

1. Document was intentionally made vague to allow for minor changes in meds to be done without making changes to the Scope, although it may be too vague. 2. Working on how to annobace changes to the Scope, although it may be too vague. 2. Working on White Paper to address the HB 1856 Due Process issue C. Office of EMS 1. BLS Training Specialist – Gree Neiman a. EC Institute i. Had 10 candidates take the Psychopodor exam in December, All passed. ii. Only 3 candidates for full Institute, the rest are Fire Instructors and only need the two Admin portion. iii. Will hold the two/edgy session January 27 & 28. iv. Planning an off-cycle Psychomolor Exam and Full Institute in Jan-March to generate english candidates. b. Updates i. Updates i. The DED Division will stay on the road for 2014. ii. Will hold the two/edgy session January 27 & 28. iv. Planning an off-cycle Psychomolor Exam and Full Institute in Jan-March to generate english candidates. b. Updates i. Updates i. Updates i. Fibe DED Division will stay on the road for 2014. ii. Will hold the two/edgy session January 27, & 29. ii. First Update scheduled for January 25, 2014. Tentatively planned for Fort Lee to hit the Soluter mortion of DDEMSA iii. Still planting to coll out new seasy sets. 4. New Recertification Procession 5. On the weakest area. ii. Still planting to coll out new seasy sets. 4. New Recertification Procession 5. December providers a. Moved all expiration dates for providers and instructors with December area. a. Moved all expiration dates for providers and instructors with January 31, 2014 to March 31, 2014 and issued new certification cards. 2. January Providers a. Planning to move the expiration dates for providers/instructors with January 31, 2014 to March 31, 2014 on or around January 15 ^a b. This is being done to ensure the
cards isn't depleted. 3. February Providers

