

Georgia OEMS – EMS Instructor Update

OEMS / November 20, 2020



GEORGIA DEPARTMENT OF PUBLIC HEALTH

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Presented by...

David Newton

- Director, Office of EMS and Trauma
- Interim Director, DPH Division of Health Protection

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- Region 5 Training Coordinator, Office of EMS and Trauma
- State EMS Training Coordinator, Office of EMS and Trauma

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Agenda

- New EMS Educational Rules
- New EMS Initial Education Webpage
- EMS Initial Education in LMS
- Documents Required for EMS Initial Education Programs
- Required Steps for Programs

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New Rules Related to EMS Education



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Rules – Effective 11/18/2020



Rule 511-9-2-.02 - Definitions



Rule 511-9-2-.16 - Standards for Emergency Medical Services Education



Rule 511-9-2-.17 - Standards for Emergency Medical Service Instructors and Instructor/Coordinators



Rule 511-9-2-.18 - Standards of Conduct for Licensees

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New Instructor Levels

- EMS Instructor
- EMS Instructor/Coordinator (EMT)
- EMS Instructor/Coordinator (AEMT)
- EMS Instructor/Coordinator (Paramedic)
- EMS Instructor with Paramedic Endorsement



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Initial Requirements – EMS Instructor

- EMS Instructor
 - CPR
 - Department approved Instructional Techniques Course, EMS Instructor Preparation Course or equivalent (within previous 3 years)
 - Current GA HCP License (2 years active practice)

Initial Requirements – EMS Instructor/Coordinator

- EMS Instructor/Coordinator (EMT, AEMT, Paramedic)
 - CPR
 - EMS instructional preparations curriculum or equivalent (within previous 3 years)
 - Current GA HCP License at/above I/C level (2 years active practice)
 - National EMS clinical standards:
 - ▣ If EMT/EMT-I/AEMT/CT/Paramedic – must have current NREMT (and maintain*) at or above level of I/C
 - EMT-I must have NR @ EMT level
 - CT must have NR @ AEMT level
 - ▣ If non-EMS license – must have recent (within last 3 years) NR Assessment exam at or above I/C level
 - 40 hours of active teaching/internship with an approved preceptor
 - For I/C (Paramedic)
 - ▣ ACLS
 - ▣ Associate Degree or Higher

* Not required for those who are being grandfathered from Level II/III to new levels

Instructional Preparation Curriculum for EMS Instructor/Coordinators (within 3 years of application)

- EMS University - EMS Instructional Strategies Course (EMS 210)
- National Association of EMS Educators (NAEMSE)
 - Current National Emergency Medical Services Educator Certification (NEMSEC)
 - Level I Instructor Course
 - Level II Instructor Course (if Level I Instructor Course done prior)
 - ▣ Level II must be within 3 years
- RC Health Services - EMT Instructor Course
- University of South Alabama - EMS 325 – Instructional Methods in EMS
- EMS Success - EMS Instructor Course
- Other Department approved courses that meet or exceed the current National Guidelines For Educating EMS Instructors

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Instructional Techniques Course for EMS Instructor (within 3 years of application)

- ALL of the Instructional Preparation Curriculum Courses
- Georgia Peace Officer Standards And Training (POST) Council
 - General Instructor Certification
 - Specialized Instructor Certification
- Georgia Professional Standards Commission - Current Georgia Educator Certificate for any grade level
- Georgia Public Safety Training Center (GPSTC) - General Instructor Training Program
- National Association of EMS Educators (NAEMSE)
 - Level I Instructor Course OR
 - Level II Instructor Course
- Pro Board National Professional Qualifications (NPQ)
 - NPQ Fire Instructor I OR
 - NPQ Fire Instructor II
- Technical College System of Georgia - Faculty Development Phase I and Faculty Development Phase II (Must have both)
- United States Military - Common Faculty Development Instructor Course (CFD-IC)

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EMS Instructor with Paramedic Endorsement (Transition)

- **EMS Instructor with Paramedic Endorsement**
 - “Grandfather” level for current Level III Instructors that do not have an Associates degree or higher
 - Want to remain as a Paramedic Instructor
 - Cannot serve as Paramedic Program Director
 - There will be no new EMS Instructor with Paramedic Endorsement created after the transition
 - The renewal requirements for this licensure level will be the same as those for the EMS I/C Paramedic

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EMS Instructor with Paramedic Endorsement Upgrade to EMS Instructor/Coordinator (Paramedic)

- Current EMS Instructors with Paramedic Endorsement will have until **6/30/2021** to **provide an official transcript of a minimum of an Associates degree** and ask OEMS to transition to EMS Instructor/Coordinator (Paramedic)

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Transitions Complete



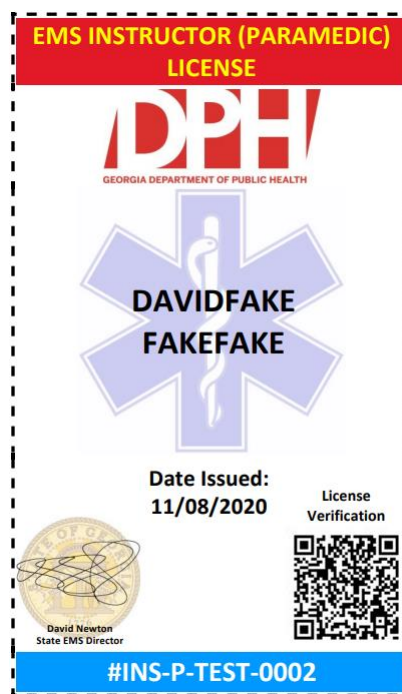
Level I/II/III Instructors had licenses that expire on 12/31/2021






After the transition, instructors and instructor/coordinators now expire on 12/31/2022

Due to Instructor CEU changes, will have from renewal date in 2019 till 12/31/2022 to get instructor CEUs

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<p>EMS INSTRUCTOR/COORDINATOR (EMT) LICENSE</p>  <p>DAVIDFAKE FAKEFAKE</p> <p>Date Issued: 11/08/2020</p>  <p>David Newton State EMS Director</p> <p>License Verification</p>  <p>#INS-P-20201108TEST-0001</p>	<p>EMS INSTRUCTOR/COORDINATOR (AEMT) LICENSE</p>  <p>DAVIDFAKE FAKEFAKE</p> <p>Date Issued: 11/08/2020</p>  <p>David Newton State EMS Director</p> <p>License Verification</p>  <p>#INS-P-20201108TEST-0001</p>	<p>EMS INSTRUCTOR/COORDINATOR (PARAMEDIC) LICENSE</p>  <p>DAVIDFAKE FAKEFAKE</p> <p>Date Issued: 11/08/2020</p>  <p>David Newton State EMS Director</p> <p>License Verification</p>  <p>#INS-P-20201108TEST-0001</p>
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**Georgia Department of Public Health
EMS Instructor License**

An EMS Instructor License
is hereby issued to

DAVIDFAKE FAKEFAKE
(Name)

as an

Instructor with Paramedic Endorsement
(Instructor License Level)



11/08/2020
(Issue Date)

INS-P-TEST-
(License Number)

This license signifies compliance on the date of issue with the Department of Public Health Rules and Regulations for the Licensure of EMS Instructors and is valid until **12/31/2022**, unless sooner surrendered, suspended, or revoked.



Office of EMS and Trauma
David Newton, Director

Georgia Department of Public Health
Kathleen E. Toomey, M.D., M.P.H.
Commissioner

NOT TRANSFERABLE
(Revised 11/07/2020)



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Expiration Dates

- Previously, all Level I/II/III instructors expired 12/31 of odd years
- All CURRENT EMS Instructors and EMS Instructor/Coordinators have been transitioned to an expiration date of 12/31/2022
- New licenses will have between 18 and 30 months
- **New Pattern:**
 - Applications from now till 6/30/2021:
 - ▣ Expire 12/31/2022
 - Applications from 7/1/2021 till 6/30/2022:
 - ▣ Expire 12/31/2023

New Renewal Requirements

- **EMS Instructor**
 - 12 hours of instructor CEUs (6 must be instructor only)
 - 20 hours active practice in Department approved CE or initial education
 - Maintain HCP license
- **EMS Instructor/Coordinator**
 - 24 hours of instructor CEUs (12 must be instructor only)
 - 40 hours active practice in Department approved initial education (20 at or above I/C level)
 - Maintain HCP license and NREMT certification (not grandfather licenses)
 - EMS Instructor with Paramedic Endorsement is equivalent to EMS Instructor/Coordinator (*Paramedic*) for renewal requirements

Late Renewal Period (NEW)

- 6 months after the expiration date
- Late fee equal to the license application fee
- If not renewed before the end of the late renewal period → will need to meet requirements anew

What if I don't meet the active practice requirements for renewals?

