





Department of Public Health
POLICY AND PROCEDURES
EMS INITIAL EDUCATION
PROGRAM DESIGNATION AND
REDESIGNATION

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APPROVAL:		02/01/2024
	Richard Rhodes, State EMS Training Coordinator, Office of EMS and Trauma	Date
		02/01/2024
	Michael Johnson, Director, Office of EMS and Trauma	Date

1.0 PURPOSE

The intent of this policy is to specify the criteria for the initial and continuing designation and the administration of an EMS Initial Education Program.

2.0 AUTHORITY

The Georgia Department of Public Health, Office of EMS and Trauma, EMS Initial Education Program Designation Policy OEMS-INS-2024-001 is published under the authority of the Department and in compliance with the following:

2.1 Official Code of Georgia Annotated (O.C.G.A.):

- 2.1.1** O.C.G.A. § 31-2A-6,
- 2.1.2** O.C.G.A. § 31-11-5,
- 2.1.3** O.C.G.A. § 31-11-51 to 31-11-61.

2.2 EMS Rules and Regulations 511-9-2:

- 2.2.1** 511-9-2-.16.

3.0 DEFINITIONS

3.1 Applicant - means an agency, hospital, institution, Program or other entity seeking designation from the Department as an approved Program to teach EMS initial education Programs at the, EMR, EMT, AEMT and/or Paramedic levels.

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- 3.2 Attrition** - means a student that enrolls into a course and completes more than 10% of the total clock hours from the course but does not complete the course. Students who leave the course before the 10% point are not counted as attrition.
- 3.3 CAAHEP** – Means the Committee on Accreditation of Allied Health Education Programs
- 3.4 CoAEMSP** – Means the Committee on Accreditation or the EMS Profession
- 3.5 Department** - means the Georgia Department of Public Health, Office of EMS and Trauma.
- 3.6 EMS** - means Emergency Medical Services.
- 3.7 EMS Initial Education Program** - means an agency, hospital, institution, Program or other entity designated by the Department as approved to offer/teach EMS initial education courses at the EMR, EMT, AEMT and/or Paramedic levels.
- 3.8 EMS Initial Education Course** - means a course or group of modules/sessions/courses that are designed to cover all material listed in the current Georgia Scope of Practice for EMS Personnel, the current Georgia EMS initial education requirements listed in this policy, and the current National EMS Education Standards, as published by the National Highway Transportation Safety Administration (NHTSA), for the EMR, EMT, AEMT or Paramedic levels, and upon successful completion and Program Director approval allow the graduates of that course to take the National Registry of Emergency Medical Technicians (NREMT) cognitive and psychomotor exams for that provider level.
- 3.9 EMS Rules** - means the Department’s Rules and Regulations, Chapter 511-9-2.
- 3.10 Recognized** - means acceptable to the Department based on its determination as to conformance with current national standards.

4.0 SCOPE

This policy applies to all Applicants seeking designation as an approved EMS Initial Education Program and to all currently designated EMS Initial Education Programs Text here.

5.0 POLICY

5.1 EMS Initial Education Approval Criteria

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Applicants seeking designation as an approved EMS Initial Education Program must meet the following criteria:

5.1.1 Program Characteristics

5.1.1.1 Program Sponsorship

5.1.1.1.1 EMS Initial Education Programs shall be sponsored by organizations or individuals with adequate resources, as specified by this policy, and dedication to carry out successful educational endeavors.

5.1.1.1.2 Program sponsors shall provide appropriate oversight and supervision to ensure that Programs: are educationally sound; meet the responsibilities listed in this policy; and have the required equipment and resources to conduct the Program and courses.

5.1.1.2 Program Director

5.1.1.2.1 EMS Initial Education Programs shall have a Program Director who contributes an adequate amount of time to assure the success of the Program. In addition to other responsibilities, the Program Director shall be responsible for the development, organization, administration, periodic review, and effectiveness of the Program. The Program Director may function as a Course Coordinator/Lead Instructor if appropriately licensed.

