:	www.cwu.edu/health-science/paramedicine	
	Does the program engage in distance education (DE)?	Yes	
	Is the program completely distance education (DE)?	No	

4. Name and contact information for person(s) responsible for the preparation of the report:

Name:	Keith A. Monosky, PhD, MPM, EMT-P		
Title:	Program Director and Tenured Professor		
Voice #:	(509)963-1145		
FAX #:			
Email:	monoskyk@cwu.edu		
Name:			
Title:			
Voice #:			
FAX #:			
Email:			

GENERAL INFORMATION

Central Washington University

NOTE: The people information on this page is the **ONLY** source for the CoAEMSP records.

Any changes must be sent to CoAEMSP through the **Personnel Change** process on the CoAEMSP website: http://coaemsp.org/Personnel_Changes.htm

1. Chief Executive Officer of the program sponsor

Name:	James L. Gaudino	
Credentials:	PhD	(e.g., PhD, EdD)
Title:	President	
Organization:	Central Washington University	
Address:	400 E. University Way	
Address:	Barge Hall, 314; MS 7501	
City, State Zip:	Ellensburg, WA 98926	
Voice #:	509-963-2111	
FAX #:		
Email:	James.Gaudino@cwu.edu	

2. Dean or Comparable Administrator

Name:	Paul Ballard	
Credentials:	PhD	(e.g., PhD, MEd)
Title:	Dean of the College of Education and Professional Studies	
Organization:	Central Washington University	
Address:	400 E. University Way	
Address:	Black Hall;	
City, State Zip:	Ellensburg, WA 98926	
Voice #:	509-963-1410	
FAX #:		
Email:	Paul.Ballard@cwu.edu	

3. Program Director

Name:	Keith A. Monosky	
Credentials:	PhD, MPM, EMT-P	(e.g., BS, NRP)
Title:	Program Director and Tenured Professor	
Organization:	Central Washington University	
Address:	400 E. University Way	
Address:	Purser Hall; MS 7571	
City, State Zip:	Ellensburg, WA 98926	
Voice #:	509-963-1145	
FAX #:		
Email:	Keith.Monosky@cwu.edu	
Is the program director employed by the sponsor full or part-time?		Full-time

4. Lead Instructor (if applicable)

Name:	James E. Pierce
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Credentials:	MICP; (paramedic)	(e.g., AS, NRP)
Title:	Instructor	
Organization:	Central Washington University	
Address:	400 E. University Way	
Address:	Purser Hall; MS 7571	
City, State Zip:	Ellensburg, WA 98926	
Voice #:	509-899-7077	
FAX #:		
Email:	James.Pierce@cwu.edu	
Is the lead instructor employed by the sponsor full or part-time?	Full-time	

5. **Clinical Coordinator (if applicable)**

Name:	Steven Chrisman	
Credentials:	MS, NRP	(e.g., NRP, RN)
Title:	Clinical Coordinator; Instructor	
Organization:	Central Washington University	
Address:	400 E. University Way	
Address:	Purser Hall; MS 7571	
City, State Zip:	Ellensburg, WA 98926	
Voice #:	509-963-2460	
FAX #:		
Email:	Steven.Chrisman@cwu.edu	
Is the clinical coordinator employed by the sponsor full or part-time?	Full-time	

6. **Medical Director**

Name:	Jackson S. Horsley	
Credentials:	MD	(e.g., MD, DO)
Title:	Medical Director	
Organization:	Central Washington University	
Address:	400 E. University Way	
Address:	Purser Hall; MS 7571	
City, State Zip:	Ellensburg, WA 98926	
Voice #:	509-963-1098	
FAX #:		
Email:	Jackson.Horsley@cwu.edu	

7. **Associate Medical Director, if applicable**

<=== Hover cursc

Name:		
Credentials:		(e.g., MD, DO)
Title:		
Organization:		
Address:		
Address:		
City, State Zip:		
Voice #:		
FAX #:		
Email:		

BRIEF HISTORY

Central Washington University

Write a brief description of the history and development of the program from its inception. Include significant events affecting the program.

It is recommended to compose your text in a wordprocessor, then copy and paste into the text box below.

Click inside the text box to enter/edit or copy/paste text (there is no spell-check).

The EMS Paramedicine Program at Central Washington University is a bachelor degree-awarding program that has been in existence since 1973. Initially, it awarded certificates of completion and began awarding a Bachelor in Science in EMS Paramedicine in 1987 and continued to do so ever since. The original program was conceptualized and directed by Ms. Dorothy Purser, a physical education instructor and coach, as well as Dr. David Lundy, the university's health physician. The program has had three subsequent program directors since its inception and has undergone considerable evolution during its growth and development.

The most major change took place in 2010 when the current Program Director, Keith Monosky, expanded the curriculum from one year concentration in a four-year degree to a two-year concentration in a four-year degree. The additional year added substantive content in clinical elements, EMS systems management, and leadership. The upcoming year will herald in another major change in the second year curriculum to introduce a formalized program in community paramedicine/mobile integrated healthcare. The program is directed by two principle objectives: to graduate highly skilled paramedics that possess exceptional leadership skills and to strive for greater professional parity with other allied health professions.

The former objective is being met with academically rigorous coursework, extensive clinical and field experiences, and aggressive terminal goals. These successes have been exemplified through graduate surveys, employer surveys, and National Registry paramedic exam results of a first-time pass rate of nearly 100% (98%) for the past five years. Our graduates report exceptional successes in the workforce across the country through unofficial qualitative reports. This academic and clinical rigor is met with challenges owing to the limited number of clinical sites that can support paramedicine education as well as the academic preparation that is lacking in prospective candidates. Nonetheless, the Program continues to strive to attain these lofty goals.

The second objective is a driving force in the program. The faculty and the curricular content ensure that the students are being provided contemporary cognitive and psychomotor skill objectives that help to advance the profession within the health career disciplines. This is accomplished through several mechanisms. First, the curriculum is expanded beyond the national educational standards by providing introductory clinical education in areas of ophthalmoscopy, otoscopy, video laryngoscopy, surgical cricothyrotomy, ultrasonography, and comprehensive patient assessment and 12-lead electrocardiography, as well as many others. These educational components expose the student to skills sets that will likely be standardized in the future practice of paramedicine. Second, the program ensures that each student has an equal opportunity to acquire clinical experience in all affiliated clinical sites and all clinical practice units. The broad network of clinical affiliate affords an opportunity for extensive clinical exposure. Third, the Program is an active participant in a newly formed interprofessional collaborative, known as the Yakima Valley Interprofessional Practice and Education Collaborative (YVIEPEC). This collaborative facilitates the cooperative participation of students from the paramedicine program at CWU in educational and practice opportunities with students from a local medical school (Pacific Northwest University of Health Sciences), local universities that provide degrees in doctorate of pharmacy and bachelor of science in nursing (both from Washington State University), as well as a university providing a master degree in physician assistant (Heritage University). These cooperative educational and practice opportunities allow students from each discipline to experience the learning and practice of each other in a cooperative environment.

