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ACADEMIC CATALOG

2021



PRO EMS CENTER FOR MEDICS

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General Policies

100 | Institution Overview

100.1 Mission

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

100.2 History

The **Pro EMS Center for MEDICS** was established in May 2008 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 it has developed with its community, and its 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 the City of Cambridge Department of Public Health and local 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.

100.3 Ownership

Pro EMS Center for MEDICS is an S-Corporation, 100% owned by William Mergendahl.

100.4 Oversight

Pro EMS Center for MEDICS was formed as a consortium between Pro EMS and Mount Auburn Hospital. Representative from each sponsoring institution sit on the Board of Directors and have overall authority and responsibility for the institution and its activities. In addition, and Advisory Committee – comprised of individuals from local hospitals, fire services, EMS agencies, the Cambridge Department of Public Health, and members of the faculty, students and alumni of CFM, and community members – meets regularly to review and advise on institutional Programs and offerings.

100.4.1 Board of Directors

Committee 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

100.4.2 Advisory Committee

CFM's objectives strive to be consistent with and responsive to the demonstrated needs and expectations of the various communities of interest it services. These communities of interest include, but are not limited to: students, graduates, facul-

ty, sponsor administration, hospital/clinic representatives, employers, police and/or fire services with a role in EMS services, key governmental officials, physicians, and the public. To ensure alignment between CFM's mission, goals, and the needs of these communities, CFM convened an Advisory Committee consisting of members from each of the communities of interest and Program stakeholders. In particular, the Advisory Committee has significant representation and input from non-program personnel.

The Advisory Committee meets annually, either in person or via telephone or videoconference, to review CFM's performance over the past year, address any issues or needs expressed by any community of interest, and develop CFM's long-range agenda for the coming years. In particular, student outcomes from the various Programs are reviewed, as are Program-specific goals and objectives. Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

The advisory committee is charged with the responsibility of assisting program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts.

100.4.3 Advisory Committee members

Committee Member	Representing	Affiliation
Steven A. Ahern, Deputy Superintendent, EMT	Law enforcement	Commander, Bomb Squad, 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, MBA, NRP, CCEMT-P, NCEE, I/C	CFM administration ¹	Director of CFM, Pro EMS, Center for MEDICS
Jackson McWade	CFM administration	Education & Training Coordinator, Pro EMS, Center for MEDICS
Matthew DiGiovanni	Public	Trinity Property Management
Claude Jacob, MPH	Government official	Chief Public Health Officer, City of Cambridge
Gibson McCullagh, EMT-P, I/C	CFM administration; EMT Program faculty	Director of Special Projects; Pro EMS, Center for MEDICS
William Mergendahl, JD, EMT-P	President, CFM	Pro EMS, Center for MEDICS
Susan Pacheco	Government official	Director of Client Services, Cambridge Council on Aging
Adam Hubbard, EMT-P	Paramedic Program faculty	Pro EMS, Center for MEDICS; Lexington Fire Department
Ron Quaranto, EMT-P	Employer	Chief Operating Officer, Cataldo Ambulance Service
Gary Setnik, MD, FACEP	Consortium sponsor;	EMS System Medical Director, Mount Auburn Hospital
Vincent Storie, MD	CFM administration	Program Director, Pro EMS, Center for MEDICS
Elizabeth Temin, MD, MPH	Healthcare professional community	Emergency Medicine, Massachusetts General Hospital
Rachel Taradash, NRP	CFM administration	Associate Director, Pro EMS, Center for MEDICS
Todd Thomsen, MD	AAC Chair	Mount Auburn Hospital; Medical Director, CFM, Pro EMS, Center for MEDICS

¹ Highlighted individuals are members of the CFM administrative staff and are nonvoting members of the Advisory Committee.

Committee Member	Representing	Affiliation
William Tollefsen, MD	Employer; EMS Medical Director	South Shore Hospital
Sean Tyler, EMT-P	Employer	Chief Operating Officer, Fallon Ambulance Service
Jenn Wallace, RN	Healthcare professional community	Psychiatric emergency services, The Cambridge Hospital
Sean Williams, RN, EMT-P	Fire service	Cambridge Fire Department
Current Student	Paramedic student	Pro EMS, Center for MEDICS
Former Student	Paramedic alumni	Pro EMS, Center for MEDICS

100.5 Accreditation status

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). It is 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. CFM is also a designated Training Center for the National Association of Emergency Medical Technicians (NAEMT) approved to teach numerous NAEMT Programs. 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.

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.

CoAEMSP is located at:

8301 Lakeview Parkway Suite 111-312 Rowlett, TX 75088

Phone: 214.703.8445 Fax: 214.703.8992

COAEMSP's website is www.CoAEMSP.org; CAAHEP's website is www.CAAHEP.org.

100.6 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

CFM's website is www.centerformedics.com.

100.7 Facilities & equipment

CFM is committed to providing its students and instructors with the best tools available to create truly engaging and transformative educational experiences. From the beginning, CFM has invested heavily in its human, physical, and information resources, recognizing that the exceptional outcomes CFM boasts are only made possible by a commitment to being exceptional in everything we do. Part of this commitment is designing and building spaces that stimulate inquiry and learning, and to developing simple, streamlined systems to manage equipment and supply streams that let teachers focus on what they are most passionate about: teaching.

100.7.1 Facility

CFM is located in a facility that offers extensive learning spaces for its Programs and certification classes. These facilities include the following:

- one large lecture room (80 people);
- one medium lecture/multipurpose room (32 people);
- one small lecture/multipurpose room (24 people);
- three fully-equipped simulation labs:
 - » an apartment-style simulation lab;
 - » a hospital-style simulation lab;
 - » a outdoor park-style simulation lab;
- large practical skills learning space;
- library with a large selection of basic science and medical reference texts;
- student lounge and kitchen.

100.7.1a Simulation labs

Simulation is at the heart of the CFM approach to medical education, being central to the curriculum of the Paramedic and EMT Programs, and heavily deployed throughout certification Programs. Our simulation labs go far beyond just a mannequin in a stretcher: entire environments recreate common settings in which paramedics work, and fully immerse the learner in the simulated patient encounter. It is vital that all EMS providers be able to manage a scene and adapt assessment and treatment to the challenges of the present situation. By recreating authentic scene settings, the sim labs add tremendous value in teaching and developing these difficult but essential skills. CFM is currently in the process of constructing a fourth simulation lab, which will feature a full-scale recreation of an ambulance patient compartment situated in a roadside setting.

Although the simulation exercises are valuable and instructive, the "real" learning of simulation happens during the debrief afterward. Instructors guide students through a detailed review of each simulation, taking advantage of the technology available in the sim labs to teach, clarify, and correct. Simulation software can track student actions and patient responses during a sim, enabling students to see a clear cause-effect relationship between treatment and response. Additionally, all simulation labs are outfitted with a full suite of HD cameras, allowing the instructor(s) running a stimulation a full view of all student activities and behaviors so that every part of the simulated call can be reviewed and debriefed.

100.7.2 Equipment

All learning spaces are equipped with state-of-the-art AV equipment. Consistent technology is used throughout CFM, enabling a seamless transition for students and instructors moving from one space to the next. Interactive technology and interfaces, such as live student polling and screencasting, are utilized to promote student engagement with educational activities.

100.7.2a Simulators

Central to most simulations is the ability of learners to interact with a simulated patient as realistically as possible. CFM makes use of high-fidelity patients simulators in all of our sim labs. The simulators are produced by Laerdal, the leader in producing medical simulators. The complement of CFM simulators includes:

- four adult ALS patient simulators;
- three pediatric ALS patient simulators;
- two infant simulators;
- one neonate simulator.

CFM also makes us of QCPR mannequins, which provide real-time feedback to learners about chest compression quality, to teach the essential skills of cardiopulmonary resuscitation. CFM also has a variety of task-specific simulators, such as airway skills and IV trainers, as well as full-body simulators for practicing extrication, bleeding control, moving and lifting patients, and other essential skills.

100.7.2b Simulation supplies

It is essential that students train with the equipment they will use in real life. This "train as you practice" philosophy is a central tenant in the design and implementation of all of CFM's educational content, and simulation is no exception. Students entering a simulation are provided with the same set of equipment they would be taking into a call with them in real life. Simulated "first-in bags", oxygen therapy supplies, cardiac monitor, and medications have all been carefully selected and built for use in simulations and to be as close to their real-life counterparts as possible.

100.8 Parking

100.8.1 General guidelines

Parking for all students of CFM is provided free of charge at the CFM facility in the designated lot. Parking is subject to the "first-come, first-serve" rule and is 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. Students are advised not to leave valuable or personal items in their vehicles while attending class.

100.8.2 Designated parking lot for CFM students and staff

All CFM students and staff are to park in the in large parking lot immediately adjacent to Smith Place, not the lot immediately in front of the CFM building (that includes spots for Cambridge Police Department vehicles). Students are also not to park in the lot immediately behind 725 Concord Ave (Mount Auburn medical offices); this lot is reserved for patients of the Mount Auburn clinics and students parking here are subject to towing at their expense. Detailed maps indicating acceptable parking areas will be provided to students in advance of the beginning of class.

100.8.3 Parking passes

All CFM students and staff will be issued a Pro EMS parking pass that will enable them to park in the designated lot. These passes must be displayed clearly in the student's vehicle by hanging from the rear-view mirror. All passes must be registered with CFM before they can be used. Students will be issued one pass only, which may be used for multiple vehicles (although only one vehicle per student may be parked in the designated lot at a time). Students will return their parking pass at the end of their term of enrollment. Lost parking passes will be replaced at a nominal fee of \$25.

100.9 Security & access control

Center for MEDICS is physically located in the same facility as Pro EMS's Cambridge base. As such, although CFM is private property, a significant number of people pass through the CFM facilities daily. Adherence to security and access control procedures and policies is necessary to minimize any security risk to students or faculty. By using CFM facilities, students, faculty, and staff agree to the following policies and procedures.

100.9.1 Building access

CFM can be accessed through any of several entryways, including exterior doors and interior connections with the Pro EMS Cambridge base. All exterior building doors are locked and accessible only via numeric keypad entry. Exterior doors are numbered, and students or staff may be instructed to utilize a particular door for entry/exit. All students and employees of CFM are issued a 4-digit numeric code which they can use to access the building via the locked exterior doors. (Note that a specific code may be restricted to opening a specific door and does not necessarily grant access to the entire building.) Students and employees may not share codes. If a code becomes nonfunctional, the student or employee should notify the Program Director to receive a new code.

Interior doorways connecting CFM to Pro EMS are not locked, but are under video surveillance as described below.

100.9.2 Video surveillance

All Pro EMS and CFM premises are under video surveillance 24-hours a day. Security footage is time-stamped and recorded, and is accessible only to designated personnel. In addition to providing security, this footage may be used to verify the presence of a student or employee in the building at a specific time, as well as their time of arrival or departure, for attendance tracking purposes.

100.9.3 Personal property liability

CFM is not responsible for any lost or stolen personal property, including any property left in a vehicle parked on CFM property. Students, faculty, and staff are advised to take precautions when bringing or storing personal property at CFM.

200 | Applicability of CFM policies

200.1 Center for MEDICS community

The students, faculty, staff, clinical affiliates, and partners of CFM form a diverse and evolving community of educators and healthcare professionals who share a commitment to furthering the art and science of out-of-hospital medical care through education, outreach, and service. CFM engages and participates in many different activities in furtherance of this goal, all of which utilize to some degree the resources of CFM. Given the high degree of interaction between educational programs, students, instructors, facilities, and equipment, it is imperative that all members of the CFM community cooperate and work within the same set of polices and procedures. The policies describe in this Catalog and elsewhere apply equally to all members of the CFM community, regardless of rank, status, or seniority.

Entry into the CFM community brings access to an extraordinary array of resources and experiences; at the same time, it comes with great responsibility. It is the responsibility of each community member to understand and uphold the principles and standards of CFM and to always hold themselves to the highest standards of ethical, professional, and academic conduct. It is similarly vital that community members hold each other accountable, and encourage each other to adhere to the standards set forth in this Catalog. Community members are expected to report violations of policy to the appropriate official in a timely manner; failure to do so is, itself, a violation of policy.

For the purposes of this Catalog and policy, CFM community includes all of the following:

- all students currently enrolled in any CFM class, program, or educational offering;
- all faculty and other instructional staff engaged in the instruction or delivery of any CFM class, program, or educational offering;
- all administrative staff wholly or partly responsible for the operations of CFM in any capacity;
- all alumni who participate in the recruitment, advertisement, or operations of any CFM class, program, or educational offering;
- any person who has been duly authorized to represent themselves as affiliated with CFM for the purposes of instruction, supervision, negotiation, or other institutionally-sanctioned activity;
- ▶ any clinical or field internship preceptor who engages in the instruction of CFM students insofar as this does not conflict with the policies or procedures of the clinical or field site;
- any person who is wearing or otherwise displays on their person any component of a uniform issued by CFM for the express purpose of identifying CFM students, or who is wearing or displaying on their person a CFM-issued ID;
- ▶ any person employed, contracted, retained, or otherwise engaged in any CFM-sponsored activity, regardless of whether they receive compensation for said activity.

CFM POLICIES APPLY TO THE ENTIRE CFM COMMUNITY, WITHOUT EXCEPTION. ALL MEMBERS OF THE CFM COMMUNITY ARE EXPECTED TO ADHERE TO THE CODE OF CONDUCT AND VIOLATIONS OF THIS OR ANY CFM POLICY MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING EXPULSION FROM CFM.

200.2 Scope of Center for MEDICS policies

200.2.1 General policies

General policies apply to all programs and educational offerings provided, coordinated, or substantially supported by CFM, its staff, or that utilize its facilities. CFM claims jurisdiction over all educational and other activities that occur on or in CFM-owned, leased, or operated properties, utilize CFM facilities or equipment, utilize CFM employees in their role as CFM employees (regardless of whether such activities are compensated by CFM or another entity, or not compensated), or that claim or advertise in any way an affiliation with CFM, its personnel, or its property. All such programs are fully subject to the polices and regulations described herein, and in all other CFM policy documents and statements that have been duly adopted by the CFM administration, and as amended from time to time.

General policies are adopted by the majority of CFM administration and/or the President, with the advice and consent as necessary of the Advisory Committee, and are subject to review, repeal, or amendment by the President unilaterally, or by another official with the consent of the majority of the senior administration.

200.2.2 Program policies

Policies adopted for a specific program or course of study apply to that program or course of study only. Program policies in no way supersede, override, or otherwise replace any general policy; in situations where program and general policies conflict, preference is given to the general policy.

Program policies are adopted by the President or relevant Program Director, as designated by the President with the advice and consent as necessary of the relevant Advisory Committee. Program policies may be amended, repealed, or superseded at the discretion of the President or Program Director.

200.2.3 Period of effect

Polices are in effect continuously from the time of their adoption until such time as they expire or are repealed, amended, replaced, or superseded. All policies apply equally to all members of the CFM community and on all CFM-owned, leased, or operated property. Policies regulating the behavior and conduct of CFM employees and students apply during their involvement in any CFM-sponsored or supported activity or event, except in those cases where the policy explicitly claims applicability to a CFM employee's or student's personal conduct outside of CFM-related activities. In the latter case, the policy is in effect during the individual's entire period of employment or enrollment at CFM.

200.3 Jurisdiction

All CFM policies apply during any and all educational and noneducational activities conducted or sponsored by CFM, or with intent to grant licensure, certification, continuing education, or proof of attendance or completion under the authority of CFM. CFM policies apply to all activities occurring on CFM property, regardless of sponsorship, and to any activity that engages or utilizes CFM students to any extent.

300 | Programs of study

Center for MEDICS offers a variety of educational programs in support of its mission to prepare out-of-hospital and other emergency medical providers for the unique and demanding nature of the profession. Each program has a specific educational goal, but all seek to promote the cognitive, psychomotor, affective, and leadership qualities necessary to deliver the highest quality of out-of-hospital and emergency medical care. The high standards and expectations of CFM apply to students in all programs and to all members of the CFM community.

300.1 Definitions

300.1.1 Program

A Program is defined in this Catalog and other CFM policies as a self-contained, programmed educational offering of specified duration that results in a degree, certification, or eligibility to seek licensure or certification within a professional body. Programs have clearly defined educational goals and objectives, along with a plan for delivering instruction and other activities to meet these goals and objectives. Programs may consist of a single class day or multiple class days, and may encompass multiple areas of study. Programs generally require students to register or enroll, and may have associated fees. Enrollment into a Program may be automatic upon student application or via a competitive admissions process.

Programs offered by CFM have a designated Program Director, who is responsible for all aspects of Program operations (see **Section 400.1.6 Program Director**). Programs offered by outside agencies have a designated individual who will serve as the primary liaison with CFM and assumes *de facto* responsibility for the Program unless a separate Program Director is specified (see **Section 300.3 Programs offered by non-CFM entities**).

Programs typically engage the services of one or more Instructors, who may or may not be members of the CFM Faculty, to meet their educational aims. Programs may also utilize the services of Administrative and Support personnel in noninstructional capacities.

300.1.2 Student

Any person who has been admitted to, registered or enrolled in, or attends, attended, or attending CFM, any CFM course, or CFM-conducted Program.

300.1.3 Faculty

Faculty refers to any person employed by CFM for the purpose of providing instructional services and who is authorized by

CFM to serve as an Instructor (see below) whether or not they are currently engaged in instructional activities.

300.1.4 Instructor

Instructor refers to any faculty member, teaching assistant, or any other person authorized by CFM to provide educational services and who has the professional responsibility and authority to maintain control and order in instructional settings, which include but are not limited to classrooms, libraries, group meetings, tutorials, lab sessions, office hours, field work, and off-campus venues. This extends to the virtual classroom of email, chat rooms, telephony, and web activities associated with courses.

300.2 Programs offered by CFM

All educational programs offered by CFM are administered and supervised solely by CFM and its staff, under the authority of a designated Program Director. Educational offerings which utilize CFM facilities, equipment, or personnel, and are coordinate, instructed, and supervised by non-CFM employees are considered **outside programs** and discussed in **Section 300.3 Programs offered by non-CFM entities**.

300.2.1 Paramedic Training Program

The Paramedic Training Program ("Paramedic Program") was the first course offered by CFM after its founding, and remains the central and most consistent program offered by CFM. The year-long Paramedic Program trains new paramedics and is offered twice per year. The Paramedic Program is administered by a variety of staff members, and is under the direct supervision of the Paramedic Program Director. Details of the Paramedic Program can be found starting on **page 53** of this Catalog.

