

**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**Administrative Requirements Manual**

Effective: August 1, 2011    Authorization: AR    Page: 1 of 9

A/R Title: Training Institution Accreditation Roles and Responsibilities

Supersedes: June 7, 2004 and previous versions

**PURPOSE:**

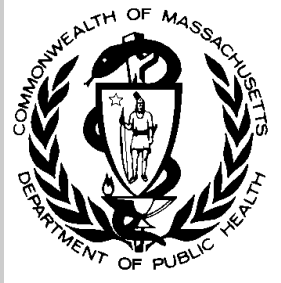
To further delineate the definitions, roles, responsibilities, duties and functions of EMS training institutions accredited by the Department, pursuant to 105 CMR 170.946 through 170.950.

**I. Training Institutions, Advanced Life Support and Basic Life Support****A. Operational Policies**

1. Each training institution shall have written criteria for:
  - (a) Admission;
  - (b) Frequent evaluation of each student during the course of study including evaluation of competency in providing patient care;
  - (c) Student requirements for:
    - (i) Attendance;
    - (ii) Educational performance, including:
      - a. Knowledge; and
      - b. Practical Skills
  - (d) Student access to program information, including:
    - (i) Fees;
    - (ii) Requirements;
    - (iii) Policies;
    - (iv) Procedures; and
    - (v) Support services;
  - (e) Selection of:
    - (i) A medical director;
    - (ii) A EMS program director/coordinator;
    - (iii) Faculty; and
    - (iv) Other necessary personnel;
  - (f) Nondiscrimination and fair practices with regard to students, faculty, and program personnel; and
  - (g) Review and improvement of the effectiveness of student evaluation techniques.
2. Each training institution shall maintain an organizational chart that shows the relationship among students, faculty, medical director, program director/coordinator, and other personnel for each EMS training course.

**B. Records and Reports**

1. Each training institution shall maintain accurate and appropriate records of:
  - (a) Students, including performance and attendance;
  - (b) Faculty and instructors, including performance and attendance;
  - (c) Course objectives, handouts, evaluation mechanisms and statistics;

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- (d) Demographics of students; and
  - (e) Written agreements with facilities and agencies providing clinical and field experience which include:
    - (i) Liability policies;
    - (ii) Scope of practice for the student;
    - (iii) Evaluation criteria; and
    - (vi) The responsibility for and level of supervision of students.
2. Records shall be maintained for a minimum of 7 years following course completion in a manner to prevent loss, destruction, or unauthorized use.

**C. Initial EMT Course Registration and Content**

1. Each ALS and BLS training institution shall teach the Department-approved initial training curriculum at the appropriate EMT level.
2. Each training institution shall file with OEMS, an Initial EMT Course Registration form, as provided by OEMS, for each initial EMT training course the institution administers and teaches. The training institution shall track each initial EMT training course using a unique registration number provided by OEMS.
3. Each training institution shall provide:
  - (a) Instruction that imparts fundamental knowledge and skills, as required by the Department's standards, based on:
    - (i) Massachusetts General Law, c.111C;
    - (ii) 105 CMR 170.000;
    - (iii) Massachusetts Statewide Treatment Protocols; and
    - (iv) Current U.S. Department of Transportation (DOT) EMT-Basic or EMT-Paramedic National Standard Curriculum, or the 1985 U.S. DOT EMT-Intermediate National Standard Curriculum, as applicable to the EMT level of the training.
  - (b) At the ALS level, supervised clinical experience which includes practice of skills within clinical education facilities; and
  - (c) Supervised field internship that includes practice of skills while functioning in a pre-hospital environment at the appropriate level of service. (Note: Field internships are optional at the BLS level, but where they occur, they must meet this requirement.)
3. Each training institution shall prepare the student for entry-level practice at the appropriate level of service.

