MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Education Program Compliance Manual

Updated 2025

“To protect the public’s health and safety through regulation and support of the EMS system.”

Version 2.1

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

335 Randolph Ave
Saint Paul, MN 55102
(651) 201-2800 FAX (651) 201-2812
https://mn.gov/oems

Education Program Coordinators and Instructors:

The Office of Emergency Medical Services (OEMS) and the Education Standards workgroup (comprised of EMSRB staff and educators) collaborated to create an interactive Education Program Compliance Manual as a resource for EMS education coordinators and instructors in the State of Minnesota back in 2016. This is the updated and revised version to reflect current EMS Education standards and updates to Minnesota statute.

The manual is divided into the following eight (8) sections:

1. Documents
2. Faculty
3. National Education Standards
4. Clinical / Field Experience
5. Student Information
6. Operational Procedures
7. eLicensing
8. Appendices

The OEMS recommends education program coordinators share this manual with instructors and examiners who provide EMS education in Minnesota and encourage them to review the National Education Standards and the NREMT Psychomotor Exam processes to prepare for providing accurate and up-to-date EMS education.

Education Program Requirements by EMS Provider Level

Documents	EMR Initial	EMR Refresher	EMT Initial	EMT Refresher	AEMT Initial	Paramedic Initial	AEMT/Medic Refresher
License Application	Required	Required	Required	Required	Required	Required	N/A
Program Coordinator	Required	Required	Required	Required	Required	Required	N/A
Medical Director	Required	Required	Required	Required	Required**	Required**	N/A
Program Site Visit/Approval	Required	Required	Required	Required	Required**	Required**	N/A
Faculty							
Instructor Qualifications (at level or above)	Required	Required	Required	Required	Required	Required	N/A
Faculty/DOT Certification	N/A	N/A	Required	Required	Required	Required**	N/A
National Education Standards							
Course Syllabus	Required	Required	Required	Required	Required	Required	N/A
Lesson Plans	Required	Required	Required	Required	Required	Required	N/A
Textbooks	Required	Required	Required	Required	Required	Required	N/A
Written Exam	N/A	N/A	Required	N/A	Required	Required	N/A
Skill Verification	Required	Required	Required	N/A	Required**	Required**	N/A
Clinical / Field Experience							
Clinical Field Experience	Recommended	N/A	Required	N/A	Required**	Required**	N/A
Background Studies	Recommended	N/A	Required*	N/A	Required*	Required*	N/A
Student Information							
Student Admission Criteria	Required	Required	Required	Required	Required	Required**	N/A
Student Enrollment Form	Required	Required	Required	Required	Required	Required	N/A
Operational Procedures							
Instructor Recruitment, Orientation, Performance Evaluation Process	Required	Required	Required	Required	Required	Required	N/A
eLicensing							
Course Notification	Required	Required	Required	Required	Required	Required	Required
Additional Information							
Instructional Aids & Equipment	Required	Required	Required	Required	Required	Required	N/A

* May be required by clinical training site - (Appendix D)

** Paramedic also has requirements that need to be met as part of Accreditation (CAAHEP)

Key Definitions

Word	Definition	Relationship to MN Certification
National EMS Education Standards	The National Emergency Medical Services Education Standards are a set of guidelines that define the minimum skills and knowledge needed for entry-level EMS personnel. The Standards are designed to ensure all EMS providers receive consistent and adequate training across the county.	Per statute, MN has adopted the National EMS Education Standards developed by the US Department of Transportation.
National Registry of Emergency Medical Technicians (NREMT)	The NREMT is an organization that provides a uniform process to assess the knowledge and skills of emergency medical service personnel.	Per statute, MN has adopted the NREMT exam for: - **Initial Certification:** Requires passing both cognitive and psychomotor exam for EMT and the cognitive exam for AEMT and paramedic levels. - **Refresher Certification:** Option to recertify through exam process for all levels. Requires NCCP refresher hours for AEMT and paramedic levels.
Office of Emergency Medical Services (OEMS)	Minnesota Statute 144E and Minnesota Rule 4690 give the OEMS authority to regulate EMS in MN. Based on statutes, as they apply to EMS certification and approval of EMS education programs, the OEMS: - **Sets policy and processes:** that verify an education program is able to follow required education standards and students have achieved minimum competency prior to issuing a registration or certification card. - **Enforcement and Compliance:** responsible for approving education programs and ongoing compliance of those programs for the purpose of public protection.	Education program and provider registration / certification levels are: - Driver - Emergency Medical Responder (EMR) - Emergency Medical Technician (EMT) - Community EMT (CEMT) - Advanced Emergency Medical Technician (AEMT) - Paramedic - Community Paramedic - Advanced RN/PA - Pre-hospital RN/PA

Key Definitions

Word	Definition / Role
State Official	OEMS Staff that oversees the entire EMT psychomotor examination process.
Approved Agent	Onsite agent approved by the OEMS to conduct the psychomotor exam on behalf of the State of Minnesota in accordance with the National Registry guidelines. To be eligible as an Approved Agent, the applicant must provide verification of the following: - Current CPR certification; - Credentialed at the level of the exam or higher; - Submit Approved Agent application signed by program medical director; - Complete director approved training webinar with OEMS Staff.
Exam Coordinator	Provides logistic support for conducting the EMT psychomotor exam and works closely with the Approved Agent.
Examiner	Examiners provide objective evaluation of candidates during psychomotor testing. To be an examiner, the applicant must provide verification of the following: - Current CPR certification; - Credentialed at the level of the exam or higher; - Watch the “Scoring Best Practices” video, linked on the application. - Submit Examiner application.

Table of Contents

(This page left blank intentionally)

TAB 1: Documents

- Licensing Application Documents

Purpose of Section	**Forms / Policies to Include**
This section provides education programs with the license application information required to submit for licensing.	• Copy of current education program approval certificate, issued by the State EMS Office • Copy of education program initial or renewal application, every 2-year renewal
Minnesota Statues / Rules	
Education Programs	
Minnesota Statute 144E.285, Subd. 1 Approval Required	(a) All education programs for an EMR, EMT, AEMT or paramedic must be approved by the director. (b) To be approved by the director, an education program must (1) submit an application prescribed by the director that includes: (i) type of course to be offered; (ii) names, addresses and qualifications of program medical director, education coordinator, and instructors; (iii) admission criteria; (iv) materials and equipment to be used. (2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the director applicable to EMR, EMT, AEMT, or paramedic education; (3) have program medical director and program coordinator; (4) utilize instructors who meet the requirements of section 144E.283 for teaching at least 50 percent of the course content. The remaining 50 percent of the course may be taught by guest lecturers approved by the education program coordinator or medical director; (5) retain documentation of program approval by the director; (6) notify the director of the starting date of a course prior to the beginning of a course; and (7) submit the appropriate fee as required under section 144E.29.
Education Programs	
Minnesota Statute 144E.285, Subd. 2 AEMT and Paramedic Program Requirements	(a) In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach AEMTs and paramedics must (1) be administered by an educational institution accredited by CAAHEP; (2) include names and addresses of clinical sites including a contact person; (3) maintain a written agreement with a licensed hospital or

	licensed ambulance service designating a clinical training site. (b) An AEMT and paramedic education program that is administered by an educational institution not accredited by CAAHEP, but that is in the process of completing the accreditation process, may be granted provisional approval by the director upon verification of submission of its self-study report and the appropriate review fee to CAAHEP
Definitions	
Minnesota Statute 144E.001, Subd. 14	**Education program coordinator** is an individual who serves as the administrator of an emergency care education program and is responsible for planning, conducting, and evaluating the program; selection of students and instructors; documenting and maintaining records; developing curriculum according to NHTSA, US DOT; and assisting with coordination of exam sessions and clinical training.
Minnesota Statute 144E.001, Subd. 11	**Program medical director** is a physician who is responsible for ensuring an accurate and thorough presentation of the medical content of an emergency medical care education program; certifying each student has successfully completed the course; and in conjunction with the program coordinator, planning and clinical training.
Related links and information can be found in Appendix A	

TAB 2: Faculty

- Instructor Qualifications
- Instructor Course Equivalencies

Purpose of Section	**Forms / Policies to Include**
This section provides education programs with the instructor qualification information required to submit for licensing.	• Roster of instructors and their qualifications and credentials
Minnesota Statues / Rules	
Education Programs	
Minnesota Statute 144E.285, Subd 1(b)(4) Approval Required	Utilize instructors who meet the requirements of section 144E.283 for teaching at least 50 percent of the course content. The remaining 50 percent can be taught by guest lecturers.
Instructor Qualifications (EMT Instructor) *	
Minnesota Statute 144E.283 Instructor Qualifications	(a) An emergency medical technician instructor must (1) possess a valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant, or RN; (2) Have two years active emergency medical practical experience; (3) be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the director; (4) successfully complete US DOT EMS Instructor Education Program or its equivalent as approved by the director (lead instructors only); (5) complete eight hours of CEUs in educational topics every two years, with documentation filed with the education program coordinator.
Instructor Qualifications (EMR Instructor)	
Minnesota Statute 144E.283 Instructor Qualifications	(b) An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Education Program must maintain this documentation in their files

DOT EMS Instructor equivalent courses:

- NAEMSE EMS Instructor (Level 1) course, OR,
- Possess Fire Instructor 1 certification, OR,
- Possess a bachelor's degree in education, OR,
- Possess a master's degree, or higher, in any field of study, OR,
- Successful completion of the MN State Faculty Credentialing process

Related links and information can be found in Appendix B

TAB 3: National Education Standards

- Education Standards
- Curriculum

Purpose of Section	**Forms / Policies to Include**
This section provides education programs with the curriculum information required to submit for licensing.	• Course outlines, textbooks, skill verification, lesson plans, examinations, reference materials
Minnesota Statues / Rules	
Education Programs	
Minnesota Statute 144E.285, Subd.1(b)(2) Approval Required	(b) To be approved by the director, an education program must (2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the director applicable to EMR, EMT, AEMT, or paramedic education.
Education Programs	
Minnesota Statute 144E.285, Subd. 1(b)(5) Approval Required	(b) To be approved by the director, an education program must (5) retain documentation of program approval by the director, course outline, and student information.
Agency Determination: The agency has adopted OSHA Standard 1910.120(q)(6)(i) (A) through (F)) as guidance at the Hazardous Materials Awareness Level. While specific courses are not named in MN Statute, nor the EMS Education Standards, some basic FEMA Independent Study courses will satisfy this requirement.	
Related links and information can be found in Appendix C	

(This page left blank intentionally)

TAB 4: Clinical / Field Experience

- Clinical / Field Rotation

Purpose of Section	**Forms / Policies to Include**
This section provides education programs with the clinical / field information required to submit for licensing.	• Written agreement(s) • Clinical rotation policy and objectives
Minnesota Statues / Rules	
Education Programs	
Minnesota Statute 144E.285, Subd. 1b(2) EMT Education Program Requirements	In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach EMTs must (2) maintain a written agreement with at least one clinical training site that is of a type recognized by the National EMS Education Standards established by the National Highway Traffic Safety Administration.
Background Studies on Licensees and Other Personnel	
Minnesota Statute 144.057, Subd 1(1) Background Studies Required	Individuals providing services that have direct contact, defined under section 245C.02, Subd. 11, with patients and residents in hospitals, boarding care homes, outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and home care agencies licensed under chapter 144A, assisted living facilities and assisted living facilities with dementia care licensed under chapter 144G; and board and lodging establishments that are registered to provide supportive or health supervision services under section 157.17.
Definitions	
Minnesota Statute 245C.02, Subd. 11 Direct Contact	"Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the program.

Agency Determination: Allowable clinical sites include hospitals, clinics, emergency departments, ambulance services, nursing homes, and doctor's offices, or on standardized patients and through patient simulation if clinical sites are not available.

Education Standards Definition of Standardized Patient: An individual who has been thoroughly trained to accurately simulate a real patient with a medical condition; a standardized patient plays the role of a patient for students learning patient assessment, history taking skills, communication skills, and other skills. (Education Standards, PDF page 61)

Education Standards Definition of Patient Simulation: An alternative to a human patient to help students improve patient assessment and management skills; a high-fidelity patient simulator provides realistic simulation that responds physiologically to student therapies. These simulators have realistic features such as chests that rise and fall with respirations, pupils that react to light, pulses that can be palpated, etc. (Education Standards, PDF page 60)

From the Department of Human Services website: Minnesota Department of Human Services requires background studies for people who work in certain health and human service programs, and in childcare settings if they provide care of have direct contact with vulnerable populations being served.

Note: EMR education does not require clinical experience.

Glossary

Academic institution – Body or establishment instituted for an educational purpose that provides college credit or awards degrees.

Accreditation – The granting of approval by an official review board after meeting specific requirements. Typical requisites may cover areas such as program structure, processes, resources and student evaluation. The review board is nongovernmental and the review is collegial and based on self-assessment, peer assessment and judgment. The purpose of accreditation is student protection and public accountability. Additionally, accreditation can provide consistent quality education evaluation for a program's continual improvement and provides for a more consistent and uniform graduate competency.

Advanced-level care – Care that has greater potential benefit to the patient, but also greater potential risk to the patient if improperly or inappropriately performed. It is more difficult to attain and maintain competency in and requires significant background knowledge in basic and applied sciences. This level of care includes invasive and pharmacological interventions.

Affective domain – Describes learning in terms of feelings/emotions, attitudes and values. Additionally, the affective domain covers many professional behaviors that are required by an EMS clinician to perform his or her role as a health care provider. (NAEMSE, 2020)

Asynchronous instruction/learning – An instructional method that allows the learner to use a self-directed and self-paced learning format to move through the content of the course. In this type of instruction, learner-to-learner and learner-to-instructor interactions are independent of time and place. Communications and submission of work typically follow a schedule while learners and instructors do not interact at the same time.

Certification – The issuing of a certificate by a private agency based upon deemed competency established through standards adopted by that agency and met by the individual.

Cognitive domain – Describes learning that takes place through the process of thinking—it deals with facts and knowledge. (NAEMSE, 2020)

Competency – Expected behavior or knowledge to be achieved within a defined area of practice.

Credential – Generic term referring to all forms of professional qualification.

Credentialing – The umbrella term that includes the concepts of accreditation, licensure, registration and professional certification. Credentialing can establish criteria for fairness, quality, competence, and/or safety for professional services provided by authorized individuals, for products or for educational endeavors. Credentialing is the process by which an entity, authorized and qualified to do so, grants formal recognition to or records the recognition status of individuals, organizations, institutions, programs, processes, services or products that meet predetermined and standardized criteria. (NOCA, 2006)

Credentialing agency – An organization that certifies an institution's or individual's authority or claim of competence in a course of study or completion of objectives.

Curriculum – A particular course of study, often in a specialized field. For EMS education, it has traditionally included instructional techniques, detailed lesson plans with identified objectives and

numerous forms of learner evaluation. Curriculum is developed and adopted at the education program based upon National EMS Education Standards and state and local regulatory requirements. The use of local advisory groups can help tailor education to a local community's needs.

Didactic – The instructional theory, the lesson content. (NAEMSE, 2020)

Distributive education – A generic term used to describe a variety of learning delivery methods that attempt to accommodate a geographical separation (at least for some of the time) of the instructor and learners. Distributed education includes computer and web-based instruction, distance learning through television or video, web-based seminars, video conferencing and electronic and traditional educational models.

Domains – A category of learning. (See Affective domain, Cognitive domain, and Psychomotor domain.) (NAEMSE, 2020)

Entry-level competence – The level of competence expected of an individual who is about to begin a career. The minimum competence necessary to practice safely and effectively.

Health screening – A test or exam performed to find a condition before symptoms begin. Screening tests may help find diseases or conditions early when they may be easier to treat. (Medline Plus definition)

Instructional Guidelines – An emeritus resource document that provided crossover guidance for instructional content within the 2009 National EMS Education Standards.

Licensure – The act of granting an entity permission to do something that the entity could not legally do without such permission. Licensing is generally viewed by legislative bodies as a regulatory effort to protect the public from potential harm. In the health care delivery system, an individual who is licensed tends to enjoy a certain amount of autonomy in delivering health care services. Conversely, the licensed individual must satisfy ongoing requirements that ensure certain minimum levels of expertise. A license is generally considered a privilege, not a right.

Medical oversight – Physician review and approval of clinical content and matters relevant to medical authority.

National EMS Core Content – The document that defines the domain of out-of-hospital care.

National EMS Education Program Accreditation – The accreditation process for institutions that sponsor EMS educational programs.

National EMS Education Standards – The document that defines the entry-level terminal knowledge content (depth and breadth), clinical behavior/judgement, and educational infrastructure for each licensure level.

National EMS Scope of Practice Model – The document that defines the scope of practice of the various levels of EMS licensure.

Patient simulation – An alternative to a human patient to help students improve patient assessment and management skills; a high-fidelity patient simulator provides realistic simulation that responds physiologically to student therapies. These simulators have realistic features such as chests that rise and fall with respirations, pupils that react to light, pulses that can be palpated, etc.

Post-graduate internship and/or experience – Experience gained after the student has completed and graduated from school.

Practice analysis – A study conducted to determine the frequency and criticality of the tasks performed in practice.

Preceptor – A clinical teacher or instructor who is responsible for evaluating and ensuring student progress during hospital and field experiences. This individual typically has training to be able to function effectively in the role.

Primary instructor – A person who possesses the appropriate academic and/or allied health credentials and understanding of the principles and theories of education, and the required instructional experience necessary to provide quality instruction to students. (NAEMSE, 2020)

Program director – The individual responsible for an educational program or programs.

Psychomotor domain – Describes learning that takes place through the attainment of skills and bodily or kinesthetic movements. (NAEMSE, 2020)

Registration agency – An agency that is traditionally responsible for providing a product used to evaluate a chosen area. States may voluntarily adopt this product as part of their licensing process. The registration agency is also responsible for gathering and housing data to support the validity and reliability of its product.

Regulation – A rule or a statue that prescribes the management, governance or operation parameters for a given group; tends to be a function of administrative agencies to which a legislative body has delegated authority to promulgate rules and regulations to "regulate a given industry or profession." Most regulations are intended to protect public health, safety and welfare.

Scope of practice – The description of what a licensed individual legally can and cannot perform.

Standardized patient – An individual who has been thoroughly trained to accurately simulate a real patient with a medical condition; a standardized patient plays the role of a patient for students learning patient assessment, history taking skills, communication skills and other skills.

Standard of care – The domain of acceptable practice, as defined by scope of practice, current evidence, industry consensus and experts. Standard of care can vary depending on the independent variables of each situation.

Synchronous instruction – Instructional method whereby learners and instructors interact at the same time, either in the classroom or via a computer-driven course. This method allows for more immediate learner guidance and feedback using face-to-face, instant text-based messaging or real-time voice communications.

Team leader – Someone who leads the call and provides guidance and direction for setting priorities, scene and patient assessment and management. The team leader may not actually perform all the interventions but may assign others to do so.