5.1.1.2.2 The Program Director shall Routinely review student performance to assure adequate progress toward completion of the Program; Review and supervise the quality of instruction provided by the Program; and Document that each graduating student has achieved the desired level of competence prior to graduation on forms specified by the Department.

5.1.1.2.3 A Program Director shall be responsible to:

5.1.1.2.3.1 Plan for and evaluate the overall operation of

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the Program; Provide supervision and oversight of all courses for which the Program is responsible; Act as liaison between students, the sponsoring organization, and the Department; Submit course notifications and approval applications to the Department.

- 5.1.1.2.3.2** Assure availability of classroom(s) and other facilities necessary to provide for instruction and convenience of the students enrolled in courses for which the Program is responsible.
- 5.1.1.2.3.3** Verify prerequisite certification and licensure if applicable and select students based on Program criteria; Schedule classes and assign course coordinators and/or instructors; Verify the certification, license, or other proper credentials of all personnel who instruct in the Program’s courses.
- 5.1.1.2.3.4** Maintain an adequate inventory of training equipment, supplies and audio-visual resources based on the Department’s minimum equipment list, the National EMS Education Standards, Program Medical Director and Advisory Committee recommendations; Assure that training equipment and supplies are available and operational for each laboratory session.
- 5.1.1.2.3.5** Secure and maintain affiliations with clinical, and field internship facilities necessary to meet the instructional objectives of all courses for which the Program is responsible; Develop field internship and clinical objectives for all courses for which the Program is responsible; Train and evaluate internship preceptors.

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5.1.1.2.3.6 Along with the course coordinator develop and use valid and reliable written examinations, skills proficiency verifications, and other student evaluations.

5.1.1.2.3.7 Along with the course coordinator and Medical Director, supervise and evaluate the effectiveness of personnel who instruct in the Program’s courses; Supervise and evaluate the effectiveness of the clinical and EMS field internship training; Attest to the successful course completion of all students who meet the Programs requirements for completion; Provide the Department with information and reports necessary for planning, administrative, regulatory, or investigative purposes.

5.1.1.3 Advisory Committee (not enforced until 1/1/2025)

5.1.1.3.1 EMT, AEMT and Paramedic Initial Education Programs shall have an Advisory Committee representing the Program's communities of interest (individuals, groups of individuals, or institutions impacted by the Program) designated and charged with assisting the Program Director and Medical Director in formulating appropriate goals and standards, monitoring needs and expectations and ensuring Program responsiveness to change.

5.1.1.3.2 The Advisory Committee should have significant representation and input from non-Program personnel.

5.1.1.3.3 Advisory Committee meetings may include participation by synchronous electronic means.

5.1.1.3.4 The Advisory Committee must be designated and charged with the responsibility of meeting at least annually, to assist Program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and

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expectations, and ensuring Program responsiveness to change, and to review and endorse the Program clinical/field requirements, including the required minimum numbers of patient contacts.

- 5.1.1.3.5** The Advisory Committee must meet at least once a year and review the goals and outcomes for the classes in the last year and make recommendations to the Program.
- 5.1.1.3.6** The Advisory Committee meetings should also include review of all minimum competency requirements, including team leads, achievement of goals, analysis of the goals, action plan, and results of action where appropriate and review of the annual report and other objective data that supports Program evaluation.
- 5.1.1.3.7** There must be an Advisory Committee roster indicating the communities of interest that the members represent. Best practice is for the Program Advisory Committee Chair to be selected from one of the non-Program affiliated communities of interest. Additional faculty and administration are ex-officio members.
- 5.1.1.3.8** The Advisory Committee meetings must have Minutes reflecting the attendees, and meaningful discussion and actions during the meeting.
- 5.1.1.3.9** The Department’s EMS Regional Training Coordinator must be invited to each of the Program’s Advisory Committee meetings at least 10 days prior to the meeting date. Programs must offer a virtual option for attendance.
- 5.1.1.3.10** The Advisory Committee should advise the Program on all levels of EMS Initial Education offered by the Program. The Advisory Committee must be in place and advising the Program prior to the designation of any Program.