**D. Key Clinical, Academic and Administrative Personnel:** There shall be written agreements and position descriptions stating the roles and responsibilities of the individuals who have the following responsibilities in the training institution:

1. Medical Director
  - (a) Each training institution shall have a medical director who:
    - (i) Is a physician licensed to practice medicine in Massachusetts;

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- (ii) Has current knowledge and experience in emergency medical care of acutely ill and injured patients;
  - (iii) Has current knowledge and experience of the Massachusetts EMS System; and
  - (iv) Has current knowledge and experience of the Massachusetts Statewide Treatment Protocols.
- (b) The medical director shall:
- (i) Be responsible for oversight of the medical educational content of the program curriculum, and ensure that curriculum content conforms to the Statewide Treatment Protocols;
  - (ii) Play an active role and participate in the evaluation of the education program; and
  - (iii) Have the opportunity for input in recruitment and selection of faculty, and the acceptance of students.
2. Program Director/Coordinator: ALS and BLS
- (a) Each training institution shall have a program director/coordinator who has:
- (i) At least 2 years experience instructing and evaluating students;
  - (ii) Experience with the development and administration of an education program; and
  - (iii) Current knowledge of the Massachusetts Statewide Treatment Protocols.
- (b) The program director/coordinator shall:
- (i) Have overall responsibility for the success of the EMT education program including continuous quality review and improvement of the EMT education program;
  - (ii) At the ALS level, assist the medical director with the recruitment and selection of faculty;
  - (iii) Serve as the education program's student/faculty liaison; and
  - (iv) Identify sites where, as applicable, students can fulfill clinical and field internship requirements. These are optional at the BLS level.
3. Faculty: ALS
- (a) Each EMT-Intermediate or EMT-Paramedic training institution shall have faculty and guest lecturers with the education, experience, and certification level necessary to teach in the program.
- (b) All faculty shall have:
- (i) Experience instructing and evaluating students;
  - (ii) Current working knowledge and experience with the Massachusetts Statewide Treatment Protocols;
  - (iii) Current working knowledge of the Massachusetts EMS system;
  - (iv) Endorsement of the program's medical director, and program director/coordinator to teach designated lessons;
  - (v) An annual written evaluation by the program medical director and/or program coordinator; and



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(vi) Hold a Massachusetts EMT certification at or above the level of above level of course instruction (EMT-Intermediate or EMT-Paramedic for EMT-Intermediate course, EMT-Paramedic for EMT-Paramedic training course).

4. Instructors: BLS

- (a) Each BLS initial training course shall be taught by an Instructor/Coordinator (I/C);
- (b) All I/Cs shall be currently approved by the Department, pursuant to 105 CMR 170.977, and meet all requirements of 105 CMR 170.977 and A/R 2-210, Instructor/Coordinator Manual.

5. Instructor Aides: ALS and BLS

- (a) Each ALS and BLS training institution may have instructor aides in their EMT training courses.
- (b) The instructor aide shall, at a minimum have the following qualifications:
  - (i) Current Massachusetts EMT-Paramedic, EMT-Intermediate (if EMT-Intermediate training program), certification for ALS training and EMT-Basic certification for BLS training
  - (ii) One year active prehospital experience within the last three years at the EMT-Paramedic, EMT-Intermediate, or EMT-Basic level of training (as appropriate) **Note:** This requirement may be waived if instructor aide has completed a structured and documented training course in specialty area (at least 6 hours). The training shall cover basic principles of learning and how to teach practical skills, as well as the administrative aspects of the training program. The program sponsor will be responsible for maintaining records of such training.

6. Clinical Preceptor: ALS

- (a) Each ALS training institution shall have clinical preceptors who shall supervise and evaluate each student's performance in approved clinical education facilities.
- (b) Clinical preceptors shall have:
  - (i) Current Massachusetts EMT-Paramedic, or current EMT-Intermediate or higher EMT certification if EMT-Intermediate training program, or Registered Nurse license;
  - (ii) Working knowledge of ALS curricula;
  - (iii) Working knowledge of the Massachusetts Statewide Treatment Protocols;
  - (iv) Expertise to supervise required clinical skills; and
  - (v) Successfully completed a local clinical preceptor orientation program.
- (c) Preceptor shall only oversee one student at a time.

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**7. Field Preceptor**

- (a) Each ALS training institution shall have a field preceptor who shall supervise and evaluate each student's performance in an approved EMS operational program setting or equivalent as approved by OEMS.
- (b) Preceptor shall only observe one student at a time.
- (c) A field preceptor shall have:
  - (i) Current Massachusetts EMT-Paramedic certification, or current EMT-Intermediate or higher certification if EMT-Intermediate training program);
  - (ii) Working knowledge of the applicable ALS curricula;
  - (iii) Working knowledge of the Massachusetts Statewide Treatment Protocols;
  - (iv) Expertise to supervise required skills;
  - (v) Certification to perform the skills supervised for at least two years;
  - (vi) Successfully completed a local field preceptor orientation program; and
  - (vii) Been approved by an EMS operational program.

