APPENDIX B

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

DOH Use Only:

PROTOTYPE NEW COURSE APPROVAL APPLICATION
PLEASE TYPE OR PRINT ALL INFORMATION

SECTION I - APPLICANT INFORMATION

Name: _____ Date: _____

Address: _____

Accredited Sponsor ID# | _____

_____ County of residence: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Fax: _____

Evening Phone: _____ Email: _____

Contact Person/Coordinator: _____Title:_____

Email:_____ Phone-Daytime: _____ Evening: _____

SECTION II - COURSE INFORMATION

1. Recommended Course Title:_____

2. First Anticipated Offering of this course:_____

3. Has this program been submitted for Department of Health approval prior to this time? ❏ Yes ❏ No

4. If yes: the program was ❏ Approved ❏ Denied. Approval number or reason for denial: _____

5. Length of Course (in hours): _____ Actual class time excluding lunch and breaks: _____

6. This course relates to the scope of practice as follows (you may check more than one box):
- ❏ All hours are applicable to all levels (Check this box only if the entire program relates to BLS & ALS)
- ❏ Hours apply as indicated below. (This includes all hours related to the National Standard Curricula as approved in Pennsylvania. This number should include the hours related to direct patient care, but it is not limited to the number of hours related to direct patient care.)   BLS total hours: _____
   ALS total hours: _____
- ❏ Some content is beyond the scope of practice or inconsistent with the scope of practice of PA pre-hospital practitioners. (Complete the information below. If you are unsure, list the questionable areas below for review by the Department of Health).

List the areas beyond the scope of practice (include questionable areas):	Time allocated to these issues:

(NOTE REGARDING #7 & #8: Program information related to legal aspects, communication, documentation, hazmat, operations, etc., is __not__ considered direct patient care)

7. Number of the total course hours that relate to *direct patient care* at the Basic Life Support level: _____

8. Number of the total course hours that relate to *direct patient care* at the Advanced Life Support level: _____

9. Intended Audience: ❏ FR ❏ EMT ❏ EMT-P ❏ PHRN

10. Minimum Class Size:_____ ❏ Required Instructor to Student Ratio: ____:____ ❏ Required

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11. Subject of the course:
(Course titles do not always reflect the course content…give a BRIEF description of the course content.)

✓ 12. Category of course information (Check one):

❑ Airway & breathing	❑ Legal	❑ Prevention
❑ Behavioral emergencies	❑ Management of service	❑ Rescue
❑ Bleeding/vascular	❑ Mass casualty	❑ Special considerations-see
❑ Communications	❑ Medical emergencies	list
❑ CPR	❑ Obstetrics/gynecological	❑ Trauma emergencies
❑ Documentation	❑ Operations	❑ Well-being of provider
❑ EMS System	❑ Patient assessment	❑ Other:
❑ Ethics	❑ Pediatrics	_____
❑ Geriatrics	❑ Pharmacology	
❑ Hazardous Materials/WMD	❑ Preparatory	

13. Keywords:
(List single words separated by commas that relate to the subject of the course. This column will be used for computer searches. Example: Mass Casualty Incident…keywords could be mass, multiple, casualty, triage, ics, mci)

COURSE LESSON PLAN

Lesson plans including the following must be attached:
This application includes:
❒ Suggested Course Title
❒ Prerequisites
❒ Course Objectives, Course Content, Time Frame, Presenter(s), and Teaching Strategies per the attached COURSE OUTLINE FORM
❒ National Standard Curriculum Objectives referenced by curriculum(s) and objective number(s) to course objectives with time per objective specified.
❒ Materials: Books, manuals, handouts, audio-visual equipment, medical equipment, supplies, etc.
❒ Instructor(s) requirements/qualifications including instructor to student ratio
❒ Evaluation mechanism(s) (if applicable)
❒ Successful completion criteria
❒ Sample of certificate of successful completion

COURSE DISTRIBUTION INFORMATION

❒ This course is intended for a single presentation and not to be listed as an available course. Distribution is not authorized.
❒ This course is intended for proprietary use. It is intended to be listed as an available course. Distribution is not authorized.
❒ This course is intended to be listed as an available course and may be provided for replication and distribution in the public domain.