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5.1.1.3.11 The Advisory Committee shall consist of, at a minimum, the following types of representation, based on the type(s) of courses offered by the Program, for EACH level taught by the Program:



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Type of Representation	EMT Programs	AEMT Programs	Paramedic Programs
Current Student	Current EMT Student – Optional	Current AEMT Student – Optional	Current Paramedic Student - Mandatory
Graduate ¹	EMT Graduate – Mandatory	AEMT Graduate – Mandatory	Paramedic Graduate - Mandatory
Program Faculty ²	EMT Faculty – Mandatory	AEMT Faculty – Mandatory	Paramedic Faculty - Mandatory
Program Sponsor – Administration Representative	All Advisory Committees must have at least one representative from the administration for the Program’s sponsor.		
Hospital/Clinical Site	Optional	Optional	Mandatory
Employers of Graduates	Mandatory	Mandatory	Mandatory
Police and/or Fire services with a role in EMS	Optional	Optional	Mandatory
Key Government Officials	Must include <i>at a minimum</i> the GA Office of EMS and Trauma Regional Training Coordinator for the Region and may include other key governmental officials as deemed appropriate by the Program.		
Physicians	Must include <i>at a minimum</i> the Program Medical Director(s) and should include other physicians as available.		
A representative of the public	Mandatory	Mandatory	Mandatory

¹ If a graduate is a graduate of multiple levels of EMS initial education courses at the Program, then that graduate may satisfy the “Graduate” requirements for each level they graduated from. The graduate must not have completed the Program more than 5 years previously.

² If a faculty member teaches in multiple levels of EMS initial education at the Program, then that faculty member may satisfy the “Program Faculty” requirement for each level that they teach.

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5.1.1.4 Medical Direction

5.1.1.4.1 EMS Initial Education Programs shall have a Medical Director. licensed in Georgia as a physician, approved by the Department with experience in and current knowledge of emergency medical care. The Medical Director shall be knowledgeable about educational Programs for EMS personnel. In addition to other duties assigned by the Program, the Medical Director shall:

5.1.1.4.1.1 Review and approve the educational content of the Program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed prehospital or emergency care practice.

5.1.1.4.1.2 Review and approve the required minimum numbers for each of the required patient contacts and procedures listed in this policy; Review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship; Review the progress of each student throughout the Program, and assist in the determination of appropriate corrective measures, when necessary.

5.1.1.4.1.3 Corrective measures should occur in the cases of adverse outcomes, failing academic performance, and disciplinary action. Ensure the competence of each graduate of the Program in the cognitive, psychomotor, and affective domains; Engage in cooperative involvement with the Program Director.

5.1.1.4.1.4 Ensure the effectiveness and quality of any Medical Director responsibilities delegated to

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another qualified physician; Ensure educational interaction of physicians with students; attest that each graduating student has achieved the desired level of competence prior to graduation.

5.1.1.5 Instructional Personnel

5.1.1.5.1 EMR Initial Education Programs shall have a minimum of one EMS Instructor or EMS Instructor/Coordinator licensed by the Department present during all didactic and lab instruction.

5.1.1.5.2 EMT, AEMT and Paramedic Initial Education Programs shall have a minimum of one EMS Instructor/Coordinator licensed by the Department at the level of the course being taught present during all didactic and lab instruction.

5.1.1.5.3 The lead instructor/course coordinator of an EMR Initial Education course must be licensed by the Department as an EMS Instructor or EMS Instructor/Coordinator.

5.1.1.5.4 The lead instructor/course coordinator of each EMT, AEMT and Paramedic Initial Education course must be licensed by the Department as an EMS Instructor/Coordinator at the level of the course or above.

5.1.1.5.5 In each location where students are assigned for didactic, skills or clinical instruction or supervised practice, there must be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable Program requirements. A ratio of 1 instructor for each 6 students must be maintained during skills instruction, practice, or evaluation.

