

WSU Five-Year Program Review
Self-Study

Cover Page

Department/Program: Emergency Care & Rescue

Semester Submitted: Fall 2012

Self-Study Team Chair: Jeff Grunow

Self-Study Team Members: Jeff Grunow

Contact Information:

Phone: 801-626-6521

Email: jgrunow@weber.edu

A. Brief Introductory Statement

Paramedic education began at Weber State University in the mid-1970s as the first program in Utah and one of the earliest in the nation. The paramedic program continues to provide Utah and the Intermountain West with the highest commitment to prehospital emergency care education.

WSU's paramedic program was initially JRC accredited in 1984, and in 2006 the program was site visited for its fifth CoAEMSP re-accreditation upon which it received no citations and numerous superlative comments. The Department of Emergency Care & Rescue (EC&R) provides courses in EMT-Basic, EMT-Paramedic and selected continuing education courses including First Responder, Tactical EMS and Specialty Care Transport.

Weber's paramedic program initially, and traditionally provided EMS education for fire and EMS agencies along the Wasatch Front. Prior to 2002, 90 percent of all students were agency sponsored in both time and pay. Agency students generally sought a paramedic certificate. Since that time, fiscal crunches in most EMS agencies and fire departments has led to a decrease in the number of agency students being sent or sponsored for paramedic training.

By 2002, the WSU paramedic program liberally began accepting non-agency students, and by 2005, 80 percent of enrolled students were no longer agency sponsored. Many students are now pursuing an Associate of Applied Science Degree in Paramedic Studies, or applying credits towards a Bachelor's in Integrated Studies or Health Administration Science Degree.

In 2003, the Dr. Ezekiel R. Dumke College of Health Professions received a \$469,000 federal grant to provide rural distance education in the fields of paramedic, nursing, clinical lab science and respiratory therapy. Beginning in 2004, the EC&R department initiated a distance paramedic education program using interactive video streaming for didactic education and modification of delivery techniques in skill lab, clinical and field internship. The class meets Tuesday and Thursday evenings and has 3 one week "skills camps." A majority of the paramedics currently serving the state of Wyoming were trained in this venue.

This endeavor has produced over 100 certificate-trained paramedics, eligible to take the Utah Bureau of EMS certification and the National Registry examination. The distance education offering for rural Utah and the other states mirrors both the curriculum and rigors of the on-campus day program in every manner. The program will start seventh class in August 2011 and is extremely popular.

In 2006, the program faced a pivotal change involving its communities of interest. While Fire and EMS agencies desire WSU graduates, they no longer provide enough agency-sponsored students to maintain dual day class viability.

The traditional campus day class program was converted from a June and October class start to one program start every fall semester. The popular distance education class (evenings) also starts every fall semester. Conversion to a standard semester model allowed better articulation for private students to obtain financial aid and a better mesh with standard university scheduling, financial aid internet technology, and grading systems.

Additional EMS educational offerings have been developed in 2007-2008 to include PAR 3110- Critical Care Transport, PAR 3120-Tactical EMS, PAR 4110- Topics in EMS Operations and PAR 4120-Topics in EMS Education. These will become part of a future EMS Minor, Bachelor's and or "leg" of the Bachelors of Integrated studies (BIS) degree. In fall 2011 it is expected that several lower division "2000" courses will be approved as upper division "3000 - 4000" courses which would allow paramedic to be a functional leg of the BIS degree.

Since 2002, Weber State has required the National Registry paramedic exam for all exiting students, thus the WSU paramedic program was pivotal in bringing the National Registry paramedic exam to the state of Utah. On July 1, 2008, the Utah Bureau of EMS adopted the NREMT-P exam as the initial credentialing process for graduating paramedic students. Weber prides itself on a 96% first time pass rate (since CAD on 1/1/2007) leading all other programs in the state and greatly surpassing the national averages.

B. Mission Statement

PROGRAM MISSION STATEMENT

The mission of the Department of Emergency Care & Rescue is to provide competent entry-level EMS providers to serve the medical needs of the Intermountain West. The program strives to utilize the latest in technology to deliver high quality BLS and ALS programs on the main campus and in the extended campus. A continuous quality improvement process is utilized to monitor success of the graduates and guide program development.