- For Instructor/Coordinators, if you don't meet active practice requirements for your license level, you can choose to downgrade to a lower level that you did meet the requirements for

Instructor/Coordinator Internship

Minimum 40 hours total

- Required Portfolio:
 - For each day:
 - Didactic Presentation Evaluation Sheet (minimum 20 hours)
 - Skills Presentation Evaluation Sheet (minimum 10 hours)
 - Clinical Coordination Evaluation Sheet (minimum 10 hours)
 - EMS/Instructor/Coordinator Internship Log Sheet
 - Update each day
 - Final Evaluation:
 - Competency Verification Sheet



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Candidate Full Name		I/C Level Applying For	Date of Evaluation	Start Time	End Time
		<input type="checkbox"/> I/C (EMT) <input type="checkbox"/> I/C (AEMT) <input type="checkbox"/> I/C (Paramedic)			
EMS Initial Education Program Name (Where Presentation was done)			Course Level	OEMS Course Approval Number	
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic			
EVALUATION INSTRUCTIONS					
Each criteria must be rated by the Instructor/Coordinator FIRST and rated by the preceptor SECOND. Mark candidate ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies as below. Preceptors complete shaded sections.					
Criteria	Rating		Comments		
	S	P			
PREPARATION					
Were equipment and materials all in place and ready?					
Rate the quality of the objectives.					
Rate the completeness of the lesson plan.					
PRESENTATION					
Did the candidate introduce him/herself?					
Did the candidate tell the group enough about the lesson to make it interesting yet keep the introduction brief?					
Did the candidate find out what the group knew about the presentation at hand?					
Did the candidate demonstrate and/or present one important piece of information at a time?					
Was the material presented in an organized fashion?					
How well did the candidate stress the key points?					
Did the candidate summarize the information at various points during the presentation?					
Did the candidate explain the information clearly and completely?					
Did the candidate summarize the entire presentation?					
Did the candidate follow the content of the lesson plan?					
Did the candidate adhere to the time limit?					
QUESTIONING					
Did the candidate use questioning to spot-check his/her instruction or stress important points?					
Did the candidate encourage active participation with the use of questions?					
Did the candidate encourage the student who supplied a wrong answer?					

Criteria	Rating		Comments
	S	P	
INSTRUCTIONAL MEDIA			
Did the media have a direct relationship with the topic?			
Did the candidate present the media at an appropriate time for the student to understand its relationship to the subject?			
Did the candidate use the media effectively (proper introduction and summary of videotape, audio tape, etc.)?			
Was the media used with little or no disruption of the presentation (was the media preset, was equipment working properly, etc.)?			
COMMUNICATION			
Did the candidate use positive communication in the verbal presentation (did the candidate avoid making excuses for the topic, apologizing, etc.)?			
Did the candidate speak clearly, distinctly, and with sufficient volume?			
Did the candidate speak at an appropriate pace?			
Did the candidate maintain adequate eye contact with the group?			
Did the candidate avoid distracting habits (such as excessive hand activities or repeating words like "um" or "okay")?			
APPEARANCE			
Did the candidate appear at ease?			
Was the candidate neatly attired?			
OVERALL RATING			
Please give your rating for the presentation.			
CANDIDATE/COORDINATOR CANDIDATE SELF ASSESSMENT COMMENTS/ACTION PLAN FOR IMPROVEMENT			
ADDITIONAL PRECEPTOR COMMENTS/ACTION PLAN FOR IMPROVEMENT			
SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL			
I Agree to the above ratings, comments and improvement plan.	CANDIDATE		PRECEPTOR
Printed Name and Title			
Current EMS I/C License Level			
Current EMS I/C License Number			
Signature			
Date Signed			


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Georgia Office of EMS and Trauma
EMS Instructor/Coordinator Internship
Clinical Coordination Evaluation Sheet

This form must be completed and uploaded for EACH Date that the Instructor/Coordinator Candidate is being evaluated for their Clinical Coordination as part of the Internship process.

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION				
Candidate Full Name	I/C Level Applying For	Date of Evaluation	Start Time	End Time
	<input type="checkbox"/> I/C (EMT) <input type="checkbox"/> I/C (AEMT) <input type="checkbox"/> I/C (Paramedic)			
EMS Initial Education Program Name (Where Clinical Coordination was done)		Course Level	OEMS Course Approval Number	
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic		

EVALUATION INSTRUCTIONS
 Each criterion must be rated by the Instructor/Coordinator FIRST and rated by the preceptor SECOND. Mark candidate ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on below. Preceptors complete shaded sections.

RATING SCALE: NA - Not applicable - not needed or expected. 0 - Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. 1 - Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting


Criteria	Rating	Comments
	S P	
Clinical/Field Scheduling		
Did the candidate develop and schedule field and clinical time for EMS students with appropriate preceptors?		
Clinical/Field Site Visits		
Did the candidate develop/review affiliation agreements with clinical sites and capstone field internship sites that define the responsibilities of both the program and the sponsor, detailing what the students can do at the site, and the responsibilities of the preceptor?		
Clinical/Field Evaluations		
Did the candidate assist with evaluations and selection of pre-hospital and hospital clinical sites to ensure exposure to minimum clinical requirements?		
Did the candidate assist with the evaluation of the clinical capstone field internship sites provide the minimum requirements for competency?		
Did the candidate develop, review and approve the instruments and processes used to evaluate students clinical, and field internship?		
Did the candidate define minimum team leads that are established by the program and accomplished by each student?		
Did the candidate develop a systematic review of entry level clinical competence of new graduates; with a focus on areas of concern related to critical thinking and clinical/technical skills?		

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Criteria	Rating	Comments
	S P	
Clinical/Field Remediation		
Did the candidate develop programs to decrease the attrition rate of students from the clinical component of the EMS program?		
Did the candidate develop or employ exams that are designed to measure the progress attained by EMS Interns in their knowledge of applied science and management of clinical issues?		
Did the candidate monitor and develop rubric's for attitudes and behaviors of the students, including interpersonal interaction?		
Preceptor selection, training, use and evaluation.		
Did the candidate develop and maintain effective communication with preceptor?		
Did the candidate provide supervision of clinical and field internship preceptors?		
Did the candidate develop evaluations tools for clinical preceptors during field internship?		
Did the candidate participate in the development of clinical and field internship preceptors?		
Does the candidate have a functional knowledge of GEMESIS ELITE for entering student PCR's?		
OVERALL RATING		
Please give your overall rating for the presentation.		
INSTRUCTOR/COORDINATOR CANDIDATE SELF ASSESSMENT COMMENTS/ACTION PLAN FOR IMPROVEMENT		
ADDITIONAL PRECEPTOR COMMENTS/ACTION PLAN FOR IMPROVEMENT		
SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL		
I Agree to the above ratings, comments and improvement plan.	CANDIDATE	PRECEPTOR
Printed Name and Title		
Current EMS I/C License Level		
Current EMS I/C License Number		
Signature		
Date Signed		

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Georgia Office of EMS and Trauma
EMS Instructor/Coordinator Internship
Skills Presentation Evaluation Sheet

This form must be completed and uploaded for EACH Date that the Instructor/Coordinator Candidate is being evaluated for their Skills Presentations as part of the Internship process.