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	cards isn't depleted.	
	4.	
	ii. Process	
	1. We are continuing to process blue forms as they come in	
	2. If a December, January of February (transitioned) or March provider is eligible to	
	recertify	
	a. Around the 1 st of March the system will process and recertify all eligible	
	providers and instructors.	
	b. Any provider/instructor with a March expiration completes recertification	
	requirements during the month of March, they will be recertified 24	
	hours after their CE is processed.	
	c. After March 1, 2014, providers with expiration dates after March 31,	
	2014 who meet recertification requirements, will be able to recertify	
	early by clicking a button in their EMS Portal and will be recertified	
	within 24 hours. Doing so will forfeit all remaining time on their current	
	certification, but will allow those with National Registry to keep their CE	
	reports øn-cycle.	
	2. ALS Training Specialist – Debbie Akers	
	a. Reentry	
	i. ALS Providers who go into reentry will be required to take and pass the National Registry ALS Assessment Exam at their level to regain Virginia certification	
	1. Enhanced providers will take the NR AEMT exam	
	a. Current Virginia Enhanced providers will most likely need significant preparation to pass this written exam.	
\langle	b. We now have certified AEMT's in the system	
	i. Their level is "C"	
	ii. Check your current CE Programs to ensure they can gain CE in your course (Level "C" is	
	checked)	
	c. I-99	
	i.) If they did not complete certification testing by 31-DEC-2013, they cannot not gain NR	
	certification	
	ii. NR still offering Cognitive and Psychomotor Exam testing as in the past, but will not	
	certify them	
	1. Will receive Virginia Certification upon passing both	
	iti, J -99 can maintain their cert with NR until around 2018-19	
	1. Will need to transition to P by 2018/19	
	a. Must follow Virginia's Bridge Policy	
	i. Program must meet Virginia's I-P Bridge Didactic, Lab and	
	Clinical competencies.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	b. If they don't transition by deadline, they will become NR-AEMT	•
	2. Abbreviated I-99 – P Certification Process (Transition Application)	
	a. After completing approved bridge program NR I-99 will only have to	
	take the cognitive exam.	
	b. If an Intermediate never gained NR or allowed it to expire, cannot do	
	transition application and will have to take full psychomotor and	
	cognitive exams.	
	iv. Virginia EMT's who gained NR must do 72 hours in 2 years to maintain	
	1. Agencies may want to consider changing their CE to allow providers to maintain	
	their NR if they wish.	
	2. Maintaining NR at any level is not required by OEMS	
	a. Must maintain Virginia Certification to practice in the state.	
	3. Registry has proposed reducing EMT CE to 40 hours beginning in 2016. The	
	Recertification Workgroup is looking at this issue.	
	v. Registry Letter designations can be confusing	
	1. NR È is EMT 2. NR P is NREMT-P Paramedic who has not transitioned	
	3. NR M is NRP Paramedic who has transitioned	
	vi. Recertification for NR is moving to all online in 2 years.	
	vii. Paramedic Transition	
	1. Once a Virginia Paramedic completes all 72 hours their NR Transition letter will	
	post to their portal	
	2. Print an keep after indicating to Registry that they have completed transition to	
	NR-P in case of audit	
$\langle \rangle$	vini Aquestion MDC will be facing is, "Can an Intermediate Offer CE to a Paramedic?"	
	3. Accreditation/Funding	
	a. EMSTF (Attachment: B)	
	i. Due to low car registrations the fund is lower this year	
	ii. Found additional \$500,000 to infuse into the fund	
	iii.) Warning! Finding instances of double and triple dipping during a review	
	1. ALS & BLS students in the same CE Program	
	2. / Found multiple Course Approvals for identical initial classes being taught at one	
	time.	
	b. Accreditation (Attachment: C)	
	i. No real changes	
	ii. 1 Paramedic Program has dropped accreditation	
	iii. 1 new Paramedic Program on the horizon	
	iv. 1 New Intermediate Program has verbally indicated they will be applying.v. BLS	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	1. Stagnant	
	2. 2 Self-studies have come in.	
	vi. No AEMT Accreditation Self-studies have been received.	
	c. BLS NR Statistics (Attachment: D)	
	i. Discussion about Virginia's low pass rate	
	4. Certification Testing – Peter Brown	
	a. As of January 1, 2014 only administering 3 written tests at CTS	
	i. EMT Instructor Recertification	
	ii. EC Pretest	
	iii. Enhapced Written Retest	
	b. Issue with Accredited EMT/EMR Testing	
	i. Reminder, must use council approved evaluators	
	c. 2 openings for examiners	
	i. Western	
	ii. REMS	
	5. Division of Educational Development – Warren Short	
	a. Proposed HB1010 EMS Providers Certification (Attachment: E)	
	i. No more than 40 hours Didactic for EMR/First Responder	
	ii. No more than 80 hours Didactic for EMT	
	iii. Opinion Poll	
	1. Larry Oliver - Against	
	2. John Wanamaker - Against	
	3. Stephen Rea - Against	
\langle	 Bill Akers - Against Donna - Against 	
	6. Jason Jenkins - Against	
	7. Dr. Lane - Against	
	8. Kathy Eubank - Abstain	
	b. Welcome to all members	
	c. HB1856	
	<i>i.</i> Warren will contact Regional Councils for follow-up.	
	d. Out for the holidays, kudos to Greg and Debbie for handling the change in certification dates.	
	e. EMS Compact/is in development	
	i. Scott Winston	
	1. Interstate Compact for EMS Personnel	
	2. Grant rights to practice across state lines	
	a. i.e. Drivers' License	
	3. Establish criteria for states to sign on to the compact	
	a. Use of National Registry	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	b. Minimum Age 18 or above	
	c. Medical Direction requirements	
	4. Final Draft is complete and has gone back up to committee	
	5. Funded from DHS	
	6. Language should be available to states to use in 2015	
	7. States would adopt a law to join the compact	
	8. Minimum number of states needed to support compact is 10	
	9. Will also develop an integrated database between the states to assist in tracking	
	providers	
	f. Out of state online Bridge Programs	
	i. For \$500 the student can read an online textbook, do a ride along (basically unsupervised)	
	and become eligible to test Registry Paramedic	
	ii. Became involved in 2 programs, one in North Carolina and one in Texas	
	1. One under LOR and on is accredited	
	iii. Communications included CoAEMSP and National Registry	
	g. Workgroup – Online Virginia EMS Programs – need to establish policies and procedures to ensure	
	quality.	
	6. Regulation & Compliance – Gary Brown - No Report	
	7. Other Office Staff – None	
II. Previous	A. Workgroups	
usiness	a. Evaluator Training – Tom Nevetral	
	i. Tom will continue on with the committee	
<	ii. Kathy Eubank will represent TCC	
	b. CTS Policy – Stephen Rea	
	i. Reviewed the cancellations for the last year	
	ii. Most had between 10-15 candidates registered	
	iii. Recommending minimum of 10. Should present information at our next meeting.	
	c. EMT Best Practices – Billy Ferguson	
	i. Put together a set of questions and would like to get them out.	
	ii. Wave reached out to Programs with high number of students and high pass rates for	
	representatives	
	ix. Will be soliciting input from all educators.	
	d. Recert CE Workgroup – Mike Garnett	
	i. Workgroup's focus will now look at the recommended CE levels set by NR for 2016 to bring	
	Virginia in line.	
	ii. Donna Burns will represent TCC	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	e. ALS Competency – Bill Akers	
	i. Will renew ALS Competency Committee to address:	
	1. Experiential Learning	
	2. RN to Paramedic Competencies	
VII. New Business	A. NEMSAC Request (Attachment: F)	
	a. Please submit comments to NEMSAC by the February 1, 2014 deadline.	
	B. Out of State online bridge programs	
	a. Discussed concerns of the programs out of state that are offering all online, with little supervision, I to P	
	transition programs	
	b. TCC has already reiterated the expectation that all I's bridging to P must complete a program that meets	
	Virginia's standards c. Office will not grant reciprocity to providers who complete unapproved programs	
	C. Sub-committee – Online Virginia EMS Programs Chair-Bill Akers	Motion by Dr. Long
	C. Sub-committee – Omme virginia Elvis Riograms Chan-Bin Akers	Motion by: Dr. Lane
		To: Appoint Bill Akers chair of the Online Virginia EMS Programs Guidelines Sub- committee. Second: Donna Burns
		Unanimously Approved
	D. Vice-Chair - Stephen Rea has been requested to serve as Vice-chair should Larry's term on the EMS Advisory	
	Board end on June 30, 2014	
VIII. Public Comment	None	
X. Dates for 2014	January 8, April 9, July 9, October 8	
Meetings		
K. Adjourn	Meeting adjourned at 1:30pm	Motion to adjourn.