(This page left blank intentionally)

Clinical Behavior/Judgment

	EMR	EMT	AEMT	Paramedic
Assessment	• Perform a simple assessment to identify life threats, identify injuries requiring spinal motion restriction and conditions requiring treatment within the scope of practice of the EMR:	• Perform a basic history and physical examination to identify acute complaints and monitor changes. • Formulate a field diagnosis based upon an actual and/or potential illness or injury.	• Perform a basic history and physical examination to identify acute complaints and monitor changes. • Formulate a field diagnosis based upon an actual and/or potential illness or injury.	• Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. • Relate assessment findings to underlying pathological and physiological changes in the patient's condition. • Integrate and synthesize the multiple determinants of health and clinical care. • Formulate a field diagnosis based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology and epidemiology. • Perform health screening and referrals.
Therapeutic Communication and Cultural Humility	• Effectively communicates in a non-discriminatory manner that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome.			
Psychomotor Skills	• Safely and effectively perform all psychomotor skills within the *National EMS Scope of Practice Model* AND state Scope of Practice at this level.			

Clinical Behavior/Judgment

	EMR	EMT	AEMT	Paramedic
Professionalism	Demonstrate professional affective domain behaviors including but not limited to: • Integrity • Empathy/compassion • Self-motivation • Appearance/personal hygiene • Self-confidence • Communications • Time management • Teamwork/diplomacy • Respect • Patient advocacy • Careful delivery of service • Lifelong learning			Is a role model of exemplary professional affective domain behaviors including but not limited to: • Integrity • Empathy/compassion • Self-motivation • Appearance/personal hygiene • Self-confidence • Communications • Time management • Teamwork/diplomacy • Respect • Patient advocacy • Careful delivery of service • Lifelong learning
Decision Making	• Initiates simple interventions based on assessment findings.	• Initiates interventions based on assessment findings intended to provide symptom relief (within the provider's scope of practice) while providing access to definitive care • Evaluates the effectiveness of interventions and modifies treatment plan accordingly.		• Performs interventions as part of a treatment plan intended to provide symptom relief and improve the overall health of the patient. • Evaluates the effectiveness of interventions and modifies treatment plan accordingly. • Evaluates decision making strategy for cognitive errors to enhance future critical thinking skills (metacognition)
Record Keeping	• Report and document assessment findings and interventions performed.	• Report and document assessment findings, interventions performed, and clinical decision making		
Team Dynamics	• Manage the scene until care is transferred to an EMS team member licensed at a higher level arrives.	• The entry-level clinician serves as a team member, while gaining the experience necessary to function as the team leader.		
Safety	• Ensure the safety of the rescuer, other public safety personnel, civilians and the patient.			

Educational Infrastructure

	EMR	EMT	AEMT[2]	Paramedic
Educational Facilities	• Facility sponsored or approved by sponsoring agency • Sponsoring agency commitment to diversity, equity and inclusion • ADA compliant facility • Sufficient space for class size • Controlled environment			Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www.coaemsp.org)[1]
Student Space	• Provide space sufficient for students to attend classroom sessions, take notes, and participate in classroom activities • Provide space for students to participate in kinematic learning and practice activities			
Instructional Resources	• Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction			
Instructor Preparation Resources	• Provide space for instructor preparation • Provide support equipment for instructor preparation			
Storage Space	• Provide adequate and secure storage space for instructional materials			

[1] *The National EMS Education Agenda for the Future*: A Systems Approach (2000) calls for national accreditation of Paramedic programs. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). CAAHEP is the only national agency that offers Paramedic educational programmatic accreditation and is used or recognized by most states. Recognition of national accreditation remains the responsibility of each state.

[2] The 2019 and 2021 updated *National Scope of Practice Model* call for national accreditation of AEMT programs. The target for full implementation of AEMT program accreditation is January 1, 2025. Until that date, AEMT programs should reference the existing infrastructure suggestions within this document. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).CAAHEP is the only national agency that offers EMS programmatic accreditation and is used or recognized by most states. Recognition of national accreditation remains the responsibility of each state.

Educational Infrastructure

	EMR	EMT	AEMT	Paramedic
Sponsorship	Sponsoring organizations shall be one of the following: • Accredited educational institution • Public safety organization • Accredited hospital, clinic or medical center, or • Other state approved institution or organization			Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www.coaemsp.org)[1]
Programmatic Approval	• Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (state)			
Faculty	Course primary instructors should: • Be educated at a level higher than they are teaching; however, as a minimum, they must be educated at the level they are teaching • Have completed an approved instructor training program or equivalent			
Medical Director Oversight	• Provide medical oversight for all medical aspects of instruction			
Hospital/Clinical Experience	• None required at this level	• The student must demonstrate the ability to perform an adequate assessment and implement an adequate treatment plan. - These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, on a standardized patient or in an alternative clinical environment when clinical access is not available.	• The student must demonstrate the ability to perform an adequate assessment and implement an adequate treatment plan.	

Educational Infrastructure

	EMR	EMT	AEMT	Paramedic
Field Experience	• None required at this level	• The student should participate in and document patient contacts in a field experience in an ambulance, mobile health care experience, or simulated environment when ambulance experience is not available as approved by the medical director and program director. This may occur in an ambulance, ambulance experience, or simulated environment when ambulance experiences are not available.	• The student must participate in and document both patient contacts and team leadership roles in a field experience approved by the medical director and program director.	Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www.coaemsp.org)[1]
Course Length	• Instructors may use a variety of formats to deliver content including but not limited to: - Independent student preparation - Synchronous or asynchronous instruction - Face-to-face instruction - Pre- or co-requisites • **Course length should be based on competency, not hours** - Consensus opinion is that students should need a minimum of 48 didactic and laboratory clock hours to cover the material.	• Instructors may use a variety of formats to deliver content including but not limited to: - Independent student preparation - Synchronous or asynchronous instruction - Face-to-face instruction - Pre- or co-requisites • **Course length should be based on competency, not hours** - Consensus opinion is that students should need a minimum of 150 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material	• Instructors may use a variety of formats to deliver content including but not limited to: - Independent student preparation - Synchronous or asynchronous instruction - Face-to-face instruction - Pre- or co-requisites • **Course length should be based on competency, not hours** - Consensus opinion is that students should need a minimum of 200 clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material	
Course Design	• Provide the following components of instruction: - Didactic instruction - Skills laboratories	• Provide the following components of instruction: - Didactic instruction - Skills laboratories - Hospital/clinical experience - Field experience		
Student Assessment	• Perform knowledge, skill and professional behavior evaluation based on educational standards and program objectives • Provide several methods of assessing achievement • Provide assessment that measures, as a minimum, entry-level competency in all domains			
Program Evaluation	• Provide evaluation of program instructional effectiveness • Provide evaluation of organizational and administrative effectiveness of program			

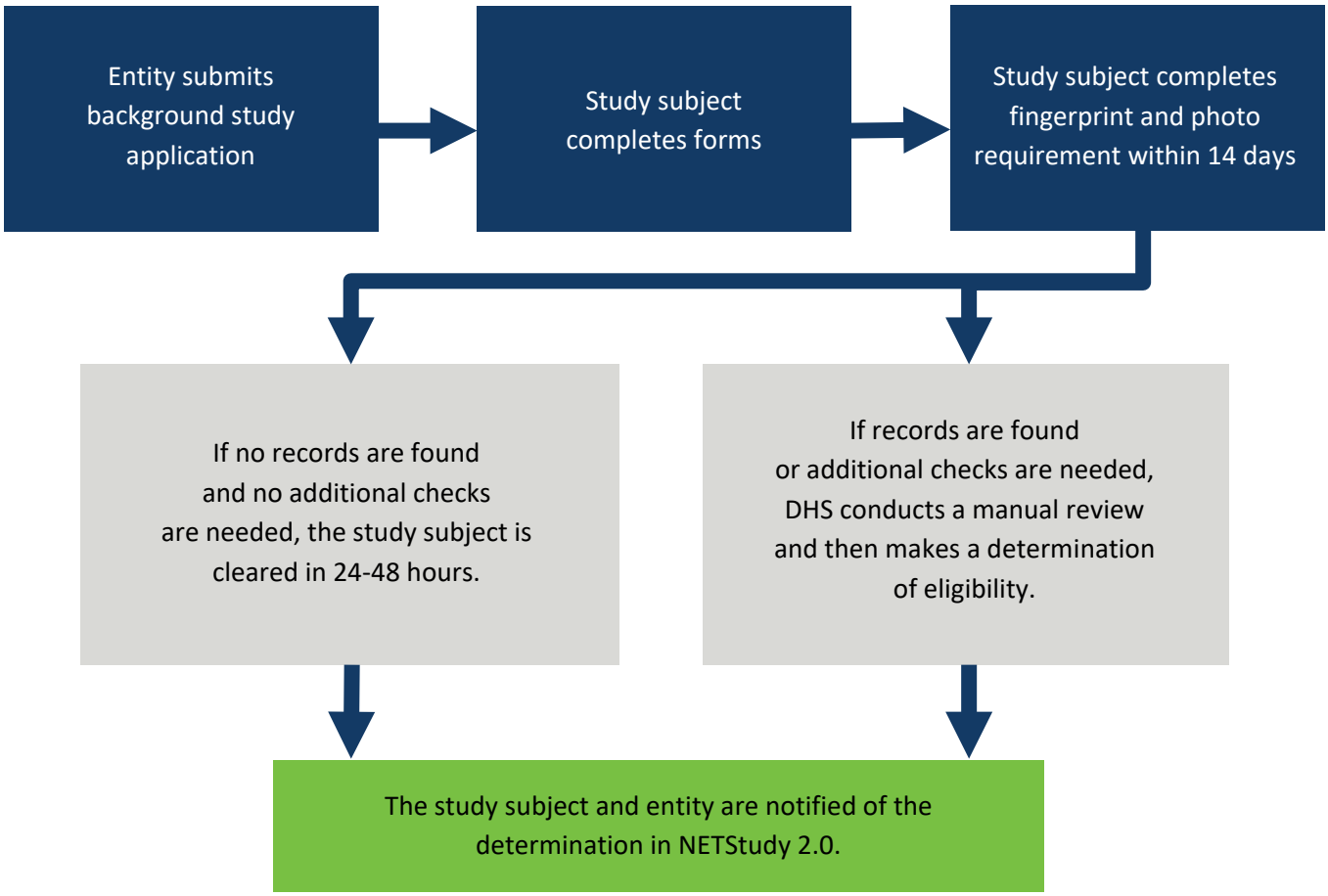
(This page left blank intentionally)

DEPARTMENT OF HUMAN SERVICES

Background Studies Overview

Background studies safeguard children, vulnerable adults and those who receive health care and human services. People who have direct contact or access to vulnerable adults and children in their role as volunteers, employees or caretakers must have a Department of Human Services (DHS) background study that complies with state and federal requirements.

General Process



DHS will receive and review ongoing notifications about potentially disqualifying information regarding the study subject. If new information results in an updated determination, the study subject and entity will be notified.

Databases Searched

ALL studies include a search of the following:

- Minnesota Bureau of Criminal Apprehension
- Minnesota Predatory Offender Registry
- Minnesota Social Service Information System

SOME studies also require searches of:

- Out of state records
- FBI criminal history records information
- National Crime Information Center
- National Sex Offender Registry
- Minnesota state licensing boards
- Minnesota Nurse Aide Registry
- Minnesota and Federal OIG exclusion lists
- Child abuse neglect registry

Disqualifications and Reconsideration

Individuals with certain criminal or maltreatment histories are disqualified by law from working in various settings that serve children and vulnerable adults. A full list of disqualifications can be found in Minnesota Statutes §245C.14 and §245C.15.

All individuals who are disqualified have the right to request reconsideration. The form to request reconsideration is included with the notice explaining the disqualification. Study subjects may request reconsideration if the information used to disqualify is incorrect or they believe they do not pose a risk of harm to people receiving services. Some disqualifications are set aside. If the disqualification is set aside, the subject is allowed to work. If the disqualification is not set aside or if the person does not request reconsideration, the person will not be able to work in a direct care position.

FAQs

- The background study process is guided by Minnesota Statutes, chapter 245C.
- In calendar year 2024, DHS received 538,671 background study application requests.
- DHS conducts background studies for more than 60 provider types, including more than 35,000 entities, with many having unique study requirements.
- DHS receives automated updates of state criminal information from the Minnesota Court Integration System (MNCIS) and maltreatment information from the Minnesota Social Service Information System (SSIS).
- DHS administers Minnesota's in-state and out-of-state child abuse and neglect registry.
- Applications are submitted in NETStudy 2.0, a secure web-based system.

Applicant Access to Electronic Documents Help File

November 13, 2024

The Minnesota Department of Human Services (DHS) requires background study subjects to access their study documents through the **NETStudy 2.0 Applicant Data Entry Portal** (**Applicant Portal**).

Accessing documents electronically has many benefits, including immediate access to background study documents as soon as they are issued. This paperless option eliminates most documents being sent through standard mail. The system also stores documents so they may be accessed at any time. Study subjects will receive an email notification when a new document or determination is available. Disqualification notices, and authorization letters will continue to be sent by standard mail in addition to being available in the **Applicant Portal**.

This Help File provides study subjects with instructions on how to create an **Applicant Portal** user account, access their background study documents electronically, and use other features in the system.

In this Help File

Table of Contents

Create a New User Account

Use these instructions if you have never used the **Applicant Portal** before.

Go to the NETStudy 2.0 Applicant Portal at https://netstudy2.dhs.state.mn.us/Applicant.

1. Click the **Register as a new user** link and follow the instructions on the screen to register for an account. Be careful to spell your email address correctly, as this becomes your permanent username and is also the email address where your temporary password is sent. **IMPORTANT:** Providing your Social Security number (SSN) is not required but including it helps link your background documents to your account. It may also eliminate the need for you to be fingerprinted again. You may not need to be fingerprinted again for future background studies if you already have an eligible background study determination that includes your SSN and the new study meets the other criteria for a transferable background study. To learn more about transferable background studies, contact your entity.

2. You will receive an email with a temporary password. It is sent to the email address you provided when registering for an account. Use the temporary password to login for the first time.

3. Go back to the **Applicant Portal** login screen and enter your username/email address and temporary password.

4. Review the information on the **Terms and Conditions** screen. If you agree to the terms and conditions, check the **I Accept the Terms and Conditions** check box, and then click the **Accept** button.

5. On the **Change Password** screen, enter the temporary password in the Current Password field. Enter your new password in the New Password field, and then enter it again on the Confirm Password line. Click the **Change Password** button to complete this process.

6. On the **Security Question** screen, choose two security questions from the drop-down menus and provide the answers. Then click the **Submit** button.

Access Your Existing User Account

Use these instructions if you have already created an account in the **Applicant Portal**.

1. Go to the NETStudy 2.0 **Applicant Portal** at https://netstudy2.dhs.state.mn.us/Applicant.
2. Enter your username and password. Your username is the email address you used to create your account. If you forgot your password, click the **Forgot Password/Unlock** link on the login page to reset your password. If you forgot your username, contact the Background Studies Contact Center at dhs.netstudy2@state.mn.us or 651-431-66200.

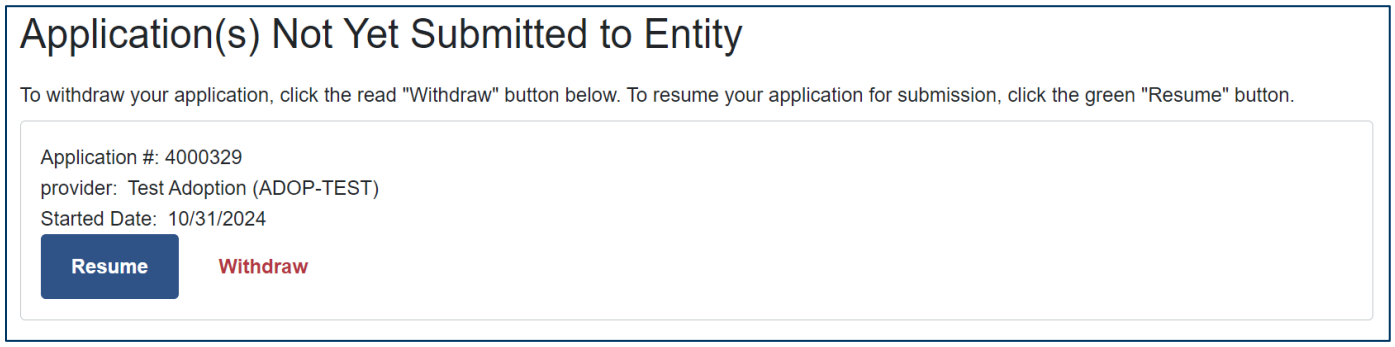
Background Study Updates

You will be informed through email notifications when new background study determinations and documents are available to view in your account. Email notifications will be sent to the email address saved on your **My Account** screen.

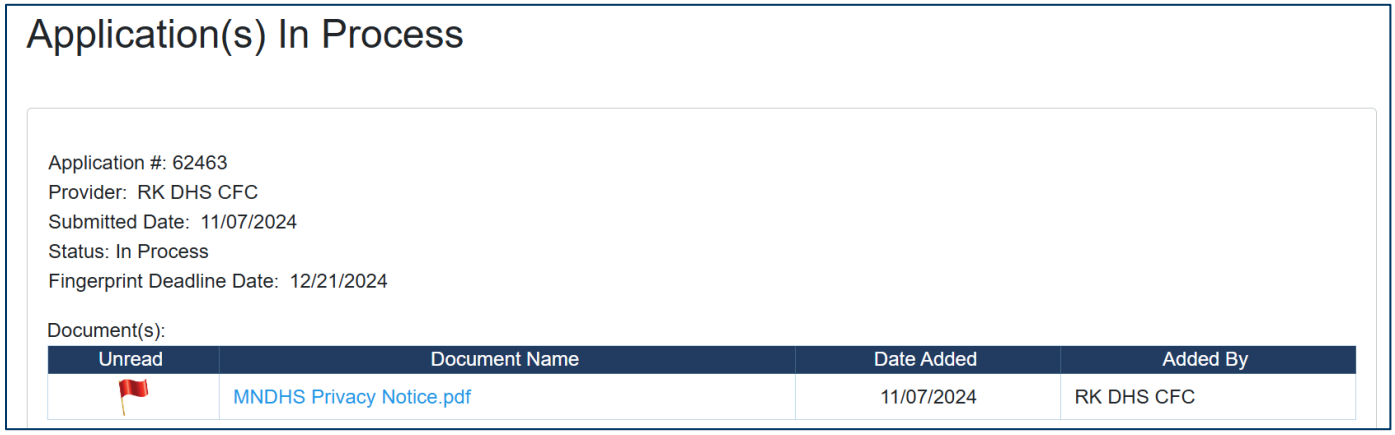
Background Study Statuses

Background study statuses are available on your **Home** screen.