300.2.1a Description of profession²

"The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system."

300.2.2 Emergency Medical Technician training program

The Emergency Medical Technician (EMT) training program ("EMT Program") trains students to the level of EMT-Basic. The EMT Program is not regularly offered, and is available to select student populations at the discretion of the President. The EMT Program is administered by an EMT Program Director. Details of the EMT Program can be found starting on page 97 of this Catalog.

300.2.2a Description of the profession

"The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system."

300.2.3 Certification programs

Through partnerships with various certifying agencies, Center for MEDICS offers certification courses in a range of emergency medicine and prehospital topics. These course offerings adhere to certifying entity's standards and vary based on the course offering. CFM, in its role as a recognized training center, is responsible for the coordination and delivery of a Program, determining whether students meet the standards set forth by the certifying body, and issuing the associated certification on behalf of the certifying body. Details of the various certification programs can be found starting on **page 115** of this Catalog.

CFM has affiliations with the American Heart Association (AHA) and National Association of Emergency Medical Technicians (NAEMT), and is authorized to administer certification courses for each. For each affiliation, there is a designated CFM staff member who serves as the Training Center Representative to the certifying body. The Training Center Representative is responsible for coordinating all certification programs administered by CFM, and serves as Program Director for such.

300.3 Programs offered by non-CFM entities

Occasionally, CFM will host other organizations who wish to conduct training at CFM or using CFM resources, including human resources, but who are otherwise not affiliated with CFM or its institutional operations. In these cases, the outside organization responsible for the program of training is referred to as the **sponsoring organization**.

300.3.1 Responsibilities of the sponsoring organization

The sponsoring organization assumes and retains sole responsibility for coordinating and administering the entire program of training, including, advertising or recruiting, admitting/enrolling/registering students, arranging payment of any course fees, carrying out instructional activities, evaluating students, and issuing certifications or proof of successful course completion as appropriate. CFM will provide space and equipment as appropriate and reasonable to the sponsoring organization to meets its educational objectives. The sponsoring organization is responsible for any fees or other costs that may be incurred during the preparation or delivery of the educational program.

Certifications issued by outside programs are not issued under the authority of CFM, and the sponsoring organization assumes all liability related to the granting of such certifications.

300.3.2 CFM personnel involved in the delivery of outside programs

If CFM staff are engaged or utilized by the sponsoring organization in the planning or delivery of an outside educational program, such staff remain subject to CFM policies and regulations. Compensation for any CFM staff member who is retained by the sponsoring organization and participates in the preparation, instruction, evaluation, or other specified program activity is generally the responsibility of the sponsoring organization unless other arrangements are made with CFM beforehand. CFM community members participating in an outside program who violate any CFM policy may be subject to disciplinary action as described herein. Sponsoring organizations agree to abide by the CFM community standards and Code of Conduct, and CFM reserves the right to trespass any person on its property found to be in violation of these standards.

300.3.3 Services offered by CFM to outside programs

Occasionally CFM may provide ancillary services to the sponsoring organization (e.g. video recording, record keeping, etc.). Payment for such services is negotiated on a case-by-case basis. CFM may charge an administrative fee to cover the cost of equipment use (e.g. consumable materials), cleaning, repair, or other costs incurred through its hosting of an outside program.

400 | Center for MEDICS personnel

Center for MEDICS employs a variety of personnel in the administration and delivery of its various Programs and other offerings. CFM personnel may be employed full-time by CFM, or may be employed on a part-time or per diem basis. All employees of CFM undergo rigorous screening prior to their employment, regular review and evaluation, and are active participants in the improvement and development of CFM and all its activities. All CFM employees, as members of the CFM community, are expected to demonstrate the highest levels of professional and personal conduct and act as role models for the intangible but vital beliefs and behaviors that are crucial in all healthcare providers.

400.1 Administration

The administration of CFM is responsible for overseeing and managing all CFM activities, including all Programs of study and other courses of training or education. Members of the administration are involved in all aspects of a Program's design, development, implementation, and review. The administration is ultimately accountable for the delivery and outcome of CFM programs. Most members of the administration are employed on a full- or part-time basis.

400.1.1 Administrative officials

Administrative officials comprise the core staff of CFM and are collectively responsible for all aspects of CFM operations. In all CFM policies and regulations, the following terms may be used to indicate an administrative official: "CFM official", "institution/program official", "CFM administrator", or "senior administration". Specific individuals are referred to by title.

Name	Title	Email
James DiClemente, MBA, NRP, CCE-MT-P, NCEE, I/C	Director of CFM	jdiclemente@proems.com
Scott Goldberg, MD, MPH	Associate Medical Director	sagoldberg@partners.org
William Lindberg, NRP	Clinical Coordinator	wlindberg@proems.com
Jackson McWade	Education & Training Coordinator; Paramedic Program Lead Instructor	jmcwade@proems.com
William Mergendahl, JD, EMT-P	President	wmerg@proems.com
G. Gibson McCullagh, EMT-P, I/C	EMT Program Director; EMT Program Lead Instructor Director of Special Projects	gmccullagh@proems.com
Alexander Noonan, NRP	AHA Coordinator	anoonan@proems.com
Vincent Storie, MD	Paramedic Program Director; Paramedic Program Lead Instructor; NAEMT Training Center Representative	vstorie@proems.com
Rachel Taradash, NRP	Director of Student Affairs	rtaradash@proems.com
Laura Terry	Director of Administration	lterrry@proems.com
Todd Thomsen, MD, FACEP	Medical Director	tthomsen@proems.com

400.1.2 President of CFM

The President of CFM (hereafter, "President") retains sole and definitive responsibility and authority for all CFM operations, programs, courses of study, testing and evaluation, remediation, consultation and advising, and all other services provided by CFM to its students, faculty, employees, and the community. The determination of the President in all matters is final. The President may designate officials as necessary to carry out various duties or functions related to the operation, management, oversight, or assessment of CFM and its activities, including issues related to employment and enrollment. These officials will be provided with such authority as necessary to carry out their duties, and this may be amended, restricted, or otherwise modified at the discretion of the President. The President will be provided with regular updates on the status of CFM and its activities and may request such information at any time.

400.1.2a Accountability

The President of CFM reports directly to the Board of Directors.

400.1.2b Current President of CFM

The current President of CFM is William Mergendahl, JD, EMT-P, who is also the Chief Executive Officer of Pro EMS.

400.1.3 Director of CFM

The Director of CFM is responsible for overseeing and coordinating all CFM activities. Given the numerous and varied educational programs offered at CFM, the Director has primary responsibility and authority over the use of any CFM property or personnel to ensure the fair and appropriate allocation of resources to meet the needs of all institutional activities and goals. The Director of CFM is not directly involved in the administration, organization, delivery, or evaluation of any specific educational offering or program of study at CFM, but works closely with Program Directors to ensure that all programs have sufficient resources to run successfully and adhere to the standards and polices of CFM.

400.1.3a General responsibilities

The Director of CFM (hereafter, "Director") oversees all operational activities at CFM and any affiliated sites or properties. The Director authorizes all programs and use of CFM facilities, equipment, and personnel. Program Director are responsible for submitting to the Director requests for the use of any CFM resource in the delivery of their Program. Based on concurrent institutional needs, the Director will release such resources to the Program Director as necessary and reasonable to achieve the educational aims of the Program. The Director will ensure that all CFM resources, including facilities, equipment, and personnel, conform to institutional standards and policies, and will take such actions as necessary to remedy noncompliance.

In conjunction with the President, the Director establishes the institutional mission, aims, and objectives and develops and implements initiative and programs to accomplish these. The Director assists the President in designating appropriate officials to carry out institutional and programmatic responsibilities, including approving Program Directors and program faculty, and participates in the long-term strategic planning of CFM.

In cooperation with the Program Director and Clinical Coordinator, the Director is responsible for establishing, maintaining,

and renewing as necessary contracts with clinical and other institutional affiliates, and may establish partnerships with other organizations for the purpose of advancing CFM's goals and objectives. Subject to the approval of the President, the Director may add, remove, or modify any educational offering provided by CFM, and may seek to expand CFM's capabilities by acquiring or repurposing facilities, equipment, and personnel.

The Director has no direct oversight of any Program with a designated Program Director, and may not override or supersede the decisions of the Program Director in any matter related to the content, delivery, or evaluation of their Program or its students or faculty. The Director may initiate or participate in disciplinary action against any member of the CFM community, however, as described in **Section 600.4 Disciplinary action**, and may participate in appeal proceedings pursuant thereto. The Director may advise the Program Directors and other Program officials on any matter related to Program operations. In instances where a CFM program lacks a specified Program Director, the Director of CFM will assume the responsibilities of Program Director for that program.

The Director may appoint various officials as considered necessary to meet institutional needs. Such officials will be provided with the authority necessary to carry out their delegated responsibilities, will report directly to the Director, and may be replaced at the discretion of the Director.

The Director is responsible for the financial security and stability of CFM overall, and will approve CFM's general budget as well as the budgets for each Program as submitted by the Program Director. The Director will approve all capital investments and may establish financial relationships or programs to sustain institutional operations. The Director will approve the tuition and fees for each Program of study, and will authorize all refunds to students who withdraw or are dismissed from any Program. The Director will ensure the fair and appropriate compensation of all CFM personnel.

400.1.3b Requirements

The Director of CFM must meet the general requirements for CFM faculty and is appointed directly by the President. The Director may be dismissed at the discretion of the President.

400.1.3c Accountability

The Director of CFM reports directly to the President of CFM.

400.1.3d Current Director of CFM

The current Director of CFM is James DiClemente, NRP, MBA, who formerly served as the Paramedic Program Director.

400.1.4 Medical Director

Each Program of study must have a Medical Director. The Medical Director is responsible for medical oversight of the Program and for ensuring that students enrolled in the Program receive appropriate education, evaluation, and, upon matriculation, meet the standards for entry into the associated profession.

400.1.4a General responsibilities

The Medical Director must review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed prehospital or emergency care practice. In addition, the Medical Director reviews and approves the required minimum numbers for each of the required patient contacts and procedures, as well as the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship. The Medical Director also participates in the review of the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary. The Medical Director should ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains, engage in cooperative involvement with the Program Director, ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician, and ensure educational interaction of physicians with students.

400.1.4b Requirements

The Medical Director must be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients, have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care, be an active member of the local medical community and participate in professional activities related to out-of-hospital care, and be knowledgeable about the education of the Emergency Medical Services professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services professions.

400.1.4c Accountability

The Medical Director reports to the President of CFM and the Board of Directors. The Medical Director for a program also works closely with the Program Director although neither is directly answerable to the other.

400.1.4d Current Medical Director

The current Medical Director for CFM is **Todd Thomsen, MD, FACEP**, an Emergency Department physician at Mount Auburn Hospital.

400.1.5 Associate Medical Director

When the program Medical Director delegates specified responsibilities, the program must designate one or more Associate Medical Directors.

400.1.5a General responsibilities

Associate Medical Directors are responsible for fulfilling the specific roles and responsibilities delegated to them by the Medical Director.

400.1.5b Requirements

An Associate Medical Director must be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients, have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care, be an active member of the local medical community and participate in professional activities related to out-of-hospital care, and be knowledgeable about the education of the Emergency Medical Services professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services professions.

400.1.5c Accountability

The Associate Medical Director reports to the Medical Director and the President. The Associate Medical Director for a Program works closely with, but is not directly supervised by, the Program Director.

400.1.5d Current Associate Medical Director

The current Associate Medical Director of CFM is **Scott Goldberg**, **MD**, **MPH**, an Emergency Department physician at Brigham and Women's Hospital.

400.1.6 Program Director

Each Program of study has a designated Program Director who is primarily responsible for all aspects of the Program's development, implementation, review, and performance. The Program Director may delegate various responsibilities to other officials, but retains final authority and accountability for Program operations. The roles and responsibilities of the Program Director are broad, and Program Directors are expected to work closely with the Medical Director, Associate Medical Director, and President, as well as with the faculty and administrative staff of CFM, in ensuring their Program meets the high standards and expectations of CFM.

400.1.6a General responsibilities

The Program Director is responsible for all aspects of their Program of study, including, but not limited to:

- the administration, organization, and supervision of the educational program;
- the continuous quality review and improvement of the educational program;
- long range planning and ongoing development of the program;
- the effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program;
- cooperative involvement with the Medical Director;
- the orientation/training and supervision of clinical and field internship preceptors; and
- the effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.

400.1.6b Requirements

The Program Director must possess a minimum of a Bachelor's degree³ to direct a Paramedic Program and a minimum of an Associate's degree to direct an Advanced Emergency Medical Technician program, from an accredited institution of higher education. They must also have appropriate medical or allied health education, training, and experience, be knowledgeable about methods of instruction, testing and evaluation of students, have field experience in the delivery of out-of-hospital emergency care, have academic training and preparation related to emergency medical services at least equivalent to that of a paramedic, and be knowledgeable about the current versions of the National EMS Scope of Practice and National EMS Education Standards, and about evidenced-informed clinical practice. For most Paramedic Programs, the Program Director

³ Although not required, it is recommended that Program Directors hold a minimum of a Master's degree.

should be a full-time position. Program Directors report directly to the President.

400.1.6c Authority over program activities

UNLESS STIPULATED OTHERWISE IN THIS OR OTHER CFM POLICIES, THE PROGRAM DIRECTOR IS THE PRIMARY AGENT RESPONSIBLE FOR RESPONDING TO AND RESOLVING ANY COMPLAINT, ISSUE, QUESTION, OR OTHER MATTER NECESSITATING ADMINISTRATIVE REVIEW, OVERSIGHT, OR INTERVENTION THAT MAY ARISE DURING THE NORMAL OPERATIONS OF THEIR PROGRAM.

The Program Director is afforded broad authority to manage all aspects of their program. Program Directors are ultimately accountable for the performance and success of their program, which includes student achievement, faculty performance and retention, and the various markers of program performance as established by various oversight and regulatory bodies. Program Directors retain final authority in all matters related to student admission, evaluation, and matriculation. The Program Director has primary responsibility for student discipline, including interpreting the Code of Conduct, determining if a student has committed and infraction, and instituting appropriate disciplinary actions and/or sanctions against a student who has committed misconduct. The Program Director is responsible for responding to all allegations or complaints of misconduct, discrimination, harassment, or sexual misconduct, as well as any complaint of a policy violation by either a student or CFM employee engaged in their program. The Program Director will determine if a student committed academic misconduct and, if so, the appropriate disciplinary response. The Program Director is the individual designated pursuant to FERPA to inspect, review, and maintain student education records created under or substantially administered by their Program, and to respond to all requests for such records, including record release and transmission to the requester when duly authorized. The Program Director will review and approve or deny all requests for academic accommodations by students enrolled in their program. The Program Director will make all decisions relating to academic or Disciplinary Probation, including placement of a student on probation, establishing the terms of probation, and returning a student to good standing. The Program Director will render all decisions regarding program dismissal for any reason.

400.1.6d Academic and quality assurance responsibilities

The Program Director works closely with the Medical Director to develop and deliver the instructional content of the program. This includes regular review of the curriculum and all material used or referenced by faculty or students during the program (e.g. textbooks and ancillary study materials), managing the program schedule and allocating classroom hours, ensuring parity between didactic and practical education, developing and reviewing all evaluation and assessment instruments (including all course exams), and monitoring students' academic progress throughout the program. The Program Director also has direct oversight of all program faculty, as described below.

Along with the Clinical Coordinator, the Program Director is responsible for ensuring appropriate clinical education for all students enrolled in their program. This includes assigning students to clinical and field sites, responding to any issues that arise during a student's clinical or field internships, and verifying that students' clinical and field experiences satisfy the graduation requirements of the program. The Program Director shares responsibility for maintaining good relationships with clinical and ride internship affiliates with the Clinical Coordinator, and is available to address any issue or concern raised by an affiliate about any CFM student or agreement.

The Program Director, in conjunction with the Medical Director, Clinical Coordinator, and President, is responsible for soliciting and reviewing feedback from current and former students, faculty, and staff regarding the program, and for developing and implementing plans for improvement. The Program Director also monitors the various program outcome metrics (e.g. attrition rate, first-attempt pass rate on the NREMT exams, percent of graduates employed at level following completion of the program) and reports these regularly to the President and remaining administration, as well as making them publicly available. Deficiencies in the program's performance or outcome should be quickly identified and prompt close review by the Program Director and other senior administrative officials. Changes to program policies or procedures will be instituted, as necessary, to remedy any identified deficiencies.

400.1.6e Supervision of faculty and instructional activities

The Program Director directly supervises all instructional activities related to the program. This includes lecture, practical, and clinical education throughout the entire duration of the course. The Program Director is responsible for ensuring all instruction, in all modes and capacities, in accurate, reflects current CFM curricula and standards, and is responsive to the needs of learners. On any given course day, multiple faculty members are involved in the instruction of students, and it is the responsibility of the Program Director to ensure that the faculty have all necessary materials, equipment, facilities, and time to perform their instructional duties, and that they may do so free from external distractions, interruptions, or other factors that may disrupt normal classroom activities. The Program Director is responsible for assigning content to be covered to each faculty member for each class session, and care should be taken to match the instructional material to the skills, strengths, experience, and preferences of the faculty member assigned. The Program Director may also assist in the delivery of instruction as needed to meet program needs.

Recruitment, hiring, orientation, training, and on-going education and development of faculty members is also the respon-

sibility of the Program Director. Acting on the authority of the President, the Program Director may employ such persons as necessary in the delivery of their educational program. New faculty members must undergo a period of orientation and supervised teaching, which is to be coordinated and overseen by the Program Director. Planning, executing, and reviewing faculty development should occur regularly under the direction of the Program Director or delegated administrators, and the Program Director should encourage and support the faculty in professional development and on-going learning. The Program Director may also promote faculty to senior status at their discretion.

The Program Director is responsible for all matters related to faculty discipline. The Program Director will respond to any complaints or allegations of misconduct against a faculty member, and will enact whatever disciplinary actions or sanctions are deemed necessary in the case of verified misconduct. Such disciplinary actions may include termination of employment, subject to the approval of the President. The Program Director will regularly review the polices and procedures applicable to the faculty, and will ensure all faculty members are aware of current CFM standards. The Program Director will mediate any disputes that may arise between faculty members, and take appropriate and reasonable measures to ensure a welcoming, collaborative, and collegial work environment.

400.1.6f Accountability

Program Directors report directly to the President. Program Directors also work closely with the Medical Director and, if one is designated, Associate Medical Director of their Programs.

400.1.6g Current Program Directors

The current Program Director for the Paramedic Program is **Vincent Storie**, **MD**, a graduate of the Boston University School of Medicine.

The current Program Director for the EMT Program is **G. Gibson McCullagh, NRP, I/C**, who also serves as the Director of Special Projects for Pro EMS.

The Program Director for any certifying program is the designated Training Center Representative to the corresponding certifying body, as described in Section **400.1.8 Training Site Coordinator**.

400.1.7 Clinical Coordinator

The Clinical Coordinator assists the Program Director in arranging, monitoring, and ensuring the appropriate clinical education of students throughout their clinical and field internships.

400.1.7a General responsibilities

The Clinical Coordinator is the primary point of contact for students for all matters relating to their Clinical and Field Internships. This includes assigning students to specific clinical and field sites, arranging student schedules with the designated site coordinator, and responding to any student or site complaints, questions, or issues related to clinical education. The Clinical Coordinator will verify student eligibility for the Clinical or Field Internship, including ensuring that students meet all site-specific requirements (e.g. student medical records, attending orientation, signing necessary paperwork). The Clinical Coordinator will ensure students complete all necessary documentation during their internships and verify that this documentation meets program standards. The Clinical Coordinator is also responsible for maintaining records of affiliation agreements between the program and clinical sites, day-to-day communication and coordination with clinical sites on all matters related to student clinical education, responding to inquiries or complaints from clinical sites, and notifying the Program Director of any issues related to clinical education. The Clinical Coordinator ensures students have met the required minimum number of patient contacts, and have satisfied all requirements related to psychomotor skill competency, prior to completion of the program. The Clinical Coordinator is responsible for ensuring all preceptors in the clinical and field internship have been appropriately trained and oriented to their role by CFM, and is responsible for enforcing the requirements for preceptors. The Clinical Coordinator may assist in establishing new affiliation agreements with clinical and ride internship sites.

400.1.7b Requirements

The Clinical Coordinator must be a current faculty member in good standing in the program for which they serve as coordinator. The Clinical Coordinator will preferably have experience as a clinical educator or preceptor, and be comfortable supervising the clinical education of students of various levels. Strong interpersonal, organizational, and conflict resolution skills are also useful in carrying out the various responsibilities of the Clinical Coordinator.

400.1.7c Accountability

The Clinical Coordinator for a Program reports directly to the Program Director.

400.1.7d Current Clinical Coordinator

The current Clinical Coordinator for the Paramedic Program is **William Lindberg**, **NRP**, a paramedic with Pro EMS and graduate of the Paramedic Program (Class 17).

The EMT Program does not currently have a dedicated Clinical Coordinator. The Clinical Coordinator for the EMT Program is **G. Gibson McCullagh, NRP, I/C**, who also serves as the Program Director for the same and is therefore, *ex officio*, responsible for the clinical education of EMT students.

400.1.8 Training Site Coordinator

CFM has established relationships with several national certifying agencies to offer a variety of certification courses. As a component of these affiliations, CFM has designated a Training Site Coordinator to act as the representative to the certifying agency. CFM currently maintains two affiliations with certifying bodies: the American Heart Association (AHA) and the National Association of Emergency Medical Technicians (NAEMT) and has designated a Training Site Coordinator for each.

400.1.8a General responsibilities

The Training Site Coordinator is responsible for approving and scheduling all courses delivered by CFM under the associated affiliation agreement, and for notifying the certifying agency of all courses held and certifications issued by CFM under such agreement in whatever manner specified by the agency. As necessary, the Training Site Coordinator will apply for and receive approval for any certification course from the certifying body. The Training Site Coordinator serves as the initial point of contact between CFM and the certifying body for all matters related to certification course.

The Training Site Coordinator will ensure that all certification programs are carried out in compliance with all relevant CFM policies as well as all policies and procedures required by the certifying body. The Training Site Coordinator will notify the certifying body of any breeches of policy or procedure.

The Training Site Coordinator will ensure that all instructors engaged in the delivery of a certification course have been properly trained and credentialed to instruct the course pursuant to any requirements specified by the certifying body. The Training Center Coordinator will maintain records of instructor credentials and assist with recertification of instructors as necessary.

The Training Site Coordinator serves as Program Director for all certification programs taught or held at CFM under their affiliation. As such, the Training Site Coordinator is ultimately responsible for all aspects of the administration, instruction, evaluation, and management of all certification programs, including registering students, securing payment, scheduling instructors, arranging for space and procuring the necessary equipment, delivering the course content, evaluating students, and issuing certifications. The Training Site Coordinator may delegate the responsibilities for a specific course to an instructor qualified to lead that course and who will directly and physically participate in its delivery to students. An instructor designated to supervise a certification course must maintain all required records and submit these to the Training Site Coordinator, who will verify their completeness.

400.1.8b Requirements

The Training Site Coordinator must meet all requirements specified by the certifying body for the institutional representative to that body, including the maintenance of all necessary provider and instructor credentials. The Training Site Coordinator should be credentialed as an instructor with the certifying body for each certification course under their purview.

400.1.8c Accountability

Training Site Coordinators report directly to the Director of CFM. The Training Site Coordinator must also supply to their certifying body any documents or materials duly requested under the terms of the Affiliation Agreement.

400.1.8d Current Training Site Coordinators

The current Training Site Coordinator for the American Heart Association (AHA) is **Alexander Noonan, NRP**, a paramedic with Pro EMS and graduate of the Paramedic Program (Class 22).

The current Training Site Coordinator for the National Association of Emergency Medical Technicians (NAEMT) is **Vincent Storie**, **MD**, who also serves as the Paramedic Program Director.

400.1.9 Other officials

The President or Director of CFM may appoint from time to time such officials as are deemed necessary to carry out the various tasks and functions of CFM. Appointed officials will be provided with the necessary authority to reasonably carry out their assigned responsibilities, and will be retained or dismissed from CFM at the discretion of the President or Director.

400.1.9a Responsibilities

Any designated CFM official will be provided with a job description that clearly articulates the roles and responsibilities of their position. This description will also list the qualifications necessary for the role and, as appropriate, the term of employment. The designated official is responsible for carrying out whatever duties or responsibilities are assigned.

400.1.9b Requirements

The requirements and qualifications for the role will be determined by the appointing individual and clearly communicated to the appointee.

400.1.9c Current appointed officials

Jackson McWade, NRP, serves as the Education & Training Coordinator for CFM. Mr. McWade is a full-time paramedic with Boston MedFlight and a graduate of the Paramedic Program (Class 3).

Rachel Taradash, NRP, serves as the Director of Student Affairs for CFM. Ms. Taradash is also Director of Personnel for Pro EMS and a graduate of the Paramedic Program (Class xxx).

400.2 Faculty

Center for MEDICS relies on its faculty to accomplish its goal of delivering the highest quality education and training. To this end, CFM is committed to ensuring its faculty is supremely qualified, well-resourced, diverse, and passionate about EMS education. With over fifty faculty members involved in the delivery of its educational programs, CFM is able to engage its students with a wide variety of instructional styles and techniques. The breadth and diversity of the faculty is one of CFM's greatest strengths, and this is brought to bear in every educational program and every class day. The faculty is the heart of CFM, and CFM is fully committed to supporting and developing its faculty members in their shared goal of pushing the boundaries of medical education.

400.2.1 General responsibilities

In each location where students are assigned for didactic or clinical instruction or supervised practice, there must be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

400.2.2 General requirements

The faculty must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

For most programs, there should be a faculty member to assist in teaching and/or clinical coordination in addition to the Program Director. The faculty member should be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered.

400.2.3 Instructor levels and designations

CFM utilizes as instructors a wide variety of health care professionals, ranging from field EMTs and paramedics to critical care nurses to emergency physicians. Given the diversity of backgrounds and expertise, CFM tries to match an instructor with educational activities that best utilize the skills and knowledge of the instructor. To this end, instructors are divided into four categories, which forms the basis for assigning instructors to activities. These levels are:

- Junior Instructor;
- Senior Instructor;
- Physician Instructor;
- Lecturer.

The category of Lecturer is distinct and may be appended to any of the other three categories of instructors, reflecting the participation of an instructor in the delivery of large-class instruction (e.g. lecture) during the didactic portion of the program. Most instructors are attached to a one Program of study primarily (e.g. an instructor may predominately teach the Paramedic Program), but all instructors are employees of CFM and, as such, may participate in the instruction of any of CFM's educational offerings for which they are qualified to teach. For all levels of instructor, CFM has established entry criteria, as well as requirements and criteria for maintaining instructor privileges. These are detailed in the Faculty Handbook.

Each category of instructor has unique strengths and limitations that must be taken into consideration when allocating educational time and resources to in-class activities. The following sections briefly review the roles and responsibilities of each category of instructor; additional information can be found in the Faculty Handbook.

400.2.3a Junior Instructor

All persons hired as instructors for CFM, regardless of prior field or educational experience, begin at the level of Junior Instructor. This is to ensure that all instructors are familiar with CFM's educational philosophy, approach, organization, resources, and standards. The junior instructor period provides an opportunity for an instructor to gain experience teaching in CFM's

unique learning environment and become proficient at each of the major types of instruction utilized in the program. Junior instructors are utilized in a variety of ways: they deliver direct instruction to students in small-group sessions (i.e. stations) during the didactic portion of the paramedic class; they assist in the administration and testing of all certifying classes (e.g. ACLS, PALS); they participate in certifying students as proficient in specific skills based on standardized performance criteria; they may organize or administer study or remediation sessions outside of class; they may serve as teaching assistants to lecturing instructors; and they may serve as resources for students for review and practice material or skills outside of class.

The primary role of a junior instructor is to deliver direct instruction to students during small-group sessions (i.e. stations). Most of a junior instructor's time will be spent preparing, delivering, and reviewing such stations, which may include any of the various types of educational activities CFM employs as part of its curriculum. Junior instructors are expected to work closely with senior instructors to develop their pedagogical technique and adapt it to the wide variety of circumstances in which they may be tasked with teaching.

Junior instructors are expected to continue their own education, with either formal continuing education or certification classes, higher education (e.g. pursuit of an advanced degree), attending EMS education or other relevant conferences, or self-directed learning. Whatever their approach, junior instructors must stay current on the state of the art in out-of-hospital medicine and actively seek opportunities to develop proficiency with evolving paradigms and technologies. Specific training in EMS education is strongly encouraged, and CFM is committed to supporting its faculty in their professional development.

400.2.3b Senior Instructor

Instructors with significant clinical and teaching experience, and who have been an instructor for CFM for an extended period, and, as such, have become thoroughly familiar with the program's educational philosophy and approach, may be promoted to the position of Senior Instructor. Senior Instructors have a critical role in ensuring the smooth and consistent functioning of their program. In addition to direct instruction, senior instructors assume several key organizational and administrative responsibilities that enable class to proceed in an organized and coherent fashion. Senior instructors will have experience teaching students in their program and, ideally, will have participated in the full education of several cohorts of students. This experience enables senior instructors to reliably predict and anticipate the educational needs and development of students, and, given their significant experience with direct teaching, they can adapt their pedagogy to the circumstances at hand. Moreover, as senior instructors are familiar with the expected trajectory of a student's educational development, they are valuable in identifying students who are either exceeding or falling below expectations. Although the majority of a senior instructor's classroom time is spent in direct instruction, their experience—both clinical and educational—knowledge of education and programmatic requirements and expectations, and individual skills and strengths enables them to successfully leverage the varied resources of CFM to facilitate each student's learning.

Just as junior instructors are expected to model the intellectual, affective, and psychomotor standards expected of students, senior instructors are expected to consistently model the behavior, attitudes, and commitment to educational excellence expected of junior instructors. As such, senior instructors must always act with integrity, respect, and in such a manner as to promote CFM's educational mission, values, and philosophy. The professionalism and dedication of senior instructors must be above reproach, and they are expected to promote and encourage the development of professionalism and dedication in both students and junior instructors.

Senior instructors may be asked to assume leadership positions as needed, including acting as the Instructor in Charge (IIC) during class hours. The roles and expectations of the IIC are detailed separately, but senior instructors (IIC or not) are essential for the normal, smooth operations of the program. Senior instructors should be familiar with the standard operating procedures for all relevant aspects of the program and be able and willing to work with course administration and/or the IIC to adjust a day's plan to any complications that may arise.

400.2.3c Physician Instructor

From its inception, CFM has emphasized physician involvement in the education of EMTs and paramedics. To provide the best prehospital care, EMTs and paramedics must understand the entire chain of care and their vital role in delivering and transferring patients from the out-of-hospital environment to the in-hospital (Emergency Department) environment. Physicians and other ED staff receive patients from prehospital personnel and assume responsibility for their care; understanding the expectations, capabilities, and limitations of the Emergency Department (ED) is crucial if EMTs and paramedics are to seamlessly execute this transfer of care. Moreover, prehospital providers should understand the entire disease and treatment process, from the risk factors that predispose a patient to a disease through to their definitive treatment. For many patients, the ED continues the diagnostic and therapeutic process started by prehospital personnel, bringing to bear the significant resources of the modern hospital. Although many of these tools and treatments are beyond the scope of prehospital medicine, understanding their use is nonetheless important in ensuring patients are properly prepared prior to arrival at the ED so in-hospital resources may be utilized most efficiently. Having physicians involved in the initial education of EMTs and medics underscores the importance of continuity of care and provides students with a substantially broader perspective on the diseases and treatments they study.

Physicians are also the product of decades of education and training, and as such are in possession of a tremendous amount of medical knowledge and experience that they may bring into their teaching. Physicians can elaborate on complex and nuances matters of anatomy and physiology, pathophysiology, pharmacology, airway management, resuscitation, and the stabilization of complex and critically ill patients. Physicians also generally have significant experience with populations of patients that are not commonly seen by EMS personnel, such as pediatrics and patients with special needs. This experience enables the physician instructor to provide deeper and broader insight into the needs of these complex patients.

Most physician instructors on staff specialize in Emergency Medicine, and many have a background in EMS as well. This experience, combined with their own experiences as medical learners and preceptors, make physician instructors extremely valuable assets. Physicians are involved in some way with the delivery of instruction for class days in the Paramedic Program, and regularly participate in the instruction of the EMT Program. Physicians have less of a defined role teaching certification courses, but some physician instructors nonetheless assist with these, often tailoring a certification course to a specific cohort of physician students.

Physician instructors also play an important role in the development and review of course materials. Most lectures in the Paramedic Program are delivered or written by physicians, and many simulation cases have been developed or significantly edited by a physician instructor. Physicians also participate in remedial education, identifying students in need of extra help and support, and developing instruments and tools for student evaluation and monitoring. Physicians may also be involved in the admissions process, and sit on the Advisory Committee.

Many physician instructors are residents in Emergency Medicine at Boston-area hospitals, and, as such, are affiliated with CFM for several years before moving on to other adventures. As with the paramedic instructors, all physician instructors are carefully screened prior to hiring, and are subject to the same oversight and quality assurance measures as other instructors. Given their status, physician instructors serve as role models for professionalism, and are expected to adhere to the highest standards of conduct. Physician instructors are fully bound by CFM policies, and accountable to CFM administration.

400.2.4 General faculty listing⁴

Nama	Credentials	ارم و النام المار م	Program affiliation		
Name	Credentials	Institution(s)	Paramedic	EMT	Certification
Chris Abisla	EMT-P	Cambridge Fire Department	•		•
Ryan Addario	EMT-P	Pro EMS, Center for MEDICS			•
Troy Bringhurst	EMT-P	Pro EMS, Center for MEDICS	•		•
Marg Buckley	RN	Cambridge Hospital			•
James DiClemente	EMT-P, CCEMT-P, NCEE, I/C	Pro EMS, Center for MEDICS	•	•	•
Vahe Ender	EMT-P, CCEMT-P, FP-C	Boston MedFlight	•		•
Joshua Fiore	PA	Concord Hospital			•
Reed Frailey	EMT-P	Cambridge Fire Department	•		•
Mike Groux	EMT-P	Armstrong Ambulance	•		•
Adam Hubbard	EMT-P	Lexington Fire Department	•		•
Evan Komorowski	EMT-P	Pro EMS, Center for MEDICS		•	•
Widmac Laterion	EMT-P	Lawrence General Hospital	•		•
David Leisten	RN, EMT-P, CCEMT-P, I/C	Boston MedFlight	•	•	•
William Lindberg	EMT-P	Pro EMS, Center for MEDICS	•		•
Gibson McCullagh	EMT-P	Pro EMS, Center for MEDICS		•	
William Mergendahl	JD, EMT-P	Pro EMS, Center for MEDICS	•		
Jackson McWade	EMT-P, FP-C	Boston MedFlight; Pro EMS, Center for MEDICS	•		•
Eric Moore	EMT-P	Cambridge Fire Department	•		•
Joseph Moore	EMT-P	Cambridge Fire Department	•		•
Maxwell Moreis	EMT-P	Pro EMS, Center for MEDICS	•	•	•
Alexander Noonan	EMT-P	Pro EMS, Center for MEDICS			•
Dan Palmer	EMT-P	Pro EMS, Center for MEDICS	•	•	•

⁴ Highlighted individuals are senior faculty members.