Training & Certification Committee Wednesday, January 8, 2014 - 10:30 AM OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059 Meeting Agenda

I. Welcome

V.

- II. Introductions/Orientation
- III. Approval of Agenda
- IV. Approval of Minutes from October 9, 2013
 - Reports of Committee Members
 - a. Officer Reports
 - b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee Dr. Charles Lane
 - iii. Committee Members
 - c. Office of EMS
 - i. BLS Training Specialist Greg Neiman, OEMS
 - ii. ALS Training Specialist Debbie Akers, OEMS
 - iii. Funding and Accreditation Debbie Akers, OEMS
 - iv. Certification Testing Coordinator Peter Brown, OEMS
 - v. Division of Educational Development (DED) Warren Short, OEMS
 - vi. Regulation & Compliance Michael Berg, OEMS
 - vii. Other Office Staff

VI. Previous Business

- a. Workgroups
 - i. Evaluator Training Tom Nevertal
 - ii. CTS Rolicy Stephen Rea
 - iii. EMT Best Practices Billy Ferguson
 - iv. Enhanced/AEMT Recert CE Workgroup Mike Garnett
 - v. ALS Competency Bill Akers
 - vi. RN to Paramedic Competencies Rick McClure/Bill Akers

VII. New Business

- a. NEMSAC Request
- b. Out of state online bridge programs
- c. Workgroup Online Virginia EMS Programs
- VIII. Public Comment
- IX. Dates for 2014 Quarterly Meetings
- X. Adjourn

Attachment: A to the January 8, 2014 TCC Minutes

Approved October 9, 2013 Minutes of the TCC

ATTACHMENT: A to the January 8, 2014 Minutes of the Training & Certification Committee

	Training and Certification Committee OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia October 9, 2013 10:30 am	
Members I Larry Oliver – Cha Kathy Eubank William Ferguson Dr. Robin Foster Dr. Charles Lane Tom Nevetral Stephen Rea		
Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:50 am.	
II. Introductions	Committee Members and Guests introduced themselves	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting (Attached)	Accepted by mutual consent.
/		
IV. Approval of Minutes	The Committee reviewed the minutes of the July 10, 2013 Quarterly Meeting (Attachment: A)	Motion by: Tom Nevetral To approve the July 10, 2013 Minutes f the TCC as revised Seconded by: Kathy Eubank Unanimously Approved.
V. Reports of Committee Members	 A. Officer Reports a. Advisory Board i. All three items passed j. Committee Membership a. Added 1 Fire Service Representative to be nominated by the 3 organizations on the Advisory Board i. VA Fire Chiefs Association ii. VA Professional FF Association iii. VA State FF Association 2. Competencies Passed a. Discussion that MDC hasn't endorsed this document almost held 	

