



Application For Organizational Accreditation

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

Instructions for Preparing and Submitting the Application

- Read CAPCE Standards & Requirements (S&R) Section 2, Standards and Requirements Applicable to All Providers of CAPCE Accredited Activities and Section 3, Standards and Requirements Specific to Accredited Organization.
- Complete all fields on the application in compliance with CAPCE Standards & Requirements. Respond to all items completely. If you are unable to respond to an item, explain why in the space provided on the form.
- Electronically accept Conditions of Accreditation for Organizations (S&R Appendix C) and include as an attachment.

Organization Information

Name of Organization:

Person responsible for the information in this application:

Name:

Title:

Address:

City:

State:

Country:

Zip Code:

Telephone:

Fax:

Email:

Website:

Section II – Eligibility

The responses to items in this section of the application must comply with CAPCE Standards and Requirements for Organizational Accreditation (S& R), Section 2.A.

Type of Organization:

- Educational Institution
- National, State, Regional, or Local Agency
- Non-profit or for Profit Organization

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- A Hospital
- A Combination of the above
- Other

Attach a Letter of Support from your CEO Attach

a letter from:

- the government body responsible for maintaining quality in education programs stating 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. If policy prevents this body from writing such a letter, provide contact information below.
- an individual or organization with experience in EMS CE attesting to the quality of the educational product offered by the applicant.
- Contact Information for Relevant Government Body (if applicable)

Name of Government Body:

Name of Contact:

Street Address:

City:

State:

Country:

Postal Code:

Telephone:

Fax:

Email:

Website:

Section III – Maintenance of Accreditation

The responses to items in this section of the application must comply with CAPCE Standards and Requirements for Organizational Accreditation (S&R), Section 3.B

Experience in Delivering CE to EMS Professionals

This application will request up to one year's prior data for your program. You may choose the time period which you would like to report. That time period may not end more than six months prior to the date on this. Indicate below the yearlong period for which you will report data:

From:

To:

From this point forward, all questions relate to the year you have just specified.



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| Title of Activity | Date(s) Offered | #Of CEH Per Offering | # of Participants for all Offerings | Course format (one-time live event; live multiple event; distributed learning) | Location |
|-------------------|-----------------|----------------------|-------------------------------------|--|----------|
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Management and Supervision

Identify the individual within your organization who will be ultimately responsible for maintaining accreditation standards.

Name:

Title:

Street Address:

City:

State:

Postal Code:

Country:

Telephone

Fax:

Email:

Website:

This person must acknowledge the Site Visit Agreement below.

Site Visit Agreement

I agree that CAPCE reserves the right to perform random site visits at its sole discretion to verify compliance with the Conditions of Accreditation Organizations (S&R, Section 6.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 with the Conditions of Accreditation for Organizations (S&R, Section 6.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



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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.

Acknowledged By: _____

Acknowledged On:

Section IV – Physical Infrastructure

The responses to items in this section of the application must comply with **CAPCE Standards and Requirements for Accreditation (S&R), Section 2.B**. What type of CE delivery mechanism(s) do you plan to use during the three-year accreditation period? Choose all that apply:

- Traditional Live Classrooms
- Live Training
- VILT

Other:

a) Distributed Learning Activities (DL)

- Do you plan to offer online certification (card-bearing) course(s)? Yes No
- If you plan to offer any type of DL activity, provide the URL at which the reviewers may perform an assessment of all types of DL activities you propose to offer. Url:
- Describe the delivery platform for each type of DL activity you plan to offer.

- Describe the mechanism that allows participants to ask for and receive additional information.
- Describe the mechanism that ensures participants complete the summative test only after they have participated in the course content.
- Describe any need for variance from the standards listed in The S&R for a specific activity, how it will vary and how it will meet the spirit of the S&R.

b) Traditional Live Classroom Activities

- Describe your facilities and how they provide for the comfort and safety of classroom participants.



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- Attach your policy for maintaining medical devices and consumable supplies.
- Attach a copy of an inventory of equipment and supplies.
- Describe your dedicated audiovisual equipment along with the cleaning and replacement policies.

Section V – Mission Statement

The responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 3.C.**

Attach the organization's mission statement that supports its EMS CE mission, signed by its governing individual or body.