It is the goal of the Program to provide exceptional and unparalleled education to its students to enable their success in their careers as well as to promote leadership and collaboration with other disciplines in the future.

PROGRAM INFORMATION

Central Washington University

1. Does the program award credit for the coursework?
2. Total number of credits required to graduate?
3. What is the maximum class size (i.e., capacity)?
4. Is there a program track offered primarily in the daytime?
5. Is there a program track offered primarily in the evening?
6. Is there a program track offered primarily on the weekends?
7. How many classes are enrolled each calendar year?
8. In which month is the class started?
9. In which month does the class complete the program?
10. What was the most recent enrollment date? (mm/dd/yyyy)
11. On what date will the next class enroll? (mm/dd/yyyy)
12. What was the most recent completion date? (mm/dd/yyyy)
13. When is the next program completion date? (mm/dd/yyyy)
14. Actual # of 1st year students currently enrolled?
15. Actual # of 2nd year students currently enrolled?
16. # of paid full-time paramedic faculty?
17. # of paid part-time paramedic faculty?
18. # of any other paid paramedic instructional personnel?
19. # of unpaid paramedic didactic and/or lab faculty?
20. # of paramedic clinical affiliates?
21. # of paramedic field experience/internship affiliates?
22. # of paramedic field experience/intership preceptors?
23. Does the program do any paramedic education in other state(s)?

Yes
105
30
Yes
No
No
1
September
June
9/21/2015
9/19/2016
6/30/2015
6/30/2016
25
46
3
1
0
0
8
18
313
No

Distance Education

24. Does the program engage in distance education (DE)?

No

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Satellite Locations

25. Does the program operate at any satellite locations?

No

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Clinical and Field Experience/Internship Preceptor Orientation/Training

The program director is required to ensure preceptor orientation/training [Standard III.B.1.a(6)]

26. Does the program have preceptor orientation/training that contains the minimum required topics?
27. Is there at least one person at each clinical site who has received the preceptor orientation?
28. Does each field internship preceptor receive training?

Yes

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Yes

Yes

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STANDARD I: Sponsorship

Central Washington University

1. Is the sponsor a consortium?

2. Type of Sponsoring Institution or Consortium member:

1

Does the sponsor award college credit for the program?

3. Sponsoring Institution Accreditation for the post-secondary institution

See: [Accreditors](#)

Name of Institutional Accreditor	Northwest Commission on Colleges and Universities (NWCCU)
Current Accreditation Status	Reaffirmed
Date of Last Review	Fall 2009
Date of Next Review	Fall 2018

4. Is the sponsoring institution legally authorized under applicable laws to provide postsecondary education?

5. Type of award(s) upon program completion (check ALL that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Certificate/Diploma | <input checked="" type="checkbox"/> Baccalaureate Degree |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Master's Degree |

Place a copy of the actual certificate/diploma and degree awarded to graduates, in an electronic folder named APPENDIX L.

STANDARD II: Program Goals

Central Washington University

- Standard II.A lists the required Communities of Interest, which are students, graduates, faculty, sponsor administration, hospital/clinic representatives, physicians, employers, police & fire service, key governmental officials, and the public. There may be special circumstances in your community.

<=== Hover cursor here to see definitions and explanations

Does the program have any additional communities of interest?

Yes

communities in this box.

====>

The Program has a strong relationship with several local colleges/universities that collaborate through an interprofessional education initiative (YVIPEC) and has

- List of the individuals and the communities of interest that they represent on the program advisory committee (must include at least one representative from each required group). The program may have additional members from any of the communities of interest.

<=== Hover cursor here to see definitions and explanations

Community of Interest (CoI)	Name and Credentials of the Individual Representing the Communities of Interest
1. Students	Stephen Gardiner, EMT-P
2. Graduates	Holly (Fairbrook) Weinker, BS, EMT-P; Tami (Bridges) Drake, BS, EMT-P
3. Faculty	James E. Pierce, EMT-P; Steven Chrisman, MS, EMT-P
4. Sponsor administration	Ethan Bergman, PhD, RDN, CDN, FADA, FAND
5. Hospital/clinic representatives	Kimberly Wakeman, MBA; Rhonda Holden, MSN, RN, Chief Nursing Officer
6. Physicians	Jackson S. Horsley, MD; Scott L. Stroming, MD (seeking surrogate)
7. Employers	Wayne Walker, EMT-P; Sarah Riel, BS, EMT-P
8. Police and/or fire services	John Sinclair, EMT-P, Chief KVFR and Chairman
9. Key governmental officials	Darren Higashiyama, Kittitas County Sheriff's Office and EMA
10. The public	Cheri Marusa

NOTE: The Advisory Committee should have significant representation and input from non-program personnel.

CoAEMSP provides an example of Advisory Committee agenda and checklist:

[Agenda and Checklist](#)

- Enter the dates on which the advisory has met during the past 3 years.

4-26-13, 1-24-14, 5-8-15, and 8-24-16

Place copies of the advisory committee meetings for the past 3 years in an electronic folder named APPENDIX M.

Has the advisory committee endorsed the program required minimum numbers as specified in Appendix G?

Yes

- Standard II.C. states the minimum expectation goal as: "To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

In what program document and page # is this goal published?

2016-2018 Paramedic Manual, page 4

- Indicate methods by which program ensures it continues to meet needs and expectations of the communities of interest.

[Advisory Committee \(see Agenda and Checklist\)](#)

Yes

[Graduate Surveys \(see the required CoAEMSP template\)](#)

Yes

[Employer Surveys \(see the required CoAEMSP template\)](#)

Yes

[Outcomes results](#)

Yes

Other (list)

Formal and informal feedback from graduates and EMS agencies that employ the graduates; participation in local, regional and state committees that pertain to EMS delivery

STANDARD III: Resources

Central Washington University

1. Are program resources sufficient to achieve program goals and outcomes?

Complete APPENDIX A (in this workbook), ALL columns, and include action plan to address specific deficiencies.

2. Does the program use the CoEMSP resource assessment tools and collect information from at least students, faculty, Medical Director(s), and advisory committee members, at least annually?

3. Prepare a program organizational chart and place that file in an electronic folder named APPENDIX B.

Filename for organizational chart

CWU EMS Paramedicine Organizational Chart

4. Complete APPENDIX C (in this workbook) for program personnel, including workload assignments for the prior 12 months.

Prepare **job descriptions** for the program director, medical director, faculty, and other personnel (as applicable).

