

REQUIREMENTS FOR AN EMS CONTINUING EDUCATION PROGRAM

REVISED 20150924

General Information:

Purpose: Completion and acceptance of this application will allow an approved initial training program, licensed EMS Provider, registered first responder organization, JCAHO accredited hospital, an accredited educational institution or other approved person or entity to conduct an EMS Continuing Education (CE) program.

Approval Time Frame: Generally CE programs are approved for two years unless they are onetime events, courses or conferences. During the approval period the program may develop its own instructional materials or by using educational resources such as prepackaged lesson plans, video tape series, distance education, computer software, magazine CE, and other healthcare professional programs.

Application: Those seeking approval as a CE Program, should complete this application and include the non-refundable application fee of \$62, if applicable. Applicants who provide CE exclusively to volunteer's and do not receive compensation for instruction are exempt from the fee.

Directions on completing this application are provided in the following pages. Once approved, the program will receive an approval letter with a unique number. If deficiencies are noted, the program will be contacted to provide supporting documentation to complete the review of the program.

Where do I mail my application? All applications will be mailed to the EMS Compliance Central Group located in Austin. Please check the DSHS EMS web site for the appropriate mailing cover page.

Program Information:

Organization and Audience: Explain what type of organization you are and the audience you plan to deliver you CE program.

Quality Assurance and CE: Applicants that are EMS providers and First Responder Organization need to submit an explanation of how this program will link to their QA/QI process and include a general list of topics and to be provided throughout the 2-year period. Remember, a CE program should be a dynamic process based on opportunities for improvement identified through an active, ongoing QI/QA process. The only detailed information submitted initially should be that which applies to the first class (see section on first course/required enclosures). You can adjust the courses and dates as needed.

Faculty and Instructor Qualifications: Enclose an explanation and documentation that shows that the faculty and/or instructors of program have appropriate educational, work experience, and teaching experience, to have achieved expertise as an instructor of the subjects or subject matter to be covered. Examples of acceptable documentation include a resume or curriculum vitae if they adequately reflect qualification, teaching experience.

Content Review: An explanation of how the program reviews the courses for medical accuracy.

Description of Facilities/Equipment: A description of the facilities to be used which includes an explanation of how they are adequate for the program and courses to be conducted.

Course Delivery Method: An Explanation of how courses will be delivered. Weather face to face instruction, computer based learning or other delivery methods.

Course Completion Documents: The program must explain how completion documents or transcripts will be provided to students. Include a sample completion document or transcript. The program director has responsibility for determining content categories and number of hours being awarded for each program done. This information must be supplied to participants. The unique approval number must be placed on all certificates/transcripts issued to course participants. Also, completion documents should include the dates and

locations of programs and should only be issued to students who have met or exceeded minimum competency levels for the type session provided.

Description of Record Keeping: Include a description of how the program will attest to the successful completion of participants. Also the program needs to explain where records will be stored. For example, the instructor passes an attendance log around the class, administers an exam, and everyone passing the exam will receive a letter stating they completed 1 hour of CE in Cardiology. Records are stored and located at 123 CE Drive, Ed Town, Texas.

Remember, CE programs are subject to records reviews and audits. The program must maintain records on each course/class administered and these records must be kept for a 5-year period after expiration of the program.

Explanation of Grading System: An explanation of the programs grading system must be included. A minimum “pass/fail” grading system utilizing a written evaluation tool that covers the entire scope of objectives being taught. If the grading system uses numerical grades, such as 70, the application must indicate the grade, which participants must achieve in order to successfully complete the class and receive CE credit. An example would be, in order to receive CE credit each student must achieve a grade of 70 on the written test, which covers all objectives taught in the course.

Course Evaluations: The program should have a standard course evaluation that will be used for each class conducted. It should ask students about: achievement of objectives, relevance of content presented, effectiveness of instructor teaching methods, appropriateness of physical facilities, equipment, audio visuals and other class material. The evaluation should allow participants to provide feedback on the class and should be in a format to allow measurable responses. Include an explanation of how the student evaluations will be tabulated and used to alter future courses. For example, if evaluations consistently show that students find little value in a video tape, another form of teaching should replace that tape during the next course.

First Course Information (required enclosure):

Remember, this is a sample of how you plan to keep records of your first course and future courses.