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION				
Candidate Full Name	I/C Level Applying For	Date of Evaluation	Start Time	End Time
	<input type="checkbox"/> I/C (EMT) <input type="checkbox"/> I/C (AEMT) <input type="checkbox"/> I/C (Paramedic)			
EMS Initial Education Program Name (Where Presentation was done)		Course Level	OEMS Course Approval Number	
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic		

EVALUATION INSTRUCTIONS
 Each criteria must be rated by the Instructor/Coordinator FIRST and rated by the preceptor SECOND. Mark candidate ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on below. Preceptors complete shaded sections.

RATING SCALE: NA - Not applicable - not needed or expected. 0 - Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. 1 - Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting

Criteria	Rating	Comments
	S P	
PREPARATION		
Did the instructor have everything ready (lesson plan, objectives, etc.)?		
PRESENTATION		
Did the instructor introduce him/herself?		
Did the instructor keep the introduction brief, yet interesting?		
Did the instructor demonstrate and/or present one important piece of information at a time?		
Was the material presented in an organized fashion?		
Did the instructor check to make sure that the student learned the material using a grading rubric?		
Did the instructor respond to the learners' questions appropriately?		
Did the instructor adhere to the time limit?		
Did the candidate properly express to the learners that skills done properly in the classroom setting should be done the same way in the field setting?		
SKILLS		
Did the instructor point out each step required to complete the skill?		
Did the instructor correctly perform the skill?		
Did the instructor give directions while the learner performed the skill?		
Did the instructor correct errors properly?		
SAFETY		
Did the instructor address any safety concerns with the presented skills/lab?		

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Criteria	Rating	Comments
	S P	
COMMUNICATION		
Did the instructor speak clearly, distinctly, and with sufficient volume?		
Did the instructor speak at an appropriate pace?		
Did the instructor avoid distracting habits (such as excessive hand gestures or words like "um" or "okay")?		
Did the instructor maintain adequate eye contact with the group?		
OVERALL RATING		
Please give your rating for the presentation.		
INSTRUCTOR/COORDINATOR CANDIDATE SELF ASSESSMENT COMMENTS/ACTION PLAN FOR IMPROVEMENT		
ADDITIONAL PRECEPTOR COMMENTS/ACTION PLAN FOR IMPROVEMENT		
SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL		
I Agree to the above ratings, comments and improvement plan.	CANDIDATE	PRECEPTOR
Printed Name and Title		
Current EMS I/C License Level		
Current EMS I/C License Number		
Signature		
Date Signed		

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**Georgia Office of EMS and Trauma
EMS Instructor/Coordinator Internship
Competency Verification Sheet**

This form must be completed and uploaded to verify the Instructor/Coordinator Candidate has met all of the internship objectives as outlined for the license level being sought. This form should be completed after all of the internship hours have been completed.

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION				
Candidate Full Name	I/C Level Applying For	Date of Evaluation	Start Time	End Time
	<input type="checkbox"/> I/C (EMT) <input type="checkbox"/> I/C (AEMT) <input type="checkbox"/> I/C (Paramedic)			
EMS Initial Education Program Name (Where Final Evaluation was done)		Course Level	OEMS Course Approval Number	
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic		

Each criterion must be rated by the Instructor/Coordinator candidate FIRST and rated by the final preceptor SECOND. Mark candidate ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on below. Preceptors complete shaded sections.

RATING SCALE: NA - Not applicable- not needed or expected. 0 - Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. 1 - Marginal - inconsistent, not yet competent. 2 - Successful/competent - no prompting

Criteria (* indicates MANDATORY)	Rating		Comments
	S	P	
Program Administration			
Did the candidate participate in the timely submission of student roster and attendee statuses in the State LMS system?			
Did the candidate maintain accurate attendance and student records?			
Does the candidate understand the rules and regulations of the Georgia Office of EMS and Trauma as well as administrative policies and procedures for requesting and coordinating EMS initial education courses?			
Did the candidate participate in the submission of course paperwork (beginning and ending rosters, OEMS student file review forms for all levels, NREMT practical skills check off for EMT courses)?			
Does the candidate understand the administration of EMR and EMT Psychomotor examination and coordination of AEMT and Paramedic, NREMT Psychomotor examination?			
Coordination			
Does the candidate understand procedures for course approval to include medical director, sponsor, and clinical site agreements?			

Does the candidate know what resources are available to answer questions regarding administrative procedures?			
Does the candidate understand the dynamics of course management?			
Does the candidate understand how to evaluate applicants and the purpose for doing so?			
Did the candidate successfully schedule course classroom and lab sessions?			
Did the candidate successfully schedule instructional personnel?			
Did the candidate provide supervision of instructional personnel?			
Instruction			
Does the candidate understand the cognitive, psychomotor, and affective domains as applies to student learning?			
Did the candidate successfully utilize the National EMS Educational Standards?			
Did the candidate successfully use lesson plans?			
Did the candidate successfully develop lesson plans?			
Did the candidate successfully develop and use written or electronic cognitive testing instruments to evaluate students?			
Did the candidate successfully perform cognitive testing item analysis?			
Did the candidate successfully observe students and provide positive corrective feedback?			
Did the candidate successfully provide individual counseling?			
Did the candidate successfully assign assignments/remedial sessions?			
Did the candidate successfully adapt teaching techniques and practice to meet individual student's needs?			
Did the candidate successfully analyze cognitive and skill performance, detect and correct student difficulties?			
Did the candidate successfully deliver effective didactic presentations?			
Did the candidate successfully conduct logical and accurate demonstrations of psychomotor skills and demonstrate an understanding of the principles of those skills?			
Did the candidate manage lab instructional time to minimize "lecture" time and maximize "practice" time			
Clinical Coordination/Evaluation			
Did the candidate participate in Clinical/Field Scheduling?			

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Criteria	Rating		Comments
	S	P	
Did the candidate participate in Clinical/Field Site visits?			
Did the candidate participate in Clinical/Field Site visits?			
Did the candidate participate in Clinical/Field Evaluations?			
Did the candidate participate in Clinical/Field Remediation?			
Did the candidate participate in Preceptor selection, training, use and evaluation?			
Medical Director			
Does the candidate understand the Roles and Responsibilities of the EMS Education Medical Director?			
Advisory Committee			
Does the candidate understand the Roles, Responsibilities, and makeup of the EMS Initial Education Advisory Committee?			
Did the candidate participate in managing an EMS Initial Education Advisory Committee?			
Did the candidate attend an EMS Initial Education Advisory Committee Meeting?			
CoAEMSP Accreditation Requirements (For I/C Paramedic only)			
Does the candidate understand the purpose of CoAEMSP accreditation? *			
Does the candidate understand the roles and responsibilities of the Program Director as it relates to CoAEMSP? *			
Does the candidate understand the roles and responsibilities of the Lead Instructor as it relates to CoAEMSP? *			
Did the candidate participate in any part of a CoAEMSP accreditation site visit?			
Did the candidate participate in the submission of any part of the annual report?			

INSTRUCTOR/COORDINATOR CANDIDATE SELF ASSESSMENT COMMENTS/ACTION PLAN FOR IMPROVEMENT		
ADDITIONAL PRECEPTOR COMMENTS/ACTION PLAN FOR IMPROVEMENT		
SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL		
I Agree to the above ratings, comments and improvement plan	CANDIDATE	PRECEPTOR
Printed Name		
Initial Education Program Name		
Title		
Current EMS I/C License Level		
Current EMS I/C License Number		
Signature		
Date Signed		

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Georgia Office of EMS and Trauma
EMS Instructor/Coordinator Internship
Time Log Sheet

This form must be completed and uploaded for all dates that the Instructor/Coordinator Candidate is being evaluated for their requirements of the Internship process.

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION			
Candidate Full Name		I/C Level Applying For	
		<input type="checkbox"/> I/C (EMT) <input type="checkbox"/> I/C (AEMT) <input type="checkbox"/> I/C (Paramedic)	
Time Log			
Session	Preceptor	Course Information	Activity
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	

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Session	Preceptor	Course Information	Activity
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL			
My signature indicates that I have completed the required hours listed above for the internship program.		CANDIDATE	
Printed Name			
Signature			
Date Signed			

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Instructor License Fees

- **All initial and renewal fees begin on 7/1/2021**
 - All current licensees (October 2020) who will now expire 12/31/2022 will be required to pay license application fee at renewal
- **Late fees for renewal (late renewal during 6 months after expiration) begin 1/1/2023**
 - Late fee will be equal to license application fee and will be in addition to the license application fee
- Once rules are adopted the fees for each level will be published
 - Instructor fees will not exceed medic fees



Designation of EMS Initial Education Programs

- New term "Designation" of EMS Initial Education Programs
- Training will be held for all current EMS Initial Education Programs to discuss requirements and processes
- This will be an ongoing process.