October 9, 2013 Minutes of the Training and Certification Committee

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	up approval.	
	3. HF Mannequins passed	
	ii. Executive Committee was tasked with HB 1856 to represent the Advisory Board	
	iii. Nominating Committee met last Thurday	
	1. Larry was nominated to stay as TCC chair	
	2. Unfortunately, Advisory Board Appointment up June 30, 2014	
	3. Vice-chair will be appointed to ensure continuity	
	B. Reports of Committee Members	
	1. Medical Direction: Dr. Charles Lane	
	a. Meet again tomorrow	
	i. Concern - How are changes that MDC makes announced?	
	ii. Is the Scope of Practice and Formulary clear-cut and straight forward?	
	C. Office of EMS	
	1. BLS Training Specialist – Greg Neiman	
	a. ECInstitute	
	i. September 14-18, 2013 in conjunction with VAVRS in Blacksburg. Certified	
	18 new ECs.	
	ii. Next EC Psychomotor Exam is scheduled for December 14, 2013, Deadline to	
	pass the written is November 17 th .	
	iii. Next Institute is scheduled for January.	
	b. Updates	
/	i. The DED Division has gone back on the road for 2013.	
	ii. Three (3) in-person Updates since July	
<	 Saturday, September 14th – Henrico Fire Training Saturday, September 28th – VA Beach Convention Center/VAVRS 	
	2. Saturday, September 28 th – VA Beach Convention Center/VAVRS	
	3. Saturday, October 5 th – Southwest Virginia EMSC Office - Bristol	
	iii. Next Update is Saturday November 9 0830-1200 at Symposium. Symposium Registration not required	
	iv. See the latest schedule on our Webpage:	
	http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm	
	c. VEMSES testing	
	i. Proceeding along. No real change in pass rates. Multiple-guess EMT questions	
	continue to be the weakest area.	
	ji. Still planning to roll out new essay sets soon.	
	iii. VEMSES Test Scheduled for Friday, November 8 th 6pm	
	iv. NCEE Exam Friday, November 8 th 7pm	
	2. ALS Training Specialist – Debbie Akers	
	3. Accreditation/Funding	
	a. Formulary and Procedures	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	 i. Listed as AEMT instead of Enhanced/AEMT b. Became aware of an e-mail from an Online CE Program sent to Virginia I-99's indicating that by completing 48 hours and a couple of other classes they can bridge to 	
	 Paramedic. Will be clarifying to our providers that this is not approved by Virginia. c. ALS Coordinators - 5 candidates left to bridge. The rest haven't responded to multiple e-mails and will be dropped. d. NR Statistics (Attachment: B) 	
	 e. Accreditation Report (Attachment: C) f. EMS Training Fund (Attachment: D) 4. Certification Testing Peter Brown a. Sent out 488 packages to Education Coordinators 	
	i. Included: 1. Testing EMSAT Video 2. Auvi-q Trainer	
	 ii. Have completed a year and it all appears to be going well b. 18 Psychomotor tests since last Advisory Board c. Statistics show Psychomotor Pass rates are down, not sure of why, but feel it may be that instructors are sacrificing Practical Lab time for Didactic in light of the new 	
	 standards. d. More CTS sites have been canceled this year than in the past. i. Appears to be due to low registrations 5. Division of Educational Development – Warren Short 	
	 a. This is the month we will be posting the pass rates of state programs b. Promoting the OMD portal launch date of December c. Chad's former position i. Interviews were held 	
	 d. Elimination of Test Waiver – Sitting in the Secretary's Office. i. Once signed it must sit for 30 day comment period ii. Earliest is November 	
	 e. Fredericksburg has a new 15 seat Pearson Vue test Center f. Down 1000 providers since this time last year now 35,200 g. Regulations passed last October 	
	 <i>i</i>. Any updates or changes to the Regulations may go through an easier process than in the past ii. If you identify Training Regulations that need updating, please contact Warren. Other Regulations, contact Michael Berg. 	
	h. Localities in VA are indicating that due to the increase in training they cannot recruit Volunteers and something needs to be done	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	 i. They are requesting reduced standards for Volunteers ii. May see something in the General Assembly to address training 6. Regulation & Compliance – Michael Berg a. Regulations i. Doesn't need to be done as a single set, can be done in individual process through a fast-track ii. Training changes may require traditional route b. 2013 General Assembly items i. Elimination of the Waiver process for Recertification Process 1. Waiver is in Secretary's Office 2. OEMS is working on a fast-track process to change the Regulations ii. Removing the requirement for obtaining a signature of a Physician after medication and procedures 1. Board of Pharmacy Regulations will be going through in October 2. OEMS Regulations should move through fast-track iii. Opening for Program Representative has been posted. 	
	a. Gary Brown – No Report	
VII. Previous Business	 A. HB1856 – Training Disparifies, Delivery and Availability of Training – Warren a. Committee met several times b. Not a lot of issues were found c. Next step was to obtain feedback from Delegate Orrock on the committee's findings and then follow-through d. September 26, 2013, Del. Orrock attended a meeting at OEMS i. There aren't programs that are geared towards Volunteers ii. Offer courses with reduced or no fees, no uniforms, etc iiii. Involve the Regional Councils – investigate need to do Volunteer program in their area, may not be a problem everywhere. iy. After the meeting document was produced (Attachment: E) v. Although no further report is required after this year, he would like a date set that it would be completed. 	Motion by: Dr. Lane To accept the motion as presented. Seconded by: Tom Nevetral Motion to Amend: Stephen Rea To: change #6 to read "shall develop a plan as they determine necessary to achieve specified goal by May 2014" Seconded: Dr. Lane Motion to amend: Unanimously Approved
		Motion to approve as amended: Yea: 4 Nay: 1 (Stephen Rea)