PROGRAM VISION STATEMENT

The Emergency Care and Rescue Program prepares EMS graduates to perform as health care professionals providing prehospital emergency care under the command of a physician, to sub-acute and acutely ill or injured patients. Paramedics and EMT-Basics have special, well-defined skills and knowledge in prehospital emergency care, are concerned for others, and place complete attention to all assigned tasks in order to promote the well being of others.

PROGRAM CORE VALUES

- The program will provide a superior educational experience for our students which will exemplify our commitment to the community.
- As advocates of our students, and our patients, we believe our students will achieve EMS excellence using the critical thinking and assessment based management process through the integration of:
 - Anatomy, physiology, and pathophysiology
 - Thorough and appropriate patient assessment
 - Determination of a field or paramedic differential diagnosis
 - Implementation of a treatment plan using national and local standards protocols
- The program will always insure both instructional quality and student safety in the classroom, skill lab, clinical and field internship environments.
- The faculty desire that all students succeed to be safe and competent EMS providers.

C. Curriculum

Curriculum Map

	Department/Program Learning Outcomes							
	Learning Outcome 1	Learning Outcome 2	Learning Outcome 3	Learning Outcome 4				
Core Courses in Department/Program								
PAR 2000 – Introduction to Paramedic Practice	X	X						
PAR 2010 – Medical Emergencies	X	X						
PAR 2020 – Traumatic Emergencies	X	X						
PAR 2030 – Special Considerations in Paramedic Practice	X	X						
PAR 2040 – Paramedic Clinical I	X	X	X	X				
PAR 2100 – Advanced Paramedic Practice	X	X						
PAR 2110 – Paramedic Clinical II	X	X		X				
PAR 2120 – Paramedic Internship	X	X	X	X				

D. Student Learning Outcomes and Assessment

Measureable Learning Outcomes

At the end of their study at WSU, students in this program will

1. Demonstrate terminal competency by passing the National Registry paramedic certification exam.
2. Demonstrate predicted National Registry paramedic certification utilizing the HESI predictive exam with a minimum score of 650
3. Demonstrate clinical and field readiness by achieving the “3” competent score.
4. Demonstrate affective domain employment traits by achieving Satisfactory in the 11 categories.

Evidence of Learning: General Education Courses – NOT APPLICABLE

Evidence of Learning: General Education Courses					
Program Learning Goal Students will...	Measurable Learning Outcome Students will...	Method of Measurement Direct and Indirect Measures*	Findings Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
Goal 1:	Learning Outcome 1.A:	Measure 1: (Ex. A set of 10 multiple choice questions from Exam 1)	Measure 1: (Ex. 93% of students scored 80% or better on 10 questions)	Measure 1: (Ex. Students successfully demonstrated interpretation skills)	Measure 1: (Ex. No curricular or pedagogical changes needed at this time)
		Measure 2:	Measure 2:	Measure 2:	Measure 2:
Goal 2:	Learning Outcome 2.A:	Measure 1: (Ex. Results of standardized test)	Measure 1: (Ex. 90% of students scored above national average)	Measure 1: (Ex. Students successfully demonstrated competence; lowest average score was in transfer of knowledge, where only 69% of questions were answered correctly)	Measure 1: (Ex. Faculty agree to include review of transfer in all related courses; this outcome will be reassessed during next review)
		Measure 2:	Measure 2:	Measure 2:	Measure 2:

Note: Include General Education Courses table only if applicable. If no general education courses exist for program, remove table.

*At least one measure per objective must be a direct measure. Indirect measures may be used to supplement evidence provided via the direct measures.

Summary Information (as needed)