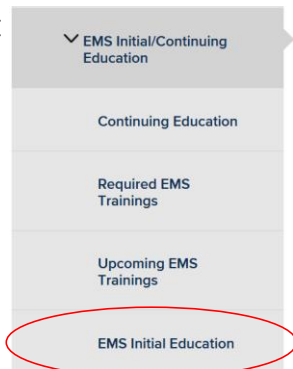
NCCR/Refresher Courses

- Must be licensed EMS Instructor or Instructor/Coordinator to teach an **NCCR/NCCP/Refresher Course** or a Medical First Responder (MFR) Course
- In the LMS course request, this is the "Trainer" – which is really the coordinator/lead instructor

New Webpage for EMS Initial Education Programs

Webpage for EMS Initial Education

- Go to www.ems.ga.gov
- On the left:



- Direct link: <https://dph.georgia.gov/EMS/ems-education/ems-initial-education>

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EMS Initial Education

This page will provide relevant information for EMS Initial Education Programs.

License Management System Instructions for Initial Education Processes



Forms and Documents for EMS Initial Education



Required Documents for EMS Initial Education Courses



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EMS Initial Education in LMS



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Processes to Review

- Program Applications – How to:
 - Add Instructional Personnel to EMS Initial Education Program Roster
 - Add or Update Clinical/Field Contracts for EMS Initial Education Program
 - Add or Remove an EMS Initial Education Medical Director
- Courses- How to:
 - Request a new course
 - Request OEMS copy an existing course
 - Add and Update Attendee Status for each student in an EMS Initial Education program

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Add Instructional Personnel to EMS Initial Education Program Roster



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Personnel to Add


- ALL regular EMS instructional personnel – whether they are licensed as an Instructor or Instructor/Coordinator or not.
 - Do NOT need to list guest lecturers or occasional SMEs

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EMS Initial Education Program – Add Personnel

Click on Applications

 **Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program

[View Agencies Applications](#)

 **Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program

Applications **Action**

Add Instructional Personnel to EMS Initial Education Program Roster

This is the application where an EMS Initial Education Program Director can add Instructional Personnel to the EMS Initial Education Program Roster.

[Apply Now](#)

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Add Instructional Personnel to EMS Initial Education Program Roster

Add Instructional Personnel Submit

Program Name and Level

Initial Education Program Name
Test Initial Education Program

Designation Level(s)

EMR Program

EMT Program

AEMT Program

Paramedic Program

Designation Status
Designated

Add Instructional Personnel

Click **Add Another** to add an additional person. When you are done adding a person, click on the **Done** button.

Note: It is not recommended to add more than 30-40 personnel at a time. If you need to add more, add 30-40 this time and complete the application again.

Click **Save and Continue** when you are done adding personnel.

*User to add (search by name, email address or medic license number)

Find

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▼ Add Instructional Personnel

Click **Add Another** to add an additional person. When you are done adding a person, click on the **Done** button.

Note: It is not recommended to add more than 30-40 personnel at a time. If you need to add more, add 30-40 this time and complete the application again.

Click **Save and Continue** when you are done adding personnel.

***User to add (search by name, email address or medic license number)**

***Position (Select all that apply for each user)**

EMS Education - Adjunct Instructor EMS Education - Clinical Coordinator EMS Education - Course Coordinator EMS Education - Lead Instructor

This field is required.

***Primary Job Role**

***Responsibilities**

Administrator/Manager Driver/Pilot Educator/Preceptor Fire Suppression First-Line Supervisor Patient Care Provider Rescue Other

***Employment Status**

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Position Types

- OEMS Assigns:
 - EMS Education – Program Director
 - Must be one per program
 - Based on CoAEMSP or NREMT listed Program Director
- Program Assigns – can have more than one assigned per person and more than one person having the same position
 - EMS Education – Clinical Coordinator
 - EMS Education – Adjunct Instructor
 - EMS Education – Course Coordinator
 - EMS Education – Lead Instructor

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Program Director – ONE per program

- Responsibilities The program director must be responsible for all aspects of the program, including, but not limited to:
 - The administration, organization, and supervision of the educational program,
 - The continuous quality review and improvement of the educational program,
 - Long range planning and ongoing development of the program,
 - The effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program,
 - Cooperative involvement with the medical director,
 - The orientation/training and supervision of clinical and field internship preceptors
 - The effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.

Other Positions

One person may have multiple roles. You can have multiple people for these roles.

- **EMS Education – Clinical Coordinator**
 - The Clinical Coordinator is responsible for the organization, administration, continuous review, planning, development, and overall effectiveness for clinical and field experiences
- **EMS Education – Course Coordinator**
 - An individual who has overall responsibility for conducting an EMS initial education course under the direction of EMS Program Director.
 - In addition to the Program Director, this person is the primary point of contact for OEMS for an approved course.
 - Must be licensed as an EMS Instructor/Coordinator at or above the course level.
- **EMS Education – Lead Instructor**
 - Perform duties assigned under the direction and delegation of the program director. The Lead Instructor duties may include teaching paramedic, AEMT, and/or EMT course(s) and/or assisting in coordination of the didactic, lab, clinical and/or field internship instruction.
- **EMS Education – Adjunct Instructor**
 - Teaches in EMS initial education programs.

▼ Add Instructional Personnel

Click **Add Another** to add an additional person. When you are done adding a person, click on the **Done** button.

Note: It is not recommended to add more than 30-40 personnel at a time. If you need to add more, add 30-40 this time and complete the application again.

Click **Save and Continue** when you are done adding personnel.

User to Add	Position (Select all that apply for each user)	Primary Job Role	Responsibilities	Employment Status
<input checked="" type="checkbox"/> MaciFAKE Joiner	EMS Education - Clinical Coordinator, EMS Education - Adjunct Instructor, EMS Education - Lead Instructor	Educator/Preceptor	Administrator/Manager	Part Time Paid Employee
<input checked="" type="checkbox"/> DavidFAKE FAKEFAKEFAKE (FAKEFAKEFAKE12)	EMS Education - Lead Instructor, EMS Education - Course Coordinator	Administrator/Manager	Administrator/Manager Educator/Preceptor	Full Time Paid Employee

▼ Submit

Click **Submit** to add the personnel you have indicated to the EMS agency roster. Depending on the number of personnel you have added, the submission will take a little bit of time, so please be patient and do not refresh your browser.

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- Training
- Agencies**
- Details
- Medical Directors
- Personnel**
- Locations
- Vehicles
- Documents
- Service Areas
- Inspections
- Inspections

Personnel

Use the *Position* drop down menu and the search box to search for personnel with specific positions or names. To view all personnel again, click *Clear*.

Click the arrow to the right of each person's name to view additional details about them. To view a list of documents submitted for that person, click the icon in the *Documents* column.