Filename for program director

Program Director Job Description

Filename for medical director (MD)

Job Description - Medical Director

Filename for full-time faculty

Full-time Faculty Job Description

Filename for part-time faculty

Part-time Faculty Job Description

Filename for associate MD, if applicable

Filename for assistant MD, if applicable

Filename for lead instructor, if applicable

Lead Instructor Faculty Job Description

Filename for other personnel, if applicable

Clinical Coordinator Job Description; 2016-6-16 Paramedicine PD

5. Complete Appendix D (in this workbook) to list all courses required in the Paramedic curriculum.

If the program offers different versions (e.g., full-time vs part-time, days vs evenings, weekend, etc) prepare additional Appendix Ds, one for each track, and place in an electronic folder named APPENDIX D.

Are there additional Appendix D files?

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Are all core professional courses completed prior to students starting field internship?

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6. Is the progression of learning: didactic/lecture integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience?

7. Does the program curriculum meet or exceed the latest edition of the National EMS Education Standards?

Which of the following activities were used in the curriculum content development?

a. Comparison with national documents

b. Review and approval by Medical Director

c. Review and approval by program faculty

d. Discussion with program Advisory Committee

e. Local job analysis to determine required competencies

f. Other (specify)

8. Are clinical resources sufficient to meet program goals and outcomes
How many total active clinical affiliates are used by the program?

Complete a 'Clinical Affiliate Institutional Data' form for each clinical affiliate and place those files in an electronic folder named APPENDIX E.

9. Are field experience/internship resources sufficient to meet program goals and outcomes
How many total active field experience/internship affiliates are used by the program?

<=== Hover cursor here for definition

<=== Hover cursor here for information

Complete a 'Field Experience/Internship Affiliate Institutional Data' form for each field experience/internship affiliate and place those files in an electronic folder named APPENDIX F.

10. Does the capstone field internship provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations?

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<=== Hover cursor here for definition

11. Does the program have a terminal competency form, signed by the program director and the medical director, attesting to the competency of each graduate, in the cognitive, psychomotor and affective learning domains?

CoAEMSP has an example of a Terminal Competency form that can be used by programs. See ==> [Terminal Competency Form](#)

12. Place in an electronic folder named APPENDIX H, for each paramedic core professional course, a copy of the course syllabus.

Number of course syllabi copied to Appendix H.

<=== Hover cursor here for definition

CoAEMSP has a sample course syllabus. See ==> [Course Syllabus](#)

STANDARD IV: Student and Graduate Evaluation/Assessment

Central Washington University

1. Does the program administer a comprehensive, summative evaluation that includes cognitive? |
2. Does the program administer a comprehensive, summative evaluation that includes psychomotor? |
3. Does the program administer a comprehensive, summative evaluation that includes affective? |
4. Does the program perform item analysis on its major cognitive exams...
 - p+ determining the % of students who answered the item correctly?
 - discrimination index correlating the item performance to the overall exam?
 - Are there established "trigger points" for item analysis? (Hover for definition)
 - Does the program have a protocol to review "triggered" items?
 - Does the program modify/delete items based on the review protocol?
 - If using a commercial testing product, has the program reviewed the test items to ensure that the items match the program objectives?
5. Does the program have a system to track the students' performance of the required procedures (see A

STANDARD V: Fair Practices

Central Washington University

1. Does the institution publish a general catalogue/bulletin for its educational programs? Yes
2. Does the institution have a website? Yes
 What is the website address? www.cwu.edu
3. Are admissions non-discriminatory, and made in accordance with defined and published practices? Yes
4. Does the institution have a student grievance policy? Yes
5. Does the Paramedic program disclose technical standards in compliance with ADA? Yes
6. Does the institution have a faculty grievance policy? Yes
7. Are all activities required in the program educational? Yes
8. Are students ever substituted for staff (including field experience/internship runs)? Yes
9. Are grades and credits for courses recorded on the student transcript and permanently maintained? Yes
10. Is there a formal, signed affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students? Yes

Place in an electronic folder named APPENDIX N, a fully executed copy of every affiliation agreement.

11. Place in an electronic folder named APPENDIX I, a copy of the most recent college catalogue and any other documents that make known to applicants and students the information specified in Standard V.A.2. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page #
Sponsor's institutional accreditation status	http://www.cwu.edu/associate-provost/nwccu-	website
CAAHEP programmatic accreditation status	www.cwu.edu/health-science/program-statistics	website
Admission policies and practices	Undergraduate Admissions General Information and Program Admission Requirements	26-29
Policies on advanced placement	Advanced Placement Credit	doc.
Policies on transfer in of credits	Policies on Transfer Credits	doc.
Policies on credits for experiential learning	Policies on Experiential Learning	doc.
# of credits required for program completion	Program Completion Requirements; Paramedic Manual (pages 51 - 58)	51-58
Tuition, fees, and other program costs	Tuition and Fees	doc.
Policies and procedures for student withdrawal	Policies and Procedures for Student Withdrawal	doc.
Policies and procedures for refunds of tuition/fees	Tuition and Fees	doc.

12. Place in an electronic folder named APPENDIX J a copy of additional material to be provided to enrolling students that makes known the information specified in Standard V.A.3 and Standards V.B and V.C. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page
-------------	--------------------	------

Academic calendar	Academic Calendar PDF document	single doc.
Student grievance procedure	Paramedic Manual and individual course syllabi and University Policy CWUP 2-35 and Student Rights and Responsibilities and Appeals document	47
Criteria for successful completion of each segment of the program	Paramedic Manual and individual course syllabi	51-58
Criteria for graduation	Undergraduate Catalogue	49
Policies and procedures for performing clinical/field experience/internship work while enrolled in the program (Hover for definition)	Paramedic Manual	17-18, 26, 30
Non-discrimination policy for student admissions	Nondiscrimination Polices and Programs Pertaining to Students	single doc.
Policies and procedures to safeguard student health and safety	http://www.cwu.edu/facility/environmental-health-and-safety-general-information	website

13. Place in an electronic folder named APPENDIX J, a copy of the following additional material

Disclosures	Source Document(s)	Page
Non-discrimination policy for faculty employment	Nondiscrimination Policies and Programs Pertaining to Faculty	single doc.
Policies and procedures for processing faculty grievances made known to all paid faculty.	Grievance Procedure	single doc.

14. All programs must publish, preferably in a readily accessible place on their websites, the 3-year review-window average results of the outcomes for: National Registry (or State, as applicable) Written and Practical Exams, Retention, and Positive Placement. At all times, the published results must be consistent with and verifiable by the on-line Annual Report of the program.

Is the program meeting this requirement by publishing the data on a school/program website?

Yes

What is the URL of the published data?

www.cwu.edu/health-science/program-statistics

APPENDIX A – Resource Assessment

NOTE: Row heights may be manually adjusted to display all the text contained in cells.

