

New Jersey Department of Health
Office of Emergency Medical Services
P. O. Box 360
Trenton, NJ 08625-0360

**EMERGENCY MEDICAL TECHNICIAN-EDUCATION PROGRAM
APPLICATION FOR ACCREDITATION**

I. SPONSORING INSTITUTION			
Name		Federal Tax ID Number	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number		Fax Number	
Name of Contact Person		Title	
Email Address		Web Address	
II. RESOURCES			
<p>Personnel: Include the name, address, telephone number, email address, level of certification and resume for each of the following positions. Submit a letter of agreement from each individual agreeing to fulfill the roles and responsibilities of their positions as listed in N.J.A.C. 8: 40A.</p>			
Name of Program Director			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number		Fax Number	
Email Address		EMS ID Number	
Name of Program Coordinator			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number		Fax Number	
Email Address		EMS ID Number	
Name of Program Medical Advisor/Director			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number		Fax Number	
Email Address		EMS ID Number	

**APPLICATION FOR THE ACCREDITATION OF
EMERGENCY MEDICAL TECHNICIAN-BASIC TRAINING SITE
(CONTINUED)**

Name of Lead EMT Instructor			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number	Fax Number		
Email Address	EMS ID Number		
<p>EMT Instructional Staff: Attach a list of all EMT Instructors and Instructor Aides affiliated with this educational site. Include the name, mailing address, physical address, telephone number, EMS ID number and level of certification for each staff member.</p>			
<p>Records: Identify the storage location of the EMT Instructional Staff records:</p> <ul style="list-style-type: none"> • Attendance/instructional records (Lecture vs. practical) • Instructor evaluations (student, peers, coordinator) • Counseling records • Grievance records • Competency verification/evaluations • Instructor Policies and Procedures (provide a copy) • Certification records 			
<p>Facilities: Identify each training site to be used by the accredited education agency. Attach letter(s) of agreement from each facility. Each letter of agreement shall include a statement that the facilities are educationally conducive to the learning process and that any alteration of the physical plant must be disclosed to the EMT educational agency first.</p>			
Facility Name			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number	Fax Number		
Name of Contact Person	Title		
Email Address	Web Address		
Facility Name			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number	Fax Number		
Name of Contact Person	Title		
Email Address	Web Address		

**APPLICATION FOR THE ACCREDITATION OF
EMERGENCY MEDICAL TECHNICIAN-BASIC TRAINING SITE
(CONTINUED)**

Clinical Affiliations: List the hospitals and/or mobile intensive care units which will provide the required clinical training experiences to students from this site.			
Facility Name			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number	Fax Number		
Name of Contact Person	Title		
Email Address			
Facility Name			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number	Fax Number		
Name of Contact Person	Title		
Email Address			
Facility Name			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number	Fax Number		
Name of Contact Person	Title		
Email Address			
<p>Curriculum:</p> <ul style="list-style-type: none"> • Provide a copy of the education program's goals, objectives and lesson plans for each of the following areas: <ul style="list-style-type: none"> • Cognitive Domain • Psychomotor Domain • Affective Domain) • List the textbooks, workbooks and, if applicable, web-based learning management system that will be used in the delivery of the EMT education program. 			
<p>Class Capacity: Indicate the minimum and maximum number of students that will be enrolled per class with the available physical plant and instructional personnel:</p> <ul style="list-style-type: none"> • Minimum: _____ • Maximum: _____ 			

**APPLICATION FOR THE ACCREDITATION OF
EMERGENCY MEDICAL TECHNICIAN-BASIC TRAINING SITE
(CONTINUED)**

Student Records:

- Identify the storage location of the student records listed below. Attach the policy on control of access to student records that is in accordance with the Family Educational Rights and Privacy Act of 1974 and all related New Jersey Department of Health regulations:
 - Attendance
 - Grievance
 - Course Registration
 - Evaluation Forms
- Counseling
- Quiz/Examination Results
- Interviews
- Examination Results
- Student Contract
- Clinical Experience
- Workbook
- Course Prerequisites
- Provide a copy of the program's policy and procedure manual.

Equipment: Attach an inventory of all equipment, including quantities, required for the conduct of EMT educational program. Indicate if the equipment is owned, leased or borrowed, and whether it will be stored on site or transported to each class. (Equipment must be available during site inspection.)

Evaluations: Summarize the evaluation process to be used for students, staff, and overall program performance. Copies of all evaluation instruments must be submitted and approved prior to the initial education program. Student evaluation instruments must include all module tests, both cognitive and psychomotor, as appropriate.

Mentoring: Any program conducting its first course utilizing the National EMS Education Standards must establish an agreement with a pilot program coordinator (contact OEMSSSSS for this list) to mentor the new educational provider. Confirmation of this agreement should be sent by the mentor directly to OEMS.

III. VERIFICATIONS

By our signatures we verify that all of the above information is true and accurate to the best of our knowledge.

Signature of Sponsor Contact Person	Date
Signature of Medical Advisor/Director	Date
Signature of Program Director	Date
Signature of Program Coordinator	Date
Signature of Lead EMT Instructor	Date