



**TEXAS**  
Department of  
State Health Services

**Emergency Medical Services**  
**Continuing Education Program Application**

For DSHS Use Only
<b>ZZ100-160</b>
Receipt # _____
Date _____
Amount _____

Program Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Will your program be open to others?      Yes     or      No

Proposed start date: \_\_\_\_\_ (May not advertise or start without approval.)

Name of sponsoring organization: \_\_\_\_\_

**REQUIRED ENCLOSURES**

(Documentation related to each of the areas listed below must be included with the application)

**GENERAL**

- Instructor list/qualifications
- Description of facilities/equipment
- Description of record keeping
- Proposed completion document
- Firms: Explanation of how CE is determined via QA plan
- Class Evaluation
- Plan for use of class evaluations
- General plan for the courses to be conducted for the next 2-year period

- Application Fee of \$60.00
  - Fee Exemption Requested
- ENCLOSURES FOR FIRST CLASS**
- Explanation of P/F grading system
  - Didactic objectives
  - Psychomotor objectives (if applicable)
  - Lesson plan
  - Explanation of P/F grading system
  - Post Test w/key

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

The person responsible for the program must sign the application.

Purpose: Completion and acceptance of this application will allow an approved initial training program, registered first responder organization, JCAHO accredited hospital, licensed EMS provider, an accredited educational institution or other approved person or entity to conduct an EMS Continuing Education (CE) program for a 2-year period. During this period the program may elect to meet CE needs by developing its own instructional materials or by using educational resources such as prepackaged lesson plans, video tape series, distance education, computer software, magazine CE, and other healthcare professional programs. You can find more information on CE in the Texas EMS Education and Training Manual.

Quality Assurance and CE: A CE program should be a dynamic process based on opportunities for improvement identified through an active, ongoing QI/QA process. Programs need to submit a general list of topics and dates for programs to be provided throughout the 2-year period. The only detailed information submitted initially should be that which applies to the first class (see section on required enclosures). **While only materials on the first class will be submitted, records on each class administered must be kept for a 5-year period.**

Application: Those seeking approval as a CE Provider, should complete this application and include the non-refundable application fee of \$60, if applicable, and return it to their local EMS compliance field office for review and approval. Applicants who provide CE exclusively to volunteers are exempt from the fee. Directions on completing this document are provided in the following pages. Once approved, the program will receive an approval letter with a unique number. If deficiencies are noted, the program will be contacted to provide supporting documentation to complete the review of the program.

If you have any questions, you may contact your local EMS compliance field office.

Completion Certificates: The unique approval number must be placed on all certificates issued to course participants. CE certificates also should include the dates and locations of programs. The program coordinator has responsibility for determining content categories and number of hours being awarded for each program done. This information must be supplied to participants. Certificates should only be issued to students who have met or exceeded minimum competency levels for the type session provided.

## EXPLANATION OF REQUIRED ENCLOSURES

Didactic Objectives: These objectives shall be the basis for determining the content of the class and the class evaluation. They should be in the format of Conditions, Performance, and Criteria as described in the DOT Instructor Guide. You can find the guide at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>. An example of this format is after completion of the class, the student will be able to list 10 steps involved in the treatment of shock in less than five minutes. These knowledge objectives shall be used as the basis for the post class exam.

These objectives should be measurable, specific, and appropriate to participants. There should be 2-5 objectives per hour of content. There should be objectives covering each component of the entire class.

Psychomotor Objectives: If applicable, list the psychomotor objectives for the class. These objectives should be the basis for activity and evaluation at any skills station. These objectives should be reflective of what the student is expected to learn during this activity. They should be in the format of Conditions, Performance, and Criteria as described in the DOT Instructor Guide. An example of this format is after completion of the class, the student will be able to initiate an IV successfully in less than 2 minutes.

These objectives should be measurable, specific, and appropriate to participants. There should be 2-5 objectives per hour of content. There should be objectives covering each separate skill covered.

Lesson Plan: A lesson plan should outline the content of the presentation. This plan should be detailed enough to ascertain the depth in which the instructor will cover the material. This content must be clinically correct. If the EMS compliance reviewer discovers clinical inaccuracies, they will contact the applicant to discuss these items.

If using audio visuals, the plan should explain when and where they would be used in the presentation. An example lesson plan may be found in the DOT Instructor Guide.

Instructor Qualifications: Documentation that shows that the instructor of each topic or session has adequate educational and related work experience, and appropriate teaching experience, to have achieved expertise as a teacher of the subject matter to be covered.

If the application is for multiple offerings with different faculty, the application must describe the minimum qualifications set for the instructor of each topic or session and must show that these qualifications are appropriate for that topic.