Evidence of Learning: Courses within the Major

Evidence of Learning: Courses within the Major					
Program Learning Goal Students will...	Measurable Learning Outcome Students will...	Method of Measurement Direct and Indirect Measures*	Findings Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
Goal 1: Demonstrate terminal competency by passing the National Registry paramedic certification exam.	Learning Outcome 1 90% of students will pass on first seating, 95% on 2 nd -3 rd seating. None will outright fail	Measure 1: Students must achieve 80 average in class to progress	Measure 1: Students with less than 80% do not pass the national test.	Measure 1: Should more than 25% of a cohort achieve less than 80% faculty will review.	Measure 1: Curriculum or teaching changes made if found to be institutionally related.
		Measure 2: Students must achieve 80% on benchmark exams on no more than two attempts and 80% on scenario based management on no more than 3 attempts	Measure 2: Students with less than 80% do not pass the national test.	Measure 2: Should more than 25% of a cohort achieve less than 80% faculty will review.	Measure 2: Curriculum or teaching changes made if found to be institutionally related.
Goal 2: Demonstrate predicted National Registry paramedic certification utilizing the HESI predictive exam with a minimum score of 650	Learning Outcome 2 Students must achieve a score of 650 in order to be cleared to take the National Registry paramedic certification exam.	Measure 1: Students must achieve 80 average in class to progress	Measure 1: Students with less than 80% do not pass the national test.	Measure 1: Should more than 25% of a cohort achieve less than 650 faculty will review.	Measure 1: Curriculum or teaching changes made if found to be institutionally related.
		Measure 2: Students must achieve 80% on benchmark exams on no more than two attempts and 80% on scenario based management on no more than 3 attempts	Measure 2: Students with less than 80% do not pass the national test.	Measure 2: Should more than 25% of a cohort achieve less than 650 the faculty will review.	Measure 2: Curriculum or teaching changes made if found to be institutionally related.

*At least one measure per objective must be a direct measure. Indirect measures may be used to supplement evidence provided via the direct measures.

Evidence of Learning: High Impact or Service Learning

Evidence of Learning: High Impact Service Learning					
Program Learning Goal Students will...	Measurable Learning Outcome Students will...	Method of Measurement	Findings Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
Goal 3: Demonstrate clinical and field readiness by achieving the “3” competence score.	Learning Outcome 1 Students will achieve scores of “3” 95% of the time to include all critical areas.	Measure 1: A 1, 2, or 3 score will be awarded by the preceptor.	Measure 1: Students failing to demonstrate 95% competency at the 3 level will not progress and be dismissed or reviewed for progression waiver	Measure 1: Should more than 25% of a cohort achieve less than 80% faculty will review performance of the preceptors	Measure 1: Preceptor training on interrater reliability to be provided if needed.
		Measure 2: Students will not progress if unsatisfactory falls on a critical criterion	Measure 2: Students achieving 1, 2 grades on a critical criterion will be dismissed	Measure 2: Should more than 25% of a cohort achieve less than 80% faculty will review performance of the preceptors	Measure 2: Preceptor training on interrater reliability to be provided if needed.
Goal 4: Demonstrate affective domain employment traits by achieving Satisfactory in the 11 categories.	Learning Outcome 2 Students will achieve “satisfactory” score 95% of the time to include all critical areas.	Measure 1: A satisfactory or unsatisfactory score will be awarded by the preceptor.	Measure 1: Students failing to demonstrate 95% at competency the 3 level will not progress and be dismissed or reviewed for progression waiver	Measure 1: Should more than 10% of a cohort achieve unsatisfactory faculty will review performance of the preceptors	Measure 1: Preceptor training on interrater reliability to be provided if needed.

Evidence of Learning: High Impact Service Learning					
Program Learning Goal Students will...	Measurable Learning Outcome Students will...	Method of Measurement Direct and Indirect Measures*	Findings Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
		Measure 2: Students will not progress if unsatisfactory falls on a critical criterion	Measure 2: Students achieving an unsatisfactory grade on a critical criterion will be dismissed	Measure 2: Should more than 10% of a cohort achieve unsatisfactory faculty will review performance of the preceptors	Measure 2: Preceptor training on interrater reliability to be provided if needed.

*At least one measure per objective must be a direct measure. Indirect measures may be used to supplement evidence provided via the direct measures.

Summary Information (as needed)

E. Academic Advising

Advising Strategy and Process

- Full information on WSU website
- Formal advising by College of Health Professions advisor
- Secretary for spot advising

Effectiveness of Advising

- Mostly ineffective
 - Students do not go to WSU website
 - Students “push back” on college advising
 - Student call secretary and ask same question repeatedly

Past Changes and Future Recommendations

- Application checklist is on line
- Find a way to reduce the question, “do I have to have my prerequisites done before starting paramedic.”