		Action/Follow-up; Responsible Person
	 B. Workgroups a. Evaluator Training – Tom Nevetral i. Tom spoke to ODEMSA ii. Looking at the current Evaluator Training Program iii. Planning to modify and send around to the councils for input b. CTS Policy – Stephen Rea i. Have not met ii. Will ramp up quickly c. EMT Best Practices – Billy Ferguson i. Put together a set of questions and would like to get them out. ii. Need to develop the committee, approach the top performers and invite their participation and begin polling. d. Enhanced/AEMT Recent CE Workgroup – Mike Garnett i. Mike Garnett, Debbie Akers and Tom Nevetral met via conference call ii. Document from NR (Attachment; F) 	
	II. Document from twe (Actaciment, F)	
/II. New Business	A. Experiential LearningB. RN to Paramedic Competencies	The Workgroups will reconven- to address Experiential Learning. Bill Akers will chair.
		Workgroup comprised of RN's who are Paramedics RN to P programs. Rick McClure will b asked to chair/Bill Akers will be asked to vice-chair.
/III. Public Comment	None	
X. Dates for 2014 Meetings	January 8, April 9, July 9, October 8	
K. Adjourn	Meeting adjourned at 1:28pm	Motion to adjourn.
		inotion to aujourn.

Training & Certification Committee Wednesday, October 9, 2013 - 10:30 AM OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059 Meeting Agenda

- I. Welcome
- II. Introductions
- III. Approval of Agenda
- IV. Approval of Minutes from July 10, 2013

V. Reports of Committee Members

- a. Officer Reports
- b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee Dr. Charles Lane
 - iii. Committee Members
- c. Office of EMS_
 - i. BLS Training Specialist Greg Neiman, OEMS
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 - iv. Certification Testing Coordinator Peter Brown, OEMS
 - v. Division of Educational Development (DED) Warren Short, OEMS
 - vi. Regulation & Compliance Michael Berg, OEMS
 - vii. Other Office Staff
- Previous Business
 - a. HB1856 Training Disparities, Delivery and Availability of Training
 - b. Workgroups
 - i. Evaluator Training Tom Nevertal
 - ii. CTS Policy Stephen Rea
 - iii. EMT Best Practices Billy Ferguson
 - iv. Enhanced/AEMT Recert CE Workgroup Mike Garnett

VII. New Business

- a. Experiential Learning for bridge classes
- b. RN to Paramedic Competencies

VIII. Public Comment

- IX. Dates for 2014 Quarterly Meetings
- X. Adjourn

VI.

Agenda of the October 9, 2013 Meeting of the Training & Certification Committee

Attachment: B to the January 8, 2014 TCC Minutes

EMSTF Report

ATTACHMENT: B to the January 8, 2014 Minutes of the Training & Certification Committee

Emergency Medical Services Training Funds Summary

As of January 7, 2014





EMS Training Funds Summary of Expenditures

Fiscal Year 2012	Obligated \$	Disbursed \$
	6704 00C 00	¢416 400 42
40 BLS Initial Course Funding 43 BLS CE Course Funding	\$784,836.00 \$122,640.00	\$416,408.42 \$43,898.75
44 ALS CE Course Funding	\$273,840.00	\$85,776.25
45 BLS Auxiliary Program	\$94,000.00	\$15,200.00
46 ALS Auxiliary Program	\$332,000.00	\$182,910.00
49 ALS Initial Course Funding	734,067.66	701,102.45
Total	\$2,341,383.66	\$1,445,295.87

