

1 10A NCAC 13P .0602 is proposed for amendment as follows:

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3 **10A NCAC 13P .0602 BASIC AND ADVANCED EMS EDUCATIONAL INSTITUTION**
4 **REQUIREMENTS**

5 (a) Basic and Advanced EMS Educational Institutions may offer educational programs for which they have been
6 credentialed by the OEMS.

7 (1) EMS Educational Institutions shall complete a minimum of two initial courses at the highest level
8 educational program approved for the Educational Institution's credential approval period.

9 (2) EMS Educational Institutions that do not complete two initial courses for each educational program
10 approved shall be subject to action as set forth in Rule .1505 of this Subchapter.

11 (b) For initial courses, Basic EMS Educational Institutions shall meet all of the requirements for continuing EMS
12 educational programs defined in Rule .0601 of this Section and shall have:

13 (1) ~~at least~~ a Level I or higher EMS Instructor as each lead course instructor for all courses. The lead
14 course instructor must be credentialed at a level equal to or higher than the course and shall meet
15 the lead instructor responsibilities ~~under Standard III~~ of the CAAHEP Standards and Guidelines for
16 the Accreditation of Educational Programs in the Emergency Medical Services ~~Professions~~.
17 Professions as set forth in Rule .0501 of this Subchapter. The lead instructor shall:

18 (A) perform duties assigned under the direction and delegation of the program director.

19 (B) assist in coordination of the didactic, lab, clinical, and field internship instruction.

20 (2) a lead EMS educational program coordinator. This individual shall be a Level II EMS Instructor
21 credentialed at or above the highest level of course offered by the ~~institution,~~ institution. Newly
22 appointed program coordinators who have not attended an OEMS Program Coordinator Workshop
23 with the past year shall attend a workshop within one year of appointment as the program
24 coordinator; and:

25 (A) have EMS or related allied health education, training, and experience;

26 (B) be knowledgeable about methods of instruction, testing, and evaluation of students;

27 (C) have field experience in the delivery of pre-hospital emergency care;

28 (D) have academic training and preparation related to emergency medical services, at least
29 equivalent to that of a paramedic; and

30 (E) be knowledgeable of current versions of the National EMS Scope of Practice and National
31 EMS Education Standards as defined by USDOT NHTSA National EMS, evidence-
32 informed clinical practice, and incorporated by Rule .0501 of this ~~Section;~~ Subchapter;

33 (3) a lead EMS educational program coordinator responsible for the following:

34 (A) the administrative oversight, organization, and supervision of the program;

35 (B) the continuous quality review and improvement of the program;

36 (C) the long-range planning on ongoing development of the program;

37 (D) evaluating the effectiveness of the instruction, faculty, and overall program;

- 1 (E) the collaborative involvement with the Education Medical Advisor;
- 2 (F) the training and supervision of clinical and field internship preceptors; and
- 3 (G) the effectiveness and quality of fulfillment of responsibilities delegated to another qualified
- 4 individual;
- 5 (4) written educational policies and procedures that include:
- 6 (A) the written educational policies and procedures set forth in Rule .0601 of this Section;
- 7 (B) the delivery of cognitive and psychomotor examinations in a manner that will protect and
- 8 limit the potential for exploitation of such content and material;
- 9 (C) the exam item validation process utilized for the development of validated cognitive
- 10 examinations;
- 11 (D) the selection and monitoring of all in-state and out-of-state clinical education and field
- 12 internship sites;
- 13 (E) the selection and monitoring of all educational institutionally approved clinical education
- 14 and field internship preceptors;
- 15 (F) utilization of EMS preceptors providing feedback to the student and EMS program;
- 16 (G) the evaluation of preceptors by their students, including the frequency of evaluations;
- 17 (H) the evaluation of the clinical education and field internship sites by their students, including
- 18 the frequency of evaluations; ~~and~~
- 19 (I) completion of an annual evaluation of the program to identify any correctable deficiencies;
- 20 (J) the program annually assesses goals and learning domains that include how program staff
- 21 identify and respond to changes in the needs or expectations of the community's interests;
- 22 and
- 23 (K) an advisory committee representing all practice settings utilizing EMS personnel, including
- 24 clinical preceptor sites, shall assist the program to monitor community needs and
- 25 expectations and provide guidance to revise goals and responsiveness to change. The
- 26 advisory committee shall meet no less than annually.
- 27 (5) an Educational Medical Advisor that meets the criteria as defined in the "North Carolina College of
- 28 Emergency Physicians: Standards for Medical Oversight and Data Collection" who is responsible
- 29 for the following;
- 30 (A) medical oversight of the program;
- 31 (B) collaboration to provide appropriate and updated educational content for the program
- 32 curriculum;
- 33 (C) establishing minimum requirements for program completion;
- 34 (D) oversight of student evaluation, monitoring, and remediation as needed;
- 35 (E) ensuring entry level competence;
- 36 (F) ensuring interaction of physician and students; and

1 (6) written educational policies and procedures describing the delivery of educational programs, the
2 record-keeping system detailing student attendance and performance, and the selection and
3 monitoring of EMS instructors.

4 (c) For initial courses, Advanced Educational Institutions shall meet all requirements set forth in Paragraph (b) of this
5 Rule, Standard III of the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the
6 Emergency Medical Services Professions shall apply, and;

7 (1) The faculty must be knowledgeable in course content and effective in teaching their assigned
8 subjects, and capable through academic preparation, training, and experience to teach the courses
9 or topics to which they are assigned.

10 (2) A faculty member to assist in teaching and clinical coordination in addition to the program
11 coordinator.

12 (d) The educational institution shall notify the OEMS within 10 business days of a change to the program
13 coordinator or Medical Advisor position. The educational institution shall submit the change to the OEMS as an
14 addendum to the approved Educational Institution application within 30 days of the effective date of the position
15 change.

16 ~~(d)(e)~~ Basic and Advanced EMS Educational Institution credentials shall be valid for a period of four years, unless
17 the institution is accredited in accordance with Rule .0605 of this Section.

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19 *History Note: Authority G.S. 143-508(d)(4); 143-508(d)(13);*
20 *Temporary Adoption Eff. January 1, 2002;*
21 *Eff. January 1, 2004;*
22 *Amended Eff. January 1, 2009;*
23 *Readopted Eff. January 1, 2017;*
24 *Amended Eff. April 1, 2024; July 1, 2021.*