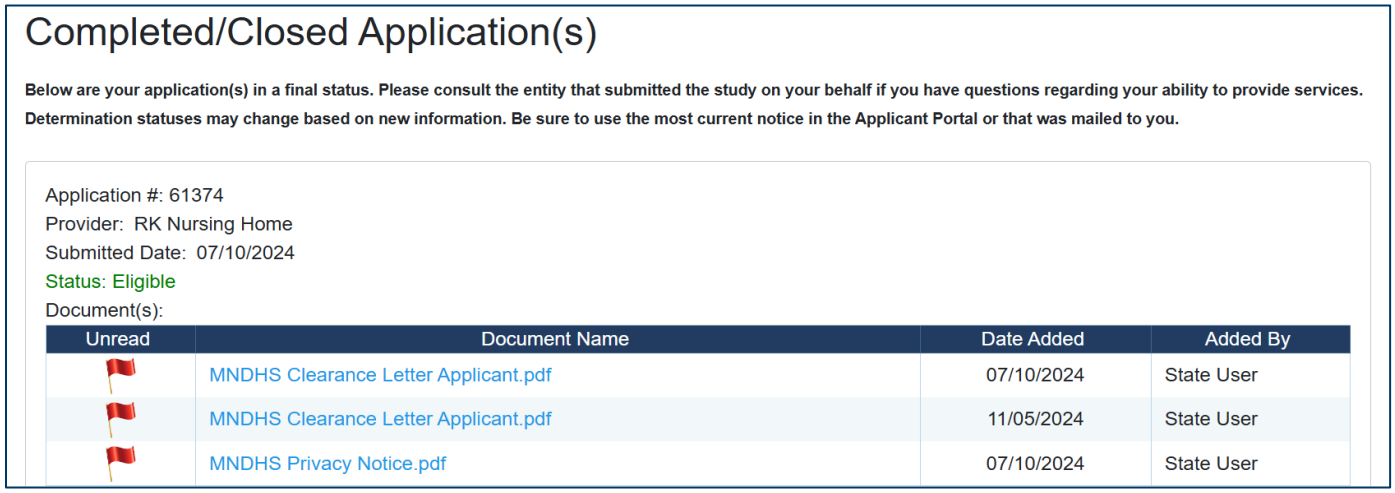
Applications that have not yet been submitted by the entity will appear in the **Application(s) Not Yet Submitted to Entity** section:



Applications that have been submitted but do not yet have a determination will appear in the **Application(s) In Process** section:



The **Completed/Closed Application(s)** section displays your application(s) in a final status. A determination status may change if DHS receives new information about you. Be sure to use the most current notice you receive from DHS:



Background studies with an eligible determination will state **Eligible**. This means you have a cleared background study and can provide unsupervised direct contact services for the entity.

Background studies with a disqualified determination will show **Disqualified**. This means you are not eligible to provide direct contact services in a position that requires a DHS background study. You will receive information about how to request reconsideration of the disqualification. This information will be sent by standard mail in addition to appearing in the Applicant Portal.

A **withdrawn** or **closed** status means the application is not a valid background study.

If there is not a Clearance Letter document included for an application, you are not cleared for this study. Please contact the entity that submitted the study on your behalf if you have questions regarding your ability to provide services.

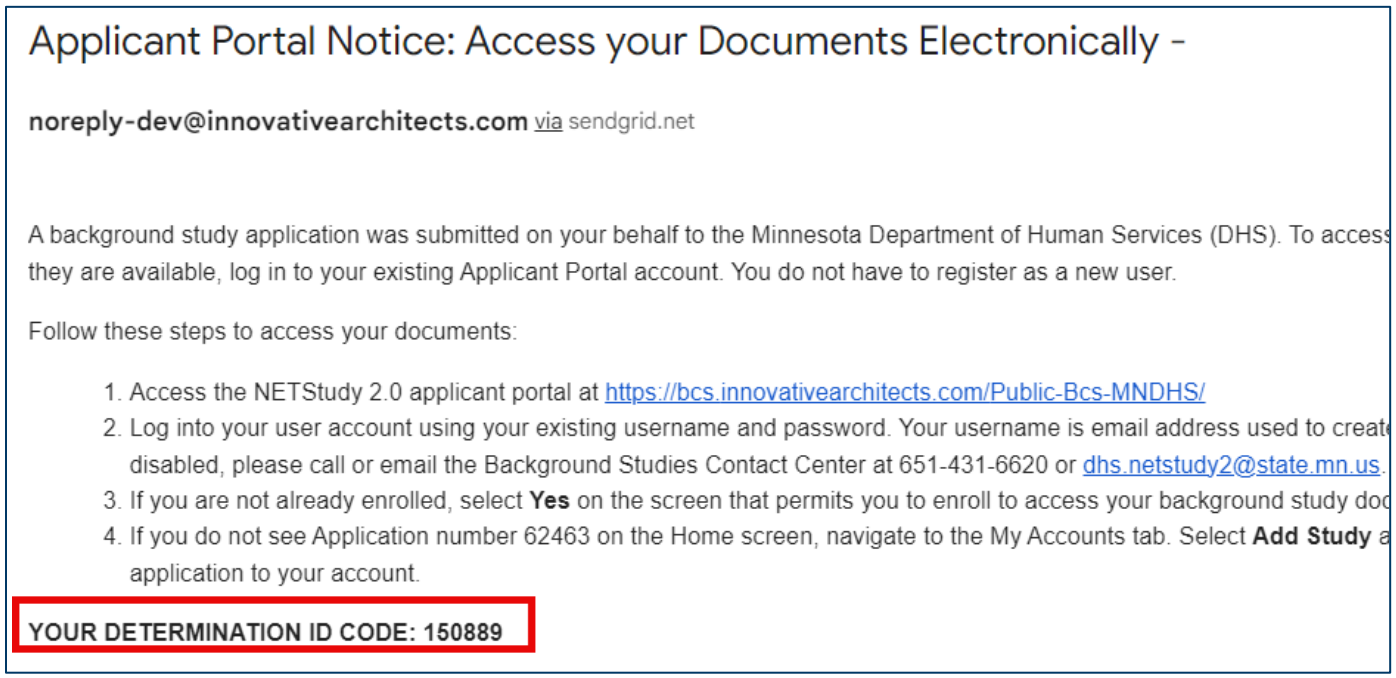
Accessing Your Background Study Documents

To review your Clearance Letters and other background study documents, click the name of the document. The document will open in a new window. You can save, download, or print the document. You may request printed notices by emailing or calling the Background Studies Contact Center at dhs.netstudy2@state.mn.us or 651-431-6620.

Add Additional Background Studies to Your Account

If you have additional background studies that are not listed on your **Home** screen, you can add these to your **Applicant Portal** by following the instructions below.

Find the **Determination ID Code.** This code may be in emails or background study documents you received from DHS in the past. Your Determination ID Code is different from your Application Number. If you cannot find your Determination ID Code, you may request it by contacting the Background Studies Contact Center at dhs.netstudy2@state.mn.us or 651-431-6620:



Applicant Portal Notice: Access your Documents Electronically -

noreply-dev@innovativearchitects.com via sendgrid.net

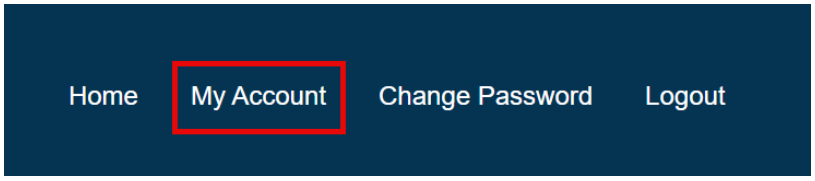
A background study application was submitted on your behalf to the Minnesota Department of Human Services (DHS). To access they are available, log in to your existing Applicant Portal account. You do not have to register as a new user.

Follow these steps to access your documents:

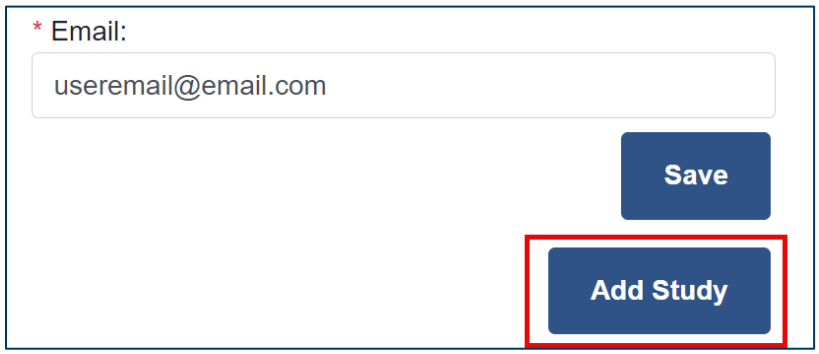
1. Access the NETStudy 2.0 applicant portal at https://bcs.innovativearchitects.com/Public-Bcs-MNDHS/
2. Log into your user account using your existing username and password. Your username is email address used to create disabled, please call or email the Background Studies Contact Center at 651-431-6620 or dhs.netstudy2@state.mn.us.
3. If you are not already enrolled, select **Yes** on the screen that permits you to enroll to access your background study doc
4. If you do not see Application number 62463 on the Home screen, navigate to the My Accounts tab. Select **Add Study** a application to your account.

YOUR DETERMINATION ID CODE: 150889

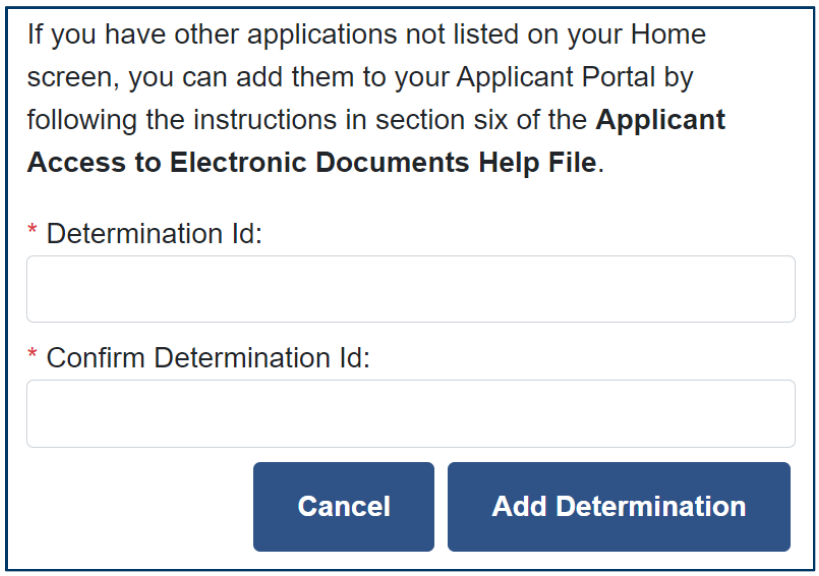
Once you have your **Determination ID Code,** click **My Account** in the upper right corner of the screen:



On the **Contact Information** screen, click **Add Study** at the bottom of the screen:



Two text fields will display. Enter the **Determination ID Code** in the Determination ID field and enter the same number in the Confirm Determination ID field:



Click the **Add Determination** button. The background study documents related to that Determination ID Code will display on your **Home** screen.

IMPORTANT: The name and date of birth associated with the Determination ID Code you are adding **must match exactly** to the name and date of birth in your user account. If the name and date of birth do not match exactly, an error will display on the screen that says **There was no match found with the search criteria you entered**. You will not be able to add that background study and related documents to your user account until the name is changed on the background study you are trying to add. Contact the entity who submitted the study on your behalf to request corrections or changes to your name or date of birth.

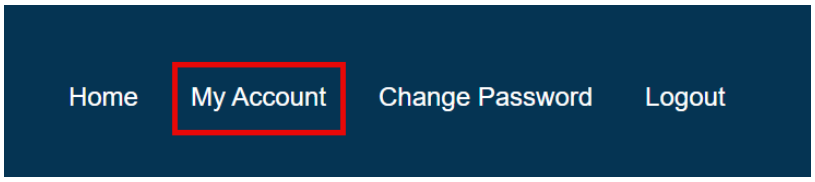
Update Your Information

In the **Applicant Portal** you may update your mailing address, phone number, and email address at any time. Please keep your contact information updated to receive important background study information.

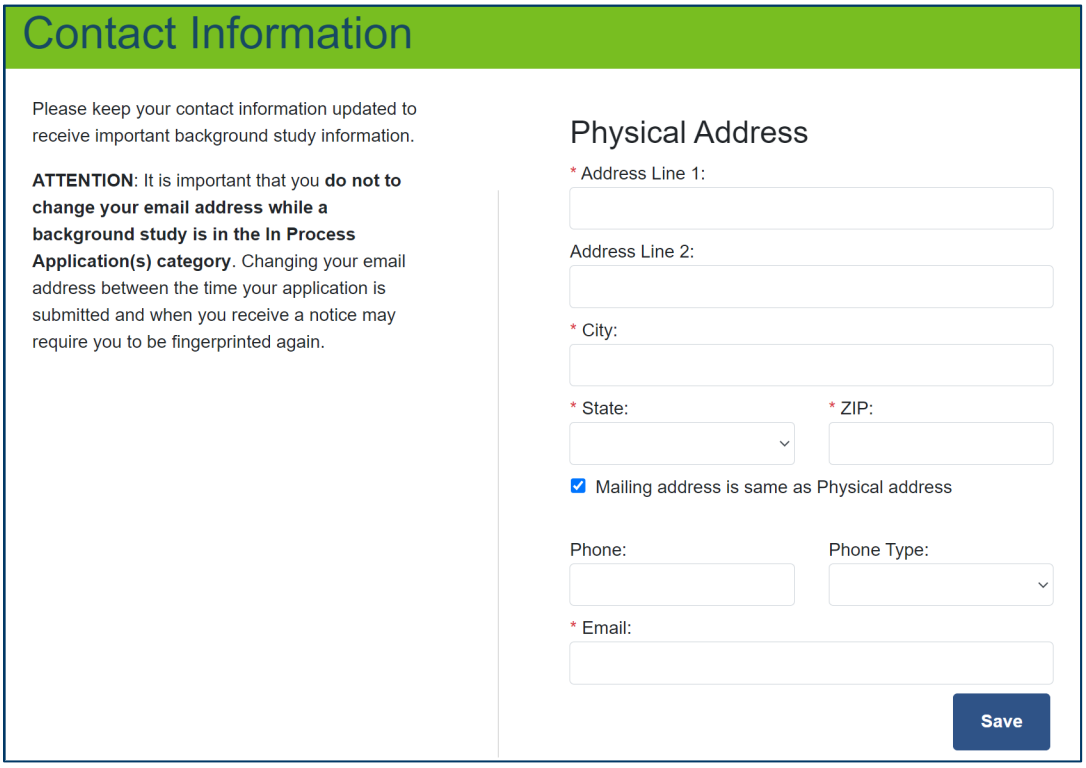
Do not change your email address while a background study is in the **In Process Application(s)** section. The **In Process Application(s)** header will appear on your **Home** screen when you have an application in process. Changing your email address after your application is submitted and before you receive a determination may require you to be fingerprinted again.

Updating your email address does not change the username used to login to the **Applicant Portal**. Your username continues to be the email address that was used when you created your account.

To update your contact information, click **My Account** in the upper right corner of the screen:



On the **Contact Information** screen, you may update your mailing address, phone number, or email address. To update, enter your current contact information in the fields provided and click **Save**:



(This page left blank intentionally)

TAB 5: Student Information

- Student Criteria

Purpose of Section	**Forms / Policies to Include**
This section provides education programs with the student criteria information required to submit for licensing.	• Admission criteria • Enrollment forms
Minnesota Statues / Rules	
Education Programs	
Minnesota Statute 144E.285, Subd. 1(b)(1)(iii) Approval Required	(b) To be approved by the director, an education program must (1) submit an application prescribed by the director that includes (iii) admission criteria for students.
Education Programs	
Minnesota Statute 144E.285, Subd. 1(b)(5) Approval Required	(b) To be approved by the director, an education program must (5) retain documentation of program approval by the director, course outline, and student information.
Education Programs	
Minnesota Statute 144E.285, Subd. 1b(3) Approval Required	In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach EMTs must maintain a minimum average yearly pass rate as set by the director. An education program not meeting this standard must be placed on probation and must comply with a performance improvement plan approved by the director until the program meets the pass-rate standard. While on probation, the education program may continue to provide classes if the program meets the terms of the performance improvement plan, as determined by the director. If an education program that is on probation status fails to meet the pass-rate standard after two years in which an EMT initial course has been taught, the director may take disciplinary action under subdivision 5.

Certification of EMT, AEMT, and Paramedic	
Minnesota Statute 144E.28, Subd. 9 Community Paramedics	(a) To be eligible for certification by the director as a community paramedic, an individual shall (1) be currently certified as a paramedic and have two years of full-time service as a paramedic or its part-time equivalent; (2) successfully complete a community paramedic education program from a college or university that has been approved by the director or accredited by a director-approved national accreditation organization. The education program must include clinical experience that is provided under the supervision of an ambulance medical director, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government.
Student Admission Requirement	
Minnesota Rule 4690.5600 Student Admission Requirement	Students admitted to an intermediate emergency care course must meet the following requirements: (A) current certification as an emergency medical technician; (B) employment or service as a volunteer with a licensee that provides or intends to provide the type of emergency care and treatment that is taught in the intermediate emergency care courses. Written verification of employment or volunteer service must be provided by the licensee's medical director.
Student Prerequisite	
Minnesota Rule 4690.6900 Student Prerequisite	Only persons who have successfully completed an emergency care course and who are currently certified as emergency medical technicians or intermediate emergency medical technicians may be admitted to an advanced emergency care course.
Agency Determination: The minimum average pass rate required of education programs was set at 70% based on the NREMT Pass/Fail Rate Report.	
Note: Individual programs' pass/fail rate report can be found under the Reports tab in your programs NREMT account. For additional questions about the report, contact the NREMT.	
Related links and information can be found in Appendix D	

EMR Initial

Education

- Completion of EMR Initial course through MN education program

OR

- Valid NREMT registration

Exam Requirements

- National Education Standards requires competency verification

- Following exams are recommended:
  - Written Exam
  - Psychomotor Skills Exam

Application Process

- Access MN eLicense portal to submit Initial application

EMR Renewal

Education

- Completion of EMR refresher through MN education program

OR

- Valid NREMT registration

Application Process

- Submit Renewal application prior to expiration date

Expired EMR

Expired **LESS** than 4 years	Expired **MORE** than 4 years
• Complete EMR Refresher through MN education program • Access MN eLicense Portal to submit Re-entry application	• Must take Initial EMR course again

EMT Initial

Education

- Completion of EMT Initial course through MN education program

OR

- Valid NREMT certification

Exam Requirements

- Pass NREMT Cognitive Exam

AND

- Pass NREMT Psychomotor Exam

Application Process

- Complete NREMT application and exam requirements

AND

- Access MN eLicense portal to submit the Initial application

EMT Refresher

Renewal Methods

24-hour EMT Refresher

- Completed through MN education program

**Satisfies state renewal requirements only

NCCP Renewal Course

- Completed through MN education program

**Satisfies both state and NREMT renewal requirements

NREMT

- Recertify by NREMT cognitive exam

**Satisfies both state and NREMT renewal requirements

Continuing Education

- Individual provider enters 48 hours of EMS related education

**Satisfies state renewal requirements only

Application Process

State Only

- Access MN eLicense portal
- Submit Renewal application

State and NREMT

- Submit NREMT Renewal application

AND

- Access MN eLicense portal to submit Renewal application

Expired EMT

Expired State

Expired **LESS** than 4 years

- Complete renewal requirements
- Access MN eLicense Portal to submit Re-entry application

Expired **MORE** than 4 years

- Must take EMT Initial course again

OR

- Have valid NREMT certification

Expired NREMT

- Contact NREMT

AEMT/Paramedic Initial

Education	Exam Requirements	Application Process
• Completion of AEMT/Paramedic Initial course through MN education program **OR** • Valid NREMT certification	• Pass NREMT Cognitive Exam	• Complete NREMT application and exam requirements **AND** • Access MN eLicense portal to submit Initial application

AEMT/Paramedic Refresher

Renewal Methods

NCCP Renewal Course	NREMT	Continuing Education
• Completed through MN education program **Satisfies both state and NREMT renewal requirements	• Recertify by NREMT cognitive exam **Satisfies both state and NREMT renewal requirements	• Individual provider enters 48 hours of EMS related education **Satisfies state renewal requirements only

Application Process

State Only	State and NREMT
• Access MN eLicense portal to submit the Renewal application	• Submit NREMT Renewal application **AND** • Access MN eLicense portal to submit Renewal application

Expired AEMT/Paramedic

Expired State		Expired NREMT
Expired **LESS** than 4 years	Expired **MORE** than 4 years	• Contact NREMT
• Complete renewal requirements • Access MN eLicense Portal to submit Re-entry application	• Must take AEMT/ Paramedic Initial course again **OR** • Have valid NREMT certification	

TAB 6: Operational Procedures

- Policies

Purpose of Section	**Forms / Policies to Include**
This section provides education programs with the policy information required to submit for licensing.	• Policies on instructor recruitment, orientation, and performance evaluation • Policies on student performance criteria, remediation, interview and evaluation

Minnesota Statues / Rules

Education Programs

Polices Required

- Instructor recruitment process
- Instructor orientation process
- Instructor performance evaluation
- Student performance criteria
- Student evaluation and remediation process

Related links and information can be found in Appendix E

(This page left blank intentionally)

TAB 7: eLicense

- Course Notification

Purpose of Section	Forms / Policies to Include
This section provides education programs with the information required to manage courses and attendees.	• Course notification • Managing attendees • Program renewal information

Minnesota Statues / Rules	
Education Programs	
Minnesota Statute 144E.285, Subd. 1(b)(6) Approval Required	(b) To be approved by the director, an education program must (6) notify the director of the starting date of a course prior to the beginning of a course.
Education Programs	
Minnesota Statute 144E.285, Subd. 4 Reapproval	An education program shall apply to the director for reapproval at least 30 days prior to the expiration date of its approval and must (1) submit an application prescribed by the director specifying any changes from the information provided for prior approval and any other information requested by the director to clarify incomplete or ambiguous information presented in the application.

