



**COMMISSION ON
ACCREDITATION FOR
PREHOSPITAL CONTINUING
EDUCATION**

ACCREDITATION GUIDEBOOK

2017

From the Chair:

If I polled the 100% of the EMS providers in the United States and asked them to define for me the ideal continuing education program, I would be given a variety of answers. Some would wish to complete training that focuses on call types they are least likely to respond to. Some would wish to be trained in a hands-on fashion, focusing on the skills necessary to remain competent. Some would wish to be trained on the newer aspects of EMS care, focusing on topics that weren't covered or had changed since their original training. Most would wish to be trained during their shifts so they wouldn't have to dedicate so much of their down time to completing and documenting their continuing education requirements. Almost all would want the CE program to be tailored for them and be administered by their training officer and their medical director.

There is evidence to suggest that the majority wish not to be trained at all. They would choose to either opt out of the continuing education requirements all together or opt for the path of least resistance, relying on the merits of the calls they have already completed and on passing simple quizzes to document their competence to think critically and make life and death decisions in the field. Online providers of EMS continuing education can document the amount of time subscribers of their programs spend viewing content. Where allowed, most choose to skip the content and go directly to the topic posttests.

If you are an EMS Medical Director, provider, regulator or administrator, and care about the continued competence of our EMS work force, you should be asking yourself why this is so. It might be because the CE program:

- Is boring and not engaging.
- Hasn't changed or been updated in several years.
- Lacks input from the service level Medical Director and training officer.
- Isn't custom tailored to the needs of the individual EMS provider.
- Isn't relevant to the practice of EMS care.
- All of the above.

CAPCE wishes to encourage innovation in the EMS continuing education program. We want education providers to break away from the status quo and develop exciting and engaging education that meets the needs of EMS providers in an increasingly dangerous and constantly changing environment. EMS Continuing Education should be as dynamic and changing as the environment our EMS providers work in. It should never be status quo and our providers should look forward to learning and expanding their knowledge. We challenge those that provide continuing education to our EMS providers to embrace creativity, innovation while keeping their educational content fresh and relevant.

Juan March, MD, FACEP, Chair

TABLE OF CONTENTS

1 Introduction to CAPCE

- 6 Mission Statement and Governance
- 9 History of CAPCE
- 10 Accreditation Delivery
- 11 Models and Best Practices
- 13 Glossary and Definitions

2 General CAPCE Standards and Requirements Applicable to All Providers of CAPCE Accredited Activities

- 16 Eligibility
- 17 Physical Infrastructure
- 19 Needs Assessment / Instructional Design
- 22 Conflict of Interest Disclosure
- 23 Evaluation
- 24 Medical Oversight
- 25 Marketing
- 27 Certificates
- 28 Review Process
- 29 Accreditation Maintenance
- 30 Recordkeeping and Reporting
- 32 Pro Bono Activities / Privacy Issues

3 Additional Standards and Requirements Specific to Accredited Organizations

- 34 Experience in Delivering CE to EMS Professionals / Accreditation Maintenance
- 35 Support / Human Resources
- 36 Medical Oversight

37	Program Committee	
39	Statements on Certificates and Marketing Items / Co-Sponsored Activities	
4	Standards and Requirements Specific to International Organizations	
40	Governmental Approval	
5	Standards and Requirements Specific to Accredited Organizations Offering Virtual Instructor Led Training (VILT)	
42	Introduction / Organizational Requirements / Program Requirements / Delivery Platform Requirements	
6	Appendices	
44	Appendix A	Distributed Learning Policy
46	Appendix B	Conditions of Accreditation for Individual Activities
51	Appendix C	Conditions of Accreditation for Organizations
55	Appendix D	Complaint Review and Disciplinary Policy
61	Appendix E	CEH Assignment Guidance
67	Appendix F	Definitions of CEH Categories
68	Appendix G	Item Writing Standards
72	Appendix H	Style Sheet
74	Appendix I	XML Upload Information
76	Appendix J	Co-sponsorship Request Form for Accredited Organizations
77	Appendix K	Policy for the Use of the Mark/Logo
78	Appendix L	Plagiarism Policy
80	Appendix M	Certification/Card Bearing Courses Policy
82	Appendix N	Standard Evaluation Items for Individual Sessions
7	Summary	
83	Summary	



1

INTRODUCTION TO CAPCE

- 6 Mission Statement and Governance**
- 9 History of CAPCE**
- 10 Accreditation Delivery**
- 11 Models and Best Practices**
- 13 Glossary and Definitions**

MISSION STATEMENT AND GOVERNANCE

Mission

The Commission on Accreditation for Prehospital Continuing Education (CAPCE) will serve as the recognized leader for continuing education in EMS, promoting its evolution and growth through development of continuing education standards, encouragement of innovative learning solutions, support of continuous learning opportunities and the assurance of optimal learning experiences to prepare all EMS providers for their professional challenges.

Goals

- To lead the accreditation of EMS Continuing Education (CE).
- To increase the availability of accredited, peer-reviewed EMS CE nationally and internationally.
- To establish and maintain policies and procedures to implement a standardized process for accrediting peer-reviewed EMS CE nationally and internationally.

Statement of Purpose

The purpose of CAPCE is to standardize the review and accreditation of quality EMS CE activities.

CAPCE recognizes that the role of the prehospital care provider is dynamic and evolving. To meet the challenge of delivering quality care in this changing environment, EMS personnel must update their knowledge and skills frequently. Well-planned and implemented CE addresses this need, but prospective participants may have difficulty assessing the quality of an educational offering.

CAPCE was chartered in 1992 to help prospective participants make informed decisions regarding the quality of educational activities. The CAPCE charter mission included provisions for the establishment of an accreditation process for organizations offering continuing education activities, but the CAPCE Board of Directors felt it more pragmatic to begin with accrediting individual educational activities. Thus, in its early years, CAPCE served as an accrediting body for individual activities, ensuring the provision of quality live one-time event activities, multiple event activities and distributed learning activities. This included requirements for qualified faculty, appropriate and accurate content, and certain minimum criteria for educational design and planning. With the increasing demand for EMS CE offerings over time, the CAPCE board recognized the necessity for organizational accreditation and thus, this additional process was implemented in 2000.

Note: CAPCE accreditation is not intended to validate the specific medical content or protocols presented in any CE activity.

Governance

The CAPCE Board of Directors consists of nine voting members and their alternates. The nine voting members constitute the Board of Directors with all powers and authority necessary to control and direct the affairs of the corporation. One voting member is appointed by each of the following member organizations:

American College of Emergency Physicians



American College of Osteopathic Emergency Physicians



American Heart Association



National Association of Emergency Medical Technicians



National Association of Emergency Medical Services Physicians



National Association of Emergency Medical Services Educators



National Registry of Emergency Medical Technicians



National Association of State Emergency Medical Services Officials/Education
and Professional Standards

National Association of State Emergency Medical Services Officials/State
Directors



Best Practices

The Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), now known as CAPCE, was founded in 1992 under the vision and guidance of Janet Head, then President of the National Association of Emergency Medical Technicians (NAEMT). Janet recognized that not all EMS CE was of a level or quality that she would expect for practicing EMS providers. Thus she sought support from the leadership of other EMS leadership organizations such as The National Association of EMS Educators (NAEMSE), The National Registry of EMTs (NREMT), The American College of Emergency Physicians (ACEP) and The National Association of EMS Physicians (NAEMSP). Together these organizations provided representation to the CAPCE Board of Directors. Their collective goal became to raise the bar of EMS CE by setting standards and requirements and providing an accreditation service for EMS based CE.

Among continuing education providers, a broad spectrum of delivery and educational methodology exists. Some CE providers (CEP), (i.e., services that offer CE activities to EMS providers (EMSP), offer CE in the form of live lectures that EMSP can sign up for and attend. Others provide distributive learning (DL) in the form of written word only documents that are tied to a short posttest. Some providers administer CE through on-line activities in written word activities, power point activities, short videos or video based case studies. While CAPCE's goal is to standardize EMS CE, the consumers are free to pick and choose which format they would like to use for CE hours. Unfortunately, the culture of "faster and easier" permeates EMS CE to a degree, and the EMS industry as a whole will need to reject this philosophy and we look forward to creating a more professional profession.

The CAPCE Board of Directors has witnessed a technological evolution of DL activities available to EMS providers. Some truly innovative DL designs have led to a shift in consumer/marketplace loyalty towards the innovation and away from the more traditional education formats. Clearly, this new generation of provider has greater access to technology that provides them instant information at their fingertips. The new generation is not as interested in traditional education. Instead, they yearn for innovation, for "flash" and activities that they can accomplish on the go without being tethered to a teacher or a classroom. (Lavasseur 2012)

The accredited providers and CAPCE accreditation applicants must commit significant resources to the production and delivery of the activities listed in their catalogs. High quality CE activities are not inexpensive to produce regardless of the type of presentation. As Karayan stated, the quality of the presentation must meet or exceed the investment the student makes to view and participate in the activity (Karayan 2005). It is in this light that the CAPCE Board of Directors would like to high light best practice models in EMS CE accreditation, particularly where innovation is driving evolution in continuing education.

ACCREDITATION DELIVERY

CAPCE, by its charter, maintains the standards for the delivery of EMS CE. Those standards include requirements for active medical direction, valid posttests, quality infrastructure, sound educational design including delivery methodology, marketing, fees, evaluation, student record keeping and data reporting.

CAPCE accreditation exists so that EMS providers have access to high quality, standard-driven continuing education activities and are awarded credit for participating in such activities. One of the greatest challenges of delivery of CAPCE accreditation is ensuring that CE providers accurately report the names, certification numbers, certification state, activity numbers and CEH hours earned by subscribers (EMS providers). It is of the utmost importance that CE providers accurately report data to the CAPCE data management center so that each and every EMS provider gets credit for the CE they complete. CAPCE is dependent on the quality of the data it receives. EMTs and paramedics are dependent on CAPCE to provide accredited programs that are less likely to be subject to audit by the National Registry of EMTs, individual State EMS offices or other regulatory bodies.

CAPCE expects that all continuing education content is:

- Relevant for the intended audience
- Medically accurate
- Properly referenced
- Original work that is correctly cited
- Grammatically correct and spelling will be accurate
- Not misleading

CAPCE also requires the following:

- Providers will cite and reference recent peer-reviewed journals as much as possible.
- Content areas cannot be skipped and posttests cannot be completed until the content has been viewed.
- CE Hours will be correctly applied. For example, a provider will not award 2 CEH for a 20 minute activity
- Student activities and interactions will be recorded, tracked, analyzed and reported to the CAPCE data management system.

- Students will be required to evaluate the program on completion of the lesson.
- The program committee analyzes the evaluations to make decisions on how they need to improve their activities.
- Needs assessment are performed and their results are applied to future educational content.

MODELS

Virtual Instructor Lead Training (VILT) VILT is a new distributive learning (DL) technology that allows an instructor to present information by means of a lecture when his/her slides and photos are available for students but whose students are only present in a virtual classroom. Students log-in to the classroom and are able to view and hear the presentation. They interact with the instructor by either voice and web cam video or by typing questions in a fashion similar to a chat room. All of the pieces of the activity occur simultaneously. Students are typically assigned text book chapter reading before the event. At the end of the session, the students are given a unique code that grants them access to a post test.

Video Based Training with Supporting Document This is a DL format in which the students watch video narration and case presentations. They are given supplemental reading and creative handouts to complete. After each step in the process is complete, they are allowed to take a post test for CE credit.

Integrated Testing Integrated testing is a method of insuring that students are completing the content requirements such that the posttest is written into the content. In other words, a student progresses through an interactive video training program. At key points in the video the student is given a question or short series of questions that must be completed before the student may progress to the next section. Failure to correctly respond to the questions returns the student to the relevant section in the video so the content can be reviewed. The question is then presented again. This is an effective way to ensure student participation and comprehension of the presented content.

Virtual Graphics Training with Integrated Testing In this case, the DL provider offers a mobile application such that can be presented on a smart phone or tablet PC. The application allows the student to interact with the presentation and practice skills. The student uses his/her fingers to interact in a case scenario that may require them to move equipment, prepare equipment, prepare a patient for a procedure, perform a procedure and evaluate a patient before and after each procedure is completed. This format also provides integrated testing such that each question reinforces the procedure or skill the student is practicing. This educational format is very expensive and difficult

to prepare but the interactive nature of the presentation is portable and dynamic for the student. The area of virtual graphics training has great potential in the near future as technology advances and educators are able to integrate more sensitivity and complexity into the software.

Best Practices

Involvement and Expectations for Medical Director (MD) Involvement of a qualified MD is integral to the success of any EMS education program. CAPCE requires that a MD sit on the program committee and expects that the MD will review each and every activity before the CAPCE application is complete and before it is made available to the EMS community. The MD must

- Review and approve all activities offered by the accredited organization including objectives, instructional personnel and evaluation tools.
- Provide clarification on all appropriate medical issues.
- Approve all medical content.
- Assist with participant outcome recommendations.
- Review all program evaluation summaries and make recommendations to improve the activity.

Needs Assessment Methodology Aggregate needs assessments can be carried out that review the nature and breadth of an EMS service or EMS service area to determine the educational needs of a large group of EMS providers. Needs assessments can be produced by survey of what EMS providers feel they need; review of EMS call data; review of quality improvement data; review of patient outcomes; review of population demographics. Needs assessments can also be carried out on an individual level. In these cases, the criteria listed above are reviewed and applied to an individual EMS provider and a custom tailored CE program is identified, defined and initiated.

Updated Reviewer Training That Investigates for Fraud and Plagiarism. CAPCE has invested a great deal of time and resources into post-accreditation quality/compliance reviews. These reviews have identified areas where accredited providers were not compliant with CAPCE standards. In one case, an accredited provider had borrowed presentations from another's web page. CAPCE has drafted a training program for reviewers that will allow for a more careful and in-depth review of accreditation applications. Best practice models include fully original work that is correctly cited.

