

Intermediate Program Accreditation Application, Instructions and Self Study



Intermediate

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Development of the Comprehensive Self Study

Each institution affiliated with the Virginia Office of Emergency Medical Services accepts the responsibilities to undergo periodic evaluation through self study and professional peer review. The effectiveness of self-regulatory accreditation depends upon an institution's acceptance of certain responsibilities, including involvement in and commitment to the accreditation process. An institution must submit an application, completed self study, and undergo a peer site review in order to obtain a new award of accreditation prior to conducting training at the Intermediate level. At the conclusion of the self-study, the institution is expected to accept an honest and forthright peer assessment of institutional strengths and weaknesses.

Self study is part of a three-part process of accrediting an institution. This process includes a self appraisal, an on-site visit by a team of peers, and a review and a decision on the accredited status of the institution by the Office of EMS. The self appraisal results in a report that is an analysis of the on-going and systematic activities and achievements of an institution. The aim of self appraisal is to assess how well an institution meets accreditation standards and to stimulate improvement of educational quality and institutional performance. The ultimate goal of accreditation is to help an institution improve attainment of its own mission—improving student learning and student achievement.

Self appraisal requires a conscious and self-reflective analysis of strengths and weaknesses and an examination of every aspect of institutional function against predefined standards. Broad involvement in the both the institutional self appraisal and preparation of the self study narrative enhances the credibility and usefulness of the self study.

Additional Locations or Learning Sites

On occasion, accredited training programs in Virginia contact the Office of EMS regarding offering additional training in alternative training sites which differ from the site receiving initial accreditation. As a result, OEMS training staff has contacted the “Commission on Accreditation of Allied Health Programs” for clarification. The OEMS has determined that additional programs can be offered under the original accreditation, dependant upon the program sponsoring the training demonstrating that all program components and evaluation tools are essentially the same as the original.

In an effort to accommodate institutions offering accredited programs, the Office is not requiring that the entire accreditation process be repeated a second time. The Office of EMS has put in place a policy for those alternative sites.

Institutions that intend to operate entire programs or parts of programs at a different location or learning site must prepare and submit a separate Alternative Site Self Study for each additional location. This application can be obtained from the Office of EMS. The questions which make up the Alternative Site Self Study must be addressed for each alternative site to assure OEMS that the two programs are essentially the same.

A site different from the original accreditation can be approved upon receipt of written verification of site details. As a reminder, it is important for all accredited programs to remember that should changes occur within the program, it is necessary to notify OEMS in writing of those changes.

Organization Prior to Preparation of the Self Study

Since the accreditation process from initial receipt of the self study to receiving official approval can take from three to six months, a realistic and detailed timetable for the organization and completion of the self study report should be developed. Although the exact organizational plan will vary from institution to institution, the following suggestions may be helpful:

1. Select an appropriate member of the staff to direct the preparation of the self-study.
2. Involve all members of the faculty, administration, governing board or council in the discussions of the self-study.
3. Establish subcommittees to prepare specific sections of the self-study.
4. Adopt a reasonable time schedule and enforce it.

The Self Study Questions

The self-study questions are designed to elicit a thorough analysis of the institution and the program. The narrative should be prepared in clear and concise language and should respond to each of the questions asked. The format for the narrative report should be as follows:

- The narrative shall be contained in a **3-ring binder and all materials must be typewritten or prepared using a computer, collated, tabbed to divide the various sections as designated in the Self Study document**. Individual pages of the self-study **should not** be submitted in plastic page holders.
- Required attachments shall be included at the end of the narrative in addition to any exhibits and should be provided only if they are essential to the team's review and preparation prior to the visit. Exhibits should be clearly marked and logically ordered.
- Please provide the following information on the front cover and spine of the 3-ring binder and the binder of exhibits accompanying the disk: Site/School name, City, State.

Submitting the Self Study

Institutions should send three hard copies of the completed self-study (including exhibits) and one copy of the narrative on diskette or CD-ROM with exhibits in an accompanying binder to:

Virginia Department of Health
Office of Emergency Medical Services
ALS Program Accreditation
Attn: Chad L. Blosser
1041 Technology Park Drive
Glen Allen, VA 23059

The institution should keep at least one copy for the institution's files. The self-study document is reviewed for completeness upon receipt at OEMS. You will be contacted if it does not contain all of the required items. Please do not submit other applications or requests with the self-study.