Agency Determination: If an education program is applying for reapproval more than 90 days after program expiration, a site visit must be conducted prior to reapproval.

Related links and information can be found in Appendix F

(This page left blank intentionally)

Appendices

Appendix A - Documents

- Education Program Instructions and Application
- Instructional Aids and Equipment List
- Program Coordinator Change / Addition Form
- Program Medical Director Change / Addition Form
- EMR / EMT Program Inspection Form
- AEMT / Paramedic Inspection Form

Appendix B - Faculty

- Instructor Qualifications Policy

Appendix C – National Education Standards

- HAZMAT Awareness
- Incident Management

Appendix D – Student Information

- State EMT Psychomotor Exam Documents
- NREMT Scoring Flowchart
- Approved Agent / Examiner Application

Appendix E - Operational Procedures

- Sample Forms

Appendix F – eLicensing

- Managing Courses and Adding Attendees
- Program Renewal Instructions

(This page left blank intentionally)

Appendix A

Documents

- Education Program Instructions and Application (https://mn.gov/oems/ems-providers)
- Recommended Instructional Aids and Equipment List (https://mn.gov/oems/ems-providers)
- Program Coordinator Change / Addition Form (https://mn.gov/oems/ems-providers)
- Program Medical Director Change / Addition Form (https://mn.gov/oems/ems-providers)
- EMR / EMT Program Inspection Form (https://mn.gov/oems/ems-providers)
- AEMT / Paramedic Inspection Form (https://mn.gov/oems/ems-providers)

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Education Program Application Instructions

Please read all sections carefully

Provide all information requested by this application form. Incomplete or illegible applications will be returned. Be sure to sign on the last page. The review and decision by the Director of the Office of Emergency Medical Services (OEMS) for approval will be made based on information provided in this application.

Applications will not be reviewed until they are deemed complete. The OEMS will request additional information as needed. Delays in providing the information may lead to a delay in the Director's review of the application and decision regarding approval.

Program Name

- The program name must be the public business name.
- This is the physical location at which the program will operate.
- The OEMS will mail any significant correspondence to this address.

Telephone

Provide a primary phone number of management during normal business hours. Provide an alternate phone number (preferably cell number). Include area codes with all numbers.

E-mail

The OEMS will use e-mail as the primary means of communicating approval information and other important information to education programs. Please provide an e-mail address that is accessed daily by someone who is familiar with the general operation of the program, preferably the program coordinator.

Type of Program

Check the type of course(s) for the proposed program. For AEMT and Paramedic levels, proof of accreditation or self-study must be included with the application.

Minnesota Statutes 144E.285 Education Programs. Subd. 2. AEMT and paramedic requirements. *(a) In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach AEMTs and paramedics must: (1) be administered by an educational institution accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP); (b) An AEMT and paramedic education program that is administered by an educational institution not accredited by CAAHEP, but that is in the process of completing the accreditation process, may be granted provisional approval by the director upon verification of submission of its self-study report and the appropriate review fee to CAAHEP.*

Education Program Coordinator

This is the person to contact at the business phone number. This person serves as the administrator of an emergency care education program and who is responsible for planning, conducting, and evaluating the program; selecting students and instructors; documenting and maintaining records; developing a curriculum according to the National EMS Education Standards; and assisting in the coordination of examination sessions and clinical training. Include OEMS certification level and instructor qualifications if applicable.

Education Program Medical Director

Provide the name and contact information of the program Medical Director. The Medical Director is a physician who is responsible for ensuring an accurate and thorough presentation of the medical content of an emergency care education program; certifying that each student has successfully completed the education course; and in conjunction with the program coordinator, planning the clinical training. Please obtain an original wet ink signature for the application and medical director agreement.

Retain a copy of the medical director agreement in your files.

Course Instructors

List the names, contact information and qualifications of instructors approved by your medical director.

Instructors for EMR Programs

Minnesota Statutes 144E.283 Instructor Qualifications. *(b) An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.*

Instructors for EMT Programs

Minnesota Statutes 144E.283 Instructor Qualifications. *(a) An emergency medical technical instructor must: (1) possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant or registered nurse; (2) have two years of active emergency medical practical experience; (3) be recommended by*

a medical director of a licensed hospital, ambulance service, or education program, approved by the director; (4) successfully complete the United States Department of Transportation Emergency Medical Services Instructor Education Program or its equivalent as approved by the director, and (5) complete eight hours of continuing education in educational topics every two years, with documentation filed with the education program coordinator.

The following are approved or equivalent to DOT EMS Instructor courses:

- Complete the NAEMSE EMS Instructor (Level 1) Course OR
- Complete a course that follows the DOT EMS Instructor Education Program curriculum OR
- Possess Fire Instructor 1 Certification OR
- Possess a bachelor's degree in education OR
- Possess a master's degree or higher in any field of study OR
- Successful completion of the MNState Faculty Credentialing process

Clinical Sites

Provide the contact information for each site for which the program has a clinical site agreement. Retain a copy of each clinical site agreement in the program's files. **(EMR programs do NOT require clinical experience)**

Admission Criteria for Students

Briefly describe the criteria you will use to evaluate students for admission to your program. A copy of the full admission criteria must be retained in the program's files.

Instructor Recruitment and Orientation

Briefly describe the criteria you will use to recruit qualified instructors to your program and the orientation process for those instructors. A copy of the full recruitment and orientation policy must be retained in the program's files.

Instructional Aids and Equipment

Ensure all items on the recommended Instructional Aids and Equipment list are available for inspection prior to submitting the application. All instructional aids and equipment must be available for inspection at the site visit.

Attachments

Please label and number additional attachments submitted with the application. Please keep a file copy of the application for your reference as the review process progresses.

Certification of Accuracy

Signatures of the Program Coordinator ***AND*** Program Medical Director are required. Unsigned applications will be considered incomplete and returned.

Education Application Fee

The fee for an education program application is ***$100.00***. The fee ***MUST*** be received by the OEMS before the application will be considered complete. Only complete applications will be processed.

Review and Approval

The OEMS determines whether an educational program application is complete. The decision may be to accept an application, or to request additional information. The application review process will not begin until the application is determined to be complete. Allow an ample amount of time for the entire approval process to be completed. If you have any questions about this application or the approval process, please contact our offices at info.oems@state.mn.us or by phone at 651-201-2800 to speak with one of the EMS Specialists.

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Education Program Application

Minnesota Statutes 144E.285, Subd. 1. Approval Required: *(a) All education programs for an EMR, EMT, AEMT, or paramedic must be approved by the director.*

Program Contact Information

Program Name:		
Street Address:		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	
E-mail:		
Website (if applicable):		

Requesting Approval for the Following Programs

	***Emergency Medical Responder - Initial**		**EMR Refresher**
	***Emergency Medical Technician - Initial**		**Emergency Medical Technician – 24-hour Refresher**
	****N**ational **C**ontinued **C**ompetency **R**equirement (**NCCR**) Components		
	AEMT - Include proof of accreditation or self-study for review		
	Paramedic - Include proof of accreditation or self-study for review		

*Initial Courses should include didactic, laboratory, clinical and field experience as recommended in the National Education Standards appropriate to the level.

**National Continued Competency Requirement components administered by an Approved Education Program must meet the guidelines put forth by the National Registry of EMTs.

Program Information and Personnel

Education Program Coordinator

Minnesota Statutes 144E.001, Subd. 14. Education Program Coordinator. *"Education program coordinator" means an individual who serves as the administrator of an emergency care education program and who is responsible for planning, conducting, and evaluating the program; selecting students and instructors; documenting and maintaining records; developing a curriculum according to the National EMS Education Standards by the National Highway Transportation Safety Administration (NHTSA), United States Department of Transportation; and assisting in the coordination of examination sessions and clinical training.*

Name:			
Street Address:			
City:		State:	Zip:
Primary Phone:	Alternative Phone:		
E-mail:			
OEMS Certification Level & Number (If applicable):			

Education Program Medical Director

Minnesota Statutes 144E.001, Subd. 11. Program medical director. *"Program medical director" means a physician who is responsible for ensuring an accurate and thorough presentation of the medical content of an emergency care education program; certifying that each student has successfully completed the education course; and in conjunction with the program coordinator, planning the clinical training.*

Name:			
Street Address:			
City:		State:	Zip:
Primary Phone:	Alternate Phone:		
E-mail:			
Clinic or Hospital Employed By:			
Minnesota M.D. License Number:	OEMS Number (if applicable):		

Course Faculty (as approved by the Medical Director)

***Minnesota Statutes 144E.285 Education Programs.** *(b) To be approved by the director, an education program must: (4) utilize instructors who meet the requirements of section 144E.283 for teaching at least 50 percent of the course content. The remaining 50 percent of the course may be taught by guest lecturers approved by the education program coordinator or medical director.*

Minnesota Statutes 144E.283 Instructor Qualifications. *(a) an emergency medical technician instructor must: (1) must possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician assistant, or registered nurse; (2) have two years of active emergency medical practical experience; (3) be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the director; (5) complete eight hours of continuing education in educational topics every two years, with documentation field with the education program coordinator.*

(b) An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Program Faculty

Name:	OEMS Certification Level & Number:	
Street Address:		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	
E-mail:	Emer. Med. Experience:	
Instructor Qualifications:		

Name:	OEMS Certification Level & Number:	
Street Address:		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	
E-mail:	Emer. Med. Experience:	
Instructor Qualifications:		

Name:	OEMS Certification Level & Number:	
Street Address:		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	
E-mail:	Emer. Med. Experience:	
Instructor Qualifications:		

Adjunct Faculty (as approved by the Medical Director)

Name:	OEMS Certification Level & Number:	
Street Address:		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	
E-mail:	Emer. Med. Experience:	
Instructor Qualifications:		

Name:	OEMS Certification Level & Number:	
Street Address:		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	
E-mail:	Emer. Med. Experience:	
Instructor Qualifications:		

Name:	OEMS Certification Level & Number:	
Street Address:		
City:	State:	Zip:

Primary Phone:	Alternate Phone:
E-mail:	Emer. Med. Experience:
Instructor Qualifications:	

Clinical Training Sites (written agreement with site must be available for review)

Minnesota Statutes 144E.285, Subd. 1b. EMT education programs requirements. *In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach EMTs must: (2) maintain a written agreement with at last one clinical training site that is of a type recognized by the National EMS Education Standards established by the National Highway Traffic Safety Administration.*

(EMR does not currently require clinical experience)

(Use Additional Sheets as Needed)

Clinical Site:			
Site Contact:			
Street Address:			
City:		State:	Zip:
Telephone:	Cell:	Fax:	
E-mail:		Agreement on File: (Y) ☐ (N) ☐	

Clinical Site:			
Site Contact:			
Street Address:			
City:		State:	Zip:
Telephone:	Cell:	Fax:	
E-mail:		Agreement on File: (Y) ☐ (N) ☐	

Student Admission Criteria (enrollment forms must be available for review)

Please list all criteria for admission to your program. Example criteria are available in the Education Program Compliance Manual, along with Student Enrollment Forms for you use.

(Use additional pages as needed)

Instructor Recruitment and Orientation (program's policy must be available for review)

Please list all criteria for recruitment and orientation of instructors for your program.

(Use additional sheets as needed)

Instructional Aids and Equipment

Please check appropriate boxes:

☐ Didactic Classroom Space
☐ Technical Equipment (i.e. computer, A/V equipment, etc.)
☐ Textbook
☐ Workbook corresponding to textbook
☐ Syllabuses, lesson plans
☐ Quizzes and exams
☐ Student Guides and Reference Materials
☐ Guest lecturers
☐ Enrichments
☐ Records Retention Policy
☐ Practical Skills Practice Area
☐ Equipment (see Inspection Form or Appendix A)
☐ Clinical / Field Rotations – overview, objectives, and guidelines

Signatures

Program Coordinator Signature:	
(You may electronically sign this document by typing "/s/" before your full name. Example: John F Doe is /s/ John Francis Doe)	
Name (please print):	Date:

☐ I understand this application will not be processed until payment is received by the OEMS.

Initial

Medical Director Attestation

I, _____ Medical Director of _____

Education Program have reviewed and approved the contents of this application.

Medical Director Signature:	
(Medical Director signature must be original, wet-ink signature)	
Name (please print):	Date:

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Instructional Aids and Equipment

Minnesota Statutes 144E.285, Subd. 1(b)(1)(iv)). Approval Required. *(b) To be approved by the director, an education program must: (1) submit an application prescribed by the director that includes: (iv) materials and equipment to be used.*

Note: this list is designed as a reference, please refer to the EMS Education Standards should you need further guidance.

Classroom / Office

☐ Didactic Classroom Space
☐ Practical Skills Practice Area
☐ Educational Aids (AV equipment, PowerPoint, computer(s))

Personal Protective Equipment: gloves, masks, gowns, eye protection

☐ Sufficient amounts for student / candidate use

Mechanical Aids to Breathing

☐ Intubation Manikin
☐ O2 Cylinder (2)
☐ Oxygen Regulator (2)
☐ O2 Delivery devices (NRM, nasal cannula, connection tubing – adult and pediatric sizes)
☐ Bag-Valve-Mask Device with reservoir (adult, child, infant)
☐ Oropharyngeal/Nasopharyngeal Airways (various sizes including pediatric)
☐ Supraglottic Airway – specific model as approved by medical director
☐ Suction Device (mechanical or electric; tubing, rigid & flexible catheters, sterile water)
☐ Tongue Blade

CPR Equipment

☐ Manikins (adult, child, infant & supply of disposable parts)
☐ Manikin Cleaning Supplies
☐ AED Trainer(s) (with current AHA guidelines)
☐Mouth-to-Barrier device

Patient Assessment & Vital Signs

☐ BP cuffs (2)
☐ Stethoscope (3 regular, 1 training)
☐ Penlight (2)
☐ Moulage Kit or similar substitute (for psychomotor evaluation purposes)
☐ Outer garments to cut away (for psychomotor evaluation purposes)
☐ Scissors (2)
☐ Blankets (4)
☐ Tape (4)
☐ Watch with second hand (1)

Spinal Injury Management Equipment

☐ Long Supine backboard with securing straps
☐ Head Immobilization device
☐ Cervical Collars (various sizes)
☐ Padding (towels, cloths, etc)
☐ Armless chair (for psychomotor evaluation purposes)

Splinting & Bandaging Equipment

☐ Rigid Splint materials (various sizes: board, air, vacuum, commercial)
☐ Traction Splint
☐ Commercial Tourniquet
☐ Dressings & Bandages (various: Cravats (6), Kling, Kerlix, etc. (2ea), bleeding, burn)

Enrichments (please list any additional)

☐ Extrication (various extrication tools & supplies)
☐ Moulage
☐ Other:

Advanced Emergency Medical Technician

☐ Blood Glucose Monitor
☐ IV Infusion
☐ Infusion arm
☐ IV solutions (need a selection but may be expired)
☐ Administration sets (need a selection but must have microdrip tubing (60gtts/cc))
☐ IV catheters (need a selection)
☐ Tourniquets, alcohol preps, gauze pads (2x2, 4x4), tape
☐ Approved sharps container
☐ IO Infusion
☐ Intraosseous infusion manikin (extra replacement parts)
☐ Administration sets
☐ IV extension sets or 3-way stopcocks
☐ Intraosseous needles (as approved by medical director)
☐ Alcohol preps, gauze pads (2x2, 4x4), tape, bulky dressings
☐ Syringes (various sizes including 10, 20 & 35 mL)
☐ Medication administration supplies
☐ Nebulizer administration sets
☐ Prefilled medications (Atropine, Epinephrine 1:10,000, Naloxone, Dextrose, plus others)
☐ Syringes & needles various sizes to include 1, 3 or 5, 10, 20 & 35 mL)

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Education Program Coordinator Change Form

☐ **Replacing Current Program Coordinator** ☐ **In Addition to Current Program Coordinator**

Minnesota Statutes 144E.001, Subd.14. Education Program Coordinator. *"Education program coordinator" means an individual who serves as the administrator of an emergency care education program and who is responsible for planning, conducting, and evaluating the program; selecting students and instructors; documenting and maintaining records; developing a curriculum according to the National EMS Education Standards by the National Highway Transportation Safety Administration (NHTSA), United States Department of Transportation; and assisting in the coordination of examination sessions and clinical training.*

Education Program Name: _____

Program Coordinator Name: _____ MN EMS #_____

Program Address: _____

Telephone: _____ Email: _____

Program Coordinator being replaced and effective date: _____

Instructors

Minnesota Statues 144E.283. Instructor Qualifications. (a) *An emergency medical technician instructor must: (1) possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant, or registered nurse; (2) have two years of active emergency medical practical experience; (3) be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the board; (4) successfully complete the United States Department of Transportation Emergency Medical Services Instructor Education Program or its equivalent as approved by the board; and (5) complete eight hours of continuing education in educational topics every two years, with documentation filed with the education program coordinator.*

(b) An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Instructor Name	Certification Level	MN EMS #	Expiration Date	Instructor Qualifications	Teach more than 50%, Y/N

Signature

Program Medical Director: _____ Date: _____

Medical Director: _____

(Print Name)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Education Program Medical Director Change / Addition Form

Minnesota Statutes 144E.001, Subd. 11. Program medical director. *"Program medical director" means a physician who is responsible for ensuring an accurate and thorough presentation of the medical content of an emergency care education program; certifying that each student has successfully completed the education course; and in conjunction with the program coordinator, planning the clinical training.*

☐ **Replacing Current Program Medical Director** ☐ **In Addition to Current Program Medical Director**

Education Program Name: _____ License Number(s): _____

New MD Name: _____ MN Physician #/MN EMS #_____

Mailing Address: _____

City/ State/ Zip: _____

Telephone: _____ Email: _____

Retiring Program Medical Director Information

MD Name: _____

Mailing Address: _____

City/ State/ Zip: _____

Signature

New Medical Director: _____ Date: _____

Education Program Medical Director change information must be provided to the EMS Specialist assigned to your education program to ensure OEMS licensure records have current information.

