



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

RSA Tower, 201 Monroe Street, Suite 1100
Mail to: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017

Accreditation Application



EMS Education Program: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

CoAEMSP Accredited? Yes (If yes, submit documentation) No (If no, submit documentation on page 2)

Program Director: _____ License #: _____

Course Instructor: _____ License #: _____

Other Instructor: _____ License #: _____

Clinical Coordinator: _____ License #: _____

Medical Director: _____ MCP ID: _____ Phone: _____

Email Address: _____ Hours to teach: _____

*** Medical Director must meet Alabama offline Medical Director criteria. ***

Student candidates have a right to be informed about the EMS Program's standing in the community. Student candidates must receive a written explanation of the training program's accreditation and college credit information prior to the beginning of the curriculum. Information must include, as a minimum, explanation of current training program accreditation status, eligibility of college credit, and eligibility to attend AEMT and/or Paramedic courses. **Documentation attached to application.**

HIPPA education must be provided to each student by the training program. Training should include a confidentiality form, for and signed by each student, acknowledging that the student understands current HIPPA rules. **Form attached to application.**

*** Application should be submitted five (5) weeks prior to the curriculum start date. ***

(For official use only:)

Received: _____ Date approved: _____

OEMS Curriculum approval number: _____



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

RSA Tower, 201 Monroe Street, Suite 1100
Mail to: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017

Accreditation Application



Documentation needed if EMS Education Program is not CoAEMSP accredited.

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)

** Faculty associated with EMS education **