Oklahoma State Department of Health
Protective Health Services
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**	☐ **Renewal: Training Program license expires in 2022**
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.	**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:____
City ST Zip

Physical Address:____
City ST Zip

Record Retention Address:____
City ST Zip

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 ow plans to use any of the following within the next year, please complete the Off Campus Site Sheet (following page).

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'

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.)

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	Lic. Level	State Instructor #
___________________________	________	____________
___________________________	________	____________
___________________________	________	____________
___________________________	________	____________

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

If Medical Director for this site is different than for 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 to you expect to utilize this off campus site? ___________________________

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