Scheduling Site Visits

The scheduling of a site visit depends on a number of factors, including the availability of site evaluators and staff and the date when the completed materials arrive.

Once the Office of Emergency Medical Services has received the application materials in complete and proper form, the self study will be assigned to a Site Review Team. Once the team leader has determined that the program warrants consideration for state accreditation, they will contact the site/school to schedule a date for a site visit.

Preparing for the Team

The institution shall provide a suitable workspace for the evaluation team. This room must be private, with sufficient table space to allow team members to comfortably review all materials, interview administrative and faculty personnel, and write the report. It is also desirable, but not necessary for the workroom to contain a telephone and a computer with a printer.

Also, institutions are required to update the application where significant changes have occurred since its submission to the Office of EMS at least two weeks prior to the on-site evaluation visit.

The team normally will arrive in the morning on the first day of the visit. In some cases, when the institution offers evening classes, the team may visit the institution the evening before the scheduled visit. When the team arrives, they will take a brief tour of the facilities followed by an introductory meeting with the chief on-site administrator. At the introductory meeting, the administrator(s) should fully describe all changes that have occurred since the filing of the application.

During the visit, members of the team will meet with administrators, faculty, the OMD, and students. They will visit classrooms and other parts of the facility. The institution should have informed its faculty, staff, and/or students of the date and purpose of the visit. The team will examine information such as course syllabi, student academic and financial records, files of faculty and staff, and minutes of meetings. Some teams also may want to consult with directors or trustees and community leaders or local employers.

Program Reaccreditation

In order to obtain reaccreditation for an EMT-Intermediate program, the institution shall apply for reaccreditation by submitting the *Application for Institutional Accreditation of Advanced EMT Programs* to the Office of Emergency Medical Services for renewal not less than 180 days before expiration of their current accreditation.

The application and Self Study included in this package will be official means of application for renewing accreditation. Please contact the Office of EMS for a copy of this documentation.

Categories of Approval

The education program shall be assigned one (1) of the three (3) categories of approval status by OEMS following the application review, site team visit and review of site team visit report.

1. Provisional Accreditation (1-year period). This status is assigned to successful initial applicants and/or when the *Application for Institutional Accreditation of Intermediate Programs* and the site visit report substantiate limitations in meeting criteria which can be resolved within the definite time frame of one (1) year.
 - a. The applicant is required to submit a written progress report addressing these limitations to OEMS.
 - b. A second site visit may be required to verify that all limitations are resolved. If a second site visit is required, a revised *Application for Institutional Accreditation of Advanced EMT Programs* report addressing all criteria including changes made since initial site visit shall be required prior to conducting the visit.
 - c. At the end of the one (1) year provisional accreditation period the OEMS may:
 - i. Confer Full Accreditation for the remainder of the five (5) year period, if the applicant has satisfied all requirements, or
 - ii. A second 1 year Provisional Accreditation or
 - iii. deny accreditation or
 - iv. revoke accreditation
2. Full Accreditation (5-year period). This status is assigned when the *Application for Institutional Accreditation of Intermediate Programs* has been submitted and site visit report substantiates that the program meets criteria. An annual written report of educational activities and progress shall be submitted to the Office of Emergency Medical Services Division of Educational Development. CAAHEP accredited programs shall also submit an annual report and updated CAAHEP status (if applicable).
3. Denial or Revocation of Accreditation. This status is assigned when the

Application for Institutional Accreditation of Intermediate Programs and the site visit report substantiates that the program/organization is not in compliance with the criteria set forth in 12 VAC 5-31 and the Training Programs Administration Manual. The program shall be notified by mail of the OEMS decision.

The Office of Emergency Medical Services reserves the right to visit accredited programs at any time to ensure compliance with the standards for approval.

Appeal Procedure

An applicant program may contest an adverse decision by the OEMS with regard to the approval status assigned. A written notice of appeal must be directed to the Office of Emergency Medical Services Division of Regulation and Compliance and submitted within ten (10) days after receipt of written notification of the OEMS decision.