TERMS AND DEFINITIONS

Accreditation Management System (AMS): The database containing a record of all CAPCE accredited activities completed by EMS providers; reporting each and every such course

completion is a requirement for maintaining CAPCE accreditation of an organization or of an individual activity.

Accredited organization: An organization that has been approved by CAPCE under the CAPCE organizational accreditation process.

Activity: A specific continuing education event that one views live or reviews online in order to gain CEH.

Applicant organization: The organization applying for CAPCE accreditation.

CAPCE: Commission on Accreditation for Prehospital Continuing Education.

CEH: Continuing Education Hour.

CE provider: Any individual or organization that offers continuing education (CE) to EMS professionals.

Chief Executive Officer (CEO): The person who has ultimate authority in all matters regarding CAPCE accreditation. This authority extends to all departments, divisions and vendors, and ensures that CAPCE standards and requirements will be met.

Conditions of Accreditation: All published rules, regulations, terms of accreditation, policies and procedures of CAPCE including, but not restricted to, the specific document entitled Conditions of Accreditation.

Cosponsoring organization: A CAPCE-accredited organization that reviews and accredits individual activities for organizations that are not CAPCE-accredited. The CAPCE-accredited organization is responsible for supervising such activities so that the activity is in compliance with the applicable Standards & Requirements (S&R) specified in this document. *Cosponsored organization:* A non-CAPCE-accredited organization that receives CAPCE accreditation for an individual activity from a CAPCE-accredited organization.

Distributed Learning (DL): An instructional model that allows instructor, participants and content to be in different locations so that instruction and learning occur independent of time and place. Includes online, computer-based or CE articles. All DL activities must be accompanied by a summative test based on the activity objectives.

Member organization: Those organizations represented on the CAPCE Board of Directors (see Governance in Section B below).

Provider: A service or educational institution that provides continuing education training opportunities for EMS providers.

Reviewer: A trained and seasoned educator who reads accreditation applications and makes recommendations for approval or disapproval to the CAPCE Board of Directors.

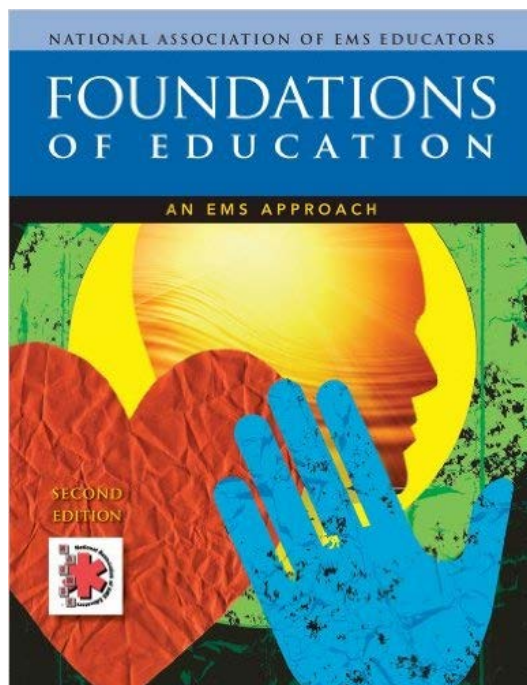
Member organization: Those organizations represented on the CAPCE Board of Directors (see Governance in Section B below).

Participant: Synonymous with student and refers to the EMS professionals who participate in CE activities.

Program: The overall EMS CE effort of an organization.

Virtual Instructor Led Training (VILT): A learning model that utilizes online technology to deliver educational programs in a virtual classroom. The instructor and participant are in different locations but have the ability to see teaching materials and verbally communicate during a live session. VILT activities must include a summative content based on the activity objectives.

Note: CAPCE strongly recommends that CE providers have at hand a copy of National Association of EMS Educators' (NAEMSE) Foundations of Education: An EMS Approach available at naemse.org. This text is a valuable resource for EMS educators.



2

STANDARDS AND REQUIREMENTS APPLICABLE TO ALL PROVIDERS OF CAPCE ACCREDITATION ACTIVITIES

16	Eligibility	27	Certificates
17	Physical Infrastructure	28	Review Process
19	Needs Assessment / Instructional Design	29	Accreditation Maintenance
22	Conflict of Interest Disclosure	30	Recordkeeping and Reporting
23	Evaluation	32	Pro Bono Activities / Privacy Issues
24	Medical Oversight		
25	Marketing		

ELIGIBILITY

Type of Organization

All CE providers seeking accreditation of one or more educational activities must be either an educational institution; a national, state, regional, or local agency or association; a nonprofit or for-profit corporation; a hospital; any combination of the above, or other appropriate CE provider; and must meet all CAPCE Standards and Regulations (S&R) contained herein, CAPCE Conditions of Accreditation, and all published rules, regulations, terms of accreditation, policies and procedures of CAPCE.

Letter of Support from CEO of Applicant Organization

All CE providers seeking accreditation of an educational activity must submit a letter of support from the CEO (or equivalent) of the organization stating that the organization as a whole supports CAPCE accreditation; that he/she is authorized to coordinate the work of all departments and individuals involved in designing, implementing, evaluating and reporting activity completions electronically for CAPCE-accredited activities; and that he/she has a comprehensive knowledge of CAPCE S&R and will enforce the S&R detailed in this document and all published rules, regulations, terms of accreditation, policies and procedures of CAPCE. CAPCE may, at its sole discretion, require CE providers to verify the organization's letter of support at any time.

Letter of Reference

If the applicant operates under the authority of a government body tasked with maintaining quality in educational programs (e.g., state EMS office, health department, Ministry of Health), the applicant must provide a letter from the body confirming that the applicant is not currently under investigation or indictment and has not received any type of communication, verbal or written, indicating that the organization's EMS CE is in any way inadequate. CAPCE may, at its sole discretion, verify this letter at any time.

If the applicant does not operate under the authority of such a government body, it must present a letter of reference from an individual or organization that can attest to the quality of the educational product offered by the applicant. This acknowledgement may be in the form of a letter or any other appropriate documentation signed by a person with experience in EMS education. CAPCE may, at its sole discretion, verify a reference at any time.

Contact Information for Relevant Government Body, if Applicable

If the applicant operates under the authority of a government body tasked with maintaining quality in educational programs (e.g., state EMS office, health department, Ministry of Health) the applicant must provide contact information for the individual within that body who can confirm that the applicant is currently not being investigated or under indictment, or within the last two years has not received any type of communication, verbal or written, indicating that the organization's EMS CE is in any way inadequate.

PHYSICAL INFRASTRUCTURE

All CE providers seeking accreditation of an educational activity must have the physical infrastructure to provide and administer an educational activity or program consistent with educational standards outlined in the National Emergency Medical Services Education Standards.

Distributed Learning Activities

Participants must be able to access the delivery platform using the public internet and a commercially-available web browser. If delivered via CD or USB drive, participants must be able to access the delivery platform on the device specified by the CE provider. CE providers must have all systems in place to meet the requirements of the following:

- CAPCE Distributed Learning Policy (see Appendix A)
- CAPCE CEH Assignment Guidance (see Appendix E)
- CAPCE Item Writing Standards (see Appendix G)
- All other published policies related to distributed learning

DL providers must provide technical support for instructors and activity participants. In addition, a mechanism must be in place that allows participants to ask for and receive additional information or clarification for all activity content and summative test in a timely manner, within five business days.

DL providers must develop a mechanism that ensures that participants complete all content including videos, slide presentations, cases studies and other delivery platforms before the user is allowed to access the summative posttest. Applications that do not employ "gating" of the content in this manner will not be considered. CAPCE accredited providers who are found not to comply with this requirement risk suspension of their accreditation. DL providers must also develop a mechanism that ensures that participants complete the summative test for an activity by actually reading the test items and selecting the answer based on their participation in the activity, and have this mechanism approved by CAPCE. DL providers must randomize items on the summative test and randomize the answer choices associated with these items, DL providers must

develop a bank of questions for each topic from which a randomized test with randomized choices is created. The test bank must be at least 30% larger than the number of items that appear in the test.

If the design of a specific activity will require any variance from these standards you must provide a detailed description of the need for variance, how it will vary and how it will meet the spirit of the CAPCE standards.

Note: If you offer a certification course online (e.g., ACLS, PALS, CPR, etc.) see Appendix M, Certification/Card Bearing Courses Policy. If you do not presently offer such a course but decide to do so at some point during the three-year accreditation period covered by this application, you must advise CAPCE and allow time for a review before making the course available to students.

Traditional Live Classroom Activities

Equipment and Supplies The organization must have dedicated equipment and supplies necessary to develop the participant competencies defined by the training session objectives.

Comfort and Safety Facilities must provide adequate restrooms and common areas, adequate environmental controls to maintain participants' comfort and safety, adequate space, access and accommodations for participants with disabilities in accordance with the Americans with Disabilities Act standards, and a reasonable level of personal safety for all individuals involved in all aspects of the activity.

Medical Devices Medical devices must be kept clean and in good working order. These devices and the consumable supplies that are used with them must be available in sufficient quantity to maintain a minimum participant-to-equipment ratio of six-to-one.

Equipment Inventory An inventory of equipment and supplies along with the cleaning and replacement policies must be submitted with the application and kept on file in the CE provider's office for a period of three years.

Dedicated Audiovisual Equipment All appropriate audiovisual equipment must be dedicated to each EMS CE activity. This equipment must be kept clean and maintained in good working order.

Policy for Maintaining Medical Devices and Consumable Supplies The organization must have a policy detailing how medical devices and consumable supplies are maintained and replenished.

NEEDS ASSESSMENT

Needs assessment is a key component of CAPCE-accredited activities. CE providers must be sure that their activities address an educational need. Needs assessment methods must target both perceived and unperceived needs. Below are examples of needs assessment methods. These examples are not all-inclusive. An organization should not limit its needs assessment efforts to the examples on this list nor is it obligated to engage in all of the methods listed.

- A written survey of a random sample of potential participants.
- An intercept, or walk-up, survey in which the surveyor approaches an individual and asks questions.
- A focus group.
- Questions and comments on evaluations from activities offered the CE provider.
- Quality assurance data, incident reports, etc.
- A literature search.
- Consensus of recognized experts in the EMS arena.
- A review of past EMS CE offerings available to the target audience to identify gaps in content.
- Consensus of an educational planning committee that includes potential participants.
- Data from standardized tests.
- State and NREMT requirements.

INSTRUCTIONAL DESIGN

All CE providers must submit a description of how the program committee will address the following sequential steps:

- Conduct an educational needs assessment (see above).
- Identify the target audience relative to the identified educational needs. See Definitions of CEH Categories (Appendix F).

Note: CAPCE will accredit such advanced practice activities as critical care, community paramedic, flight paramedic, etc., the

content of which does not fall within the current Standard of Practice levels. Because some states and NREMT may not accept all of these activities for license renewal or recertification, the CE provider must display a disclaimer prominently when offering these activities instructing participants to contact their state EMS and/or NREMT to verify acceptance for recertification or relicensing.

- Identify overall goal(s) to meet identified educational need(s).
- Write objectives based on the identified goals. These objectives must be specific and define a short-range goal that describes what the participant will be able to do upon completing the educational activity. Objectives must begin with a verb that describes an observable action that may be evaluated at the end of the activity. “Understand” does not describe an observable action; “list,” “describe,” or “explain” do.
- Identify qualifications for authors or instructors who will write or otherwise deliver the content that addresses the goals and objectives for the target audience.

Note: Objectives (and activity content) must indicate appropriate educational orientation and not an orientation that promotes commercial interests.

- Identify the format that will best address the goals and objectives (e.g., lecture, discussion, Q and-A, laboratory, etc.).
- Develop lesson content and a bibliographic list of references on which the content is based (see Appendix H, Style Sheet). List complete reference information for all materials used to prepare the activity and use an activity format that allows participants to relate specific content to each reference. CAPCE considers thorough research an indispensable element of sound educational design. References at a minimum must support the current National EMS Education Standards. Best practices include articles from peer-reviewed journals in addition to standard textbooks and

information from the internet. CAPCE at its sole discretion may require applicants to include additional content and references appropriate to the topic.

- Select qualified authors and/or faculty for the activity. Require faculty and authors to complete and sign a conflict-of-interest statement that is displayed at the beginning of the materials for each activity (see Conflict of Interest Disclosure below).
- Develop test items based on the lesson objectives (required for distributed learning and VILT activities; optional for traditional live classroom activities) that will assess the participants' mastery of the objectives (see Appendix G, Item Writing Standards).
- Develop an evaluation instrument that uses a five-point Likert scale to solicit participants' opinions about the activity, instructor, lesson format, syllabus, AV, and the activity as a whole. Use the list of basic evaluation items provided by CAPCE (see Appendix N, Standard Evaluation Items). You may add additional items.
- Give participants a mechanism for asking and receiving answers to questions regarding lesson content and test items within a maximum of five days.
- Develop a mechanism that ensures that participants complete all content including videos, slide presentations, cases studies and other delivery platforms before the user is allowed to access the summative posttest. Applications that do not employ "gating" of the content in this manner will not be considered.

Note: CAPCE's definition of instructor-led training varies from that of some states. CAPCE defines instructor led training as follows: Virtual Instructor-Led Training (VILT) is a learning model that utilizes online technology to deliver educational programs in a virtual classroom. The instructor and participant are in different locations but have the ability to see teaching materials and verbally communicate synchronously during a live session. Only

organizationally-accredited CE providers may offer VILT activities and must submit an additional application (see Chapter 5, S&R Specific to Accredited Organizations Offering VILT).

- Ensure activity content conforms to the current National EMS Education Standards at a minimum (see above for exceptions).