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

335 Randolph Ave
Saint Paul, MN 55102
(651) 201-2800 (800) 747-2011 FAX (651) 201-2812 TTY (800) 627-3529
mn.gov/oems

EMR / EMT EDUCATION PROGRAM INSPECTION FORM

Date:

Education Program Name:	Program #:

STATUTES:

- **MS 144E.285 Education Programs, subd.1(a) Approval Required**: All education programs for EMR, EMT, AEMT, or paramedic must be approved by the board.
- **Subd.7 Audit.** The board may audit education programs approved by the board. The audit may include, but is not limited to, investigation of complaints, course inspection, classroom observation, review of instructor qualifications, and student interviews.
- * **MS 144.057 Background Studies: subd.1(1):** individuals providing services that have direct contact, as defined under 245C.02, subd.11 with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes and home care agencies, assisted living / dementia care facilities, amongst others outlined.

DOCUMENTS (Must be kept in program's records)

- ☐ License App. Documentation **(MS 144E.285, subd.1(b)(1))**
- ☐ Program Coordinator **(MS 144E.285, subd.1(b)(3))**
- ☐ Medical Director **(MS 144E.285, subd.1(b)(3))**
- ☐ Program Approval **(MS 144E.285 subd.1(b)(5))**
- ☐ Faculty **(MS 144E.285, subd.1(b)(4))**
  - ☐ Instructor Qualifications **(MS 144E.283)**
  - ☐ DOT Certification (EMT instructor only) **(MS 144E.283, (a)(4))**
  - ☐ Instructor CEU's **(MS 144E.283, (a)(5))**
- ☐ USDOT EMS Standards **(MS 144E.285, subd.1(b)(2))**
  - ☐ Course Outline **(MS 144E.285, subd.1(b)(5))**
  - ☐ Lesson Plans
  - ☐ Textbook and supplements; Reference Materials
  - ☐ Written Examinations
  - ☐ Skill Verification
- ☐ Clinical / Field Experience **(MS 144E.285, subd.1(b)(2))**
  - ☐ Written Agreements
  - ☐ Clinical Rotations & Objectives
  - ☐ Clinical / Field Rotation Form
  - ☐ Background Study Information/Account *(**MS 144.057, subd.1(1)**
- ☐ Student Admission Criteria **(MS 144E.285, subd.1(b)(1)(iii))**
- ☐ Student Information **(MS 144E.285, subd.1(b)(5))**
- ☐ Student Success Ratio **(MS 144E.285, subd.1b(3))**
- Operational Procedures
  - ☐ Instructor Recruitment Process
  - ☐ Instructor Orientation Process
  - ☐ Instructor Performance Evaluation
  - ☐ Student Performance Criteria
  - ☐ Student Evaluation & Remediation
- ☐ Course Notification **(MS 144E.285, subd.1(b)(6))**
  - ☐ Student Course Completion Confirmation (e-Licensing system)

Comments:

INSTRUCTIONAL AIDS AND EQUIPMENT (MS 144E.285 subd.1(b)(1)(iv))

- ☐ **Classroom/Office**
  - ☐ Didactic Classroom Space
  - ☐ Practical Skills Practice Area
  - ☐ Educational Aids (AV equipment, PowerPoint, computer(s)

RECOMMENDED EQUIPMENT

- ☐ **Personal Protective Equipment:** gloves, masks, gowns, eye protection
- ☐ **Mechanical Aids to Breathing**
  - ☐ Intubation Manikin
  - ☐ O2 Cylinder with regulator
  - ☐ O2 Delivery Devices (NRM, nasal cannula, connection tubing)
  - ☐ Bag-Valve-Mask Device with reservoir (adult, child, infant)
  - ☐ Oro/Nasopharyngeal Airways
  - ☐ Supraglottic Airway (Combitube, PTL or King LT)
  - ☐ Suction Device (tubing, rigid & flexible catheters, sterile water)
- ☐ **CPR Equipment**
  - ☐ Manikins (adult, child, infant & supply of disposable parts)
  - ☐ Manikin Cleaning Supplies
  - ☐ AED Trainer(s)
- ☐ **Patient Assessment & Vital Signs**: (BP cuffs, stethoscope, penlight)
- ☐ **Spinal Injury Management Equipment**
  - ☐ Spinal Immob. Equipment for all age groups
  - ☐ Cervical Collars (adjustable or in various sizes and pediatric sizes)
- ☐ **Splinting & Bandaging Equipment**
  - ☐ Fixation Splints (board, air, vacuum, commercial)
  - ☐ Traction Splint
  - ☐ Tourniquet, Dressings & Bandages (various: bleeding, burn, roller)
- ☐ **Enrichments** (please list any additional)
  - ☐ Blood Glucose Monitor
  - ☐ IV Infusion (infusion arm, catheters, solutions, administration sets)
  - ☐ IO Infusion (manikin, needles and/or drill device)
  - ☐ Medication Administration (prefilled meds, syringes, needles, sharps)
  - ☐ Moulage Kit or similar substitute
  - ☐ Extrication (various extrication tools & supplies)
  - ☐ Other:

FOR OFFICE USE ONLY

☐ **New Program Approval**

☐ **Program Audit/Re-Approval**

Correction Order Issued:

Number(s):

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

335 Randolph Ave
Saint Paul, MN 55102
(651) 201-2800 (800) 747-2011 FAX (651) 201-2812 TTY (800) 627-3529
mn.gov/oems

AEMT/PARAMEDIC
EDUCATION PROGRAM INSPECTION FORM

Date:

Program Name:	Program #:

STATUTES:

- **MS 144E.285 Education Programs, subd.1(a) Approval Required:** All education programs for EMR, EMT, AEMT, or paramedic must be approved by the board.
- **Subd.7 Audit.** The board may audit education programs approved by the board. The audit may include, but is not limited to, investigation of complaints, course inspection, classroom observation, review of instructor qualifications, and student interviews.
- *** MS 144.057 Background Studies:** Subd.1(1): individuals providing services that have direct contact, as defined under 245C.02, subd.11 with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes and home care agencies, assisted living / dementia care facilities, amongst others outlined

DOCUMENTS (Must be on file)

- ☐ License App. Documentation **(MS 144E.285, subd.1(b)(1))**
- ☐ Program Coordinator **(MS 144E.285, subd.1(b)(3))**
- ☐ Medical Director **(MS 144E.285, subd.1(b)(3))**
- ☐ CAAHEP Accreditation **(MS 144E.285, subd.2(a)(1))**
- ☐ Program Approval **(MS 144E.285 subd.1(b)(5))**
- ☐ Faculty **(MS 144E.285, subd.1(b)(4))**
  - ☐ Instructor Qualifications **(MS 144E.283)**
  - ☐ DOT Certification **(MS 144E.283, (a)(4))**
  - ☐ Instructor CEU's **(MS 144E.283, (a)(5))**
- ☐ USDOT EMS Standards **(MS 144E.285, subd.1(b)(2))**
  - ☐ Course Outline **(MS 144E.285, subd.1(b)(5))**
  - ☐ Lesson Plans
  - ☐ Textbook and supplements; Reference Materials
  - ☐ Written Examinations
  - ☐ Skill Verification
- ☐ Clinical / Field Experience **(MS 144E.285, subd.1(b)(2))**
  - ☐ Written Agreements
  - ☐ Clinical Rotations & Objectives
  - ☐ Clinical / Field Rotation Form
  - ☐ Background Study Information/Account * **(MS 144.057, subd.1(1)**
- ☐ Student Admission Criteria **(MS 144E.285, subd.1(b)(1)(iii))**
- ☐ Student Information **(MS 144E.285, subd.1(b)(5))**
- ☐ Student Success Ratio **(MS 144E.285, subd.1b(3))**
- Operational Procedures
  - ☐ Instructor Recruitment Process
  - ☐ Instructor Orientation Process
  - ☐ Instructor Performance Evaluation
  - ☐ Student Performance Criteria
  - ☐ Student Evaluation & Remediation
- ☐ Course Notification **(MS 144E.285, subd.1(b)(6))**
  - ☐ Student Course Completion Confirmation (e-Licensing system)

Comments:

INSTRUCTIONAL AIDS AND EQUIPMENT (MS 144E.285 subd.1(b)(1)(iv))

- ☐ **Classroom/Office**
  - ☐ Didactic Classroom Space
  - ☐ Practical Skills Practice Area
  - ☐ Educational Aids (AV equipment, PowerPoint, computer(s))

RECOMMENDED EQUIPMENT

- ☐ **Personal Protective Equipment:** gloves, masks, gowns, eye protection
- ☐ **Mechanical Aids to Breathing**
  - ☐ Intubation Manikin
  - ☐ O2 Cylinder with regulator
  - ☐ O2 Delivery Devices (NRM, nasal cannula, connection tubing)
  - ☐ Bag-Valve-Mask Device with reservoir (adult, child, infant)
  - ☐ Oro/Nasopharyngeal Airways
  - ☐ Supraglottic Airway (Combitube, PTL or King LT)
  - ☐ Invasive airway management (ETT)
  - ☐ Suction Device (tubing, rigid & flexible catheters, sterile water)
- ☐ **CPR Equipment**
  - ☐ Manikins (adult, child, infant & supply of disposable parts)
  - ☐ Manikin Cleaning Supplies
  - ☐ AED Trainer(s)
- ☐ **Patient Assessment & Vital Signs**: (BP cuffs, stethoscope, penlight)
- ☐ **Spinal Injury Management Equipment**
  - ☐ Spinal Immob. Equipment for all age groups
  - ☐ Cervical Collars (adjustable or various sizes and pediatric sizes)
- ☐ **Splinting & Bandaging Equipment**
  - ☐ Fixation Splints (board, air, vacuum, commercial)
  - ☐ Traction Splint
  - ☐ Tourniquet, Dressings & Bandages (various: bleeding, burn, roller)
- ☐ **Enrichments** (please list any additional)
  - ☐ Blood Glucose Monitor
  - ☐ Nebulizer administration sets
  - ☐ IV Infusion (infusion arm, catheters, solutions, administration sets)
  - ☐ IO Infusion (manikin, needles and/or drill device)
  - ☐ Medication Administration (prefilled meds, syringes, needles, sharps)
  - ☐ Moulage Kit or similar substitute
  - ☐ Extrication (various extrication tools & supplies)
  - ☐ Other:

FOR OFFICE USE ONLY

☐ **New Program Approval**
☐ **Program Audit/Re-Approval**

Correction Order Issued:
Number(s):

(This page left blank intentionally)

Appendix B

Faculty

- Instructor Qualifications Policy

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

POLICY--EMS Instructor Qualifications

From the Office of Emergency Medical Services, State of Minnesota

Version: 1.10
Effective Date: 01/01/2025
Approval: OEMS Director

Policy Statement

Minnesota Statute 144E.283 Instructor Qualifications delineates requirements for instructors teaching emergency medical technician and paramedic courses. Statute specifies the following requirements:

1. Possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant, or registered nurse;
2. Have two years active emergency medical practical experience;
3. Be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the board;
4. Successfully complete the United States Department of Transportation Emergency Medical Services Instructor Education Program or its equivalent as approved by the Director.

In August 2016, the previous agency the Emergency Medical Services Regulatory Board adopted the following as approved or equivalent EMS instructor qualifications, these equivalents are recognized by the OEMS Director:

- Complete the NAEMSE EMS Instructor (Level 1) Course OR
- Complete a course that follows the DOT EMS Instructor Education Program curriculum OR
- Fire Instructor 1 Certification OR
- Possess a bachelor's degree in education OR
- Possess a master's degree or higher in any field of study OR
- Successful completion of the MNState Faculty Credentialing process

Reason for the policy

Minnesota statute details specific requirements for instructors but also includes language allowing the Director to approve other criteria, specifically instructor certification requirements. This policy is intended to capture decisions made by the Director into a formal document that can be implemented and referenced by staff while evaluating instructors and education programs.

Roles & Responsibilities

This policy provides guidance to EMS specialists when evaluating new education program applications and when auditing existing education programs. It can also be referenced by any staff that are answering questions coming from the public. This policy should be reviewed and updated by the Director, or delegated staff member, whenever there are statutory changes relating to EMS instructors.

Applicability

This policy applies to the Office of Emergency Medical Services and Emergency Medical Services Education Programs approved under Minnesota Statute 144E.285.

Related Information

Applicable Statutes:

- Minnesota Statute 144E.283
- Minnesota Statute 144E.285

History

Version	Description	Date
1.0	Initial Policy	10/20/2022
1.1	OEMS adoption of previous policy from EMSRB, editorial conforming changes	01/01/2025

Contact

Dylan Ferguson

dylan.ferguson@state.mn.us

Appendix C

EMS National Education Standards Links

- EMS National Education Standards (https://www.ems.gov)
- OSHA Standards 1910.120(q) (6)(1) (A-F)) (https://www.osha.gov)
- IS-100: Introduction to the Incident Command System
- IS-700: Introduction to the National Incident Management System
- IS-200: Basic Incident Command System for Initial Response
- IS-5: Introduction to Hazardous Materials

FEMA courses listed above are subject to name and course number change at the discretion of the Government

(This page left blank intentionally)

Appendix D

Student Information

- State EMT Psychomotor Exam Request Form (https://mn.gov/oems/ems-providers)
- EMT Psychomotor Exam Timeline
- NREMT Scoring Flowchart (https://mn.gov/oems/ems-providers)
- Approved Agent / Examiner Application (https://mn.gov/oems/ems-providers)
- Sample Exam Roster (https://mn.gov/oems/ems-providers)
- Sample Psychomotor Retest Form (https://mn.gov/oems/ems-providers)
- NREMT User's Guide (https://content.nremt.org)

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

EMT Initial Psychomotor Exam Approval / Verification

This form must be submitted to the OEMS prior to the exam date for approval. Upon exam completion, this evaluation must be filled out and signed by the examination coordinator and forwarded to the Office of EMS.

Please submit for approval to your OEMS Specialist in Word Format

PSYCHOMOTOR EXAMINATION DATE:	**LEAD INSTRUCTOR:**
EXAM START TIME:	
EDUCATION PROGRAM NAME: **EXAMINATION SITE:**	
STATE OFFICIAL or APPROVED AGENT:	**EXAM ID:** ***(state office only)***
EXAM COORDINATOR NAME: **PHONE:**	
PHYSICIAN MEDICAL DIRECTOR: **PHONE:**	

Examiners Assigned to Initial Skills Stations *(cannot be the lead instructor)*				
Practical Skills Exam:	Date	Name	State Cert. #	Expire Date
Pt. Assessment - Trauma				
Pt. Assessment - Medical				
O2 Admin by Non-rebreather mask				
BVM Vent. Apneic Adult Pt				
Cardiac Arrest Mgt./AED				
Random				

Examiners Assigned to Re-Test Skills Stations *(cannot be the lead instructor)*				
Practical Skills Exam:	Date	Name	State Cert. #	Expire Date
Pt. Assessment - Trauma				
Pt. Assessment - Medical				
O2 Admin by Non-rebreather mask				
BVM Vent. Apneic Adult Pt				
Cardiac Arrest Mgt./AED				
Random				

The expected standards for this examination are found in the:

NATIONAL REGISTRY PSYCHOMOTOR EXAMINATION USERS GUIDE – Emergency Medical Technician

Name of person that read the "Skill Examiner Orientation to the Psychomotor Examination found in the NREMT Psychomotor Examination Users Guide: _____

Name of person that read the "Candidate Orientation to the Psychomotor Examination" found in the NREMT Psychomotor Examination Users Guide: _____

UNUSUAL SITUATIONS / EXAMINATION PROBLEMS ENCOUNTERED:

I verify this psychomotor examination has been conducted in accordance with the guideline of the National Registry of EMT's and the Minnesota OEMS.