The request must include reasons and documentation why the original decision should be revisited. The appeal will follow the Virginia's Administrative Process Act. If the written appeal request is not submitted within the specified time frame of ten (10) days, the Office of EMS's decision stands as final.

Appendix A

Application for Intermediate Accreditation

APPLICATION DATE _____

TYPE OF APPLICATION
(CHECK ONE):

INITIAL ACCREDITATION – INTERMEDIATE PROGRAM

A. INSTITUTIONAL DATA

OFFICIAL NAME OF INSTITUTION _____

MAILING ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

ON-SITE ADMINISTRATOR'S E-MAIL ADDRESS (THIS INDIVIDUAL WILL RECEIVE ALL RELATED CORRESPONDENCE FROM OEMS)

E-MAIL ADDRESS _____

WEB SITE ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

NAME AND TITLE OF CEO OR COO _____

NAME AND TITLE OF ON-SITE ADMINISTRATOR _____

NAME AND TITLE OF PROGRAM DIRECTOR _____

PROGRAM CREDENTIALS*
(CHECK ALL THAT APPLY)

*** FOR POSTSECONDARY INSTITUTIONS ONLY**

- | | |
|--|--|
| <input type="checkbox"/> CERTIFICATE
OCCUPATIONAL | <input type="checkbox"/> DIPLOMA |
| <input type="checkbox"/> ASSOCIATE'S DEGREE | <input type="checkbox"/> ACADEMIC ASSOCIATE'S DEGREE |
| <input type="checkbox"/> BACHELOR'S DEGREE | <input type="checkbox"/> OTHER |

CORPORATION TYPE (*CHECK ONE*):

- PRIVATELY HELD CORPORATION
- PUBLICLY TRADED CORPORATION
- NOT-FOR-PROFIT CORPORATION
LIMITED PARTNERSHIP WITH CORPORATE GENERAL
- PARTNER
- LIMITED LIABILITY COMPANY

DATE OF ORIGINAL ESTABLISHMENT OF INSTITUTION _____

B. ALTERNATIVE SITE INFORMATION

DOES THE INSTITUTION INTEND TO OPERATE THIS PROGRAM AT ANY OTHER
LOCATIONS OTHER THAN THE ONE SPECIFIED ON PAGE 2? YES NO

IF YES, LIST ADDRESS, PHONE NUMBER, AND ADMINISTRATOR (IF APPLICABLE) OF EACH LOCATION
(ATTACH A SEPARATE SHEET, IF NECESSARY):

ADDRESS OF
ADDITIONAL SITE _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX
(IF AVAILABLE) _____

NAME AND TITLE OF ON-SITE
ADMINISTRATOR _____

WHAT IS THE RELATIONSHIP OF THIS SITE TO ONE LISTED ON PAGE 2 OF THIS
APPLICATION?

C. **PERSONNEL** LIST EACH PERSON IN ONLY ONE CATEGORY.

NUMBER OF ADMINISTRATIVE STAFF: FT _____ PT _____

NUMBER OF FACULTY MEMBERS FOR THIS PROGRAM: FT _____ PT _____

D. **STUDENTS**

ANTICIPATED NUMBER OF REGULARLY ENROLLED STUDENTS:

_____ FULL-TIME _____ PART-TIME _____ TOTAL

E. **SIGNATURES**

CEO OR COO _____ DATE _____

ON SITE ADMINISTRATOR _____ DATE _____

PROGRAM DIRECTOR _____ DATE _____

Office of EMS use only:

Site Visitor: _____	Date _____	Recommendation: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Site Visitor: _____	Date _____	Recommendation: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Office of EMS: _____	Date _____	Recommendation: <input type="checkbox"/> Yes	<input type="checkbox"/> No

Appendix B

Application for Institutional Accreditation of Advanced EMT Programs

The *Application for Institutional Accreditation of Advanced EMT Programs* provides each education program with an opportunity to assess their objectives and degree of compliance with approved education program standards set forth in the Training Programs Administration Manual and 12 VAC 5-31. This evaluation should be comprehensive and clearly identify the program's strengths and limitations.