Name	Positions	Number	Level	Issued	Expiration	Status	Docs	Training Report
Joiner, MaciFAKE								
FAKEFAKEFAKE MD, DavidFAKE (FAKEFAKEFAKE12)		FAKEFAKEFAKE12	EMT-Intermediate		10/09/2019	Suspended		
FAKEFAKE, DavidFake J (P031081)		P031081	Paramedic	06/01/2020	03/31/2021	Active		

Select I Want To

Records 1-3 of 3 | [First](#) | [Previous](#) | [Next](#) | [Last](#) | Per Page

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Removing Is Easier

- Position - Personnel GO CLEAR

<input type="checkbox"/>	Name	Positions	Number	Level	Issued	Expiration	Status	Docs	Training Report
<input checked="" type="checkbox"/>	Joiner, MaciFAKE								
<input type="checkbox"/>	FAKEFAKEFAKE MD, DavidFAKE (FAKEFAKEFAKE12)		FAKEFAKEFAKE12	EMT-Intermediate		10/09/2019	Suspended		
<input type="checkbox"/>	FAKEFAKE, DavidFake J (P031081)		P031081	Paramedic	06/01/2020	03/31/2021	Active		

Select I Want To **Go** Records 1-3 of 3 | First | Previous | Next | Last | Per Page 10

Select I Want To
 Remove Selected Users
 Save License Numbers for Selected Users

trauma Program Manager = ED Nursing Director = Cardiac Program Manager = EMS Liaison

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- Position - Personnel GO CLEAR

<input type="checkbox"/>	Name	Positions	Number	Level	Issued	Expiration	Status	Docs	Training Report
<input type="checkbox"/>	FAKEFAKEFAKE MD, DavidFAKE (FAKEFAKEFAKE12)		FAKEFAKEFAKE12	EMT-Intermediate		10/09/2019	Suspended		
<input type="checkbox"/>	FAKEFAKE, DavidFake J (P031081)		P031081	Paramedic	06/01/2020	03/31/2021	Active		

Select I Want To **Go** Records 1-2 of 2 | First | Previous | Next | Last | Per Page 10

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Remember


- Before Instructional staff begins teaching in your educational program, they must be **ADDED** to your roster
- The moment someone ***stops working for you*** – REMOVE them from your roster
 - We will take away their privileges for editing the courses.

Add or Update Clinical/Field Contracts for EMS Initial Education Program

EMS Initial Education Program

Click on Applications

 **Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program
View Agencies Applications

 **Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program

Applications
Action

Add Instructional Personnel to EMS Initial Education Program Roster

This is the application where an EMS Initial Education Program Director can add Instructional Personnel to the EMS Initial Education Program Roster.

Apply Now

Add or Update Clinical/Field Sites and Contracts for EMS Initial Education Program

This is the application that EMS Initial Education Programs will use to list their Clinical and Field sites. This is required for each EMT, AEMT and Paramedic program.

Apply Now

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Add or Update Clinical/Field Contracts for EMS Initial Education Program

Instructions
Program Name
Clinical/Field Sites
Attestation

Instructions

On the next tab, you will need to enter all of your clinical/field sites that your program uses. You will also be required to upload all contracts.
Click **Save and Continue** to go to the next tab.

Save and Continue

Add or Update Clinical/Field Contracts for EMS Initial Education Program

Instructions
Program Name
Clinical/Field Sites
Attestation

Program Name

EMS Initial Education Program Name

EMS Region

Approved Levels of EMS Initial Education

EMR Program

EMT Program

AEMT Program

Paramedic Program

Save and Continue

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▼ List all Clinical/Field Sites

Enter all required (*) information for the clinical/field site. To add another, click **Add Another**. To remove a clinical site, click on the icon to the left of the site, and then click **Remove** at the bottom of the page. To edit a site, click on the icon to the left of the site to edit, edit the appropriate information, and then click **Done**.

*Clinical/Field Site Name (EMS Agency name or Clinical Site Name)

Policy Type (Select Policy)

*Policy Classification - Select Clinical Site Contract (non-field) or Clinical Site Contract (field - EMS Agency)

*Clinical/Field Site Contact Name and Email Address (person at the clinical/field site that can verify this contract)

*Clinical/Field Site Phone Number
 - -

*Clinical/Field Site Street 1

Clinical/Field Site Street 2

*Clinical/Field Site Postal Code

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*Clinical/Field Site Postal Code

Clinical/Field Site City

Clinical/Field Site County

Clinical/Field Site State

*Date Contract was signed

*Expiration Date of Contract (if no specific expiration date for a continuous contract, enter a date no more than 2 years in the future)

*Application Date - Enter Today's Date

*Description of Site - indicate the types of students who will go here (EMT, AEMT, Paramedic), and if a clinical site, what types of departments are provided (ED, ICU, OR, L&D, Psych, etc). If your program has multiple campuses and this clinical/field site is used for a subset of those campuses, please also indicate which campuses use this site.

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▼ List all Clinical/Field Sites

Enter all required (*) information for the clinical/field site. To add another, click **Add Another**. To remove a clinical site, click on the icon to the left of the site, and then click **Remove** at the bottom of the page. To edit a site, click on the icon to the left of the site to edit, edit the appropriate information, and then click **Done**.

Site Name	Site Type	Site Contact	Clinical Site Phone Number	Date Signed	Expiration Date	Application Date - Enter Today's Date
<input checked="" type="checkbox"/> ABC Hospital	Clinical Site Contract (non-field)	John Smith, jsmith@abchospital.com	123-456-7890	November 1, 2020	December 31, 2023	November 15, 2020
<input checked="" type="checkbox"/> XYZ Ambulance Service	Clinical Site Contract (field - EMS Agency)	Betty Smith, bsmith@xyzservice.com	987-654-3210	July 1, 2020	June 30, 2021	November 15, 2020

▼ Clinical/Field Contract Upload

For each of the sites listed above, please upload the clinical-field contract with that site. To add an additional contract, click **Add Another**.

Site Name
<input checked="" type="checkbox"/> ABC Hospital Clinical Contract: ABC Hospital Clinical Contract.pdf
<input checked="" type="checkbox"/> XYZ Ambulance Service Field Contract: XYZ Ambulance Service Field Contract.pdf

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▼ Attestation

As the EMS Initial Education Program Director for the EMS Initial Education Program listed on this application, I hereby attest that the clinical/field sites listed on this application are factual and accurate. Furthermore, I understand that I am required to complete this application again if there are any changes/removals/additions to the clinical/field sites that this EMS Initial Education Program uses.

*Signature

Username: DNewton

Password:

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Add or Remove an EMS Initial Education Medical Director



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EMS Initial Education Medical Director Responsibilities

- The medical director must be responsible for medical oversight of the program, and must:
 - Review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice.
 - Review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards.
 - 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.
 - Corrective measures should occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.

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EMS Initial Education Medical Director Responsibilities (Continued)


- The medical director must be responsible for medical oversight of the program, and must:
 - Ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,
 - Engage in cooperative involvement with the Program Director,
 - Ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician.
 - Ensure educational interaction of physicians with students.
 - The Medical Director interaction should be in a variety of settings, such as lecture, laboratory, clinical, field internship. Interaction may be by synchronous electronic methods.


Medical Directors MUST have a profile in LMS

- You won't be able to add them unless they have a profile.

EMS Initial Education Program

Click on Applications

**Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program [View Agencies Applications](#)

**Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program

Applications	Action
Add Instructional Personnel to EMS Initial Education Program Roster This is the application where an EMS Initial Education Program Director can add Instructional Personnel to the EMS Initial Education Program Roster.	Apply Now
Add or Remove an EMS Initial Education Medical Director This is the application that you will need to use to add or remove a medical director to/from an EMS Initial Education Program	Apply Now

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Instructions

This is the application where you will add or remove Medical Directors to/from the roster for an EMS Initial Education Program. Be sure to click Save and Continue on each page to go to the next page.

[Save and Continue](#)

Program Name

Program Name
Test Initial Education Program

EMS Region
Region 01 EMS Education Program

Approved Levels

- EMR Program
- EMT Program
- AEMT Program
- Paramedic Program

[Save and Continue](#)

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Medical Director Information

EMS Initial Education Programs must designate at least one Medical Director
Medical Directors **MUST** have an account in the Georgia License Management system (see information posted on www.mygemsis.org/lms for how to create a user account).
Click on **Add Another** to add an additional medical director. Select Primary or Secondary and for each medical director, select "Online Medical Directors"

*User (Search for Name or email address)
Find

*Position
 Medical Director (Primary)
 Medical Director (Secondary)
 Online Medical Directors
This field is required.

*Employment Status
Select Employment Status

*Employment Start Date
mm/dd/yyyy Today

Must Choose Primary/Secondary
AND Online

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Medical Director Information

EMS Initial Education Programs must designate at least one Medical Director
Medical Directors **MUST** have an account in the Georgia License Management system (see information posted on www.mygemsis.org/lms for how to create a user account).
Click on **Add Another** to add an additional medical director. Select Primary or Secondary and for each medical director, select "Online Medical Directors"

*User (Search for Name or email address)
DavidFake FAKEFAKE (P031081)

*Position
 Medical Director (Primary)
 Medical Director (Secondary)
 Online Medical Directors

*Employment Status
Select Employment Status
Full Time Paid Employee
Part Time Paid Employee
Volunteer
Neither an Employee Nor a Volunteer

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Neither an Employee nor a Volunteer?