_____

Exam Coordinator Signature / Date

_____

Approved Agent Signature / Date

Conducting the EMT Initial Psychomotor Examination Timeline

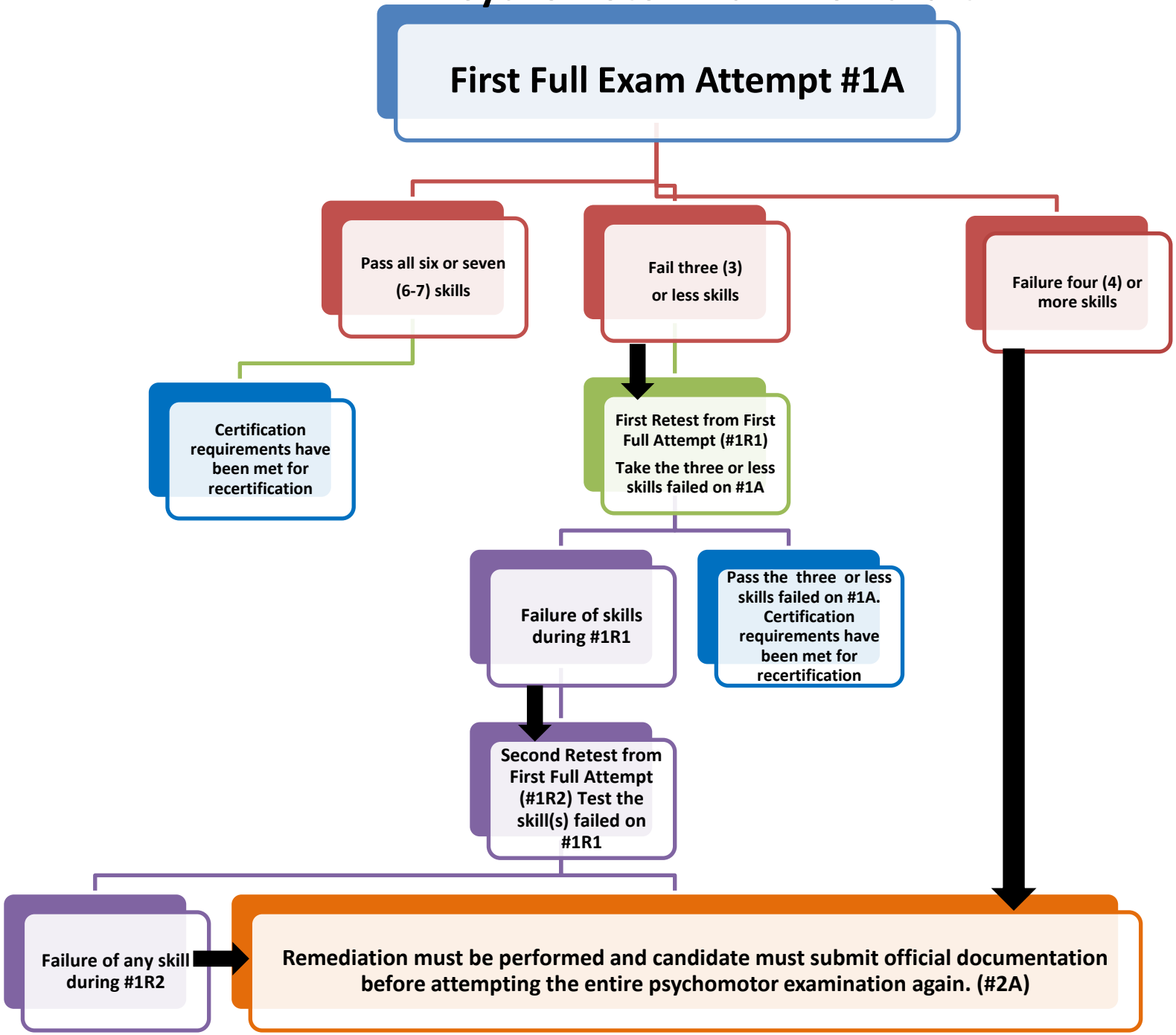
State Official - OEMS Staff
Approved Agent - Persons approved by the OEMS to oversee psychomotor examinations.
Exam Coordinator - is responsible for the overall planning, staffing, implementation, quality control, and validation of the psychomotor examination process in conjunction with the State EMS Official or approved agent.

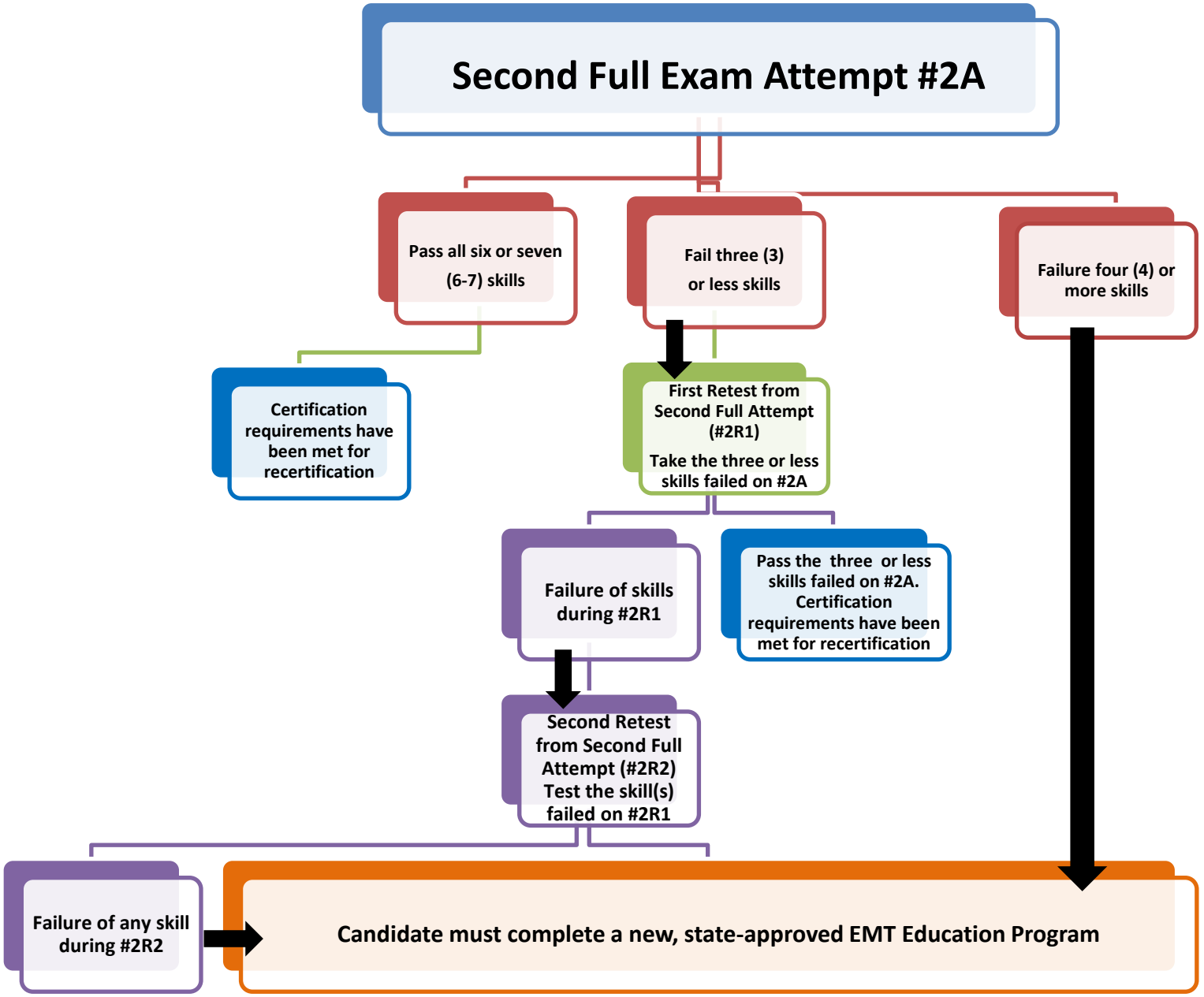
As defined by the NREMT User guide, the State EMS Official or Approved Agent must ensure that all candidates complete the psychomotor examination in the same standardized format. All Basic Level examinations are administered by the State EMS Office or approved agents.

Duty	State EMS Office	Approved Agent	Exam Coordinator	State Timeline	NREMT User's Guide Page #	Notes
Exam Approval						
Determine Exam Date			X	4-5 Weeks	**11-16**	With Approved Agent
Secure Facilities			X	4-5 Weeks		
Find Approved Agent			X	4-5 Weeks		
Request to host exam			X	4-5 Weeks		With State Official
Approval of Exam Date	X			4-5 Weeks		
Reservations						
Maintain Reservation List			X	3-4 Weeks	**12-13, 91**	
Submit Examiner List to State Official			X	3-4 Weeks	**102-103**	To State Official 1 week prior to exam
Verify Examiners qualifications	X			2-3 Weeks	**53-55**	
Forward Rosters to Approved Agent	X			2-3 Weeks		
Exam Day						
Set Up Skills Stations			X	1 day	**105-106**	If possible
Supply Examiners with Items			X		**57-89**	Essays, Candidate Instructions, Skill Sheets, Clipboard, Pencil, timer
Arrange Staffing			X		**14-16**	20 Candidates requires 6 Examiners, 2 EMT assistants, 4 Simulated Patients
Confirm Availability of MD			X		**37-41**	Must be available by Phone or pager
Serves as QA Team for Exam		X	X			MD, Exam Coordinator and either State Official or Approved Agent
Responsible for Flow of Exam		X	X		**16-17**	
Orientation of Skills Examiners		X			**27-30**	
Orientation of Candidates		X			**31-35**	
Verification of Candidates		X			**18-22**	Photo ID
Dispatching Candidates			X			
Visit Skills throughout exam		X				
Review Skill Evaluation Forms		X			**46-50**	Runner provides exam sheets to State Official or Approved Agent
Score Results and Tabulate Retest Needs		X				
Privately Inform candidates of Results		X				These are Unofficial results only
Completing Exam						
Submitting Records to NREMT			X		**24-25**	Official results are 3rd party confirmed on NREMT website by Exam Coord
Submitting Records to State Office		X			**52**	
Retention of Official Records	X					12 - 24 months or in accordance with retention schedule

(This page left blank intentionally)

NREMT Psychomotor Exam Flowchart




Second Full Exam Attempt #2A
Pass all six or seven (6-7) skills
Fail three (3) or less skills
Failure four (4) or more skills
Certification requirements have been met for recertification
First Retest from Second Full Attempt (#2R1)
Take the three or less skills failed on #2A
Failure of skills during #2R1
Pass the three or less skills failed on #2A. Certification requirements have been met for recertification
Second Retest from Second Full Attempt (#2R2) Test the skill(s) failed on #2R1
Failure of any skill during #2R2
Candidate must complete a new, state-approved EMT Education Program

Office Of Emergency Medical Services
EMT Level Examination Roster

ALL INFORMATION IN THIS SECTION WILL BE COMPLETED BY THE SPECIALIST - TRANSFERRED FROM THE EXAM APPROVAL FORM SUBMITTED BY THE EXAM COORDINATOR.
PLEASE ENSURE THE EXAM APPROVAL FORM IS COMPLETE

Psychomotor Exam Date: 1/1/2025	State Official/Approved Agent: Charles Souchery
Exam Location: OEMS	Exam Coordinator: Holly Jacobs
Exam ID #: M-2025-001-11.18njl	Exam Coordinator Phone: 651-201-2800
State Official On Call: Nicole Loomis 612-946-1209	Medical Director (Phone): 651-201-2800

	Pres. Or N/S	Candidate Name	Level	Prac. Take #	Assess. T	Assess. M	Vent. BVM	Vent. O2	CAM/ AED	Random BL	Random LB	Random JI	Comments	Contact Information
1	Pres	EMT A	EMT	1A	P	P	F	F	F	P			IR2 (must test different day)	phone:
				1R1			P	P	F					e-mail:
2	Pres	EMT B	EMT	1A	P	P	P	P	P	P			PASS	phone:
														e-mail:
3	Pres	EMT C	EMT	1A	F	F	P	P	F	F			FAIL (not eligbile for retest this day)	phone:
														e-mail:
4	Pres	EMT D	EMT	1A	F	F	F	P	P	P			PASS	phone:
				1R1	P	P	P							e-mail:
5	Pres	EMT E	EMT	1A	F	P	P	P	F	P			IR2 (must test different day)	phone:
				1R1	P				F					e-mail:
[redacted]														
7	Pres	EMT A	EMT	1R2					F				FAIL (becomes 2A)	phone:
									F					e-mail:
8	Pres	EMT C	EMT	2A	P	F	P	P	P	P			2R2 (must retest different day)	phone:
				2R1		F								e-mail:
9	Pres	EMT E	EMT	1R2					P				PASS	phone:
														e-mail:
[redacted]														
11	Pres	EMT A	EMT	2A	P	P	P	P	P	P			PASS	phone:
														e-mail:
12	Pres	EMT C	EMT	2R2		F							FAIL (must take EMT course again)	phone:
														e-mail:

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Minnesota Approved Agent / Basic Examiner Application Instructions

Provide all information requested by this application form. Incomplete or illegible applications will be returned.

1. Contact Information

- Provide all requested contact information.
- Fields marked with a * will be visible on the eLicense Public Portal.
- Fields with a ** are provided upon request.

2. Application Information

- Please place a check mark the box for each position you are applying for.
- Provide your current OEMS certification number.
- Provide current CPR and/or ACLS expiration dates (both if applicable.)

3. Region

- Please mark the EMS regions in which you are available to be an examiner.
- If you are willing to travel to any region, please select “All Regions.”

4. Other Credentials

- Provide any additional credentials that may be beneficial for exam coordinators to be aware of.
- RN, MD, PA please provide license number in this section.

5. Attestation and Signature

- Carefully read the statement provided before signing and dating this application.
- ***Examiners*:** enter the date & time you viewed the required “Best Practices for Psychomotor Exam Scoring” webinar.
- ***Approved Agent Applicants*:** must be signed by a medical director and you must attend an OEMS Approved Agent Seminar.

6. Submission

- Please return applications to your EMS Specialist or to info.oems@state.mn.us
- You may also bring your application to your Approved Agent Seminar.

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Approved Agent / Basic Examiner Application

*Contact information provided will be visible on the eLicense Portal.
**Provided when requested

1. Applicant Contact Information			
*Last Name:	*First Name:	*Middle Name:	
Street Address:	City:	State:	Zip:
**Phone Number:	**Email Address:		

2. Applicant Information: All Information Required	
☐ Applying as Basic Skills Examiner	*MN EMS Certification #:
☐ Applying as Approved Agent	*CPR Expiration Date:

3. EMS Region: Please check which EMS region(s) you are willing to travel to				
☐ All Regions	☐ Central	☐ Metro	☐ Northeast	☐ Northwest
☐ Southeast	☐ South Central	☐ Southwest	☐ West Central	

4. Please identify other credentials that may be helpful (RN, MD, PA please provide license number)**:**

5. Attestation and Signatures	
As an examiner in the State of Minnesota, I understand I must be certified or licensed at or above the level being tested, perform the skill being evaluated, must be current in CPR, must have completed a board approved training course. I certify the information provided is true and correct to the best of my knowledge.	
Date I Watched the Required Webinar:	
Applicant's Signature: (You may electronically sign this document by typing "/s/" before your full name. Example: John F. Doe is /s/John Francis Doe)	Date:

Medical Director Approval (Approved Agent Applicants Only)	
I, as medical director for _____ (ambulance service or education program) to the best of my knowledge, verify this applicant is competent to act as an Approved Agent in the State of Minnesota during an EMT Psychomotor Skills Examination.	
Name (Print):	MN Physician License #:
Signature (wet ink):	Date:

Insert Program Name / Logo Here

Psychomotor Exam RETEST Verification Form

This form should be used as official documentation to verify results of retests during the psychomotor exam process.

Candidate: _____ Education Program: _____

Date of Initial Psychomotor Exam: _____ Psychomotor Exam Number: _____

Exam Attempt Number: _____ (1R1, 1R2, 2R1, 2R2)

Please Circle All Skill(s) to be Retested.

1. Patient Assessment/Trauma: _____
2. Patient Assessment/Medical: _____
3. Oxygen Administration by BVM: _____
4. BVM Ventilation- Adult Apneic Patient: _____
5. Cardiac Arrest Management/AED: _____
6. Random Skill(s), specify: _____
7. Spinal Immobilization (optional): _____

Education Program Conducting Test: _____

Date of Retest Psychomotor Exam: _____

Psychomotor Exam Number: _____

Attestation

I verify the results of the Psychomotor Exam for this candidate as listed above.

_____ _____

Program Coordinator Signature Date Medical Director Signature Date

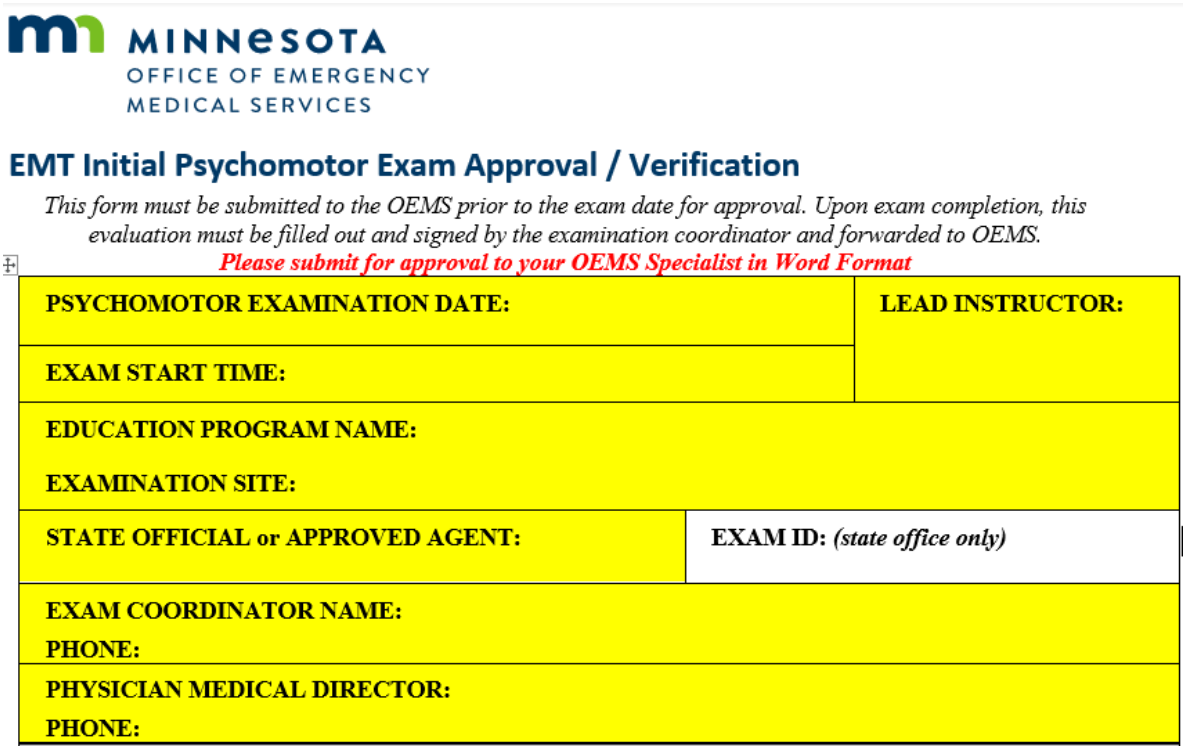
This candidate's results should be included on the Exam Roster for the exam you are conducting, and this form must be returned to the original education program site for NREMT exam completion verification.

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Checklist for Requesting Exam Approval

1. Determine the date you wish to hold your psychomotor exam.
2. Complete the highlighted items on top portion of the EMT Psychomotor Exam Approval and Verification Form:



MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

EMT Initial Psychomotor Exam Approval / Verification

This form must be submitted to the OEMS prior to the exam date for approval. Upon exam completion, this evaluation must be filled out and signed by the examination coordinator and forwarded to OEMS.