F. Faculty

Faculty Demographic Information

- Chair – Associate Professor , tenured, MSN, NREMT-P certified
- Faculty – Assistant Professor, tenure track, MPAS, PA-C, ADN
- Faculty – Instructor, BSN, EMT

Programmatic/Departmental Teaching Standards

- National Standard Paramedic Curriculum
- EMS Education Standards of 2010

Faculty Qualifications

- Chair – Associate Professor , tenured, MSN, NREMT-P certified
- Faculty – Assistant Professor, tenure track, MPAS, PA-C, ADN
- Faculty – Instructor, BSN, EMT

Evidence of Effective Instruction

- i. Regular Faculty
 - a. Chair – Tenure process 2010
 - b. Faculty – 3rd year tenure process
- ii. Adjunct Faculty
 - a. Standard WSU evaluation

Mentoring Activities

- a. Chair – P&T mentoring to faculty
- b. Faculty – Departmental honors mentoring to students

Diversity of Faculty

Ongoing Review and Professional Development

- a. 1 male, 2 female (This profession is 80% male)

G. Support Staff, Administration, Facilities, Equipment, and Library

Adequacy of Staff

- i. Marriott Funds
- ii. CoAEMSP/CAAHEP accreditation visit in October 2011 suggested the hire of a clinical coordinator with the growth the program and 4 separate cohorts of students

Adequacy of Administrative Support

- Excellent

Adequacy of Facilities and Equipment

- Excellent

Adequacy of Library Resources

- Excellent

H. Relationships with External Communities

Description of Role in External Communities

- Advisory board meets annually
- 50% employers
- 50 % government, students, faculty, graduates, etc.

Summary of External Advisory Committee Minutes

- Very pleased with program's 2 year, 100% first time pass rate
- They want more affective domain, "employability skills" taught

I. Results of Previous Program Reviews

The program review in 2006 dovetailed off the COAEMSP/CAAHEP site visit. There were **no citations and numerous superlative comments** from that visit.

Problem Identified	Action Taken	Progress
Issue 1	Previous 5 Year Program Review:	
	Year 1 Action Taken:	
	Year 2 Action Taken:	
	Year 3 Action Taken:	
	Year 4 Action taken:	
Issue 2	Previous 5 Year Program Review:	
	Year 1 Action Taken:	
	Year 2 Action Taken:	
	Year 3 Action Taken:	
	Year 4 Action taken:	

Summary Information (as needed)

J. Action Plan for Ongoing Assessment Based on Current Self Study Findings

Action Plan for Evidence of Learning Related Findings

Problem Identified	Action to Be Taken
<p>Issue 1</p> <p>Students starting program with little or no EMS experience</p>	Current 5 Year Program Review:
	Year 1 Action to Be Taken: Provide experiential courses such as PAR 1005/6 Revise skill lab teaching procedures
	Year 2 Action to Be Taken: Provide experiential courses such as PAR 1005/6 Revise skill lab teaching procedures
	Year 3 Action to Be Taken: Provide experiential courses such as PAR 1005/6 Revise skill lab teaching procedures
	Year 4 Action to Be Taken: Provide experiential courses such as PAR 1005/6 Revise skill lab teaching procedures
<p>Issue 2</p> <p>Breaking students from the technology umbilical cord.</p>	Current 5 Year Program Review:
	Year 1 Action to Be Taken: Prohibit all cell phones, smart phones, laptops from the classroom, skill lab, clinical and field internship
	Year 2 Action to Be Taken: Prohibit all cell phones, smart phones, laptops from the classroom, skill lab, clinical and field internship
	Year 3 Action to Be Taken: Prohibit all cell phones, smart phones, laptops from the classroom, skill lab, clinical and field internship
	Year 4 Action to Be Taken: Prohibit all cell phones, smart phones, laptops from the classroom, skill lab, clinical and field internship

Summary Information (as needed)

Action Plan for Staff, Administration, or Budgetary Findings

Problem Identified	Action to Be Taken
Issue 1 Decreased EMS experience of students requires smaller skill lab groups and more hourly faculty	Current 5 Year Program Review:
	Year 1 Action to Be Taken: Request funding consideration
	Year 2 Action to Be Taken: Request funding consideration
	Year 3 Action to Be Taken: Request funding consideration
	Year 4 Action to Be Taken: Request funding consideration
Issue 2 Training manikins and monitor defibrillators are getting old at the 7-10 year mark	Current 5 Year Program Review:
	Year 1 Action to Be Taken: Request grant or capital funding consideration
	Year 2 Action to Be Taken: Request grant or capital funding consideration
	Year 3 Action to Be Taken: Request grant or capital funding consideration
	Year 4 Action to Be Taken: Request grant or capital funding consideration