Each education program seeking to conduct training at the Intermediate level is expected to complete the *Application for Institutional Accreditation of Advanced EMT Programs* accurately and thoroughly.

Completion of the *Application for Institutional Accreditation for Intermediate Programs in Virginia* should involve the entire program staff. This is to include but not limited to the program medical director, administrator/coordinator, administrative staff, faculty, students, and others in the health care delivery system involved in the educational program.



Application for Institutional Accreditation of Intermediate Programs

Intermediate

Application for Institutional Accreditation of Intermediate Programs

The following questions have been designed to ensure that at a minimum, the basic components of a sound educational process are in place for EMT-Intermediate training programs in the Commonwealth.

Please answer each of the following questions thoroughly and completely; simple 'yes' or 'no' answers will not provide the site review team with an adequate picture of your program. Your answer should be detailed and if necessary, include references (or direct the reader) to specific forms and/or pages in manuals included as appendices to the self study narrative.

This MS Word® document has been designed to allow the user to complete it electronically and then print it off for inclusion in the self study binder. Simply click on the shaded 'place cursor here to type answer' fields and answer the question. The document can be saved on your PC and edited or revised as necessary.

Section I: Sponsorship

1. Is this program sponsored by or affiliated with a post secondary institution? (This is not a mandatory.)

[place cursor here to type answer]

Section II: Resources

1. Explain how the Program Director is qualified to carry out their position. Include a copy of the Program Director's job description and/or agreement as an appendix.

Does the Program Director have the appropriate:

- ▶ licensure or certification
- ▶ level of education
- ▶ field experience in the delivery of pre-hospital care

[place cursor here to type answer]

2. What evidence is there demonstrating that the program director is responsible for and will devote adequate amount of time to each of the following to ensure success of the program?

- ▶ development of syllabus for curriculum
- ▶ practical skills
- ▶ managing of clinical rotations
- ▶ administration of internships
- ▶ preparation and periodic maintenance of a test bank
- ▶ orientation of faculty and preceptors
- ▶ scheduling of instructors
- ▶ periodic review of the program
- ▶ maintaining student records (attendance, grades, skill competency sheets, clinical sheets, vaccinations)

[place cursor here to type answer]

3. Has the program developed program evaluation tools (see list below) in order to gain feedback and ensure the continued success of the program?

[place cursor here to type answer]

- ▶ student evaluations
- ▶ faculty evaluations
- ▶ employer evaluations
- ▶ clinical site evaluations
- ▶ internship site evaluations

If “no”, please explain:

[place cursor here to type answer]

4. What evidence exists to show that the Program Director is responsible for a periodic review of the program? Does the Program Director use the tools described in question #3 above in this review process?

[place cursor here to type answer]

5. Indicate by what methods the program director actively solicits and requires the cooperative development of the medical director of the program including but not limited to student selection.

Does the program’s medical director:

- ▶ *review the curriculum prior to start of program?*

- ▶ *monitor faculty presentations?*
- ▶ *participate in instruction of program?*
- ▶ *reviews instructor credentials?*
- ▶ *review tests and quizzes for medical validity?*
- ▶ *review evaluation criteria and stats?*
- ▶ *review student applications?*

[place cursor here to type answer]

Section III: Medical Direction

1. Is there a formal relationship between the medical director and the program? Explain and include a copy of the Medical Director's job description and/or agreement as an appendix.

[place cursor here to type answer]

2. How does the program ensure that the medical director reviews and approves the educational content of the program to include the following? Explain.

- ▶ reviewing and approving lesson plans on an on-going basis
- ▶ reviewing and approving evaluation systems on an on-going basis
- ▶ reviewing and approving curriculum on an on-going basis
- ▶ periodically reviewing and approving objectives for lectures
- ▶ periodically reviewing and approving objectives for labs
- ▶ periodically reviewing and approving clinical objectives
- ▶ periodically reviewing and approving field internship objectives

[place cursor here to type answer]

3. In order to assure and approve the quality of medical instruction is the medical director required to: Explain.

- ▶ approve exams?
- ▶ periodically observes lectures?
- ▶ periodically observes labs?
- ▶ periodically observes clinical experiences?
- ▶ periodically observes or assures evaluation of field internships?
- ▶ evaluate student performance?
- ▶ review student evaluation of course/faculty?
- ▶ reviews the Program Director's evaluation of course/faculty?

