



# Application for CAPCE Accreditation of a CAAHEP (CoAEMSP) Accredited Organization

If you have any questions about how to complete this application, please contact Mindy Millage, [mmillage@capce.org](mailto:mmillage@capce.org). or by phone at (972)247-4442.

## **Reporting Requirements**

A report of participant course completions must be submitted to the CAPCE Accreditation Management System (AMS) at least quarterly. The AMS creates a reliable, easy-to-access continuing education record for each EMS provider reported to the system. The AMS is designed to allow NREMT and state agencies access to verify the number, type, and topics of CEH earned by EMS providers who complete CAPCE accredited activities.

**We strongly advise applicants to contact CAPCE for copies of the:**

- *Accreditation Management System (AMS) Operations Manual,*
- *CE Providers Edition and Accreditation Management System (AMS) Operations Manual,*
- *CE Providers Edition Supplement*

**and review these documents carefully BEFORE submitting the application.**

The applicant must be prepared to collect and report the required information in the EXACT format described in these documents.

Currently, deadlines for reporting are as follows:

<b>Courses Completed</b>	<b>Must Be Uploaded By</b>
January - March	May 1
April - June	August 1
July - September	November 1
October - December	February 1

Rather than reporting by XML upload, we strongly encourage online providers to use “real-time reporting” as explained in the AMS CE Provider Manual.

Accredited CE providers must ensure that each and every time accredited courses are presented, every EMS provider completing the course receives CAPCE credit and all EMS providers' course completions are reported to the CAPCE AMS.



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## Instructions for Preparing and Submitting the Application

Download Accreditation Management System (AMS) Operations Manual, CE Providers Edition at <http://capce.org/OrgApp.aspx> and read carefully.

### *Electronic submission*

Well-organized applications submitted on CD, USB drive, Dropbox, or via email are preferred.

### *Folder Documents Required*

<i>Folder</i>	<i>Documents Required</i>
1	CAAHEP/CoAEMSP Letter of Accreditation
2	Job description for person ultimately responsible for maintaining CAPCE standards and requirements for accreditation
3	Agreement with your organization's EMS medical director and CV for the physician medical director
4	CVs for all members of the CAPCE Program Committee
5	Rules and procedures concerning how the committee votes to approve activities
6	Minutes of the meeting of the CAPCE program committee in which rules for voting on the accreditation of CAPCE activities were formally adopted
7	CVs or bios for the faculty or author(s) for one activity or the criteria used to select faculty or author(s)
8	Example of the certificate your organization will issue
9	A copy of your most recent Marketing Materials

We require that your application for accreditation be completed on-line through our web page. You may request an application key at the following URL:

<http://www.capce.org/Applications/OnlineKeyRequest/Default.aspx>

If you have questions, please contact the Review Coordinator:

**Mindy Millage** at: [mmillage@capce.org](mailto:mmillage@capce.org)

### **CAPCE**

12300 Ford Road – Suite 350 – Dallas, TX 752134  
Phone – 972-247-4442

*The online application for accreditation mirrors the information provided below.*



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## Organization Information

Name of Organization:

Person responsible for the information in this application:

Name:

Address:

City:

State:

Country:

Postal Code:

Telephone:

Fax:

Email:

Website:



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## 1) Eligibility

Note that the responses to items in this section of the application must comply with the *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #1.

### a) Type of Organization

For the purposes of this application, the organization must hold current CAAHEP/ CoAEMSP accreditation. Please check the appropriate item below:

- Educational Institution
- Non-Profit Corporation
- National, State, Regional, or Local Agency
- Hospital
- Association
- National Agency
- Regional Agency
- State Agency
- Local Agency
- Other Agency
- Other Appropriate CE Provider

If Other, please explain

- Combination of the above
- Please Explain:

Expiration date of current CAAHEP/CoAEMSP accreditation:

Include in Folder 1 a copy the organization's CAAHEP/CoAEMSP letter of accreditation.

### b. State EMS Office Approval

Addressed by CAAHEP/CoAEMSP accreditation. No further documentation necessary.



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## c. Maintenance of Accreditation

The accredited organization must appoint an individual who will be responsible for maintaining CAPCE accreditation. This person should be the CEO, Dean, or other person with the authority to coordinate the work of various departments in the organization necessary to address the CAPCE standards and requirements. This person's job description should include a clear statement showing that the ultimate responsibility for CAPCE requirements resides in this position. Please include a job description for this person.

Responsible Individual Information:

Name:

Title:

Street Address:

City:

State:

Country:

Postal Code:

Telephone:

Fax:

Email:

Website:

## Maintenance of Accreditation Certification

I agree that CAPCE reserves the right to perform random site visits at its sole discretion to verify compliance with the Conditions of Accreditation. I agree to budget to pay reasonable travel expenses for two reviewers to perform one site visit during the three-year accreditation period.