Note: CAPCE requires that each activity undergo a comprehensive review at least every three years. Conduct an ongoing review of an activity, via continuous quality improvement, to make adjustments to activity content based on changing guidelines and protocols and participant and faculty feedback. The Medical Director must review each revised activity and affirm that the revised content is medically accurate and consistent with the standard of care for emergency medicine.

- Summarize the participants' responses to the test items and to the evaluation instrument (see Evaluation section below) to pinpoint strengths and weaknesses in the activity and document plans for quality improvement.

CONFLICT OF INTEREST DISCLOSURE: AUTHORS AND FACULTY

CE providers must secure from authors and faculty a written conflict-of-interest disclosure that, at a minimum, includes responses to the items listed below. A statement regarding any conflict of interest or absence thereof must be posted at the beginning of each activity regardless of mechanism of delivery (traditional live classroom, DL, VILT). These completed statements must be kept on file for three years and made available to CAPCE on request:

- Disclose any financial relationship you have with organizations (other than the CE provider) and include a brief description of the nature and purpose of the organization(s).

- Disclose your position of employment, including the nature of the business of your employer, the position you hold, and a description of your daily employment responsibilities.
- Disclose any outside relationships that you hold with any person or entity from which the CE provider obtains substantial amounts of goods and services, or which provides services that substantially compete with the CE provider where the relationship involves holding a position of responsibility; a substantial financial interest (other than owning less than a 1% interest in a publicly traded company); or the receipt of any unusual gifts or favors.
- Disclose any financial interests or positions of responsibility in entities providing goods or services in support of EMS practice other than owning less than a 1% interest in a publicly traded company.
- Disclose any other interest that may create a conflict of interest or the appearance of a conflict of interest with CAPCE or with the CE provider.

EVALUATION

The applicant must submit a written policy stating there is a sound evaluation process for each activity offered for EMS professionals and how the applicant summarizes and uses the results of evaluations in planning future EMS CE. CE providers must be prepared to submit summary evaluations upon request for a period of three years after the date of the activity. Review of evaluation summaries should be recorded in the minutes of the Program Committee.

Participant Summative Test Materials

A summative test on content is required for DL and VILT activities; a summative test is optional for traditional live classroom activities. Participant summative test materials must be compliant with CAPCE Item Writing Standards (see Appendix G, Item Writing Standards). Assessments of participants' ability to demonstrate psychomotor competencies such as those necessary for certification or "card" courses must be measured using a simulation evaluation instrument and completed by a qualified examiner. Evaluation of cognitive material must be tested at multiple levels of Bloom's taxonomy, from the "knowledge" level through the "evaluation" level (see Appendix G

Item Writing Standards). All tests and related data must be kept on file in the office of the CE provider for a period of three years.

Participant Evaluation of the Activity

See Appendix N Standard Evaluation Items for Individual Sessions for a set of evaluation questions that must be included on evaluation forms completed by participants. CE providers may place additional items on the form, but the minimum set furnished by CAPCE must be included.

Overall Evaluation of an Activity must solicit feedback from participants about the following:

- The overall quality of the program.
- The overall effectiveness of the instructional personnel.
- The availability of a sufficient number of medical devices in optimal working condition (if applicable).
- The adequacy of audiovisual equipment used to address the activity objectives.

Evaluations for Individual Sessions must solicit feedback about the following:

- The effectiveness of the session as a whole.
- The ability of the instructor to deliver the content.
- The ability of the instructor to motivate the participant.
- The ability of the instructor to answer questions.
- The professionalism of the instructor.
- The quantity and quality of the medical devices (if applicable) and audio-visual equipment for the session.
- The quality of the handouts and audio-visual materials for the session.

MEDICAL OVERSIGHT

All activities must be reviewed by a currently licensed MD or DO who is currently active in the delivery of EMS or has significant recent (within the last three years) EMS delivery experience. Acceptable experience includes board certification in EMS; experience as the medical director for an ambulance service; or experience in EMS research, education, or administration. The EMS Medical Director's name and current CV or biography must appear on the CE provider's website.

MARKETING

Marketing Materials

Marketing materials for an activity must communicate the following:

- A clear, concise description of the activity.
- The overall goals for the activity.
- Prerequisites, if applicable.
- A statement of the number of CEH associated with the activity.

Note: CEH are awarded according to the CEH Assignment Guidance (see Appendix E) and are based on a sixty-minute hour.

- Date, time and location, including how to access the activity with URL, directions and maps, as applicable.
- All scheduled instructional personnel.
- Fees for the activity.
- Information about travel, lodging and meal services, if applicable.
- A complete activity schedule, received by potential participants prior to the activity, meeting the following criteria, where applicable:
 - the activity topic(s), location and date(s),
 - the title for each session with date and time,
 - all confirmed speakers and other instructional personnel, and the overall goals and objectives for the activity.

Statements about CAPCE Accreditation Specific to Providers of Individually Accredited Activities

Required statements about the organization's application for CAPCE approval or actual approval for an individual activity appear below. No other references to accreditation of the activity by CAPCE or its member organizations may appear on materials for the activity:

Note: The two statements immediately below are not for use by accredited organizations. See below for statements appropriate for accredited organizations.

If activity materials go to print after an application for accreditation has been submitted but before approval is final, use this statement:

“An application for accreditation has been submitted to Commission on Accreditation for Prehospital Continuing Education ”

If activity materials go to print after approval is final, use this statement:

“This CE activity is accredited by the Commission on Accreditation for Prehospital Continuing Education (CAPCE) for (number) (category) CEH.” For example, “This CE activity is accredited by the Commission on Accreditation for Prehospital Continuing Education for 2 AEMT CEH.”

The following is an optional statement that may be used. If used, this statement must appear in its entirety and is to be included in addition to, not instead of, the required statements:

“The purpose of CAPCE is to standardize the review and approval of quality EMS Continuing Education activities.”

The member organizations of CAPCE are as follows:

- American College of Emergency Physicians
- American College of Osteopathic Emergency Physicians
- American Heart Association
- National Association of Emergency Medical Services Educators
- National Association of Emergency Medical Services Physicians
- National Association of Emergency Medical Technicians
- National Registry of Emergency Medical Technicians
- National Association of State Emergency Medical Services Officials/Education and Professional Standards
- National Association of State Emergency Medical Services Officials/State Director

The following logo and statement combination is optional and may be used by organizations that offer individual accredited activities and by accredited organizations and is to be used in addition to, not instead of, the required statements:

CAPCE Accredited



CERTIFICATES

CAPCE Accredited certificates of attendance provide EMS professionals with documentation required for maintaining their EMS license and/or NREMT certification. Each certificate of attendance must clearly present the following information:

Participant and Activity Information:

The following information must appear on all certificates:

- Name of CE provider and CE provider number assigned by CAPCE.
- Participant's name.
- Activity title.
- Date(s) of activity.
- Location of activity (traditional classroom courses only).
- Number and category of CEH.
- CAPCE activity number.
- Name and signature of the program coordinator.
- Participant's license number.
- Participant's state of licensure.
- Participant's NREMT number (if applicable).
- Name of EMS Medical Director.

Accreditation Information

The following statements must appear on all certificates:

- This CE activity is accredited for [number] [category] CEH by Commission on Accreditation for Prehospital Continuing Education (CAPCE).
- You have participated in a CE program that has received CAPCE approval for CE credit. If you have any comments regarding the quality of this program and/or your satisfaction with it, please contact CAPCE at:

CAPCE
12300 Ford Road, Suite 350
Dallas, TX 75234
Phone: 972-247-4442
Email: jscott@CAPCE.org.

CAPCE represents only that its accredited programs have met CAPCE standards for accreditation. These standards require sound educational offerings determined by a review of its objectives, teaching plan, faculty, and program evaluation processes. CAPCE does not endorse or support the actual teachings, opinions or material content as presented by the speaker(s) and/or member organization. CAPCE accreditation does not represent that the content conforms to any national, state or local standard or best practice of any nature. No participant may have any cause of action against CAPCE based on the accreditation of the material.

The following logo and statement combination is optional and may be used in addition to the above required statements:



CAPCE Accredited

REVIEWERS AND THE REVIEW PROCESS

Reviewers

The peer-review process for quality EMS CE is facilitated by qualified reviewers. Candidates seeking to become a reviewer must document substantial experience in EMS practice and education. The CAPCE Reviewer application, as well as instructions for completing it, can be found at <http://CAPCE.org/reviewers/ReviewerApp.aspx>.

The documents that applicants submit are reviewed by a committee of the Board of Directors which makes a decision to approve or reject the application.

Review Process

Continuing Education Accreditation applications are distributed to multiple reviewers (usually three) who remain anonymous to the applicant but whose names appear on a list of all reviewers at <http://CAPCE.org/reviewers/Default.aspx>. Generally, reviews are completed within six weeks. Reviewers submit their questions and concerns regarding an application to the Activity Review Coordinator who relays these messages to the applicant for resolution. When the application is approved for accreditation, the Activity Review Coordinator sends the applicant a letter of accreditation and instructions on accessing the “Providers Only” screen on the CAPCE website.

Confidentiality

No CAPCE committee member, or other individual affiliated with CAPCE or any of its sponsoring organizations, may release to any person any materials or information submitted to or produced by CAPCE, its members, staff, or reviewers in connection with a continuing education activity or organizational review conducted by CAPCE without approval from CAPCE and the express written consent of all parties to the review.

No committee member, reviewer, or other individual affiliated with CAPCE or any of its member organizations may release to any person copyrighted material received in connection with a CAPCE review of a continuing education activity or an organization without approval from CAPCE and the express written consent of the copyright holder to such a release. Committee members and reviewers should destroy all such materials after they have been notified that the committee activity has been completed.

Conflict of Interest

No committee member or reviewer may participate in any CAPCE committee or reviewer activity dealing with an organization or a course submitted by an organization with which he/she is affiliated as a board member, fiduciary of that organization, or as an author or planner of the specific activity being reviewed.

MAINTENANCE OF ACCREDITATION

Accreditation carries with it the responsibility for maintaining compliance with the Conditions of Accreditation (see Appendix B, Conditions of Accreditation for Organizations). The applicant must appoint an individual who will be responsible for maintaining CAPCE accreditation. This person must be the CEO, Dean, or other person with the authority to coordinate the work of various departments in the organization to address the CAPCE S&R.

CAPCE reserves the right to audit any activity and to verify all appropriate documentation at any time during the accreditation period and will revoke the accreditation of any CAPCE-accredited organization denying a request for verification of compliance. CAPCE also maintains the right to impose a penalty of up to \$5,000 for such infractions (See Appendix D, Complaint Review and Disciplinary Policy).

RECORDKEEPING AND REPORTING

After requesting the CAPCE Accreditation Management System (AMS) Operations Manual: CE Providers Edition at jscott@CAPCE.org, reading it, and sharing it with your IT staff or vendor, you must submit a written policy signed by the chief executive officer that describes how you will collect the required information, submit activity completion records to the CAPCE AMS, and store and secure all participation records, test scores, and evaluation material. This process will ensure that administrators, instructors and participants may access activity records for a period of three years after the conclusion of the activity.

Attendance Verification

The accredited organization must put in place a mechanism for reliably verifying participant attendance for the time allotted to each topic or session. The CE provider must develop a method that will document the participant's identity, time spent in the activity, test items and scores, if applicable, and a summary of the participants' evaluations of the effectiveness of the activity. The method must also meet the requirements of the state and professional organizations to which participants must report their CE.

Records Maintenance

The accredited organization must maintain paper or electronic attendance records on file in its office for a minimum of three years and be prepared to forward a copy to CAPCE upon request.

Reporting to the CAPCE Accreditation Management System (AMS)

As a condition of CAPCE accreditation, all providers agree to collect and report specific pieces of data to the AMS for each CE activity an EMS professional completes. Students may not choose whether they receive CAPCE credit for an activity. If an activity is accredited and the student is an EMS provider the CE provider must collect and report the required data to the CAPCE AMS. The AMS is designed to make recertification and/or license renewal easier for EMS providers, NREMT, and state EMS offices. The CAPCE AMS allows CE providers to report data in one of three ways: manual entry, XML file, and real-time reporting through Web Services. All methods require the same data.

Activity completion records must be submitted online via the Providers Only screen at www.CAPCE.org.

The following information must be included with each activity completion reported:

- CAPCE activity number
- Date of activity completion
- Participant's first and last names
- E-mail address (if available)
- City of residence
- State of licensure
- State license number
- Type/level of license
- License expiration date
- NREMT registration number (if participant is NREMT)
- Next NREMT re-registration date (if participant is NREMT)
- Number of CEH
- Category of CEH

Note: Failure to submit accurate, complete, and timely activity completion records for each and every EMS participant in a CAPCE-accredited activity may result in loss of accreditation.

CE providers are responsible for reading and following the instructions in the CAPCE Accreditation Management System (AMS) Operations Manual: CE Providers Edition and assuring compliance by all persons with reporting responsibility.

Once entered, the data in the password-encrypted AMS can be accessed only as an individual provider file, except by the submitting organization and the CAPCE office. This posting allows the individual EMS provider, the National Registry, and the appropriate state EMS office(s) to access and verify activity completion information.

Records of completed CEH activities must be uploaded to the CAPCE Accreditation Management System (AMS) within 60 days of completion. CAPCE strongly encourages providers of online activities to set up their system for real-time reporting through Web Services.

PRO BONO ACTIVITIES (optional)

Many CAPCE-accredited CE providers contribute their time and expertise to their local and state communities or to EMS as a whole. If your organization conducts pro bono activities at the local, state, or national level and you would like to make CAPCE aware of any or all of these activities, please describe them briefly.

PRIVACY ISSUES

CAPCE accreditation requires that the student's course completion records be reported to the CAPCE AMS and that they may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password protected need-to-know basis. This provides redundancy and is an easy way for regulators to verify student participation. In addition, students can review their personal course completion records by contacting CAPCE.