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Accredited programs must conduct Resource Assessment **at least annually** and are required to complete ALL columns of this matrix.

If programs have identified deficiencies in resources, an action plan and follow up are required to address those deficiencies.

Listed Purpose statements and Measurement Systems are minimally required. Programs may write additional Purpose statements and/or add Measurement Systems for resource(s).

At a minimum, programs are required to use the survey items contained in the Student Resource Survey and the Program Personnel Resource Survey.

The Advisory Committee is involved in both assessing the resources and reviewing the results.

Student Resource Survey
Program Personnel Resource Survey

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s)))	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
1.	FACULTY	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements. Work with advisory committee, administration, clinical/field internship affiliates and communities of interest to enhance the program.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.1 (with only 1 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 4.5 (with none scoring below the cut score), yielding an average of 4.31	No action required; continue to monitor
	Additional Faculty Purposes =>					
2.	MEDICAL DIRECTOR	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.5 for this category; however, the personnel surveys resulted in a score of 3.6 (with 2 scoring below the cut score), yielding an average of 4.06	While the student assessment of this parameter appears acceptable; the faculty and administration believe that a replacement medical director is necessary. The plan is currently underway for resolution.
	Additional Medical Director Purposes =>					
3.	SUPPORT PERSONNEL (clerical, academic, ancillary)	Provide support personnel/services to ensure achievement of program goals and outcomes (e.g. admissions, registrar, advising, tutoring, clerical)	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.0 (with 3 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 3.2 (with 4 scoring below the cut score), yielding an average of 3.2	The Program recently had a significant change in clerical support personnel structure. Ongoing discussions with university leadership will implore the restoration of previous staff appointments to the Program
	Additional Personnel Purposes =>					
4.	CURRICULUM	Provide specialty core and support courses to ensure the achievement of program goals and learning domains. Meet or exceed the content and competency demands of the latest edition of the documents referenced in Standard III.C.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.3 (with only 1 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 4.8 (with all scoring well above the cut score), yielding an average of 4.54	No action required; continue to monitor
	Additional Curriculum Purposes =>					

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s)))	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
5.	FINANCIAL RESOURCES (fiscal support, acquisition /maintenance of equipment /supplies, continuing education)	Provide fiscal support for personnel, acquisition and maintenance of equipment/supplies, and faculty/staff continuing education.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 3.0 (with 8 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 3.2 (with 3 scoring below the cut score), yielding an average of 3.2	While the Program maintains soft and disposable supplies well, the durable medical equipment/capital budget supplies cannot be met. Discussions with leadership will ensure to explore funding options.
	Additional Financial Purposes =>					
6.	FACILITIES (classroom, lab, offices, ancillary)	Provide adequate classroom, laboratory, and ancillary facilities for students and faculty.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.3 (with only 1 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 3.4 (with none scoring below the cut score), yielding an average of 3.86	No action required; continue to monitor
	Additional Facilities Purposes =>					
7.	EQUIPMENT /SUPPLIES	Provide a variety of equipment and supplies to prepare students for clinical/field internship experiences.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.3 (with only 1 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 3.4 (with none scoring below the cut score), yielding an average of 3.86	No action required; continue to monitor
	Additional Equip/Supplies Purposes =>					
8.	CLINICAL/FIELD INTERNSHIP RESOURCES (affiliations)	Provide a variety of clinical/field internship experiences to achieve the program goals and outcomes.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.6 (with none scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 4.1 (with none scoring below the cut score), yielding an average of 4.36	No action required; continue to monitor
	Additional Clinical/Field Purposes =>					
9.	LEARNING RESOURCES (print, electronic reference materials; computer resources)	Provide learning resources to support student learning and faculty instruction.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 4.1 (with only 1 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 4.5 (with none scoring below the cut score), yielding an average of 4.27	No action required; continue to monitor
	Additional Learning Resources Purposes =>					

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s)))	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
10.	FACULTY/STAFF CONTINUING EDUCATION	Provide time and resources for faculty and staff continuing education to maintain current knowledge and practice.	1. Program Personnel Resource Survey	May and September	The personnel surveys resulted in a score of 3.1 (with none scoring below the cut score of 3.0, but almost all just above it) yielding an average of 3.1	The faculty and staff are provided funds for professional development; however, those funds are rarely used due to the exceptional demands of workload associated with the Program. This matter will be discussed with university leadership and a plan will be devised to correct this deficiency.
	Additional Continuing Ed Purposes =>					
11.	EDUCATIONAL INTERACTION WITH PHYSICIANS	Provide educational interactions with physicians, as ensured by the Medical Director.	1. Program Personnel Resource Survey 2. Student Resource Survey	May and September	The student surveys resulted in an average score of 3.8 (with 3 scoring below the cut score of 3.0) for this category. The personnel surveys resulted in a score of 3.0 (with 1 scoring below the cut score), yielding an average of 3.38	With the corrective action in #2 above (medical director), it is anticipated that this resolution will also address the perceived need for greater physician involvement and interaction.

APPENDIX B – Program Organizational Chart

Central Washington University

Prepare a program organizational chart and place that file in an electronic folder named **APPENDIX B**.

Start with the chief executive officer. Include all program Personnel and faculty, anyone named in the Self Study Report, and any other persons who have direct student contact except support science faculty. Include the names and titles of all individuals shown.

CoAEMSP provides an example of an organizational chart. See =====> Org Chart

Org chart filename

CWU EMS Paramedicine Organizational Chart

If the sponsor is a consortium, the organizational chart must reflect the consortium structure and personnel.

See sample consortium org chart in the CoAEMSP consortium agreement template.

See: [Consortium agreement template](#)

APPENDIX C – Program Personnel

NOTE: Row heights may be manually adjusted to display all the text contained in cells.

Central Washington University

Complete a Personnel Form for the Program Director, Medical Director(s), and complete the PAID Faculty table (scroll across)

Does the Program Director delegate responsibilities to a Lead Instructor?

Yes

Scroll to the right and complete the Lead Instructor form

For Program Director

Name:

Keith A. Monosky, PhD, MPM, EMT-P

Title:

Program Director and Tenured Professor

Credentials:

Doctorate in Health Policy, Master in

How many years have you served in this position?

8

years

Program Director Qualifications:

1. Do you have at least an earned baccalaureate degree?

Yes

Arrange for an OFFICIAL TRANSCRIPT documenting the award of a minimum of an earned baccalaureate degree from an accredited academic institution to be sent directly from the awarding college to CoAEMSP in either a sealed envelope or via e-transcript.

2. Describe how you "have appropriate medical or allied health education, training, and experience".

I have been an EMS provider for more than 45 years as an EMT and paramedic. I have directed two other paramedic programs (Community College of Allegheny County - McKeesport and The George Washington University) and have been instrumental in curricular development, item writing and portfolio workshop facilitation for the NREMT, been an author for many EMS-related journal articles (peer-reviewed) and textbooks, and serve on numerous local, state, and national committees including my current membership on the NEMSAC. I also am serving as the Educator-at-Large for the CAALHEP. I have also served as a member of the EMS and directed several EMS regional EMS education committees.

