



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
EMS TRAINING ENTITY ACCREDITATION INSPECTION CHECKLIST

- EMT-I EMT-P CEU
 EMT-P EMT-B CEU
 EMT-B

NAME Of TRAINING ENTITY	LOCATION	DATE
(1) GENERAL REQUIREMENTS FOR TRAINING ENTITIES		
	NOT MET MET N/A	COMMENTS
1. Organizational Structure (Organizational Chart)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
2. Adequate resources	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
3. Medical Director qualifications/credentials	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
4. Methodology to evaluate the need for training and to assure availability of effective training programs	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
5. Faculty Requirements		
a. Credentials available	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
b. Primary faculty (those who teach 20% or more of classroom sessions) meet EMS requirements for instructors	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
c. Qualifications and training for lab instructors, if applicable	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
d. Qualifications for clinical instructors and preceptors, if applicable	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
e. Qualifications for any adjunct instructors	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
(2) PHYSICAL FACILITIES		
1. Sufficient space in laboratories and classrooms to accommodate the maximum planned numbers of students	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
2. Environmentally conducive to providing a learning environment	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
3. Equipment and supplies available and consistent with the curriculum requirements	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
4. Equipment is in proper working order	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
(3) PROGRAM SELF EVALUATION		
Each EMS training entity shall demonstrate that the program conducted under its authority conducts program self-evaluation. Such evaluations shall include:		
a. Evaluation of students conducted and documented on a recurring basis	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
b. Test instruments and evaluation methods reviewed by medical director	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
c. Evaluations by students available for review	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
(4) RECORDS AND REPORTING		
1. Records for each student's attendance, clinical, practical and written exams	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
2. Records for each initial course of instruction (excluding initial licensure):		
a. Location	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
b. Primary instructor	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
c. Beginning enrollment	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
d. Drop out rate	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
e. Course fail rate	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
f. Number of students successfully completing course	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
3. Training entities that provide initial courses shall make available to all students clearly defined and published policies and procedures to include:		
a. Admission criteria	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
b. Student withdrawal and refund of tuition and/or fees policies	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
c. Attendance policy	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
d. Grading and academic criteria	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
e. Class cancellation policy	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
f. Appeal and grievance procedure	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
g. Examination policies	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
h. Health and safety procedures	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
i. Certification requirements of the Nat'l. Registry of Emergency Med. Technicians	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
j. Information on scope of practice for certification level	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
4. Certificate of completion to include the BEMS accreditation number	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
5. Responsibility for satellite programs	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
6. Use of BEMS accreditation number	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
(5) SPECIFIC REQUIREMENTS FOR EMT B ENTITIES		
1. Certified by BEMS to conduct initial EMT-B programs (excluding initial review)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
2. Designated program director	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
3. Designated lead instructor	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	
4. National Standard Curriculum Minimum of 110 hrs. of instruction and 5 patient contacts	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	

NAME OF TRAINING ENTITY	LOCATION			DATE
(6) CLINICAL REQUIREMENTS				
1. Supervised clinical experience for all students	MET <input type="checkbox"/>	NOT MET <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
2. Written clinical agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Clinical assignments in settings where experiences can be effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Students clearly identified by name and status when participating in clinical and field internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Minimum standards as set forth by BEMS for clinical experiences in terms of hours and skills according to current national standards, met or exceeded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) EXAMINATION REQUIREMENTS				
1. Each EMT-B training entity shall assure that graduating students meet entry level competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Exam scores available for review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) REMARKS				
(9) SPECIFIC REQUIREMENTS FOR EMT I ENTITIES				
1. All EMT-I courses must be conducted by EMT-P entities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Designated Program Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Designated lead instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Minimum EMT-I Course requirements: 300 hours of instruction to include: a. 75 clinical experience in a clinical setting with a Missouri licensed ambulance service; b. 175 classroom/practical lab; c. 50 clinical hours in a health care facility; and d. Clinical skills as outlined in the most current EMT-I National Standard Curriculum and the National Scope of Practice for EMT-I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10) CLINICAL REQUIREMENTS				
1. Supervised clinical experience for all students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Written clinical agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Clinical assignments in settings where experiences can be effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Students clearly identified by name and status when participating in clinical and field internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Field internship shall occur only in association with an Advance Life Support ambulance service which demonstrates medical accountability and employs preceptors who meet the training entity requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(12) EXAMINATION REQUIREMENTS				
1. Each EMT-I training entity shall assure that graduating students meet entry level competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Exam scores available for review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(13) REMARKS				
(14) SPECIFIC REQUIREMENTS FOR EMT P ENTITIES				
1. CAAHEP /CoAEMSP Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Affiliation with an accredited university, senior college, community college, vocational school, technical school or accredited medical institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ability to require post-secondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Access to remedial education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Designated Program Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Designated lead instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Training Entity Name	Location	Date
(15) CLINICAL REQUIREMENTS		
1. Supervised clinical experience for all students	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Written clinical agreements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Clinical assignments in settings where experiences can be effective	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Students clearly identified by name and status when participating in clinical and field internship	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. Field internship shall occur only in association with an Advance Life Support ambulance service which demonstrates medical accountability and employs preceptors who meet the training entity requirements.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(16) EXAMINATION REQUIREMENTS		
1. Each EMT-P training entity shall assure that graduating students meet entry level competence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Exam scores available for review	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(17) SPECIFIC REQUIREMENTS FOR CONTINUING EDUCATION PROGRAMS		
1. BEMS Guidelines for EMT-B, EMT-I, EMT-P Core requirements Available for review	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. If awarding Core CEU's- Documentation of Written or Practical evaluations available for review	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. If awarding Advanced level CEU's, curriculum vitae for advanced providers available for review	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Lesson plans and outlines available for review	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(18) REMARKS		
SIGNATURE OF BUREAU OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE		DATE
SIGNATURE OF TRAINING ENTITY REPRESENTATIVE		DATE