Summary Information (as needed)

K. Summary of Artifact Collection Procedure

Artifact	Learning Outcome Measured	When/How Collected?	Where Stored?
Oral Examination Board	1) Certification Competency	Last week of program	Student file
HESI Predictive Exam	2) Certification Competency	Last week of program	HESI/student file
PAR 2100 Capstone Final	1) Certification Competency	Last week of program	Chi/student file
PAR 2100 EKG Competency Exam	1) Certification Competency	Last week of program	Chi/student file
PAR 2110/20 Clinical/Field Competency	3)4) Certification Competency	10-30 th week of program	Student file
PAR 2040 NREMT-P Mock Skills Exam	1) Certification Competency	20 th week of program	Chi/student file
PAR 2040 Mid-Term Competency Exam	1) Certification Competency	20 th week of program	Chi/student file
PAR 2040 Pediatric Team Leadership	1) Certification Competency	17 th week of program	Student file
PAR 2040 Cardiac Team Leadership	1) Certification Competency	14 th week of program	Student file
PAR 2010 EKG ACLS Competency Exam	1) Certification Competency	3 rd week of program	Chi/student file

1) Certification Competency Last week of program Chi/student file Summary Information (as needed)

APPENDICES

Appendix A: Student and Faculty Statistical Summary

	2006-07	2007-08	2008-09	2009-10	2010-11
Student Credit Hours Total	2,327	2093	1,803	2,631	2,510
Student FTE Total	77.57	69.77	60.10	87.70	83.67
Student Majors					
Emergency Care & Rescue	104	118	85	94	128
Program Graduates					
Certificate	24	8	4	19	25
Associate Degree	7	15	9	4	4
Student Demographic Profile	104	118	85	94	128
Female	28	37	27	28	27
Male	76	81	58	66	101
Faculty FTE Total	3.38	3.78	3.75	4.77	NA

Note: Data provided by Institutional Research

Summary Information (as needed)

Appendix B: Contract/Adjunct Faculty Profile

Name	Gender	Ethnicity	Rank	Tenure Status	Highest Degree	Years of Teaching	Areas of Expertise
Taufiq Shaw	M	Muslim	Adjunct	N/A	AS x3	10	Paramedic
Holly Nielson	F	Caucasian	Hourly	N/A	AAS	5	Paramedic
Zackary Hatch	M	Caucasian	Hourly	N/A	Certificate	5	Paramedic
Gregory Parrish	M	Caucasian	Hourly	N/A	AAS	2	Paramedic

Note: Data provided by Institutional Research

Summary Information (as needed)

Appendix C: Staff Profile

Name	Gender	Ethnicity	Job Title	Years of Employment	Areas of Expertise
Jeff Grunow	M	Caucasian	Chair	10	RN, Paramedic
Rebekah Dickinson	F	Caucasian	Assistant Professor	7	RN, Paramedic
Cindy Belnap	F	Caucasian	Instructor	30	RN, Paramedic

Note: Data provided by Institutional Research

Summary Information (as needed)

Appendix D: Financial Analysis Summary

Department of Emergency Care & Rescue					
Cost	06-07	07-08	08-09	09-10	10-11
Direct Instructional Expenditures	310,397	312,939	277,260	302,294	323,142
Cost Per Student FTE	4,002	4,486	4,613	3,447	3,862
Funding	06-07	07-08	08-09	09-10	10-11
Appropriated Fund	310,397	312,939	277,260	302,294	323,142
Other:					
Special Legislative Appropriation					
Grants of Contracts					
Special Fees/Differential Tuition					
Total	310,397	312,939	277,260	302,294	323,142

Note: Data provided by Provost's Office

Summary Information (as needed)

Appendix E: External Community Involvement Names and Organizations

Name	Organization
Chief Brady Hansen	Logan City Fire Department
Chief Chad Tucker	Ogden City Fire Department
Chief Ryan Eckhart	Roy City Fire Department
Lt Arnold Butcher	Davis County Sherriff Paramedics
Chief Scott Adams	Layton City Fire Department
Kathy Calton	McKay Dee Hospital
Janet Smith	Ogden Regional Medical Center
Bernadette Waldroppe	Lakeview Hospital
Annette Matherly	U of U Burn Center