3. Describe how you are "knowledgeable about methods of instruction, testing and evaluation of students"

I have been an active educator of EMS for the past 30+ years, both in certificate programs, as well as formal degree-awarding programs. I have attended numerous continuing education and credentialing courses in education for EMS and participated in committees, workgroups, and educational symposia on EMS education. I have authored publications related to EMS education and practices and my doctoral dissertation was on the perceived effectiveness and utility of various EMS credentials. I have been fortunate to become involved in many contemporary education methodologies for EMS including the new paramedic psychomotor competency portfolio (BPCP). I also currently serve as the Education Subcommittee Chairman for the

4. Describe how you "have field experience in the delivery of out-of-hospital emergency care"

As a provider of EMS for over 45 years, I have had the privilege of caring for patients in a variety of prehospital settings as a volunteer, full-time paid professional, and part-time paid professional. I have also served extensively as a clinical instructor and evaluator in a variety of settings that are directly related to EMS. I have been instrumental in the development of curricula for EMS providers over the years and have participated actively as an evaluator for state and national competency examinations.

5. Describe how you "have academic training and preparation related to emergency medical services at least equivalent to that of a paramedic"

I have been a paramedic for approximately 40 years and active as a provider and educator of paramedicine. I continue to instruct in all aspects of paramedicine, including the traditional certifications of CPR, ACLS, PALS, PHTLS, NRP, and BLSO. In the past, I became certified as a medical assistant and have been active in instruction of other allied health professions including nursing, physician assistants, medical residencies, ATLS, and trauma conferences.

6. Describe how you are "knowledgeable about the current versions of the National EMS Scope of Practice and National EMS Education Standards, and about evidenced-informed clinical practice"

As an active and current member of the National EMS Advisory Council (NEMSAC), National Association of EMS Educators (NAEMSE), National Association of EMS Physicians (NAEMSP), and other similar national committees, I remain current in all matters related to EMS practices, policies, and guidelines. My program includes significant content related to empirical evidence to support practice and I require my students to investigate contemporary peer-reviewed journals on matters related to EMS to bolster their understanding of the rationales of practice. As the co-chair of the Education Subcommittee of NEMSAC, I lead the effort to propose advisements to the revision of the National EMS Scope of Practice and and National

Place a copy of your curriculum vitae in an electronic folder named APPENDIX C.

Filename of CV CV Monosky 2016

You must arrange to have an official college transcript, documenting that you possess at least a baccalaureate degree, sent directly from the college to the CoAEMSP office. An unofficial transcript or one issued to you will NOT suffice.

Name of college that will send the transcript?

The George Washington University (already on file at CoAEMSP)

Program Director Responsibilities

1. Are you responsible for "the administration, organization, and supervision of the educational program", including preceptor orientation/training?

Yes

Are you fulfilling this responsibility?

Yes

2. Are you responsible for "the continuous quality review and improvement of the educational program"

Yes

Are you fulfilling this responsibility?

Yes

3. Are you responsible for "long range planning and ongoing development of the program"

Yes

Are you fulfilling this responsibility?

Yes

4. Are you responsible for "the effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program"
- Are you fulfilling this responsibility?
5. Are you responsible for "cooperative involvement with the medical director"
- Are you fulfilling this responsibility?
6. Are you responsible for "adequate controls to assure the quality of the delegated responsibilities"
- Are you fulfilling this responsibility?
7. Are you responsible for "the orientation/training and supervision of clinical and field internship preceptors?"
- Are you fulfilling this responsibility?
8. Do you delegate program director responsibilities to another individual?

Program Director Workload

For each academic session (e.g., semester, quarter, session, module) in the last 12 months, indicate the workload assignments.

Academic Session	Calendar Year	Start Date	End Date	Full- or Part-time	Avg Total Hours Worked/wk	# of teaching hours/wk	# of clinical		# of hrs/wk on other duties
							field related	director admin	
Fall	2015	9/15/2015	12/31/2015	Full	54.0	10.0	1.0	38.0	5.0
Winter	2016	1/3/2016	3/18/2016	Full	57.0	13.0	1.0	38.0	5.0
Spring	2016	3/18/2016	6/19/2016	Full	57.0	13.0	1.0	38.0	5.0
Summer	2016	6/20/2016	8/19/2016	Full	45.0	5.0	0.0	35.0	5.0

Describe the type of 'other duties' performed.

"Other duties" largely consist of service and scholarly work. Service work consists of serving on department committee, university committees, local EMS committees, state EMS committees, and national EMS committees. Scholarly work consists of authoring peer-reviewed journals, textbooks, as well as peer-review of journals, texts, and other documents.

; for forms ==>).

For Medical Director (Scroll down for Associate and/or Assistant Medical Director)

Name:
Title:
Credentials:
How many years have you served in this position? years

Medical Director Qualifications:

1. Are you currently licensed as a physician and authorized to practice in the location of the program?
List the States in which you are currently licensed:

Do you have experience and current knowledge of emergency care of acutely ill and injured patients?

2. Do you 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?

3. Describe how you are "an active member of the local medical community and participate in professional activities related to out-of-hospital care."

4. Are you 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?

Place a copy of your curriculum vitae in an electronic folder named APPENDIX C.

Filename of CV

Medical Director Responsibilities

1. Are you responsible for "review and approval of the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice"?
Are you fulfilling this responsibility?

2. Are you responsible for "review and approval of the required minimum numbers for each of the required patient contacts and procedures listed in these Standards"?
Are you fulfilling this responsibility?

3. Are you responsible for "review and approval of the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship"?
Are you fulfilling this responsibility?

4. Are you responsible for "review of the progress of each student throughout the program, and assisting in the determination of appropriate corrective measures, when necessary"?
Are you fulfilling this responsibility?

5. Are you responsible for "ensuring the competence of each graduate of the program in the" cognitive, psychomotor, and affective domains"?
Are you fulfilling this responsibility?

6. Are you responsible for "engaging in cooperative involvement with the program director"?
Are you fulfilling this responsibility?

7. Are you responsible for "ensuring the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician"?
Are you fulfilling this responsibility?

8. Are you responsible for "ensuring educational interaction of physicians with students"?
Are you fulfilling this responsibility?

For Associate Medical Director

Name:
Title:
Credentials:
How many years have you served in this position? years

Associate Medical Director Qualifications: <=== Hover cursor here for definition

1. Are you currently licensed as a physician and authorized to practice in the location of the program? <=== Select from drop down list

Do you have experience and current knowledge of emergency care of acutely ill and injured patients? <=== Select from drop down list

2. Do you 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? <=== Select from drop down list

3. Describe how you are "an active member of the local medical community and participate in professional activities related to out-of-hospital care."