I understand that CAPCE also reserves the right to perform for-cause site visits at its sole discretion to verify compliance with the Conditions of Accreditation. In the event that the program is found in violation of its accreditation terms and conditions, including those activities conducted with cosponsoring organizations, I understand the organization may be required to pay reasonable travel expenses and other expenses associated with the investigation and remediation, including refunding participant fees for participants in improperly approved activities or activities for which accreditation is immediately terminated. If the organization is found to be in compliance, all expenses will be paid by CAPCE.

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



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Date:

**d. d. Experience in Delivering CE to EMS professionals.**

Addressed by CAAHEP/CoAEMSP accreditation. No further documentation necessary.

**2) Support**

Addressed by CAAHEP/CoAEMSP accreditation. No further documentation necessary. Note that the organization must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #2.

**3) Needs Assessment**

Addressed by CAAHEP/CoAEMSP accreditation. Note that the organization must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #3.

**4) Physical Infrastructure**

Addressed by CAAHEP/CoAEMSP accreditation. No further documentation necessary. Note that the organization must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #4.

**5) Human Resources**

Addressed by CAAHEP/CoAEMSP accreditation. No further documentation necessary. Note that the organization must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #5.

**6) Medical Oversight/Physician Medical Director**

The accredited organization must verify that the organization has a current agreement with a physician medical director(s) to provide direction to the CAPCE Program Committee(s). Note that the responses to items in this section of the application must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #6.

a. Include as Tab 3 the following documents:

- (1) Your organization's agreement with the EMS medical director(s) who will review all material approved by the Program Committee.
- (2) The CV for the physician medical director.

b. Describe how your organization involves the EMS medical director in the duties listed in the CAPCE Standards and Requirements for Organizational Accreditation, Requirement #6.

**7) Program Committee**

The accredited organization must maintain a CAPCE Program Committee that reviews and approves all CE activities offered by the organization and by cosponsored organizations. This committee must include at least one physician with significant EMS experience. This physician may be the EMS medical director. Note that the responses to items in this section of the application must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #7. **Requires a minimum of three Program Committee members.**

a. In the table that follows, describe the composition of your organization's CAPCE Program Committee.

**Program Committee**

Name	Indicate MD, DO, EMT, EMTP, RN, etc.	Title	Dates of term
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Member			
Member			
Member			
Member			
Member			
Member			
Member			
Member			

**b. Include in Folders 4-7 the following:**

**Folder 4: the CVs of all members of the CAPCE Program Committee.**

**Folder 5: rules and procedures concerning how the CAPCE Program Committee votes to approve activities.**

**Folder 6: minutes of the meeting of the CAPCE Program Committee in which rules for voting on the accreditation of CAPCE activities were adopted.**

**Folder 7: CVs or bios for the faculty or author(s) for one activity or the criteria used to select faculty or author(s).**

**8) Evaluation**

Addressed by CAAHEP/CoAEMSP accreditation. No further documentation necessary. Note that the organization must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #8.

**9) Marketing**

All marketing materials for an activity contain complete activity information including activity description, objectives, format, invited faculty, prerequisites, date, time, location, schedule, number and category of continuing education hours (CEH), fees and statement of accreditation by CAPCE. Note: One CEH is awarded for every sixty minutes of approved content. Note that the responses to items in this section of the application must comply with *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #9. Submit a copy of your most recent marketing materials – brochures, Web ads, flyers, etc.

**10) Certificates**

Certificates are essential to the student's professional file and provide important documentation for maintaining an EMS license and for recertification. Include in Folder 8 an example of the certificate your organization will issue. Note that materials submitted in this section must comply *with CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #10.

**11) Attendance Verification, Records Maintenance and Reporting**

The accredited organization must ensure that there is a mechanism for verifying EMS participant



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attendance and reporting course completions to the CAPCE AMS. Read *CAPCE Standards and Requirements for Organizational Accreditation*, Requirement #11. Request a copy of *Accreditation Management System (AMS) Operations Manual: CE Providers Edition* and *Accreditation Management System (AMS) Operations Manual: CE Providers Edition: Supplement* at [mmillage@capce.org](mailto:mmillage@capce.org) and read these documents carefully and be sure your IT person does likewise. Then, describe in detail the process you will put in place for collecting the required information and reporting it to the CAPCE AMS.

## 12) Attesting Statement

To the best of my ability and knowledge, all the statements contained in this Application are true and accurately represent the proposed continuing education activity.

Activity Coordinator Name:

Signature: \_\_\_\_\_

Date:

## 13) Conditions of Accreditation

I agree to the CAPCE Conditions of Accreditation

Name:

Signature: \_\_\_\_\_

Date:

Download read, and file the document located at <http://capce.org/OrgApp.aspx> on the CAPCE Web site for future reference.

