

**EMS Continuing Education Provider Program Review**

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| **Provider:** |  | **CEP #:**  | **Review Date:**   |
| **Review Period:** |  | **Number of courses reviewed:** |  | **Survey Date:**   |
| **I. Application** (renewal - 60 days prior to expiration) | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Application Form  |  |  |  |  |  |
| b. Letter requesting EMS CE program or renewal |  |  |  |  |  |
| **II. Program Director –**  | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Program Director application |  |  |  |  |  |
| b. CV |  |  |  |  |  |
| c. Licenses/Certifications |  |  |  |  |  |
| d. Teaching methodology |  |  |  |  |  |
| e. EMS Orientation |  |  |  |  |  |
| f. Meets requirements |  |  |  |  |  |
| **III. Clinical Director –**  | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Clinical Director application |  |  |  |  |  |
| b. CV |  |  |  |  |  |
| c. Licenses/Certifications |  |  |  |  |  |
| d. Meets requirements |  |  |  |  |  |

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| IV. Advertisement/Schedule | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Provider name as officially on file |  |  |  |  |  |
| b. Headquarters address and phone number |  |  |  |  |  |
| c. California EMS CE Provider #  |  |  |  |  |  |
| d. CE hours to be awarded |  |  |  |  |  |
| e. Date and time |  |  |  |  |  |
| f. Description of topic/course content |  |  |  |  |  |
| g. Objectives or statement, “Objectives are available upon request” |  |  |  |  |  |
| h. Classification: □ Instructor Based □ Non-instructor Based |  |  |  |  |  |
| i. Location of course |  |  |  |  |  |
| j. Provider's policy on refunds |  |  |  |  |  |

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| **V. Attendance Record** | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Provider name, address, and phone as officially on file |  |  |  |  |  |
| b. Program Director Signature |  |  |  |  |  |
| c. California EMS CE Provider # |  |  |  |  |  |
| d. Course title |  |  |  |  |  |
| e. Date of course |  |  |  |  |  |
| f. Course location - address if different than HQ |  |  |  |  |  |
| g. Instructor |  |  |  |  |  |
| h. CE hours awarded |  |  |  |  |  |
| i. Classification: □ Instructor Based □ Non-instructor Based |  |  |  |  |  |
| j. Instructional Format |  |  |  |  |  |
| k. Statement "This document must be retained for a period of four (4) years" |  |  |  |  |  |
| l. Classification of attendee |  |  |  |  |  |
| m. Participant first and last name |  |  |  |  |  |
| n. Participant Signature |  |  |  |  |  |
| o. Participant State license/certification number |  |  |  |  |  |
| p. Participant County accreditation/certification number |  |  |  |  |  |
| q. Employer or participant address |  |  |  |  |  |
| r. Columns for: □ Performance results □ Evaluation received □ Certification issued |  |  |  |  |  |

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| **VI. Completion Certificate –**  | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Certificate tamper resistant |  |  |  |  |  |
| b. Provider name as officially on file |  |  |  |  |  |
| c. Provider headquarters address and phone number |  |  |  |  |  |
| d. Course title |  |  |  |  |  |
| e. Date(s) of course |  |  |  |  |  |
| f. Classification: □ Instructor Based □ Non-instructor Based |  |  |  |  |  |
| g. Name of participant |  |  |  |  |  |
| h. Participant’s state license/certification number |  |  |  |  |  |
| i. Signature of Program Director (Clinical Director may be designated/approved if requested in a memo by the PD) |  |  |  |  |  |
| j. Statement, “This course has been approved for xx hours of CE by a California EMS CE Provider # \_\_\_\_” |  |  |  |  |  |
| k. Statement, "This document must be retained by the licensee for period of four (4) years" |  |  |  |  |  |
| l. Memo on program letterhead identifying EMS CE certificate tamper resistance method and procedure to issue duplicate EMS CE certificate |  |  |  |  |  |
| m. Memo on program letterhead identifying course completion tracking procedure if done electronically and procedure to document issuance of course completion certificates to individuals as required (available to a department/agency issuing EMS CE to their personnel) |  |  |  |  |  |

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| **VII. Self-Developed Course** | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Self-developed course |  |  |  |  |  |
| b. Lesson Plan - title of course, description, goal, objectives (min of 2 objectives per course), lesson in outline format, date, CE hours approved, references, resources (materials/equipment), handouts, method of performance evaluation with passing criteria |  |  |  |  |  |
| c. Lesson (PowerPoint, Prezi, video, etc) |  |  |  |  |  |
| d. Handouts |  |  |  |  |  |
| e. Agenda (if program contains more than one topic or is 4 hours or more) |  |  |  |  |  |
| f. Method of performance evaluation with pasing criteria and answer key |  |  |  |  |  |
| g. Course/Instructor Evaluation with minimum required factors identified in the application packet |  |  |  |  |  |
| h. Course is relevant to and enhances the medical practice of emergency care and is related to the knowledge/technical skills required for EMS personnel |  |  |  |  |  |
| **VII. Needs Assessment** | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Educational needs assessment |  |  |  |  |  |
| b. Supporting documents (documents used to gather data) |  |  |  |  |  |
| **IX. Quality Improvement Plan** | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Quality Improvement Plan which evaluates the effectiveness of the EMS CE program, courses offered, and emergency medical care |  |  |  |  |  |

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| **X. EMS Agency Requirements** | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Notified the EMS Agency of program or personnel changes within 30 days of change |  |  |  |  |  |
| b. Copy of course advertisement/training schedule is provided to the EMS Agency at least 14 days prior to the beginning of each course |  |  |  |  |  |
| c. Notification of cancellation or changes of scheduled courses provided to the EMS Agency prior to initial date of previously scheduled course |  |  |  |  |  |
| d. Annual summaries submitted on time and complete |  |  |  |  |  |
| e. Provided a minimum of 12 hours of EMS CE annually |  |  |  |  |  |
| **XI. Record Keeping – Courses Reviewed** | **Met** | **Not Met** | **Other** | **Comments** | **Action Item** |
| a. Lesson Plan - title of course, description, goal, objectives (min of 2 objectives per course), lesson in outline format, date, CE hours approved, references, resources (materials/equipment), handouts, method of performance evaluation with passing criteria |  |  |  |  |  |
| b. Lesson (PowerPoint, Prezi, video, etc) |  |  |  |  |  |
| c. Handouts |  |  |  |  |  |
| d. CV or resume for each instructor and documentation demonstrating qualifications to teach topic |  |  |  |  |  |
| e. Agenda (if program contains more than one topic or 4 hours or more) |  |  |  |  |  |
| f. Summaries or originals of student performance evaluation with criteria and answer key |  |  |  |  |  |
| g. Summaries or originals of course/instructor evaluation with required factors |  |  |  |  |  |
| h. Attendance Record |  |  |  |  |  |
| i. Certificates issued within 30 days |  |  |  |  |  |
| j. All records available upon request |  |  |  |  |  |
| k. All records maintained appropriately for 4 years |  |  |  |  |  |
| l. Courses are relevant to and enhances the medical practice of emergency care and is related to the knowledge/technical skills required for EMS personnel |  |  |  |  |  |
| m. Courses integrate with department QI findings and the needs assessment submitted for program approval |  |  |  |  |  |

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| **Record Keeping Summary** |

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| **Findings:** **Action Required:** **EMS Agency Follow Up:**  |

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| **Audit Summary** |
| **Findings:** **Action Required:** **EMS Agency Follow Up:**  |

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| 21 | ✓ | n/a | ⌧ |