4. Are you 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? <=== Select from drop down list

Place a copy of your curriculum vitae in an electronic folder named APPENDIX C.
Filename of CV

Associate Medical Director Responsibilities

1. Are you responsible for "review and approval of the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

2. Are you responsible for "review and approval of the required minimum numbers for each of the required patient contacts and procedures listed in these Standards"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

3. Are you responsible for "review and approval of the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

4. Are you responsible for "review of the progress of each student throughout the program, and assisting in the determination of appropriate corrective measures, when necessary"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

5. Are you responsible for "ensuring the competence of each graduate of the program in the" cognitive, psychomotor, and affective domains"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

6. Are you responsible for "engaging in cooperative involvement with the program director"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

7. Are you responsible for "ensuring the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

8. Are you responsible for "ensuring educational interaction of physicians with students"? <=== Select from drop down list
Are you fulfilling this responsibility? <=== Select from drop down list

For additional Associate Medical Directors, download and complete "Appendix C-Associate Medical Director" forms and place them in electronic folder "Appendix C" # of additional forms completed:

APPENDIX D – Program Course Requirements Table

Central Washington University

List all the courses that are required for completion of the Paramedic program in the sequence in which the students would typically enroll in them. If the program is offered by different tracks (e.g., full-time vs part-time), then complete additional Appendix D table(s) and copy those file(s) to an electronic folder labeled "Appendix D".

The list of courses presented here constitutes the official accredited program.

All courses listed must be successfully completed in order for the student to graduate and receive the award (e.g., certificate, degree)

All courses listed must be successfully completed in order for the student to be eligible for the NREMT examinations.

1. Overall length of program (as published in catalogue) months.
2. Does the program award credit for the coursework?
3. Total # of credits required to complete program?
4. Type of academic session (e.g., semester, quarter)
5. Length of academic session (in weeks)
6. Length of summer session in weeks (if different)

Hover cursor above columns to see definitions =====>

Sequence of Courses	Course Number	Course Title	# of credits	# lecture hours	# lab hours	# clinical hours	# field exper hours	# field intern hours	Core Course?
Summer 1st	EXSC 350	Anatomy & Physiology - I	5	30	40	0	0	0	Yes
Summer 1st	EXSC 351	Anatomy & Physiology - II	5	30	40	0	0	0	Yes
Summer 1st	EMS 440	Medical Mathematics and Medical Terminology	2	20	0	0	0	0	Yes
Fall	EMS 335	EMS Paramedicine - I	4	40	0	0	0	0	Yes
Fall	EMS 335LAB	Advanced Clinical Practice - I	2	0	40	0	0	0	Yes
Fall	EMS 441	General Pharmacology for Paramedics	3	30	0	0	0	0	Yes
Fall	EMS 443	Myocardial Disease & Basic Electrocardiography	4	40	0	0	0	0	Yes
Fall	EMS 350	Paramedicine Educational Methodologies	2	0	40	0	0	0	Yes
Fall	EMS 493Pre	Recitation	0	0	0	0	0	0	No
Winter	EMS 336	EMS Paramedicine - II	4	40	0	0	0	0	Yes
Winter	EMS 336LAB	Advanced Clinical Practice - II	2	0	40	0	0	0	Yes
Winter	EMS 444	12-lead Electrocardiography	4	40	0	0	0	0	Yes
Winter	EMS 451	Advanced Trauma Care	3	30	0	0	0	0	Yes

Sequence of Courses	Course Number	Course Title	# of credits	# lecture hours	# lab hours	# clinical hours	# field exper hours	# field intern hours		
Winter	EMS 493A	Paramedicine Internship - I	3	0	0	90	40	0	Yes	
Spring	EMS 337	EMS Paramedicine - III	3	30	0	0	0	0	Yes	
Spring	EMS 337LAB	Advanced Clinical Practice - III	2	0	40	0	0	0	Yes	
Spring	EMS 459	Pediatric and Geriatric Emergency Care	3	30	0	0	0	0	Yes	
Spring	EMS 493B	Paramedicine Internship - II	4	0	0	120	80	0	Yes	
Summer 2nd	EMS 493C	Paramedicine Internship - III	5	0	0	150	0	90	Yes	
# of courses =			19	60	360	240	360	120	90	1170

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates

There are fifteen (15) copies of the form in this tab (scroll down).

Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.

Place a copy of any additional completed form in an electronic folder named **APPENDIX E**.

Number of additional forms in APPENDIX E electronic folder

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E1

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics	1826		

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are ten (10) copies of the form in this tab (scroll down).
 Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.
 Place a copy of any additional completed form in an electronic folder named **APPENDIX E**.

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E2

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.	19426		
Operating Room	2820		
CCU/ICU	9009		
Pediatrics			
Psychiatry			
Obstetrics	684		

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are ten (10) copies of the form in this tab (scroll down).
 Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.
 Place a copy of any additional completed form in an electronic folder named **APPENDIX E**.

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E3

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.	52824		
Operating Room			
CCU/ICU	9555		
Pediatrics			
Psychiatry	14833		
Obstetrics	14924		

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are ten (10) copies of the form in this tab (scroll down).
 Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.
 Place a copy of any additional completed form in an electronic folder named **APPENDIX E**.

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E4

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.	37928		
Operating Room	11739		
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are ten (10) copies of the form in this tab (scroll down).
 Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.
 Place a copy of any additional completed form in an electronic folder named **APPENDIX E**.

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E5

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics	29484		
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are ten (10) copies of the form in this tab (scroll down).
 Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.
 Place a copy of any additional completed form in an electronic folder named **APPENDIX E**.

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E6

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.	70179		
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are ten (10) copies of the form in this tab (scroll down).
 Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.
 Place a copy of any additional completed form in an electronic folder named **APPENDIX E**.