## 14) Complaint, Review and Disciplinary Policy

Name:

Signature: \_\_\_\_\_

Date:





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## **Important Information for CAPCE Accredited Organizations**

See the bottom of the screen at <http://CAPCE.org/OrgApp.aspx> for links to CAPCE Distributed Learning Policy Statement, CAPCE Item Writing Standards, and CE Hour Assignment Guidance.

CAPCE Standards and Requirements for Organizational Accreditation are available for download at <http://CAPCE.org/OrgApp.aspx>.

### **See the following documents attached:**

[Definitions of CEH Categories](#)

[Style Sheet](#)



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## Definitions of CEH Categories

CAPCE awards credit for each session or portion of the activity based on the course content. You must indicate on the application the category(ies) and number of credit hours requested.

**First Responder:** Topics that address the care of the patient in the first minutes of an emergency and before the arrival of BLS or ALS unit as described in the current DOT curriculum and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Basic:** Topics which address skill and knowledge objectives included in the patient care practice of basic prehospital care personnel as described in the current U.S. D.O.T. National Standard Curriculum for EMT Basic and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Advanced:** Topics which address skill and knowledge objectives included in the patient care practice of advanced EMT or EMT-Paramedic personnel and beyond the scope of basic prehospital care personnel as described in the current U.S. D.O.T. National Standard Curriculum for EMT-Intermediate and Paramedic and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Operational:** Topics which are relevant to the operational activities of EMS personnel, such as emergency vehicle operations, dispatch communications, rescue, etc. and non-patient care activities as described in the current U.S. D.O.T. National Standard curriculum for EMT-Basic, Intermediate and Paramedic and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Educator:** Topics oriented to the EMS educator (e.g., instructional methodologies and techniques, evaluation principles and techniques, etc.), and not directly related to the provision of emergency patient care.

**Management:** Topics directed to the manager/supervisor, related to the administration of emergency medical services, and not directly related to the provision of emergency patient care (e.g., fiscal, personnel and vehicle management issues).

**DOT Refresher:** CAPCE has also pre-approved the following standardized courses. Credit for these courses is tracked under the specific course title rather than the above categories.

DOT Refresher First Responder

DOT Refresher EMT-Basic

DOT Refresher EMT-Intermediate

DOT Refresher EMT-Paramedic



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## Style Sheet for Activities Applying for CAPCE Accreditation

**Units of Measure:** Provide units of measure in common reference values, followed by System International (SI) units in parentheses. See <http://physics.nist.gov/Pubs/SP330/sp330.pdf> for SI units.

**Drugs:** Use generic names and, if necessary, list brand names (including the manufacturer's name, city, and state) in parentheses. Please include the International Nonproprietary Name (INN) as well. See [http://whqlibdoc.who.int/hq/1997/WHO\\_PHARM\\_S\\_NOM\\_1570.pdf](http://whqlibdoc.who.int/hq/1997/WHO_PHARM_S_NOM_1570.pdf)

**References:** Do not use the endnote or footnote function of word processing software to generate a list of references. Number references (including references to unpublished information) consecutively in the order of their appearance in the manuscript. Type a list of references in their order of mention in the text, not alphabetically, at the end of the manuscript. Abbreviate journal names according to Index Medicus. Indicate abstracts by "abstract" in parentheses. List the first three authors, followed by "et al" if there are more than three. Accuracy of citations is the author's responsibility. Examples of correct referencing forms are as follows:

**Journal Article:** Raftery KA, Smith-Coggins R, Chen AHM. Gender-associated differences in emergency department pain management. *Ann Emerg Med.* 1995;26:414-421.

**Book:** Huddy J. *Emergency Department Design: A Practical Guide to Planning for the Future.* Dallas, TX: American College of Emergency Physicians; 2002.

**Book Chapter:** Mengert TJ, Eisenberg MS. Prehospital and emergency medicine thrombolytic therapy. In: Tintinalli JE, Ruiz E, Krome RL, eds. *Emergency Medicine: A Comprehensive Study Guide.* 4th ed. New York NY: McGraw-Hill; 1996:337-343.

**Courses, lectures (unpublished):** Sokolove PE. Needlesticks and high-risk exposure. Course lecture presented at: American College of Emergency Physicians, Scientific Assembly, October 12, 1998; San Diego, CA.

**Internet:** Gore L. ACEP hails House passage of the HEALTH Act [press release]. American College of Emergency Physicians Web site. Available at: <http://www.acep.org/1,32181,0.html>. Accessed March 14, 2003.

**Personal Communication:** Avoid reference to personal communications, but when necessary, include the person's name, his or her title, month, and year. A letter granting permission to publish from the person providing the information must be included at the time of submission.

**Tables:** Number tables consecutively. Refer to each table consecutively in the text. Each table must be on a separate page after the references.

**Figures:** Figures (charts, graphs, photographs, etc.) and legends should be self-explanatory and able to stand alone; the data presented in a figure should not be duplicated in the text. Refer to each figure consecutively in the text.