**E. Physical Resources**

- 1. **Instructional Facilities:** Each ALS and BLS training institution shall have adequate space at instructional facilities to accommodate the program.
- 2. **Clinical Facilities: ALS**
  - (a) Each ALS training institution shall have access to clinical facilities that provide necessary clinical experience with appropriate medical oversight and supervision.
  - (b) The clinical facilities shall provide adequate educational experiences to meet the program's clinical objectives.
  - (c) If clinical facilities are located outside of Massachusetts, the ALS program shall comply with the laws of the state where the facilities are located.
- 3. **Field Internships: ALS, and when provided by option, BLS:**
  - (a) Each training institution shall provide students access to field internships with appropriate medical oversight and supervision within any component of an approved EMS operational setting, at the appropriate level of service.
  - (b) The field internships shall have a patient population representative of that encountered in the delivery of pre-hospital emergency medical care.
  - (c) The field internships shall provide adequate educational experiences to meet the program's clinical objectives.
  - (d) If field internships are located outside of Massachusetts, the training institution shall:
    - (i) Comply with the laws of the state where the field internships are located; and
    - (ii) Notify the appropriate EMS officials in the state where the field internships are located of the presence of program students in those internships.

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**F. Training Institution Evaluation**

1. Each training institution shall have a written policy and procedure for evaluating their educational programs.
2. The evaluation shall be at least annually and provide written evidence that the program is meeting its objectives and the changing needs of EMS care.
3. The evaluation plan shall include methods for gathering and analyzing data on the effectiveness of the:
  - (a) Program and curriculum;
  - (b) Resources;
  - (c) Responsiveness to recommendations for change;
  - (d) Faculty and instructors; and
  - (e) Students' ability to function as entry-level providers upon successful completion of the course (student and employer surveys).
4. The results of evaluations shall provide the basis for continuous quality improvement and future direction of the program.
5. Each accredited training institution shall submit to the Department's Office of Emergency Medical Services (OEMS) an annual evaluation report consisting of enrollment numbers, graduation rates as they pertain to number and type of courses, and a brief description of changes, improvements, or outcomes brought about by annual program evaluation. This annual report shall be received by OEMS no later than July 1 each year.

**G. Training Institution Accreditation Procedures**

1. A training institution may apply for Department accreditation by submitting a Department-approved application form to OEMS training staff.
2. ALS training institutions with current Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation for EMS training, and ALS or BLS training institutions with any other current EMS accreditation that they believe may be substantially equivalent to the Department's process, may apply for Department accreditation on the basis of substantial equivalency. To do so, the training institution shall submit to the OEMS a letter of intent and documentation of its current accreditation. The Department will review such accreditation to see whether it can be approved as substantially equivalent. Sections of the Department's accreditation process that parallel the other substantially equivalent accreditation process may be waived if the training institution:
  - (a) Complies with all OEMS accreditation standards; and
  - (b) Maintains the accreditation approved by the Department as substantially equivalent.
3. Site Visit
  - (a) After a completed application is accepted by OEMS, a site visit shall be scheduled at a mutually convenient time.
  - (b) The site review team shall be selected by OEMS.



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4. OEMS Action

- (a) Three-Year Approval. If OEMS determines that the applicant meets the requirements for accreditation, OEMS shall grant approval as an ALS, BLS, or both ALS/BLS accredited training institution. Accreditation may be approved for up to three years.
  - (b) To maintain approval, the accredited training institution shall:
    - (i) Comply with OEMS accreditation standards;
    - (ii) Advise OEMS in writing within 30 days of any changes in:
      - 1. Program personnel other than instructional faculty;
      - 2. Organizational changes; or
      - 3. Programmatic changes;
  - (c) Maintain a process of continuing quality improvement;
  - (d) Conduct at least one full-length initial training course every two years.
4. Renewal: Accredited training institutions shall apply for renewal of accreditation approval at least 6 months before the expiration of current approval.