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E7

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room	26513		
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are ten (10) copies of the form in this tab (scroll down).
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Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E8

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry	17128		
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

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Affiliate Name: Form # E9
 Address:
 Address:
 City, State Zip
 Distance from program: (in miles)
 Name of program's on-site liaison:
 Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
 Have key on-site personnel completed preceptor orientation?
 Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.
 Hover cursor here for explanations ==> <=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

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Affiliate Name: Form # E10
 Address:
 Address:
 City, State Zip
 Distance from program: (in miles)
 Name of program's on-site liaison:
 Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
 Have key on-site personnel completed preceptor orientation?
 Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.
 Hover cursor here for explanations ==> <=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

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Affiliate Name: Form # E11
 Address:
 Address:
 City, State Zip
 Distance from program: (in miles)
 Name of program's on-site liaison:
 Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
 Have key on-site personnel completed preceptor orientation?
 Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.
 Hover cursor here for explanations ==> <=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

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Affiliate Name: Form # E12
 Address:
 Address:
 City, State Zip
 Distance from program: (in miles)
 Name of program's on-site liaison:
 Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
 Have key on-site personnel completed preceptor orientation?
 Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.
 Hover cursor here for explanations ==> <=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

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Affiliate Name: Form # E13
 Address:
 Address:
 City, State Zip
 Distance from program: (in miles)
 Name of program's on-site liaison:
 Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
 Have key on-site personnel completed preceptor orientation?
 Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.
 Hover cursor here for explanations ==> <=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

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Affiliate Name: Form # E14
 Address:
 Address:
 City, State Zip
 Distance from program: (in miles)
 Name of program's on-site liaison:
 Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
 Have key on-site personnel completed preceptor orientation?
 Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.
 Hover cursor here for explanations ==> <=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Central Washington University

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Affiliate Name: Form # E15
 Address:
 Address:
 City, State Zip
 Distance from program: (in miles)
 Name of program's on-site liaison:
 Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
 Have key on-site personnel completed preceptor orientation?
 Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definiti

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Number of additional forms in APPENDIX F electronic folder

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F1

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?

Type of Call	total # of runs per year
# trauma calls	888
# medical calls	3095
# pediatric calls	676
# cardiac arrests	95
# cardiac calls (less cardiac arrest)	355

Average # of shifts by each student	1
average # runs per shift for a student	5
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date competed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in **Appendix F**.

Filename in Appendix F

Approved Field Preceptor List

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F2

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	1113
# medical calls	2794
# pediatric calls	755
# cardiac arrests	83
# cardiac calls (less cardiac arrest)	569

Average # of shifts by each student	1
average # runs per shift for a student	5
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).

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APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Affiliate Name:	Advanced Life Systems		
Address:	2106 W. Washington Avenue #3		
Address:			
City, State Zip	Yakima, WA 98903		
Distance from program: (in miles)	45.8		
Name of program's on-site liaison:	Jess Davies		
Is there a signed, current affiliation agreement?	Yes		

Form # F3

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	1300
# medical calls	11700
# pediatric calls	780
# cardiac arrests	521
# cardiac calls (less cardiac arrest)	364

Average # of shifts by each student	5
average # runs per shift for a student	3
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).
Filename in Appendix F: [Approved Field Preceptor List](#)

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F4

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	16
# medical calls	906
# pediatric calls	67
# cardiac arrests	7
# cardiac calls (less cardiac arrest)	69

Average # of shifts by each student	4
average # runs per shift for a student	3
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).

Filename in Appendix F [Approved Field Preceptor List](#)

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Affiliate Name:	Kittitas Valley Fire & Rescue		
Address:	400 E. Mountain View Avenue		
Address:			
City, State Zip	Ellensburg, WA 98926		
Distance from program: (in miles)	1.6		
Name of program's on-site liaison:	John Sinclair		
Is there a signed, current affiliation agreement?	Yes		

Form # F5

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	428
# medical calls	1926
# pediatric calls	250
# cardiac arrests	23
# cardiac calls (less cardiac arrest)	312

Average # of shifts by each student	2
average # runs per shift for a student	3
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).

Filename in Appendix F [Approved Field Preceptor List](#)

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F6

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	341
# medical calls	478
# pediatric calls	108
# cardiac arrests	12
# cardiac calls (less cardiac arrest)	168

Average # of shifts by each student	1
average # runs per shift for a student	3
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).

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APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Affiliate Name:

Address:

Address:

City, State Zip:

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F7

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	8
# medical calls	321
# pediatric calls	19
# cardiac arrests	5
# cardiac calls (less cardiac arrest)	37

Average # of shifts by each student	1
average # runs per shift for a student	3
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F8

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	84
# medical calls	4006
# pediatric calls	198
# cardiac arrests	38
# cardiac calls (less cardiac arrest)	344

Average # of shifts by each student	1
average # runs per shift for a student	2
Length of Shift (in hours)	12

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).

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Central Washington University

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Affiliate Name:	Lifeline Ambulance		
Address:	501 N. Wenatchee Avenue		
Address:			
City, State Zip	Wenatchee, WA 98801		
Distance from program: (in miles)	69.7		
Name of program's on-site liaison:	Wayne Walker		
Is there a signed, current affiliation agreement?	Yes		

Form # F9

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	1350
# medical calls	5400
# pediatric calls	200
# cardiac arrests	30
# cardiac calls (less cardiac arrest)	3000

Average # of shifts by each student	6
average # runs per shift for a student	3
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training. If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in **Appendix F**.

Filename in Appendix F [Approved Field Preceptor List](#)

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Central Washington University

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Form # F10

Affiliate Name:	Ballard Ambulance		
Address:	1028 N. Wenatchee Avenue		
Address:			
City, State Zip	Wenatchee, WA 98801		
Distance from program: (in miles)	69.6		
Name of program's on-site liaison:	Penny McDonald		
Is there a signed, current affiliation agreement?	Yes		

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	3600
# medical calls	2300
# pediatric calls	250
# cardiac arrests	100
# cardiac calls (less cardiac arrest)	75

Average # of shifts by each student	5
average # runs per shift for a student	5
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).

Filename in Appendix F [Approved Field Preceptor List](#)

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

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Form # F11

Affiliate Name:	Lake Stevens Fire Department		
Address:	1825 South Lake Stevens Road		
Address:			
City, State Zip	Lake Stevens, WA 98258		
Distance from program: (in miles)	129		
Name of program's on-site liaison:	Larry Huff		
Is there a signed, current affiliation agreement?	Yes		

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	565
# medical calls	1998
# pediatric calls	358
# cardiac arrests	41
# cardiac calls (less cardiac arrest)	330

Average # of shifts by each student	1
average # runs per shift for a student	2
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training. If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in **Appendix F.**

Filename in Appendix F

Approved Field Preceptor List

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Central Washington University

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Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F12

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	62
# medical calls	518
# pediatric calls	362
# cardiac arrests	38
# cardiac calls (less cardiac arrest)	169

Average # of shifts by each student	1
average # runs per shift for a student	5
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training. If training has not been completed, enter "pending" in the date competed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in [Appendix F](#).

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Central Washington University

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Form # F13

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	42
# medical calls	213
# pediatric calls	109
# cardiac arrests	41
# cardiac calls (less cardiac arrest)	84

Average # of shifts by each student	1
average # runs per shift for a student	2
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

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Central Washington University

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Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # F14

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	1098
# medical calls	4269
# pediatric calls	153
# cardiac arrests	111
# cardiac calls (less cardiac arrest)	1462

Average # of shifts by each student	7
average # runs per shift for a student	5
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training. If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in **Appendix F**.