Upon registration, students must acknowledge they have read the following statement whether they are registering for courses online, by VILT, or in a traditional classroom setting:

I understand that [name of CE provider] as a requirement of CAPCE accreditation will submit a record of my course completions to the CAPCE AMS. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE-accredited course completions by contacting CAPCE.



3

ADDITIONAL STANDARDS AND REQUIREMENTS SPECIFIC TO ACCREDITED ORGANIATIONS

- 34 Experience in Delivering CE to EMS Professionals / Accreditation Maintenance
- 35 Support / Human Resources
- 36 Medical Oversight
- 37 Program Committee
- 39 Statements on Certificates and Marketing Items / Co-Sponsored Activities

All standards and requirements detailed in Chapter 2 of this guidebook apply to CE providers seeking organizational accreditation.

The requirements detailed in this chapter are in addition to those in Chapter 2.

EXPERIENCE IN DELIVERING CE TO EMS PROFESSIONALS

The accredited organization, CEO, or person responsible for ensuring that the organization meets CAPCE requirements must have one year's recent experience

providing EMS CE to EMS professionals. The organization or individual must document at least one year of providing EMS CE activities including dates, title, location, and number of participants. The applicant may select a twelve-month period that ends no more than six months prior to the date of the application on which to base a summary of one-year's activity.

MAINTENANCE OF ACCREDITATION

Management and Supervision

The accredited organization must appoint an individual who will be responsible for maintaining CAPCE accreditation. This person must be the CEO, Dean, or other person with the authority to coordinate the work of various departments in the organization to address the CAPCE S&R.

Site Visits

CAPCE reserves the right to perform random site visits at its sole discretion to verify compliance with the Conditions of Accreditation for Organizations (see Appendix C) and all published rules, regulations, terms of accreditation, policies and procedures of CAPCE. The applicant must budget to pay reasonable travel expenses for two reviewers to perform one site visit during the three-year accreditation period. These visits will be planned well in advance with the cooperation of the accredited organization.

CAPCE also reserves the right to perform for-cause site visits at its sole discretion to verify compliance with the Conditions of Accreditation for Organizations (see Appendix C) and all published rules, regulations, terms of accreditation, policies and procedures of CAPCE. A for-cause visit may occur in addition to the random visit described above. In the event that the program receiving a for-cause site visit is found in violation of its accreditation terms and conditions, including those activities conducted with cosponsored organizations, the organization is subject to payment of reasonable travel expenses and other expenses associated with the investigation and remediation, including refunding participant fees for participants in improperly approved activities as well as immediate termination of CAPCE accreditation.

SUPPORT

Mission Statement

The accredited organization must have a written statement signed by its governing individual or body that supports its EMS CE mission.

Budget

The program coordinator or someone in the organization directly involved in the educational planning process must be responsible for developing the budget for the organization's overall EMS educational program and the individual activities included in that program. A percentage of the budget sufficient to maintain a robust EMS educational program must be allocated to salaries for the program's administrative personnel.

HUMAN RESOURCES

Organization Chart

The accredited organization must submit a chart that clearly illustrates the lines of authority flow within the organization.

Staff Program Coordinator or Equivalent

The accredited organization must verify that it has human resources consistent with duties related to its EMS educational mission and CAPCE accreditation. These duties may be assigned to a single individual or may be distributed among several persons.

CAPCE recognizes that organizations may have subdivisions (e.g., divisions, departments, chapters, etc.) involved in the EMS CE program. CAPCE requires you to provide a detailed description of the process in place to ensure that all subdivisions operate as a unified educational system, that all subdivisions meet CAPCE requirements, and that the person listed in Attachment B above as the person who has the responsibility for maintaining accreditation has the appropriate authority and/or support to require compliance from all subdivisions.

CAPCE also requires a description of the internal controls to ensure effective use of resources (e.g., budget, personnel, facilities, etc.) to address your organization's EMS CE mission. An organizational chart that details and describes your internal structure is requested.

Job Description

The job description of the person or persons responsible for coordinating the educational program and its accreditation must be kept on file in the office of the accredited organization and must be included in the application. The coordinator or equivalent must perform the following duties:

- Serve as the liaison to CAPCE for all matters involving the organization's accreditation.
- Work with the physician medical director and instructional personnel to accomplish the following requirements: needs assessment, program planning, program implementation, program evaluation and revision and selection of instructional personnel.
- Develop the program budget.
- Develop and maintain all necessary contractual agreements.
- Develop appropriate program syllabi.
- Supervise the cleaning and maintenance of all medical devices and audio-visual equipment necessary for implementing the organization's activities.
- Keep appropriate records that include all of the required information (see section on Attendance Verification, Records Maintenance and Reporting in chapter 2).
- Monitor adherence to CAPCE requirements.

MEDICAL OVERSIGHT/PHYSICIAN MEDICAL DIRECTOR

The accredited organization must verify that it has a current agreement with a physician medical director who provides guidance to the CAPCE program committee.

Qualifications

The Physician Medical Director (PMD) must be a currently-licensed MD or DO. The PMD must be currently active in the delivery of EMS or have significant recent (i.e., within the last three years) EMS delivery experience. This experience may include a combination of the following:

- Board certification in EMS
- Experience as an EMS physician
- Experience as the medical director for an ambulance service
- Experience in EMS research, teaching or administration.

The name and CV of the EMS Medical Director must appear on the CE provider's website.

Duties

The Physician Medical Director must perform the following duties:

- Review and approve all activities offered by the accredited organization or cosponsored organizations including objectives, instructional personnel and evaluation tools.
- Provide clarification on all appropriate medical issues.
- Approve all medical content.
- Assist with participant outcome recommendations.
- Review all program evaluation summaries and make recommendations to improve the activity.

Reporting Changes Regarding Medical Director

Changes in the name of the physician medical director or in the physician medical director's job description must be submitted to CAPCE within 30 days. Organizations that allow the agreement with a physician medical director to lapse for more than 30 days will be subject to withdrawal of CAPCE accreditation.

Program Committee

The accredited organization must maintain a program committee that reviews and approves all activities offered by the accredited organization and by all cosponsored organizations. The review must ensure that all CAPCE S&R are met and documented in the minutes of the committee meeting. The committee must perform the duties listed below with regard to activities submitted to it by the accredited organization and cosponsored organizations:

Membership

The program committee must have at least three members. The committee must have at least one member who is a physician with recent (within the last three years) EMS experience. Physician(s) may be regular or ad hoc members of the committee. This physician may be the organization's EMS Medical Director.

The committee may have, as an ex officio member, the full-time activity coordinator from the accredited organization and, if applicable, the cosponsored organization, who may not be counted as one of the three members necessary for approving an activity and may not vote or influence the approval of any activity.

The committee must approve all EMS activities submitted for review in a meeting of a minimum of three members of the committee, one of which must be an EMS physician and may be the medical director. In the case of activities developed for a specific EMS service, the committee must have direction from the physician medical director of that service.

Activity Oversight

The committee must ensure that EMS CE activities are consistent with the CE needs of EMS personnel as indicated by the needs assessment.

The committee must review all participant evaluations and other information submitted by students, make prompt revisions to the activity suggested by the results of these evaluations, and document these actions in their meeting minutes.

The committee must ensure that all accredited CE activities are reviewed and updated at least every three years (more often if needed), assigned a current activity number (a number that has as its first two digits the year in which the update is done), and entered as a new activity in the AMS.

For planning/approval of programs primarily intended for non-EMS providers, the committee must include at least one EMS provider who reviews the activity for its applicability to EMS.

The committee must ensure that all EMS CE activities it accredits meet all CAPCE S&R, including activities offered by the accredited organization itself and those offered by a cosponsored organization.

The committee must require that each application for approval from a cosponsored organization be submitted on the appropriate CAPCE application form and kept on file in the office of the accredited institution for three years.

The committee must require that documentation of the planning process is kept on file for all activities offered by the accredited organization.

Meetings

The committee must meet at least once a year face-to-face to review the accredited organization's overall EMS CE program in light of CAPCE organizational accreditation requirements. Other meetings may take place via teleconference or videoconference. Regardless of the meeting venue, minutes must be taken that record date, venue, those present, and the items discussed, assignments made and actions taken. These minutes must be approved by the committee at its next meeting, kept on file for at least six years and be available for review upon request.

STATEMENTS FOR USE BY ACCREDITED ORGANIZATIONS ON CERTIFICATES AND MARKETING ITEMS

Refer to section on Marketing in chapter 2 for statements required for all CE providers. The following statement is required on all certificates and marketing items:

This CE activity is accredited for [number] [category] CEH by [name of organization], an organization accredited by Commission on Accreditation for Prehospital Continuing Education (CAPCE).

CO-SPONSORED ACTIVITIES

Co-sponsored organization refers to organizations that submit activities for accreditation by a CAPCE-accredited organization. The CAPCE-accredited organization is responsible for supervising such activities so that the activity is in compliance with the applicable S&R specified in this document.

If your organization chooses to award accreditation to an activity offered by another organization, that activity must be fully compliant with CAPCE S&R and your organization must monitor the activity to ensure that compliance. In addition, you must submit a Co-sponsorship Request Form for Accredited Organizations (see Appendix J) to CAPCE headquarters for approval BEFORE your organization agrees to cosponsor an activity. CAPCE views a cosponsored activity just as it views those offered by the accredited organization itself. Failure to properly enforce CAPCE S&R for these activities may result in a fine, loss of organizational accreditation and/or loss of eligibility for accreditation for individual activities.



4

STANDARDS AND RESPONSIBILITIES SPECIFIC TO INTERNATIONAL ORGANIZATIONS

GOVERNMENTAL APPROVAL

Organizations headquartered outside of the United States must meet the S&R in Section 2 S&R Applicable to All Providers of CAPCE Accredited Activities. All application materials and participant materials must be submitted in English.

Approval of Appropriate Government Entity

The International Organization (IO) must submit evidence of a relationship with the government authority responsible for EMS, (e.g. Department of Health, Ministry of Health, etc.). This approval may be in the form of a letter or any other appropriate documentation signed by an appropriate person and will be kept in the organization's CAPCE accreditation file. CAPCE may, at its sole discretion, require accredited organizations to verify this reference on an annual basis



5

STANDARDS AND REQUIREMENTS SPECIFIC TO ACCREDITED ORGANIATIONS OFFERING VIRTUAL INSTRUCTOR LED TRAINING (VILT)

- 42 Introduction**
- 42 Organizational Requirements**
- 42 Program Requirements**
- 42 Delivery Platform Requirements**

INTRODUCTION

VILT activities are accepted as traditional live activities by NREMT and many states because they provide synchronous interaction between students and instructor, the CE provider is able to verify student attendance throughout the activity, and each topic requires that the student make a satisfactory score on the summative exam for each topic presented. The course number for a VILT activity must contain an F5 designation.

ORGANIZATIONAL REQUIREMENTS

Only those organizations that hold current approval as a CAPCE accredited organization may offer VILT activities. In addition, each VILT activity must be reviewed by CAPCE before it is offered to students.

PROGRAM REQUIREMENTS

Agencies offering VILT courses must be in compliance with chapters 2 and 3 of this guidebook. A beta test using actual students to validate the number of CEH assigned to the activity must be performed.

PLATFORM REQUIREMENTS

Computer network and internet access equipment needed to ensure advertised accessibility are maintained and supported properly. Test results, scores and other evaluation materials are electronically collected and/or stored are kept for three years and are adequately protected with appropriate backup and security from unauthorized access. Students are able to access the delivery platform using the public internet and a commercially available web browser. All browsers, plug-ins and technical requirements must be made available to participants prior to the class. At a minimum, the delivery platform must support the real time presentation of instructional graphics, interactive polling and instructor feedback.

Instructor/learner interactions must be possible in real time via simultaneous visual and audio communication during the session. Chat-based interfaces may be used for housekeeping or support actions but all learning activities must support real time audio. The delivery platform must track total time spent in the learning session and provide a method of generating reports verifying attendance and activities for each participant.



6

APPENDICES

44	Appendix A	Distributed Learning Policy
46	Appendix B	Conditions of Accreditation for Individual Activities
51	Appendix C	Conditions of Accreditation for Organizations
55	Appendix D	Complaint Review and Disciplinary Policy
61	Appendix E	CEH Assignment Guidance
67	Appendix F	Definitions of CEH Categories
68	Appendix G	Item Writing Standards
72	Appendix H	Style Sheet
74	Appendix I	XML Upload Information
76	Appendix J	Co-sponsorship Request Form for Accredited Organizations
77	Appendix K	Policy for the Use of the Mark/Logo
78	Appendix L	Plagiarism Policy
80	Appendix M	Certification/Card Bearing Courses Policy
82	Appendix N	Standard Evaluation Items for Individual Sessions

APPENDIX A

DISTRIBUTED LEARNING POLICY

Introduction

CAPCE recognizes that Distributed Learning (DL) is an instructional model that allows instructor, participants, and content to be located in different locations so that instruction and learning may occur independent of time and place. The distributed learning model can be used to offer education and training in real-time settings such as virtual classrooms with an instructor in a separate location (e.g., via television, satellite, telephone or internet technology); through recorded programs; or in combination with traditional classroom-based EMS continuing education.

While a variety of distribution methods are available to the EMS educator, CAPCE is particularly aware that the Internet-based World Wide Web (WWW) by its very nature is an efficient method to rapidly distribute educational resources and information. We expect that as technology evolves, more and more EMS personnel will be in a position to benefit from education delivered on-line.

Policy

In order to support the growth in development, acceptance, and quality of EMS continuing education using distributed learning (DL) methods, the following policies are applicable to the CAPCE review and accreditation process for eligible organizations and individual activities that incorporate distributed learning methods.