- This is a contracted provider.

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▼ Medical Director Agreement Form

Click [HERE](#) to download the medical director agreement form. (Form is under the "Forms and Documents for EMS Initial Education" section)
Click **Add Another** to add an additional form. You must upload one form for each medical director.

***Medical Director Agreement (upload ONE for EACH medical director)**


blank.pdf

***Name**

Document Type

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Georgia Office of EMS and Trauma
EMS Initial Education Medical Director Agreement

This form must be completed and uploaded for EACH Medical Director in the EMS Initial Education Program.

EMS INITIAL EDUCATION PROGRAM & MEDICAL DIRECTOR INFORMATION

EMS Initial Education Program Name _____

Medical Director Name _____
Georgia Medical Board License Number _____

Address (Street, City, State, Zip) _____

Medical Director Email Address _____
Medical Director Phone Number _____

AGREEMENT AND ATTESTATION

As the physician named above, I hereby attest that I am a physician licensed to practice medicine in the State of Georgia and that I have agreed to serve as the Medical Director for the above-identified EMS Initial Education Program. This agreement is valid for a maximum of three (3) years from the date of signing and must be renewed in conjunction with the renewal of the program's designation as an EMS Initial Education Program.

As Medical Director, I will provide medical direction and training in conformance with O.C.G.A. 31-11, Department Rules and Regulations, and Policies established by the Office of Emergency Medical Services and Trauma. I have read and do hereby affirm that I understand and will abide by all requirements contained therein. If I should decide to relinquish my role as Medical Director, I will notify the Department of Public Health (DPH), Office of Emergency Medical Services and Trauma (address below), and the EMS Initial Education Program in writing not less than ten (10) calendar days prior to the termination of the agreement.

Office of EMS and Trauma
 Georgia Department of Public Health
 1680 Phoenix Boulevard, Suite 200
 Atlanta, GA 30349
 Email: emsdirector@dpb.dph.ga.gov

SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL

Printed Name of EMS Program Director _____	Signature of EMS Program Director _____	Date Signed _____
Printed Name of EMS Medical Director _____	Signature of EMS Medical Director _____	Date Signed _____

Form REV 11/15/2020

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▼ Attestation

Current OEMS Policies and Procedures and a link to current Rules and Regulations are available at: www.ems.ga.gov - on the left, click on EMS Policies, Rules and Regulations

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CURRENT OEMS RULES AND REGULATIONS, DPH 511-9-2, SPECIFICALLY THE SECTIONS RELATED TO EMS INITIAL EDUCATION PROGRAMS AND STANDARDS OF CONDUCT FOR LICENSEES, AS WELL AS THE RULES RELATED TO MEDICAL DIRECTION. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND CURRENT OEMS POLICIES AND PROCEDURES, SPECIFICALLY, THOSE THAT APPLY TO EMS INITIAL EDUCATION PROGRAMS. I ALSO ATTEST THAT THE INFORMATION IN THIS APPLICATION IS TRUE, AND THAT I WILL NOTIFY THE OFFICE OF EMS AND TRAUMA THROUGH THIS LICENSE MANAGEMENT SYSTEM OF ANY CHANGE IN THE FOLLOWING WITHIN 10 DAYS OF THE CHANGE:

- MY PROGRAM DEMOGRAPHICS
- INSTRUCTIONAL PERSONNEL
- MEDICAL DIRECTOR
- MAILING ADDRESS
- TELEPHONE NUMBER
- EMAIL ADDRESS

I UNDERSTAND THAT ANYONE WHO MAKES FALSE STATEMENTS TO THE DEPARTMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION UNDER OFFICIAL CODE OF GEORGIA SECTION 16-10-20; AND, THAT FALSE STATEMENTS MAY FURNISH GROUNDS FOR THE DENIAL OR REVOCATION OF A LICENSE OR DESIGNATION.

*Attestation Signature

Username: DNewton

Password:

Submit

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Request a new course



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Click on Trainings, then Requests, then Apply for Course Approval

The screenshot shows the 'Applications' sidebar on the left with the following items: Applications, Training (circled), Manage Courses, Requests (circled), Registrations, and Reports. The main content area features a search bar with 'Training' entered, a 'GO' button, and a 'CLEAR' button. Below the search bar is a table header with columns: Name, Number, Status, Training Date, Trainer Name, Location, Submitted Date, and Closing Date. In the top right corner of the main content area, there is a blue button labeled 'Apply For Course Approval' which is circled in red.

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Course Types and Course Names

- **Initial Course – EMR**
 - Initial EMR Course
- **Initial Course – EMT**
 - Initial EMT Course
- **Initial Course – AEMT**
 - Initial AEMT Course
- **Initial Course - AEMT/Paramedic Combined**
 - Initial AEMT Course
 - Initial Paramedic Course
- **Initial Course – Paramedic**
 - Initial Paramedic Course

Add/Edit Training Details

* Course Type:

* Course Name:
Select a Course Type

Training Number:

Region Held:

Approving Region:

Training Sponsor: Find your program

* Location:

* Trainer:

Co-Instructor:

Medical Director:

Description:

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Dates

Multiple Dates: Yes No

Selecting "Yes" will add the Multiple Dates tab allowing you to replicate this training for multiple dates

* Start Date and Time:

End Date and Time:

Test Date:

Allow Registration: Yes No

Selecting "Yes" will allow public users to register for this class.

Attendee Signup Start:

Attendee Signup End:

Attendee Max Count:

Public users can not register for the training once the max count has been reached.

Additional Information

* How will this course be delivered? (select all that apply):
 Instructor-Led (In-Person Lecture) Instructor-Led (Virtual) Instructor-Led (In-Person Lab/Skill) Instructor-Led (In-Person Simulation) Online/Distributive (Self-Paced)

Is this Course Open to other agencies or Closed to only your agency?: Open Closed

Conference Name:

Physical Address of Course:

Course Fee (If Free - Indicate Free):

If this is an initial education course, which certifications will your students be obtaining during this initial education program:

ABLS ACLS ADLS AMLS APLS ASLS ATLS BDLs BLS BLS Instructor CEVO EMPACT EMS Safety ENLS EPC EVOC GEMS Hazmat ICLS NRP PALS PEARS PEPP PHTLS TCCC TECC Other

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Do NOT enter any topics here

Details | Topical Hours | Documents | Tests | Confirmation

If you are applying for an Initial Course, **DO NOT** enter any Topic Hours as the Course Name will pre-populate the topics and hours in the request (they just don't show here).

Hours for initial education courses will be defaulted in the system, but not shown on this page.

If you are applying for an NCCR course, **DO NOT** enter any Topic Hours - we have already pre-populated those. You will see the hours once the course is approved - if you add to the Topic Hours here for an NCCR course, it will not be approved. If you are planning to offer more hours than are specified in NCCR, then you will need to submit an additional course approval. As an FYI, **EMT NCCR** includes 1.5 Airway, 4 Cardiac, 6 Medical, 4.5 Operations, 2.5 Pediatrics, 1.5 Trauma (total of 20 for EMT). **AEMT** includes 2.5 Airway, 5 Cardiac, 7.5 Medical, 4.5 Operations, 2.5 Pediatrics, 3 Trauma (total of 25 for AEMT). **Paramedic** includes 3.5 Airway, 6 Cardiac, 8.5 Medical, 6 Operations, 3 Pediatrics, 3 Trauma (total of 30 hrs for Paramedic).

[Add Topic](#)

Topics	Completed Hours
<div style="border: 1px solid #ccc; padding: 2px;"> --- Topic --- </div>	<input style="width: 100%; height: 20px;" type="text"/>
<div style="display: flex; justify-content: space-between; align-items: center;"> Save and Continue Cancel </div>	

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Don't add **Documents** right now

Details | Topical Hours | Documents | Tests | Confirmation

You must upload your course information (preferably as a PDF), which should clearly show topics/instructors/content covered.
Documents that must be uploaded:

1. Course Schedule/Agenda
- and
2. Course Curriculum/Outline

If you are submitting training for Post-Licensure Skills for Paramedics, you must also upload a letter of approval for this training from your medical director.