Name	Credentials Institution(s)	Program affiliation			
	Credentials	Institution(s)	Paramedic	EMT	Certification
Tara Reynolds	EMT-P	Cataldo Ambulance Service	•		•
Brian Roche	EMT-P	Reading Fire Department	•		•
Kevin Sanderson	EMT-P	Watertown Fire Department			•
Paul Schneider	EMT-P			•	
Ron Slager	EMT-P	Pro EMS, Center for MEDICS			•
Wayne Stathopoulos	EMT-P	Massachusetts General Hospital	•	•	
Michael Taradash	EMT-P	Cataldo Ambulance Service	•	•	•
Rachel Taradash	EMT-P	Pro EMS, Center for MEDICS	•	•	•
Suresh Venkatan	MB, BS	Massachusetts General Hospital	•	•	
Christopher Vozzella	EMT-P	Lawrence General Hospital	•		•
Matthew Williams				•	
Thomas Wobby	EMT-P	Pro EMS, Center for MEDICS	•	•	•

400.2.5 Physician faculty listing

Namo	Credentials	Institution(s)	Prog	ram aff	iliation
Name	Credentials	Institution(s)	Paramedic	EMT	Certification
Andrew Eyre	MD, EMT	Massachusetts General Hospital; Brigham & Women's Hospital; Harvard Medical School	•		
Scott Goldberg	MD, MPH; CFM Assoc. Medical Director	Brigham & Women's Hospital; Pro EMS, Center for MEDICS	•		
James Dunleavy	MD	Boston Medical Center; Boston University School of Medicine	•		•
Dan Hegg	MD	Massachusetts General Hospital; Brigham & Women's Hospital; Harvard Medical School	•		
Paul Jansson	MD, MS	Massachusetts General Hospital; Brigham & Women's Hospital; Harvard Medical School	•		
Chris Nash	MD	Massachusetts General Hospital; Brigham & Women's Hospital; Harvard Medical School	•		
William Porcaro	MD, MPH, FACEP	Mount Auburn Hospital; Harvard Medical School	•		
Vincent Storie	MD	Pro EMS, Center for MEDICS; Boston University School of Medicine	•	•	•
Todd Thomsen	MD, FACEP; CFM Medical Director	Mount Auburn Hospital; Pro EMS, Center for MEDICS	•		
William Tollefsen	MD, MS, MBA	South Shore Hospital; Massachusetts General Hospital	•		
Kelley Wittbold	MD	Massachusetts General Hospital; Brigham & Women's Hospital; Harvard Medical School	•		

500 | Nondiscrimination

The CFM Nondiscrimination Policy establishes uniform guidelines in order to promote a work and educational environment at CFM that is free of discrimination and harassment, and to affirm the CFM's commitment to equal opportunity and affirmative action.

500.1 Policy of nondiscrimination

It is the policy of CFM that educational and employment decisions that affect a student, faculty member, or staff member are based on relevant and appropriate factors and cannot be based on that individual's protected status, whether the status is protected by law or by CFM policy. The policies and procedures that apply to alleged discrimination at CFM are listed at the end of this policy.

500.1.1 Commitment to nondiscrimination

CFM affirms that its educational decisions must be based on the abilities and qualifications of individuals, and may not be based on irrelevant factors, including personal characteristics, that have no connection with academic abilities or job performance. Therefore, CFM prohibits discrimination and harassment in its educational decisions and provides equal opportunities for all members of the CFM community and for all those seeking to join the CFM community.

500.1.2 Protected categories

The following factors may not form the basis for educational decisions:

- race;
- color;
- religion, including belief and non-belief;
- sex, including but not limited to:
 - » pregnancy, childbirth, or related medical condition, and
 - » parenting;
- sexual orientation;
- actual or perceived gender identity, including but not limited to
 - » gender expression,
 - » transition status (including but not limited to physical transition),
 - » transgender status, and
 - » gender noncomformity;
- age;
- national origin;
- physical or mental disability (subject to the provisions set forth in Section 200.10 related to job performance);
- political affiliation;
- veteran status; and
- genetic information.

500.2 Complaints of discrimination

If an applicant or student have a complaint of discrimination because of any of these protected statuses, they should proceed in accordance with the policy or procedure that is appropriate to the situation.

500.2.1 Complaints of discrimination addressed by specific policies and/or procedures

Certain forms of discrimination are covered by specific policies and/or procedures outlined in this document. Students or faculty wishing to report an instance of discrimination are advised to consult the relevant policy or procedure when making their complaint. Upon receipt of any complaint of discrimination, the Program Director will determine which policies or procedures apply.

500.2.1a Prospective students

For complaints by prospective students on any protected basis within the context of admissions, see **Section 1300.7 Appeals** for the Paramedic Program and **Section 2200.4 Admissions Procedure** for the EMT Program.

500.2.1b Sexual misconduct

For complaints of sexual misconduct, including sexual harassment, see Section 700.2 Sexual misconduct policy.

500.2.1c Disability

For complaints on the basis of disability, see Section 1100.1 Compliance with the Americans with Disabilities Act.

500.2.1d Sexual orientation, gender identity, gender expression, transition status, transgender status, or gender noncomformity

For complaints on the basis of sexual orientation, gender identity, gender expression, transition status, transgender status, or gender noncomformity, see Section 500.3 Nondiscrimination on the basis of sexual orientation, gender identity, or transgender status.

500.2.1e All other complaints

For complaints on the basis of any protected category not covered by another policy, see below.

500.2.2 Complaints of discrimination not covered by specific policies and/or procedures

Any CFM community member may report an act of discrimination to the Program Director, either in person, via email or telephone, or anonymously. Upon receipt of a complaint of discrimination, the Program Director will contact the involved parties to collect additional information. If the person submitting the complaint is not the person who was subject to discrimination, the Program Director will contact both the person submitting the complaint and the person who is the subject of the complaint. The person who was subject to discrimination, whether or not they filed the complaint, will herein be referred to as the complainant. The person or persons who committed the act of discrimination will herein be referred to as the respondent.

Upon consultation with the complainant, the Program Director will determine which course of resolution the complainant wishes to pursue. CFM always seeks to resolve such issues in a manner that is satisfactory to all parties and prevents or limits conditions that can create resentment, animosity, or unnecessarily stressful learning environments. CFM is committed to protecting the rights of all its community members, including the right to a learning environment free from discrimination and harassment, and cannot tolerate any instances of discriminatory or prejudicial speech or conduct by one community member toward another, even if the intent of such speech or conduct was not necessarily discriminatory or prejudicial.

500.2.2a Informal complaint resolution process

In some cases, the complainant may wish to resolve the complaint informally. Students are always empowered to handle the matter themselves, but are not required to as a matter of policy. The Program Director is always available to help students address any complaints. The Program Director and complainant are afforded wide latitude in redressing complaints of discrimination informally provided such efforts do not infringe or unduly burden another student or faculty member. The Program Director may speak to the respondent directly, with or without the complainant present and with or without revealing the identity of the complainant, to remind them of CFM's policy and standards of conduct. Such conversations may be noted in the respondent's record as a "Record of Conversation" with no attendant disciplinary action. The Program Director will then follow-up with the complainant regarding the conversation with the respondent.

CFM reserves the right to initiate a formal or administrative complaint process at its discretion, but will never do so without a discussion with the complainant.

500.2.2b Formal complaint resolution process

If the complainant chooses the formal resolution process, the Program Director will request a written statement from the complainant describing the incident(s) under consideration. This statement will be made available to the respondent, who will then have an opportunity to submit a written response. The complaint, along with any written statement from the respondent, will be provided to the President who, in conjunction with the Program Director, will determine what, if any, additional information, interviews, or records are needed to adjudicate the complaint. After reviewing the available evidence, the President and Program Director will issue their findings and any disciplinary action determined to be necessary and appropriate. Both the complainant and respondent will have the option of submitting an appeal or rebuttal to the findings and/or disciplinary actions, which will be adjudicated by the President. The decision of the President is final. Written records will be retained in the students' files.

500.2.3 Duty to report instances of discrimination

Managers, supervisors, faculty and other responsible employees of CFM are required to promptly report to the Program

Director or other official any allegations of discrimination and/or harassment based on protected categories and other forms of sexual misconduct they observe or learn about in their capacity as employees. Responsible employee is defined here as any employee of CFM that has significant responsibility for any student or institutional activities. Managers, supervisors, faculty, and other responsible employees also have a responsibility to report their peers, colleagues, and supervisors if they see or hear about their involvement in potential discrimination or harassment.

Failure to report a known or suspected incident of discrimination or harassment to the Program Director may result in disciplinary action.

500.2.4 Confidentiality

CFM recognizes the importance of confidentiality and understands that some individuals filing complaints of harassment or discrimination or who are otherwise involved in an investigation may wish for their identity to remain anonymous and/or confidential. In all cases, issues of confidentiality must be balanced against CFM's need to investigate and take appropriate action. The Program Director always discusses these issues with a complainant before anything moves forward, and similar conversations are had with the respondent and witnesses.

CFM will respect the privacy and confidentiality of individuals involved in an investigation to the fullest extent possible.

500.3 Nondiscrimination on the basis of sexual orientation, gender identity, or transgender status

500.3.1 Statement of policy

CFM believes that educational and employment decisions should be based on the abilities and qualifications of individuals and should not be based on irrelevant factors, including personal characteristics, that have no connection with academic abilities or job performance. Among the traditional factors which are generally "irrelevant" are race, sex, religion, disability, and national origin. It is the policy of CFM that the sexual orientation, actual or perceived gender identity or gender expression, and/or transition status (including but not limited to physical transition), transgender status, or gender nonconformity of an individual be treated in the same manner. Such a policy ensures that only relevant factors are considered and that equitable and consistent standards of conduct and performance are applied.

500.3.2 Complaints

Any student or employee having a complaint of discrimination because of sexual orientation, gender identity, gender expression, transition status (including but not limited to physical transition), transgender status, and/or gender nonconformity should notify the Program Director.

500.4 Retaliation prohibited

CFM strictly prohibits retaliation against individuals for reporting alleged violations of federal law or for cooperating in CFM's investigation of alleged violations of federal law. Retaliation includes threatening, intimidating, or coercive behaviors and other adverse actions that would deter a reasonable person in the same or similar circumstances from reporting alleged violations of federal law or cooperating in CFM's investigation of any such report, even if the behaviors do not ultimately have that effect.

500.5 State & federal remedies

In addition to the above, if you believe you have been subjected to unlawful harassment or discrimination, 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

600 | Conduct policies

600.1 Code of Conduct

Center for MEDICS is a community of healthcare and educational professionals committed to maintaining an environment that encourages personal and intellectual growth in service to the public. It is a community with high standards and high expectations for those who choose to become a part of it, including established rules of conduct intended to foster behaviors that are consistent with a civil and educational setting. Members of the CFM community are expected to comply with all laws, CFM policies and regulations, conducting themselves in ways that support a scholarly and professional environment. To that end, a **Code of Conduct** ("Code") is established to clearly articulate the standards and expectations of all community members, and the describe the processes for determining if a community member has violated those standards and, if so, enacting appropriate disciplinary measures.

The Code of Conduct is published separately from the Academic Catalog, and students receive a copy at orientation. The most updated version of the Code is available on the institution website. As a condition of enrollment, all CFM students must understand and agree to the Code of Conduct.

600.1.1 Code of Conduct and other conduct policies

The Code outlines the general standards and expectations of the CFM community as well as list explicitly forbidden behavior. The Code is meant as a resource for students to guide their conduct while affiliated with CFM, and to articulate the procedures for responding to alleged or determined misconduct. In addition to the Code, CFM has adopted numerous other polices that govern the behavior of students and employees; nothing in these policies should be seen to override or supersede any provision of the Code. The Program Director is responsible for interpreting and applying the Code and other conduct policies, and will determine what, if any, policy or procedure applies to a given situation.

600.2 Standards of the CFM community

CFM is an academic and professional community where students and instructors pursue transformative intellectual growth and personal development for the purpose of improving society through the delivery of exceptional medical care.

The pursuit of these goals is a collaborative enterprise in which students, faculty, and staff must rely upon one another. Participation in this community thus requires a high degree of personal responsibility, sincerity of purpose, and community orientation.

Accordingly, all CFM students are called to uphold the following community standards, and in so doing, learn and practice the habits that are essential for intellectual development and positive membership in an open society.

▶ INTEGRITY

» CFM students manifest honesty and respect for the truth in all of their interactions. Recognizing the great responsibility and community trust medical providers carry, CFM students maintain the highest personal and academic standards of integrity.

COMMUNITY

» CFM students build and enhance their community and demonstrate positive participation in an open society. CFM, as both an academic and social community, is committed to inclusiveness and fostering collaboration.

SOCIAL JUSTICE

» CFM students work to make communities they are a part of more socially just. CFM students seek to interact with and understand people who are different from themselves. CFM students understand and appreciate how their decisions and actions impact others and are just and equitable in their treatment of all members of the community. CFM students understand the impact of inequality and social injustice on health, and work to eliminate disparities in medicine.

▶ RESPECT

» CFM students demonstrate respect for themselves, for each other, for their patients, and for the entire community. Respect includes promoting safety of all people and property. It also includes respecting the privacy and autonomy of all community members. In both the intellectual and social community, respect transcends disagreement to promote learning and understanding. In the medical setting, respect demands that all patients, regardless of status, be treated the same and afforded the same care. Respect also requires the CFM student to understand and appreciate the complex, multifactorial nature of medical decision-making and work to enable patients to be active participants in their care.

▶ RESPONSIBILITY

» CFM students accept responsibility for their learning, personal behavior, and future success and appropriately challenge others to do the same. CFM students also accept their responsibility to participate positively in society and contribute to the common good. Recognizing the vital role of medical providers, CFM students gladly and fully commit themselves to the faithful execution of their duty.

600.3 General conduct expectations

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 HIGH-EST STANDARDS OF PROFESSIONALISM AT ALL TIMES.

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.

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

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

- Displaying unprofessional behavior or attitude;
- Falsifying application or other records;
- Establishing a pattern of absenteeism or tardiness;
- Failure to comply with the directions of CFM administrators, supervisors, or faculty;
- Disrupting classroom activities or interfering with the education of other students;
- 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 inciting others to fight;
- Using obscene, abusive, or threatening language or gestures;
- Inflicting, attempting to inflict, or assisting in inflicting physical injury upon an individual;
- Placing an individual in fear of imminent physical injury or danger or at risk of imminent physical injury or danger;
- Engaging in any form of harassment, intimidation, or bullying;
- Engaging in any form of relationship violence, stalking, or unwanted contact with another;
- 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;
- Using a weapon of any kind, or any object that may be perceived as a weapon, in a manner that would reasonably create fear of harm to others;
- Disregarding safety or security regulations;
- Interfering with or inciting other to interfere with normal CFM operations and services;
- Misrepresenting or concealing one's organizational affiliation(s) or sponsorship(s);
- Misrepresenting to a third party one's relationship to CFM;
- ▶ Failing to report a felony conviction if such conviction occurred after acceptance of an offer of admission;
- Failing to report suspensions, investigations, or revocations of one's EMT certification by any certifying authority, or any other disciplinary action taken by regulatory bodies relevant to one's functioning as an EMT;
- Failing to maintain the confidentiality of patient information;

- Engaging in any form of retaliation against an individual who has engaged in protected activity;
- Assisting others in any behavior or activity that violates CFM policy or law.

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 POLICES, RULES, OR REGULATIONS, YOU WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.

600.4 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 of employment or enrollment, and may include such other forms of disciplinary action as CFM deems appropriate under the circumstances.

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

The various levels of disciplinary action and sanctions that may be taken against a student found to have violated the Code or other CFM policy are described in the Code of Conduct.

CFM ADHERES TO A PROGRESSIVE DISCIPLINE POLICY; HOWEVER, CFM MAY BEGIN THE DISCIPLINE PROCESS AT ANY STEP, OR ADVANCE TO ANY STEP BASED ON THE CIRCUMSTANCES AT HAND.

600.5 Standards of classroom behavior

The primary responsibility for managing the classroom environment, whether in-person or online, rests with the faculty. Students who engage in any unlawful acts or behaviors which result in disruption of a class, may be directed by the faculty member to leave the class for the remainder of the class period. If a disruptive student refuses to leave when the faculty member tells them to do so, the faculty member should notify the Program Director or other senior administrator. This provision regarding classroom behavior is not to be used to punish students with differing academic interpretations of course content or viewpoint, but to address behavior that is disruptive within the educational environment, including impact to other students.

600.6 Electronic communications policy

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.

Students using this equipment for personal purposes do so at their own risk. Further, students are not permitted to use a username, 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 their 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 voicemail messages.

600.7 Internet use policy

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.

600.8 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 and/or 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.

600.9 HIPAA (Health Insurance and Accountability Act of 1996)

All paramedic and EMT 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 deidentified (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.

600.10 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:

James DiClemente
Director, Pro EMS Center for MEDICS
jdiclemente@proems.com / 617-682-1835

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 an infringer, 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 online databases; and
- reproduction and loan of copyrighted materials by school media centers.

600.11 Good Standing

All CFM students are considered to be in Good Standing at the start of their period of enrollment and remain as such unless certain adverse actions are taken against the student. Loss of Good Standing may result from disciplinary actions, academic sanctions, or delinquency on financial obligations to CFM. Students may be required to be in Good Standing as a condition of progression in a Program of study and/or graduation or successful completion of a Program.

600.11.1 Definition of Good Standing

CFM defines a student as being in "good standing" as long as they remain actively enrolled and meet the following criteria:

- not on Academic Probation or higher;
- not on Disciplinary Probation or higher;
- not actively involved in a Conduct Process to determine whether they have committed a violation of the Code of Conduct or other CFM policy;
- are current on all financial obligations to CFM or otherwise in good financial standing with CFM.

600.11.2 Requirement of Good Standing

Students must be in Good Standing at the conclusion of their Program of study in order to graduate the Program and receive any attendant certification(s) or course completion verification(s). Students not in Good Standing at the end of their Program will meet with the Program Director and/or other CFM officials to develop a plan to return the student to Good Standing.

In the Paramedic and EMT Programs, being in Good Standing may also be a requirement for a student's participation in any clinical or field internships, attendance at observation shifts, and to receive any awards or honors. A student in these Programs is not considered to have successfully completed the Program, and therefore is not eligible to sit for any national certification exam, until they return to Good Standing.

Status in Good Standing is **never** a condition for receiving any form of academic or other counseling, support, or services from CFM at any time during which a student is affiliated with CFM.

700 | Harassment & sexual misconduct policies

CFM is committed to providing a respectful environment for all CFM community members and guests. Unlawful discrimination and discriminatory harassment undermine the mission of CFM and will not be tolerated. CFM also strictly prohibits Retaliation against individuals for reporting Harassment or Interpersonal Violence or for cooperating in CFM's investigation of Harassment or Interpersonal Violence. This policy provides the definitions of Harassment, Interpersonal Violence, and Retaliation, and sets forth expectations for creating and maintaining an environment free of Harassment and Interpersonal Violence. This Policy also describes CFM's processes for investigating and resolving Complaints of Harassment, Interpersonal Violence, and Retaliation

Sexual harassment, a form of sexual misconduct, is addressed separately in Section 700.2 Sexual misconduct policy.

700.1 Antiharassment policy

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.

CFM may be obligated to investigate allegations of Harassment or Interpersonal Violence even when, for example, (1) an individual reports a concern involving Harassment or Interpersonal Violence, but does not wish to file a Complaint; (2) an individual reports a concern involving alleged Harassment or Interpersonal Violence and asks that either the individual's identity or the information provided be kept confidential; or (3) an individual anonymously reports alleged Harassment or Interpersonal Violence.

The procedures in this policy differ from the criminal justice system in scope, purpose, procedure, and outcome, and are not designed to replace state or federal criminal laws or procedures. Individuals may be accountable to both civil authorities and to CFM for acts that constitute violations of law and this policy. The procedures in this policy will normally proceed during the pendency of criminal proceedings and will not be subject to challenge on the ground that criminal charges involving the same incident(s) have not been filed or have been dismissed or reduced.

700.1.1 Scope of the antiharassment policy

This policy applies to all CFM community members, including students, faculty, and staff, as well as certain non-CFM community members such as contractors, affiliates, and visitors.

All students, instructors, and other employees are covered by, and are expected to comply with, this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any student, instructor, or other employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, dismissal from the program, or termination of employment.

700.1.1a Complaints by or against non-CFM community members

CFM may consider complaints by or against unaffiliated individuals (non-CFM community members) on a case-by-case basis, when the reported concerns impact access to CFM programs or activities or affect CFM's working environment. Although CFM has limited jurisdiction to impose discipline against unaffiliated individuals or to extend supportive measures to unaffiliated individuals, CFM may pursue corrective actions within its discretion, following an appropriate investigation or in collaboration with institutional or local law enforcement officials. Non-CFM community member complaints filed against CFM community members may result in disciplinary action against CFM community members consistent with this policy, policies regarding student or faculty conduct, or relevant personnel policies and procedures, as applicable. When complaints involve non-CFM community members, CFM may be restricted regarding what information it can share with those individuals.

700.1.2 Application of the antiharassment policy

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 has 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.

700.1.3 Prohibited conduct under the antiharassment policy

CFM prohibits harassment of any kind, including sexual harassment (see Section 700.1 Antiharassment policy and Section 700.2 Sexual misconduct policy), and will take appropriate and immediate action in response to complaints or knowledge of violations of this policy. For purposes of this policy, harassment is any verbal or physical conduct designed to threaten, intimidate or coerce an student, instructor, employee, co-worker, or any person working for or on behalf of CFM.

The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal harassment includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, age, sex, sexual orientation, pregnancy, appearance, disability, gender identity or expression, marital status or other protected status, including epithets, slurs and negative stereotyping.
- Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital status or other protected status.

700.1.4 Reporting responsibilities regarding harassment

It is expected that every CFM community member will report incidents that implicate this policy to the Program Director as described below.

700.1.4a Supervisors and administrators

CFM administrators and supervisors have special responsibilities to create and maintain an environment free of Sexual Harassment and Interpersonal Violence. Should an administrator or supervisor have knowledge of conduct involving Sexual Harassment or Interpersonal Violence or receive allegations of Sexual Harassment or Interpersonal Violence, they must report what they know, including all relevant details, to the Program Director, regardless of whether the impacted individual or individuals have expressed an interest in engaging the Complaint process.

For the purpose of this policy, supervisor is defined as any employee, faculty member, or administrator who has significant authority or oversight over any CFM-related activities or events.

700.1.4b All other faculty, students, and any other person

Any person may report discrimination or harassment, whether or not the person reporting is the person alleged to be the victim of the conduct. Reports may be made in person, by mail, by telephone, or by electronic mail, to the Program Director, or by any other means that results in the Program Director receiving the person's verbal or written report.

The Program Director will review all reports, and in collaboration with the appropriate offices, will determine the appropriate response.

700.1.5 Institutional response to reports of harassment

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 the harassment. When CFM has completed its 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. CFM may elect to resolve the complaint through the Conduct Process.

700.1.6 Freedom from retaliation for reporting harassment

Any member of the CFM community has the right to raise concerns or make a complaint regarding discrimination or harassment under this policy without fear of retaliation. It is a violation of CFM policy to retaliate against an individual for filing a complaint of discrimination or harassment or for cooperating in an investigation of alleged discrimination or harassment. Any person at CFM found in violation of this policy is subject to disciplinary action up to and including termination of em-

700.2 Sexual misconduct policy

700.2.1 Definition of sexual misconduct

Sexual misconduct violates the dignity of individuals. It is a form of discrimination based on sex or gender that violates federal law and is prohibited by CFM policy. In some cases, sexual misconduct can be a violation of criminal law.

Sexual misconduct includes:

- sex and/or gender discrimination;
- sexual and/or sex/gender based harassment (including a hostile environment based on sex and/or gender);
- sexual assault (including non-consensual sexual contact, forced sexual contact, non-consensual sexual intercourse, forced sexual intercourse);
- sexual exploitation;
- stalking;
- relationship violence (including dating and domestic violence);
- retaliation (for any of the above).

CFM is committed to providing an education and work environment that is free from sexual misconduct. CFM works to prevent sexual misconduct through educational programs, training, and complaint resolution.

700.2.2 Prohibited conduct under the sexual misconduct policy

CFM is committed to providing a learning environment free of sex and gender based discrimination, and sex and gender based harassment. To that end, CFM prohibits sexual misconduct, that, under this policy, can include: (1) sex and gender based discrimination; (2) sexual and sex and gender based harassment (including a hostile environment based on sex or gender); (3) sexual assault; (4) sexual exploitation; (5) stalking; and (6) relationship violence (including dating and domestic violence). Under CFM policy, sexual misconduct can occur in any sex or gender configuration (i.e., between the same sex or different sex or gender) and regardless of actual or perceived sex, gender, gender identity, gender expression, and/or sexual orientation. CFM also prohibits retaliation.

Sexual misconduct is not limited to the workplace or the educational environment. It can extend beyond CFM property and could occur at any CFM sponsored program, activity, or event regardless of the location. It can occur out of state or country, such as at a conference, off-site project, study abroad, field placement, or at an externship. Sexual misconduct can occur between students, employees and third parties such as patients, visitors, vendors, contractors and other community members. CFM's Sexual Misconduct Policy applies broadly and in many different circumstances. CFM will consider the effects of the off-campus conduct when evaluating whether there is a hostile environment on campus.

700.2.2a Definition of sexual harassment

Sexual harassment is a form of sex and gender discrimination that involves unwelcome or unwanted conduct of a sexual nature. It can include unwelcome or unwanted sexual advances, requests for sexual favors and other physical or verbal conduct of a sexual nature. Sexual harassment can include conduct directed at a person because of their real or perceived gender. Similarly, sex and/or gender based harassment that is not sexual in nature is prohibited by this policy and can also include conduct directed at a person because of their real or perceived sex and/or gender. In Massachusetts, sexual harassment is legally defined as: 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 academic or job benefits, such as favorable reviews, higher grades, awards or honors, or continued enrollment constitutes sexual harassment.

Sexual and sex and/or gender based harassment has the purpose or effect of unreasonably interfering with an individual's work or academic performance if, for example, it is sufficiently serious, pervasive or persistent as to create an intimidating, hostile, humiliating, demeaning, discriminatory or sexually offensive working, academic, or social environment under both an objective (i.e. a reasonable person's view) and subjective (the complainant's view) standard.

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 an environment that is hostile, offensive, intimidating, or humiliating to male or female students or employees may also constitute sexual harassment.

700.2.2b Unwelcome sexual advances

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, may include, but are not limited to;

- sexual propositions;
- sexual advances, with or without touching;
- sexual epithets or jokes describing sexual conduct;
- written or oral references to sexual conduct, or gossip regarding one's sex life;
- comments on an individual's body or appearance;
- comments about an individual's sexual activity, deficiencies, or prowess;
- displaying sexually suggestive objects, pictures, cartoons;
- sexual gestures, leering, whistling, or innuendos of a sexual nature;
- unwelcome or unwanted contact, such as touching, hugging, brushing against the body, impeding or blocking movement;
- suggestive or insulting comments;
- dissemination of sexually-explicit voicemail, email, graphics, downloaded material, or websites;
- hostile or intimidating conduct such as yelling or screaming at an individual based on sex/gender;
- sexist statements or behavior;
- persistent requests for dates;
- inappropriate gifts or communications (letters, telephone calls, emails, texts);
- other sexual misconduct such as domestic or intimate partner/relationship violence;
- use of pet names, nicknames, or terms of endearment;
- intentionally and/or repeatedly refusing to adhere to a person's expressed and preferred gender pronoun or otherwise intentionally and/or repeatedly disrespecting the same;
- inquiries into one's sexual experiences; and,
- discussion of one's sexual activities.

Sexual and/or sex and gender based harassment can occur between and/or among students, staff, faculty and/or third parties. Sexual and/or sex and gender based harassment can occur between people of unequal power or between peers. A complainant/victim/survivor does not have to be the direct recipient of the conduct; anyone affected and/or offended by the conduct may file a complaint. Sexual and/or sex and gender based harassment neither restricts itself to the workplace or the educational environment nor must it take place on CFM property.

Sex and gender based discrimination and harassment that is not sexual in nature is prohibited under CFM's nondiscrimination policy (see Section 500.1 Policy of nondiscrimination) and harassment policy (see Section 700.1 Antiharassment policy).

700.2.3 Complaints of sexual harassment

CFM takes all allegations of sexual misconduct seriously and is committed to providing information, education, resources, support, interim measures, and clear direction to CFM community members to prevent and address such conduct. 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. This may be done in writing or orally.

If you would like to file a complaint you may do so by contacting the Director of CFM or appropriate Program Director:

James DiClemente
Director, Pro EMS Center for MEDICS
jdiclemente@proems.com
617-682-1835

Vincent Storie
Paramedic Program Director, Pro EMS Center for MEDICS
vstorie@proems.com
617-682-1821

Gibson McCullagh EMT Program Director, Pro EMS Center for MEDICS gmccullagh@proems.com 617-682-1810

The President is also available to discuss any concerns and to provide information about CFM's policy on sexual harassment and complaint process.

700.2.3a Response to allegations of sexual misconduct

CFM will always respond to sexual misconduct that it knows or should know about in order to stop prohibited conduct, prevent the recurrence of any conduct of concern, prevent and/or eliminate any hostile environment, and, where appropriate, address any effects on campus from such prohibited conduct. CFM is committed to addressing and working towards preventing crimes of sexual violence that are never acceptable and will not be tolerated.

CFM seeks to empower complainants/victims/survivors by informing them that there are options to address sexual misconduct, both through our disciplinary process and/or through the legal system. Complainants/victims/survivors can use any or all of these options simultaneously to address sexual misconduct. CFM affirms the right of complainants/victims/survivors to decide whether they wish to be involved in any process to address sexual misconduct — or not. However, should the conduct at issue pose a threat to safety (which includes but is not limited to threats of further violence, the use of weapons and/or repeat offenders), CFM must take action regardless of whether the complainant/victim/survivor wishes to proceed with their individual employee or student complaint.

CFM will provide interim measures in response to sexual misconduct in order to stop prohibited conduct, prevent the recurrence of any conduct of concern, prevent and/or eliminate any hostile environment, and, where appropriate, address any effects on campus from such prohibited conduct.

700.2.4 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. The 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 its 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.

700.2.5 Freedom from retaliation for reporting sexual misconduct

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.

Retaliation against anyone who makes a good faith report or complaint of an incident of sexual misconduct, or in any way participates in an inquiry or investigation of sexual misconduct under this policy is strictly prohibited. The prohibition against retaliation applies to a reasonable objection to conduct an individual believes, in good faith, to be a violation of law or policy. A person engaged in retaliatory conduct will be subject to disciplinary action by CFM. Depending on the nature of the retaliation found, discipline may include warnings (verbal or written) and expulsion, for students, and may include warnings (verbal or written), demotions, suspensions, and termination for employees. CFM will also provide interim measures in response to retaliation-related concerns in order to stop prohibited conduct, prevent its recurrence, prevent and/or eliminate any hostile environment, and, where appropriate, address any effects on campus from such conduct. In some instances, these measures may lead to an accused person's immediate removal from campus or other various available and appropriate interim measures.

700.3 State & federal remedies for harassment

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, 617-994-1000.
 - » 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

800 | Health & safety policies

800.1 Inherent risks

There is an inherent risk associated with working in and around the vicinity of health care environments, emergency situations and activities, such as being on, in, and among health care workers and ambulance crews, while they are responding to various and sundry emergencies, non-emergencies, and all aspects of daily activities of health care providers. CFM, through awareness, training, and development of safety procedures, seeks to mitigate this risk as far as practicable. However, these risks cannot be eliminated and must be understood and accepted by all students in any Program. As a condition of enrollment, all CFM students are required to sign a waiver attesting they understand the inherent risks of clinical education, are choosing voluntarily to participate in CFM training, and release CFM, its employees, its affiliated clinical and field sites, agents, representatives, and those governmental agencies and other organizations that they may come into contact with as a CFM student from any and all liability, loss, damage, cost, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of their activities as a CFM student, it being specifically understood that these activities are inherently dangerous.

ALL CFM COMMUNITY MEMBERS ARE EXPECTED TO EXERCISE SOUND JUDGMENT AND TAKE REA-SONABLE PRECAUTIONS AGAINST INJURY TO THEMSELVES AND OTHERS. POLICIES CANNOT SUBSTI-TUTE FOR COMMON SENSE.

800.2 General safety responsibilities

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, but are not limited to:

- 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;
- knowing the locations of all fire and safety exits;
- never attempting to catch falling objects;
- wearing black, non-slip, shined boots at all times;

- making certain all emergency equipment, such as fire extinguishers, alarms, and exit doors, is accessible at all times.
- never engaging in any form of horseplay and practical jokes, which are strictly prohibited;
- maintaining all equipment in good repair;
- knowing and being 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.

DELIBERATE OR NEGLIGENT BEHAVIOR BY ANY COMMUNITY MEMBER THAT CREATES A RISK OF HARM OR OTHER SAFETY RISK IS NOT TOLERATED, AND MAY RESULT IN DISCIPLINARY ACTION!

800.3 Incident reporting requirement

Any incident that occurs, no matter how minor, must be reported immediately to a faculty member or administrator, and an Incident Report must be filed as soon as possible.

800.3.1 Definitions

800.3.1a Incident

An Incident is any Injury, Exposure, or Safety Concern that arises during the performance of a student or employee's duties. All incidents must be reported immediately to the student or employee's supervisor.

800.3.1b Incident Report

An Incident Report is a record, created by a CFM official or senior faculty member, for the purposes of documenting an Incident. The Incident Report is utilized by the DICO or other CFM official to direct the response to an Incident, including coordinating and monitoring any medical care required by an employee or student following the Incident. The DICO also uses Incident Reports to investigate the circumstances of an Incident, identify safety needs or concerns related to the Incident, and make recommendations for changes to CFM policy or procedures to address identified needs. Data from Incident Reports are collected in an annual Safety Report for the purposes of review, accountability, and planning.

800.3.1c Injury

An Injury is any physical damage to the body caused by an external force. Any injury sustained by a student or employee during the performance of their duties is considered an Incident and requires the creation of an Incident Report.

800.3.1d Exposure

An Exposure results from specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material resulting from the performance of a student or employee's duties. All exposures are considered Incidents and require the creation of an Incident Report.

800.6.1e Safety Concern

A Safety Concern, or "Concern", refers to any concern a student or employee may have related to unsafe or potentially unsafe environments, processes, equipment, or contacts. Safety Concerns may involve physical equipment or supplies (e.g. sharps without built-in engineering controls, medications packaged incorrectly or unclearly), the physical environment (e.g. any workplace hazard, biohazardous materials that are improperly stored prior to disposal), procedures or processes (e.g. medications are not cross-checked prior to administration), or contacts with patients, other personnel, or any other person (e.g. a potentially violent patient without Law Enforcement present, a patient living in an unsafe environment). All Safety Concerns should be immediately reported to the student or employee's immediate supervisor, who will then notify the appropriate person(s) in the administration for redress. Safety Concerns should be documented using an Incident Report.

800.3.2 Incident reporting process

CFM utilizes a data management tracking system for all incident reporting. The DICO will 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.

800.3.2a Incidents that require an Incident Report

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 CFM student;
- illness or injury;
- bloodborne or other exposure;
- any safety concern.

800.3.2b Contents of an Incident Report

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.

ANY DISCUSSION OF PROTECTED HEALTH INFORMATION OR DISCUSSION OF CLINICAL ENCOUNTERS OUTSIDE OF THESE GUIDELINES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL FROM THE PROGRAM.

800.4 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 an employee or student's duties. All CFM students and employees 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 student and employee 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**.

800.5 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 CFM community members 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.

800.6 Infection control

CFM students and employees may come into contact with potentially infectious materials during the performance of their duties. CFM has established policies and procedures to limit the potential exposure to and transmission of infectious diseases, including, but not limited to, the Bloodborne Pathogens Exposure Control Plan, the Tuberculosis Control Plan, and the Respiratory Protection Plan. All CFM community members must be familiar with these and all other CFM Health and Safety Plans, and are expected to conscientiously follow all infection control and other safety practices.

In addition to the above, CFM may institute additional infection control measures as considered necessary in response to new or evolving infection risks. All CFM community members will be informed and training on any new infection control measure. Failure to practice good infection control behaviours may be grounds for disciplinary action.

8000.6.1 Designated Infection Control Officer

CFM has a **Designated Infection Control Officer (DICO)** who has primary responsibility for implementing all infection control procedures and processes, as well as assisting students and employees who sustain an injury or exposure. The Director of CFM serves as the DICO.

900 | Education Records & FERPA

900.1 Summary of education record policy

Federal law and regulations require that education records, including almost all program records which relate directly to a student, must be held in confidence. The student, however, has a legal right of access to their own education records. Faculty members and administrators who have a legitimate educational interest may have access to a student's confidential records without the student's permission, but in most other cases the written consent of the student is required before access may legally be permitted. Students have certain rights to correct or delete inaccurate or misleading information in their education records.

CFM adheres to a policy of compliance with the **Family Educational Rights and Privacy Act of 1974**, also known as the Buckley Amendment or **FERPA**, a federal law that affords students the following rights with respect to their education records:

- to inspect and review the student's education records;
- to consent to disclosure of the student's education records to third parties, except to the extent that FERPA authorizes disclosure without consent;
- to request amendment of the student's education records to ensure that they are not inaccurate or misleading;
- to be notified of the student's privacy rights under FERPA;
- to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.

CFM has designated the Program Director to coordinate the inspection and review procedures for student education records.

900.2 Definitions regarding the education record policy

900.2.1 Directory information

Directory information means information in a student's education record that would not generally be considered harmful or an invasion of privacy if disclosed. At CFM, directory information consists of the student's name, program of enrollment, dates of attendance, enrollment status, and certificates and awards (including scholarships) received.

Photographs, videos, or other media containing a student's image or likeness (collectively, "student images") and CFM-issued student electronic mail addresses ("email addresses") are designated by CFM as **Limited Use Directory Information**. Use and disclosure of Limited Use Directory Information will be restricted to:

- publication in official CFM publications or on social media sites or websites hosted or maintained by, on behalf of, or for the benefit of CFM, including the CFM's online directory and internal email system;
- ▶ CFM officials who have access, consistent with FERPA, to such information and only in conjunction with a legitimate educational interest; and
- external parties contractually affiliated with CFM, provided such affiliation requires the sharing of Limited Use Directory Information.

In addition, the following shall be considered Limited Use Directory Information that may be disclosed only to other students enrolled in the same course (regardless of whether such students are enrolled in the same class section or break-out group) that has been audio or video recorded by CFM, for instructional and educational purposes only:

- name, to the extent it is referenced or captured during the audio or video recording;
- any photograph or image of the student captured during the audio or video recording;
- any audio or video recording of the student participating in the course; and

• any online chats or other recorded communications among participants in the course captured during the audio or video recording.

A student who requests to withhold this Limited Use Directory Information from disclosure pursuant to Section II.B.1 below may limit the extent to which they will be able to participate in the course.

To protect the privacy of other students, students are not permitted to make their own recordings of class sessions or to share or distribute CFM recordings of class sessions.

900.2.2 Education records

Education records include records directly related to a student that are maintained by CFM. Education records do not include:

- records of instructional, administrative, and educational personnel that are in the sole possession of the maker (i.e. file notes of conversations), are used only as a personal memory aid, and are not accessible or revealed to any individual except a temporary substitute;
- student medical and counseling records created, maintained, and used only in connection with provision of medical treatment or counseling to the student, that are not disclosed to anyone other than the individuals providing the treatment. (While a student may not inspect his or her medical records, these records may be reviewed by a physician of the student's choice);
- employment records unrelated to the student's status as a student;
- records created or received by an educational agency or institution after an individual is no longer a student in attendance, and that are not directly related to the individual's attendance as a student;
- grades on peer-graded papers before they are collected and recorded by a teacher.

900.2.3 Personally identifiable information

Personally identifiable information includes, but is not limited to:

- the student's name;
- the name of the student's parent or other family members;
- the address of the student or student's family;
- a personal identifier, such as the student's social security number, student identification number, or biometric record:
- b other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name;
- other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty; or
- information requested by a person who CFM reasonably believes knows the identity of the student to whom the education record relates.

900.2.4 Student

Student means an individual who is or who has been in attendance at CFM. It does not include persons who have been admitted but did not attend CFM. For the purposes of this policy, **attendance** includes attendance in person or by paper correspondence, videoconference, satellite, Internet, or other electronic information and telecommunications technologies for students who are not physically present in the classroom.

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.

900.3 Disclosure of education records

900.3.1 Disclosure to the student

The student has the right, on request to the appropriate CFM official, to review all materials that are in the student's education records, except:

- Financial information submitted by the student's parents;
- Confidential letters and recommendations associated with admissions, employment or job placement, or honors, to which the student has waived rights of inspection and review;
- Education records containing information about more than one student, in which case CFM will permit access only to that part of the record that pertains to the inquiring student.

900.3.2 Disclosure without prior consent of the student

CFM will not disclose any information from a student's education records without prior written consent of the student, except as follows:

900.3.2a Directory information

Directory information (as defined in Section 400.2.1 above), including student images and email addresses, may appear in public documents and may otherwise be disclosed without student consent unless a student submits request to the Program Director to withhold such information from disclosure. A request for non-disclosure will be honored by CFM indefinitely, unless the student submits to the Program Director a written revocation of such request for non-disclosure.

900.3.2b CFM administration and faculty

CFM administration or faculty with legitimate educational interests in the student's education records are allowed access to student education records. A **legitimate educational interest** is defined as an interest that is essential to the general process of higher education, including teaching, research, public service, academic advising, general counseling, discipline, job placement, financial assistance, medical services, and academic assistance activities.

900.3.2c Parents of dependents

Parents of a student who is a dependent for federal tax purposes, as defined by Section 152 of the Internal Revenue Code of 1954, may have access to that student's education records without prior consent of the student. Parents may demonstrate the tax dependency of a student only by submitting to CFM a copy of the first and signature pages of their most recently filed federal income tax return (with personal financial data removed). Alternatively, a student may demonstrate tax dependency, and thus allow parental access to the student's records without prior consent of the student, by submitting to CFM a signed statement of his or her tax dependency. If a dependent student's parents are divorced, both parents may have access to the student's records, so long as at least one parent claims the student as a dependent.

900.3.2d Other institutions

CFM may release a student's education records to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled, so long as the disclosure is for purposes related to the student's enrollment or transfer.

900.3.2e Financial aid

CFM may release a student's education records to persons or organizations in connection with that student's application for, or receipt of, financial aid, but only to the extent necessary for such purposes as determining eligibility, amount, conditions, and enforcement of terms or conditions of such financial aid.

900.3.2f Accreditation agencies

CFM may release students' education records to accreditation organizations or agencies for purposes necessary to carry out their accreditation functions.

900.3.2g Judicial orders

Information concerning a student shall be released in response to a judicial order or lawfully issued subpoena, subject to the conditions set forth in 34 CFR § 99.31(a)(9). CFM will make reasonable efforts to notify the student of a subpoena before complying with it, except that CFM shall not notify a student of a subpoena if it is from a federal grand jury or is for law enforcement purposes, and it provides that CFM shall not disclose to any person the existence or contents of the subpoena or any information furnished in response to the subpoena.

900.3.2h Litigation

If CFM initiates legal action against a parent or student, or if a parent or student initiates legal action against CFM, CFM may disclose to the court, without a court order or subpoena, the education records of the student that are relevant for CFM to proceed with the legal action as plaintiff or to defend itself in such legal action.

900.3.2i Health and safety

CFM may, subject to the conditions set forth in 34 CFR § 99.36, disclose student information to appropriate persons, including parents of a student, in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

900.3.2j Alcohol and drug violations

CFM may disclose to a parent or legal guardian of a student, information regarding any violation of any Federal, State, or local law, or of any rule or policy of CFM governing the use or possession of alcohol or a controlled substance, regardless of whether that information is contained in the student's education records, if the student is under the age of 21 at the time of disclosure to the parent, and CFM determines that the student is responsible for a student conduct violation with respect to such use or possession.

900.3.2k Federal, state, and local officials and educational authorities

Subject to the requirements of 34 CFR § 99.35, CFM may disclose education records to authorized representatives of (i) The Comptroller General of the United States; (ii) The Attorney General of the United States; (iii) The Secretary of the U.S. Department of Education (or an official or employee of the Department of Education acting for the Secretary under a delegation of authority); or (iv) State and local educational authorities. (See 34 CFR § 99.31.)

900.3.2l Institutional studies

CFM may disclose education records, but only under the conditions set forth in 34 CFR § 99.31(a)(6), to organizations conducting studies for, or on behalf of, educational agencies or institutions to (A) Develop, validate, or administer predictive tests; (B) Administer student aid programs; or (C) Improve instruction.

900.3.2m Contractors

CFM may disclose education records to a contractor, consultant, volunteer, or other party to whom CFM has outsourced institutional services or functions, provided that the outside party:

- Performs an institutional service or function for which CFM would otherwise use employees;
- Is under the direct control of CFM with respect to the use and maintenance of education records; and
- Is subject to the requirements of Section 99.33(a) governing the use and redisclosure of Personally Identifiable Information from education records.

900.3.2n Registered sex offenders

CFM may disclose education records concerning sex offenders and other individuals required to register under Section 170101 of the Violent Crime Control and Law Enforcement Act of 1994, 42 U.S.C. 14071, if the information was provided to the CFM under 42 U.S.C. 14071 and applicable Federal guidelines.

900.3.3 Disclosure with prior consent of the student

In all other cases, CFM will not release personally identifiable student information in education records or allow access to those records without prior consent of the student. Such consent must be written, signed and dated, and must specify the records to be disclosed, the party to whom the records are to be disclosed, and the purpose of the disclosure.

900.3.3a Disclosure to sponsoring municipal agencies

In instances where a student is enrolled at CFM under the sponsorship of a municipal agency (e.g. town or city fire department), and such agency is financially liable for the student, CFM may request that the student consent to the release of education records to an appropriate official within the sponsoring agency. Such consent is voluntary and not a condition of enrollment. If a student refuses consent, or revokes previously granted consent to the release of education records, CFM may notify the sponsoring agency of the student's refusal or revocation.

900.3.4 Records of disclosures

CFM will maintain a record of each request for access to and each disclosure of personally identifiable information from the education records of each student, as well as the names of State and local educational authorities and Federal officials and agencies listed in Section 99.31(a)(3) that may make further disclosures of personally identifiable information from the student's education records without consent under Section 99.33(b), with the education records of the student as long as the records are maintained. For each such request or disclosure the record must include: (1) The parties who have requested or received Personally Identifiable Information from the education records; and (2) the legitimate interests the parties had in requesting or obtaining the information. CFM will maintain with the student's education records a record for each disclosure request and each disclosure, except disclosures:

- to the student himself or herself;
- pursuant to the written consent of the student or the parent of a dependent student;
- to instructional or administrative officials of CFM with a legitimate educational interest;
- of directory information; or
- to a party seeking or receiving the records as directed by a Federal grand jury or other law enforcement subpoena

when the issuing court or other issuing agency has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed.

CFM will record the following information when it discloses Personally Identifiable Information from education records under the health or safety emergency exception in 34 CFR Section 99.31(a)(10) and Section 99.36:

- the articulable and significant threat to the health or safety of a student or other individuals that formed the basis for the disclosure; and
- the parties to whom the agency or institution disclosed the information.

900.4 Types & locations of education records

Student education records are maintained on-site at CFM, in either written or electronic form. Electronic records are stored on secure network servers maintained by CFM. The Program Director is responsible for the security and, as appropriate, release of all education records. A written request may be required from the student to obtain a copy of their records. Only those records covered by FERPA will be made available, within forty-five days of the request. At their own expense, students may be permitted to make copies of their records. A student may review his or her education records, and may take notes on their contents, but may not make copies of such records if: (a) a financial, academic, or conduct "hold" has been placed on the record by an appropriate CFM official; (b) the records contain the name of another student; or (c) the records contain confidential information, such as exam questions or other academic materials protected by copyright.

If circumstances effectively prevent the student from exercising the right to inspect and review his or her records, CFM will provide the student with a copy of the records requested or make alternative arrangements for the student to inspect and review the requested records.

900.5 Requests to amend records

900.5.1 Right to amend education records

If a student believes that the information contained in their education records is inaccurate or misleading, or that it violates their privacy rights, the student may request that CFM amend the record. Such request shall be in writing addressed to the Program Director, and shall specify the amendment sought. (Note: The substantive judgment of a faculty member about a student's work, expressed in grades and/or evaluations, is not within the purview of this right to seek amendment of education records.)

900.5.2 Procedure to amend education records

The Program Director or a designee shall, within thirty (30) days after receiving the student's request, and after consulting with appropriate CFM officials, decide whether the record will be amended in accordance with the request, and inform the student. If the decision is to refuse to amend the record in accordance with the request, the Program Director shall simultaneously advise the student that they may request a hearing to challenge the content of the education record to ensure that the information thereon is not inaccurate, misleading or in violation of the privacy rights of the student.

If the Program Director receives a request for a hearing, they shall appoint a panel of three (3) CFM faculty or staff members to conduct a hearing. The Program Director shall appoint only persons who have no direct interest in the outcome of the hearing. The Program Director shall designate the chair of the panel and shall provide the panel such assistance as they deem appropriate.

The chair of the hearing panel shall notify the student and the Program Director of the date, time and place of the hearing at least five (5) days before the hearing.

The student shall be afforded a full and fair opportunity to present evidence relevant to the issue whether the information in the student's education record is inaccurate, misleading, or in violation of the student's privacy rights. The student may be assisted by individuals of their choice at the student's own expense, including an attorney.

The Program Director and persons appearing in their behalf shall be afforded a like opportunity.

The panel shall make its decision solely on the basis of the evidence presented at the hearing. The decision of the panel shall be in writing and shall include a summary of the evidence and the reasons for the decision.

If the decision of the panel is that the information in the student's record is inaccurate, misleading or in violation of the privacy rights of the student, the Program Director shall amend the record accordingly and so inform the student in writing.

If the panel decides that the information is not inaccurate, misleading, or in violation of the privacy rights of the student, it shall inform the student of the right to place in the education record a statement commenting on the records and setting

forth the reasons for disagreeing with the agency or institution. Such statement shall thereafter be maintained as part of the education record and shall thereafter be disclosed to any party to whom the contested record is disclosed.

The decision of the hearing panel is final.

900.5.3 Complaints

A student who believes that the outcome of a hearing to amend his or her education records was unfair or not in keeping with the provisions of FERPA may, in accordance with 34 CFR Section 99.64, file a complaint with The Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202-5920, concerning alleged failures of The University of North Carolina at Charlotte to comply with FERPA. A student may request, in writing, assistance from the Program Director in filing such a complaint.

900.6 Notice

Center for MEDICS provides official notice to students of their rights under FERPA by publishing such notice in the Academic Catalog.

1000 | Student Services

1000.1 Advising & guidance

CFM is committed to the success of students toward the successful completion of the program. CFM will provide various advising 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. CFM will provide advising 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.

1000.2 Employee assistance program

CFM encourages students and employees experiencing personal problems, including emotional illness, alcohol and drug abuse, marital discord, and financial problems to seek professional assistance. This policy describes the **Employee Assistance Program (EAP)** for students and employees of CFM.

1000.2.1 Purpose

CFM recognizes that students or employees experiencing personal problems, including emotional illness, alcohol or drug abuse, marital discord, or financial problems should be encouraged to seek professional assistance since such problems often result in human suffering for students or employees and their families. In addition, personal problems of this nature impair academic and work performance and often affect fellow workers. CFM realizes that with early intervention and proper support, most students and employees can effectively be assisted and can become able to function fully at school, work, and home. As a result, CFM has established an Employee Assistance Program (EAP) for its students and employees.

1000.2.2 Administration

The EAP is a diagnostic and referral service provided to CFM students and employees free of charge. CFM contracts with Kathleen Greer Associates (KGA) to provide students and employees confidential short-term counseling, resources, consultation, and referrals for emotional and worklife balance issues. Information regarding the EAP and how to access it are provided to students at enrollment and upon request. Information about EAP is provided to employees at the time of hiring and upon request.

1000.2.3 Voluntary participation

Participation in the EAP services provided under this program is voluntary and are considered confidential. The nature and content of services provided to individual students or employees will not become part of their official CFM records.

Students or employees may be encouraged to participate in the EAP by an instructor or supervisor who has observed and possibly documented specific instances of poor academic or work performance and/or inappropriate or unusual behavior in the classroom or workplace. All information regarding such participation will be considered confidential and will not be

released without the student employee's written consent.

Students and employees who participate in EAP services will generally be subject to the same performance standards that existed prior to EAP involvement.

1000.2.4 Student and employee responsibility

CFM expects students and employees to assume responsibility for the treatment and/or remediation of personal problems. In situations where longer-term or more intensive measures are needed, it is the responsibility of the student or employee to coordinate with CFM regarding time off, returning to school/work, and to make other necessary arrangements.

1000.3 Grievances

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.

1000.3.1 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.

1000.3.2 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.

1000.3.3 Additional resources

In the event that the individual filing a complaint with the program is not satisfied with the outcome, the individual can contact the following entities who provide CFM accreditation:

Massachusetts Department of Public Health Office of Emergency Medical Services 99 Chauncy Street, 11th Floor Boston, Massachusetts 02111 617-753-7300

Committee on Accreditation of Educational Programs for the EMS Professions 8301 Lakeview Parkway, Suite 111-312 Rowlett, Texas 75088 214-703-8445

1000.4 Retaliation

CFM will not tolerate any form of retaliation against students availing themselves of any procedure or process for reporting instances of discrimination, harassment, or other prohibited behavior. 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.

1100 | ADA compliance & academic accommodations

1100.1 Compliance with the Americans with Disabilities Act

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 or other certifying exams. 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.
 - » Students 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?

1100.2 Academic accommodations

1100.2.1 Procedure for requesting an accommodation

Qualified individuals with disabilities may make requests for reasonable accommodation to the Program Director. The student can initiate a request by completing and returning to the Program Director the "Student Request for Accommodation Under the Americans with Disabilities Act (ADA)" form. 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. Additional information, including medical records, may be requested to support or clarify a student's request.

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.

1100.2.2 Confidentiality

All medical-related information shall be kept confidential and maintained separately from other student records. However, instructors, advisors, and other individuals may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evaluations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.

Paramedic Program

1200 | Program Overview

1200.1 Program description

The Center for MEDICS Paramedic Training Program ("Paramedic Program") is a comprehensive, 11-month course designed to prepare students to successfully pass the National Registry of Emergency Medical Technicians (NREMT) Paramedic certifying exam. The course includes a mix of both didactic (e.g. classroom) and clinical experiences that provide students with the basic medical knowledge, clinical reasoning and judgment, and psychomotor skills necessary to function as a competent and safe entry-level paramedic in the emergency prehospital and interfacility transfer environments. The course is divided into two phases: the first six months are spent primarily in the classroom and focus on developing the cognitive, affective, and psychomotor competencies necessary to function in a clinical environment. This portion of the course consists of two full days (8 hours) and one evening (4.5 hours) of didactic time per week. A mixture of lecture, small-group discussions, simulations, skills stations, and self-directed learning experiences are utilized to introduce students to the essential knowledge and concepts they must master to become effective clinicians. Students can expect to dedicate a significant amount of time outside of class reading, studying, completing homework assignments, and preparing for quizzes and exams during this portion of the course. Students also complete a number of certification courses (e.g. ACLS, PALS, PHTLS) during this time.

The second phase of the course is 5 months of intensive clinical rotations in the hospital and field settings. Students complete 10 weeks rotating in an emergency department where they gain experience assessing and diagnosing patients under the direct supervision of experienced ED clinicians. Students also gain significant experience with important psychomotor skills (e.g. intravenous access, medication administration) during this time. Students also complete rotations in labor and delivery, the operating room (for airway management experience), and optionally the intensive care unit. Following the in-hospital rotations, students complete 10 weeks of field experience ("ride time") where they accompany working paramedics on emergency and interfacility calls. This experience affords students the greatest insight and most accurate representation of the working environment, expectations, and challenges faced by active paramedics. Although they are expected to perform skills in this environment, the primary aim of ride time is to give students experience functioning as "team leader" on emergency calls, responsible for both patient assessment and treatment decisions, under the direct supervision of experienced prehospital clinicians. Following the successful completion of ride time, students will have gained significant experience operating in the real-work clinical environment unique to prehospital medicine.

At the completion of the course, students sit for the NREMT paramedic written exam, and must obtain a passing score to progress to the next phase of testing. Students will take the NREMT practical exam, which will occur 2-3 weeks after the scheduled end of ride time, in general. The practical exam takes place at CFM, and students have the option of completing a rigorous, week-long intensive review period ("boot camp") in the days leading up to the exam.

Successful completion of all portions of the Paramedic Program not only more-than-adequately prepares students to be successful on both components of the certifying exam, but equips them with the knowledge, judgment, and experience necessary to begin their careers as paramedics, practicing the art and science of medicine in one of the most dynamic, challenging, and rewarding environments imaginable.

1200.2 Length

1,100 clock hours/50 weeks. The program is divided into 600 clock hours of classroom instruction spanning all 50 weeks, and 250 clock hours each of clinical and field internship time. Both the clinical and field internships span approximately 10 weeks.

1200.3 Prerequisites

Current status in good standing as an Emergency Medical Technician – Basic or higher. Students must maintain a minimum certification level of EMT-Basic throughout the duration of the course.

Although clinical experience is not mandatory for entry into the Paramedic Program, it is *strongly recommended* that students have or seek to obtain experience as an EMT before or during the course.

1200.4 Objectives

The objectives of the program are to:

- ▶ To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- Develop a pool of clinically sophisticated and competent paramedics to raise the bar at their respective services.

▶ To ensure competency in cognitive, psychomotor, and affective learning domains.

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

- Apply a complex depth and comprehensive breadth of knowledge of the anatomy and physiology of all human organ systems to the delivery of emergency medical care.
- Apply the principles of effective communication to interactions with patients, colleagues, and other personnel in the emergency and interfacility transfer setting.
- Demonstrate a comprehensive knowledge of the pathological basis of common and important diseases in the prehospital and interfacility transport settings.
- Prioritize historical and physical exam information necessary to form a working diagnosis and management plan for patients presenting with acute medical and traumatic diseases.
- Develop and demonstrate assessment strategies to obtain important clinical information in a wide variety of dynamic environments.
- Develop, weight, and order a list of differential diagnoses using fundamental knowledge of anatomy, physiology, pathophysiology, and epidemiology.
- Prioritize treatment based on knowledge of pathophysiology, expected clinical course, and situational factors.
- Combine scene and patient assessment findings, knowledge of epidemiology and pathophysiology, and clinical judgment to formulate a field impression and working diagnosis.
- Use effective clinical reasoning to modify the assessment and treatment plan according to patient presentation and response to treatment.
- Develop and implement a treatment plan to assure a patent airway, adequate ventilation, and adequate respiration for patients of all ages.
- Integrate assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a treatment and disposition plan for a patient with a medical complaint.
- ▶ Apply comprehensive knowledge of the underlying etiology and pathophysiology to the management of cardiac arrest and periarrest states.
- ▶ Apply comprehensive knowledge of the etiology and pathophysiology of shock to the management of all shock states, with an emphasis on early intervention to prevent clinical decompensation.
- ▶ Apply comprehensive knowledge of the etiology and pathophysiology of pulmonary diseases to the management of respiratory failure or arrest, with an emphasis on early intervention to prevent arrest.
- Integrate assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a treatment and disposition plan for an acutely injured patient.
- ▶ Integrate assessment findings with principles of epidemiology, pathophysiology, and knowledge of psychosocial needs to formulate a field impression and implement a treatment and disposition plan for patients with special needs.
- ▶ Modify the assessment and treatment of pediatric, adult, and geriatric patients based on comprehensive knowledge of lifespan development.
- ▶ Apply fundamental knowledge of the principles of public health and epidemiology, including public health emergencies, health promotion, and illness and injury prevention, to the scope and role of a paramedic.
- Integrate comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues to improve the health of EMS personnel, patients, and the community.

1200.5 Class size

The maximum class size and ratio for lecture is 45 students to 1 instructor. If the class size exceeds 30 students, an additional instructor will be in the classroom. The maximum class size and ratio for lab activities is 7 students to 1 instructor.

1200.6 Outcome

Upon successful completion of the Paramedic Program, a certificate is awarded. Graduates are eligible to enter certification testing after successfully completing all coursework. The testing sequence involves successfully passing the National Registry of EMTs (NREMT) Paramedic Cognitive (written) and Psychomotor (practical) examination.

1200.7 Paramedic certification requirements

To become certified as a paramedic, students must:

- ▶ Successfully complete all requirements for graduation, including summative written and practical exams;
- ▶ Meet the NREMT's minimum entrance requirements;
- ▶ Pass both the NREMT Cognitive and Psychomotor examinations within the allotted time frame.

1200.8 Description of the profession

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

1200.9 Technical standards

The United States Department of Transportation (USDOT) published the National Standard Paramedic Curriculum (1998) which included a functional job analysis of paramedics. These technical standards represent the identified skills and competencies expected of all paramedics. These standards are used in determining the minimum entry criteria for students enrolling in the program, as well as in developing and defining the various educational goals and expectations throughout the program. Applicants are required to assert they have read and understood these standards at the time of application.

1200.9.1 Paramedic characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledge about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anti-cholinergics, cholinergics, muscle relaxants, antiarrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, opthalmics, pituitary drugs, gastrointestinal drugs, hormones, antibiotics, antifungals, antiinflammatories, serums, vaccines, anti-parasitics, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the

history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using nonprescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life-threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

1200.9.2 Physical demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well-being must not be jeopardized.

1200.9.3 Comments

The Paramedic provides the most extensive prehospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician

services to the ambulance. The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

1200.10 Employment guarantee disclaimer

ALTHOUGH PLACEMENT ASSISTANCE IS OFFERED TO GRADUATES, CENTER FOR MEDICS DOES NOT GUARANTEE EMPLOYMENT AS A RESULT OF COMPLETING ANY PROGRAMS.

1300 | Admissions

Any prospective student interested in enrolling in the Paramedic Program must submit an application for review. Admission into the Program is selective, and applicants are rigorously evaluated throughout the admissions process. CFM's goal is to recruit students who are highly motivated, intellectually curious, and dedicated to not only providing the best patient care possible but also to advancing the profession of EMS.

1300.1 Admissions process

All qualified persons are welcome to seek admission to the Paramedic Program. The application process begins with the applicant submitting an online application. Applicants are then invited to interview with Admissions staff. Following the interview, the Admissions Committee will meet to consider the applicant's qualifications and suitability for the course, and issue a recommendation. The Program Direct will then contact the applicant with the admissions decision.

1300.1.1 Enrollment requirements

Admission to the program 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.

1300.1.1a General requirements

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 preenrollment drug screening test and pass;
- submit to Criminal Offender Record Information (CORI) screening and comply with the CORI policy.

1300.1.1b 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.

1300.1.1c Duty to disclose revocation, suspension, or investigation of license or certifications

Applicants must indicate in their application if their license or certification to practice as an EMS provider has ever been revoked, suspended, or investigated by any certifying or regulatory body. If an applicant has experienced any of these, they are invited in the application to explain and describe the circumstances surrounding the incident. Prior revocation, suspension, or investigation of any certification or license to practice does not necessarily mean the application will be unsuccessful. CFM will consider all factors in making a final admission decision.

Failure to disclose any prior revocation, suspension, or investigation of any certification or license to practice on the application is grounds for immediate denial of admission.

1300.1.1c Nondiscrimination in the admission process

CFM does not discriminate in offering access to its educational programs and activities on the basis of age, sex, gender, race, color, national origin, religion, creed, disability, veteran's status, sexual orientation, gender identity, or gender expression.

1300.1.2 Application period

CFM starts Paramedic Program classes every six months. The application period for a class opens one (1) year before the anticipated start date of the class, and provisionally closes two (2) weeks before the start of class. Applications received after provisional closure may be considered on a case-by-case basis by the Admissions Committee.

The application period for a class ends once the class has held its first session; applications received after the start of class will be automatically applied to the next application cycle and the applicant will be notified their application has been moved to the next class.

1300.1.3 Application to the program

Admission to the Paramedic Program is on a rolling basis. To apply to Paramedic Program, applicants should complete an online application which can be found at www.centerformedics.com. There is a non-refundable \$75 application fee. The application is considered submitted when the application is received and the application fee has been successfully processed. Early application to the program is always recommended.

The Admissions Committee reviews applications submitted to the program weekly, and grants personal interviews to applicants that fulfill the eligibility criteria for the Paramedic Program. If considered eligible, applicants will be contacted by a member of the Admissions staff to arrange a personal interview.

The personal interview is a crucial part of the application process. Interviews are held on scheduled interview days, and are normally held in-person at CFM. On rare occasions, interviews may be conducted over the phone or video. The interview day consists of multiple interviews with program leadership and faculty, as well as information sessions about the program, admissions process, and financial aid. Candidates should prepare themselves for the 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. CFM expects that all candidates present themselves in a professional manner and in professional attire.

Following the interview, the Admissions Committee will review all parts of an applicant's file, including the application, interview records, and any ancillary material requested or provided and issue a recommendation to the Program Director. The Program Director will then issue a formal admission decision for each applicant. Possible outcomes include acceptance into the program, rejection, placement onto the waitlist for a class, or request for an additional interview or information from the applicant. The decision of the Program Director is final.

Those to be offered admission will be selected on the basis of CFM's judgment of the applicant's relative qualifications for satisfactory performance in the Paramedic Program, consideration of the applicant's potential threat to the CFM community or property, and the institutional criteria listed above.

1300.1.4 Components of the program application

Application to the Paramedic Program involves several components, each providing insight and information about the applicant's strengths, weaknesses, motivations, and other factors relevant to success as a paramedic student. The application process is dynamic and may be modified as the needs of the program or applicants are identified or evolve. Details of the current application process are available on the school's website.

An application to the Paramedic Program is considered complete and eligible for review by the Admissions Committee once

all of the following have been received and verified by the Admissions Office:

- online application, completed in its entirety;
- non-refundable application fee of \$75;
- completion of required and requested personal interviews;
- signed background check authorization form;
- signed acknowledgment of the program tuition, financial policies, and resources;
- copy of the applicant's current EMT-B certification card;
- ▶ Any additional documentation requested by the Admissions Committee.

1300.1.5 Deferment of an application

An applicant may, at any time prior to the issuance of an admissions decision by the Program Director, elect to defer their application to a subsequent application cycle, without penalty, for up to two (2) cycles, or one (1) year, from the original date of application. An applicant must notify the Office of Admissions, in writing, that they wish to apply their application to a future class. The application will be modified to reflect the new, updated class, and the Admissions Committee will consider the application as part of its planned review for that cycle. All records will be maintained in the applicant's file and may be used for admissions decisions. Deferral of an application is not grounds for an adverse admissions decision.

1300.1.6 Withdrawing an application

At any point prior to the issuance of an admissions decision by the Program Director, an applicant may withdraw their application. No penalty is incurred for withdrawal of an application. Students who have withdrawn an application may reapply to subsequent classes, but must complete a new application and pay a new, non-refundable \$75 application fee. To withdraw their application, an applicant must notify the Office of Admissions in writing. The applicant's file will be retained in archive and may be used in any future admissions decisions.

1300.1.7 Admissions Committee

The Admissions Committee is composed of program leadership, senior faculty, and other high-level stakeholders in the program. The Admissions Committee meets regularly to review all applications, arrange interviews, and make admissions recommendations for all candidates who complete an interview. The Admissions Committee issues recommendations for all candidates who complete the application process.

The Admissions Committee makes recommendations regarding applications to the Program Director. The Program Director issues all final admissions decisions and retains sole responsibility for all application outcomes.

1300.1.8 Verification of prior enrollment

In instances where an applicant has been previously enrolled in another institution of post-secondary education, including but not limited to other paramedic or professional training programs and universities or other institutions of higher education, CFM may request records from said institution prior to making an admissions decision. CFM may request records related to, but not limited to:

- Verifying the applicant was enrolled in the institution or program of study;
- Verifying the applicant attended a program of study;
- Grades or official transcripts from any program of study in which the student was enrolled;
- ▶ The applicant's academic performance in any program of study in which they were enrolled;
- Any academic sanctions or other actions taken against the student during their period of enrollment;
- Any conduct proceedings or other disciplinary actions taken against the student during their period of enrollment;
- ▶ Any disciplinary records in the student's education record;
- Any complaints related to student conduct or performance filed against the student, along with any related investigatory findings or rulings;
- ▶ If the student was unsuccessful in or otherwise did not complete any program of study, the reason(s) for their noncompletion;
- Whether the student was dismissed from any program of study;
- Any awards or honors the student received during their period of enrollment.

Release of such information by the prior institution is authorized under the Family Educational Rights and Privacy Act of

1974 whenever a student seeks enrollment at another educational institution. (See 900.3.2 Disclosure without prior consent of the student).

1300.1.9 Offer of admission

All offers of admission are provisional pending results of an applicant's background checks and drug screen. CFM may rescind an offer of admission, irrespective of an applicant's response to the offer, based on the outcomes of either the background checks or drug screens. If an offer is rescinded after an applicant has paid the course deposit, the deposit will be refunded (minus administrative fees as applicable).

1300.1.10 Responding to an offer of admission

If an applicant is offered admission to the Paramedic Program, they may accept, decline, or defer the offer, without penalty. Applicants must respond to an offer of admission within fourteen (14) calendar days of its issuance. If an applicant does not respond to an offer within this timeframe, CFM will consider the application withdrawn by the applicant.

Upon accepting an offer of admission, the applicant must pay a \$1,000 deposit to secure their seat in the class. Payment of the deposit must be made within seven (7) calendar days, or one (1) week, of the applicant's acceptance of the offer. Payment may be made with cash, check, or credit card via the PayPal admissions portal. Applicants will receive instructions on paying the deposit with their acceptance letter. If payment is not made with seven (7) days of accepting the offer, the applicant will be moved to the waitlist for a class.

Applicants may decline an offer of admission, in which case the application is considered withdrawn by the applicant. The applicant may reapply to future classes.

1300.1.11 Deferment of an offer of admission

An applicant may defer an offer of admission for up to two (2) application cycles, or one (1) year after the date the offer was made. The Admissions Office will apply the applicant's offer to a future class, and the applicant need not reapply to enroll following deferral if they enroll within one (1) year of the date of acceptance. The offer of admission expires after one (1) year.

1300.1.12 Placement onto the waitlist

Applicants may be placed onto the waitlist for a class as an primary admissions outcome or following nonpayment of the deposit following acceptance of an offer of admission. Placement onto the waitlist as a primary admissions outcome occurs when an applicant is accepted into a class that has already reached its maximum number of students. Applicants on the waitlist do not have a secured seat in the class, but may be offered a seat should one become available. Placement onto the waitlist is not an adverse admissions decision. Applicants may not request placement onto the waitlist.

No deposit is due following placement onto the waitlist. Applicants placed on the waitlist are advised to make preparations, including financial, to begin class on the scheduled start date. If offered a seat from the waitlist, the timeline for acceptance of the offer and payment of the deposit is accelerated (see **Section 1300.1.10 Responding to an offer of admission**).

Applicants may withdraw their application following placement onto the waitlist as described in **Section 1300.1.5 Deferment of an application**.

1300.1.13 Enrollment from the waitlist

An applicant on the waitlist for a class may be offered a seat in the class if it becomes available. This constitutes an offer of admission. The applicant must accept or decline the offer within three (3) calendar days of its issuance or the first day of class, whichever is earlier. If the applicant accepts the offer, payment of the \$1,000 course deposit is due within three (3) calendar days of the date of acceptance. If the applicant does not meet either of these deadlines, their application will be considered withdrawn by applicant.

1300.1.14 Nonenrollment from the waitlist

Applicants who remain on the waitlist for a class after the start date of that class will be automatically accepted into the subsequent class. For example, if an applicant is on the waitlist for the February class and is not offered a seat by the time the February class holds its first session, they will be automatically accepted in to the August class. Applicants will be notified of their offer of admission in to the next class, and must accept or decline and pay the deposit as outlined in **Section 1300.1.10 Responding to an offer of admission** with the modification that, if an applicant does not respond to the offer of admission within fourteen (14) days of its issuance, or does not pay the \$1,000 deposit within seven (7) days of seat acceptance, they will forfeit their seat in the class and their application will be considered withdrawn by applicant.

1300.1.15 Equal opportunity disclaimer

CFM does not discriminate on the basis of sex, age, physical handicap, race, national origin, sexual orientation, political affiliation, creed or religion in its admission to or treatment in its programs and activities, including advertising, training, placement assistance, and employment.

Students with special needs are considered for admission provided they meet the entrance requirements. Special accommodation requests must be made in writing and documented by a physician. The Program Director is responsible for accepting students and determining whether applicants, including those with special needs, can benefit from the training.

1300.1.16 Advanced placement

CFM does not allow for advanced placement or credits for experiential learning.

1300.2 Insurance requirements

1300.2.1 Malpractice insurance

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

1300.2.2 Personal medical insurance

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.

1300.3 Medical clearance & vaccinations

1300.3.1 Required 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 while enrolled in the program.

1300.3.2 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.

1300.3.3 Preenrollment drug & alcohol testing

Every student must abide by the terms CFM's drug and alcohol policy as detailed in Section 300.5. All applicants are required to undergo mandatory drug screening prior to the beginning of class. A negative drug and alcohol screen must be obtained within thirty (30) days of the start of class. CFM may withdraw an applicant's offer of admission based on the results of drug and alcohol screening.

Students may be required to undergo additional screening at any time during their period of enrollment as outlined in Section 600.8 Drug & alcohol policy.