CAPCE will emphasize and promote organizational accreditation rather than activity-by activity review of CE programs that use distributed learning methods.

Organizational accreditation will be based on the applicant organization's self-assessments of their infrastructure and process for distributed learning activity production, participant support and quality management. The self-assessments will follow a schedule provided by CAPCE and will require submission of sample curricula. Organization accreditation may include a site visit by a CAPCE team qualified to assess compliance with distributed learning structure, process, and outcome requirements.

Each type of distributed learning methodology involves the use of different structural and process methods that will be reviewed separately on self-assessment and during site visits. Therefore, organizations will be accredited to offer distributed learning continuing education in one or more of the following strategies: print, Internet, videotape, CDROM/DVD, satellite, and television.

Unaccredited organizations will submit all activities for CAPCE review prior to delivery. CAPCE will provide forms for submission that will focus on the organization's infrastructure and process for distributed learning activity production, participant support and quality management. The entire activity must also be presented for review prior to delivery. A key requirement for review will be the specification of the target audience level of training. The use of out-of-level content in activities must be clearly justified.

CAPCE will provide a template/form for presentation of the curriculum for an activity that requires applicants to identify each learning objective and the following supporting information: The prerequisites required to understand the material related to a specific objective.

How learners can address and receive timely answers to questions regarding activity content. CE providers must provide a mechanism for instructor (or instructor proxy) and learner to interact (synchronously or asynchronously) regardless of what type of distributed learning methodology is being used, for a period of no less than 30 days after the learning has taken place.

The instructional content related to each learning objective. Learning strategies and learning activity the designer is using to facilitate meeting each learning objective. Assessment measures for each learning objective (i.e., test questions for each learning objective must be presented.) Test questions that simply request learner recall of the content by means of a rote memory response must be limited to no more than 50% of all test questions.

References used to support instructional content used for each learning objective.

Descriptions of the rationale for establishment of any specific cut-off score for passing the assessment tool.

The number of hours and/or minutes it takes for the average person to finish the lesson must be based on actual test usage of the lesson or activity.

DL providers must develop a mechanism that ensures that participants complete all content including videos, slide presentations, cases studies and other delivery platforms before the user is allowed to access the summative posttest. Applications that do not employ "gating" of the content in this manner will not be considered. CAPCE accredited providers who are found not to comply with this requirement risk suspension of their accreditation.

APPENDIX B

CONDITIONS OF ACCREDITATION FOR INDIVIDUAL ACTIVITIES

Introduction

The sponsoring institution, organization, agency, association, corporation, hospital, or other appropriate CE provider identified below (hereinafter called the “activity sponsor”) certifies and assures that the continuing education activity (hereinafter called the “activity”) described in this application for which it seeks approval of Continuing Education Hours from CAPCE will be offered in compliance with each of the following requirements. By applying for accreditation, the activity sponsor hereby agrees, should the activity described in this application be awarded accreditation, to adhere to all of these rules as now written and approved by CAPCE Board of Directors and as amended from time to time.

Policy

The activity sponsor will not discriminate (in regard to recruitment for, enrollment in, attendance at, participation in, or completion of the continuing education activity) against any individual on the basis of gender, religion, race, nationality, disability or sexual preference.

When applicable, the activity sponsor will organize and operate each continuing education activity in a manner that assures that:

- Adequate instructional space, restrooms, and common areas for the number of individuals expected to be involved in the activity will be provided.
- Adequate environmental controls to provide effective heating, air conditioning, and air handling, as necessary, and appropriate to maintain participant comfort and safety are employed.
- Adequate and appropriate access for individuals with disabilities is provided.
- The design and configuration of the facility provide an effective instructional environment for the continuing education activity to be presented.
- The procedures used in and supervision of the continuing education activity are adequate and appropriate to provide a

reasonable level of personal safety for all individuals involved in the activity.

- Participants complete all content including videos, slide presentations, cases studies and other delivery platforms before the user is allowed to access the summative posttest. Applications that do not employ “gating” of the content in this manner will not be considered.

The activity sponsor understands that the fees submitted for review are not refundable if the activity is not accredited. Fees are not submitted for accreditation of an activity; they are submitted for the review process.

The activity sponsor understands that revocation of accreditation of the activity may result if the applicant fails to comply with CAPCE policies and procedures approved by the CAPCE Board of Directors and provided to the activity sponsor at the time of application for accreditation or renewal of accreditation. The following are examples of failures to comply with CAPCE policies and procedures:

- Failure to submit a list of participants’ course completions in the required format, by the required deadline and with all required information, a summary of participant evaluations for the activity, and/or failure to pay the appropriate fees.
- Failure to make required revisions to an activity before it is distributed or implemented.
- Failure to provide CAPCE with information pertaining to the CAPCE-accredited activity necessary for CAPCE to perform a random audit of the CAPCE accredited activity.
- Failure to restrict statements about CAPCE’ approval to those statements specifically designated by CAPCE.
- Failure to adhere to Policy for the Use of the Mark/Logo (see Appendix K).

The activity sponsor understands that intellectual property rights issues are the sole responsibility of the applicant. No material may be submitted for review which infringes on another party’s intellectual property rights.

The activity sponsor recognizes that these rules may be amended from time to time upon approval of CAPCE Board of Directors in order to protect the accreditation process and the accreditation itself, as well as to protect the students of each accredited activity. Such rules as amended shall be binding upon the activity sponsor.

At any time before or during teaching of the accredited activity, and after discussion with CAPCE, the activity sponsor must agree to make changes in the activity offering, promotions, and marketing if, in the judgment of CAPCE Board of Directors, such offerings, promotions, or marketing of the accredited activity mislead the public

regarding CAPCE-accredited activities or could otherwise threaten or diminish the integrity or value of CAPCE accreditation. If the activity sponsor cannot come to agreement with CAPCE Board of Directors on the changes needed, then the activity sponsor shall be afforded due process pursuant to the Complaint Review and Disciplinary Policy (see Appendix D).

Any substantive changes to an activity accredited or under review for accreditation or renewal of accreditation must be brought timely to the attention of CAPCE by letter, email, facsimile or other mutually agreeable form of transmission. No such changes to any activity shall be implemented until approved by CAPCE.

Continued accreditation is maintained by complying with the conditions, standards, criteria and policies of CAPCE, however titled. Accreditation is not a right but is a privilege and is governed solely by CAPCE terms and conditions.

Upon approval of CAPCE Board of Directors, the schedule of fees chargeable to accredited activities is subject to change without notice and without approval of any agency. CAPCE Board of Directors may change the fee structure for reviews and apply the new fee for a review upon the initial accreditation or renewal of accreditation of an activity. Fees charged for uploading course completion records to CAPCE' Accreditation Management System (AMS) may be changed at any time and applied immediately upon approval of CAPCE Board of Directors. All fees paid are nonrefundable.

CAPCE must be assured that any activity sponsor who seeks accreditation or renewal of accreditation conducts itself and its affairs with acceptable standards of honesty and integrity. Should CAPCE Board of Directors have any cause to believe that an activity sponsor has acted in an unethical or untruthful manner with regard to the CAPCE accredited course or activity, CAPCE Board of Directors will evaluate the matter and take appropriate actions as permitted under CAPCE' policies approved by CAPCE Board of Directors.

The authority to grant CAPCE-accredited continuing education credits for any CAPCE accredited activity is not transferable and is limited to the sponsoring organization that originally requested approval.

If an activity sponsor has a complaint and the activity sponsor and CAPCE cannot resolve the complaint in a mutually agreeable manner, the activity sponsor shall agree to put the complaint in writing to CAPCE Board of Directors for review, investigation, and resolution or response by CAPCE Board of Directors pursuant to the provisions of Complaint Review and Disciplinary Policy (see Appendix D). Failure to put the complaint in writing for review, investigation, and resolution or response by CAPCE Board of Directors shall serve as a failure to exhaust any administrative remedies on the matter.

Any perceived or alleged conflict of interest between any reviewer or employee or contractor of CAPCE and the applicant for accreditation or activity sponsor must be

raised in writing as soon as the conflict becomes apparent to the applicant or activity sponsor, or such conflict will be deemed waived.

Nothing of value may be offered or exchanged in order to be granted accreditation. Should any offer, bribe, or improper remuneration be offered or exchanged with any reviewer, employee or contractor of CAPCE, the application will be immediately denied and disciplinary measures (which may include dismissal as a reviewer or CAPCE Board member, loss of employment with CAPCE, or referral to any appropriate authorities) taken with all persons involved in the improper conduct.

In the event that an activity submitted for initial accreditation or renewal of accreditation is not accredited because of deficiencies, CAPCE shall specify the deficiencies in the activity and provide a written summary of the CAPCE reviewers' recommendation(s) necessary for the activity to be accredited by CAPCE. If the activity sponsor submits modifications to correct the deficiencies, CAPCE shall review the modifications and accredit or not accredit the activity within a reasonable period of time, defined as approximately two weeks; however, it is understood that delays may create some slowdown occasionally.

Should a dispute arise after submitting or resubmitting an activity for accreditation or reaccreditation, the applicant may submit a written appeal to the Chair of CAPCE Board of Directors. The Chair will distribute the application and the written appeal to CAPCE Board of Directors for a vote within ten days of receipt of the appeal. The Board of Directors shall vote within ten days after the appeal has been distributed. This vote may be done by e-mail, regular mail, fax, or by conference call. A simple majority of the Board will prevail and will constitute the final decision. If the Board decides against the applicant, CAPCE will allow the applicant to make the stated changes and resubmit the activity for final approval, which may not be unreasonably denied. The applicant shall be entitled to the same due process as any other CAPCE applicant accreditation.

The activity sponsor shall defend, indemnify and hold CAPCE harmless for any and all actions, lawsuits, judgments or awards against CAPCE or CAPCE' directors, officers, employees and agents, including reviewers of applications for accreditation (collectively "CAPCE"), arising out of the activity sponsor's participation in the accreditation process and alleged to have resulted from CAPCE' status as an accrediting body of the activity sponsor's programs and courses. This obligation of defense, indemnification and holding harmless shall be interpreted broadly, so as to protect CAPCE from any and all allegations, including but not limited to personal, business and/or property injuries allegedly caused as follows:

- CAPCE accredited a course whose content led to injury or death of another.
- CAPCE accredited a course which was protected by copyright or other means by another entity not being the activity sponsor.
- CAPCE accredited a course which improperly competed with another course accredited by CAPCE or other accrediting body.
- CAPCE accredited one course and not another course, resulting in allegations of unfair competition or business advantage.

This agreement shall survive the expiration of the activity sponsor's accreditation indefinitely, for any specific course or all courses or programs, regardless of the reason of termination or expiration of accreditation. CAPCE shall have the right to participate in all settlement discussions and negotiations regarding settlement and shall be released from any action as a stipulation any settlement/release on the part of the activity sponsor.

Signed this _____ day of _____, _____

On behalf of _____ . Name of organization listed in Section I of the Application for Organizational Accreditation

By: _____

Name of person identified in Section III of the Application for Organizational Accreditation

Title

APPENDIX C

CONDITIONS OF ACCREDITATION FOR ORGANIZATIONS

Introduction

The institution, organization, agency, association, corporation, hospital, or other appropriate CE provider identified below (hereinafter called the “organization”) certifies and assures that the information described in this application by which it seeks accreditation from Commission on Accreditation for Prehospital Continuing Education (CAPCE) is accurate and is submitted in compliance with each of the following requirements.

By applying for accreditation, the organization hereby agrees that any continuing education activity that it designates as CAPCE-accredited adheres to all of these rules and to the CAPCE Standards and Requirements for Accredited Organizations as now written and approved by CAPCE Board of Directors and as amended from time to time. These rules, standards, and requirements apply to all continuing education activities sponsored by the accredited organization or co-sponsored with another organization, institution, agency, association, corporation, hospital, or other appropriate CE provider.

Policy

The accredited organization will not discriminate (in regard to recruitment for, enrollment in, attendance at, participation in, or completion of the continuing education activity) against any individual on the basis of gender, religion, race, nationality, disability or sexual preference.

When applicable, the accredited organization will organize and operate each continuing education activity, including an activity that it co-sponsors with another organization, in a manner that assures that the facility or facilities used provide adequate instructional space, restrooms, and common areas for the number of individuals expected to be involved in the activity.

The facility or facilities used have adequate environmental controls to provide effective heating, air conditioning, and air handling, as necessary, and appropriate to maintain participant comfort and safety. These include

- Adequate and appropriate access for individuals with disabilities.
- The facility designed and configured to provide an effective instructional environment for the continuing education activity.

- The procedures used in and supervision of the continuing education activity are adequate and appropriate to provide a reasonable level of personal safety for all individuals involved in the activity.

The applicant organization understands that the fees submitted for review are not refundable if the organization is not accredited. Fees are not submitted for accreditation of an organization; they are submitted for the review process. The applicant organization understands that revocation of accreditation of the organization may result if the applicant fails to comply with CAPCE' policies and procedures approved by the CAPCE Board of Directors and as amended from time to time and provided to the organization at the time of application for accreditation or renewal of accreditation or at the time these policies and procedures are amended. The following are examples of failures to comply with CAPCE' policies and procedures:

- Failure to submit a list of course completions in the required format, by the required deadline and with all required information, a summary of participant evaluations for the activity, and/or failure to pay the appropriate fees.
- Failure to ensure that a continuing education activity meets CAPCE standards before it is distributed or implemented.
- Failure to provide CAPCE with information pertaining to a CAPCE accredited activity necessary for CAPCE to perform a random audit of the CAPCE-accredited activity.
- Failure to restrict statements about CAPCE' approval to those statements specifically designated by CAPCE.
- Failure to adhere to Policy for Use of the Mark/Logo, (see Appendix K).