Please submit for approval to your OEMS Specialist in Word Format

PSYCHOMOTOR EXAMINATION DATE:	**LEAD INSTRUCTOR:**
EXAM START TIME:	
EDUCATION PROGRAM NAME: **EXAMINATION SITE:**	
STATE OFFICIAL or APPROVED AGENT:	**EXAM ID:** *(state office only)*
EXAM COORDINATOR NAME: **PHONE:**	
PHYSICIAN MEDICAL DIRECTOR: **PHONE:**	

3. Please check the OEMS website to ensure your examiners are listed as approved. All examiners must have completed the examiner requirements as well as submitted the Examiner Application and be approved prior to the exam date. If a person is not listed as approved on the website, please follow up with your EMS Specialist to ensure an application has been received.
4. Save the Exam Approval document in **WORD** format.
5. Email the Exam Approval document to your EMS Specialist for approval.
6. You will receive the form back from your EMS Specialist with the Exam ID filled out as well as a blank exam roster to use the day of the exam. **Save both of these forms.**

After the Exam is Complete

1. Fill out the remainder of EMT Psychomotor Exam Request Approval and Verification Form as highlighted below:

Examiners Assigned to Initial Skills Stations *(cannot be the lead instructor)*				
Practical Skills Exam:	Date	Name	State Cert. #	Expire Date
Pt. Assessment - Trauma				
Pt. Assessment - Medical				
O2 Admin by Non-rebreather mask				
BVM Vent. Apneic Adult Pt				
Cardiac Arrest Mgt./AED				
Random				
Examiners Assigned to Re-Test Skills Stations *(cannot be the lead instructor)*				
Practical Skills Exam:	Date	Name	State Cert. #	Expire Date
Pt. Assessment - Trauma				
Pt. Assessment - Medical				
O2 Admin by Non-rebreather mask				
BVM Vent. Apneic Adult Pt				
Cardiac Arrest Mgt./AED				
Random				

Name of person that read the "Skill Examiner Orientation to the Psychomotor Examination" found on pages 27-30 of the NREMT Psychomotor Examination Users Guide:

Name of person that read the "Candidate Orientation to the Psychomotor Examination" found on pages 32-36 of the NREMT Psychomotor Examination Users Guide:

UNUSUAL SITUATIONS / EXAMINATION PROBLEMS ENCOUNTERED:

I verify this psychomotor examination has been conducted in accordance with the guideline of the National Registry of EMT's and the Minnesota OEMS.

Exam Coordinator Signature / Date

Approved Agent Signature / Date

2. Ensure all signatures and dates are filled in.
3. Save document in PDF format and email both the EMT Psychomotor Exam Approval Form and filled out Exam Roster back to EMS Specialist within one week of exam completion.
4. A sample exam roster is located on the next page.

Appendix E

Student Information

- Sample Student Enrollment Form (https://mn.gov/oems/ems-providers)
- Sample Student Admission Criteria
- Sample Remediation Form (https://mn.gov/oems/ems-providers)
- Sample Clinical Rotation Form (https://mn.gov/oems/ems-providers)
- Policy – EMS Practical Skills Instructor to Student Ratio

(This page left blank intentionally)

Insert Program Name / Logo Here

Student Enrollment Form (EMR, EMT)

******Required Information***

*Last Name:	*First Name:	*Middle Initial:	
*Street Address:	*City:	*State:	*Zip:
*Phone Number:	*Email Address:	Social Security Number:	
*MN EMS Registration / Certification Number:		Special Instructions:	
*Name of Education Program:	*Program #:		
*Date(s) of Course:			
*Practical Exam Date:			
*Applicant's Signature:	Date:		
* Educational Program Coordinator's Signature:	Date:		

Program Office Use:				
Practical Skills Exam:	Pass	Fail	Date	Comments:
Pt. Assessment - Trauma				
Pt. Assessment - Medical				
Oxygen Administration by Non-rebreather mask				
BVM Ventilation – Apneic Adult Pt.				
Cardiac Arrest Management/AED				
Random Skill (specify)				
Spinal Immobilization – Supine optional				
Remediation provided? Yes / No If YES - Please Specify:				
Final Written Exam Offered:	Yes/No		Score	

Educational Program Checklist:	
Completed MN OEMS e-licensing Applications:	Yes / No
Education Program Verification (Third Party Confirmation):	Yes / No
HAZMAT Awareness (OSHA 190.120(q)(6)(i)(A)-(F))	Yes / No
Incident Management	Yes / No

(This page left blank intentionally)

This table contains examples of admission criteria. MN Statute does not have specific admission requirements which allows education programs to set their own admission criteria.

SAMPLE Admission Criteria for EMR and EMT Initial and Refresher Education

Minium **SUGGESTED** criteria to be included with programs admission criteria policy

Sample Admission Criteria	EMR Initial	EMR Refresher	EMT Initial	EMT Refresher
Student Age: (see below)	**Suggested:** Student will be 16 years old by the end of the course	**Suggested:** N/A	**Suggested:** Student will be 16 years old by the end of the course	**Suggested:** N/A
Course Prerequisites:	**Suggested:** As defined by education program and EMS Education Standards	**Suggested:** Current MN State EMR or EMR registration is within MN Statute allowed grace period	**Suggested:** As defined by education program and EMS Education Standards	**Suggested:** Current MN State EMT or EMT certification is within MN Statute allowed grace period
Student Proficiencies:	**Suggested:** Reading, writing, and oral communication skills to successfully understand and apply the information			
Student Abilities:	**Suggested:** Education program to consider abilities necessary for successful course completion			

State Age Requirement: Minnesota does not have a minimum age requirement to obtain state EMS registration or certification.

NREMT Age Requirement: As of June 12, 2020, the NREMT approved resolution: "19-Resolution-03: Resolution on the National Registry of EMTs Board of Directors Support for Elimination of the Age Requirement. With no abstentions, the motion passed unanimously. This resolution eliminates age requirements (currently 18) for all certifications. As such, the National Registry will defer to states who already have age requirements in place". (nremt.org, June 2019 Action-Summary)

(This page left blank intentionally)

Insert Program Name / Logo Here

Psychomotor Exam Remediation Verification Form

This form may be used as official documentation to verify remediation as part of the psychomotor exam retest process if remediation is required.

- Remediation includes- review and approval by the education program medical director or
- Review and approval by ambulance medical director the candidate is operating under.

Candidate: _____ Education Program: _____

Date(s) of Remediation:

1. Patient Assessment/Trauma: _____
2. Patient Assessment/Medical: _____
3. Oxygen Administration by BVM: _____
4. BVM Ventilation- Adult Apneic Patient: _____
5. Cardiac Arrest Management/AED: _____
6. Random Skill(s), specify: _____
7. Spinal Immobilization (optional): _____

Please indicate the process of remediation and verifying skill competency

_____

_____

_____

_____

Attestation

I verify remediation has been conducted in accordance with the OEMS guidelines.

_____ _____

Program Coordinator Signature Date Medical Director Signature Date

A copy of the remediation verification form must be kept on file with the education program in accordance with the program retention policy or at minimum the certification period of the individual.

(This page left blank intentionally)

Insert Program Name / Logo Here

Clinical / Field Rotation Training

This form must be completed and kept on file for audit and review by OEMS staff. The clinical / field rotations are in addition to the required didactic education for the US DOT National EMS Education Standards for EMT and shall be completed prior to the psychomotor and cognitive examinations for the National Registry and State certification as an EMT.

Student Name: _____

Education Program: _____

The US DOT National EMS Standards require that each student have patient interactions in a clinical or field setting with experienced preceptors. The education program director, or education program medical director, must establish appropriate relationships with various clinical/field sites to assure adequate contact with patients.

Students must demonstrate the ability to perform an adequate assessment and implement an adequate treatment plan. As clinical / field preceptor for the above training program, I verify the above student has completed the patient interviews and assessments as indicated below and met the clinical / field rotation objectives provided by the education program. I have completed, and filed with the education program, an evaluation of the students' performance during the clinical / field rotation.

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Clinical Site: _____ Preceptor: _____ # Pt Contacts _____ Date: _____

Signature

As education program director, I verify the above student has completed the requirements of the clinical / field rotation in accordance with the current US DOT National EMS Standards.

Program Coordinator / Instructor: _____ Date: _____

Clinical Requirements for EMT Education

Minnesota Statutes 144E.285, Subd. 1(b)(2)). Approval required. *To be approved by the director, an education must: (2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the director applicable to EMR, EMT, AEMT, or paramedic education.*

Minnesota Statues 144E.285, Subd. 1b(2). EMT education program requirements. *In addition to the requirements under subdivision 1, paragraph (b); an education program applying for approval to teach EMTs must: (2) maintain a written agreement with at least one clinical training site that is of a type recognized by the National EMS Education Standards established by the National Highway Traffic Safety Administration.*

Clinical / Field Rotations US DOT National EMS Education Standards

The student should participate in and document patient contacts in a field experience in an ambulance, mobile health care experience, or simulated environment when ambulance experience is not available as approved by the medical director and program director. Acceptable settings for the clinical/field experience include emergency departments, ambulances, clinics, nursing homes, doctor's office, or an alternative clinical environment when clinical access is not available. During the clinical/field experience, the student must:

- Perform a basic history and physical examination to identify acute complaints and monitor changes.
- Formulate a field diagnosis based upon an actual and/or potential illness or injury.
- Effectively communicate in a non-discriminatory manner that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome.
- Initiate interventions based on assessment findings intended to provide symptom relief.
- Evaluate the effectiveness of interventions and modifies treatment plan accordingly.
- Report and document assessment findings, interventions performed, and clinical decision making.

The student should record the patient history and assessment on a pre-hospital care report just as they would if they were interacting with this patient in a field setting. The pre-hospital care report should then be reviewed by the Primary Instructor to assure competent documentation practices in accordance with the minimum data set. Regardless of the clinical educational system, the program must establish a feedback system to assure that students have acted safely and professionally during their training. Students should be graded on this experience.

Students who have been reported to have difficulty in the clinical or field setting must receive remediation and redirection. Students should be required to repeat clinical or field setting experiences until they are deemed competent within the goals established by the Program Director.

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

EMS Practical Skills Instruction—Instructor to Student Ratio

From the Office of Emergency Medical Services, State of Minnesota

Version: 1.00
Effective Date: 08/11/2025
Approval: Signature on file

Reason for the policy

To establish a best practice standard for the instructor-to-student ratio in EMS practical skills instruction within the State of Minnesota to ensure high-quality education, student safety, and compliance with national educational standards.

Background

In 2024, Minnesota removed the statutory requirement for a specific instructor-to-student ratio in EMS practical skills training that was previously set at 1 instructor per 10 students. However, the National EMS Education Standards (2021) to which all EMS courses must be designed continue to require that EMS programs provide adequate instructor resources to support student learning and skills development. The EMS Education Standards are designed to provide programs with the flexibility to design programs that through an outcome-based approach that meet local, regional, and state needs. This policy statement is intended to guide EMS education programs in maintaining instructional quality and student safety during practical skills training, consistent with national expectations.

Policy Statement

The Minnesota Office of Emergency Medical Services adopts as a **best practice** a ratio of **1 instructor to 10 students** for the sole purpose of providing instruction in **EMS practical skills**. This standard supports effective skills acquisition, promotes student safety, and ensures meaningful instructor oversight during hands-on learning.

While this ratio is not mandated by statute, EMS education programs approved by the Minnesota Office of Emergency Medical Services are **strongly encouraged** to implement this best practice when delivering practical skills instruction. Programs must continue to demonstrate that they are adequately staffed with instructional personnel to meet the learning needs of students and uphold the instructional intent of the National EMS Education Standards.

Although not a regulatory mandate, adherence to this best practice may be considered during program reviews, site visits, or investigations related to instructional quality and student outcomes.

Appendix F

eLicense

- Managing Courses and Adding Attendees
- Program Renewal Instructions
- My Report Instructions

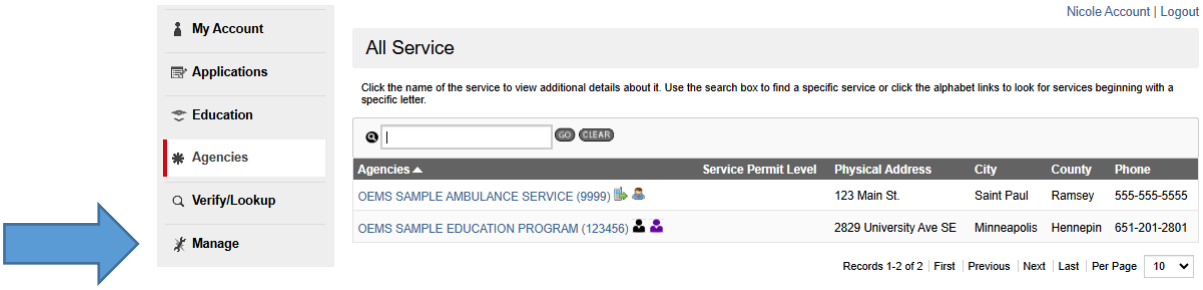
(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

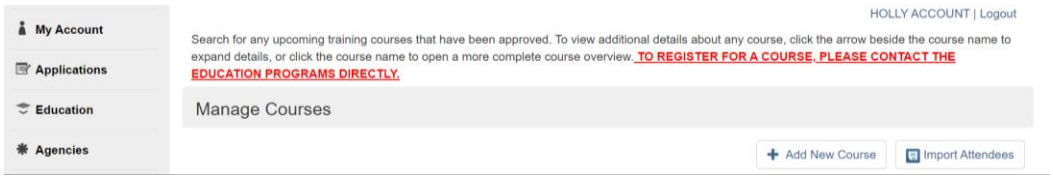
Managing Courses and Approving Course Attendees

MN Statutes 144E.285, Subd.1(b)(6)). **Approval Required.** *To be approved by the director, an education program must notify the director of the starting date of a course prior to the beginning of a course.*

1. Login to https://emslm.mn.gov using your personal login information.
2. Click **Manage**.



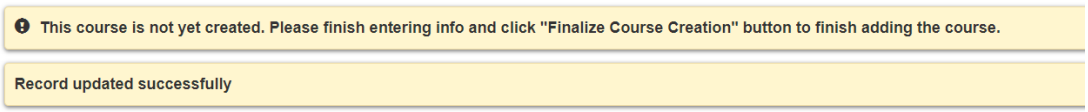
3. Click **+ Add New Course.**



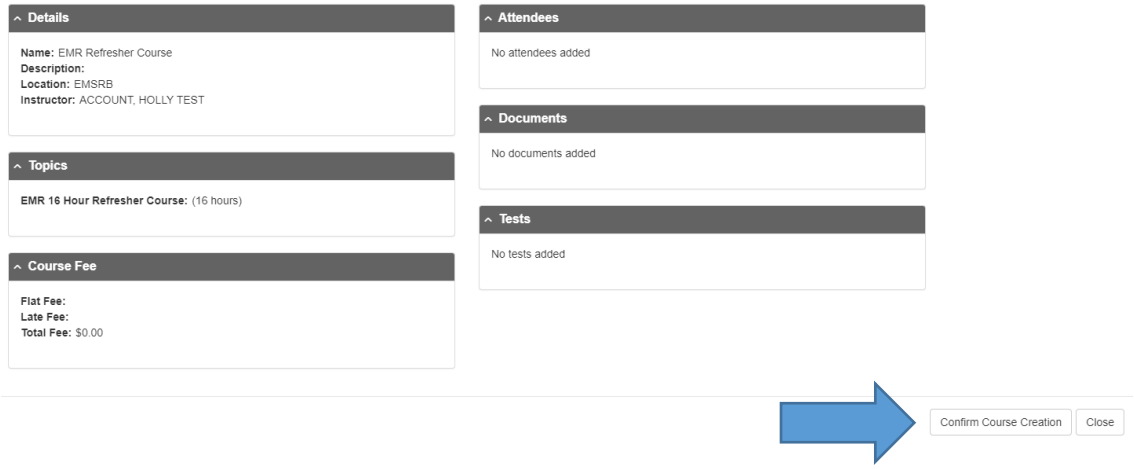
4. Enter course type: Initial Course, Refresher Course, or NCCP Renewal.
5. Choose the corresponding course name.
6. Enter the EMS Region of the education program.
7. The sponsor is the name of the education program.
8. Use the dropdown feature to select the location.
9. Select the Program Coordinator.
10. Select the Instructor:
    a. Note, Program Coordinators and Instructors can add courses and approve attendees. If your program does not want your instructors to add courses or approve attendees, please reach out to your EMS Specialist to change Instructor permissions.
11. Ensure the medical director field is correct.
12. Enter a course description. Once a course is approved, any information here is visible and searchable under Course Offered via the portal.
13. Enter the course start date and click **Save & Continue.**
14. This will bring you to the **Credit Hours** page. Enter the total number of hours to be taught. If course type is NCCP Renewal Topics, the program must follow the NREMT Renewal Topics hour distribution

guidelines when adding course content. Please communicate with students prior to start of the course whether they are responsible for obtaining and entering the ICCR and LCCR hours.

15. There are two steps to fully submit the course for approval. First click **Save,** you will see the following banner appear. **DO NOT BYPASS SAVE BUTTON TO HIT FINALIZE COURSE CREATION BUTTON.**



16. Now click **Finalize Course Creation** which will open a page for you to confirm all information is correct. Once confirmed, click **Confirm Course Creation** which will send the course to EMS Specialists for approval. You will receive an email when the course is approved, typically within 24-48 hours.