Examples of acceptable documentation include a resume or curriculum vitae if they adequately reflect teaching experience or a letter describing the experience.

Description of Facilities/Equipment: A description of the facilities to be used which includes an explanation of how they are adequate for the class. A list of any equipment needed during the class should be included. For example, if the class is covering intubation, there should be laryngoscopes, ET tubes, stylets, syringes, intubation heads, and stethoscopes available in sufficient quantity to allow participation by all students.

Post Exam with Key: The exam to be given at the end of class to determine student achievement of the objectives: It should be based on the knowledge objectives of the class. The format of the exam is not important as long as the questions are clear, easy to understand, and relate to the objectives.

The length of the exam should be based on the number of objectives. A good rule is a minimum of 10 questions, with at least one question on each objective. The exam should have the key attached and answers should be clinically correct. If the regional reviewer discovers clinical inaccuracies, they will contact the applicant to discuss these items.

Explanation of Pass/Fail Grading System: An explanation of a minimum “pass/fail” grading system utilizing a written evaluation tool that covers the entire scope of objectives being taught. If the grading system uses numerical grades, such as 70, the application must indicate the grade, which participants must achieve in order to successfully complete the class and receive CE credit. An example would be, in order to receive CE credit each student must achieve a grade of 70 on the written test, which covers all objectives taught in the course.

Description of Record Keeping: Include a description of how the instructor will attest to the successful completion of participants. For example, the instructor passes an attendance log around the class, administers an exam, and everyone passing the exam will receive a letter stating they completed 1 hour of CE in Cardiology.

Class Evaluation: The class critique given to students at the end of class. It should ask students about:

- achievement of objectives
- relevance of content presented to stated objectives
- effectiveness of instructor teaching methods
- appropriateness of physical facilities, equipment, AV’s & other class material

The evaluation should allow participants to provide feedback on the class and should be in a format to allow measurable responses.

Plan for use of evaluation: Include an explanation of how the student evaluations will be tabulated and used to alter future courses. For example, if evaluations consistently show that students find little value in a video tape, another form of teaching should replace that tape during the next course.

Completion Documentation: A copy of the documentation supplied to participants who successfully complete the class. This should be a certificate or letter on official letterhead indicating the:

- CE Provider (instructor/organization hosting the course)
- Course title
- Course approval number
- Date and location of course
- Content areas and hours awarded
- Grade or “Pass/Fail” CE Provider Responsible Party Name, Signature, and EMS ID #

DO NOT WRITE ON THIS PAGE FOR DSHS USE ONLY  
EMS CE Provider Application Review

Review Criteria:

Demographic information	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Start date	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Instructor list/qualifications	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Description of facilities/equip	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Description of record keeping	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Proposed completion document	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Class evaluation instrument	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Plan for use of class evaluations	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Explanation of P/F grading	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
General list of courses	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
EMS Provider: How CE is based on QA	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
For First Class:		
Objectives	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Lesson plan	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Exam w/key	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Proper signature	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

---

Fee Exemption Approved granted.

Deficiency Letter Sent    Date Sent: \_\_\_\_\_ (attach copy)

Approval Status: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Approval letter Sent    Date Sent: \_\_\_\_\_ (attach copy)

Expiration Date: \_\_\_\_\_

Course Approval Number: \_\_\_\_\_

Entered in EMS database.

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_



For DSHS Use Only
<b>ZZ100-160</b>
Receipt # _____
Date _____
Amount _____

**EMERGENCY MEDICAL SERVICES  
CONTINUING EDUCATION PROGRAM RENEWAL APPLICATION**

I hereby request to renew our CE program in accordance with Rule 157.38 Continuing Education.

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

CE Approval #: \_\_\_\_\_

Application Fee: Non-refundable application fee of \$60

Make Payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES - ZZ100-160

Fee Exemption requested or Total Amount Enclosed: \_\_\_\_\_

Will your program be open to others?  Yes or  No

I have attached a general plan for the courses to be conducted for the next 2-year period.

I attest that structure of the CE program has had no substantial changes in our program.

\_\_\_\_\_  
Responsible Person Printed Name

\_\_\_\_\_  
Responsible Person Printed Signature/Date

<b>DO NOT WRITE BELOW - THIS AREA FOR TEXAS DEPARTMENT OF STATE HEALTH SERVICES USE ONLY</b>				
Fee Postmark Date:	Fee Received Date:	Fee Deposit Date:	Amount to DSHS:\$	Receipt #:
CE Approval # :	Application Received Date:	Application Approval Date:	Expiration Date:	
Approval letter sent <input type="checkbox"/> (attach copy)			Approved By:	
Entered in Sybase <input type="checkbox"/>				