Didactic Objectives: These objectives shall be the basis for determining the content of the class and the class evaluation. These objectives should be measurable, specific, and appropriate to participants. There should be 2-5 objectives per hour of content. There should be objectives covering each component of the entire class. An example is after completion of the class, the student will be able to list 10 steps involved in the treatment of shock in less than five minutes. These knowledge objectives shall be used as the basis for the post class exam.

Psychomotor Objectives: If applicable, list the psychomotor objectives for the class. These objectives should be the basis for activity and evaluation at any skills station. These objectives should be reflective of what the student is expected to learn during this activity. These objectives should be measurable, specific, and appropriate to participants. There should be 2-5 objectives per hour of content. There should be objectives covering each separate skill covered. An example is after completion of the class, the student will be able to initiate an IV successfully in less than 2 minutes.

Lesson Plan: A lesson plan should outline the content of the presentation. This plan should be detailed enough to ascertain the depth in which the instructor will cover the material. This content must be clinically correct. If using audio visuals, the plan should explain when and where they would be used in the presentation.

Post Exam with Key: The exam to be given at the end of class to determine student achievement of the objectives: It should be based on the knowledge objectives of the class. The format of the exam is not important as long as the questions are clear, easy to understand, and relate to the objectives. The exam should have the key attached and answers should be clinically correct.

PRIVACY NOTIFICATION

Publication #: F01-13067 - Electronic Publication #: EF01-13067

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With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 552.021, 552.023 and 559.004)



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
EMS CONTINUING EDUCATION PROGRAM

Application Form
REVISED 20150924

Submit this form with the appropriate coversheet, fee and attachments to EMS Compliance in Austin.
See coversheet for mailing details.

For assistance with this form, contact the appropriate regional Department of State Health Services (DSHS) EMS staff.
See <http://www.dshs.state.tx.us/emstraumasystems/EMSComplianceRegOfclList.pdf> for contact information.

Continuing Education Program Information

Application Type:	Initial	Renewal	If Renewal, CE Program Number:	
Name of Legal Entity:				Federal Tax ID Number:
Entity Assumed / Operating Name (dba):				
Physical Address:				
City, State, Zip			County:	
Mailing Address:				
City, State, Zip			County:	
Phone Number:		Fax:		

Continuing Education Program Questions

Program Open to Public?	Yes	No	Proposed Start Date:	
Sponsoring Organization Name:				
Who will own the Program?				
Name of Medical Director / Physician Advisor:				
Is this CE Program tied to an EMS Provider or FRO Quality Assurance Plan?	Yes	No		
If yes, name of EMS agency or FRO:				
Is this CE Program seeking approval for different courses over a two year period?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is this CE program seeking approval for a single course to be offered multiple times over a two year period?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is this CE Program seeking approval for a one-time conference or seminar?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you plan to offer any portion of this CE Program online / remotely?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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Continuing Education Program Director Information

Director Name:			DSHS License Number (If applicable)
Mailing Address:			
City, State, Zip		County:	
Phone Number:		Fax:	
Email:			

Required Enclosures for CE Program

<input type="checkbox"/> Applicable DSHS Coversheet	<input type="checkbox"/> Content review description
<input type="checkbox"/> Application	<input type="checkbox"/> Description of facilities / equipment
<input type="checkbox"/> Application fee of \$62.00	<input type="checkbox"/> Course delivery method explanation
<input type="checkbox"/> Program Information	<input type="checkbox"/> Course Completion document explanation & sample
<input type="checkbox"/> Organization & Audience Description	<input type="checkbox"/> Description of record keeping
<input type="checkbox"/> Explanation of how CE is determined via QA plan	<input type="checkbox"/> Explanation of P/F grading system
<input type="checkbox"/> List of courses if EMS Provider/FRO	<input type="checkbox"/> Explanation of grading system
<input type="checkbox"/> Faculty and Instructor Qualifications	<input type="checkbox"/> Course Evaluation

Required Enclosures for First Class

<input type="checkbox"/> Didactic objectives	<input type="checkbox"/> Lesson Plan
<input type="checkbox"/> Psychomotor objectives (if applicable)	<input type="checkbox"/> Post Test w/key

Program Director Authorization

On behalf of the above named legal entity, to the Texas Department of State Health Services, I hereby affirm and declare that all information submitted on this form and attached supplemental documents are true and correct. It is understood that any false information given or misrepresentation made in this application or other requested documents may result in revocation or denial of program approval/license. I have read, understand, and agree to abide by Chapter 773 of the Texas Health and Safety Code and Title 25 of the Texas Administrative Code, Chapter 157.

Print Name of Program Director	Signature of Program Director	Date

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