

Vermont Emergency Medical Services
 108 Cherry St, P.O. Box 70
 Burlington, VT 05402
 (802) 863-7255 or 1-800-244-0911

EMS Course Approval Form

NOTE: This completed form must be received in the EMS office **TWO WEEKS** before the course is scheduled to start.

LEVEL: EMR EMT A-EMT Paramedic

<u>Course Coordinator</u> Name _____ EMT # _____ Shipping Address: _____ City/State _____ ZIP _____ Preferred Phone Number: _____ Email _____ <p style="text-align: center;">Note: All first time EMR instructors must be mentored by an instructor approved by the EMS Office</p>	<u>Course Medical Director</u> Name _____ Address _____ City/State _____ ZIP _____ Phone (W) _____ (H) _____
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PLEASE ATTACH A COURSE SYLLABUS WHICH SHOWS THE DATES OF ALL CLASS SESSIONS AND THE NUMBER OF HOURS DEDICATED TO EACH TOPIC

Course Logistics (Please complete Clinical Affiliations section on page 2) EMS District: _____

Location: Building and room _____

Town _____ Estimated # students _____ Student Fee _____

Start Date _____ Desired Exam Date (See Exam Schedule on VTEMS website) _____

Your name and contact information will be posted on the VTEMS website's Class Schedule unless you tell us otherwise. Which of the following is your preferred contact method for website inquiries? Phone Email

EMR Instructor Approval (for first-time EMR instructors only): I attest that the above-named Course Coordinator has been mentored and oriented to the EMR education standards and has been briefed on all logistical considerations for this course, including the NREMT exam registration process.

Instructor/Coordinator Signature: _____ Date: _____

Local Approval

I agree to conduct this course in accordance with the laws, rules and policies of the Vermont Department of Health. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Signature Course Coordinator _____ Date _____

The board of directors for this district has approved this course.

Signature District Chair _____ Date _____

BELOW IS FOR OFFICE USE ONLY

Date received _____ Approved _____ Disapproved _____

VT EMS Signature _____ Course # _____

Comments: _____

Vermont Department of Health Emergency Medical Services

Clinical Affiliations

The EMS Education Standards require that students gain some of their education in a clinical setting. Course coordinators are encouraged to go beyond the minimum standards and set higher goals that remain reasonable and that will help their students become better providers. Use the space below to describe how your course meets or exceeds these requirements.

EMR and EMT Initial Certification

Minimum Standard: Each student must have the opportunity to demonstrate competence in assessing at least five patients

Goal: This demonstration should preferably take place in a field environment

Means of achieving standard: (complete both columns)

For students affiliated with EMS agencies

Student's own ambulance or first responder service

Other: _____

For students not affiliated with EMS agencies

Not applicable (all students have affiliation)

If any box is checked below, submit on separate sheet of paper a description of how students will have the opportunity to assess at least five patients. Include a list of participating agencies.

- ____ Ambulance or first responder service
- ____ Hospitals
- ____ Clinics/Physician offices
- ____ Programmed patients

Advanced-EMT Initial Certification

Minimum Standard: Each student must:

- Properly administer medications at least 12 times:

- 2 oral 2 IM
- 2 SC 2 IV
- 2 sublingual 2 nebulization

These medication administration skills should ideally be performed in a clinical environment. If this is not available, explain how you can meet the medication administration requirements in the classroom.

- Successfully access the venous circulation on at least 20 patients of various age groups; and
- Ventilate at least 5 patients of various age groups. If this is not available, explain how you can meet the ventilation requirements in the classroom.

Each student must also participate in the assessment and management of patients with these chief complaints:

- Perform an advanced patient assessment on at least 5 trauma patients.
- Perform an advanced patient assessment, formulate and implement a treatment plan on:
 - at least 5 patients with chest pain
 - at least 2 pediatric patients with dyspnea/respiratory distress
 - at least 5 adult patients with dyspnea/respiratory distress
 - at least 5 patients with altered mental status

Goal: Students should have the opportunity to participate in patient assessment, including history gathering, physical examination and vital signs, and patient care, including intravenous therapy and if possible subcutaneous injections and intravenous push injections.

Means of achieving standard:

Hospital Emergency Departments

Participating hospitals: _____

Hospital IV Team

Participating hospitals: _____

Other: _____