Filename in Appendix F

Approved Field Preceptor List

APPENDIX F – Field Experience/Internship Institutional Data Form

Central Washington University

Complete as many of these forms as necessary to report data on all field experience/internship affiliates.

There are 15 copies of the form in this tab (scroll down).

Additional Appendix F forms are available on the CoAEMSP website - Self Study Reports page.

Place a copy of each additional completed form in an electronic folder named **APPENDIX F**.

Form # F15

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Type of Call	total # of runs per year
# trauma calls	2082
# medical calls	11843
# pediatric calls	284
# cardiac arrests	123
# cardiac calls (less cardiac arrest)	1225

Average # of shifts by each student	2
average # runs per shift for a student	4
Length of Shift (in hours)	24

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training.

If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Please see file in Appendix F	

APPENDIX G - Student Patient Contact Matrix

Central Washington University

Programs must track at least all of the procedures listed below.

Complete the columns of this matrix based on clinical experience, field experience, and field internship.

For each procedure, state the minimum number required by the program for each student.

The minimum number for each procedure must be 2 or more.

For each procedure, indicate if simulations are allowed to substitute for live patient contacts. Indicate the number of simulations that equal 1 live patient contact.

<=== Hover cursor here to see definitions

Procedures – Paramedic	Min # Required	Are Sims Used	# Sims that=1 pt
Safely Administer Medications	20	No	0
Airway Management	50	Yes	0
Live Intubations, if applicable	12	No	0
Safely Gain Venous Access	100	No	0
Ventilate a Patient	15	No	0
Assessment of Newborn	5	No	0
Assessment of Infant	5	No	0
Assessment of Toddler	5	No	0
Assessment of Preschooler	5	No	0
Assessment of School Aged	5	No	0
Assessment of Adolescents	5	No	0
Assessment of Adults	50	No	0
Assessment of Geriatrics	30	No	0
Assessment of Obstetric Patients	10	No	0
Assessment of Trauma Patients	40	No	0
Assessment of Medical Patients	50	No	0
Assessment of Psychiatric Patients	20	No	0
Assess and Plan RX of Chest Pain	30	No	0
Assess and Plan RX of Respiratory	25	No	0
Assess and Plan RX of Syncope	5	No	0
Assess and Plan RX of Abdominal	20	No	0
Assess and Plan RX of Altered Mental Status	20	No	0
Field Internship Team Leads	25		

Hover cursor over above cell to see definition of team leads

NOTE: During the Letter of Review, the program MUST collect the tracking data demonstrating that each student has met the above minimum required numbers of procedures.

Date on which the Medical Director APPROVED the above required numbers: (mm/dd/yyyy)

08/24/2016

Place in electronic folder APPENDIX G, documentation of approval. Filename ==>

Advisory minutes 8-24-16

Date on which the Advisory Committee ENDORSED the above required numbers: (mm/dd/yyyy)

08/24/2016

Place in electronic folder APPENDIX M, Minutes with approval. Filename ==>

Advisory minutes 8-24-16

Briefly describe the tracking system by which the program will collect the above data.

Students are required to enter all of the patient data into FSDAP within 30 hours of the patient contact. In some select instances, a hardcopy is used to serve as a redundancy, but in this past year, the electronic record was declared the primary (and only final) means of documentation. Students are required to bring MicroSoft Surface Pro Tablets to the clinical and field sites to actively record patient contact information. The data are then reviewed for completeness and accuracy by the Clinical Coordinator at the conclusion of each student's clinical activities.

State the Program's specific action plan for students who do not meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical experience and field experience/internship activities).

Students that fail to meet established clinical benchmarks received an "Incomplete - In Progress" grade for that clinical/internship course. Once the requirements are met, a suitable grade is issued and the student is then enrolled into the subsequent clinical course. All clinical activity is required to be completed by the end of the spring quarter (June) with the exception of intubations and Team Leads. All intubation requirements must be met prior to commencing with Team Lead activity. All Team Lead activity must be completed by the end of the 9-week summer session (August). Students that fail to meet that extended deadline are issued an "Unsatisfactory" grade and are required to repeat the course (and other co-requisites) or be dismissed from the Program.

Create electronic folders for each of the following Appendices and place the appropriate files in each folder.

Central Washington University

APPENDIX H – Copies of all Course Syllabi

Place a copy of each course syllabus in an electronic folder named APPENDIX H, with easily identifiable filenames.

of files in Appendix H:

APPENDIX I – Copy of the most recent college catalogue and any other documents related to Standard V.A.2.

<=== Hover

Place copies of the most recent college catalogue and any other documents related to Standard V.A.2 in an electronic folder named APPENDIX I, with easily identifiable filenames.

of files in Appendix I:

APPENDIX J – Additional materials (not provided in Appendix H) related to Standard V.A.3.

<=== Hover for Standards language

Place copies of the additional materials (not provided in Appendix H) related to Standard V.A.3 in an electronic folder named APPENDIX J, with easily identifiable filenames.

of files in Appendix J:

APPENDIX K – Copies of Faculty Evaluation Self Study Report Questionnaires, including those completed by Advisory Committee members.

Place a copy of each Faculty Evaluation SSR Questionnaire in an electronic folder named APPENDIX K, with easily identifiable filenames.

of files in Appendix K:

APPENDIX L – Copy of Articulation Agreement (Standard I.A), as applicable

Copy of the Consortium Agreement (Standard I.B) and/or

Copies of the consortium governing body minutes.

Place a copy of an articulation agreement (if the program does not award college credit) in an electronic folder named APPENDIX L, with an easily identifiable filename.

of files in Appendix L:

APPENDIX M – Copies of the Advisory Committee minutes.

Place a copy of all Advisory Committee meeting Minutes for the past 3 years in an electronic folder named APPENDIX M, with easily identifiable filenames.

of files in Appendix M:

APPENDIX N – Copies of the fully executed clinical/field affiliation agreements.

Place a copy of the affiliation agreement for each active clinical/field site in an electronic folder named APPENDIX N, with easily identifiable filenames.

of files in Appendix N:

Create electronic folders for each of the following Appendices and place the appropriate files in each folder.

Central Washington University

APPENDIX P – Summary Tracking Data

Submit summary tracking documentation of the number of times each student has successfully performed each of the competencies according to patient age-range (including pediatric age subgroups), chief complaint, and interventions to demonstrate that the program minimums are being met. [Note: The response needs to include the actual tracking documentation of all students (indicate any students who are not graduates); sample or blank forms are not sufficient.]

Submit the Program's specific action plan for students who do not yet meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical and field internship activities). NOTE: simulation cannot be used for team leads.

of graduated students with tracking data:

APPENDIX Q – Publication where the outcomes data is available to the public (if not a website)

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Place a copy of any other documents related to Standard V.A.4 in an electronic folder named APPENDIX Q, with easily identifiable filenames.

of files in Appendix Q: