



CENTER FOR MEDICS



2015-2016 ACADEMIC CATALOG

EFFECTIVE JULY 1, 2015

PRO EMS CENTER FOR MEDICS
31 Smith Place
Cambridge, Massachusetts 02138

Phone: 617-682-1811
www.centerformedics.com

CONTENTS

100 MISSION AND INSTITUTIONAL OVERVIEW	5
100.1 CoAEMSP/CAAHEP	5
200 ADMISSIONS: OVERVIEW	7
200.1 ADMISSION REQUIREMENTS	7
200.2 EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATION	7
200.3 MEDICAL INSURANCE & MALPRACTICE INSURANCE	7
200.4 MEDICAL CLEARANCE & VACCINATIONS	7
200.5 PERSONAL & PHYSICAL LIMITATIONS	8
200.6 PRE-ENROLLMENT DRUG & ALCOHOL POLICY	8
200.7 CRIMINAL OFFENDER RECORD INFORMATION (CORI)	8
300 ADMISSIONS: PROCEDURES	10
300.1 TRANSFER OF CREDIT INTO THE INSTITUTION	10
300.2 TRANSFER OF CREDIT OUT OF THE INSTITUTION	10
400 ACADEMIC POLICIES	11
400.1 UNIT OF CREDIT	11
400.2 ACADEMIC INTEGRITY	11
400.3 GRADING POLICIES	12
400.4 GRADING APPEAL	12
400.5 WEIGHTING & GRADE COMPONENTS	12
400.6 TESTING & RETESTING	12
400.7 SATISFACTORY ACADEMIC PROGRESS	12
400.8 SATISFACTORY ACADEMIC PROGRESS: APPEALS PROCESS	13
400.9 MAXIMUM TIME FOR COMPLETION	13
400.10 FAILURE TO MEET SATISFACTORY ACADEMIC PROGRESS	13
400.11 LEAVE OF ABSENCE	13
400.12 WITHDRAWING FROM THE PROGRAM & RETURNING STUDENTS	14
400.13 ADA COMPLIANCE & ACADEMIC ACCOMMODATIONS	14
400.14 PROCEDURE FOR REQUESTING AN ACCOMMODATION	15
400.15 GRADUATION REQUIREMENTS	16
500 ADMINISTRATIVE POLICIES	17
500.1 ACADEMIC CALENDAR	17
500.2 APPROPRIATE STUDENT CONDUCT	17
500.3 RELATIONSHIP WITH PRECEPTORS	18
500.4 NON-FRATERNIZATION	18
500.5 APPEARANCE: OVERVIEW	18

500.6 APPEARANCE: UNIFORM COMPONENTS	19
500.7 APPEARANCE: UNIFORM CARE & MAINTENANCE	19
500.8 APPEARANCE: USE OF UNIFORMS	19
500.9 APPEARANCE: PERSONAL HYGIENE	19
500.10 APPEARANCE: JEWELRY	19
500.11 APPEARANCE: PROGRAM ID	20
500.12 ANTI-HARASSMENT, DISCRIMINATION & SEXUAL HARASSMENT	20
500.13 HAZING	21
500.14 DISCIPLINARY ACTIONS	22
500.15 GRIEVANCE & COMPLAINT PROCEDURE	22
500.16 RETALIATION	22
500.17 DRUG & ALCOHOL POLICY	23
500.18 ATTENDANCE	24
500.19 MAKE-UP WORK	25
500.20 STUDENT PRIVACY POLICY & FERPA	25
500.21 HIPAA	25
500.22 COPYRIGHT INFRINGEMENT POLICY	26
500.23 ELECTRONIC COMMUNICATIONS	27
500.24 INTERNET USE	27
500.25 BLOODBORNE EXPOSURE	28
500.26 INJURY	28
500.27 EXPOSURE, INJURY & INCIDENT REPORTING	28
500.28 BOOKS & MATERIALS	29
500.29 CLINICAL & FIELD INTERNSHIP: OVERVIEW	29
500.30 CLINICAL & FIELD INTERNSHIP: TIME REQUIREMENTS	30
500.31 PRACTICING ADVANCED SKILLS	30
500.32 LAB EQUIPMENT	30
500.33 CLASSROOM SKILLS PRACTICE	31
600 STUDENT SERVICES	32
600.1 PLACEMENT ASSISTANCE	32
600.2 COUNSELING & GUIDANCE	32
600.3 LOCATION	32
600.4 FACILITIES & EQUIPMENT	32
600.5 CLASS SIZE	33
600.6 PARKING	33
600.7 FITNESS ROOM	33

700 TUITION, FEES & CHARGES	34
700.1 OVERVIEW OF TUITION & FEES	34
700.2 FEE SCHEDULE	34
700.3 FINANCIAL AID AND/OR ASSISTANCE	35
700.4 PAYMENT OPTIONS & PROCEDURES	35
700.5 TUITIONFLEX	35
700.6 IMPACT ON CANCELLATION	35
700.7 DEFERRED START & COURSE CHANGE	35
700.8 COLLECTION POLICY	35
700.9 CANCELLATION & REFUND POLICY -NON-VA STUDENT	36
700.10 CANCELLATION & REFUND POLICY - VA STUDENT	36
700.11 REFUND PROCEDURE (VOLUNTARY WITHDRAWAL)	36
700.12 REFUND PROCEDURE (TERMINATION)	37
700.13 REFUND CALCULATION & DUE DATE	37
800 PROGRAM OVERVIEW	38
800.1 PARAMEDIC	38
900 COURSE DESCRIPTIONS	39
900.1 MODULE 1: CORE CONCEPTS	39
900.2 MODULE 2: MEDICAL	39
900.3 MODULE 3: SPECIAL PATIENT POPULATIONS	40
900.4 MODULE 4: TRAUMA	40
900.5 MODULE 5: INTRO TO PARAMEDICINE & OPERATIONS	41
900.6 CLINICAL: CLINICAL INTERNSHIP	41
900.7 MODULE 6: CRITICAL CARE & PUTTING IT ALL TOGETHER	41
900.8 FIELD: FIELD INTERNSHIP	42
900.9 REQUIREMENTS FOR CERTIFICATION	42
1000 FACULTY, STAFF & ADVISORY COMMITTEE	43
1000.1 ADMINISTRATIVE STAFF	43
1000.2 PARAMEDIC PROGRAM BOARD MEMBERS	43
1000.3 ACADEMIC ADVISORY COMMITTEE	43
1000.4 FACULTY (PHYSICIANS)	45
1000.5 FACULTY (PARAMEDICS)	45
1000.6 FACULTY BIOGRAPHIES	46

100 | MISSION AND INSTITUTIONAL OVERVIEW

PRO EMS Center for Medical Education, Development, Improvement, and Clinical Simulation

The PRO EMS Center for MEDICS (CFM) is dedicated to provide our students with the cognitive, psychomotor, affective and leadership skills necessary to provide the highest quality care to patients in the pre-hospital setting.

Center for MEDICS is the first EMS educational facility in Massachusetts to be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). We are also recognized by Massachusetts Office of Emergency Medical Services (OEMS) as an Accredited Training Institution. Center for MEDICS is an American Heart Association (AHA) Authorized Community Training Center and nationally accredited for continuing education by the accrediting body for EMS continuing education CECBEMS. All Center for MEDICS courses meet the standards required for EMS Training Institution accreditation by the Commonwealth of Massachusetts as a Massachusetts EMS Training Institution. Pro EMS Center for MEDICS is an S-Corporation, 100% owned by William Mergendahl.

The Pro EMS Center for MEDICS was established to serve as an EMS education entity initially with a primary focus on Professional Ambulance Service (Pro EMS) providers and has extended course offerings into the wider community. Pro EMS has provided EMS services to the City of Cambridge since 1969 and has increasingly, through Center for MEDICS, provided medical training for first responder agencies and the larger medical community. Center for MEDICS' Paramedic Program is a clinically sophisticated and well-resourced program with paramedic and physician instructors from many top-performing EMS systems and Boston academic hospitals.

With primary clinical sites that include the teaching hospitals of Harvard Medical School, Center for MEDICS' students work effectively alongside seasoned physicians,

registered nurses and other clinicians as they would in real-world professional experiences. Students receive an intense and engaging educational experience within a busy urban system for emergency medical services, in order to provide them with the greatest number of patient contacts and the highest quality learning opportunities. Students will learn about, and gain experience from, diverse emergency medical system designs ranging from busy urban centers to rural EMS with prolonged patient transports.

Center for MEDICS very much prides itself on the relationship we have developed with our community, and our reputation as a center of excellence, working hard to constantly improve and grow. The relationship with the community provides additional system-wide experience and opportunities as part of a well-functioning and high performing system for emergency medical services. Paramedic students work with City of Cambridge Department of Public Health, Police and Fire Departments regularly and participate in community and healthcare preparedness exercises. Center for MEDICS Simulation Lab has expanded offerings to meet the numerous requests from the larger healthcare system in the Boston area. Center for MEDICS provides several engaging and realistic simulation settings, extraordinary medical simulation technology and trained simulation experts including faculty from Harvard University. The Center for MEDICS simulation laboratory makes these resources available to many healthcare providers including physicians, nurses, and paramedics from many local healthcare facilities, hospitals, fire departments, and EMS agencies for skills development, retention and high acuity low occurrence (HALO) training.

100.1 | CoAEMSP/CAAHEP

CFM was accredited in 2010 by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). CFM was the first such organization within Massachusetts to become accredited providing further evidence of our leadership and commitment in the area of quality EMS education.

As the only comprehensive national EMS education accreditation agency in the U.S., CoAEMSP aims to

improve the quality of EMS education by implementing a rigorous accreditation process for qualifying paramedic training programs.

More information about CoAEMSP can be found at www.CoAEMSP.org. CAAHEP's website is located at www.CAAHEP.org.

200 | ADMISSIONS: OVERVIEW

Applicants from all types of EMS backgrounds are considered for admission on their own merits. Our aim is to select applicants with the greatest promise and commitment, and to then train them to the highest level of excellence. Applicants are encouraged to visit CFM and learn more about the unique paramedic education program offered and tour our facilities located at:

Pro EMS Center for MEDICS
31 Smith Place
Cambridge, MA 02138

Phone: 617-682-1811
Fax: 617-492-0806

Applicants are urged to call in advance and schedule an interview and time to visit the campus and facilities.

200.1 | ADMISSION REQUIREMENTS

Admission to CFM requires that all applicants have a high school diploma or have satisfied the requirements through the General Educational Development (GED) examination. CFM looks for students who have, through work experience, interviews and recommendations, demonstrated a high level of maturity, motivation and work ethic to successfully complete the rigorous training requirements of the program.

Applicants must meet the following requirements at the start of the program:

- Be at least eighteen years of age
- Be certified as an Emergency Medical Technician, or be eligible for such certification
- Be capable of all duties and requirements set forth by the Commonwealth of Massachusetts Office of Emergency Medical Services as described in 105 CMR 170.000
- Provide evidence that student has health insurance
- Provide evidence of having received all required vaccinations & medical screening tests
- Submit to pre-enrollment drug screening test and pass

- Criminal Offender Record Information (CORI) screening and compliance with CORI policy

200.2 | EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATION

Students enrolling in the paramedic program must provide written documentation showing that they hold a current and valid certification from the National Registry of Emergency Medical Technicians (NREMT) or a state certification. Students must be currently certified as an Emergency Medical Technician (EMT) by the beginning of the Clinical Internship and it will be the responsibility of the student to keep the certification current during the program. If at any point during the program, the student allows the certification to expire or their certification is suspended or revoked, that student will be immediately removed from the program. If at any point during the program, a student renews their expiring EMT certification, they must submit a copy of their renewed certification prior to the expiration date.

200.3 | MEDICAL INSURANCE & MALPRACTICE INSURANCE

CFM will supply malpractice insurance for all paramedic students enrolled in the program through HPSO and will be responsible for keeping the records of the blanket policy.

All Students must have active health insurance for the length of the program. Proof of insurance is required by CFM for all students enrolled in the paramedic program.

200.4 | MEDICAL CLEARANCE & VACCINATIONS

It is required that all students have the following vaccinations/tests:

- MMR (Measles, Mumps, and Rubella)
- DPT (Diphtheria, Pertussis, and Tetanus)
- HBV (Hepatitis-B)
- Varicella
- Annual Influenza vaccine
- Annual tuberculosis testing (PPD/Manitoux test)

To satisfy program requirements for vaccinations, students are required to provide proof of vaccinations and immunity by virtue of titer, if applicable. If paramedic students are deficient in any of the required vaccinations, they will be required to obtain said

vaccinations and/or titers within three (3) weeks of the start of class. All paramedic students who require vaccination, titers, or tests will be referred to the Cambridge Health Alliance Occupational Health Program. All may be obtained as part of the students fees for the program. The students must complete and submit the required documentation prior to the start of class. The address, hours, and contact information are listed below:

Cambridge Health Alliance
Occupational Health Program
5 Middlesex Avenue
Somerville, MA 02140
617-591-4660

Hours:

Monday through Friday, 8:30 am to 5:00 pm

All vaccinations, titers, and tests must be current at all times when enrolled in the program.

200.5 | PERSONAL & PHYSICAL LIMITATIONS

Students enrolling in the paramedic studies program must affirm in writing that they have no known personal or physical limitations that will prevent the student from successfully completing the program.

200.6 | PRE-ENROLLMENT DRUG & ALCOHOL POLICY

CFM intends to provide a learning environment that is free from the use of non-prescription drugs and alcohol.

As a condition of enrollment in the paramedic program, every student must abide by the terms of this drug and alcohol policy.

200.7 | CRIMINAL OFFENDER RECORD INFORMATION (CORI)

CFM requires criminal background checks on every student, as outlined below:

CONDUCTING CORI SCREENING

CORI checks will only be conducted as authorized by law and only after an authorization form has been completed. Thereafter, periodic CORI checks may be performed during the course of enrollment at CFM.

ACCESS TO CORI

All CORI obtained is confidential, and access to the information must be limited to those individuals who have a “need to know”. This may include, but not be limited to, the President, Director of CFM, Paramedic Program Director and Director of Administration. CFM shall maintain and keep a current list of each individual authorized to have access to, or view, CORI.

CORI TRAINING

An informed review of a criminal record requires training. Accordingly, all personnel authorized to conduct criminal history background checks and/or to review CORI information will review, and will be thoroughly familiar with, the educational and relevant training materials regarding CORI laws and regulations made available by the Mass. Department of Criminal Justice Information Service (DCJIS).

USE OF CRIMINAL HISTORY IN BACKGROUND SCREENING

CORI used for enrollment purposes shall only be accessed for applicants who are otherwise qualified for enrollment. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on background checks will be made consistent with this policy and any applicable law or regulations.

VERIFYING A SUBJECT’S IDENTITY

If a criminal record is received, the information is to be closely compared with the information on the Acknowledgement Form and any other identifying information provided by the applicant to ensure the record belongs to the applicant.

If the information in the CORI record provided does not exactly match the identification information provided by the applicant, a determination is to be made by an individual authorized to make such determinations based on a comparison of the CORI record and documents provided by the applicant.

INQUIRING ABOUT CRIMINAL HISTORY

In connection with any decision regarding admission to CFM, the subject shall be provided with a copy of the criminal history record prior to questioning the subject about his or her criminal history. The source(s) of the

criminal history record is also to be disclosed to the subject.

DETERMINING SUITABILITY

If a determination is made that the criminal record belongs to the subject, and the subject does not dispute the record's accuracy, then the determination of suitability for the admission will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to, the following:

- Relevance of the record to admission & enrollment at CFM
- The nature of the work to be performed
- Time since the conviction
- Age of the candidate at the time of the offense
- Seriousness and specific circumstances of the offense
- The number of offenses
- Whether the applicant has pending charges
- Any relevant evidence of rehabilitation or lack thereof
- Any other relevant information, including information submitted by the candidate or requested by the organization

The applicant is to be notified of the decision and the basis for it in a timely manner.

ADVERSE DECISIONS BASED ON CORI

If an authorized official is inclined to make an adverse decision based on the results of a criminal history background check, the applicant will be notified immediately. The subject shall be provided with a copy of the organization's CORI policy and a copy of the criminal history. The source(s) of the criminal history will also be revealed. The subject will then be provided with an opportunity to dispute the accuracy of the CORI record. Subjects shall also be provided a copy of DCJIS' *Information Concerning the Process for Correcting a Criminal Record*.

SECONDARY DISSEMINATION LOGS

All CORI obtained from the DCJIS is confidential and can only be disseminated as authorized by law and regulation. A central secondary dissemination log shall

be used to record *any* dissemination of CORI outside this organization, including dissemination at the request of the subject.

300 | ADMISSIONS: PROCEDURES

To apply for admission into the Paramedic Program, complete an application which can be found online at www.centerformedics.com and submit the application for review. The application is considered complete when the application is received along with the non-refundable \$75 application fee has been successfully processed. There is no admissions test.

The application will be reviewed promptly and a determination will be made as soon as possible. Early application to the program is always recommended to ensure placement, financial arrangements and scheduling.

All applicants will undergo a comprehensive admissions evaluation that includes a personal interview with program leadership. Candidates should prepare themselves for the Paramedic Program interview in the same detailed manner that they would prepare for any professional, academic or career interview. Candidates can expect to meet with program leadership, which may include the Program Director, Medical Director, and other CFM staff. The total interview process will take between 30 to 45 minutes. CFM expects that all candidates present themselves in a professional manner and in professional attire. After the interview, applicants will be notified of acceptance or rejection within 7-10 days.

300.1 | TRANSFER OF CREDIT INTO THE INSTITUTION

CFM may grant academic credit to students who have successfully completed the same, or substantially the same, course work as required in the curriculum at other accredited institutions of postsecondary education. The granting of such transfer credit is totally at the discretion of CFM. Students' transfer credit evaluations will be conducted using the following guidelines:

- An official transcript of the student's course work must be furnished directly by the Center where the course work was completed before any application for transfer credits can be evaluated.

- A copy of the catalog or course syllabi from the Center at which the course work was completed by the student must be furnished before any application for transfer credits can be evaluated.
- A minimum grade of "B" or "3.0" must have been awarded for each course completed to be eligible for transfer. Only courses in which grades were assigned will be considered. No credits earned as a result of a "pass/fail" option are eligible for transfer.
- No more than 40 percent of the clock hours necessary to earn a certificate from CFM will be accepted for transfer.
- Course work completed more than three (3) years ago may only be transferred with the Center Director's approval.
- Transfer of credit must be completed prior to enrollment. Securing an official transcript in a timely manner is the sole responsibility of the student.
- The Paramedic Program Director shall make final determination on the acceptability of transfer credits. The above guidelines shall be used in evaluating all applications for transfer of credit; however, the Center reserves the right to accept or reject any or all transfer credits at its discretion.
- CFM coursework is highly specialized. Students will find that comparable specialized courses are not generally offered at other institutions, and therefore may be ineligible for transfer credits in these areas.

300.2 | TRANSFER OF CREDIT OUT OF THE INSTITUTION

The program offered at CFM is intended to be a specialized career-oriented certificate program. The clock hours earned are generally NOT applicable into programs offered at other institutions. The decision to accept transfer clock hours is solely at the discretion of the receiving institution. CFM does not imply, promise, or guarantee transferability of clock hours earned to any other institution.

400 | ACADEMIC POLICIES

400.1 | UNIT OF CREDIT

The Paramedic Program is a clock hour program. Students are awarded 1100 clock hours upon successful completion.

400.2 | ACADEMIC INTEGRITY

At CFM, academic dishonesty is unacceptable and is not tolerated. Any single instance of academic dishonesty as described in the document may result in dismissal from the program.

ACADEMIC DISHONESTY is defined as misconduct including, but not limited to, plagiarism, cheating, and collusion.

PLAGIARISM is defined as presenting as one's own the ideas or writings of another without acknowledging or documenting the source(s). Students are guilty of plagiarism when they do any of the following in an essay or presentation:

- Copy a word or words directly from a book, periodical, or electronic source without using quotation marks and references to sources;
- Summarize or paraphrase the ideas or opinions of an author or use the data collected by an author without citing the author as the source;
- Submit papers or projects which do not reflect their own knowledge, voice, and style, usually as a result of having had another person (1) write, (2) rephrase, (3) rewrite, or (4) complete their ideas;
- Submit a paper or project which was written or prepared by another person for another class or another instructor implying that the work is their original composition or project;
- Download a paper or portions of text from an electronic source and (1) paste it into a paper, (2) retype the paper or portions of the paper and submit it as their own composition, (3) retype phrases or sentences with a few changes, and submit the paper as their own composition, or (4) summarize or paraphrase the ideas from one or more sentences, without citing the source.

- Submit as their own work a paper (or parts of a paper) purchased from a company or electronic source that offers catalogs of essays on different topics and/or for different courses.

CHEATING is defined as intentionally using or attempting to use unauthorized sources in exams or on other scholastic projects, as well as failing to follow instructions in such activities. Students are guilty of cheating when they do any of the following:

- Copy answers from another student's examination answer sheet.
- Use or attempt to use unauthorized materials (notes, study guides, "crib" sheets, textbooks, electronic devices, etc.) during an examination.
- Exchange forms of a test with a classmate (i.e. exchange Form A for Form B).
- Possess and/or use unauthorized copies of tests or answer sheets.
- Change answers or grades on a graded project.

COLLUSION is defined as intentionally aiding or attempting to aid another in an act of scholastic dishonesty. Students are guilty of collusion when they do any of the following:

- Provide a complete paper or project to another student.
- Provide an inappropriate level of assistance to another student in the form of (1) writing, (2) rephrasing, (3) rewriting, or (4) completing the paper or project.
- Communicate answers to a classmate during an examination.
- Remove tests or answer sheets from the testing site.
- Knowingly allow a classmate to copy answers from his/her examination paper.
- Exchange forms of a test with a classmate (i.e. exchange Form A for Form B).

400.3 | GRADING POLICIES

Grades are calculated using the following grading scale:

90 - 100%	A
80 - 89%	B
0 - 79%	F
P	Pass
F	Fail
W	Withdrawn
AW	Administrative Withdrawal

All skills will be evaluated in a pass/fail assessment. Successful completion of the skills assessment is required to begin the clinical rotation and the field internship.

400.4 | GRADING APPEAL

Final grades are issued at the end of each module. A student may appeal a final grade by following the following procedure:

- The appeal must be made in writing to the Program Director within 15 days of the end of the module.
- A grade appeal must state specific grounds for challenging the grade based on an assertion of mistake, unfair treatment, or other extenuating circumstances with appropriate documentation submitted with the written appeal.
- The decision of the Program Director is final.

400.5 | WEIGHTING & GRADE COMPONENTS

Cognitive and psychomotor objectives will contribute to each of the following grade components for each module:

Homework and/or Projects	25%
Written Exams	30%
Practical Exams	10%
Quizzes	25%
Certification Courses	10%

Affective Domain Competency

In order to ensure that our students are successful in our program resulting in the student functioning clinically, professionally and with respect for the profession and their peers upon graduation, we will evaluate their affect. Evaluating the affective domain

includes the student’s classroom behavior, professional ethics, and adherence to policy. Breaches will result in a student conference. Significant behavioral issues may result in corrective action. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others, the student may be dismissed from the program at the discretion of program administration. Affective competency will be evaluated throughout the program. There will be three points at which this assessment is documented: before the clinical internship, before the field internship and before program graduation.

400.6 | TESTING & RETESTING

Paramedic students will be tested at the completion of each module using Platinum Testing Software. Each student will be given a login to this software. **On the assigned testing date, the paramedic student will complete the examination and must achieve at least an 80%.**

If the student receives lower than an 80% on a written exam or fails a practical exam, one (1) retest will be allowed, and the grade will be recorded as 80% regardless of whether or not the score is higher than 80%. If a student fails a retest that student may petition the Paramedic Program Director for an additional retest. Students failing a retest may be dismissed from the Program.

Exams must be taken during the scheduled time. If circumstances require missing an examination, the student must make arrangements with the Program Director to take a makeup exam. Makeup exams will not be given without an appointment.

Prior to retesting practical exams the student must discuss with the Program Director the reason for the failure and, upon request, remedial education, equipment and supplies may be provided. The student may be required to practice the skills with an instructor.

400.7 | SATISFACTORY ACADEMIC PROGRESS

All students are required to maintain satisfactory academic progress (SAP) toward the completion of the program by meeting qualitative and quantitative measures.

If a student fails to meet the SAP requirements, that student will be placed on probation, until the next satisfactory academic progress check.

Students must maintain satisfactory academic progress in order to remain eligible to continue in the program. Progress is based on obtaining an 80% in each module, achieve at least an 80% on each module examination (qualitative measure) and completing the program within 150% of the scheduled clock hours (quantitative measure); 150% of the program clock hours is 1650 hours. Student progress is evaluated at the end of the each module; if the hours for the module are not earned the student has not met satisfactory progress, or achieved an 80% or greater on the post module examination.

Satisfactory academic progress is determined by calculating the student's cumulative GPA and the student's rate of progression toward completion of the academic program. Satisfactory academic progress will be monitored at the end of each module. At that time, the student must have at least an 80% (B) cumulative GPA, achieved an 80% on post module examination and must not have exceeded the maximum timeframe.

400.8 | SATISFACTORY ACADEMIC PROGRESS: APPEALS PROCESS

A student who is not making satisfactory academic progress and who believes that there are mitigating or extenuating circumstances that led to failure to maintain satisfactory progress may appeal by written request to the Program Director. Mitigating circumstances may include injury or illness, the death of a relative, or other special circumstances. The written appeal should be submitted to the Program Director within five (5) business days after notification. The appeal should be accompanied by supporting documentation regarding why the student failed and what changed in the student's situation that will allow him/her to make satisfactory progress by the next evaluation.

The Program Director will conduct a review of all circumstances and make a final decision. If the appeal is granted, the student will receive one additional module in which to regain satisfactory academic progress and meets the requirements as specified in the student's academic improvement plan. If at the end of this

probationary period, the student is not making academic progress, s/he will be terminated from the Program.

400.9 | MAXIMUM TIME FOR COMPLETION

The standard academic year is defined as 1100 clock hours. The maximum time frame is defined as 150% of the normal program length in clock hours (or 1650 clock hours) in which the educational objective must be successfully completed. Program length is defined as the number of clock hours required to complete the Program.

The timeframe of the paramedic program is structured to graduate entry-level paramedics. As such, the entire program must be completed within 16 months of the start date to ensure entry-level paramedic competency.

400.10 | FAILURE TO MEET SATISFACTORY ACADEMIC PROGRESS

A student who fails to meet satisfactory academic progress will be placed on probation for a period no longer than one (1) module. The student will be notified of his/her probationary status in writing following a meeting with the Paramedic Program Director in which an academic improvement plan will be developed. The notice of probation and terms and conditions of the probationary period will be signed by the student and the Director of CFM. Student's progress will be monitored throughout the probationary period. Documentation will be maintained in the student file.

The academic improvement plan serves to guide a student toward meeting academic progress requirements within a specified time and method. Failure to meet satisfactory academic progress requirements by the end of the probationary period will result in termination from the Program.

400.11 | LEAVE OF ABSENCE

There may be legitimate reasons such as extended illness, extended illness of close family members, or military service, in which a student needs an interruption in his/her training program. In such cases due to specified and approved reasons and with appropriate documentation, the student may request a leave of absence. The leave of absence is considered a temporary break in a student's attendance during which s/he is considered to be continuously enrolled. In order

to attain a leave of absence, the following policy must be adhered to prior to approval of the leave:

- The leave-of-absence is limited to 180 calendar days in any 12-month period or one-half of the published program length, whichever is shorter. Multiple leaves of absence may be permitted provided the total of the leaves does not exceed this limit.
- The leave of absence must be requested in writing in advance of the beginning date of the leave unless circumstances prevent the student from doing so. The student must sign and date the leave-of-absence request and specify a reason for the leave so that the institution may have a reasonable expectation of the student's return within the timeframe of the leave of absence as requested. The request must specify the specific date of return following the leave.
- The leave-of-absence request must be approved and signed by the Paramedic Program Director.
- Failure to return from the approved leave of absence on the exact return date as shown on the leave-of-absence written request will result in termination from the Program.

Documentation of requests for leaves of absence will be maintained in the student file and monitored by the Center to ensure that the student returns by the scheduled end of the leave or is terminated from the Center should the student not return on schedule.

400.12 | WITHDRAWING FROM THE PROGRAM & RETURNING STUDENTS

Students leaving the Program are advised to contact the Program Director for an exit interview prior to withdrawing or immediately after receiving a failing grade. The exit interview will establish requirements for returning to the Program at a later date.

- Students who do not complete an exit interview must reapply to the Program from the beginning, regardless of the student's last successful semester. No special considerations can or will be made.
- Students who are unable to finish the didactic or clinical portion of the program must complete both components upon re-enrolling.

- Students who re-enroll must repeat all aspects of the course. No credit will be given for previously passed exams, didactic or practical.
- CFM has a two (2) attempt policy. This policy limits the number of times an individual may enroll and re-enroll into the Program to two (2) attempts.

400.13 | ADA COMPLIANCE & ACADEMIC ACCOMMODATIONS

CFM complies with the Americans with Disabilities Act and applicable state and local laws providing for nondiscrimination against qualified individuals with disabilities. CFM also provides reasonable accommodation for such individuals in accordance with these laws.

The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification.

The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS.

A second example is dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The following specific points pertain to those involved in EMS training and education programs:

- Students cannot be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be no accommodation during screening, evaluation or course exams that will

compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.

- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam or State Certification Exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

There are accommodations that are not allowed at CFM because they are not in compliance with the essential job functions of a paramedic. These include, but are not limited to:

- Students are not allowed additional time for skills with specific time frames.
 - Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
- Students are not allowed unlimited time to complete a written exam.
 - This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
 - Students will be allowed a maximum amount of time and one-half to complete written exams.
- Students are not allowed to have written exams given by an oral reader.
 - The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
- Students are not provided a written exam with a reading level of less than grade eight (8).
 - The EMS profession requires a reading level of at least grade eight (8) to work safely and efficiently.

- Students must take all exams during the scheduled time, as a member of the enrolled class.
 - The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and paramedics.
 - Exams are given to elicit immediate recall and understanding of emergency situations.
 - Students will be permitted a private space to take the exam.
 - Refer to the written examination policy of missed exams due to excused absences.
- Students must answer all written exam questions as written. No explanation of the question can be provided by the test proctor or any other individual.
 - Additional descriptions of exam questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
 - Student must be able to understand and converse in medical terms appropriate to the profession.

Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case-by-case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?

400.14 | PROCEDURE FOR REQUESTING AN ACCOMMODATION

Qualified individuals with disabilities may make requests for reasonable accommodation to the Program Director. On receipt of an accommodation request, the Program Director will meet with the requesting individual to discuss and identify the precise limitations resulting from the disability and the potential accommodation that CFM might make to help overcome those limitations.

The Program Director in conjunction with the President, (and as necessary the appropriate management representatives identified as having a need to know) will determine the feasibility of the requested accommodation. CFM will inform the student or employee of the final decision on the accommodation request or on how to make the accommodation.

400.15 | GRADUATION REQUIREMENTS

Upon successful completion of the Program, students will receive a Certificate of Completion.

In order to graduate from the Program, a student must meet the following requirements:

- Maintain an overall average of 80%.
- Complete all module exams with at least an 80%.
- Pass all modular practical exams.
- Pass each individual skill examination.
- Successfully complete final written and practical evaluations.
- Complete clinical internship with required hours and skills.
- Complete field internship with required hours and patient contact.
- Complete affective evaluation with a minimum mark of competent.
- Must meet Attendance Policy Standards.
- Be in good financial standing with CFM.

500 | ADMINISTRATIVE POLICIES

500.1 | ACADEMIC CALENDAR

Paramedic Programs begin annually in January and July.

- Our January Paramedic Program is held on Tuesdays and Saturdays from 0800-1700, Wednesdays from 1700-2130. After 24 weeks, the schedule changes to only Wednesdays from 1700-2130 to accommodate clinical rotations.
- Our July Paramedic Program is held on Tuesdays and Saturdays from 0800-1700, Thursdays from 1700-2130. After 24 weeks, the schedule changes to only Thursdays from 0700-2130 to accommodate clinical rotations.

PROGRAM DATES		
	JULY 2015 PROGRAM	JANUARY 2016 PROGRAM
Orientation	July 9, 2015	January 6, 2016
Program start	July 14, 2015	January 12, 2016
Program end (anticipated)	May 26, 2016	November 16, 2016

OBSERVED HOLIDAYS		
	JULY 2015 PROGRAM	JANUARY 2016 PROGRAM
New Year's Day	January 1, 2016	N/A
Martin Luther King Day	January 18, 2016	January 18, 2016
Washington's Birthday	January 18, 2016	January 18, 2016
Memorial Day	May 30, 2016	May 30, 2016
Independence Day	N/A	July 4, 2016
Labor Day	September 7, 2015	September 5, 2016
Thanksgiving	November 26, 2015	November 24, 2016
Christmas	December 25, 2015	December 25, 2016

500.2 | APPROPRIATE STUDENT CONDUCT

As a CFM student, you are expected to accept certain responsibilities, adhere to high standards of personal conduct, and exhibit a high degree of personal integrity at all times. This not only involves showing sincere respect for the rights and feelings of others but also demands that you refrain from any behavior that might be harmful to you, other students, or that might be viewed unfavorably by the people we service or by the public at large.

YOUR CONDUCT REFLECTS ON CFM. YOU ARE, CONSEQUENTLY, REQUIRED TO OBSERVE THE HIGHEST STANDARDS OF PROFESSIONALISM AT ALL TIMES.

ANY TYPE OF BEHAVIOR AND/OR CONDUCT THAT CFM CONSIDERS INAPPROPRIATE COULD LEAD TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION FROM THE PROGRAM WITHOUT PRIOR WARNING, AT THE SOLE DISCRETION OF THE PRESIDENT.

IF YOUR PERFORMANCE, WORK HABITS, OVERALL ATTITUDE, CONDUCT, OR Demeanor BECOMES UNSATISFACTORY IN THE JUDGMENT OF CFM, BASED ON VIOLATIONS EITHER OF THE ABOVE OR OF ANY OTHER CFM POLICIES, RULES, OR REGULATIONS, YOU WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.

CFM may initiate disciplinary action against any student involved in disruptive activities. Any activity that

interrupts the schedule or the process of education may be classified as disruptive.

Listed below are examples and behaviors that are considered to be inappropriate conduct or behavior. Please note that this list is not all-inclusive:

- Displaying unprofessional behavior or attitude
- Falsifying application or other records
- Establishing a pattern of absenteeism or tardiness
- Reporting to class, field rotations, clinical rotations, or any other activity sponsored or arranged by CFM under the influence of alcohol or non-prescribed drugs
- Bringing or using alcoholic beverages on CFM property or using alcoholic beverages while engaged as a student on the campus, or during field or clinical rotations
- Fighting or using obscene, abusive, or threatening language or gestures
- Stealing property from fellow students, patients, entities who participate in your education, or instructors / faculty
- Having unauthorized firearms, weapons, or restraints (such as handcuffs) on CFM property or during any activities associated with CFM
- Disregarding safety or security regulations
- Failing to maintain the confidentiality of patient information

500.3 | RELATIONSHIP WITH PRECEPTORS

CFM prohibits relatives of paramedic students, through blood or through marriage, from functioning as clinical or field preceptors to the paramedic student they are related to. This has the potential to create a conflict of interest situation. The Program Director should be made aware of any situations of this nature that arise.

500.4 | NON-FRATERNIZATION

The faculty and staff of CFM assist in meeting its mission of providing a quality educational environment for its students that supports the goals of the Program. Students should be assured that the relationships they develop with faculty and staff members will always be built upon the highest ethical precepts of the educational profession.

Virtually all faculty members, administrators and staff members are, or can appear to be, in a position to exercise power or authority, directly or indirectly, over students in the Program. Many students are at a stage when they may be particularly vulnerable to the influence of faculty members, administrators, and staff members who are in positions where they can affect the terms and conditions of a student's standing in the Program.

If a student consents to a romantic relationship with a faculty member, administrator or staff member, the existence of such a relationship could have unintended adverse effects on the educational environment of the Program. In some cases such a relationship can end unhappily or become problematic, resulting in charges of sexual harassment, and even physical or psychological abuse.

Because of the commitment to maintaining an environment that supports our educational goals and in order to promote the efficient and fair operation of the Program, and to avoid misunderstandings, complaints of favoritism, supervision problems, security problems, morale problems, questions regarding academic achievement, and possible claims of sexual harassment, CFM prohibits romantic, sexual and exploitative relationships between employees and students including but not limited to: dating, pursuing to date, and pursuing or having romantic or sexual relationships with students. Employees who violate this policy will be subject to discipline, up to and including termination of employment.

There are exceptional circumstances in which the spouse or partner of an employee is a student in the Program. This fraternization policy does not apply in such circumstances. The President of CFM, in consultation with the Program Director and the Director of CFM, is the administrative officer who determines whether an exceptional circumstance applies.

500.5 | APPEARANCE: OVERVIEW

CFM provides every student with initial required uniforms. Additional uniform items may be purchased from CFM. All Paramedic students must supply their own black, slip resistant, shined boots.

All CFM Students will maintain the highest standard of dress and appearance at all times.

Uniforms will be properly fitted, clean, and ironed as necessary. Paramedic Students must project an image in keeping with the high standards and conduct expected of CFM students. Boots will be cleaned and shined.

Although some uniform items are made of wash-and-wear materials or treated with a permanent press finish, some pressing may be required to maintain a neat and orderly appearance. However, before pressing, Paramedic Students should read and comply with care instruction labels attached to uniform items.

500.6 | APPEARANCE: UNIFORM COMPONENTS

- Center for MEDICS EMS pants
- Center for MEDICS black polo shirt (embroidered)
- Center for MEDICS fleece (embroidered)
- Center for MEDICS jacket (with patches)
- Center for MEDICS black under T-Shirts (must be worn at all times under uniform pieces)

500.7 | APPEARANCE: UNIFORM CARE & MAINTENANCE

Students are responsible for the care and maintenance of their uniform. If any component of the uniform is lost or damaged it must be replaced as soon as possible at the student's expense.

500.8 | APPEARANCE: USE OF UNIFORMS

Students are to abide by the following guidelines when dressed in a CFM uniform.

- While dressed in the uniform and in the public view; whether on a clinical rotation, in school, before or after class or before or after a clinical rotation; all policies regarding the wearing of the uniform will be followed.
- The uniform is not to be worn in public venues, in other than in an official capacity.
 - At no time should the uniform be worn where alcohol is served or consumed, other than while on a call during a field internship.
- The uniform is highly recognizable in all settings. At all times while in the public view:

- Students are to wear the uniform with the shirt properly buttoned and tucked.
- Boots are to be properly laced or zipped.
- Hats are not permitted at any time other than cold weather.
- Students are to be clean and neatly shaved at the beginning of each shift.
- While at CFM it is required that:
 - Shirts are properly buttoned and tucked.
 - Boots are to be properly laced or zipped.
 - Students are to be clean and neatly shaved upon arrival on campus.
- Students may wear the uniform to restaurants for meals while in class or on clinical rotations permitted they show professionalism and represent the Program and EMS at the highest level.

500.9 | APPEARANCE: PERSONAL HYGIENE

Hair must be short and neat at all times. Students should wear their hair short or pinned back for their own safety. Unnaturally colored hair is not permitted, i.e. purple, orange, red, etc.

Facial hair that interferes with the seal of a respirator is not permitted. All students must be clean-shaven.

CFM reserves the right to remove students from the classroom or clinical site for poor hygiene. This includes strong body or breath odors, including and especially tobacco, failure to shave, and unkempt hair.

500.10 | APPEARANCE: JEWELRY

- NO jewelry may be worn at any time during clinical rotations with the following exceptions:
 - Watches, wedding bands (not diamonds), and Medic Alert Bracelets.
- Visible body piercing is NOT permitted.
- Female students may wear ONE stud earring per ear. Dangling or hoop earrings are not permitted.
- Tongue studs or facial piercings are not permitted.

- Visible Tattoos may NOT be permitted in certain clinical and field settings.

500.11 | APPEARANCE: PROGRAM ID

Once issued, the Program ID is to be worn by all students while actively participating in CFM activities.

500.12 | ANTI-HARASSMENT, DISCRIMINATION & SEXUAL HARASSMENT

It is the goal of CFM to promote an environment that is free of unlawful harassment. CFM expressly prohibits any form of unlawful harassment based on race, color, religion, ancestry, gender, gender identity/expression, sexual orientation, national origin, age, disability, veteran status, or other protected status. Harassment of students, faculty or staff occurring in the workplace or in other settings in which students, faculty or staff may find themselves in connection with their employment is unlawful and will not be tolerated by this organization. Further, any retaliation against an individual who has complained about harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated.

To achieve our goal of providing a workplace free from harassment, the conduct that is described in this policy will not be tolerated and CFM have provided a procedure by which inappropriate conduct will be dealt with, if encountered by students, faculty or staff.

Because CFM takes allegations of harassment seriously, CFM will respond promptly to complaints of harassment and where it is determined that such inappropriate conduct has occurred, CFM will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate.

Please note that while this policy sets forth our goals of promoting a workplace that is free of harassment, the policy is not designed or intended to limit our authority to discipline or take remedial action for workplace conduct which CFM deems unacceptable, regardless of whether that conduct satisfies the definition of harassment.

DEFINITION OF SEXUAL HARASSMENT

In Massachusetts, the legal definition of sexual harassment is this: “sexual harassment” means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- Submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or,
- Such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual’s work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating, or humiliating to male or female workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct, which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness. Unwelcome sexual advances — whether they involve physical touching or not;

- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one’s sex life; comment on an individual’s body, comment about an individual’s sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;

- Dissemination in the workplace of sexually-explicit voicemail, email, graphics, downloaded material, or websites;
- Inquiries into one's sexual experiences; and,
- Discussion of one's sexual activities.

All students, faculty or staff should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by this organization.

COMPLAINTS OF SEXUAL HARASSMENT

If any of students, faculty or staff believe that he or she has been subjected to sexual harassment, the students, faculty or staff has the right to file a complaint with our organization. This may be done in writing or orally.

If you would like to file a complaint you may do so by contacting:

Danielle Thomas
 Director, Pro EMS Center for MEDICS
dthomas@ProEMS.com / 617-682-1811

The President is also available to discuss any concerns you may have and to provide information to you about our policy on sexual harassment and our complaint process.

SEXUAL HARASSMENT INVESTIGATION

When CFM receives the complaint the CFM administration will promptly investigate the allegation in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. Our investigation will include a private interview with the person filing the complaint and with witnesses. CFM will also interview the person alleged to have committed sexual harassment. When CFM has completed our investigation, CFM will, to the extent appropriate, inform the person filing the complaint and the person alleged to have committed the conduct of the results of that investigation.

If it is determined that inappropriate conduct has occurred, CFM will act promptly to eliminate the offending conduct, and where it is appropriate CFM will also impose disciplinary action.

DISCIPLINARY ACTION

If it is determined that inappropriate conduct has been committed by one of students, faculty or staff, CFM will take such action as is appropriate under the circumstances. Such action may range from counseling to termination from employment, and may include such other forms of disciplinary action as CFM deems appropriate under the circumstances.

STATE AND FEDERAL REMEDIES

In addition to the above, if you believe you have been subjected to unlawful harassment, you may file a formal complaint with either or both of the government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (EEOC and MCAD 300 days).

- The United States Equal Employment Opportunity Commission ("EEOC") John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02203. Phone: 800-669-4000, Fax: 617-565-3196, TTY: 800-669-6820. <http://www.eeoc.gov/>
- The Massachusetts Commission Against Discrimination ("MCAD") Boston Office: 1 Ashburton Place, Rm. 601, Boston, MA 02108, 617-994-6000. Springfield Office: 424 Dwight Street, Rm. 220, Springfield, MA 01103, 413-739-2145. Worcester Office: 455 Main St, Rm. 100, Worcester, MA 01608, 508-799-8010. New Bedford Office: 800 Purchase St, Rm. 501, New Bedford, MA 02740, 508-990-2390

500.13 | HAZING

Hazing is forbidden by state laws. Hazing is defined as follows:

- Any actions which seriously imperil the physical well-being of any student.
- Activities which are by nature indecent, degrading, or morally offensive.
- Activities which by their nature may reasonably be assumed to have a degrading effect upon the mental attitude.

500.14 | DISCIPLINARY ACTIONS

CFM, IN ITS SOLE DISCRETION, WILL DETERMINE WHEN TO WARN, REPRIMAND, OTHERWISE DISCIPLINE, OR DISCHARGE EMPLOYEES AND STUDENTS IN THE MANNER AND DEGREE THAT CFM DEEMS APPROPRIATE.

CFM adheres to a progressive discipline policy; however, CFM may begin the discipline process at any step, or advance to any step at based on the circumstances at hand.

The levels of discipline are as follows:

- I. **Record of Conversation:** Documented and receipt acknowledged through email.
- II. **Written Warning:** Documented on Corrective Action / Written Warning Form.
- III. **Final Written Warning:** Documented on Corrective Action / Written Warning Form. Provides the student with a final warning to reconcile their action with the understanding that failure to do so will result in immediate dismissal from the Program.
- IV. **Dismissal from Program**

500.15 | GRIEVANCE & COMPLAINT PROCEDURE

Misunderstandings or conflicts can arise within any organization and with personnel in the outside organizations we work with. This policy will apply to complaints against our personnel and any intra-departmental complaints / conflicts as well as complaints / conflicts you have with a member(s) of outside organizations.

To ensure effective relations, it is important that such matters be resolved before serious problems develop. Most incidents resolve themselves naturally by discussing them openly with both parties working to resolve their misunderstanding; however, if a situation persists that you believe is detrimental to you or to CFM, the following procedure will be utilized to resolve and document the conflict.

STEP ONE

Where you have a complaint or conflict, discussing the problem with the Program Director is encouraged as a first step. Complaints received from people outside of

CFM should be referred to the Program Director as soon as possible.

The Program Director will document all complaints he or she receives from any source. The Program Director will investigate and discuss the incident with all parties in question whenever possible in an effort to gather the facts of the dispute.

If you do not believe a discussion with the Program Director is appropriate, you may proceed directly to Step Two.

STEP TWO

If you are not satisfied with the Program Director's decision and wish to pursue the problem or complaint further, you may prepare a written summary of your concerns and request that the President review the matter. The President will review all written material to date, discussions with all individuals concerned, and conduct a further investigation if necessary.

The decision of the President shall be final.

DOCUMENTATION

Upon resolution of complaint/conflict, all written material regarding the complaint/conflict will be submitted to the President. The President will ensure that all complaint/conflicts are documented to facilitate the tracking of any trends and to document determination.

500.16 | RETALIATION

CFM will not tolerate any form of retaliation against students availing themselves of this procedure. The procedure should not be construed, however, as preventing, limiting, or delaying CFM from taking disciplinary action against any individual, up to and including dismissal from the program, in circumstances (such as those involving problems of overall performance, conduct, attitude, or demeanor) where CFM deems disciplinary action appropriate.

500.17 | DRUG & ALCOHOL POLICY

CFM intends to provide a learning environment that is free from the use of non-prescription drugs and alcohol.

- The sale, manufacture, distribution, purchase, use, possession of the following substances or having the following substances in one's body when reporting to class or any program-related activities while impaired by the following substances-intoxicants: alcohol, non-prescription narcotics, hallucinogenic drugs, non-prescription marijuana, or other non-prescription controlled substances is prohibited while at CFM or any activities involving CFM.
- The distribution, sale, purchase, use, or possession of equipment, products, and material that are used, intended for use, or designed for use with non-prescribed controlled substances is also prohibited while on CFM property.
- Arriving to class, the clinical or field internship setting with a measurable quantity of intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana, or other non-prescribed substances in the blood or urine is prohibited.
- Student use of prescription drugs while enrolled in the program is permitted, provided that the drug has been prescribed for the student by a licensed physician and is used in accordance with the physician's instructions and in the prescribed dosage, and provided also that use of the drug does not impair the student's ability to perform responsibilities in class, the clinical or field internship setting safely and effectively.
- A student must report the use of any prescription drug which may affect the student's safety or performance to a CFM instructor or support staff. A student may be required to provide CFM with a copy of the prescription and/or medical verification. If a student is unable to perform responsibilities while in class, clinical or field internship setting safely or effectively while taking a prescribed medication, the student may be placed on medical leave until the situation is resolved.
- The purchase, sale, or transfer of a prescription drug by any student to or from

another student or any other individual while on CFM premises or while otherwise engaged in CFM activity is prohibited.

- Students are prohibited from reporting to class or any other CFM activity while impaired by, or under the influence of, any over-the-counter drug which may affect the student's safety or performance.
- Reporting to or being in class or a related activity with a measurable quantity of prescribed narcotics in blood or urine is prohibited; also, reporting to or being in class or a related activity when using prescribed narcotics is also prohibited if, in the opinion of CFM, such use prevents the student from performing his or her responsibilities or poses a risk to the safety of the student, other persons, or property.
- Violations of this policy will result in disciplinary action up to and including termination from the program. In lieu of termination, other disciplinary action may apply in the judgment of CFM, including, but not limited to, suspension from the program, or requiring the student's attendance and successful completion of an approved substance abuse assistance or rehabilitation program.

It is a condition of the program that students may be required to submit to CFM approved drug tests under circumstances that include, but are not limited to:

- Admission to the Program.
- Investigations of incidents / accidents that result in bodily injury or property damage.
- Where, in the opinion of CFM, violations of safety rules or procedures are suspected.
- Where, in the sole discretion of CFM, there is reasonable cause to believe a student has been engaging in illegal drug use at any time or is working under the influence of alcohol.

As a condition of enrollment in the paramedic program, every student must abide by the terms of this drug and alcohol policy.

500.18 | ATTENDANCE

The overall integrity of the Paramedic Program requires students to fully participate in lectures, labs, clinical hours and classes. Classes and lectures are frequently done with guest physicians and lecturers who are able to bring their experiences into the classroom to benefit our students and provide the most interactive and beneficial setting for concept learning. Students are required to comply with CFM's attendance policy. Participation in all scheduled class meetings and lectures is a very important part of the learning experience for all participants.

It is critical that students attend and participate in class in order for them to receive the benefit of this experience and to demonstrate their understanding of the materials being presented. In order to meet the course objectives, it is imperative that students attend all classes and class meetings. In exceptional circumstances there may be infrequent occasions when a student will not be able to attend class. If a student expects to be absent from a class meeting, the student must notify CFM in advance (or as soon afterward) and discuss the absence with the Paramedic Program Director.

As part of the course syllabus, faculty will present information regarding what constitutes a family or medical emergency or significant event which may come up which may require an absence from class. Class is not optional as absences diminish the transfer of key concepts and ideas which the larger class benefits from.

Absences from class or lecture fall into two (2) recognized categories, approved and unapproved. **In all cases of absence, the student must notify CFM in advance if possible, or as soon as able to.**

Failure to report an absence in a timely manner will be considered a lapse in professional conduct and therefore may affect eligibility for continuation and completion of the Paramedic Program. CFM will provide a class schedule and academic calendar for the program, and all travel arrangements should be made not to conflict with the academic calendar.

APPROVED ABSENCES:

Approved absences fall into two (2) subcategories as follows:

1. Unexpected events - this may include a medical or family emergency, sudden significant event or change in life status. In order for the absence to be considered "approved" even under category 1, the student must apply for approval of the absence and provide some limited information on the event and circumstances.
2. Religious obligations may be excused. Students should use extreme discretion regarding scheduling of travel related to religious obligations.

Students may be required to make up any missed assignments.

UNAPPROVED ABSENCES:

Unapproved absences are absences that have not been described above, and include weddings, family events, graduations, birthday parties, etc. may not exceed a total of 20 hours. **The accumulation of more than 16 hours of unapproved absences shall be referred to the Paramedic Program Director for review.** A Written Warning will be issued advising the student of impending administrative withdrawal.

In order to meet the program minimum requirements, 100% attendance during clinical and field internships is required. If a student must miss a shift, prior communication is required and the time must be rescheduled. Absences that are deemed excessive will be dealt with through the progressive discipline policy.

REPORTING OF ABSENCE:

The Paramedic Program Director will review all absences, and review all advance requests and have conversations with students regarding their absence to determine if it qualifies as a family or medical emergency or significant event that warrants the absence being deemed approved. The Paramedic Program Director will determine if the absence is approved and if it will require a make-up session.

Missing in excess of 50 total hours of class meetings, labs, clinical and/or field internship shifts or lecture may result in a grade of AW (administrative withdrawal). The cumulative missed hours, including both approved and unapproved cannot exceed 50 total hours.

TARDINESS AND EARLY DEPARTURE

The instructor will record late arrivals or early departures, each hour will result in the recording of an absence of one (1) hour with a minimum of one (1) hour recorded.

If the student is tardy or has an early departure three (3) times or more in a module, s/he will be placed on probation for the remainder of the module and is required to see the Paramedic Program Director for counseling and development of a remediation plan.

ATTENDANCE POLICY OVERVIEW

- 1) Maximum total not to exceed 50 hours of accumulated absences for both approved and unapproved
- 2) Unapproved absences not to exceed 20 hours.
- 3) All absences require communication with CFM, in advance if practical to do so, or as soon after as possible.
- 4) Any unreported absences will be considered unapproved regardless of their nature.
- 5) Policy includes the combination of classroom meetings, lectures, labs, clinical and field internship time hours/shifts.

500.19 | MAKE-UP WORK**PREVIOUSLY ASSIGNED WORK**

Students must turn in any previously assigned home work (homework, papers, projects, etc.) by the end of the first day of their return to CFM. Written work may be submitted directly to the instructor.

ANY WORK MISSED DURING THE ABSENCE

Paramedic Program Director will assign make-up work missed during an absence, including quizzes, tests, and/or assignments. Students will be responsible for the work missed no matter the reason for the absence. Missed work not completed as assigned will be recorded as a score of zero (0) in the grade book.

500.20 | STUDENT PRIVACY POLICY & FERPA

Under the **Family Educational Rights & Privacy Act of 1974 (FERPA)**, all students have the right to inspect and review the student's education records, to request an amendment to the education records, and to request a hearing (if the request for an amendment is denied) to challenge the contents of the records on the grounds that the records are inaccurate, misleading, or violate the rights of the student.

CFM has the right to disclose certain personally identifiable information from a student's record, without written permission, to the following parties or under the following conditions:

- CFM officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, pursuant to specific State law.

CFM may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, CFM must tell eligible students about directory information and allow eligible students a reasonable amount of time to request that the school not disclose directory information about them.

CFM must notify eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of CFM.

500.21 | HIPAA

All paramedic students will familiarize themselves with the **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**.

Protected health information (or "PHI"), under the US Health Insurance Portability and Accountability Act (HIPAA) is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. Confidentiality of protected health information is the responsibility of all healthcare providers, inclusive of paramedic students.

Paramedic students will be cautious whenever they discuss protected health information, taking into consideration their location (e.g., public areas) and who they discuss this information with. It is appropriate to discuss this information with preceptors and other healthcare providers who are and were previously involved with the patient's care. Paramedic students are encouraged to discuss interesting clinical cases encountered during their internship with peers and faculty; however at no time should the names of patients or any other identifying information be divulged.

No part of the patient's medical records may be copied or taken from the clinical site. The only exception is to ECGs, and only after they have been de-identified (redaction should be accomplished using a wide black pen or marker and subsequently photocopying the result).

All paramedic students will rigidly abide to the standards set forth in this act, and any violation of these standards will be regarded as a serious breach of discipline and will be dealt with accordingly.

All paramedic students must complete HIPAA training at each of their clinical sites as part of their orientation prior to the start of their clinical internship. These records will be stored at each clinical site and can be made available at the request of CFM.

ANY DISCUSSION OF PROTECTED HEALTH INFORMATION OR DISCUSSION OF CLINICAL ENCOUNTERS OUTSIDE THESE GUIDELINES MAY RESULT IN DISCIPLINARY ACTION AND / OR DISMISSAL FROM THE PARAMEDIC EDUCATION PROGRAM.

500.22 | COPYRIGHT INFRINGEMENT POLICY

Individuals using computers and networks at CFM are responsible for complying with copyright laws and CFM's policy and procedures for computer use. The Digital Millennium Copyright Act (DMCA) of 1998 amends the federal copyright law to provide certain liability protections for online service providers when their computer systems or networks carry material that violate (infringe) copyright law.

The Digital Millennium Copyright Act specifies that all infringement claims must be in writing (either electronic mail or paper letter) and must include all of the following elements:

- a physical or electronic signature
- identification of the infringed work
- identification of the infringed material
- contact information for the complainant, e.g. address, telephone number, electronic mail address
- a statement that the complaining party has a good faith belief that use of the material in the manner complained of is not authorized by the copyright owner or the law
- a statement that the information contained in the notification is accurate, and under penalty of perjury, that the complaining party is authorized to act on behalf of the copyright owner.

Infringement claims should be sent to CFM's Designated Agent:

Danielle Thomas
 Director, Pro EMS Center for MEDICS
dthomas@ProEMS.com / 617-682-1811

CFM's users should not download, upload, transmit, make available, or otherwise distribute copyrighted material without authorization using CFM's computer systems, networks, and Internet access or storage media. This is inclusive of utilizing unlicensed/unauthorized peer-to-peer file services that would promote copyright infringement. Users who violate this policy are subject to disciplinary action as appropriate under the circumstances. Such disciplinary action may include suspension, dismissal and other legal actions.

In addition to the complaint being handled by CFM, copyright owners may also take direct legal action against alleged infringers, and subpoena CFM for information about people sharing files. The No Electronic Theft (NET) Act provides for serious criminal penalties, including a fine of up to \$250,000 and a potential jail sentence. Lack of knowledge about copyright infringement laws will not excuse one from legal consequences, or from action by CFM. It is your responsibility to be aware of the legality of your actions.

CFM supports limitations on unauthorized duplication and use of copyrighted materials. CFM does not condone any infringement on property rights.

Employees, students, and visitors are prohibited from the use or duplication of any copyright materials not allowed by copyright law, fair use guidelines sanctions by Congress, licenses or contractual agreements. Willful or serious violations also are considered to be a violation of expected standards of behavior for employees and students and may result in disciplinary action in accordance with board policy. Unless allowed as “fair use” under federal law, permission must be acquired from the copyright owner prior to copying copyrighted material in any format.

The Director of CFM is responsible for providing information and training to personnel and students, as appropriate, to provide further guidance on the fair use of copyrighted materials. Examples of areas covered by this policy are:

Single and multiple copying for instructional purposes

- Copying for performances and displays
- Off-air recording of copyrighted programs
- Use of “for home use only” videotapes
- Computer software
- Copyrighted materials on the Internet and on-line data bases; and
- Reproduction and loan of copyrighted materials by school media centers

500.23 | ELECTRONIC COMMUNICATIONS

Reasonable personal use of CFM software and business equipment, including, but not limited to, radios, telephones, facsimiles, computers, Pro EMS's E-mail system, the Internet, and copy machines is permitted so long as this personal use is not excessive in the sole judgment of CFM.

Paramedic students using this equipment for personal purposes do so at their own risk. Further, paramedic students are not permitted to use a user name, password, code, access a file, or retrieve any stored communication unless authorized to do so or unless they have received prior clearance from an authorized CFM representative.

All passwords or other access codes are the property of CFM. No paramedic student may use a password or voice-mail access code that has not been issued to that student or that is unknown to CFM. Moreover, improper use of the E-mail system (e.g. spreading offensive jokes or remarks, including on the Internet, will not be tolerated.) Students who violate this policy are subject to disciplinary action, up to and including involuntary resignation from the Program.

To ensure that the use of electronic and telephonic communications systems and business equipment is consistent with the legitimate business and educational interests of CFM, authorized representatives of CFM may monitor the use of such equipment from time to time. This includes monitoring usage of any kind on any device. This may also include listening to stored voice mail messages.

500.24 | INTERNET USE

Use of the Internet includes all restrictions that apply generally to the use of CFM E-mail and other electronic and telephonic equipment, as noted above. In addition, the following rules apply with respect to Internet usage:

- No Browsing of Restricted Content Websites: Accessing websites that contain pornographic or other illicit material is strictly prohibited.
- No Downloading of non-educational related data: CFM allows the downloading of files from the Internet; however, downloading files should be limited to those which relate directly to CFM educational objectives.
- No downloading of application programs: CFM does not permit the downloading or installation of application software from the Internet onto CFM computers. Such software may not only contain embedded viruses, but is also untested and may interfere with the functioning of CFM standard applications.
- No participation in web-based surveys without authorization: When using the Internet, the user implicitly involves CFM in his/her expression. Therefore, users should not participate in web or E-mail based surveys or interviews without authorization.
- No use of subscription-based services without prior approval: Some Internet sites require that users subscribe before being able to use them.

Users should not subscribe to such services without the express approval of the Program Director.

- No violation of copyright: Many of the materials on the Internet are protected by copyright. Even though they may seem to be freely accessible, many of the intellectual property laws which apply to print media still apply to software and material published on the Internet. Students are permitted to print out web pages and to download material from the Internet for informational purposes as long as the purpose for such copying falls into the category of "fair use". Please do not copy or disseminate material which is copyrighted. Students having any questions regarding such materials should contact the Program Director for guidance.

500.25 | BLOODBORNE EXPOSURE

An exposure incident is when a contact or exposure of eyes, mouth, other mucous membranes, non-intact skin or parenteral (needlesticks, human bites, cuts, and abrasions), contact with blood or other potentially infected materials that results from the performance of a Paramedic Student's duties. Paramedic Students must report ALL exposures using an incident report. Using an incident report will prompt the individual to complete any additional paperwork that is necessary (such as required OEMS documentation). It is the responsibility of every Paramedic Student to know and be familiar with all clinical site and field site Health and Safety Plans, including, but not limited to the Bloodborne Pathogen Exposure Control Plan.

500.26 | INJURY

Any injury that occurs, even a slight cut or strain, must be reported immediately on an incident report and verbally to a faculty member, as soon as possible. CFM is committed to providing a safe and healthful learning environment. The policy of CFM is aimed at minimizing the exposure of our students to health or safety risks. To accomplish this objective, all Paramedic Students are expected to work diligently to maintain safe and healthful working conditions and to adhere to proper

operating practices and procedures designed to prevent injuries and illnesses.

The responsibilities of all students in this regard include:

- Exercising maximum care and good judgment at all times to prevent accidents and injuries.
- Reporting all injuries to faculty and seeking first aid, regardless of how minor.
- Reporting unsafe conditions, equipment, or practices to faculty.
- Using safety equipment provided by CFM at all times.
- Conscientiously observing all safety rules and regulations at all times.
- Notifying faculty before the beginning of the class, of any medication they are taking that may cause drowsiness or other side effects that could lead to injury to them and their fellow students.
- Know the locations of all fire and safety exits.
- Never attempt to catch falling objects.
- Black, Non-slip, shined boots must be worn at all times.
- Make certain all emergency equipment, such as fire extinguishers, alarms, and exit doors, is accessible at all times.
- Horseplay and practical jokes are prohibited.
- Maintain all equipment in good repair.
- Know and be familiar with all CFM Health and Safety Plans including, but not limited to:
 - Bloodborne Pathogen Exposure Control Plan
 - Tuberculosis Control Plan
 - Respiratory Protection Plan
 - Hazard Communication Plan
 - Workplace Violence Prevention Plan
 - Fire Safety Plan
 - Emergency Action Plan

500.27 | EXPOSURE, INJURY & INCIDENT REPORTING

CFM utilizes a data management tracking system for all incident reporting. Designated Faculty document all incidents and details. This documentation is built upon, and added to, as new information is uncovered during an investigation and follow-up becomes available.

The system includes features that allow an incident to be assigned to a single point of contact to monitor incident status, follow-up and closure in a timely fashion. Incident trends are tracked by running a monthly report in the system that is sorted by incident type. If any trend develops with a certain incident types they can be easily seen and addressed.

The following are types of incidents that require reporting, including, but not limited to:

- Any serious incident that must be reported pursuant to OEMS Regulation 105 CMR 170.350(B).
- Any accident involving an ambulance.
- Any accident including personal/property damage to/by a student while on the premises, or engaged in any off-campus program activity.
- Any occurrence of possible negligent care of a patient.
- Any inappropriate behavior of a Paramedic Student.
- Illness or injury
- Bloodborne or other exposure
- Safety concern

Incident reporting allows for the entry of the following data items:

- Date of incident
- Time of incident
- Type of incident
- Person reporting incident and affiliation
- Persons involved in incident (up to six) and affiliation
- Description of the incident

500.28 | BOOKS & MATERIALS

E-BOOKS

Paramedic students will be issued the required Electronic texts on the first day of class. All other required textbooks, such as advanced cardiac life support, pediatric advanced life support, etc. will be provided to the student at an appropriate time in the program.

REQUIRED MATERIALS

Students are expected to have adequate supplies (e.g., notepaper, writing utensils) to be productive in the classroom environment. Students should have

purchased or plan to purchase appropriate clinical equipment (such as a stethoscope, pen light, watch) prior to the start of class.

Additionally, all students are required to bring CFM issued iPads to all classroom activities.

iPADs

iPads are provided to each student for an educational purpose. In the event that the iPad is lost, stolen, broken etc., the student remains responsible for both completion of assignments and studies as well as replacement of the assigned iPad device. If the student chooses to not replace the iPad, one will be provided for use on testing days only as available. All E-Books will remain accessible online via internet and are available for download to other computers. CFM retains ownership of the iPad and the material on it until the student graduates from the Program. At the completion of the Paramedic Program, the graduating student will own the iPad. The student must ensure proper care of the device at all times. The student may change the iPad cover to a more protective case; however, the wallpaper and lock screen MUST remain the same. All students will be required to have a password locking their iPads to protect the material. Adequate space is required to be reserved for CFM material. The student may utilize the iPad for personal use but is restricted from any inappropriate or pornographic material.

500.29 | CLINICAL & FIELD INTERNSHIP: OVERVIEW

Clinical and field rotations are an essential component of the Paramedic Program. Each clinical and field rotation is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical and field rotations is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. The practice of basic and advanced skills and patient documentation are essential parts of clinical and field rotations. While on clinical and field rotations:

- Students are to be dressed in the CFM Uniform (see Uniform Policy for additional information).

- Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
- Students must function in the student capacity, regardless of previous affiliations or employment with the clinical site. Although employers are free to compensate students for clinical and field rotations, students must function 100% of the time as a student or intern. Students are not to be substituted for paid personnel.

STUDENTS ARE STRICTLY PROHIBITED FROM PERFORMING ANY ADVANCED SKILLS UNLESS THEY ARE IN A CFM APPROVED CLINICAL OR FIELD ROTATION DURING A CFM SCHEDULED SHIFT, WHILE IN A CFM UNIFORM.

To receive a passing grade for the clinical component of each course, students must accomplish the following by the course completion date:

- Complete the required number of clinical hours (including all required repeat or make-up rotations), at each clinical site. Documentation of these hours must be submitted to the Program on the proper form, and signed by the preceptor.
- Complete all minimum runs and minimum numbers of skills.
- Perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms.
- Meet the standards of professionalism set by CFM, including appropriate dress, actions, demeanor and language.

Detailed information is contained within the **Clinical Internship Guide** and **Field Internship Guide** which can be found as an appendix. **INFORMATION AND INSTRUCTIONS CONTAINED WITHIN THESE GUIDES ARE CONSIDERED POLICY AND MUST BE ADHERED TO.**

500.30 | CLINICAL & FIELD INTERNSHIP: TIME REQUIREMENTS

CFM Paramedic Program, CoAEMSP, and Massachusetts OEMS, requires the paramedic students to participate in clinical (hospital) and field (ambulance) internships as an integral component of their education and a requirement for program completion. Paramedic students are required to complete a minimum 250 clinical (hospital) hours and 250 field (ambulance) hours.

500.31 | PRACTICING ADVANCED SKILLS

Students enrolled in the Paramedic Program may only practice certain advanced skills in the presence of a Program instructor during lab sessions. All advanced skills must be monitored by a preceptor while on clinical/field rotations.

Students are limited to practicing only skills previously taught by the faculty of the CFM Paramedic Program.

Students enrolled in CFM may accept invitations to ride with EMS agencies as a citizen of the community. However, students will not be considered by CFM to be conducting a clinical rotation and are not permitted to wear a CFM uniform or represent CFM in any fashion.

Students must always function in the student or "third rider" role when performing advanced skills.

Violations of this policy may result in the immediate removal of the student from further clinical rotations, which would prevent the student from completing the Paramedic Program.

500.32 | LAB EQUIPMENT

CFM strives to provide quality and well maintained equipment to its paramedic students for training purposes. Students will use this equipment frequently, and normal wear and tear from this use is expected. Any activity or use that causes purposeful damage or any reckless use with resulting accidental damage will not be tolerated.

Laws and regulations pertaining to the storage of medical equipment describe restricted access to the supply room in the classroom. The supply room should

be accessed only by CFM faculty. If a paramedic student needs equipment, a faculty member should assist.

500.33 | CLASSROOM SKILLS PRACTICE

During the course of this Program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that they will be asked to consent to the practice of some invasive skills on classmates and themselves.

The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel necessary for each skill in situations as real as possible under the control and supervision of Program Instructors.

Specific skills which will be practiced in this program include, but are not limited to:

- Traction Splinting
- Patient Assessment / Physical Exam Blood Pressure by Auscultation Blood Pressure by Palpation Dressing and Bandaging
- Splinting
- Auscultation of Breath Sounds
- Assessment of Pulse and Respirations
- Application of ECG Electrodes
- Application of 12-Lead ECG Electrodes
- Supine Spinal Immobilization
- Seated Spinal Immobilization
- Intravenous Access

The practice of skills is an essential part of the Paramedic Program. Students must come to laboratory sessions fully prepared to practice skills and scenarios. Students are expected to be prepared for each segment of their lab or practicum by being in uniform and having the appropriate equipment ready and available in advance of the scheduled start time. Additionally, scenario practice requires an attitude and demeanor which do not detract from the scenario created. Remaining “in character”, communicating with the “patient” as if a real patient, and performing all skills as appropriate following procedures step-by-step.

600 | STUDENT SERVICES

600.1 | PLACEMENT ASSISTANCE

CFM will monitor employment status of students during their participation in the Program and after graduation. The CFM educational platform includes the important role that experiential learning has on education and skills proficiency. The Program recognizes that for a variety of reasons employment status may change for students. We monitor this actively and work with students, and graduates as requested to assist them in appropriate placement.

CFM will provide assistance in employment placement for graduates and students graduating from other ACICS accredited programs who have relocated to this geographic area. This will include assistance with interviewing, coaching, resume building and vacancy position identification.

CFM encourages all successful graduates to continue participating and supporting the programs at CFM in one of many opportunities to advance the education of students currently in program or prospective students.

CFM provides employment assistance and documents this activity. CFM performs follow-up studies on graduates and employer satisfaction at specific measuring points following placement of the graduate. CFM will keep data on students who do not graduate but who become employed on their own or with the institution's assistance.

CFM will provide placement assistance, when requested, to graduates of other ACICS-accredited institutions who are relocating into our catchment area.

600.2 | COUNSELING & GUIDANCE

CFM is committed to the success of students toward the successful completion of the program. CFM will provide various counseling and guidance services to students to ensure students are adequately oriented to the program and are made fully aware of all resources available to them to during their enrollment in the program to assist them in their successful completion. The program will provide counseling and guidance in the areas of educational, occupational and appropriate personal

areas to provide additional support to students as necessary or on an interval basis.

CFM staff will provide guidance regarding the repayment of student loan financial obligations and document such efforts.

600.3 | LOCATION

CFM has one campus, located at:

Pro EMS Center for MEDICS
31 Smith Place
Cambridge, MA 02138
Phone: 617-682-1811
Fax: 617-492-0806

600.4 | FACILITIES & EQUIPMENT

CFM is located in a facility that offers extensive learning spaces for its Paramedic Program students, continuing education classes, and other educational sessions and events. These facilities include the following:

- large lecture room that accommodates over 100 people
- three (3) simulation labs, two (2) apartment style and one (1) hospital style
- large practical skills learning space with eleven procedure rooms
- student and faculty library
- Psychomotor skills assessment areas
- One (1) large traditional classroom that seats 32
- All classrooms and conference rooms are equipped with state-of-the-art AV equipment.

Lectures are held in the primary classroom, which contains a SMART board that connects with students' iPads to provide a fully interactive experience. Conferencing software works with the interactive SMART boards to display all the written items on the SMART board enhancing the students' experience by allowing them to capture the notes, information, or new presentations. Apple TVs and interactive polling software engage the students ultimately resulting in a better and more inclusive learning experience. Instructors have many technology options available to enhance the learning experience and promote a fully interactive learning experience.

600.5 | CLASS SIZE

The maximum class size and ratio for lecture is 36 students to 1 instructor. The maximum class size and ratio for lab activities is 18 students to 1 instructor.

600.6 | PARKING

Parking for all students of CFM is provided free of charge at the CFM facility. All outdoor parking spots are available for the general use of students, subject to the “first-come, first-serve” rule and are not guaranteed.

Please keep in mind that although some areas of the parking lot are recorded by unmonitored security cameras, the facility is generally unattended and parking is at your own risk.

600.7 | FITNESS ROOM

Pro EMS has a fitness room for the use of employees and individuals associated with CFM. Individuals wishing to use this room must review these policies and sign a waiver.

The rules pertinent to the fitness room are listed below.

- Only individuals who have signed the appropriate waiver may utilize the fitness room
- Using the fitness room is at your own risk
- Proper athletic attire must be worn at all times, including sneakers
- No food is permitted in the fitness room, drinks should be in a sealable, plastic containers
- Participants are required to follow all rules found in CFM policy and procedures
- Participants are required to clean up after themselves and return equipment to its proper place
- Participants are required to wipe down all equipment with disinfectant and paper towels after each use
- Participants are required to immediately report any injuries, unsafe conditions, and/or damaged equipment to a Pro EMS supervisor or dispatcher or CFM instructor
- Be safe, courteous, and exercise common sense

700 | TUITION, FEES & CHARGES

700.1 | OVERVIEW OF TUITION & FEES

Application Fee	A one time, non-refundable application fee which is payable at time of application submission is required.	\$75
Program Fees		\$2,888
	Non-refundable items (books & uniforms)	\$2,560
	Non-refundable after week-12	\$328
Tuition		\$10,107
Total		\$12,995

700.2 | FEE SCHEDULE

The following costs are incurred at the start of the program and are therefore non-refundable :		
iPad	A one time, non-refundable fee for iPad device used for coursework.	\$405
iPad Case		\$50
Occupational Health evaluation	A one-time non-refundable fee for evaluation by occupational health for vaccinations and fitness for duty.	\$510
Uniforms	Uniforms are required for program participation, these are sized to fit and ordered in advance of first class session and are non-refundable.	\$550
Books	Books for paramedic program study and workbook series.	\$465
Malpractice	Malpractice insurance is required in order to participate in clinical and field training activities.	\$80
Platinum Planner	Fees for electronic practice testing, clinical skills tracking, etc.	\$10
EMS Testing		\$80
FISDAP software		\$80
Cadaver Lab	Fee associated with required cadaver laboratory experience and associated instruction.	\$230
Lab & Disposable Equipment	Fee associated with disposable equipment and supplies used during paramedic practical labs.	\$100

The following costs are non-refundable after week-12:		
American Heart Assoc. BLS CPR	Fees associated with certification courses required for clinical and field internships including AHA CPR, AHA ACLS, AHA PALS, etc.	\$23
American Heart Assoc. ACLS		\$45
American Heart Assoc. PALS		\$45
PHTLS		\$85
AMLS		\$85
EMS Safety		\$45

The following costs are administrative charges as needed by the student:		
Replacement transcripts		\$10 ea.
Replacement certification cards		\$10 ea.
Replacement uniforms		<i>market price</i>

700.3 | FINANCIAL AID AND/OR ASSISTANCE

CFM does not participate in Financial Aid programs at this time. CFM cannot produce an IRS 1098-E form.

700.4 | PAYMENT OPTIONS & PROCEDURES

Payment of tuition and all fees is due 21 days prior to the first day of class. There are numerous options for payment. Options include:

- Check
- Cash
- Credit card (Visa, MasterCard, American Express)
- Purchase order (“PO”) from town, fire department, or private company
- Tuition flex (described in greater detail below)
- GI Bill

700.5 | TUITIONFLEX

TuitionFlex is a guaranteed loan with no credit check for all candidates that are accepted into the Paramedic Program. The terms of this option are as follows:

- \$3,000 due 21 days prior to the first day of class can be paid by any of the options listed above.
- Must be signed up and approved for the TuitionFlex program 21 days prior to the first day of class.
- The maximum loan amount is the remaining balance of tuition & fees due. (Tuition & fees minus the initial \$3,000 payment)
- 24 month term
- The interest rate on this loan is 9%
- There is a non-refundable application fee of 3% of the requested loan amount (minimum of \$75) paid to TuitionFlex at the time of application.
- There is no pre-payment penalty.

TuitionFlex is not a traditional loan. It is funded by CFM therefore the school receives money as you make payments. In good faith, we do not require a credit

check or co-signer. Due to these relaxed requirements, we must have the following restrictions:

- Any student who is more than 30 days late on their TuitionFlex loan may be terminated from the program.
- Any student who is not current on their payments with TuitionFlex cannot start their clinical time.
- Any student who is not current on their payments with TuitionFlex cannot start their field time.
- Any student who is not current on their payments with TuitionFlex will not be approved by CFM to take any certification exam.

700.6 | IMPACT ON CANCELLATION

Refunds are calculated based on the full cost of the Paramedic Program less fees which have already been applied based upon modules completed prior to termination (see attached fee schedule). If a student is using TuitionFlex and cancels his/her enrollment, the balance due to CFM will be subtracted from any refund amount due to the student. In some cases, the student may owe the school money upon withdrawal, depending on how much of the Program has been completed and how many payments the student has made.

700.7 | DEFERRED START & COURSE CHANGE

If a student chooses to defer their start date to a future class, that student is responsible for the new class tuition & fees amount and policies.

700.8 | COLLECTION POLICY

CFM uses a third party collection agency to service delinquent accounts that are more than 90 days past due.

700.9 | CANCELLATION & REFUND POLICY - NON-VA STUDENT

The refund policy refers to tuition and tuition alone. Fees designated as non-refundable are considered consumed after the start of class.

BUYERS RIGHT TO CANCEL

An applicant who provides written notice of cancellation within three (3) days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. CFM shall provide a 100% refund within 30 days.

CANCELLATIONS BEFORE THE START OF CLASS

An applicant requesting cancellation more than three (3) days after signing an enrollment agreement and making an initial payment, but prior to entering CFM, is entitled to a refund of all monies paid minus the uniform fee and student occupational health visit if completed.

CANCELLATIONS AFTER THE START OF CLASS

Students who choose to withdraw from the Program or who are terminated from the Program may be eligible to receive a refund. Refunds will be determined based on the pro-rata schedule below. The refund amount is calculated based on the student’s last day of class attendance and will be made within 30 days of the date of determination. (The date of determination is the date of notification by the student or termination by CFM.)

- CFM may retain an administrative fee and other Program fees, associated with withdrawal or termination
- During the first week of classes, tuition charges withheld will not exceed 10 percent (10%) of the stated tuition up to a maximum of \$1,000.
- After the first week and through fifty percent (50%) of the program (based on clock hours), tuition charges retained will not exceed a pro rata portion of tuition for the training period completed plus consumed lab or other program fees (see fee chart).
- After fifty percent (50%) of the program (based on clock hours) is completed, CFM may retain the full tuition and all fees.

700.10 | CANCELLATION & REFUND POLICY - VA STUDENT

Refunds requested after 30 days from original enrollment will be prorated according to 38 CFR 21.4255.

The non-refundable portion of registration fees will not exceed \$10. All other charges to the student, including tuition and fees in excess of \$10, and other fees will not exceed the pro-rata portion of total charges that the length of the completed portion of the course bears to the total length of the course. This policy is in compliance with the requirements of 38 CFR 21.4255

VA STUDENT EXAMPLE

The length of a program is 30 days. The student paid to the school a registration fee of \$10 plus tuition and other charges totaling \$3995. The student attended class for the first four (4) days and then stopped attending.

$$\$3995 = \$133.17 \text{ per day} \times 4 \text{ days} = \$532.68$$

Note: The \$10 registration fee may be retained by the school.

Students total initial payment:	\$3995.00
Less registration fee:	\$10.00
<u>Less amount retained by school:</u>	<u>\$532.68</u>
Refund due by student:	\$3452.32

700.11 | REFUND PROCEDURE (VOLUNTARY WITHDRAWAL)

Students may notify CFM of intent to cancel at any time via phone, email, or letter. Students wishing to withdraw should contact:

Danielle Thomas
 Director, Pro EMS Center for MEDICS
dthomas@ProEMS.com / 617-682-1811

700.12 | REFUND PROCEDURE (TERMINATION)

Students will be terminated automatically for failure to adhere to CFM Tuition & Fees Policy, Attendance Policy, failure to return from a leave of absence, failure to meet academic standards and/or violation of code of conduct. In these cases, no notification is needed from the student. However, CFM will notify the student of their terminated status, including the reason for termination.

700.13 | REFUND CALCULATION & DUE DATE

Once CFM has received a cancellation request from a student, a Refund Calculation Form will be completed per the policy above to determine if a refund is due. The student will be notified whether or not a refund is due, and if so, the amount of the refund.

Any refund due will be issued within 30 days of the date of determination.

800 | PROGRAM OVERVIEW

800.1 | PARAMEDIC

Length: 11 months

Hours: 1100

Objectives: Upon completion of this program, students will be able to:

Module Number	Course Title	Lecture Hours	Lab Hours	Internship Hours	Total Clock Hours
1	Core Concepts	65	112		177
2	Medical	47.5	130.5		178
3	Special Patients Populations	23	62.5		85.5
4	Trauma	20	38.5		58.5
5	Operations & Intro to Paramedicine	30	15		45
Clinical	Clinical Internship			250	250
6	Critical Care & Putting it all Together	40	16		56
Field	Field Internship			250	250
Total		225.5	374.5	500	1100

900 | COURSE DESCRIPTIONS

900.1 | MODULE 1: CORE CONCEPTS

(177 CLOCK HOURS)

LECTURE

The academic curriculum for the Core Concepts module includes patient assessment, pharmacology, and airway management.

Students learn techniques to help them obtain a good patient history and to perform a physical exam, using a systematic approach to performing general survey. Through the use of simulation and standard patients, students focus on: perfecting their assessment skills, performing assessments rapidly, understanding the importance of the findings, and determining the appropriate intervention to treat their findings. Paramedic students will transition these assessments into practical application in both the clinical and field environments.

In the Core Concepts module, students also learn about more than 40 drugs carried on ambulances today and more than 70 inter-facility transport drugs. At the completion of this module, paramedic students have an intimate knowledge of the drug classification and its mechanism of action. Students also begin to master the mathematical concepts needed for medication calculations and drug administration.

The airway portion of this module is approximately three (3) times longer than that of the average paramedic program. We believe this intense focus on airway management is a benefit to the field providers. The students learn the process of airway management through the placement of supraglottic airway devices, endotracheal and nasal intubation, the use of glide scope and Airtraq, as well as maneuvers and techniques for proper airway management.

LAB

Paramedic students practice a variety of clinical applications related to patient assessment, pharmacology, and airway management.

During our Live IV labs, students' progress from small to large bore IV's, preparing them for successful IV starts on patients in the clinical and field environment. Students learn about intraosseous access, as well as External Jugular access. Paramedic students learn and develop a safe and effective technique to deliver drugs in emergent situations. In their drug application labs, students practice calculating a dosage and administering a drug.

At the end of the Core Concepts module, our students have performed over 100 simulated intubations on high fidelity mannequins and have performed airway maneuvers over 80 times using high fidelity simulation. More importantly, students are measured on their ability to use critical thinking skills in making the appropriate airway management decision. Prior to entering the operating room or managing live airways within the clinical setting, the students are examined to ensure competency. Our students have complete success in meeting State and Program requirements for live intubation and live airway management.

900.2 | MODULE 2: MEDICAL

(178 CLOCK HOURS)

LECTURE

The Medical module is one of the most in-depth curriculum modules within paramedic school. It is in this module that the paramedic student learns the art of differential diagnosis, with a strong focus on detailed physical assessment. Students learn about individual disease processes by body system, and the interventions that can be performed outside the hospital. Paramedic students begin to put it all together as they now know how to assess a patient, treat with medication, and intervene in a way that saves lives.

The Medical module includes a focused cardiology component, which provides students with a solid understanding of the cardiac system and pre-hospital treatments used in cardiac emergencies. Students learn the anatomy and physiology of the heart, electrophysiology, and 12 lead EKG interpretations. These crucial interpretation skills dictate treatment plans for cardiac emergencies. Students use a systematic approach to 12 Lead EKG interpretations to ensure superior patient care.

LAB

During this pre-clinical phase, all paramedic students accompany the Program's Medical Director on emergency department teaching rounds and gain additional exposure to the clinical environment by attending morbidity and mortality rounds.

While in the classroom, students interpret over 400 EKGs. In their clinical internship, paramedic students are exposed to additional EKGs while creating a treatment plan for their patients.

900.3 | MODULE 3: SPECIAL PATIENT POPULATIONS

(85.5 CLOCK HOURS)

LECTURE

Very few programs devote more than a few days to instruction on the topic of Special Patient Populations. At CFM, we believe that the subject of pediatrics and geriatrics deserves a much more comprehensive study. The paramedic students study a range of topics in pediatrics, from lifespan development to applied embryology, from neonatal to adolescents. During this module the students learn about pediatric care in both the emergent environment and chronic care situation. These special populations vary drastically from the average adult patient, thereby requiring very specialized treatment plans. Attention to obstetrics, as well as, care for the newborn (NRP) and the infant is emphasized. In addition, the students focus on the geriatric patient in a chronic care situation as well as emergency situations. This module helps paramedic students become more aware of these varying patient needs and interact more effectively and appropriately in the field with these populations.

LAB

Upon completing this module, students are eligible to begin the Labor and Delivery component of their clinical practicum. In the labor and delivery department, the students are required to participate in three live births. The CFM curriculum recognizes the value of providing students with opportunities that reach outside the structured teaching program. To this end, electives are facilitated, encouraging students to study and gain experience in a wide range of extracurricular clinical environments. Some CFM students may choose to spend time in a neonatal Intensive Care Unit.

High fidelity simulation is used throughout this module, beginning with the use of a Laerdal birthing simulator. The birthing simulator allows instructors to effectively teach the complexities associated with birthing, while allowing learners to practice the skills required for successful deliveries. As the cycle progresses, the students care for the SimNewB, an interactive simulator designed by Laerdal with the American Academy of Pediatrics to meet the training requirements of the NRP course. With realistic newborn traits and lifelike clinical feedback, SimNewB is ideal for training for the specific needs of neonates. It helps improve team dynamics, builds confidence, and facilitates practice in a risk-free environment. The students then learn to assess the pediatric patient, using the low fidelity SimBaby™. SimBaby is the advanced infant patient simulator for team training. With realistic anatomy and clinical functionality, SimBaby allows learners to practice and perfect their skills in a risk-free environment. In addition, pediatric airway management is practiced on the Laerdal® Infant Airway Management Trainer. The pediatric mannequin that CFM utilizes simulates an 8-year-old patient.

900.4 | MODULE 4: TRAUMA

(58.5 CLOCK HOURS)

LECTURE

The paramedic's role in trauma care is not only to understand the objectives of the trauma care system, but also to be able to accurately assess the patient, perform the correct interventions to control any significant threats to life, and rapidly transport the patient to the appropriate facility. This module defines trauma and the system in which pre-hospital providers function. Every year, approximately 155,000 deaths result from traumatic injuries. Our paramedic students are trained on the types of injuries they may see and how to treat those injuries safely and efficiently for a strong patient outcome.

LAB

Although the paramedic students see traumatic injuries every day in the field, training for an advanced level of care can be lifesaving to the patients. Our students perfect their basic skills on immobilization, backboarding, splinting, and BLS trauma airway

management. They apply critical thinking skills that allow them to multi-task and provide advanced lifesaving interventions such as cardiac monitoring, needle chest decompression, fluid resuscitation, and advanced airway management. Students are given the opportunity to receive trauma patients within the hospital internship, and to perfect their skills treating patients during the field internship, where they are first on the scene and need to lead their team to swift and accurate assessment, treatment, and transport of their patient.

900.5 | MODULE 5: INTRO TO PARAMEDICINE & OPERATIONS

(45 CLOCK HOURS)

Introduction to Paramedicine along with Operations are presented as one module. The Introduction to Paramedicine module covers legal and ethical issues in EMS documentation, including entry notes and transfer of care communications to the receiving facility, and the well-being of a paramedic. This module is presented later in the paramedic program because students should already possess a base knowledge from their experience as an EMT. The student's perspective on the issues covered in this class may change after 6 months in paramedic school. For instance, the legal lecture leads to higher level discussions about interventions and situations with legal ramifications and repercussions. The documentation coverage is important because writing patient care reports (PCRs) can become mundane for paramedics sometimes; revisiting the need for accurate and thorough documentation after having some experience in paramedic school reinforces the importance of the issue. Managing multiple resources and interventions makes it tougher to tell the patient story, but is critical because the documentation becomes part of the patient's permanent record. Also, entry notes and transfer of care documentation is more involved at a higher level, and students can apply concepts in lab practice done during the documentation component of this module.

We present the Operations and Intro to Paramedicine course and Clinical Practicum concurrently in order to prepare students to go out into the field and put into practice the skills they've just been taught.

The Operations component of the module covers overall EMS Safety and CEVO. The fire department experts assist with hazmat situation training and entrapped

patient extrication. Other specialists, including members of the Bomb Squad, discuss removing the bomb suit from an officer in the case of a medical emergency, dealing with bomb-sniffing dogs and safety from the perspective of dealing with explosive devices and bystanders who may cause harm or complicate a situation.

900.6 | CLINICAL: CLINICAL INTERNSHIP

(250 CLOCK HOURS)

In the second to last element of their paramedic education program, students participate in a ten-week clinical practicum of at least 250 hours. The practicum in which CFM students participate exceeds State and National requirements in terms of number of hours as well as duties performed.

The philosophy behind the required clinical internship is to offer students the opportunity to practice the skills they have learned throughout the various course modules at CFM, with the support of seasoned professionals. Students complete patient assessments, EKG recognition and interpretation, IV starts, electrical therapies, airway management, and medication administration through various routes. Students may also spend time in other departments that may intrigue them, including radiology, electrophysiology lab, and the morgue, for example.

Students may complete this practicum at one of several sites in the greater Boston metropolitan area, including Beth Israel Deaconess Medical Center, Mt. Auburn Hospital, Cambridge Health Alliance (Everett, Cambridge, and Somerville campuses), UMass Memorial Medical Center and St. Vincent's Hospital in Worcester, and Metro West Hospital in Natick and Framingham.

Paramedic students are expected to meet the objectives outlined within each of the departments in which they rotate, which can include the ER, ICU, Labor & Delivery, OR, and others. The practicum allows students to become comfortable in stationary environments with seasoned preceptors, and sets up the transition to the field internship that follows.

900.7 | MODULE 6: CRITICAL CARE & PUTTING IT ALL TOGETHER

(56 CLOCK HOURS)

The last portion of the paramedic program encompasses, The Putting It All Together and Critical Care module, presented simultaneously with the Field Internship to provide a full capstone experience for paramedic students. This critical care component is presented to ensure the students have a solid understanding of concepts that they will be face with working as a paramedic. This content is over and above the core paramedic curriculum and includes lab value interpretation, interfacility transfer (IFT) care including mechanical ventilation, hemodynamic monitoring, advanced medication inclusive of infusions, chest tubes and managing IFT medications.

The 'Putting It All Together' portion is based heavily on simulation work. Students may be dispatched to a sim lab and walk into any kind of situation or case. They are expected to pull from all previous experience to think critically about the case. Students must demonstrate their ability to assess and create differential diagnoses. This module serves as their cumulative clinical skills recap with emphasis on how to work with or lead a team. This cap stone experience allows the students to demonstrate their competency before program completion.

900.8 | FIELD: FIELD INTERNSHIP

(250 CLOCK HOURS)

The last requirement of the paramedic program at CFM is a 250-hour internship that takes place during the students' final ten (10) weeks. After completing this requirement, students prepare for and take the practical exam for certification.

The field internship provides an opportunity for students to experience the types of situations and responsibilities they can expect to encounter in a paramedic career. Students accompany paramedics in ambulances for at least 250 hours and participate in at least forty patient encounters including a minimum of 25 team leads. Students learn to determine the best way to move a patient, depending on the complaint and situation, and receive instant feedback from the preceptor or EMT accompanying them on the call. Each student acts as team leader, giving them practical and realistic

experience in sizing up a scene and thinking critically about how to proceed.

Nearly two dozen sites in the greater Boston area, as well as several out of state sites, participate in the CFM field internship program, allowing students to ride in their ambulances with their professional teams. The out of state sites, which are located in New York & New Jersey, allow paramedic students to experience different types of ambulance systems (county, regional, etc.) as well as different states' protocols and operations.

CFM is pleased to offer each student the opportunity to participate in at least two critical care ground transport opportunities with Boston Med Flight, a leader in critical care air and ground transport.

900.9 | REQUIREMENTS FOR CERTIFICATION

- Successful completion of requirements for graduation including summative written and practical exams.
- Meet the NREMT's minimum entrance requirements.
- Pass both the NREMT's Paramedic Practical & Written examinations within the allotted time frame.

1000 | FACULTY, STAFF & ADVISORY COMMITTEE

1000.1 | ADMINISTRATIVE STAFF

NAME	TITLE	EMAIL
William Mergendahl, JD, EMT-P	President	wmerg@proems.com
Danielle Thomas, NRP, I/C	Director of Pro EMS Center for MEDICS	dthomas@proems.com
James DiClemente, NRP, CCEMT-P, NCEE, I/C	Director of Simulation & Education; Director of Paramedic Program	jdiclemente@proems.com
G. Gibson McCullagh, EMT-P	Chief Academic Officer; Director of Special Projects & Strategic Initiatives	gmccullagh@proems.com
Laura Terry	Director of Administration	lterry@proems.com
Rebekah Barkowitz, MPH	Administrative Support	rbarkowitz@proems.com
Todd Thomsen, MD, FACEP	Medical Director	tthomsen@proems.com
Scott Goldberg, MD, MPH	Associate Medical Director	sagoldberg@partners.org

1000.2 | PARAMEDIC PROGRAM BOARD MEMBERS

BOARD MEMBER	REPRESENTING	AFFILIATION
Gary Setnik, MD, FACEP	Sponsorship Consortium, Board of Directors	Mount Auburn Hospital
William Mergendahl, JD, EMT-P	Sponsorship Consortium, Board of Directors	Pro EMS, Center for MEDICS

1000.3 | ACADEMIC ADVISORY COMMITTEE

COMMITTEE MEMBER	REPRESENTING	AFFILIATION
Steven A. Ahern, Deputy Superintendent, EMT	Commander, Bomb Squad Law Enforcement	Cambridge Police Department
Margaret Buckley, RN	Clinical Site	The Cambridge Hospital
Bruce Cawley, RN, EMT	Clinical Site	The Cambridge Hospital
Matthew Davison, NRP	Fire Service	Cambridge Fire Department

James DiClemente , NRP, CCEMT-P, NCEE, I/C	Program Director, Paramedic Program	Pro EMS, Center for MEDICS
Matthew DiGiovanni	Public	Trinity Property Management
Claude Jacob , MPH	Government Official, Chief Public Health Officer	City of Cambridge
William Mergendahl , JD, EMT-P	President	Pro EMS, Center for MEDICS
Susan Pacheco	Director of Client Services	Cambridge Council on Aging
Justin Pitman , MD	Paramedic Faculty	Pro EMS, Center for MEDICS
Ron Quaranto , EMT-P	Employer, Chief Operating Officer	Cataldo Ambulance Service
Carl Rabickow , NRP	Paramedic Faculty	Pro EMS, Center for MEDICS
Gary Setnik , MD, FACEP	Consortium Sponsor; EMS System Medical Director	Mount Auburn Hospital
Elizabeth Temin , MD, MPH	Emergency Medicine	Massachusetts General Hospital
Danielle Thomas , NRP, I/C	Director, Center for MEDICS	Pro EMS, Center for MEDICS
Todd Thomsen , MD	AAC Chair; Medical Director, CFM	Mount Auburn Hospital, Pro EMS, Center for MEDICS
William Tollefsen , MD	Employer, EMS Medical Director	South Shore Hospital
Sean Tyler , EMT-P	Employer, Chief Operating Officer	Fallon Ambulance Service
Jenn Wallace , RN	Psychiatric Emergency Services	The Cambridge Hospital
Sean Williams , RN, EMT-P	Fire Service	Cambridge Fire Department
<i>Current Student</i>	Paramedic Student	Pro EMS, Center for MEDICS
<i>Former Student</i>	Paramedic Alumni	Pro EMS, Center for MEDICS

1000.4 | FACULTY (PHYSICIANS)

NAME	CREDENTIALS	INSTITUTION(S)
Emily Brumfield	MD	Massachusetts General Hospital; Brigham & Women's Hospital
Andrew Eyre	MD, EMT	Massachusetts General Hospital; Brigham & Women's Hospital
Katie Golden	MD	Massachusetts General Hospital; Brigham & Women's Hospital
William Porcaro	MD, MPH, FACEP	Mount Auburn Hospital
Justin Pitman	MD	Mount Auburn Hospital
Brian Yun	MD, MBA	Massachusetts General Hospital; Brigham & Women's Hospital
Todd Thomsen	MD, FACEP CFM Medical Director	Mount Auburn Hospital; Pro EMS, Center for MEDICS
William Tollefsen	MD, MSc., MBA	South Shore Hospital; Massachusetts General Hospital
Scott Goldberg	MD, MPH; CFM Assoc. Medical Director	Brigham & Women's Hospital; Pro EMS, Center for MEDICS

1000.5 | FACULTY (PARAMEDICS)

NAME	CREDENTIALS	INSTITUTION(S)
Matthew Davison	NRP	Cambridge Fire Department
James DiClemente	NRP, CCEMT-P, NCEE, I/C	Pro EMS, Center for MEDICS
Vahe Ender	NRP, CCEMT-P, FP-C	Boston Med Flight
Mike Groux	EMT-P	Armstrong Ambulance
Adam Hubbard	EMT-P	Lexington Fire Department
Travis Jones	NRP, CCEMT-P	Pro EMS, Center for MEDICS
David Leisten	NRP, CCEMT-P, I/C	Pro EMS, Center for MEDICS
William Mergendahl	JD, EMT-P	Pro EMS, Center for MEDICS
Jackson McWade	NRP, FP-C	Pro EMS, Center for MEDICS

Cameron Mosgrove	NRP	Pro EMS, Center for MEDICS
Carl Rabickow	NRP	Pro EMS, Center for MEDICS
Mark Saia	BS, RRT, NRP, FP-C	Boston Med Flight
Wayne Stathopoulos	EMT-P	Massachusetts General Hospital
Danielle Thomas	NRP, I/C	Pro EMS, Center for MEDICS
James Yeaton	RN, EMT-P	University Arizona Med School

1000.6 | FACULTY BIOGRAPHIES

EMILY BRUMFIELD, MD

Originally from New Orleans, Dr. Emily Brumfield graduated from Tulane University with Bachelors in Molecular Biology. She continued at Tulane for medical school before relocating to New England. She is starting her fourth year in Harvard's Emergency Medicine residency program. She maintains ACLS, PALS and ATLS certifications.

MATT DAVISON, NRP

A graduate from the University of Connecticut, Matt is currently a full-time firefighter and paramedic for the Cambridge Fire Department, as well as a paramedic at Pro EMS. He is an AHA instructor in both ACLS and PALS, and an NAEMT instructor in PHTLS, AMLS, and TCCC. Matt is a graduate of CFM and sits on the academic advisory committee, which looks at continuously improving the paramedic program.

JAMES DICLEMENTE, NRP, CCEMT-P, NCEE, I/C

As the Director of Education and Simulation at Pro EMS, James' primary responsibility is to design and implement all training and education programs for Pro EMS employees and more than a dozen outside agencies who contract their training through Pro EMS and CFM. This includes creating and delivering H.A.L.O training, new employee orientation, and other training sessions as needed. James also maintains the simulation facilities and equipment used at Pro and CFM. In 2012, James was recognized with Educator of the Year award by the Metropolitan Boston Emergency Medical Services Council. He is a member of the National Association of EMTs and National Association of EMT Educators. James began working at Pro EMS in 2008 and graduated from the Paramedic Program at CFM in 2009. He is now the Paramedic Program Director and holds multiple instructor credentials including Training Center Faculty for The Difficult Airway Course and for our American Heart Association Training Center.

VAHE ENDER, NRP, FP-C, CCEMT-P, CICP

Vahe has been an instructor and lecturer for CFM since 2008. Following his education at Northeastern University, he joined PRO EMS as a field Paramedic. He was subsequently promoted to Field Training Officer and later acted as Clinical Care Coordinator where worked in clinical development and performance improvement. He currently works at Boston MedFlight, a non-profit critical care transport program, as a Critical Care Transport Specialist. His interests are in clinical development and prehospital research as well as quality improvement and patient safety within EMS.

ANDREW EYRE, MD, EMT

Dr. Andrew Eyre is a resident physician in the emergency departments of Brigham and Women's and The Massachusetts General Hospitals. His research has been published in the American Journal of Clinical Medicine and he has presented at the national meeting of the American Urologic Association. He began his medical career while an undergraduate at Williams College, working as a certified emergency medical technician with Village Ambulance Services. He brought his interest in medicine to Explo at Wheaton, where he worked as a staff member for three summers — as a teacher, curriculum advisor, and residence director. Dr. Eyre was deeply involved in the development of both Explo's ER and Ortho Focus Programs. Dr. Eyre is a *cum laude* graduate of Williams College and earned his medical degree at The University of Vermont, where he won the Wasserman Prize for Scholastic Performance. He was inducted into the Gold Humanism Honor Society and the Alpha Omega Alpha Medical Honor Society.

SCOTT GOLDBERG, MD, MPH

Dr. Scott Goldberg is the EMS Director in the Emergency Department at Brigham and Women's Hospital in Boston. Dr. Goldberg received his undergraduate education at Tulane University and graduated from Tufts Medical School in 2008. Dr. Goldberg completed his Internship at Cook County Hospital and his residency at Mount Sinai Hospital in New York with a specialty track in EMS in 2012. He completed a fellowship with Dallas Fire-Rescue in 2013. He received his Masters in Public Health from the University Of Texas Houston School Of Public Health in 2014.

Prior to joining BWH Dr. Goldberg was an attending physician at Parkland Memorial Hospital from 2012-2014. During that same time, Dr. Goldberg was Associate Medical Director for several small suburban fire-based EMS systems. He also served as Assistant Medical Director of Dallas Fire Rescue 2013-2014.

Dr. Goldberg is an operations level medical specialist with Texas Task Force 2 Urban Search and Rescue. He is also an operational level CONTOMS (Counter Narcotics & Terrorism Operational Medical Support) EMT-T.

Dr. Goldberg's research interests include improving the quality of EMS handovers and transition of care, as well as community paramedicine and mobile integrated health.

KATIE GOLDEN, MD

Dr. Katie Golden graduated from Harvard University with a degree in biology, after which she obtained her medical degree from the University of Pennsylvania, School of Medicine. After she graduated medical school, she returned to Boston and is now starting her fourth year in Harvard's Emergency Medicine residency program. She is ACLS, ATLS, and PALS certified.

MICHAEL J. GROUX, EMT-P

Michael has been an instructor at CFM since 2013. He teaches ACLS, PALS and CPR Instructor courses. Michael has been an EMT, EMT supervisor, paramedic, and paramedic preceptor. He has worked for Armstrong Ambulance in Arlington since 1997 and served in the United States Air Force for 12 years.

ADAM HUBBARD, EMT-P

Adam received an Associates degree in Athletic Training from Dean College and a Bachelors in Health Science from James Madison University. He earned his paramedic certification from Northeastern University in 2002 and became an instructor that same year. Since 2007, Adam has been a firefighter/medic with the Lexington Fire Department. He is certified as an instructor in the following: ACLS, PALS, AMLS, PHTLS, TCCC, BLS. In addition to these certifications, Adam is also certified in TCCC, FCCS, Difficult Airway and HAZMAT Operations.

TRAVIS JONES, NRP, CCEMT-P

Travis has been at Pro EMS for over seven years. A graduate of CFM, Travis spent three years working as a Field Training Officer before moving into his current role as Operations Supervisor. He is responsible for ongoing staff training, including

H.A.L.O, Case of the Month, and new equipment/protocol familiarization. He is also in charge of administering the Protocol and Clinical Competency Test to new Paramedics, part of their final clearing before working in the field. Travis has instructed at CFM for over 5 years and holds Instructor credentials in many American Heart Association courses.

DAVID LEISTEN, NRP, CCEMT-P, I/C

David joins CFM from Rochester, NY where he previously served as an Instructor for both EMT and Paramedic programs and practiced as a Paramedic. While he pursues his BS degree in nursing at the MGH IHP, David provides administrative support to CFM programs and serves as an instructor for a variety of AHA, NAEMT, and MA Paramedic and EMT programs. David earned BA degrees in History and Sociology and an AAS in Paramedicine.

JACKSON MCWADE, NRP, FP-C

Jackson has worked in emergency medicine since 2009. He graduated from the Pro EMS Center for MEDICS paramedic program in 2011 and has worked as an instructor at Center for MEDICS since the following year. Jackson has extensive teaching experience in a variety of programs, including DARK Angel Medical Tactical, Harvard Medical School, the Cambridge Health Alliance, Mount Auburn Hospital and the town of Harvard. Additionally, Jackson has participated in instructional programs in Singapore, Indonesia and Haiti. He holds dozens of current certifications in courses such as TCCC, Difficult Airway: EMS, S.T.A.B.L.E. and multiple American Heart Association (AHA) courses. Jackson is also a graduate of the Massachusetts Firefighting Academy and works as a Firefighter/Paramedic at the Winchester Fire Department.

WILLIAM MERGENDAHL, JD, EMT-P

Bill has been with Pro EMS since 1987 and has served in his current position as Chief Executive Officer since 1990. In addition to his work as CEO of Pro EMS, Bill has served as President of CFM since its inception and is a regular course lecturer on EMS-related legal matters.

Bill has extensive experience in reimbursement, clinical, and regulatory issues. Continuously involved in EMS system issues, Bill participates in national, state, regional and local committees, including the American Ambulance Association Professional Standards Committee, the Mass DPH Altered Standards of Care Advisory Committee, the Region IV Medical Control Committee, and the Cambridge LEPC.

He is a regular speaker at national EMS conferences and works as an EMS consultant and expert witness. Currently he serves on the Board of Directors of the Massachusetts Ambulance Association and the Metro Boston EMS Council. Bill is a past winner of the Mark E. Weinstein Award for his commitment to EMS in metro-Boston and the Stephen M. Lawlor Award for Collaborative Practice for his work with Boston EMS. Bill holds a law degree from Northeastern University School of Law and is a paramedic.

CAMERON MOSGROVE, NRP

Cam has been a paramedic at Pro for the past 3 years, servicing both the city of Cambridge and the Emerson Hospital area. A graduate of CFM in 2011, Cam has been active with teaching each paramedic class since. Cam has also taught various certification and continuing courses, and has traveled to Haiti as part of the METI Project.

JUSTIN T. PITMAN, MD

After graduating from the Harvard Affiliated Emergency Medicine Residency in 2013, and completing a one-year Wilderness Medicine Fellowship, Dr. Justin Pitman is currently a full-time attending Emergency Medicine physician at Mt. Auburn Hospital. His specific areas of interest lie in outdoor experiential education and medicinal practice in resource limited areas. Justin has been an instructor at CFM for the past six years.

WILLIAM PORCARO, MD, MPH, FACEP

Dr. William Porcaro is an Attending Physician in the Department of Emergency Medicine and the Associate Affiliate Hospital EMS Medical Director at Mount Auburn Hospital in Cambridge, MA, and an instructor in Emergency Medicine at Harvard Medical School. He is board certified in Emergency Medicine and Emergency Medical Services. He serves as the Hyperbaric Medicine/Diving Medical Officer for NOAA and the Chair of the Disaster Preparedness Committee at Mount Auburn Hospital.

Dr. Porcaro received honorable discharge as Captain from the MA Army National Guard. He is a former member of the MA DMAT-II team and the former Assistant Medical Director and Flight Physician for UMass Lifeflight. He is the author of numerous articles, book chapters and reviews relating to emergency medicine.

He received his MPH from UMASS-Amherst, his M.D. from UMASS-Worcester and a B.S. in Biology from Tufts University. Dr. Porcaro completed his EM residency at the Harvard Affiliated program at Beth Israel Deaconess Medical Center, and a fellowship in EMS and Disaster Medicine at UMass Worcester.

CARL RABICKOW, NRP

Carl has worked full time in EMS since 2008 and has been an instructor at CFM for four years. He is a graduate of the CFM paramedic program. Carl functions as the Field Training Evaluation Program Coordinator and ensures that all Pro EMS EMTs and paramedics are welcomed and trained in our particular EMS system's processes and procedures. Carl possesses instructor credentials in many American Heart Association and National Association of Emergency Medical Technicians courses. In addition, Carl holds an instructor credential in EVOG (Emergency Vehicle Operators Course).

MARK SAIA, BS, RRT, NRP, FP-C

Since 1999, Mark has worked for the Burlington Fire Department, as an EMT coordinator, Firefighter/EMT and EMS Coordinator/Trainer. Currently, Mark is also a Critical Care Transport Specialist for Boston MedFlight. He has previously worked for Armstrong Ambulance Service and Lawrence Memorial Hospital. Mark holds a B.S. degree in Public Administration from Roger Williams University. He holds 18 credentials and has authored several publications for the town of Burlington as well as the larger EMS community. Mark is actively involved in providing fire safety and CPR training programs to schools, senior citizens and other community groups.

WAYNE STATHOPOULOS, NREMT-P

Wayne started his career with PRO EMS where he worked for 24 years as a Nationally Registered paramedic, eventually becoming the first Director of Quality Improvement. In 2003, Wayne began working with Harvard Medical School as a teaching associate through the Massachusetts General Hospital's Department of Surgery. In 2006, Wayne joined Harvard Medical School and MGH in a fulltime capacity; he currently works as a simulation specialist in charge of operations at MGH's Learning Laboratory Simulation Center. Even with his role at MGH, Wayne has maintained his connection to PRO EMS by teaching paramedic students and field staff at CFM over the past 4 years.

DANIELLE THOMAS, NRP, I/C

As Director of CFM, Danielle ensures that all training needs for partner hospitals, preceptors and instructors are met. In addition to the two post-secondary paramedic education programs, CFM offers certification and continuing education courses to more than five thousand people annually. Danielle is a member of the Academic Advisory Committee for the CFM paramedic program, and is credentialed as an instructor and coordinator of more than ten internationally recognized certification courses. Danielle serves as the American Heart Association Community Training Center Coordinator and was appointed Affiliate Faculty for the NAEMT course, Pre-Hospital Trauma Life Support (PHTLS), for the state of Massachusetts. Danielle holds multiple instructor credentials including Training Center Faculty for The Difficult

Airway Course and for our American Heart Association Training Center. Danielle is a member of the National Association of EMS Educators as well as the National Association of Emergency Medical Technicians.

WILLIAM W. TOLLEFSEN, MD, MSC, MBA

A former PRO EMS field provider, Dr. William Tollefsen has been involved in Massachusetts EMS since 2002. He is an active member of many regional and state committees where he works to promote EMS as a practice of medicine and is known as trusted colleague and educator of EMTs and Paramedics. Dr. Tollefsen is currently the Director of Emergency Medical Services at South Shore Hospital and an attending Emergency Physician at Massachusetts General Hospital. He is board certified in Emergency Medicine and board eligible in EMS medicine. He completed a fellowship in EMS and Critical Care Transport at the University of Massachusetts after completing residency at the Harvard Affiliated Emergency Medicine Residency at Brigham and Women's Hospital and Massachusetts General Hospital. He received his medical degree from New York Medical College in addition to degrees from Boston University School of Medicine (MSc.), UMASS Amherst (MBA), and Connecticut College (BA).

TODD THOMSEN, MD, FACEP

Center for MEDICS Medical Director, Dr. Todd Thomsen, has nearly 30 years of experience in EMS. He is an attending physician in the Department of Emergency Medicine at Mount Auburn Hospital in Cambridge and an Instructor in Medicine at Harvard Medical School. He received his medical degree from Harvard and completed his residency in emergency medicine at Massachusetts General Hospital and Brigham and Women's Hospital in Boston. Prior to medical school, he worked as an EMT in Louisiana and Nebraska, and also served as a paramedic for the City and County of Denver for six years. In addition to his work at Pro EMS and Mount Auburn Hospital, Dr. Thomsen is active in medical education and has published many articles in the New England Journal of Medicine, written numerous book chapters, and edited a major textbook in the field of emergency medicine.

JAMES YEATON, RN, EMT-P

James grew up in Middlebury, Vermont, and earned his B.A. from Brandeis University. He attended paramedic school at Northeastern University and completed the Excelsior College transition to RN while working full time as a paramedic. James obtained his B.S.N. from University of Massachusetts Boston and worked for several Boston-area hospitals as a full-time and per diem certified emergency nurse (CEN). He completed pre-medical course work at Harvard Extension School and now attends University of Arizona College of Medicine while working part time as an agency per diem nurse in Tucson-area emergency departments.

BRIAN YUN, MD, MBA

A graduate of Northeastern University's Paramedic Program, Dr. Brian Yun worked as a paramedic at Cataldo Ambulance. In 2011, he graduated with Alpha Omega Alpha honors from Tufts University School of Medicine with both a MD and MBA. Dr. Yun completed his emergency medicine residency at the combined Brigham and Women's Hospital and Massachusetts General Hospital Harvard Affiliated Emergency Medicine Residency in 2015. He teaches paramedic students at CFM and he is also a Medical Manager on the FEMA Urban Search and Rescue Massachusetts Task Force 1. He is an Administrative Fellowship in Emergency Medicine at MGH and is pursuing a Masters of Public Health at the Harvard T.H. Chan School of Public Health.