5.1.1.5.6 "Instructional Faculty" includes paid or unpaid part-time

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or adjunct faculty, instructional staff, preceptors, or any other title associated with the individual responsible for the supervision and/or assessment of the student.

5.1.1.5.7 The faculty must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training, and experience to teach or evaluate the courses, topics or skills to which they are assigned.

5.1.1.5.8 All activities required in the Program must be educational and students must not be substituted for staff.

5.1.1.6 Adequate Financial Resources

5.1.1.6.1 The Program must have adequate financial resources to allow the Program to fulfill the responsibilities described in this policy.

5.1.1.7 Adequate Physical Resources

5.1.1.7.1 The Program must have adequate physical resources including classroom and laboratory facilities, equipment, and supplies, and learning resources to allow the Program to fulfill the responsibilities described in this policy.

5.1.1.7.2 The Program must have a physical location that is accessible by the public and maintained as an educational/business facility. The Program must be able to pass an inspection for safety and comfortability of students. There must be adequate space for a safe learning environment as specified by the Department.

5.1.1.7.3 Program resources must be sufficient to ensure the achievement of the Program’s goals and outcomes. Resources should include but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities;

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clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

- 5.1.1.7.3.1** The Program must have the minimum equipment as specified in the current “Minimum Equipment Required for EMS Initial Education Programs”.
- 5.1.1.7.3.2** Any equipment that the Program intends to have as “agreement to use” must be endorsed by the Program Advisory Committee, Medical Director, and Program Director.

5.1.1.8 Adequate Clinical and Field Internship Experience/Resources

- 5.1.1.8.1** For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint, and interventions in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.
- 5.1.1.8.2** The clinical/field experience/internship resources must ensure exposure to, and assessment and management of the following patients experiencing trauma and medical emergencies. This may include airway management to include endotracheal intubation (Paramedic only); obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.
- 5.1.1.8.3** The Program must set and require minimum competency numbers of patient contacts for each listed category. Those minimum numbers must be approved by the Program Director and the Medical Director and must be endorsed by the Advisory Committee with

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documentation of those actions. The tracking documentation must then show those minimums and that each student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency.

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

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

5.1.1.8.6 EMT, AEMT and Paramedic students must have successful team leads as specified on the SMC forms provided by the Department. The student has successfully led the team if he or she has:

5.1.1.8.6.1 Conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable).

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5.1.1.8.6.2 Not required any (or only minimal) prompting by the preceptor.
Withheld/initiated/performed interventions that endangered the physical or psychological safety of the patient, bystanders, other responders, or crew.

5.1.1.9 Preceptor Training

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

5.1.1.9.2 The training/orientation must include the following topics:

5.1.1.9.2.1 Purposes of the student rotation (minimum competencies, skills, and behaviors); Evaluation tools used by the Program; Criteria of evaluation for grading students; Contact information for the Program; Program’s definition of Team Lead; Program’s required minimum number of Team Leads; Coaching and mentorship techniques.

5.1.1.9.3 The preceptor training must be approved by the Department, and the Program must maintain a roster of all persons who complete the preceptor training. This roster must be entered in the Department’s License Management System.

5.1.1.9.4 Preceptor training should be refreshed for each preceptor every two (2) years, or more frequently as determined by the Program Director, Medical Director, and Advisory Committee.

5.1.1.10 Academic and Administrative Policies, Evaluations, Procedures and Record Retention Requirements:

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5.1.1.10.1 Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and Program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

5.1.1.10.2 Achievement of the Program competencies required for graduation must be assessed by criterion referenced, summative, comprehensive final evaluations in all learning domains.

5.1.1.10.3 Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements, including all Program required minimum competencies in all learning domains in the didactic, laboratory, clinical and field experience/internship phases of the Program.

5.1.1.10.4 The Program must track and document that each student successfully meets each of the Program established minimum patient/skill requirements for the appropriate exit point according to patient age range, chief complaint, and interventions.

5.1.1.10.5 The Program must conduct post graduate surveys of each student that enrolls in the Program and is attrition from or completes the course.