Fiscal Year 2013	Obligated \$	Disbursed \$
19 Emergency Ops	1,460.00	\$755.00
40 BLS Initial Course Funding	\$729,348.00	\$350,569.89
43 BLS CE Course Funding	\$125,160.00	\$47,486.21
44 ALS CE Course Funding	\$297,360.00	\$73,447.50
45 BLS Auxiliary Program	\$80,000.00	\$17,320.00
46 ALS Auxiliary Program	\$350,000.00	\$151,685.00
49 ALS Initial Course Funding	\$1,102,668.00	\$495,269.48
Total	\$2,685,996.00	\$1,136,533.08

Fiscal Year 2014	Obligated \$	Disbursed \$	
19 Emergency Ops	\$720.00	\$0.00	
40 BLS Initial Course Funding	\$648,105.00	\$169,600.50	
43 BLS CE Course Funding	\$70,560.00	\$11,497.50	
44 ALS CE Course Funding	\$197,725.00	\$13,265.00	
45 BLS Auxiliary Program	\$102,000.00	\$24,600.00	
46 ALS Auxiliary Program	\$238,000.00	\$41,640.00	
49 ALS Initial Course Funding	\$1,130,364.00	\$284,554.50	
Total	\$2,387,474.00	\$545,157.50	

Attachment: C to the January 8, 2014 TCC Minutes

Accreditation Report

ATTACHMENT: C to the January 8, 2014 Minutes of the Training & Certification Committee

Accredited Training Site Directory

As of January 7, 2014



Accredited Paramedic¹ Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Associates in Emergency Care	15319	No	4	National – Probation	CoAEMSP
Center for EMS Training ¹	74015		1	Rejected by CAAHEP	Expired
Central Virginia Community College	68006	Yes		National – Initial	CoAEMSP
Historic Triangle EMS Institute	83009	No	1	CoAEMSP – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	No	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	Yes		National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	No		CoAEMSP - LOR	
Loudoun County Fire & Rescue	10704	No		National – Continuing	CoAEMSP
American National University	77512	No		National – Initial	CoAEMSP
Northern Virginia Community College	05906	No	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	1	CoAEMSP – LOR	
Piedmont Virginia Community College	54006	Yes		National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	Yes	-	CoAEMSP - LOR	
Rappahannock EMS Council Program	63007	No		CoAEMSP - LOR	
Southwest Virginia Community College	11709	Yes	4	National – Continuing	CoAEMSP
Southside Virginia Community College	18507	No	1	National – initial	CoAEMSP
Tidewater Community College	81016	Yes	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	4	National – Continuing	CoAEMSP

Programs accredited at the Paramedic level may also offer instruction at EMT- I, AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- ¹The Center for EMS site visit was conducted in December, 2012. CAAHEP has rejected their accreditation packet and their letter of review is no longer in effect and they are no longer accredited as an ALS training center
- Lord Fairfax Community College, Rappahannock EMS Council, Patrick Henry Community College and Prince William County have received their CoAEMSP Letter of Reviews and will have their accreditation visits scheduled within the next two years.
- Central Shenandoah EMS Council is in the process of accreditation at the paramedic level in Virginia which is described on the OEMS web page at: http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	No		State – Full	May 31, 2015
Danville Area Training Center	69009	No		State – Full	July 31, 2014
Dabney S. Lancaster Community College	00502	No		State – Full	July 31, 2017
Hampton Fire & EMS	83002	Yes		State – Full	February 28, 2017
James City County Fire Rescue	83002	No		State – Full	February 28, 2014
John Tyler Community College	04115	No		State – Full	April 30, 2017
Nicholas Klimenko and Associates	83008	Yes	1	State – Full	July 31, 2015
Norfolk Fire Department	71008	No		State – Full	July 31, 2016
Rappahannock Community College	11903	Yes	2	State – Full	July 31, 2016
Roanoke Regional Fire-EMS Training Center	77505	No		State – Full	January 31, 2015
UVA Prehospital Program	54008	No		State – Full	July 31, 2014
WVEMS – New River Valley Training Center	75004	No		State – Full	June 30, 2017

Accredited Intermediate¹ Training Programs in the Commonwealth

Programs accredited at the Intermediate level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

Accredited EMT Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Navy Region Mid-Atlantic Fire EMS			State – Provisional	March 13, 2014
City of Virginia Beach Fire and EMS			State – Provisional	July 31, 2014

Attachment: D to the October 9, 2013 TCC Minutes

BLS NR Statistics

ATTACHMENT: D to the January 8, 2014 Minutes of the Training & Certification Committee

BLS NR Statistics

Results sent to National Registry = 4,100

Successful within 3 attempts: 2359/3327 = 71%

No test attempt to date = 773 of which 86% (667) have completed applications and 14% (106) have not completed their National Registry application. I have sent another reminder email this week to those without applications providing them with instructions on how to complete the examination application.