**II. Training Institution Administration of Department's EMT Practical Examination**

- A. The accredited training institution will assume responsibility for the administration of the practical skills portion of the Massachusetts EMT certification examination, in accordance with the Department's requirements in A/R 2-214.
- B. Each accredited training institution shall:
  - (1) Notify OEMS of scheduled exams at least two months prior to the practical examination date.
  - (2) Forward to OEMS, three weeks prior to the practical examination scheduled date, all certification applications, fees, and a complete list of exam candidates. *Note:* Candidate certification application shall not be sent to OEMS before course end.
  - (3) Provide practical skills examination opportunities for non-accredited training program candidates, challenge candidates, and re-test candidates, as assigned by the Department. *Note: Challenge, re-test, and re-instatement candidates must have an "Exam Authorization" letter from OEMS in order to be scheduled to take a practical examination.*
  - (4) Have its medical director (ALS examinations *only*) available (by telephone at a minimum) during practical skills examination periods.
  - (5) Provide sufficient Department-approved Examiners for each practical examination per standards set forward in the Department Examiner Manual, A/R 2-214, to examine candidates, under the oversight of the Department-approved Chief Examiner assigned to each practical skills exam by the Department.
  - (6) To ensure availability of Chief Examiners (BLS & ALS), institutions must have confirmation of exam dates from OEMS before exam may take place.

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**III. Training Institution Administration of Continuing Education and Refresher Training Courses**

A. Beginning January 1, 2012, each ALS and BLS accredited training institution may administer and teach EMT continuing education and refresher training programs, without individual program approvals, subject to the requirements of this section. The official representative for the accredited training institution, as listed by the institution in Section I, 2, b of its Accreditation Application, shall be responsible for ensuring all of the institution's continuing education and refresher training programs are administered and taught in accordance with the requirements in Administrative Requirement (A/R) 2-212, the Continuing Education Training Manual and the following provisions:

(1) The accredited training institution shall file with its applicable Regional EMS Council office a Continuing Education Registration Form, as provided by the Department, for each EMT continuing education and refresher training course it plans to conduct. The institution must file this form at least three weeks prior to the date on which the continuing education and refresher training course will be held.

(2) The Regional EMS Council shall assign the accredited training institution that has submitted to it a Continuing Education Registration Form a unique registration number for each one of these programs, for each time it is held. The accredited training institution shall track all of its continuing education and refresher training programs using their unique registration numbers provided by the Regional EMS Council.

(3) If at any time after an accredited training institution's continuing education or refresher training program has been assigned a registration number, the institution cancels one of these programs, it shall notify its Regional EMS Council immediately so the course can be marked as inactive and reported to the Department as such.

(4) The accredited training institution shall prepare and maintain accurate documentation for its continuing education and refresher training programs, which shall be available for review by the Department at any time upon request. All required documentation shall be maintained for a minimum of 7 years following course completion in a manner to prevent loss, destruction, or unauthorized use. Required documentation shall include, at a minimum, the following:

- a. Dates, times, locations and instructors for each of its continuing education and refresher training courses;
- b. Curriculum used for each course;
- c. Resumes documenting experience and qualifications of instructors of continuing education and refresher training courses;
- d. EMT sign-in sheets and Master Attendance lists, which shall be signed by the instructor of the particular course, who by his or her signature shall attest to the accuracy of the document in its entirety;
- e. Course exams, exam results, and evidence of successful completion for each EMT



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(5) The accredited training institution shall submit to OEMS for receipt of continuing education and refresher training credit only the names of EMTs certified at the level appropriate for the continuing education and refresher training program, in accordance with the Department's requirements.

(6) The accredited training institution shall electronically transfer to OEMS its continuing education and refresher training attendance rosters, in accordance with the format in A/R 2-225, Section E.

(7) The accredited training institution shall be responsible for a) directly and timely resolving all discrepancy reports filed with the institution by EMTs who claim a discrepancy in continuing education or refresher training program credits based on courses they successfully completed at the accredited training institution. The institution shall also be responsible for keeping the Department timely informed about the processing and resolution of these discrepancy reports. The institution shall acknowledge receipt of a discrepancy to the EMT, with copy to the Department, within five business days. The institution shall provide a complete, formal answer regarding the discrepancy to the EMT, with copy to the Department, within 15 business days of receipt of the original discrepancy report. Any further correspondence between the institution and the EMT shall be timely conducted and copied to the Department.