**EMR Refresher Programs- please reach out to your EMS Specialist if you choose to use NCCP renewal topics instead of the 16-refresher option should you have questions about entering courses to ensure all categories fulfilled by the end of the two-year cycle. Below are examples of how the hour breakdown could work:

SAMPLE 2025 NCCP Model for EMRs

If you teach 8 hours a year: If you teach 4 hours a quarter:

Category	Year 1	Year 2	OR	Q1	Q2	Q3	Q4
A/R/V	0.75	0.75		0.5	0.5	0	0.5
Cardiology	1	1		0.5	0.5	0.5	0.5
Trauma	1.25	1.25		0.5	0.5	1	0.5
Medical	0.5	0.5		0	0.5	0	0.5
Operations	0.5	0.5		0.5	0	0.5	0

SAMPLE 2025 NCCP Model for EMTs

If you teach 8 hours a year: If you teach 4 hours a quarter:

Category	Year 1	Year 2	OR	Q1	Q2	Q3	Q4
A/R/V	2	2		1	1	1	1
Cardiology	2.5	2.5		1	1.5	1	1.5
Trauma	3	3		1.5	1.5	1.5	1.5
Medical	1.5	1.5		1	0	1	1
Operations	1	1		0.5	0.5	0.5	0.5

SAMPLE 2025 NCCP Model for AEMTs

If you teach 8 hours a year: If you teach 4 hours a quarter:

Category	Year 1	Year 2	OR	Q1	Q2	Q3	Q4
A/R/V	2.5	2.5		1.25	1.25	1.25	1.25
Cardiology	3	3		1.5	1.5	1.5	1.5
Trauma	3.5	3.5		1.75	1.75	1.75	1.75
Medical	2	2		1	1	1	1
Operations	1.5	1.5		1.5	0	1.5	0

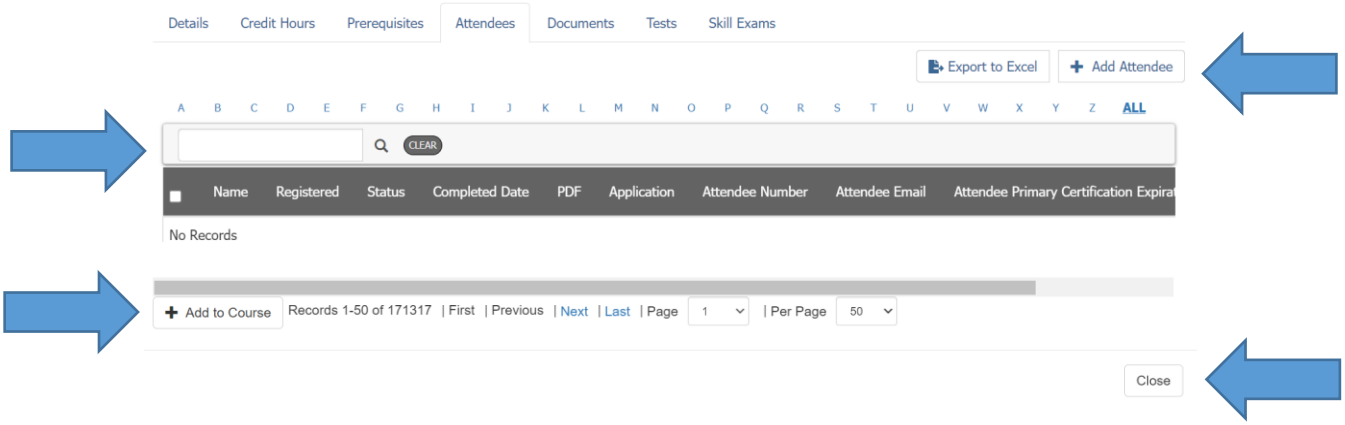
SAMPLE 2025 NCCP Model for Paramedics

If you teach 8 hours a year: If you teach 4 hours a quarter:

Category	Year 1	Year 2	OR	Q1	Q2	Q3	Q4
A/R/V	3	3		1.5	1.5	1.5	1.5
Cardiology	3.5	3.5		1.75	1.75	1.75	1.75
Trauma	2.5	2.5		1.25	1.25	1.25	1.25
Medical	4	4		2	2	2	2
Operations	2	2		1	1	1	1

Adding Course Attendees

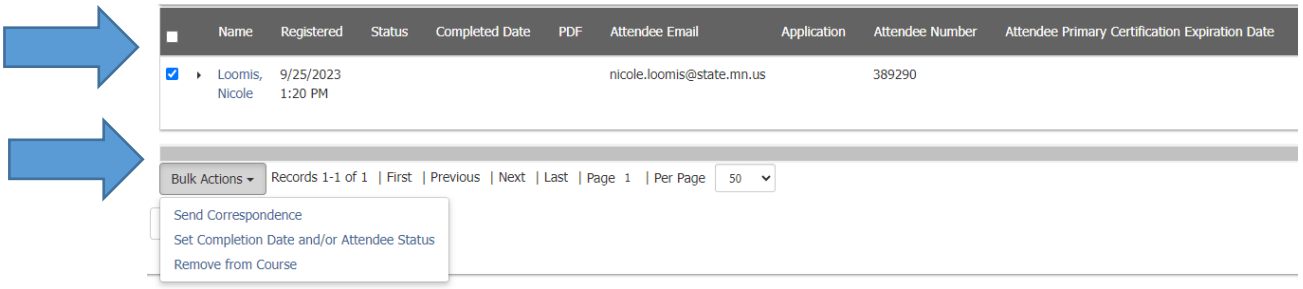
1. Once the course is approved, click **+ Add Attendee** tab. The preferred method is to enter the OEMS number of the attendee to add to the course. If unable to pull up attendee by OEMS number, you may type in last name. Check box next to name then click **+ Add to Course.** Once all attendees have been added, click **Close.**



When Course is Complete

By entering a course completion date and attendee status, you have verified the attendee has met all course requirements.

1. Place a check in the box next to attendee(s) name(s) you wish to approve.
2. Choose **Set Completion Date and / or Attendee Status** action from **Bulk Actions** menu.
3. Both the completion date and the pass / fail status must be complete for applications to approve.



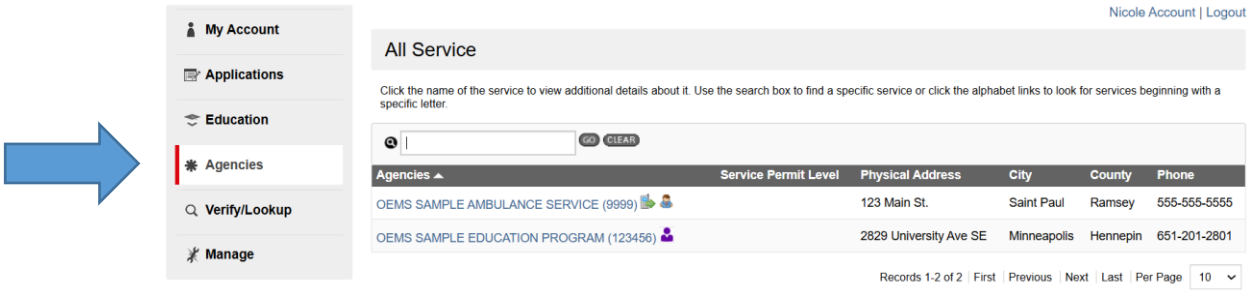
If you have any questions, please reach out to your EMS Specialist.

(This page left blank intentionally)

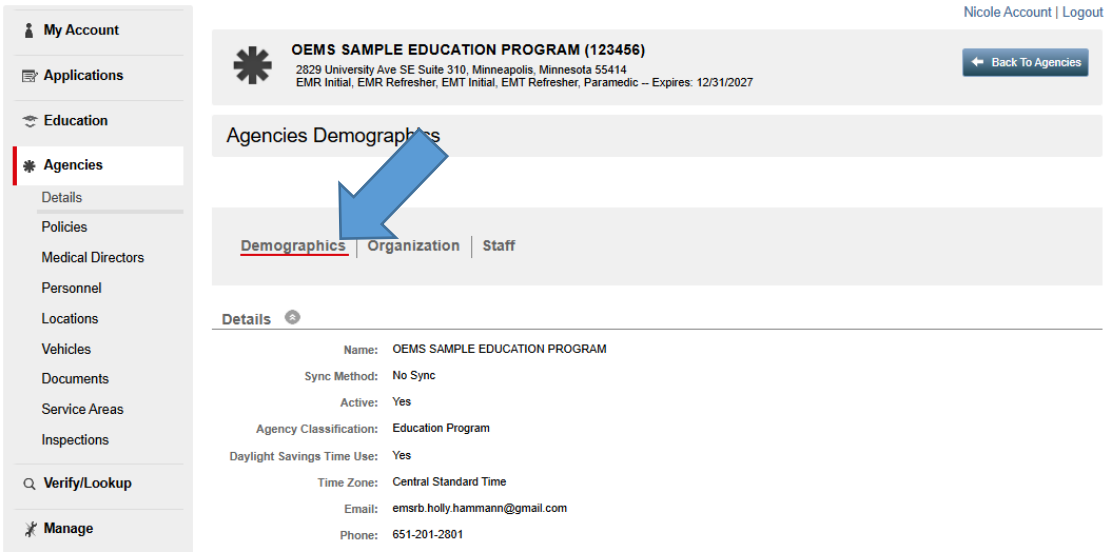
MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Education Program Renewal Instructions

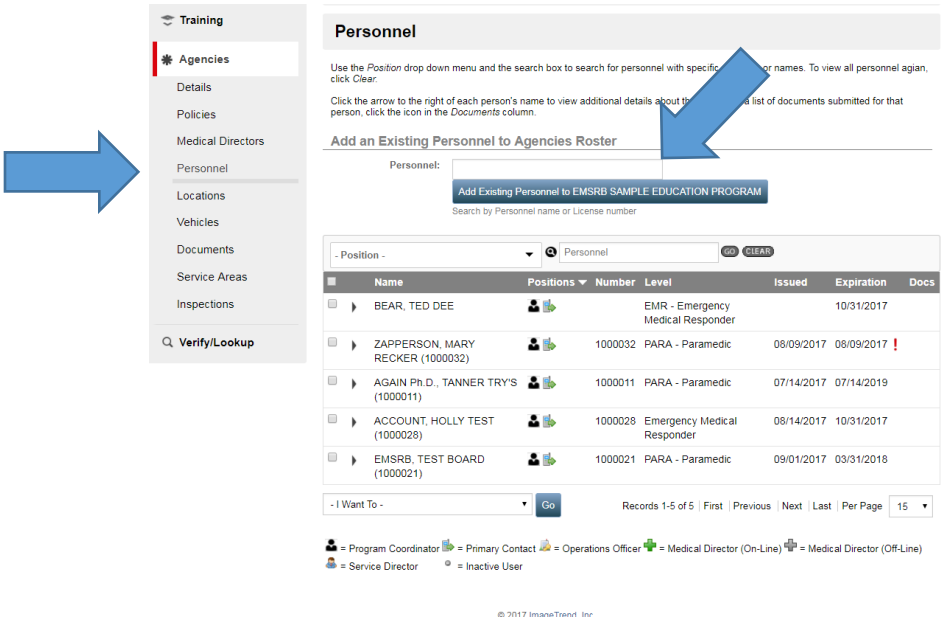
1. Login to https://emslm.mn.gov using your personal login information and select **Agencies.**



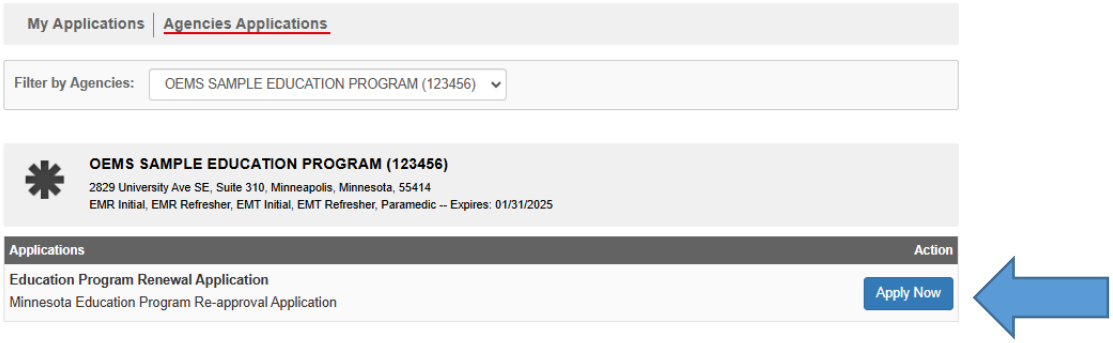
2. Confirm personnel and demographic information is correct before starting application.
3. Education Program Coordinators and Primary Contacts have been set up, the program is not able to update these permissions and will need to contact your EMS Specialist to make any changes.
4. Confirm the **Demographic** information. The program is not able to update this information and will need to contact your EMS Specialist to make any changes.



5. To add personnel, select **Personnel** from the left menu under **Agencies**. Add personnel by certification number. If individuals added are also course instructors, your EMS Specialist will need to be notified to add the appropriate instructor permissions for them.



6. Select the **Education Program Renewal Application.**



7. *Minnesota State Colleges and Universities only- if paying via SWIFT, contact your EMS Specialist to have an invoice created. Please provide your customer number and contact names that appear in your SWIFT account.
8. To add and manage courses in eLicense, please follow the instructions located on the manage course portion of the Office of EMS website.
9. If you require further assistance, please contact your EMS Specialist.

Education Program Renewal Notification

Minnesota Statues 144E.285, Subd. 4. Reapproval. *An education program shall apply to the director for reapproval at least 30 days prior to the expiration date of its approval and must: (1) submit an application prescribed by the director specifying any changes from the information provided for prior approval and any other information requested by the director to clarify incomplete or ambiguous information presented in the application; and (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to (7).*

Renewal Application

The Program Director will receive automatic system emails 90, 60, and 30 days prior to the expiration date of your education program alerting you the application due date is approaching.

Applications must be complete, including payment, by the end of the month in which your program renewal application is due.

Minnesota State Colleges and Universities that use the SWIFT system for payment must reach to their EMS Specialist to create an invoice.

If your education program is expired by more than 90 days, the program must have a full site visit prior to reapproval.

If you have any questions, please reach out your EMS Specialist.

(This page left blank intentionally)

MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

My Report Education Hours Entry

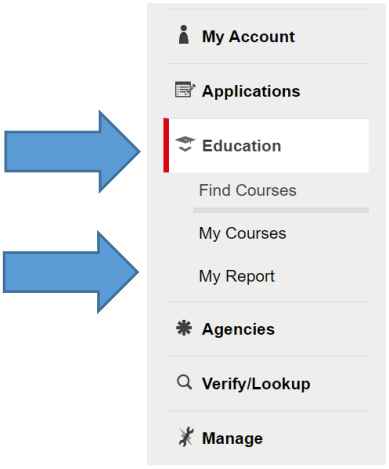
Use these instructions to enter education hours obtained outside of renewal application. For example, you attend a conference and obtain education hours to use for renewal. Use this method to enter those hours under LCCR and ICCR.

NCCP Renewal Method

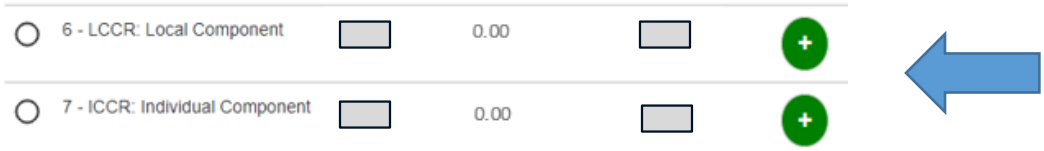
A Minnesota approved education program must enter the core content hours for all attendees. Discuss with the education program whether they provide and enter the LCCR and ICCR hours for attendees, or if the attendee is responsible for obtaining and entering these hours.

Category	EMR	EMT	AEMT	Paramedic
Local Content (LCCR)	4	10	12.5	15
Individual Content (ICCR)	4	10	12.5	15
Total	**8**	**20**	**25**	**30**

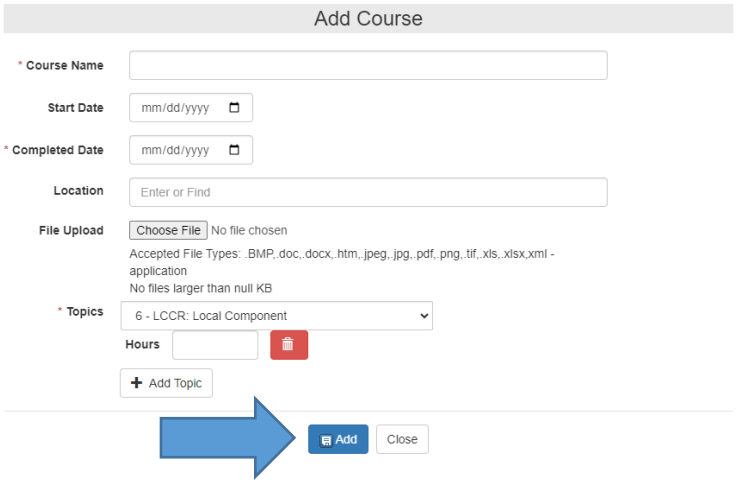
1. To enter these hours, login to your eLicense account, select **Education** from the menu on the left and then **My Report.**



2. Scroll down to numbers 6 and 7 and hit green **+** button.



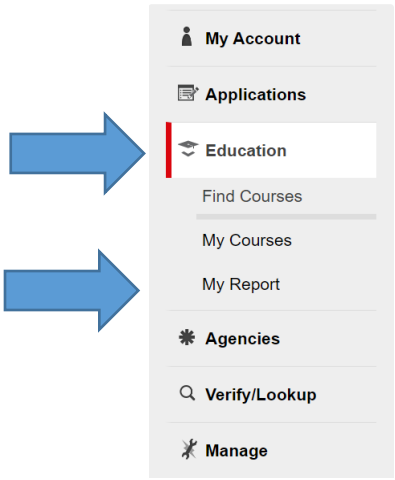
3. Fill out the required sections on the **Add Course** pop-up and click **Add.** Do this until you have entered all required hours of both LCCR and ICCR.



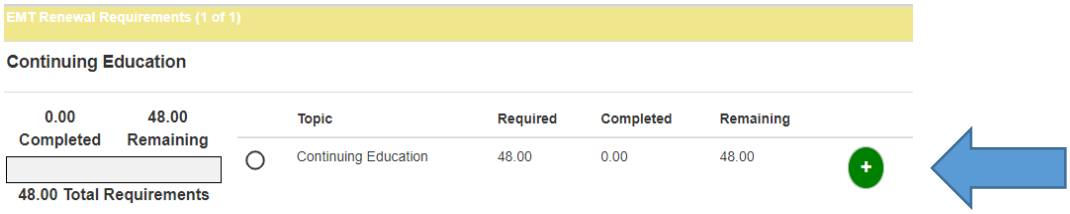
Continuing Education Renewal Method

This renewal method is for state only certified EMTs, AEMTs and paramedics. The provider must successfully complete 48 hours of continuing education as approved by the director, the United States Department of Transportation National EMS Education Standards, or the providers ambulance service Medical Director.

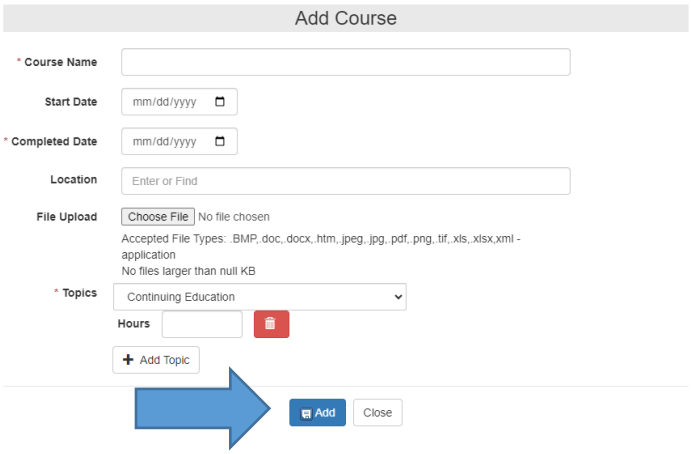
1. To enter these hours, login to your eLicense account, select **Education** from the menu on the left and then **My Report.**



2. Scroll down to Continuing Education at bottom of page and click green + button.



3. Fill out the required sections on the **Add Course** pop-up and click **Add**.
4. Repeat steps 2 and 3 until 48 hours of education have been entered.



If you require further assistance, please contact the Office of Emergency Medical Services at 651-201-2800 or info.oems@state.mn.us

(This page left blank intentionally)

Compliance Manual Revisions

Revision Date	Page(s)	Revision(s) Made
2013-11	p. v	Paramedic refresher requirement & EMT refresher requirements corrected.
	p. 22	Note added on NIMS Refresher requirements in accordance with EMS Education Standards.
	p. 32	Tab 4 “Purpose of Section” – clarification made to statement.
	p. 51	Statute cite MS 144E.285, subd. 1(b)(6) corrected to MS 144.285, subd. 1 (b)(5)
	p. 103	Clarification to applicant form completion.
	p. 108	Clarification of failure results for initial & refresher levels.
	p. 141	Added Compliance Manual revision information.
2025-01	All	Full document revision.
2025-05	Appendix D	Moved reference documents from Appendix D to Tab 4
2025-10	Appendix C	Removed FEMA hyperlinks

(This page left blank intentionally)