Those who have tested:

	Attempted	Passed	%	Failed	%
First	3,327	2,066	62%	1,261	38%
Second	583	246	42%	337	58%
Third	133	47	35%	86	65%
Fourth	20	8	40%	12	60%
Fifth	6	2	33%	4	67%
Sixth	1	0	0%	1	100%

The above is reflective of the 'Under 18' test candidates that is not reflected when you pull our State report from National Registry. The statistics for the 'Under 18 group are as follows:

Results sent to National Registry = 316

No test attempt to date = 81 which is 25% of those eligible to test and should have pending applications with National Registry.

	Attempted	Passed	%	Failed	%
First	235	87	37%	148	63%
Second	52	21	40%	31	60%
Third	8	2	25%	6	75%
Fourth	1	0	0%	1	100%
Fifth	0				
Sixth	0				

The National statistics for this same period are as follows:

Report Date			1/5/2	1/5/2014 2:31:10 PM			
Report Type	e:		State	Report (V/	4)		
Registratio	n Level:		EMT-	Basic/EM	т		
Course Con	npletion Date:		3rd Q	uarter 201	2 to 4th Quar	ter 2013	
Training Pro	ogram:		All				
Show All 3	d Printer-Frie Show Only Per of your report r	centages St	-	bers			
Attempted	First Attempt	Cumulative Pass Within		Failed All	Eligible For	Did Not	
The Exam		3 Attempts		Attempts	Retest	Within 2 Years	

And for the EMR:

Report Date Report Type			1/5/2014 2:36:20 PM State Report (VA)			
Registration					sponder/E	EMR
Course Con		ate:				o 4th Quarter 20
Training Pro	-			All		
Show All S	Show Only	-	rsion s Show On are as follows	-	s	
Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	For	Did Not Complete Within 2 Years
The Exam						

Attachment: E to the January 8, 2014 TCC Minutes

HB 1010

ATTACHMENT: E to the January 8, 2014 Minutes of the Training & Certification Committee

	14101596D
1	HOUSE BILL NO. 1010
2 3	Offered January 8, 2014
3	Prefiled January 8, 2014
4	A BILL to amend and reenact § 32.1-111.5 of the Code of Virginia, relating to emergency medical
5	services providers; certification.
6	Detron Duron
7	Patron—Byron
8	Committee Referral Pending
9	
10	Be it enacted by the General Assembly of Virginia:
11	1. That § 32.1-111.5 of the Code of Virginia is amended and reenacted as follows:
12	§ 32.1-111.5. Certification and recertification of emergency medical services providers; appeals
13 14	A. The Board shall prescribe by regulation the qualifications required for certification of emergency
15	medical services providers, including those qualifications necessary for authorization to follow Do Not
16	Resuscitate Orders pursuant to § 54.1-2987.1. Such regulations shall require no more than 40 hours of
17	classroom instruction for certification of an emergency medical services provider as an emergency
18	medical responder or emergency medical services first responder and no more than 80 hours of
19	classroom instruction for certification of an emergency medical services provider as an emergency
20 21	<i>medical technician and shall</i> include criteria for determining whether an applicant's relevant practical experience and didactic and clinical components of education and training completed during his service
²¹ 22	as a member of any branch of the armed forces of the United States may be accepted by the
$\overline{23}$	Commissioner as evidence of satisfaction of the requirements for certification.
24	B. Each person desiring certification as an emergency medical services provider shall apply to the
25	Commissioner upon a form prescribed by the Board. Upon receipt of such application, the
26	Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for
27	certification. When determining whether an applicant is qualified for certification, the Commissioner
28 29	shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant during his service as a member of any branch of the
3 0	armed forces of the United States as evidence of satisfaction of the requirements for certification. If the
31	Commissioner determines that the applicant meets the requirements for certification as an emergency
32	medical services provider, he shall issue a certificate to the applicant. An emergency medical services
33	provider certificate so issued shall be valid for a period required by law or prescribed by the Board. Any
34	certificate so issued may be suspended at any time that the Commissioner determines that the holder no
35 36	longer meets the qualifications prescribed for such emergency medical services provider. The Commissioner may temporarily suspend any certificate without notice, pending a hearing or informal
37	fact-finding conference, if the Commissioner finds that there is a substantial danger to public health or
38	safety. When the Commissioner has temporarily suspended a certificate pending a hearing, the
39	Commissioner shall seek an expedited hearing in accordance with the Administrative Process Act
40	(§ 2.2-4000 et seq.).
41	C. The Board shall prescribe by regulation procedures and the qualifications required for the
42 43	recertification of emergency medical services providers. D. The Commissioner may issue a temporary certificate when he finds that it is in the public interest.
43 44	A temporary certificate shall be valid for a period not exceeding 90 days.
45	E. The State Board of Health shall require each person who, on or after July 1, 2013, applies to be a
46	volunteer with or employee of an emergency medical services agency to submit fingerprints and provide
47	personal descriptive information to be forwarded along with his fingerprints through the Central
48	Criminal Records Exchange to the Federal Bureau of Investigation, for the purpose of obtaining his
49 50	criminal history record information. The Central Criminal Records Exchange shall forward the results of the state and national records search to the Commissioner or his designee, who shall be a governmental
50 51	the state and national records search to the Commissioner or his designee, who shall be a governmental entity. If an applicant is denied employment or service as a volunteer because of information appearing
52	on his criminal history record and the applicant disputes the information upon which the denial was
53	based, the Central Criminal Records Exchange shall, upon written request, furnish to the applicant the
54	procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation.

