



Oklahoma State Department of Health  
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Emergency Systems/EMS Division  
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## Training Program Survey/Renewal Form

### EMS Statutes and Regulations [310:641-7-1]

Program Name: \_\_\_\_\_ License No. \_\_\_\_\_

#### REQUIREMENT CHECKLISTS

Select one:

☐ **Annual Survey: Training Program license expires in 2023**

**Provide the following:**

- ☐ This completed survey form
- ☐ A list of Instructors and Educators working for your Program
- ☐ A list of hospitals and/or ambulance services your program has clinical agreements with.

☐ **Renewal: Training Program license expires in 2022**

**Provide the following:**

- ☐ This completed survey form
- ☐ A list of Instructors and Educators working for your Program
- ☐ Copies of all current clinical agreements with hospitals and/or ambulance services.

#### General Information

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Record Retention Address: \_\_\_\_\_

Main School Phone Number: \_\_\_\_\_

#### Contact Information

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

National Registry Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that all information on this form is complete, true and correct to the best of my knowledge.

Signature

Date

Print Name

Title

## **EMS Instructors and Educators List**

Include a list of all EMS instructors and Educators. This list must include: Name, Instructor Level, License Number, Expiration Date

## **Clinical Agreements**

Programs submitting for an annual survey must include a list of all currently active Clinical Agreements. This list must include who the contract is with and the expiration date of the contract.

Programs renewing must provide copies of all currently active Clinical Agreements.

## **Off Campus Sites**

*If your Program uses any of the following methods of Training or plans to use any of the following within the next year, please complete the Off Campus Site Sheet (following page).*

## **D Distance Learning**

Instruction of didactic portions of curriculum which requires participation of the instructor and students but does not require the students to be physically present in the same location as the instructor (e.g. talkback TV) This is NOT considered 'online education'

## **D Distributive Education**

An educational activity in which the learner, the instructor and the educational materials are not all present in the same place at the same time (e.g. continuing education, CD ROM or DVD, video, or through journal articles or audio tapes.)

## **D Online Education**

This instruction pertains to complete entry level courses, e.g. Instructor, EMR, EMT, AEMT and Paramedic. The definition of online education is simply the use of online technologies in formal higher education for teaching and learning" (Allen and Seaman, 2010). If new to Online education, submit a detailed summary of how you propose to utilize this method of distribution.

If you are renewing a program with multiple training sites, please complete one form for each off campus site.

### **Off Campus Site(s)**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Check here if same as primary program coordinator and move to next section, or

Site Coordinator: \_\_\_\_\_ Instructor#: \_\_\_\_\_

(Please attach vitae including list of Current Licenses & Certifications; Educational and Career Development and Professional Experience.)

Site Coordinator's Email Address: \_\_\_\_\_

Check here if instructors will be the same as primary site instructors and move to next section.

List instructors for this site.

Name	Lie. Level	State Instructor#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(These instructors should also be part of the faculty spreadsheet.)

If the Medical Director for this site is different than the primary site, provide the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Please attach vitae including list of Current Licenses & Certifications, Educational and Career Development, Professional Experience, Committees/Professional Activities, and Awards; and copies of his/her Oklahoma State Medical License.

How often do you expect to utilize this off campus site? \_\_\_\_\_

\_\_\_\_\_

# FOR YOUR INFORMATION

## SITE VISIT/AUDIT

### PROGRAM EVALUATION ITEMS (OAC 310:641-7-13)

For Quality Assurance purposes, your program, facility, and instructors may be evaluated by OSDH. The following items may be audited in addition to other areas as determined by OSDH Rules and Regulations.

- Classroom facilities: Lighting, AVs, adequate room, good vision and setup for participation
- Curriculum Verification, verified through documentation and unscheduled classroom observation.
- Internal Program Quality Assurance monitoring system and Quality Improvement Plan to include Course Completion, Complaint and Grievance policies
- Alternate Site Facility Inspection records
- Current Equipment Inventory and Inspection records
- Instructor/Student ratio (1:10) for practical labs.
- Qualified Preceptor for clinical experiences
- Copies of current clinical agreements
- Course/Student Records must include, at a minimum:
  - Student attendance rosters and grade sheets
  - Clinical experience summaries
  - Student competencies verification
  - Student course evaluations
  - Class final practical exam skill sheets
  - National Registry practical exam skill sheets

OSDH requires a minimum of three years. Check with your school's file retention policy before destroying Student Records.