

## ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

Mail to: 208 Legends Court, Ste A, Prattville, AL 36066



## **Accreditation Application**

EMS Education Program:	
Mailing Address:	
City: State: Zip Code:	
CoAEMSP Accredited?	No (If no, submit documentation on page 2)
Program Director:	License # <u>:</u>
Course Instructor:	License #:
Other Instructor:	License #:
Other Instructor:	License #:
Other Instructor:	License #:
Other Instructor:	License #:
Clinical Coordinator:	License #:
Medical Director: MCP ID:	Phone:
Email Address:	Hours to teach:
Student candidates have a right to be informed about the EMS Program's must receive a written explanation of the training program's accreditation and continuous. Information must include, as a minimum, explanation of current college credit, and eligibility to attend AEMT and/or Paramedic courses.  HIPPA education must be provided to each student by the training program and signed by each student, acknowledging that the student understands current application.	ollege credit information prior to the beginning of training program accreditation status, eligibility of <b>Documentation attached to application.</b> m. Training should <u>inc</u> lude a confidentiality form, for
* Application should be submitted five (5) weeks prior t	to the curriculum start date. *
(For official use only:)	
Received: Date approved:	
OEMS Curriculum approval number:	



\* Faculty associated with EMS education\*

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## Accreditation Application

Program Director Name:
EMS Education Program:
Curriculum Information
Curriculum Schedule
Instructor/ *Faculty roster
Instructor/ *Faculty resumes (must include education, certifications, employment history, and license numbers)
Clinical Site agreements (Hospital)
Clinical Site agreements (EMS agency)
Equipment list(s)

\*Documentation needed if EMS Education Program is not CoAEMSP accredited.\*