Applicant Signature
_____Date_____
___
Print Name_____

Title   _____
❑ Authorization Letter Attached

> **ROUTING:**
> **p** Regional EMS Council
> **p** Department of Health
> **p** Applicant

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PROTOTYPE COURSE OUTLINE FORM
(To be used in conjunction with the New Course Approval Application)

Title of course: _____   Total program length: _____ (1 hour minimum)

Pre-requisites to this program: (if any)_____   Page _____ of _____

OBJECTIVES	CONTENT (TOPICS)	TIME FRAME	PRESENTER(S)	TEACHING STRATEGIES
List objectives in operational/behavioral terms. Each objective must have corresponding content.	List in outline format each content area to be presented.	State the time frame for each content area in minutes.	List the presenter for each content area.	Describe the teaching strategies used for each content area and presenter.

I, _____verify that this program will comply with the above stated objectives.

            (signature of course author/instructor)

NEW COURSE APPROVAL APPLICATION INSTRUCTIONS

SECTION I - APPLICANT INFORMATION

Complete requested applicant identification information. If the applicant is an Accredited Continuing Education Sponsor, their identification number should be provided. The "Contact Person/Coordinator" must be a named individual. This may be the named applicant or a representative of the named entity.

SECTION II - COURSE INFORMATION

The Recommended Course Title should be descriptive in nature. If approved, it will be the name by which the course is listed in future publications of available courses. If the Recommended Course Title has been previously assigned, a unique course name will be assigned.

The First Anticipated Offering of this course should be the month, date and year the applicant expects to hold the course for continuing education credit.

The Length of the Course is the scheduled time of the program in hours.

The Actual Class time is the time actually spent in the educational experience. Lunch and break time must be excluded from the course scheduled time.

This course relates to the scope of practice should be completed to indicate the practitioner level of the course for which you are requesting continuing education credit (check the appropriate box). Complete the number of hours to the nearest half-hour that relate to Basic Life Support (BLS) and Advanced Life Support (ALS). These hours should include all hours from your course that relate to the National Standard Curricula as approved by Pennsylvania, even if they are not direct patient care issues. If there are scope of practice issues….or even if you are unsure if they are issues….record them here. It will be reviewed at the Regional Council and the EMS Office.

The hours related to ***direct patient care*** education at the Basic Life Support (BLS) level and at the Advanced Life Support (ALS) level should be listed on the appropriate lines. Direct patient care is considered care (including assessment) of an individual who is believed to be sick, injured, wounded or otherwise incapacitated and helpless and in need of immediate medical attention. It includes assessment and care provided both physically and emotionally, but does not include items such as response planning, legal aspects, communications, documentation, hazardous materials, emergency vehicle operations (EVOC), or other operational issues.

The Intended Audience area must have all applicable boxes marked.
Examples include:
AHA ACLS courses - EMTs may not be recognized as AHA ACLS providers so this course
        is intended and credit given for EMT-P and PHRN providers.
American College of Surgeons PHTLS courses - First Responders may not be recognized as
        PHTLS providers.

Minimum Class Size should be provided only if the governing body for the course has a minimum class size requirement, or the applicant believes the nature of the course requires a minimum

class number. It does not relate to the specific resource capabilities of the applicant. Once a course is approved, Continuing Education Sponsors may determine appropriate class size but it may not be less than required course minimum.

The Subject of course should indicate the course content. Titles are sometimes not reflective of the subject matter. If the course or seminar covers multiple topics indicate the predominant theme of the program.

The Category of Course information will be used for searching and finding courses pertaining to specific areas, it will help if we can categorize courses into definite groupings. Classify a course into the most appropriate category. The following is a list of subjects assigned to these categories.

Category	Subjects that should be placed in the category
Preparatory	Anatomy & physiology, pathophysiology, life span development, lifting & moving
EMS system	EMS system, medical direction, roles, responsibilities
Prevention	Injury prevention
Well-being of provider	Safety, CISM, BSI, infection control
Ethics	Ethics
Legal	Laws affecting EMS, liability issues
Patient assessment	Scene size-up, assessment findings, field impression, history & physical examination
Airway & breathing	Airway, ventilation, oxygen
CPR	CPR
Medical emergencies	Respiratory diseases, cardiac problems, cardiac arrest (except CPR), ACLS, altered mental status, allergic reaction, poisoning, heat & cold emergencies, drowning, seizures, endocrine emergencies, gastrointestinal emergencies, renal emergencies
Pharmacology	Pharmacology, medication administration (not used as part of scenario or treatment in other categories)
Trauma emergencies	Head & spinal injuries, chest trauma, extremity injuries, soft tissue injuries, animal bites, burns, abuse & assault, musculoskeletal
Bleeding/Vascular	Bleeding, shock, venous access
Obstetrics/gynecological	Childbirth, gynecology
Behavioral Emergencies	Psychiatric
Special Considerations	Patient with special challenges, chronic care patient, DNR, hospice
Pediatrics	Neonatal care, pediatric illness & injury, pediatric abuse
Geriatrics	Geriatric illness & injury, geriatric abuse
Communications	Communications
Documentation	Documentation
Operations	Vehicle operations, crime scene
Rescue	Extrication
Mass Casualty	Triage, disaster response, incident command
Hazardous Materials/WMD	Hazardous materials, weapons of mass destruction