[Upload a Document](#)

Name	Description
No records	
<div style="display: flex; justify-content: space-between; align-items: center;"> Save and Continue Cancel </div>	

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Don't add Tests right now

Details | Topical Hours | Documents | **Tests** | Confirmation

[Add a Test](#)

Name	Description	Testing Date
No records		

[Save and Continue](#) [Cancel](#)

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Click Request Training

Details | Topical Hours | Documents | Tests | **Confirmation**

Details Name: Initial Paramedic Course Description: Location: Imagetrend Test 2 Trainer: FAKEFAKE, DavidFake J (P031081)		Documents No Document Uploaded		
Topics No Topics Added		Tests No Tests Added		
Multiple Dates				
	Number	Training Date	Attendee Signup	Test Date
Course 1		11/15/2020 to 11/15/2020		

[Request Training](#) [Cancel](#)

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Click on the Course You just Requested

My Training Requests

[Apply For Course Approval](#)

mm/dd/yyyy to mm/dd/yyyy Select Training Created On Select Status

Training GO CLEAR

Name ▲	Number	Status	Training Date	Trainer Name	Location	Submitted Date	Closing Date
Initial Paramedic Course	GA-PMDC-2020-INIT-0011	Requested	10/23/2020	DavidFake FAKEFAKE	Imagetrend Test 2	10/23/2020	11/22/2020

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Click on Topics

[Details](#) | [Topics](#) | [Documents](#) | [Tests](#)

General Information

Course Type: Initial Course - Paramedic
 Course Name: Initial Paramedic Course
 Course Number: GA-PMDC-2020-INIT-0011
 Level: Driver Minimum Requirements
 Status: Requested
 Training Dates: 10/23/2020
 Closing Date: 11/22/2020
 Attendee Signup Date:
 Region Held: Statewide (not region specific)
 Approving Region: Statewide (not Region Specific)
 Training Sponsor:
 Location: Imagetrend Test 2
 Description:
 Created On: Friday, October 23, 2020 at 9:20 AM by DavidFake FAKEFAKE
 Last Modified: Friday, October 23, 2020 at 9:20 AM by DavidFake FAKEFAKE

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Enter Hours

- Use Spreadsheet on website


Topics	Completed Hours	Delete
IE: Summative Review - Airway, Respiration, Ventilation (Didactic In Person)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Airway, Respiration, Ventilation (Distance Education)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Airway, Respiration, Ventilation (Lab)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Assessment (Didactic In Person)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Assessment (Distance Education)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Assessment (Lab)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - EMS Operations (Didactic In Person)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - EMS Operations (Distance Education)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - EMS Operations (Lab)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Medicine (Didactic In Person)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Medicine (Distance Education)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Medicine (Lab)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Pathophysiology (Didactic In Person)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Pathophysiology (Distance Education)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Pathophysiology (Lab)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Pharmacology (Didactic In Person)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Pharmacology (Distance Education)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Pharmacology (Lab)	<input type="text" value="0.00"/>	<input type="checkbox"/>
IE: Summative Review - Preparatory (Didactic In Person)	<input type="text" value="0.00"/>	<input type="checkbox"/>

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EMS Initial Education


This page will provide relevant information for EMS Initial Education Programs.


License Management System Instructions for Initial Education Processes



Forms and Documents for EMS Initial Education

 [EMS Initial Education Medical Director Agreement Form](#)

 [Spreadsheet for EMS Initial Education Hours](#)



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TOPIC	Hours
IE: Summative Review - Airway, Respiration, Ventilation (Didactic In Person)	
IE: Summative Review - Airway, Respiration, Ventilation (Distance Education)	
IE: Summative Review - Airway, Respiration, Ventilation (Lab)	
IE: Summative Review - Assessment (Didactic In Person)	
IE: Summative Review - Assessment (Distance Education)	
IE: Summative Review - Assessment (Lab)	
IE: Summative Review - EMS Operations (Didactic In Person)	
IE: Summative Review - EMS Operations (Distance Education)	
IE: Summative Review - EMS Operations (Lab)	
IE: Summative Review - Medicine (Didactic In Person)	
IE: Summative Review - Medicine (Distance Education)	
IE: Summative Review - Medicine (Lab)	
IE: Summative Review - Pathophysiology (Didactic In Person)	
IE: Summative Review - Pathophysiology (Distance Education)	
IE: Summative Review - Pathophysiology (Lab)	
IE: Summative Review - Pharmacology (Didactic In Person)	
IE: Summative Review - Pharmacology (Distance Education)	
IE: Summative Review - Pharmacology (Lab)	
IE: Summative Review - Preparatory (Didactic In Person)	
IE: Summative Review - Preparatory (Distance Education)	
IE: Summative Review - Preparatory (Lab)	
IE: Summative Review - Shock and Resuscitation (Didactic In Person)	
IE: Summative Review - Shock and Resuscitation (Distance Education)	
IE: Summative Review - Shock and Resuscitation (Lab)	
IE: Summative Review - Special Patient Populations (Didactic In Person)	
IE: Summative Review - Special Patient Populations (Distance Education)	
IE: Summative Review - Special Patient Populations (Lab)	
IE: Summative Review - Trauma (Didactic In Person)	
IE: Summative Review - Trauma (Distance Education)	
IE: Summative Review - Trauma (Lab)	
Initial Education: Airway/Respiration/Ventilation: Airway Management (Didactic In Person)	
Initial Education: Airway/Respiration/Ventilation: Airway Management (Distance Education)	
Initial Education: Airway/Respiration/Ventilation: Airway Management (Lab)	
Initial Education: Airway/Respiration/Ventilation: Artificial Ventilation (Didactic In Person)	
Initial Education: Airway/Respiration/Ventilation: Artificial Ventilation (Distance Education)	

EMR EMT AEMT **PMDC**

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Click Save

Select Topic

Save

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Click on Documents, Upload Agenda, Syllabi, Student Handbooks, etc.

The screenshot shows a web interface with a navigation menu at the top containing 'Details', 'Topics', 'Documents', and 'Tests'. The 'Documents' tab is highlighted. Below the menu is a table with columns: Name, Type, File, Size, Modified, and User. The table currently displays 'No Records'. A blue button labeled 'Upload a Document' is located in the top right corner of the table area and is circled in red.

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Select **Initial Education Supporting Document**

The screenshot shows the 'Document Upload' form. It includes fields for 'Name', 'Description', and 'Document Type'. The 'Document Type' dropdown menu is open, showing a list of options. The option 'Initial Education Supporting Document' is highlighted with a blue bar. Below the dropdown, there is a 'File Upload' section with a file type restriction: '4 .pdf, .png, .ppt, .pptx, .tif, .xls, .xlsx'. There are 'Save' and 'Back' buttons on the left. A red asterisk and the text '* required' are visible on the right side of the form.

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Request OEMS copy an existing course




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EMS Initial Education Program Click on Applications

 **Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program

[View Agencies Applications](#)

 **Test Initial Education Program (ZZZZ)**
AEMT Program, Paramedic Program

Applications	Action
<p>Add Instructional Personnel to EMS Initial Education Program Roster This is the application where an EMS Initial Education Program Director can add Instructional Personnel to the EMS Initial Education Program Roster.</p>	Apply Now
<p>Submit Request to Copy EMS Initial Education Course This is the application that you will use to request that the Office of EMS and Trauma copy one of your previously approved EMS Initial Education Courses.</p>	Apply Now

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Instructions Program Name Course to Copy

Instructions

This is the application that you will use to request that the Office of EMS and Trauma copy one of your previously approved EMS Initial Education Courses.

On the next tab, you will be asked for the Course Number of the course that you wish to have copied. To find the Course Number, on the left of your screen, right-click on the Training section and open in a new tab in your browser. On that browser tab, click on "Manage Courses" - find the course that you would like to copy, and copy the Course Number. Please understand that this is for Initial Education Courses only, and NOT for continuing education courses.