The organization understands that intellectual property rights issues are the sole responsibility of the organization. No material may be submitted for review or awarded CAPCE credit by the organization which infringes on another party's intellectual property rights. The organization recognizes that these rules may be amended from time to time upon approval of CAPCE Board of Directors in order to protect the accreditation process and the accreditation itself, as well as to protect the students of each accredited activity. Such rules as amended shall be binding upon the accredited organization.

At any time before or during teaching of an accredited continuing education activity, and after discussion with CAPCE, the accredited organization must agree to make changes in the activity offering, promotions, and marketing if, in the judgment of CAPCE Board of Directors, such offerings, promotions, or marketing of the accredited activity mislead the public regarding CAPCE-accredited activities or could otherwise threaten or diminish the integrity or value of CAPCE accreditation.

If the organization cannot come to agreement with CAPCE Board of Directors on the changes needed, the organization shall be afforded due process pursuant to the CAPCE Complaint Review and Disciplinary Policy,

Any substantive changes to the information in an application either while it is under review or during the accreditation period must be brought timely to the attention of CAPCE by letter, email, facsimile or other mutually agreeable form of transmission. No such changes shall be implemented until approved by CAPCE. Continued accreditation is maintained by complying with the conditions, standards, requirements, criteria and policies of CAPCE, however titled. Accreditation is not a right but is a privilege and is governed solely by CAPCE terms and conditions.

Upon approval of CAPCE Board of Directors, the schedule of fees chargeable to accredited activities is subject to change without notice and without approval of any agency. CAPCE Board of Directors may change the fee structure for reviews and apply the new fee for a review upon the initial accreditation or renewal of accreditation of an organization. Fees charged for uploading course completion records to CAPCE' Accreditation Management System (AMS) may be changed at any time and applied immediately upon approval of CAPCE Board of Directors. All fees paid are nonrefundable.

CAPCE must be assured that any organization that seeks accreditation or renewal of accreditation conducts itself and its affairs with acceptable standards of honesty and integrity. Should CAPCE Board of Directors have any cause to believe that an organization has acted in an unethical or untruthful manner with regard to a CAPCE accredited course or activity, CAPCE Board of Directors will evaluate the matter and take appropriate actions as permitted under CAPCE' policies approved by CAPCE Board of Directors. The authority to grant CAPCE-accredited continuing education credits for any CAPCE accredited activity is not transferable and is limited to the organization that originally requested accreditation.

If an organization has a complaint and the organization and CAPCE cannot resolve the complaint in a mutually agreeable manner, the organization shall agree to put the complaint in writing to CAPCE Board of Directors for review, investigation, and resolution or response by CAPCE Board of Directors pursuant to the provisions of the Complaint Review and Disciplinary Policy (see Appendix D).

Failure to put the complaint in writing for review, investigation, and resolution or response by CAPCE Board of Directors shall serve as a failure to exhaust any administrative remedies on the matter. Any perceived or alleged conflict of interest between any reviewer or employee or contractor of CAPCE and the applicant for accreditation or organization must be raised in writing as soon as the conflict becomes apparent to the applicant or organization, or such conflict will be deemed waived.

Nothing of value may be offered or exchanged in order to be granted accreditation. Should any offer, bribe or improper remuneration be offered or exchanged with any reviewer, employee or contractor of CAPCE, the application will be immediately denied and disciplinary measures (which may include dismissal as a reviewer or CAPCE Board member, loss of employment with CAPCE, or referral to any appropriate authorities) taken with all persons involved in the improper conduct.

In the event that an application submitted for initial accreditation or renewal of accreditation is not accredited because of some deficiencies, CAPCE shall specify the

deficiencies in the application and provide a written summary of the CAPCE reviewers' recommendation(s) necessary for the organization to be accredited by CAPCE. If the organization submits modifications to correct the deficiencies, CAPCE shall review the modifications and accredit or not accredit the organization within a reasonable period of time, defined as approximately two weeks; however, it is understood that delays may create some slowdown occasionally.

Should a dispute arise after submitting or resubmitting an application for organizational accreditation or re-accreditation, the applicant may submit a written appeal to the Chair of CAPCE Board of Directors. The Chair will distribute the application and the written appeal to CAPCE Board of Directors for a vote within ten days of receipt of the appeal. The Board of Directors shall vote within ten days after the appeal has been distributed. This vote may be done by email, US mail, fax, or by conference call. A simple majority of the Board will prevail and will constitute the final decision. If the Board decides against the applicant, CAPCE will allow the applicant to make the stated changes and resubmit the activity for final approval, which may not be unreasonably denied. The applicant shall be entitled to the same due process as any CAPCE applicant for accreditation.

The organization shall defend, indemnify and hold CAPCE harmless for any and actions, lawsuits, judgments or awards against CAPCE or CAPCE' directors, officers, employees and agents, including reviewers of applications for accreditation (collectively "CAPCE"), arising out of the organization's participation in the accreditation process and alleged to have resulted from CAPCE' status as an accrediting body of the organization's programs and courses. This obligation of defense, indemnification and holding harmless shall be interpreted broadly, so as to protect CAPCE from any and all allegations, including but not limited to personal, business and/or property injuries allegedly caused as follows: CAPCE accredited a course whose content led to injury or death of another; CAPCE accredited a course which was protected by copyright or other means by another entity not being the accredited organization; CAPCE accredited a course which improperly competed with another course accredited by CAPCE or other accrediting body; CAPCE accredited one course and not another course, resulting in allegations of unfair competition or business advantage.

This agreement shall survive the expiration of the organization's accreditation indefinitely, for any specific course or all courses or programs, regardless of the reason of termination or expiration of accreditation. CAPCE shall have the right to participate in all settlement discussions and negotiations regarding settlement and shall be released from any action as a stipulation of any settlement/release on the part of the organization.

Signed this _____ day of _____, _____

On behalf of _____ . Name
of organization listed in Section I of the Application for Organizational Accreditation

By: _____

Name of person identified in Section III of the Application for Organizational Accreditation

_____ Title

APPENDIX D

COMPLAINT REVIEW AND DISCIPLINARY POLICY

Definitions

Activity: Any type of continuing education offering.

Activity Sponsor: means the sponsoring institution, organization, agency, association, corporation, hospital, or other appropriate continuing education (CE) provider offering CAPCE accredited continuing education.

Criteria: Any other published rules, regulations, conditions, standards, criteria, terms of accreditation, policies or procedures of CAPCE, however titled.

Conditions of Accreditation: That section of the application entitled “Conditions of Accreditation” and signed and submitted by the Activity Sponsor.

Day: A calendar day, including weekends.

Executive Committee: The Executive Committee appointed by the Chairman of the CAPCE Board of Directors as set forth in the CAPCE Bylaws.

Penalty Provisions

The CAPCE Board of Directors reserves the right to review and investigate any complaint or credible evidence of any alleged violation of the Conditions of Accreditation, signed by the activity sponsor upon submission of an application for accreditation, or any other CAPCE Criteria. When a violation has been found to have occurred, the CAPCE Board of Directors reserves the right to deny, suspend, or revoke the relevant accreditation. In lieu of revocation, the CAPCE Board of Directors may provide the Activity Sponsor an opportunity to enter into an agreement that would include a plan for compliance and payment of one of the following penalties. Failure of the activity sponsor to successfully complete the terms of agreement, including payment of the penalty, must result in revocation.

- A penalty payable within 30 days of billing, in an amount not to exceed \$5,000 to cover the costs to CAPCE to correct any problem caused by the violation; or

- A penalty, payable within 30 days of billing, of 1.5% interest per month on the amount of fees owed if the violation is failure to pay the appropriate fees; or
- A penalty, payable within 30 days of billing, of ten (10) cents per participant fee owed for failure to report CAPCE-accredited CE Activity participants.

The CAPCE Board of Directors must utilize the following procedure when determining whether any such disciplinary action is appropriate.

Compliance with Review by CAPCE

Each activity sponsor must comply with a written request for information from a member of the CAPCE Board of Directors and agree to participate in a review of any complaint or alleged violation of CAPCE' Conditions of Accreditation or Standards & Requirements in order to assist the CAPCE Board of Directors in determining if there exists a violation of the Conditions of Accreditation or Criteria. In the absence of any response from the Activity Sponsor within 30 days of the CAPCE Board Member's written request, the CAPCE Board of Directors will assume such complaint or alleged violation has merit and initiate the investigation and review process noted below. Failure to respond adequately to any review or request for information must be considered as additional evidence in support of the complaint or alleged violation.

Reasons for Review, Denial, Suspension, Revocation or Fine

The CAPCE Board of Directors must utilize its professional judgment in determining whether denial, suspension, revocation of accreditation, or a fine in lieu of revocation is appropriate. Reasons for such action must include, but not be limited to, the following:

- A material misrepresentation, whether intentional or unintentional, in the application which, if known at the time of review, would have resulted in denial of accreditation.
- Fraud in written information provided to CAPCE during the procurement of any CAPCE accreditation as an activity sponsor (examples include, but are not limited to, falsifying history as an activity sponsor, falsifying credentials, etc.).
- Fraud in activity content during the procurement of any CAPCE accreditation of a continuing education activity (examples include, but are not limited to, plagiarism of activity materials).
- Intentional or unintentional failure to comply with any Conditions of Accreditation and Attesting Statement, as specified in the signed application.

- Failure to submit timely to an audit or review as requested by the CAPCE Board of Directors; such request must allow a reasonable time for scheduling and completion.
- Failure to remit fees as required by CAPCE and as agreed upon by the activity sponsor in the signed application.
- Refusal to participate in a review to determine whether the activity sponsor is complying with the Conditions of Accreditation and Attesting Statement as agreed upon in the signed application.
- Refusal to submit a plan of correction when requested by the CAPCE Board of Directors after the investigation and complaint review process or completion of the disciplinary process.
- Failure to remit any fine(s) or adhere to any corrective measures or failure to complete the disciplinary process.

Investigation and Complaint Review

The CAPCE Board of Directors may conduct an investigation upon receipt of a complaint or credible evidence of a violation of the Conditions of Accreditation. The investigator must be a member of the CAPCE Board of Directors or their designee. A designee must not include

- Any person who is a competitor of the activity sponsor whose activity or accreditation(s) is under review for possible suspension or revocation.
- Any employee of CAPCE.
- Any individual who has received fees or payments from CAPCE during the prior three years.
- Anyone else who has a conflict of interest with the activity sponsor.

An investigation may include, in no specific order: notifying the activity sponsor in writing by overnight delivery of such complaint or alleged violation requesting a response within 30 days of the date of CAPCE' letter; requesting an explanation of the matter; requesting the provision of information concerning the complaint or alleged violation; and/or offering the activity sponsor an opportunity to discuss and resolve the complaint.

The investigation and communication must provide both CAPCE' investigator and the activity sponsor an opportunity over a period of 90 days to understand the issue(s) and to explore potential resolutions of the issue(s).

At the completion of the investigation, the CAPCE Board of Directors must provide the activity sponsor with a summary letter indicating the resolution of the issue

or, if not resolved, detailing at a minimum the complaint or concern, the investigator's findings, suspicions and/or conclusions, and a list of the relevant information that was requested and was then provided, denied, or not obtained.

If a resolution has been agreed to by the activity sponsor and CAPCE Board of Directors, the letter must restate the resolution and the matter must then be closed with no further action necessary. The activity sponsor must be advised of this fact.

If resolution is not reached, the activity sponsor must be given 30 days from the date of the letter from the CAPCE Board of Directors to submit a written response to CAPCE' letter and conclusions. CAPCE need not wait for such written response before providing information to the Chair of the Board.

If the investigator determines that discipline or other corrective action may be required, the investigator must provide the summary letter and any supporting documentation to the Chair of the Board, who must then provide such documents to the Executive Committee.

- The Executive Committee must review the same and decide whether CAPCE has followed its required policies leading to their involvement
- The alleged violation warrants further discussion by the full Board
- There has been adequate resolution to the violation; and
- Any mitigating factors must be considered.

The Executive Committee may terminate the process at any time if, in the judgment of the Executive Committee, the alleged violation does not warrant a hearing or if adequate resolution has been reached; otherwise the Executive Committee may proceed to the disciplinary process.

If the Executive Committee desires to proceed, all documents will be provided to the full Board of Directors.

Disciplinary Process

After review or investigation of the complaint, allegation, or credible evidence, if the CAPCE Board of Directors determines that a suspension or revocation must be imposed, the CAPCE Board of Directors must take the following actions in an effort to provide due process to the accredited activity sponsor.

CAPCE must provide written notice to the activity sponsor that the activity sponsor is being charged with a violation of the Conditions of Accreditation and/or any other CAPCE Criteria. The notification must state the violation in terms which must be understood by the activity sponsor. The written notice must also provide the process to be followed, including the following rights:

- To be present in person or by conference phone or other mutually agreeable form of communication at the hearing;
- To present and cross examine witnesses; and
- To present evidence in support of its defense or in an effort to mitigate the consequences of the violation.

Such written notice must provide the activity sponsor with 15 days from the date of mailing as evidenced by the postmark date to appear before a hearing panel and may be adjourned for good cause shown upon the sole discretion of the CAPCE Board of Directors. CAPCE must have the right to determine the location of the hearing; however, a telephone conference call will always be available. In the event a meeting site is selected, hearing participants, including the activity sponsor, may attend by phone if desired, except that the CAPCE Chair must appear in person.

CAPCE Board of Directors must provide a hearing to the activity sponsor. The hearing panel must be the fact finder and must determine

- Whether CAPCE has followed its required policies leading to the hearing.
- The facts of the underlying allegation(s).
- If the alleged violation(s) has merit.
- If there has been adequate resolution to the violation(s).
- Any mitigating factors.

The hearing panel may recommend but not impose a penalty. There must be no rules of evidence for the hearing. The hearing must provide the opportunity for the charges to be presented, for testimony to be taken if necessary, and for the activity sponsor to present a defense if the activity sponsor desires to do so.