5.1.1.10.6 All course and student paperwork related to this policy must be maintained by the EMS Initial Education Program for a minimum of five (5) years post-graduation or exiting of the student from the Program.

5.1.1.10.7 *Didactic/Cognitive Documentation*

5.1.1.10.7.1 The Program must keep a master copy of exams used in the Program. Also, the Program must maintain a record of student

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performance on every didactic evaluation.

5.1.1.10.8 *Psychomotor Documentation*

5.1.1.10.8.1 The Program must keep a master copy of all psychomotor evaluation instruments used in the Program. Also, the Program must maintain a record of student performance on every psychomotor evaluation. The record shall be kept on the SMC document and lab manual for the course taken.

5.1.1.10.8.2 Required simulations must be documented using the OEMS Simulation Evaluation Form or a digital equivalent.

5.1.1.10.9 *Affective Documentation*

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

5.1.1.10.9.2 The Program needs a policy on when student counseling will occur, such as:

5.1.1.10.9.2.1 Routinely during an academic session (e.g., semester, quarter, term);
Included as part of due process for disciplinary proceeding; Academic deficiencies and the path for improvement; Other issues that interfere with the teaching/learning process; The academic status of the student and what must occur for academic success in the course and/or Program; and/or A status assessment of the student’s academic progress for

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each learning domain.

5.1.1.10.9.3 The documentation of counseling session should include at a minimum:

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

5.1.1.10.10 *Clinical/Field Documentation*

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

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

5.1.1.10.10.3 The Program must document a mechanism for demonstrating consistency of evaluation and progression of the student during clinical/field experience.

5.1.1.10.11 *Terminal Competence Documentation*

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5.1.1.10.11.1 The Program must have a document signed by the Program Director and student showing that the student has achieved the established terminal competencies for all phases of the Program. It is recommended that the Medical Director also sign the terminal competency, but not required.

5.1.1.10.11.2 Students must meet the Program’s minimum requirements before being “cleared to test”. Students who have not met the minimum requirements by the end of the course should be assigned additional experiences in order to meet the state and Program requirements.

5.1.1.10.12 Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

5.1.1.11 Student Portfolio

5.1.1.11.1 *Family Educational Right to Privacy Act (FERPA)*

5.1.1.11.1.1 Each student must have a completed and signed Department FERPA form in order to be added to a Department approved EMS initial education course. This form must be signed by the student and the Program Director and uploaded to the respective course in the Department’s License Management System within 10 days of the start date of the course.

5.1.1.11.2 *Student Minimum Competency Form (SMC)*

5.1.1.11.2.1 For Paramedic courses, this must include the CoAEMSP terminal competency form and all forms within the Paramedic SMC document.

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5.1.1.11.2.2 For EMR, EMT and AEMT courses, this must include the entire SMC document.

5.1.1.11.2.3 All forms must be completed within 10 days of the end of the course and uploaded to the respective course in the Department’s License Management System.

5.1.2 Curriculum

5.1.2.1 The curriculum must ensure the achievement of Program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and team lead/field internship activities.

5.1.2.2 Programs must have a program or student handbook that addresses the following: course name(s) and descriptions, Course dates (may be in a separate document), grading scale, attendance policy, progressive disciplinary policy, testing and evaluation policy, dress codes, lab/skill requirements, and clinical/field descriptions and requirements. This handbook must be provided to students on the first day of the course.

5.1.2.3 Instruction must be based on clearly written course syllabi or student handbook that include course description, course objectives, methods of evaluation, topic outline, and competencies required for course completion.

5.1.2.4 The Program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.

5.1.3 Self-Study Requirements (not enforced until 1/1/2025)

5.1.3.1 A self-study is a self-evaluation and compilation of documents that describes the proposed or existing Program’s overall process. It shall explain and/or document the Program’s organizational structure, resources, facilities, record keeping,

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personnel and their qualifications, policies and procedures, textbooks, course delivery methods used, clinical and field affiliations, student to patient contact matrix, psychomotor competency evaluations, a copy of all advertisements, documents provided to students and describe what is necessary for students to complete the Program.