You can use this form to copy more than one course at a time.

Save and Continue

Program Name

Program Name

Test Initial Education Program

EMS Region

Region 01 EMS Education Program

Save and Continue

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Course to Copy

For each of the courses that you are adding, you will need to complete the following information. Click **Add Another** to add an additional course to copy. Please keep in mind that the courses you are requesting OEMS to create will have exactly the same topical hours breakdown as the ones you are asking to be copied. We will not make modifications to the topical hours for you. If you want to request a course with new topical hours, you will need to create the request in the system yourself.

*What is the Course Number of the Course to Copy?

Where will this new course be held? (List name of location and NREMT Site Code #)

*What is the START date of the new course?

*What is the END date of the new course?

*Who is the Lead Instructor (must list name and medic license number)?

*List additional instructors (list name and medic license number for each additional instructor) - if None, enter "None"

*Allow Registration through LMS? Selecting "Yes" will allow public users to register for this class.

If allowing registration on LMS, what is the Signup Start Date?

If allowing registration on LMS, what is the Signup End Date?

If allowing registration on LMS, what is the Max Attendee Count?

Remove

Add Another

Submit

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Once we copy it – it will be under **Trainings** → **Manage Courses**

My Account | Applications | Training | Manage Courses | Requests | Registrations | Report | Agencies | Inspections | Lookup

Welcome, DavidFake FAKEFAKE | Logout

Manage Training Courses

To narrow down the training courses displayed on this page, use the filters and search box, and click Go. To view all training courses again, click Clear. Click its name to view the details.

[Import Attendees](#) [Apply For Course Approval](#)

mm/dd/yyyy to mm/dd/yyyy Select Training Created On Training [GO] [CLEAR]

Name	Number	Status	Training Date	Closing Date	Trainer	Location	Completed Attendees
Agency Update	GA-2019-PROV-00073	Approved	10/29/2019 at 12:00 PM - 4:00 PM	05/28/2021	DavidFake FAKE FAKE	Imagetrend T est 2	1 / 1
fsdfsdfsdfsdfsdfsdfsdfsd dfsdf	GA-2019-NON-CE-0002	Approved	11/14/2019 at 8:00 AM - 10:30 AM	11/14/2019	DavidFake FAKE FAKE	Imagetrend T est 2	0 / 0
Initial Paramedic Course	GA-PMDC-2020-INIT-0008	Approved	10/22/2020	11/06/2020	DavidFake FAKE FAKE	Imagetrend T est 2	0 / 0

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Add and Update Attendee Status for each student in an EMS Initial Education program



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Go to Trainings → Manage Courses

Welcome, DavidFake FAKEFAKE | Logout

Manage Training Courses

To narrow down the training courses displayed on this page, use the filters and search box, and click Go. To view all training courses again, click Clear. Click its name to view the details.

Import Attendees Apply For Course Approval

mm/dd/yyyy to mm/dd/yyyy Select Training Created On Training GO CLEAR

Name ▲	Number	Status	Training Date	Closing Date	Trainer	Location	Completed Attendees
Agency Update	GA-2019-PROV-00073	Approved	10/29/2019 at 12:00 PM - 4:00 PM	05/28/2021	DavidFake FAKE FAKE	Imagetrend T est 2	1 / 1
fsdfsfdsfdfsdfdsfdfsdfdsf	GA-2019-NON-CE-0002	Approved	11/14/2019 at 8:00 AM - 10:30 AM	11/14/2019	DavidFake FAKE FAKE	Imagetrend T est 2	0 / 0
Initial Paramedic Course	GA-PMDC-2020-INIT-0008	Approved	10/22/2020	11/06/2020	DavidFake FAKE FAKE	Imagetrend T est 2	0 / 0

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How do students get on my roster?

- You can add them manually OR
- When you request the course, you can indicate that you want students to be able to register themselves

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In the Course

Details | Topical Hours | **Attendees** | Documents | Tests

To make additions to this course attendee roster, search for providers with the text box below, check them, and then click 'Add Selected Providers'. You can search by name, email, or certification number.

Add Attendees

Completed On: mm / dd / yyyy Today

Search Provider to Add to Training: search by name, email, or certification number GO CLEAR

Add Selected Providers Save Training Roster

Selected Attendees

Attendees	Registered	Completed On	Attendee Status	Action
	mm / dd / yyyy Today	mm / dd / yyyy Today	Select Attendee Status	Apply To All
FAKEFAKE, DavidFake J (P031081)	10/26/20 2:22 PM	mm / dd / yyyy Today	Select Attendee Status	<input type="checkbox"/> Delete
FAKEFAKE, FAKEFAKE (COMPACTFAKE)	10/26/20 2:22 PM	mm / dd / yyyy Today	Select Attendee Status	<input type="checkbox"/> Delete
FAKEFAKEFAKE MD, DavidFAKE (FAKEFAKEFAKE12)	10/26/20 2:22 PM	mm / dd / yyyy Today	Select Attendee Status	<input type="checkbox"/> Delete
Johnson, Fake (none)	10/26/20 2:22 PM	mm / dd / yyyy Today	Select Attendee Status	<input type="checkbox"/> Delete
Joiner, MacIFAKE (none)	10/26/20 2:22 PM	mm / dd / yyyy Today	Select Attendee Status	<input type="checkbox"/> Delete

Save Training Roster

Or Individually

Set for all at same time

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Keep Roster up-to-date at ALL Times Attendee Statuses

- Initial Roster due within 10 days of start
- Final Roster due within 30 days of end

- IE: Current Student
- IE: Completed/Graduated - Eligible for NREMT
- IE: Attrition-Academic - Dismissed due to grades
- IE: Attrition-Academic - Withdrew due to grades
- IE: Attrition-Academic - Other Academic
- IE: Attrition-Non-Academic - Financial
- IE: Attrition-Non-Academic - Medical/Personal
- IE: Attrition-Non-Academic - Other/Unknown
- IE: Student Withdrew within 10 Calendar Days of Start (Not Attrition)
- IE: Passed NREMT CBT 1st Attempt
- IE: Passed NREMT CBT Within 2 or 3 Attempts
- IE: Passed NREMT CBT Within 4, 5 or 6 Attempts
- IE: Attempted CBT but Did Not Pass NREMT within 2 Years or 6 Attempts
- IE: Attempted NREMT CBT - Unsuccessful (1, 2, 3, 4, or 5 attempts)

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Documents Required for Initial Education Programs



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Documents Required to be uploaded to LMS in the Course (PDF only)

Before Course Approval

- Course Schedule
- Course Syllabi
- Student Handbooks:
 - Clinical
 - Classroom
 - Lab

Beginning of Course

- OEMS FERPA Form for each student
- Starting course roster

End of Course

- Ending Roster with attestation of completion
- Student Portfolio for each student (separate PDF):
 - Terminal Competency Form (signed by PD/MD/Student)
 - OEMS Clinical File Review Form (Signed by CC/PD/Student)
 - EMT Psychomotor Report Form

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Documents that must be submitted to LMS through an application

- Clinical/Field Contracts
- Annual Reports
- Findings letters and Executive Analysis from CoAEMSP
- **Keep up to date at all times!!**

Documents that must be maintained by the Program and must be available for review by OEMS at any time

- **Student files**
 - All attendance records
 - All grades/assignments
 - All clinical records including any online clinical tracking software (view only)
 - All disciplinary records
 - Complete student portfolio for Paramedic Students (PPCP)
- **Advisory Committee**
 - Roster
 - Minutes
 - Annual Work Plan

Next Steps for EMS Initial Education Programs



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Timeline

- **By 12/1/2020:**
 - All Instructional Personnel added to Program Roster
- **By 12/15/2020:**
 - All EMS Initial Education Programs have Medical Director forms completed
 - Must upload to LMS through the Medical Director application and submit application
 - All field/clinical contracts added to LMS (forms completed and documents uploaded)
 - All new courses (that start on or after 12/15/2020) must be requested in LMS
- **By 1/1/2021:**
 - All existing courses (that will finish on or after 1/1/2021) must be entered into LMS, and once approved, will have the course number changed to be the existing course number

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Questions

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