Section VI – Human Resources

The responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 3.D**

- Attach the applicant's organization chart.
- Describe the staffing assigned to the EMS educational mission and CAPCE accreditation and their duties.
- Attach the job description(s) of the person(s) responsible for coordinating the educational program and its accreditation.
- If your organization has subdivisions (divisions, departments, chapters, etc.) involved in the EMS CE program or partnerships with other companies involved in the delivery of EMS CE, describe the process in place to ensure that all subdivisions and partners operate as a unified educational system, that all subdivisions/partnerships meet CAPCE requirements, and that the person listed in Section III of this application has appropriate authority and/or support to require compliance from all subdivisions/partners.
- Describe the internal controls to ensure effective use of resources (budget, personnel, facilities, etc.) address your organization's EMS CE mission

Section VII – Medical Oversight/Physician Medical Director

Attach the following:

- Attach the CV for the EMS physician medical director.
- Attach the applicant's agreement with its EMS physician medical director.
- Attach a job description that shows the EMS physician medical director will fulfill the required duties.
- Indicate how much time the physician medical director dedicates to the program.
- Describe how the physician medical director interacts with the organization to assure a quality EMS CE product.



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Section VIII – Needs Assessment

Responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 2.C.**

- Provide details and data regarding needs assessment activities for the year designated above in Section III.
- Attach an example of your most recent needs assessment, the methodology used, the results, and the actions taken to address the results.

Section IX – Conflict of Interest Disclosure: Authors and Faculty

Responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 2.E.**

Attach the form you will use and explain in the comments area below how you will post disclosure information for authors and/or faculty so that students are aware of any conflicts of interest before participating in the activity.

Comments:

Section X – Evaluation

The responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 2.F.**

Attach an example of each type of evaluation listed below that is applicable to the CE you plan to offer:

- Participant Summative Test Materials
- Participant Overall Evaluation Of Activity
- Participant Evaluation of Individual Sessions

Describe in the space below how your organization uses the information from evaluations to make appropriate revisions to its activities.

Section XI – Privacy Issues

Responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 2.N.**

The following statement must be provided to students before they participate in an activity:

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.



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Describe how you will communicate the statement in Section 2.N. to students and how students will acknowledge that they have read the statement.

Section XII – Program Committee and Instructional Design

The responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Sections 3.F and 2.D.**

Describe the composition of your organization's EMS CE program/ committee.

| Name | Title (Dr., Nurse, Paramedic, etc.) | Job Title |
|------|-------------------------------------|-----------|
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Attach the following:

- CVs of all members of the program committee.
- Rules or procedures concerning how the committee votes to approve activities.
- Minutes from all prior meetings of the program committee during the year identified in Section III of this application. The minutes of the initial organizational meeting are sufficient if your program committee has organized recently.
- CVs or bios for the faculty for one activity.
- Using one activity that your organization offers, attach materials from the planning process or program committee minutes for that activity in which you demonstrate compliance with the requirements outlined in Section 2.D of the S&R.

Section XIII – Marketing

The responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 2.H.**

Attach marketing materials for at least three activities offered during the year designated in the application, including one activity that drew participants from more than 50 miles from the site, if applicable.



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Section XIV– Certificates

Materials submitted in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 2.I.**

Attach an example of the certificate your organization will issue.

Section XV – Attendance Verification, Records Maintenance and Reporting

The responses to items in this section of the application **must comply with CAPCE Standards and Requirements for Accreditation, Section 2.I.**

- Attach a written policy signed by the CEO that describes how you will collect the required information from each EMS provider, submit activity completion records to the CAPCE AMS, and store and secure all participation records, test scores and evaluation material.
- Describe the mechanism for reliably verifying EMS participant attendance for the time allotted to each topic or session, documenting the participant’s identity, recording time spent in the activity, recording test items and scores (if applicable), and tabulating a summary of the participants’ evaluations of the effectiveness of the activity. This mechanism must also meet the requirements of the state and professional organizations to which participants must report their CE.

Section XVI – Attesting Statement

To the best of my ability and knowledge, all the statements contained in this application are true and accurately represent the applicant organization.

Name:

Signature: _____

Date:

Section XVII – Conditions of Accreditation for Organizations

I agree to the Conditions of Accreditation for Organizations located in **CAPCE Standards and Requirements for Accreditation, Section 6.C.**

Name:

Signature: _____

Date:



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