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Management	Service management

The <u>Keywords for Search</u> should be a list of single words that relate to the subject of the course. These will be used to search the database. (Example: Mass Casualty Incident…keywords could be mass, multiple, casualty, triage)

COURSE LESSON PLAN

This section identifies the required components for the lesson plans using the attached "Course Outline Form" and provides a checklist for the applicant.

The lesson plan must include each of the components listed on the form. They should be presented on the form or in similar format to facilitate the rating process. Some programs may require variations from this format but must include all essential components.

<u>Course Title</u> – This should be course title that appears on the application.

<u>Prerequisites</u> - This would include the required DOH certification level(s) as well as successful completion of programs such as ACLS, BTLS, PHTLS program prior to their refresher programs.

<u>Course Objectives</u> - May be the same as the NSC objectives. In this instance, it is not necessary to list the objectives again, but you must indicate the content that you plan to present related to the objective. More commonly, course objectives will be related to, but different from, the NSC referenced objectives. The course objectives are typically the same for all students and are not designated to specific certification levels. For the ABC rigid splint course noted above, course objectives would be more specific than the NSC objectives related to splinting. One course objective would be related to NSC objectives for the three certification levels. The course objective, "Demonstrate the application of the ABC rigid splint," would relate to NSC objectives FR Lesson 10, EMT 5-3.11, and EMT-P 3-1.125 and would be listed as one course objective.

<u>National Standard Curriculum (NSC) Objectives referenced by curriculum(s) and objective number(s)</u> - Each NSC curriculum has numbered objectives. Those that apply to the course should be reference.

Example: A two-hour program designed to familiarize prehospital personnel with the new ABC rigid splint might include the following:

FR   Lesson 10 objectives
EMT   5-3.1, 5-3.2, 5-3.4 through 5-3.8, and 5-3.11
EMT-P   3-1.76 through 3-1.80, 3-1.82 and 3-1.125

There is variation in how the curriculum identifies objective numbers. Reference numbers only need to be provided to reduce paperwork exchange. This will facilitate accurate and timely assignment of hours.

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Content Outline should be in standard outline format with enough detail to adequately identify the information that will be taught in the course. Allotted time should be placed in the left hand margin.
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Materials required should be listed in this category. Optional materials may be identified as such. If required instructional materials are designed for the specific course, a copy should be included with the lesson plan. A required student handout designed for the course should be provided for review. A chapter referenced from a commercially available text should not be provided.

Instructor Requirements should identify the qualifications required of the primary instructor and secondary instructors if applicable. If secondary instructors are required, an instructor to student ratio must be listed. Usually, the ratio should not exceed 1:6 for skill practice.

Common notation for instructor requirements include:
EMT-Instructor
PHRN/EMT-P

The Evaluation Mechanism is the test or method of evaluation and the criteria for successful completion of the test. Tests are not required.

The Successful Completion Criteria are the requirements with which a student must comply in order to successfully complete the program, i.e. attain a 70% on a written examination, or satisfactorily complete the skills stations identified, or whatever guidelines that you use to determine that student has successfully completed your program and accomplished the objectives set forth for the course.

The Certificate of Completion is a sample of the document that you will provide a student that successfully completes your course, which will serve as a student's proof of attendance. This document should include the title of the course, the date(s) the course was held, length of the course in hours, the student's name and a signature that validates the certificate.

COURSE DISTRIBUTION INFORMATION

Check the box that appropriately identifies the applicant's intended method of distribution. Sign and date this section, and print name and title to authorize the selected method of distribution. The author of the course, the author's designee, or the owner of the program information should sign this area. Application made by a designee must accompany the application with documentation of authorization to submit the course for review.

SECTION III - ROUTING

The completed application should be forwarded to the regional EMS council that operates in the region in which the applicant is located as reflected in the applicant's mailing address. If the applicant mailing address is not in Pennsylvania, it should be forwarded to the Emergency Medical Services Office.

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