[place cursor here to type answer]

4. How does the program ensure that the medical director reviews each student's performance and assure progress towards program completion by participating in student counseling and review of documents in the student's file?

[place cursor here to type answer]

5. Does the program ensure that the medical director attests that each graduating student has achieved the desired level of competency prior to graduation by a review of documents in the student's file and participation in a summative evaluation?

[place cursor here to type answer]

6. How does the medical director participate in the local medical community?

For example, does the medical director:

- ▶ *meet regularly with the local medical community?*
- ▶ *participates in local regional medical control committees?*
- ▶ *takes part in state Medical Direction Committee?*

[place cursor here to type answer]

7. Is the medical director familiar with base station operations? Does the medical director actively work at a facility which functions as a base station providing on line medical control?

[place cursor here to type answer]

Section IV: Faculty

1. What evidence is there that the program has assured that each instructor is qualified through academic preparation, training and experience to instruct students in assigned topics?

The program should be able to:

- ▶ provide evidence (through CV's, resumes, personal information, copies of certification cards, etc.) that each instructor is fully capable of instructing students in assigned topics.
- ▶ show that appropriate expertise in the assigned topic was assessed prior to initial selection
- ▶ show that continuing expertise is monitored

[place cursor here to type answer]

2. Does each faculty receive appropriate and periodic evaluation of their performance?

[place cursor here to type answer]

3. Does each preceptor receive appropriate and periodic evaluation of their performance?

[place cursor here to type answer]

Section V: Financial Resources

1. How will the proposed program be funded? List those entities where financial support will be tapped. If available, include copies of financial support commitments in an appendix.

[place cursor here to type answer]

Section VI: Facilities

1. Do the classrooms have adequate seating for the numbers of students per each class? Describe the layout of the classroom(s).

[place cursor here to type answer]

2. Do the laboratories appear to be adequate to support the curriculum requirements for the number of students assigned? Describe the lab's layout.

[place cursor here to type answer]

3. Are there sufficient supplies and equipment available to be used in the provision of instruction and consistent with the needs of the curriculum and adequate for the students enrolled? Explain and include an inventory of equipment as an appendix.

[place cursor here to type answer]

For example:

- ▶ is there a mechanism available for restocking of supplies?
- ▶ are the supplies and equipment appropriate for all age groups?
- ▶ are the supplies and equipment state of the art for the geographical region?
- ▶ are supplies and equipment sufficient to support the activities of the laboratory instruction within the program?
- ▶ is the equipment owned or borrowed? If borrowed, is there a written agreement for use of the equipment?

- ▶ is there is sufficient quantity of equipment for the class size?

Section VII: Clinical Resources

1. Are there signed affiliation agreements with each clinical site associated with the program that are appropriate to the objectives of that rotation? Explain and include copies of all clinical affiliation agreements as an appendix.

For example:

- ▶ do these contracts stipulate areas where students may practice?
- ▶ do these contracts identify responsible staff for assuring learning and conduct?
- ▶ do these contracts cover each of the following clinical areas?
 - Emergency Department
 - Intensive Care
 - Operating Room
 - Labor and Delivery
 - Pediatric Unit
 - Alternative clinical settings may include:
 - Family Practice Office
 - Mental Health Clinic
 - Dialysis Clinic
 - Community Based Health Clinics
 - Detox Facilities
 - Community Services Board
 - Home Health with Nursing Programs
 - Extended/Long Term Care Facilities

[place cursor here to type answer]

2. Do all students have appropriate access to patients in each affiliated clinical unit?

The program should be able to:

- ▶ provide evidence that students in their program will have contact with neonates, infants, children, adults [young, middle aged, geriatric] of both sexes.

[place cursor here to type answer]

3. Will all students have access to adequate numbers of patients who present common problems in the delivery of advanced emergency care in each clinical unit? Explain and include any documentation/evidence in an appendix.

[place cursor here to type answer]

4. Will all students have an opportunity to encounter patients of appropriate distribution

by age and sex? Explain and include any documentation/evidence in an appendix.