5.1.3.2 All proposed and/or existing Programs must provide a self-study. Programs that offer paramedic education may submit a copy of a self-study submitted to national accrediting organizations to meet this requirement. However, they must submit supplemental documentation to demonstrate substantial compliance with the EMS education standards of this policy.

5.1.3.3 Each self-study must contain the following items:

5.1.3.3.1 An organizational chart, a description of personnel (faculty and staff) and qualifications, the instructor/faculty credentialing, evaluation, and continuing education process

5.1.3.3.2 A description of the ownership and sponsorship of the proposed or existing Program, record keeping process for maintaining Program, course, and student records, learning resources, the textbooks and curriculum.

5.1.3.3.3 Ensure minimum requirements of the facilities, equipment and supplies for designated level per the Required Minimum Equipment List for EMS Education Programs.

5.1.3.3.4 A description of the clinical and field internship affiliations, the student minimum competencies and how it will be tracked and monitored.

5.1.3.3.5 A copy of any policies and procedures used for faculty, staff, and students, that address the following:

5.1.3.3.6 Attendance, tardiness, and participation; Program

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Medical Director change; Cheating; Clinical and field internship; Complaint resolution; Conduct, safety and health; Counseling and coaching of students; Dress and hygiene requirements; Grading; Grievance and appeals; Immunizations; Policies for the prevention of sexual harassment; Policies for the prevention of discrimination based on race, sex, creed, national origin, sexual preference, age, handicap or medical problems; Record keeping and access to records; Student faculty relationships; Student screening and enrollment; Test review and makeup; and Tuition and/or fee reimbursement.

5.1.3.3.7 A sample of all advertisements and any documents given to potential students, students and exiting students.

5.1.3.3.8 A description of any and all requirements for a student to complete a course.

5.1.4 Fair Practices

5.1.4.1 Publications and Disclosures

5.1.4.1.1 Announcements, catalogs, publications, and advertising must accurately reflect the Program offered.

5.1.4.1.2 At least the following must be made known to all applicants and students: the sponsor’s institutional and Programmatic accreditation and Department approval status as well as the name, mailing address, web site address, and phone number of the accrediting agencies and the Department’s License Management System Public Portal (www.mygemsis.org/lms) and the Department’s website (www.ems.ga.gov) ; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the Program; tuition/fees and other costs required to complete the

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Program; policies and processes for withdrawal and for refunds of tuition/fees.

5.1.4.1.3 At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the Program.

5.1.4.1.4 The Program must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in this policy.

5.1.4.1.5 The Department will publish the previous 3 years' worth of student outcome data from NREMT and attrition/retention rates on the Department website.

5.1.4.2 Lawful and Non-Discriminatory Practices

5.1.4.2.1 All activities associated with the Program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all faculty.

5.2 Data and Substantive Change Reporting Requirements

5.2.1 Annual Report (not enforced until 1/1/2025)

5.2.1.1 The Program must annually submit to the Department the Program's self-study, along with the outcomes listed below, its analysis of the outcomes, and an appropriate action plan based on the analysis.

5.2.1.2 Annual Reports must include at a minimum, the following:

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5.2.1.2.1 NREMT certification exam results for each level taught, including the following:

5.2.1.2.1.1 Number that attempted the cognitive exam

5.2.1.2.1.2 Pass rates on the NREMT certification exam for the first (1st), third (3rd), and sixth (6th) attempts.

5.2.1.2.2 Retention/Completion/Attrition rates must include the following for each cohort, physical location, and year:

5.2.1.2.2.1 Number of students that started the Program, completed the Program, and did not complete the Program.

5.2.1.2.3 Programs not meeting the established thresholds must begin a dialogue with the Department to develop an appropriate plan of action to respond to the identified shortcomings.

5.2.1.2.4 All of the Advisory Committee minutes and recommendations for the year, and actions taken by the Program to address those recommendations.