The Chair of the Board or the Chair's designee, who must be one of the Executive Committee Members excluding any CAPCE employees, must chair and appoint a hearing panel of up to three persons, comprised of the Chair or his/her designee and either CAPCE reviewers or other persons knowledgeable in the related field or in the CAPCE accreditation process. The members of the hearing panel must not consist of

- Any person who is a competitor of the activity sponsor whose activity accreditations are under review for possible suspension or revocation
- Any employee or director of CAPCE
- Any individual who has received fees or payments from CAPCE during the prior three years. There must be no appeal as to the members of the hearing panel.

After the conclusion of the hearing, the hearing panel must render a proposed statement of facts within seven (7) days of the date of the conclusion of the hearing. The

proposed statement of facts must state the violation and any related findings of the panel. The proposed statement of facts must be provided to the activity sponsor in writing, sent by certified mail, who must then have seven (7) days after delivery of the proposed statement of facts to deliver (meaning to have sent via certified mail to CAPCE' office) a dispute or concurrence of the proposed statement of facts in writing sent certified mail. The hearing panel must then have up to seven (7) days to revise the proposed statement of facts as deemed necessary or to leave the decision as is. The hearing panel must provide its final Finding of Facts in writing, sent by certified mail, to the activity sponsor and to the CAPCE Board of Directors.

The activity sponsor may submit a response to the final Findings of Fact for consideration by the Board of Directors. Such findings must be submitted to the Board within five (5) days of the activity sponsor's date of receipt of the final Findings of Fact. Mitigating factors may also be submitted to the Board of Directors. Before the Board of Directors must convene, the Board of Directors must inquire whether a response will be submitted by the activity sponsor.

No more than ten (10) days after the delivery of the final Findings of Fact, the Board must then convene by phone or in person to make a determination on the matter. The Board must determine if

- CAPCE has followed its required policies leading to a Board decision
- The violation warrants a disciplinary action
- There has been adequate resolution to the alleged violation
- Any mitigating factors must be considered.

The Board may terminate the meeting at any time if, in the judgment of the Board, the alleged violation does not warrant a meeting or if adequate resolution has been reached; otherwise the Board may impose a penalty. A majority of the seated members of the Board must be necessary to impose any penalty. Such penalty must be consistent with the Findings of Fact. Written notice of the penalty must be provided to the entity within three (3) days of the date of the decision of the Board. There must be no internal appeal from the decision of the Board of Directors.

An activity sponsor must comply with the terms of the penalty within fourteen (14) days of the notice of the penalty, and no penalty must become effective until the passage of the fourteenth day.

Waivers and Jurisdiction

Activity sponsors hereby waive any right to seek or obtain attorney fees, costs, or other awards upon successfully obtaining an order or award from a court regarding the penalty imposed by CAPCE. This waiver must not apply to a finding that CAPCE intentionally violated the due process rights of the activity sponsor.

CAPCE has consented to jurisdiction in federal court in Texas. Any proceeding brought pursuant to this policy in a court of any jurisdiction must be venued in Texas.

APPENDIX E

CEH ASSIGNMENT GUIDANCE

Purpose

This document provides guidance for CAPCE reviewers in the determination of continuing education hour (CEH) assignments for Distributed Learning accreditation applications.

Background

CAPCE is a continuing education (CE) accrediting body that services educational institutions, not-for-profit educational organizations and for-profit companies that provide emergency medical services CE.

CAPCE recognizes that Distributed Learning (DL) is an instructional model that allows instructor, students, and content to be located in different, non-centralized locations so that instruction and learning occur independent of time and place. The distributed learning model can be used in combination with traditional classroom-based EMS continuing education, can operate independently as a traditional distance learning course, or can be used by educators to operate a virtual classroom through television, satellite, telephone, or Internet technology.

While a variety of distribution methods are available to the EMS educator, CAPCE is aware that technological improvements and improved access to high speed internet connections as well as smart technology and mobile computing have allowed more and more EMS personnel to benefit from education delivered via DL. Further, the volunteer EMS community comprises greater than 90% of all EMS providers. These providers are often hindered from seeking CE hours by extended travel time from rural areas wherein attractive CE programs may be hours away. The ease and convenience of completing required CME from the comfort of one's home, station house computer or mobile computing device makes DL-based CE programs increasingly attractive.

Unlike the traditional classroom setting, DL presentations may not be governed by an instructor. The presentation rate or content breadth cannot be immediately adjusted based on concurrent student feedback. Nor can the student have direct contact with the presenter that allows for adaptation of the presentation to meet the student's needs. In the DL format, the rate of presentation/absorption and subsequent comprehension of the presented material is completely dependent on the reading comprehension skill-level of the student/reader. (Bailey, 1996, 1999)

Reviewers of DL accreditation applications are required to identify several requirements such as timeliness of references, well-defined objectives, course pre-requisites and retrospective feedback mechanisms. Reviewers are also asked to recommend the number of CE hours deemed appropriate for each presentation based on applicant request, length of presentation and the time required for the reviewer to complete his/her assessment.

Rationale

By providing this document, the CAPCE Board of Directors hopes to provide its reviewers with objective guidelines toward the assignment of CEH for DL applications.

Written-word only CEH determination

Review of this particular application type and presentation format may be considered overly subjective as it is based on the reading speed and comprehension skill level of the reviewer and not of the average student/reader. The accomplishments and acknowledgements of individuals who are selected by CAPCE' sponsoring organizations to become reviewers may also indicate well-developed reading and comprehension skills that may not be representative of typical EMS providers.

Each presentation is comprised of a finite number of written words that are "consumed" by the reader in a finite amount of time. On average, adults read between 150-250 words per minute. (Bailey 1996, 1999, Williams 1998, Lewis 1999) Thus, a one-hour presentation will consist of roughly 8,000 words with appropriate charts, graphs and case presentations that support the written objectives and a 20-question posttest.

Current literature suggests that student interest and comprehension decrease dramatically after the first hour of any CE session. Therefore, any applicant requesting more than one hour's worth of CE will be required to provide justification for such by matching course objectives with additional content. Further, applications that request two or more hours should be broken up into hour-long presentations as "volumes" of the subject matter presented, e.g. advanced airway-1, advanced airway-2, etc. (see chart on page 64).

Degree of Difficulty consideration

We know that DL presentations have a varying degree of difficulty. A lesson on how to apply an arm splint is typically not as challenging as a presentation on 12 lead EKG interpretation. CAPCE reviewers are asked to increase CEH assignments by 0.5 hours above the initial hour if the presented material can reasonably be considered complex and the objectives are supported by content. Lastly, DL presentations should include a posttest that complies with the CAPCE item writing policy. Please add an additional one minute for every question in the posttest (see chart).

Distributive Education Models

Print Documents: In instances where the number of written words is known or obtainable, hour assignment will be based on the ability of adults to read between 150 and 250 words per minute. For non-electronic based documents, hours are assigned based on the description above (see chart).

Video/DVD and other Visual Media Presentations: Hours are assigned based on the actual running time of the presentation when watched by the reviewer of the materials

plus one minute for each CAPCE compliant posttest question (see Appendix G, CAPCE Item Writing Standards).

On-Line Web-based Presentations such as satellite video or mobile device streaming video: CEH are assigned based on the actual time for the reviewer to complete the course/activity plus one minute for each CAPCE compliant posttest question (see Appendix G, CAPCE Item Writing Standards).

CD-ROM Presentations: Hours are assigned based on the actual time for the reviewer to complete the course/activity plus one minute for each CAPCE-compliant posttest question (see Appendix G, CAPCE Item Writing Standards).

Virtual Instructor Lead Training: (VILT) activities that are provided in the VILT format can be assigned one minute for each minute of video plus one minute for each CAPCE-compliant posttest question. For example, a one hour interactive session with a 30 question posttest can be assigned 1.5 CEH.

Total CEH Assignment: Assignment of Total CEH is calculated by adding the amount of time to complete the course/activity plus any allowance for increased level of difficulty of the material plus the amount of time required to complete the posttest. For example, a video presentation that takes forty-five (45) minutes to watch followed by a fifteen (15) question assessment would be assigned 1.0 hour of continuing education credit. (Zollinger, 2012)

Competency-based learning and CEH Assignment

Competency is defined multiple ways by multiple sources. Competency is defined as the quality of being adequately or well-qualified physically and intellectually or having great facility, capacity and ability; the quality of being able to perform; and a quality that permits or facilitates achievement or accomplishment. In 2007 the Accreditation Council for Graduate Medical Education (ACGME) released “Integrating the Core Competencies: Proceedings from the 2005 Academic Assembly Consortium.”

Although addressed specifically at Medical Residency programs and not Emergency Medical Services (EMS), the authors identified core competencies that should be at the heart of every health care profession. They include patient care, medical knowledge, communications and interpersonal skills, professionalism, system-based practice and practice-based learning. (Stamer, Ellison, et. al, 2007)

Richard Zollinger, Vice President of Learning, Central Piedmont Community College, describes competency in education as communication, critical thinking, personal growth and responsibility and information technology literacy. (Zollinger, 2012)

While there is no clear model that describes what competency-based, accredited, continuing education will look like, there is a strong push from the National Highway Traffic Safety Administration (NHTSA) and the National Registry of Emergency Medical Technicians (NREMT) toward competency-based original and continuing education. In an article in the Journal of Emergency Medicine, De Lorenzo and Abbott concluded that a focused and directed continuing education program that emphasizes skill practice in

key resuscitation areas can improve skills performance. After focused retraining the study found that the subjects' skills increased. (De Lorenzo and Abbott, 2007)

Summary

Continuing education can be more than it has become. Student focused learning driven toward self-improvement and professional development can easily become the future of CE. CAPCE embraces the concepts of excellent communications, professionalism, critical thinking, personal and professional development, case-based learning, excellent clinical skills, excellent clinical decision making and patient focused care. Most of these critical components of competency based learning are constructed on the educational foundation that CAPCE holds dear including valid needs assessment, current and relevant content that is expertly referenced, educational innovation, valid CEH assignments, validated post tests and involvement of an active and qualified Medical Director.

**CAPCE CEH Determination Chart
(written word only activities)**

Length of Presentation	Minutes Assigned	Post-test	Total	Hours	Added Degree of Difficulty	Total Hours	Post-test	Total with 20 Q p-t and DOD
8,000	40	20	60	1.0	0	1.0	20	1.0
10,000 words	50	10	60	1.0	30	1.5	20	1.83
11,000 words	55	10	65	1.08	30	1.58	20	1.91
12,000 words	60	10	70	1.16	30	1.66	20	1.99
13,000 words	65	10	75	1.25	30	1.75	20	2.08
14,000 words	70	10	80	1.3	30	1.83	20	2.16
15,000 words	75	10	85	1.4	30	1.91	20	2.24
16,000 words	80	10	90	1.5	30	2.0	20	2.33
17,000 words	85	10	95	1.58	30	2.08	20	2.41
18,000 words	90	10	100	1.6	30	2.16	20	2.49
19,000 words	95	10	105	1.75	30	2.25	20	2.58
20,000 words	100	10	110	1.83	30	2.33	20	2.66
21,000 words	105	10	115	1.91	30	2.41	20	2.74
22,000 words	110	10	120	2.0	30	2.5	20	2.83
23,000 words	115	10	125	2.08	30	2.58	20	2.91
24,000 words	120	10	130	2.16	30	2.66	20	2.99
25,000 words	125	10	135	2.25	30	2.75	20	3.08
26,000 words	130	10	140	2.33	30	2.83	20	3.16
27,000 words	135	10	145	2.41	30	2.91	20	3.24
28,000 words	140	10	150	2.5	30	3.0	20	3.33

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APPENDIX F

DEFINITIONS OF CEH CATEGORIES

Introduction

CAPCE awards credit for each session or portion of the activity based on the activity content. You must indicate on the application the categories and number of credit hours requested.

Categories for Medical Content (See current *EMS Education Agenda for the Future* for a description of each level.)

- EMR
- EMT
- AEMT
- Paramedic

Categories for Non-Medical Content

Operational: Topics which are relevant to the operational (non-patient care) activities of EMS personnel, such as emergency vehicle operations, dispatch communications, rescue, etc.

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 (fiscal, personnel and vehicle management issues).

APPENDIX G

ITEM WRITING STANDARDS

Introduction

Multiple-choice tests are widely viewed as the most effective and objective means of assessment. Item development is the central component of creating an effective test, but test developers often do not have the background in item development.¹ The CAPCE Board of Directors recognizes that there is a broad spectrum of item (test question) writing abilities among EMS based CE providers. Although many currently available EMS CE offerings provide excellent quantifiable posttests, many do not.

This inequity exists for many reasons, and ultimately creates a lack of standardization of EMS continuing education activities and overall uncertainty about the validity and reliability of CE knowledge assessments. The CAPCE Board of Directors offers a compilation of accepted item writing standards. The Board intends to hold applications for CAPCE accreditation to these standards. CAPCE holds the right and responsibility to reject applications for continuing education accreditation that do not meet the guidelines outlined herein. Posttests that are deemed unacceptable must be revised and resubmitted until all standards are met.

CAPCE fully recognizes that this document does not and cannot replace or supplant formal preparation in educational design. CAPCE and its member organizations strongly suggest that CE providers seek out instructor coordinator or educational design training from their State EMS Office, local educational institution or the National Association of EMS Educators (NAEMSE).