[place cursor here to type answer]

5. Are the learning opportunities in each clinical setting efficient and effective in achieving the learning objectives of each clinical assignment?

The program should provide:

- ▶ a copy of the evaluation forms used for each student during clinicals which relate back to the clinical objectives
- ▶ evidence that the clinical preceptors are aware of the objectives of the program and their role and responsibilities as members of the site staff
- ▶ evidence that clinical learning objectives are available to all clinical preceptors

[place cursor here to type answer]

Section VIII: Field Internship

1. Is there evidence of medical director participation in the field internship program?

As evidenced by:

- ▶ *students functioning only with approved preceptors present who are authorized by the program's OMD.*
- ▶ *run sheet reviews conducted as well as evaluation forms by the programs OMD.*
- ▶ *communication with on-line medical control by program OMD for additional evaluation.*

[place cursor here to type answer]

2. Are the students under the direct supervision of preceptors at all times?

This should be documented in:

- ▶ program guidelines
- ▶ field agreements
- ▶ preceptor manual/field internship manual

[place cursor here to type answer]

3. How are preceptors selected? Explain.

For example are:

- ▶ preceptors are selected by the program?
- ▶ preceptors are selected by the service agency?
- ▶ preceptors are randomly assigned?

[place cursor here to type answer]

4. How is preceptor performance verified?

For example is preceptor performance:

- ▶ documented by records of preceptor orientation and training programs?
- ▶ confirmed by program administration?
- ▶ determined by on-site evaluator evaluation?

[place cursor here to type answer]

5. Is there evidence that the students receive objective evaluations?

For example:

- ▶ what ensures there are no conflicts of interest?
- ▶ are there periodic interviews with preceptors and students during the internship?
- ▶ do these interviews involve both the medical director and the program director?

[place cursor here to type answer]

6. Is there evidence that assures that student progress is appropriate and progressive?

For example:

- ▶ there are defined internship objectives.
- ▶ verified by periodic review of preceptors and students evaluations.
- ▶ these reviews involve both the medical director and the program director.

[place cursor here to type answer]

7. Does the field internship occur on advanced life support vehicles? Explain how this is ensured.

For example:

- ▶ documentation showing that agreements with agencies conducting field internships include this statement

[place cursor here to type answer]

8. Does the field internship occur in an EMS system that has the capabilities of voice telecommunications with on-line medical control? Explain how this is ensured.

For example:

- ▶ documentation showing that agreements with agencies conducting field internships include this statement

[place cursor here to type answer]

9. How is the field internship component integrated with the overall curriculum of the program?

For example:

- ▶ documentation showing how the field internship is weighted when evaluating satisfactory completion of the program.
- ▶ the field internship begins after didactic and hospital clinicals.
- ▶ these reviews involve both the medical director and the program director.
- ▶ the internship emphasizes assessment and problem solving
- ▶ adequate documentation is maintained throughout the course demonstrating progression of the student to achieve entry-level competency

[place cursor here to type answer]

10. Is there evidence that a student is never substituted as a required team member within the EMS system during the field internship component of the program?

For example:

- ▶ documentation showing that agreements with agencies conducting field internships include this statement
- ▶ documentation showing that students are informed about this and what they should do if ever placed in this situation

[place cursor here to type answer]

11. Do all students have an adequate opportunity to attain required competencies?

For example:

- ▶ documentation demonstrating that students will be able to perform patient intervention activities.
- ▶ evidence that the system participating in the field internship program has adequate call volume and acuity to permit students to apply intervention skills.
- ▶ evidence of a tracking system which demonstrates progression of the student to achieve entry-level competency.