5.2.1.2.5 Detailed corrective action plan for underperforming Programs.

5.2.1.2.6 Results of the most recent graduate surveys completed by the Program.

5.2.1.2.7 Other questions/data elements on the annual report form specified by the Department.

5.2.2 Substantive Changes

5.2.2.1 The Sponsor/Program must report substantive change(s) to the Department (via the Regional EMS Director/Training Coordinator and via the Department’s License Management System) within 10 days of the change. Substantive changes include:

- 5.2.2.1.1** Change in sponsorship,
- 5.2.2.1.2** Change in location (physical or mailing address),
- 5.2.2.1.3** Change in classroom training facilities,
- 5.2.2.1.4** Addition/Removal of a satellite location,
- 5.2.2.1.5** Change in clinical or field internship facilities,
- 5.2.2.1.6** Addition of a distance learning Program,
- 5.2.2.1.7** Change in key personnel (Medical Director, Program Director, lead instructor)

5.2.3 Accredited Program

5.2.3.1 Programs accredited by CAAHEP/CoAEMSP or another national accrediting organization recognized by the Department shall provide the department with copies of:

- 5.2.3.1.1** The accreditation self-study,
- 5.2.3.1.2** The accreditation letter or certificate,
- 5.2.3.1.3** Any correspondence or updates to or from the national accrediting organization that impact the Program’s status.

5.3 Site Visits

5.3.1 On request of the Department, Programs shall permit the Department’s representatives to participate in site visits performed by national accrediting organizations.

5.3.2 Site visits by Department representatives shall be conducted prior to initial designation as an EMS Initial Education Program and may conduct site visits as determined by the Department or on the following schedule based on the Departments published metrics on student outcomes on the website:

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- 5.3.2.1** Triennially for Above Average and High Performing Programs (not enforced until 1/1/2025).
- 5.3.2.2** Annually for Below Average and Low Performing Programs (not enforced until 1/1/2025).
- 5.3.2.3** Annually for newly designated Programs until they achieve an Above Average or High Performing Program ranking (not enforced until 1/1/2025).
- 5.3.3** Site visits will assess if the Program demonstrates substantial compliance with the National EMS Education Standards, the Georgia Scope of Practice for EMS Personnel, and this policy for the respective educational level.
- 5.3.4** Site visits will consist of the following at a minimum:
 - 5.3.4.1** Facility inspection,
 - 5.3.4.2** Minimum equipment inspection,
 - 5.3.4.3** Audit of student record,
 - 5.3.4.4** Audit of faculty licensure,
 - 5.3.4.5** Faculty interviews,
 - 5.3.4.6** Other elements as determined by the Department.

5.4 Disciplinary Action

5.4.1 If the Department takes disciplinary action against a nationally accredited Program for violations that could indicate substantial noncompliance with a national accrediting organization’s essentials or standards, the Department shall advise the national accrediting organization of the action and the evidence on which the action was based.

5.4.2 Emergency Suspension

5.4.2.1 The Department may issue an emergency order to suspend a Program’s approval if the Department has reasonable cause to believe that the conduct of the Program creates an immediate

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danger to the public health or safety.

5.4.2.2 An emergency suspension shall be effective immediately without a hearing or written notice to the Program. Notice to the Program shall be presumed established on the date that a copy of the emergency suspension order is sent to the address shown in the current records of the department. Notice shall also be sent to the Program’s sponsoring entity.

5.4.3 Non-Emergency Suspension or Revocation

5.4.3.1 A Program’s approval may be suspended or revoked for, but not limited to, the following reasons:

5.4.3.1.1 Failing to comply with the responsibilities of a Program as defined in this policy; Failing to maintain sponsorship as identified in the Program application and self-study; Failing to maintain employment of at least one course coordinator whose current certifications are appropriate for the level of the Program; Falsifying a Program approval application, a self-study, a course notification or course approval application, or any supporting documentation.

5.4.3.1.2 Failing to ensure that students meet course completion requirements.

6.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	02/01/2024	Initial issue.