Policy

All multiple choice test items must be written to assess knowledge of meaningful facts and concepts, not trivial information. Each item must be specific enough to pose only one question or problem and each response must be related to that question. Each exam item must be kept independent so as not to reveal the answer to another item in the wording of that item. “True or false” questions do not test the participant’s understanding of a concept or mastery of subject matter. “True or false” questions will not be accepted. ^{4, 11, 12, 14, 15}

All multiple-choice items consist of two basic parts, the stem and the responses. The stem is the question that seeks a correct answer. The responses are suggested answers that complete the question asked in the stem. Only one of the responses can be the correct answer and the others are considered the distractors. ^{2,3,4,5}

Each stem must address only one problem or content area. The stem must be clear and verbally uncomplicated. It must provide enough information for the reader to anticipate the answer before reading the responses. Write test questions in a simple structure that is easy to understand. Because words can have many meanings depending on usage and context, be as accurate as possible in the choice of words. The stem must be an incomplete statement or a direct question. The following are keys to constructing proper stems:

- Include in the stem all words that would have to be repeated in each of the responses. This way, the answer options can be short, making them less confusing and more legible.
- Negatively stated items should be avoided. Negatives in the stem usually require that the answer be a false statement. Because participants are likely searching for true statements, this may introduce an unwanted bias. ⁶
- Keep the number of responses consistent. This helps learners remain focused on the tested information and not the test design itself. ^{11, 12, 14, 15}

All incorrect responses should be plausible and attractive. Avoid using humor and superfluous wording as they indicate incorrect responses and fail to test the participant's knowledge of the subject matter. These types of give-away distractors detract from the test's validity. Make sure all of the wrong answer choices are completely reasonable. The following are keys to constructing proper stems:

- Keep responses uniform in length and devoid of unnecessary technical wording. Avoid making the correct response longer and more technical than the distractors. Often the longest answer is the correct one. If you can't get all four responses to the same length, use two short and two long.
- Balance the placement of correct responses throughout the exam.
- "All of the above" and "none of the above" type answers never truly indicate if the participant knows the correct answer. "None of the above" answers indicate only that the participants recognize wrong answers.⁴ For this reason, questions that include "all" or "none of the above" response items will not be accepted.
- The correct response must clearly stand out as the one that experts in the field would recognize as the best answer.
- Distractors must represent unsafe practices or commonly held misconceptions. ^{11, 12, 14, 15}

Test Validity

For a test to be valid it must evaluate whether the students actually achieved the desired outcomes. For that reason, test questions must be directly related to the learning objectives outlined at the beginning of the presentation. CAPCE requires a minimum of three posttest items per stated objective. ^{2 4 5 6 7 8 9}

Multiple choice questions are criticized for testing the superficial recall of knowledge. Test question writers should go beyond asking students to recall simple facts and basic information. Evaluate learners on their ability to explain cause and effect, assess and manage situations, and predict results. This CAPCE standard is based on Bloom's Revised Taxonomy of Learning:

- No more than 25% of the questions may be at Bloom's Knowledge level (e.g. remembering facts, defining terms, stating basic principles).
- Another 25% may be at the Comprehension level (e.g. understanding and explaining a principle, requiring learners to recognize a previously unseen example of a principle).
- The remaining half of all the posttest items must be at the application level or higher (e.g. requiring learners to apply a principle in a new context). ^{10, 13}

References

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15. The Thing about Multiple Choice Tests. *Learning Solutions Magazine*. <http://www.learningsolutionsmag.com/articles/861/>. Accessed 10/31/16.

APPENDIX H

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

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.
- *Activities, lectures (unpublished):* Sokolove PE. Needlesticks and high-risk exposure. Activity 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 of contact. 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 (e.g., charts, graphs, photographs, etc.) and legends must be self-explanatory and able to stand alone; the data presented in a figure must not be duplicated in the text. Refer to each figure consecutively in the text.

APPENDIX I

XML UPLOAD INFORMATION

Submitting Activity Completion Records to the CAPCE Accreditation Management System (AMS)

As a condition of being granted accreditation from CAPCE all providers agree to comply with several requirements, including the collecting and reporting of specific pieces of data. 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 *AMS CE Provider Manual and 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.

Applicants may contact CAPCE at jscott@CAPCE.org.

Currently, the deadlines for reporting are as follows:

Course Completion	Must by Uploaded by
January - March	May 1
April - June	August 1
July - September	November 1
October -December	February 1

Rather than reporting using the XML format, we strongly encourage online providers to use “real-time reporting” as explained in the AMS Provider Manual. Course completions must be submitted for each discrete/specific activity, session, or course topic. Accredited CE providers must ensure that each and every time accredited courses are presented to EMS providers, they are offered with CAPCE credit and course completions are reported to the CAPCE AMS.

Checklist for Setting up Your Data Collection and Reporting Process

- Read the *AMS CE Provider Manual and Supplement* carefully and share it with your IT department or vendor.

- Put a process in place to collect complete and accurate data as stated in the *AMS CE Provider Manual and Supplement*.
- Discuss the “real-time” reporting option with your IT department or vendor.
- If you do not use “real-time” reporting, schedule regular data uploads to comply with deadlines for reporting post-activity materials.

APPENDIX J

CO-SPONSORSHIP REQUEST FORM FOR ACCREDITATION ORGANIZATIONS

Name of CAPCE-accredited organization:	
Name of organization requesting accreditation:	
Title of activity:	
CAPCE activity number:	
Date(s) of activity:	
Activity format:	
Number of CEH requested:	
Name of person responsible for maintaining CAPCE accreditation standards:	
Mailing address:	
Phone number:	
By my signature below, I acknowledge responsibility for the above named activity being completely compliant with all CAPCE Standards and Requirements including, but not limited to, approval by our in-house program committee, review by our medical director, attendance verification, and report of course completions to CAPCE Accreditation Management System (AMS). In addition, I understand that failure to ensure that CAPCE Standards and Requirements are met may result in a fine, loss of organizational accreditation and/or denial of accreditation for individual activities.	
Signature	Date

APPENDIX K

POLICY FOR THE USE OF THE MARK/LOGO

General Statement

The CAPCE logo is a trademark and is the property of Commission on Accreditation for Prehospital Continuing Education. It was designed for the purpose of identifying CAPCE publications, services, and other materials developed by CAPCE. The CAPCE logo is registered with the U. S. Patent and Trademark Office. The mark consists of a cross with arrows that emit from the left-hand side of the cross with the letters “CAPCE” set in the middle of the cross. The cross is black and the letters are white. The mark has been used by CAPCE since 1994 and is recognized in the EMS community as the mark of Commission on Accreditation for Prehospital Continuing Education.

Policy

The CAPCE mark is intended only to identify publications, services, and materials developed by CAPCE or for other uses as specifically authorized by CAPCE. CE providers wishing to use the CAPCE logo in connection with their publications, services, or other materials must request the electronic file from CAPCE and must use it in accordance with a written permission from CAPCE.

The mark should never be recreated or altered in any way or be superimposed on another device or have another device superimposed on it. No words or letters other than CAPCE may be used with the logo with the exception of the words “CAPCE accredited” to designate materials and organizations that have received CAPCE accreditation. The logo should not be rearranged or repropotioned. Use of the mark that is unauthorized or not in compliance with these policies will be vigorously opposed.

Persons or organizations using the CAPCE mark in an unauthorized or nonconforming manner will be notified by certified letter that they must cease such use. A standard letter will be sent from CAPCE headquarters within 72 hours from the time CAPCE is made aware of the misuse of its mark. Persons or organizations using a mark that is confusingly similar shall be asked to cease the use of such a mark in those cases where it appears to be used in an attempt to mislead or confuse. In cases where the user refuses to cease after notification by certified letter, an attempt will be made to make telephone contact. If direct contact fails to convince the user to cease using the mark, the Executive Committee shall determine the appropriate course of action to be taken.

The Executive Director shall take appropriate steps to protect the mark and will have the responsibility for the implementation of this policy with the approval of the Chair.

Changes in this policy must have approval of the CAPCE Board of Directors.

APPENDIX L

PLAGIARISM POLICY

Description of Issue

The Continuing Education Coordinating Board for EMS (CAPCE) was formed to improve and standardize the delivery of continuing education (CE) for practicing EMS providers. CAPCE is a professional organization that holds dear the concepts of professionalism and originality of work. This document has been developed for all CAPCE accredited providers, accreditation applicants and reviewers to clarify CAPCE' policy on plagiarism. This policy also provides the prohibition on plagiarism.

Definition

Plagiarism is defined as the “wrongful appropriation,” “close imitation,” or “purloining and publication” of another Author's “language, thoughts, ideas, or expressions,” and the representation of them as one's own original work.^{1, 2}

Essentially, plagiarism is the act of using someone else's work and passing it off as your own, or more simply put, stealing someone else's work and lying about it afterward.³ The act of plagiarism is of particular interest to the CAPCE Board of Directors because it is a means of gaining CAPCE accreditation through “Fraud in course content during the procurement of any CAPCE' accreditation of a continuing education Activity.”⁴

Policy

CAPCE has no legal obligation to detect or report plagiarism; however, CAPCE will check CAPCE-accredited courses and accreditation applications for originality and proper citation/referencing practices. Any article, course, presentation or other EMS CE offering that is submitted to CAPCE for accreditation is expected to be original work. CAPCE requires that all non-original work be properly cited.

CAPCE will reject any application for accreditation that is not original, is found to be plagiarized and/or is not properly cited or referenced.

CAPCE maintains the right to withdraw accreditation from any work that is found to be not original and not properly cited/referenced or is plagiarized. Work that is not original but is properly cited to the original author is acceptable.

CAPCE is not liable for acts of plagiarism discovered or not discovered by its review process.

Upon recognizing potential plagiarism in a CAPCE application, the CAPCE reviewer shall:

- Document his/her findings.
- Record as much information as possible.
- Contact the CAPCE office and report the incident.

References

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APPENDIX M

CERTIFICATION/CARD BEARING COURSES POLICY

Introduction

The CAPCE Board of Directors recognizes that EMS providers are required to maintain certification in a number of disciplines, including

- CPR for Health Care Providers (CPR)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Advanced Medical Life Support (AMLS)
- Advanced Trauma Life Support (ATLS)
- Pediatric Education for Prehospital Professionals (PEPP)
- Advanced Pediatric Life Support (APLS)
- Pediatric Emergency Assessment, Recognition and Stabilization (PEARS)

EMS providers frequently maintain these certifications simultaneously.

EMS providers often maintain these certifications through distributive learning (DL). There are a number of CAPCE-accredited organizations that offer these certification courses. The most popular are ACLS, PALS and CPR and include practical skills evaluation as a required component. For example, it is difficult to know whether EMS providers have mastered CPR without having a qualified instructor observing them perform the component psycho-motor steps that comprise that skill. Practical skills evaluations are a necessary part of most, if not all, certification courses.

Because of the volume of accreditation applications for certification courses, the CAPCE Board of Directors requires that CE providers who apply for accreditation of certification courses and the CAPCE reviewers who evaluate them adhere to the following requirements:

- The didactic content of such courses must be original work and properly referenced.
- Safeguards must prevent the user from skipping past the content to proceed directly to the final written posttest.
- The Continuing Education Hours (CEH) assigned to each of these courses must be an accurate reflection of the time required to complete the content area successfully.
- CE providers of certification courses must put into place a credible, documented process for practical skills exams for all participants.

- A reviewable practical exam skill sheet must be available for review at the time of application.
- Although completion certificates and CEHs may be awarded upon completion of the didactic portion of a certification and the accompanying posttest, certification cards must not be accessible until such time as all content areas, written posttests and practical skills exams have been completed.
- Logos on certification cards must be easily distinguishable from those of other organizations that offer certification courses.
- Quantifiable evaluation forms must be completed by each participant so that content and practical skills exams can be objectively evaluated by students/participants.

If an organizationally-accredited CE provider offers a certification course at the time it submits an application for organizational accreditation, this course must be reviewed as part of the application process. If the organization does not offer such a course at the time of application but decides to do so at some point during the three-year accreditation period covered by the application, it must advise CAPCE and allow time for a review originated at CAPCE headquarters before making the course available to students.

APPENDIX N

STANDARD EVALUATION ITEMS FOR INDIVIDUAL SESSIONS

Conducting a course evaluation is an integral part of any educational activity. The following items will be evaluated by each participant for individual learning sessions:

- This activity presented content relevant to EMS practice.
- This activity addressed each learning objective.
- The content was well-organized and moved logically from one point to the next.
- The content was supported appropriately by examples, graphs, tables, photos and documented references that added to my comprehension and understanding.
- The visual design of presentation materials enhanced my learning experience.
- The presentation materials were free of typos and spelling, usage and grammar errors.
- The presenter spoke clearly and in a way that held my interest; even without visual aids, I would be able to demonstrate mastery of the learning objectives.
- The activity did not promote a product or exhibit a commercial bias.



7

SUMMARY

SUMMARY

CAPCE, by its charter, maintains the standards for the delivery of EMS continuing education (CE). Those standards include requirements for active medical direction, valid posttests, quality infrastructure, sound educational design including delivery methodology, marketing, fees, evaluation, student record keeping and data reporting.

CAPCE accreditation exists so that EMS providers have access to high quality, standard-driven continuing education activities and are awarded credit for participating in such activities. It is of the utmost importance that each and every EMS provider gets credit for the CE they complete. Further, the quality of the presentation must meet or exceed the investment the student makes to view and participate in the activity. (Karayan 2005)

CAPCE expects that all continuing education content is:

- Relevant for the intended audience
- Medically accurate
- Properly referenced
- Original work that is correctly cited
- Grammatically correct and spelled accurately
- Not misleading
- Is reviewed and approved by an active EMS Medical Director

CAPCE also has established standards for:

- Item writing
- Continuing Education Hour (CEH) assignment
- Distributive Education standards
- Plagiarism
- Confidentiality
- Content gating

The CAPCE Board of Directors consists of nine voting members and their alternates. CAPCE will serve as the recognized leader for continuing education in EMS, promoting its evolution and growth through development of continuing education standards, encouragement of innovative learning solutions, support of continuous learning opportunities and the assurance of optimal learning experiences to prepare all EMS providers for their professional challenges.