Appendix F: External Community Involvement Financial Contributions

Organization	Amount	Type
		Grant
		Contract
		Donation

Committee on Accreditation

of Educational Programs for the EMS Professions
8301 Lakeview Pkwy
Suite 111-312
Rowlett, TX 75088
Main 214-703-8445 Fax 214-703-8992
www.coaemsp.org

November 18, 2011

Jeffrey Grunow, MSN, NREMT-P, Program Director
EMS Professions Program
Weber State University
3902 University Circle
Ogden UT 84408
Program Number: 600064

Dear Mr. Grunow,

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) would like to thank the EMS Professions Program sponsored by Weber State University, Ogden, Utah, for hosting an on-site visit October 27-28, 2011, with Mr. Jeff McDonald and Mr. John Cook. This letter is a compilation of the site visit findings and a review of the documentation submitted prior to the site visit, and may have additions, deletions, or modifications from the Site Visit Report.

Please review this letter to either:

1. Confirm the factual accuracy of the report and agree with the content -or-
2. Identify specific factual errors at the time of site visit and submit documentation to support your position.

Your response of either #1 or #2 above must be sent electronically by email to jennifer@coaemsp.org **within 14 calendar days**, which is not later than **December 2, 2011 as a single, complete pdf document in the format specified (see attached)**.

In addition, you may submit **new** information documenting corrective actions taken by the program following the site visit. If you choose to submit any new documentation, send it electronically by email to karen@coaemsp.org on or before **March 1, 2012 as a single, complete pdf document in the format specified (see attached)**. The Committee will evaluate the Program's response at its **May 2012** meeting.

The program exhibits **strengths** in the following areas:

- The Program has great facilities and equipment.
- Faculty and staff are dedicated to student success and go above and beyond to achieve great outcomes.
- Excited and enthusiastic advisory committee.
- Awesome distance program that meets the needs of students in neighboring states and utilizes state of the art technology.
- Seasoned, dedicated, and enthusiastic Program Director.
- Field and clinical sites are solid, welcoming and focused on student success.

- Excellent clerical support in Robbyn Dunn.
- Current students and graduates report that this is the best program in the state of Utah and would not have chosen another program. This is a testament to the programs dedication to success and the students' motivation to succeed.

The following were identified by the site visit team as potential *Standards* violations. You may submit new information documenting corrective actions taken by the program following the site visit:

- **None.**

The following points are **comments** provided by the site visitors. They do not currently reflect violations of the *Standards*, but consideration by the CoAEMSP may result in additions, deletions, or modifications:

- Program does send graduate and employer surveys; however, the return of the surveys has been problematic. Program has a plan in place to overcome this challenge and is also charged with meeting new Regional Accreditation requirements on an institution basis. Program will be phoning graduates and employers of the last class to report a positive threshold on this year's annual report.
- It is evident that with continued program growth a clinical director is going to be needed to decompress the Program Director responsibilities.
- This Program has a solid Associates degree program. It may be beneficial to explore a Bachelor's component for added professional and community of interest growth.

The Program will be on the agenda of the CoAEMSP May 4, 2012, meeting. At that time, CoAEMSP will consider the entire accreditation record compiled during this comprehensive review to assess the program's compliance with the *Standards*. CoAEMSP will formulate an accreditation recommendation to the Commission on Accreditation of Allied Health Education Programs (CAAHEP). After CAAHEP acts on the recommendation, CAAHEP will send the Program a letter containing its action taken, Standards citations, if any, and the due date for a Progress Report to CoAEMSP, if applicable.

Thank you for participating in the accreditation process and the program's commitment to continuous quality improvement in education. If you have questions or comments, contact the CoAEMSP Executive Office.

Sincerely,
George W. Hatch, Jr., EdD, LP, EMT-P
Executive Director

Encl: Site Visit Report
Factual Accuracy Confirmation form

cc: Yasmien Simonian, PhD, MLS (ASCP)CM, Dean
Paul Patrick, State EMS Director
Dennis Bang, State EMS Training Coordinator
Jeff McDonald, BS, LP, CoAEMSP Site Visit Team Captain
John C. Cook, MBA, NR/CCEMT-P, NCEE, CoAEMSP Site Visit Team