[place cursor here to type answer]

Section IX: Students

1. Is there evidence that the program has published admissions policy and classroom procedures?

For example:

- ▶ Evidence that a copy of the policies and procedures is provided to each student
- ▶ should include but not be limited to prerequisites for the program, student expectations, class/course rules, policies for all student activities such as clinicals and internships

[place cursor here to type answer]

2. Are evaluations conducted to assure that both students and program faculty have evidence of student progress?

For example:

- ▶ Documentation detailing the frequency and type of evaluation tools used to measure student progress
- ▶ documentation of student records for test scores and progress
- ▶ documentation of student conferences and counseling sessions
- ▶ evidence of input and feedback through preceptor, student and faculty evaluations

[place cursor here to type answer]

3. Are evaluation instruments appropriate in design to assure valid assessment of competency?

For example:

- ▶ evidence exists of a feedback loop from both faculty and preceptors to the student to assure entry level competency
- ▶ evidence that a periodic review will take place to help ensure correlation with related goals and objectives

[place cursor here to type answer]

4. How frequently are student evaluations reviewed for effectiveness? Who reviews these evaluations? How are 'problem areas' corrected?

[place cursor here to type answer]

5. Does the review of student evaluations lead to updated revision for more effective testing instruments and evaluation methods?

[place cursor here to type answer]

6. Does the program have written admission policies addressing student's health (i.e. immunizations and a post exposure plan)? Explain and provide documentation of said policies as an appendix.

[place cursor here to type answer]

7. Is there evidence that students have information about access to health care services? Explain and provide documentation of health care services as an appendix.

[place cursor here to type answer]

8. Do students receive information regarding the program to include program requirements, tuition rates and fees? Explain and provide documentation an appendix.

[place cursor here to type answer]

9. Is a descriptive synopsis of the current curriculum available to students and applicants of the program?

For example:

- ▶ program goals and objectives are received by students and applicants

[place cursor here to type answer]

10. Are the following on file and complete? Explain your answer and provide documentation an appendix as needed.

- ▶ Current and updated teaching plans
 - to include a copy of the state approved curriculum
- ▶ Current and updated course objectives
- ▶ Clinical and field experience schedules
- ▶ Class laboratory schedules
- ▶ Copies of course syllabus.

[place cursor here to type answer]

11. Are students appropriately identified by name and status during clinical and field

internships?

For example:

- ▶ provisions have been made to ensure students have name tags and uniforms

[place cursor here to type answer]

12. Is there evidence that there are published policies to ensure that recruitment and admission are non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?

[place cursor here to type answer]

13. Is there evidence that there are published policies to ensure that faculty employment is non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?

[place cursor here to type answer]

14. Is academic credit, if any, and cost to the student accurately stated, published, and made known to all applicants to the program?

[place cursor here to type answer]

15. Is there evidence of a published grievance policy for student grievances?

[place cursor here to type answer]

16. Is there evidence of a published grievance policy for faculty grievances?

[place cursor here to type answer]

17. Are policies and processes for student withdrawal and tuition refund published and known to all applicants of the program?

[place cursor here to type answer]

18. Is there evidence that the health and safety of patients, students, and faculty associated with the program are adequately safeguarded?

[place cursor here to type answer]

19. Are there satisfactory records maintained for:

- ▶ Student Admission
- ▶ Student Attendance
- ▶ Academic Counseling
- ▶ Evaluation
 - Student files indicate completed evaluation instruments that clearly show graduates have met required competencies

[place cursor here to type answer]

20. Does the program track grades and credits (if any) for courses completed, recorded, and permanently maintained by the institution for a minimum of 5 years?

[place cursor here to type answer]

21. Does the program require evidence of high school graduation or equivalent documentation in student records?

[place cursor here to type answer]

22. Will copies of examinations and assessments used in training program be maintained? If so, for how long?

[place cursor here to type answer]

23. Is there evidence that each student was informed about their individual progress in the program?

For example:

- ▶ the program maintains documentation of progress reports and counseling sessions and this is also detailed in administrative policies

[place cursor here to type answer]

Section X: Program Evaluation

1. Is there evidence that the program periodically assesses its effectiveness in achieving goals and objectives?

For example:

- ▶ does the program have a plan for periodic review of the entire program based upon all feedback mechanisms to ensure the program is effectively

- achieving its goals and objectives?
- ▶ does the program verify through documentation, program improvements made based upon feedback, review and assessments of the program?
 - ▶ does the program track, review and assess the appropriateness of pass/fail scores for exams?
 - ▶ does the program review and assess performance objectives, modifying them as needed based upon feedback and review of the program?
 - ▶ does the program track and assess classroom exam scores and correlate them with certification examination results?

[place cursor here to type answer]

1.