Attachment: F to the January 8, 2014 TCC Minutes

NEMSAC Request

ATTACHMENT: F to the January 8, 2014 Minutes of the Training & Certification Committee



November 1, 2013

Dear Colleagues:

Aarron Reinert

Chair

Kyle Gorman

Vice-Chair

The *EMS Education Agenda for the Future: A Systems Approach* (*Education Agenda*) is now nearly fifteen years old. While much of the current Education Agenda has been accomplished, the ongoing need to assess our progress and its alignment with our educational goals has been recognized. At the suggestion of many national EMS leaders, the National Emergency Medical Services Advisory Council (NEMSAC) convened a national "Roundtable on the *EMS Education Agenda for the Future*" on March 28, 2012, to obtain input from EMS stakeholders across the entire spectrum of EMS education and clinical practice. The message from our colleagues was clear: many states and localities have only recently begun to experience the full impact of the evolution toward a nationally integrated system of education for EMS personnel; a major revision or change in direction of the *Education Agenda* could interfere with its ongoing implementation.

Thus, the NEMSAC believes that the *Education Agenda* should be updated with minor revisions to ensure that it is contemporary. Examples of updates that were discussed during the NEMSAC deliberations included, for example, addressing patient and provider safety, as well as disaster preparedness and public health.

The *National EMS Education Agenda for the Future: A Systems Approach* can be viewed or downloaded at: <u>http://www.ems.gov/education/EducationAgenda.pdf</u>. More information on NEMSAC, including previous recommendations, is available at <u>www.EMS.gov/NEMSAC.htm</u>.

The NEMSAC openly invites public comment from EMS stakeholders regarding the breadth and depth of these minimal updates. Specifically, we seek advice on key educational issues that were not yet part of the EMS landscape in June 2000 when the *Education Agenda* was first published. The NEMSAC does not propose to entertain fundamental changes to the structure of the current EMS education system as outlined in the *Education Agenda*.

Additionally, the NEMSAC will review the public input and will deliberate the issues publicly before making a recommendation to the Department of Transportation regarding minimal updates to the *Education Agenda*. The NEMSAC will **NOT** be

making recommendations regarding the *National EMS Core Content*, the *National EMS Scope of Practice* or the *National EMS Education Standards*. Those documents fall within the purview of other professional organizations and will be modified, if necessary, subsequent to the modification of the *Education Agenda*. Likewise, the NEMSAC does not intend to address recommendations concerning National EMS Education Program Accreditation or National EMS Provider Certification.

The NEMSAC recognizes that a more comprehensive revision of the *Education Agenda* may be necessary in future years – after a new *EMS Agenda for the Future*, or its equivalent is produced.

The NEMSAC will deliberate the suggested minimal updates to the *Education Agenda* during its spring 2014 meeting in Washington, D.C. There will be time during that meeting for individuals or representatives of organizations to offer input to the NEMSAC regarding this topic. Written statements are also invited by any EMS stakeholder who wishes to provide comment. To be considered by the NEMSAC written comments must be received by February 1, 2014, at <u>NEMSAC@dot.gov</u>.

Thank you for your commitment to the very best education for our nation's EMS personnel!

Sincerely yours,

~ 7

Aarron Reinert, Chair