1300.4 Criminal Offender Record Information (CORI)

All applicants are required to pass criminal background checks prior to enrollment. Background checks are submitted immediately following the personal interview and may require an extended period to return. Admissions decisions can be made prior to their return, however such decisions are considered provisional pending background checks and may be withdrawn by CFM.

1300.4.1 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.

1300.4.2 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, Director of Administration, and/or regulatory officials, like accreditors.

1300.4.3 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).

1300.4.4 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.

1300.4.5 Verifying a subject's identity

If a criminal record is received, the information is to be closely compared with the information on the Acknowledgment 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.

1300.4.6 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.

1300.4.7 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.

1300.4.8 Adverse decision 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.

1300.4.9 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.

1300.5 Transfer of credit

1300.5.1 Transfer of credit earned at another institution

CFM may grant academic credit to students who have successfully completed the same, or substantially the same, coursework 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:

- Transfer of Credit requests must be made in writing and completed prior to signing an Enrollment Agreement;
- An official transcript of the student's coursework must be furnished directly by the Center where the coursework was completed before any application for transfer credits can be evaluated;
- A copy of the catalog or course syllabus from the center at which the coursework 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 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;
- ▶ The applicant has five (5) business days to appeal a decision to reject requests for transfer of credit in writing to the Paramedic Program Director. The Program Director will review the appeal request and supporting documentation and make a final determination in writing within five (5) business days. The decision of the Program Director is final;
- ▶ Tuition and fees, as applicable, will be adjusted to reflect the number of clock hours accepted as transfer credit. The reduced tuition/fees will be reflected on the enrollment agreement and designated as such on the student account ledger;
- ▶ CFM does not charge any fee for the evaluation of transfer of credit;
- CFM coursework is highly specialized. Students will find that comparable specialized courses are not generally of-

1300.5.2 Transfer of credit earned at CFM to another institution

The programs offered at CFM are 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 at CFM to any other institution. Should a student request that credit earned at CFM be transferred to another institution, CFM will provide an official transcript, syllabus, or course outline to assist students in their request.

1300.6 Reapplication

Students who apply to the Program and are not offered admission, or who withdrew their application, may reapply in subsequent application cycles. Reapplicants must compete the full application process, including submitting a new online application, paying the \$75 application fee, personal interviews, and background checks. Prior applications are retained as part of an applicant's file, and CFM may use all parts of an applicant's file when making admissions decisions.

Students who began the Program but withdrew or were dismissed without prejudice may reapply to the Program in subsequent application cycles. Students withdrawing from the Program who completed an exit interview with the Program Director may not need to submit a new application to reenroll, pursuant to the terms of their Withdrawing Student Agreement. Students who were dismissed from the program must complete a new application and complete the full application process.

1300.7 Appeals

Any denied applicant may appeal CFM's admission decision. This section describes the procedures to be followed for appealing a negative admissions decision, including a decision to rescind an admission that has already been granted.

1300.7.1 Requesting a second review on merits

Any denied applicant may request a second review on the merits by the Admissions Committee. Requests for review, along with any additional materials the applicant desires to submit, must be received in writing before the start of the class to which the applicant is applying. If there is insufficient time to perform the review before the start of the to which the applicant seeks admission, the Admissions Committee may decline to perform the review. The Admissions Committee will perform holistic review of the student's credentials, including any additional materials the applicant submits, and will render a decision to the applicant within ten (10) business days (excluding weekends and institutional holidays).

1300.7.2 Appealing an adverse decision

If an applicant is denied admission, they may appeal the decision, but only on the grounds that the denial was based on a violation of **Section 1300.1.1c Nondiscrimination in the admission process**. The applicant's appeal must be in writing, must set forth with specificity the grounds for the appeal, and must be directed and delivered to the Program Director. Upon receipt of an appeal, the Program Director and President will review the applicant's file and appeal letter. The Program Director will communicate the decision to the applicant-appellant in writing within thirty (30) calendar days of receipt of the appeal.

Appeals, along with any additional materials the applicant desires to submit, must be received in writing before the start of the class to which the applicant is applying. If there is insufficient time to perform the review before the start of the to which the applicant seeks admission, the Program Director and President may decline to review the appeal.

1300.7.3 Denial based on preenrollment safety review

An applicant denied admission based on the findings of the preenrollment safety review, including criminal background checks (see Section 1300.4 Criminal Offender Record Information (CORI)) may appeal the decision, but only on the grounds that the denial was based on a violation of Section 1300.1.1c Nondiscrimination in the admission process. The applicant's appeal must be in writing, must set forth with specificity the grounds for the appeal, and must be directed and delivered to the Program Director. Upon receipt of an appeal, the Program Director and President will review the applicant's file and appeal letter. The Program Director will communicate the decision to the applicant-appellant in writing within thirty (30) calendar days of receipt of the appeal.

Appeals, along with any additional materials the applicant desires to submit, must be received in writing before the start of the class to which the applicant is applying. If there is insufficient time to perform the review before the start of the to which the applicant seeks admission, the Program Director and President may decline to review the appeal.

1400 | Academic policies

1400.1 General academic policies

1400.1.1 Academic integrity

The Paramedic Program is an intensive, demanding course of study that requires students to demonstrate a high level of cognitive, psychomotor, and affective competency. These high standards are necessary to ensure students graduating the program are prepared to function in the challenging out-of-hospital environment. To that end, students are regularly evaluated in the cognitive, psychomotor, and affective domains using a variety of evaluation tools and instruments, and a student's performance on these evaluations is a key indicator of their educational progress. Reliable data on student performance is vital for the program to effectively provide guidance and support to the student in meeting their educational goals. Such data is possible only when students honestly and authentically present themselves and their capabilities for evaluation. Academic integrity is of paramount importance in all aspects of paramedic education, and students are expected to adhere to the highest standards of academic conduct throughout their course of study.

Any instance of academic dishonesty, as defined in the **Code of Conduct** and determined by the Program Director, is completely unacceptable and is grounds for immediate dismissal from the program, with prejudice. Students dismissed for academic dishonesty are barred from enrolling in or attending any future CFM courses.

1400.1.2 Completion of coursework & class participation

Coursework to be completed outside of scheduled class time is a core component of paramedic education. Such coursework may include readings, problem sets, papers or essays, presentations or multimedia projects, and individual or supervised skills practice. All coursework is assigned with clear instructions on its completion and with a predefined due date. Students are expected to fully complete all assigned coursework and return it to the assigning instructor (or return or submit the work for evaluation as directed) on the due date. Assignments may be returned early only with prior approval of the assigning instructor. Late assignments may or may not be accepted by the instructor, and may be subject to a grade penalty at the discretion of the Program Director. Noncompletion of assigned coursework is grounds for disciplinary action.

The amount, breadth, and time required to complete coursework varies over the program. In general, students should anticipate a 1:1 relationship between time spent in class and time spent outside of class completing assigned coursework.

Students are expected to participate fully in all learning activities, including lecture, practical sessions, group or collaborative work, and self-directed learning. Not all students engage with learning activities in the same manner, so a student's participation is necessarily a multifactorial assessment based on repeated classroom observations and consultation between the faculty and Program Director. A pattern of poor participation in class may result in counseling and remediation. Continued poor participation despite corrective efforts compromises a student's academic progress and is grounds for academic warning or probation.

1400.1.3 Modification of course & extraordinary circumstances

The goal of CFM is to provide the highest quality of education to its students using all resources, expertise, and methods at its disposal. Unexpected major events (e.g. natural disaster, pandemic, terrorist action) may require CFM to alter or suspend its educational activities. CFM is responsible for developing and maintaining emergency procedures for responding to such events. In such events, CFM will take whatever actions it deems necessary and appropriate to protect the health and wellbeing of students and staff and continue its stated mission. Such actions will be based on all available information, expertise, and guidance and will be taken with full transparency to the student body, administration, and CFM stakeholders. All emergency actions will be continually reviewed by the CFM administration, CEO, Academic Advisory Committee, medical direction, and student liaisons to ensure their appropriateness and continued need. All changes in CFM operations will be communicated as soon as possible to all stakeholders, including students.

CFM may unilaterally institute or modify policies governing course operations, student conduct, attendance, or other academic requirements to meet the evolving needs of an emergency situation, and students will be required to agree to these policies as a condition of continuing in the program. During such periods of extraordinary circumstances, students retain the right to withdraw and restart the program, without penalty, upon consultation with the Program Director.

The primary mode of education for all aspects of the Program is in-person, and students are expected to attend all scheduled classroom hours at CFM and complete all scheduled clinical and field internship hours at their assigned clinical and field sites. During extraordinary circumstances, however, CFM may modify its method of instruction and administer some or all of the course in a virtual (i.e. online) format. Such circumstances apply when CFM or its governing bodies have determined that in-person training activities present an unacceptable risk of harm to students and personnel, and may be invoked without notice. That is, students accept as a precondition of attending the Program that the format of the course may be altered,

with little or no advance warning, based on evolving situations beyond the control of CFM. All changes to the course will be communicated to the student body as soon as possible.

1400.1.4 Requirement for Good Standing

Students must be in Good Standing, as defined in **Section 600.11 Good Standing**, to successfully complete the Program. In addition, students in the Paramedic Program must be in Good Standing for each of the following:

- progression to the Clinical Internship;
- progression to the Field Internship;
- scheduling and completion of any clinical shifts, including OR and L&D shifts, that occur outside of the Clinical Internship;
- taking the written and/or practical final course exam;
- participation in any student leadership position as defined by Program administration;
- participation in any CFM-sponsored extracurricular activities (e.g. participating in the NREMT Psychomotor exam of another cohort).

Students who are not meeting the requirements for Satisfactory Academic Progress (SAP) and/or who are placed on Academic Probation are not in Good Standing. Such students must attain SAP and satisfy the terms of any Probation agreement in order to be eligible to regain Good Standing.

1400.2 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:

- have a cumulative overall grade point average of ≥80%;
- have a cumulative attendance of ≥95% of course hours;
- pass all module exams;
- pass each individual skill examination;
- pass all certification courses;
- successfully complete final written and practical evaluations;
- complete Clinical Internship with required hours and skills;
- complete field internship with required hours and patient contacts;
- complete affective evaluation with a minimum mark of competent;
- be in good financial standing with CFM.

1400.2.1 Graduation vs certification

Graduation from CFM does not grant certification as a Paramedic in any State or territory. Certification of EMS providers is handled by each State independently, and graduates of CFM must seek and obtain certification from any State in which they will practice prior to working as a paramedic. Graduation from a recognized Paramedic Training Program is a prerequisite for seeking paramedic certification in all States and for seeking certification with the National Registry of Emergency Medical Technicians (NREMT). Certification through the NREMT may be used in some cases to obtain certification in a specific State.

Most graduates of the CFM Paramedic Program seek certification with the NREMT. To certify as a paramedic with the NREMT, candidates must have successfully complete a CoAEMSP accredited Paramedic Program within the two (2) years before the date of application. As a CoAEMSP accredited Program, graduation from the CFM Paramedic Program may be used to satisfy this requirement. Details regarding the NREMT certification process may be found on their website, www.nremt.org.

CFM WILL ASSIST GRADUATES IN PREPARING FOR THE NREMT CERTIFICATION EXAMS, BUT IT SHOULD BE UNDERSTOOD THAT THESE EXAMS ARE NOT ADMINISTERED OR SUPERVISED BY CFM, AND COMPLETION OF THE CFM PARAMEDIC PROGRAM DOES NOT GUARANTEE SUCCESS ON EITHER NREMT CERTIFYING EXAM.

1400.3 Books & materials

1400.3.1 Course textbooks

Paramedic students will be issued the required course textbooks on the first day of class or as necessary throughout the course. Textbooks may be either electronic (eBook) or physical. Students are responsible for maintaining their course texts in a usable condition throughout the program. It is recommended that students redeem access codes for all eBooks upon receipt. Some course texts have associated online components; students are required to register for and be able to access any such online material. Textbooks are nonreturnable and nonrefundable at the start of the program.

1400.3.2 Other course materials

Students are expected to have adequate supplies (e.g., note paper, writing utensils) to be productive in the classroom environment. Students should have purchased or plan to purchase appropriate clinical equipment (such as a stethoscope, penlight, watch) prior to the start of class. Additionally, all students are required to bring CFM-issued iPads to all classroom activities.

1400.3.3 iPads

iPads are provided to each paramedic student for educational purposes. 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 and only as available. All eBooks 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; the wallpaper and lock screen may be altered by the student but subject to the approval of CFM. 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.

1400.4 Attendance

1400.4.1 General attendance policy

The overall integrity of the Paramedic Program requires students to fully participate in lectures, labs, clinical hours, and all classroom activities. Classes and lectures are frequently done with guest physicians and lecturers who can bring their experiences into the classroom to benefit CFM 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. 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.

Class is not optional as absences diminish the transfer of key concepts and ideas which the larger class benefits from. Given the dynamic nature of the course and the high degree of interactivity with instructors and other students during educational activities (e.g. simulation), it is not feasible to recreate the educational experiences a student missed during an absence. As such, there is no opportunity to "make up" missed hours. Students will be responsible for reviewing all class material missed during their absence, completing all course assignments (including any additional assignments as deemed necessary by the Program Director), and completing any review or remediation sessions outside of normal class time as deemed necessary by CFM prior to or following their return to class. (NB: such review and remediation requirements are necessary for continuation in the program, but will not affect a student's missed hours count.)

1400.1.1a Reporting absences

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.

1400.4.1b Overall program attendance requirement

CFM requires students to attend a minimum number of hours for the course overall and for the various components of the

course. Students must attend a minimum of 95% of total course hours, inclusive of all in-person classroom activities for the entire duration of the program, 80% of the total classroom hours for each course module, and 100% of scheduled clinical and field internship shifts.

The classroom component encompasses 600 clock hours, distributed among the various modules as indicated in the table below. To comply with the 95% attendance requirement, a student must attend at least 570 of these hours.

1400.4.1c Attendance in each course module

In addition to the 95% attendance requirement for the course overall, students must attend at least 80% of course hours for each course module (with the Operations and Transport Medicine modules, for this purpose only, being treated as a single unit). Failure to meet this requirement may result in non-completion of a module and need for remediation or academic probation. Hours lost due to late arrivals or early departures are included in the total number of hours missed per module.

Failure to maintain a cumulative attendance of 95% of total class hours scheduled consisting of class meetings, labs, lecture, and 100% of scheduled clinical and/or field internship hours, may result in Academic Termination.

Course module	Total clock hours	Minimum attendance	May not miss more than
Core Concepts	148	118	30
Cardiovascular	88	70	18
Medical	156	124	30
Pediatrics	52	41	11
Trauma	60	48	12
Operations + Transport medicine	60	48	12
Putting it all Together	36	28	8
Total	600	570	30 (cumulative)

1400.4.2 Tardiness & 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.

1400.4.3 Excused & unexcused absences

CFM does not distinguish between "excused" and "unexcused" absences. All absences, irrespective of cause, compromise a student's learning and progress in the course, and students are expected to make up any content missed as a result of absence from class for any reason. All class hours missed for any reason will accrue toward a student's total missed hours.

1400.4.4 Consecutive absences from class

A student who is absent for four (4) consecutive scheduled class days during the didactic portion will be terminated from the program. A student who is absent for three (3) consecutive scheduled class days during the clinical and field internship portion (i.e. when class is meeting only once per week) will be terminated from the program.

1400.4.5 Tracking & notification of missed hours

The student signs in at the beginning of each class, and the instructor records absences, late arrivals, and early departures. Each day, the instructor submits the class attendance to the Program Director. The data is transferred into an spreadsheet for monitoring student compliance with attendance requirements.

Students are notified that their attendance is at risk when their cumulative attendance rate approaches 95%. Students will receive counseling and a written warning when they have missed ten (10) hours of class. A second written warning will be issued if a student misses twenty (20) or more hours of class, and they will be placed on Academic Probation (see **Section 1400.10.5 Academic Probation**). Any subsequent missed hours will result in additional counseling, disciplinary action, and review and possible modification of the student's Academic Improvement Plan.

1400.4.6 Make-up work

Students must turn in any previously assigned homework (problem sets, papers, projects, etc.) within 5 class days of the scheduled due-date. Written work may be submitted directly to the instructor.

The 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.

1400.4.7 Dismissal due to missed classroom hours

If a student misses more than thirty (30) hours of class, cumulative across the program, they may be dismissed from the program without prejudice.

1400.4.8 Attendance to clinical and field shifts

Attendance for clinical rotations and field internships is reported at the end of each session on a log that is signed by the preceptor. Students upload the signed and scanned log to their clinical course file. The logs are used to verify that students are attending shifts and completing their required hours.

Repeated or consecutive absences to clinical or field internship shifts will result in disciplinary action, up to and including program dismissal.

1400.4.9 Class cancellation

Given the rapid pace of the Program, CFM is committed to holding class sessions according to the Program schedule. However, CFM is also dedicated to the health and safety of its students, faculty, and staff. In exceptional circumstances, the Program Director may elect to cancel one or more scheduled class session due to adverse weather or other potential safety risks. Students will be notified of the decision to cancel as soon as possible via email to their Pro email addresses. The decision to cancel class will generally be made no later than the evening before class is scheduled to occur, but may occur at any time prior to the scheduled start of class. Students are responsible for regularly checking their Pro email (no less than once per day), and are advised to check frequently and before departing for class when adverse weather is expected.

For full days of class, the morning, afternoon, or both sessions may be canceled. This will be specified in the notification email sent by the Program Director.

1400.6 Grading

1400.6.1 Grading scheme

A pass/fail grading scheme is used throughout the program. All homework assignments, quizzes, module exams, and the final exam have a passing minimum score of 80%. Scores below 80% will be considered failing; scores at or above 80% will be considered passing. Exams administered as part of a certification course (e.g. ACLS, AMLS) will utilize the certifying body's policies for grading and establishing passing criteria.

All skills will be evaluated pass/fail. Successful completion of all skills assessments is required before the Clinical Internship.

1400.6.2 Grade weights

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

Component	Percent of final grade	
Homework and/or projects	25%	
Quizzes	25%	
Course written exams	30%	
Certifying written exams	10%	
Course & certifying practical exams	10%	
Final exams	0%	

1400.6.3 Final grades

A **final module grade** is calculated at the end of each course module using the weighting above. Modules are graded pass/fail with 80% as the minimum passing threshold.

A **final course grade** is calculated using all assignments, quizzes, and exams for the entire program, weighted as above. The final course grade must be at or above 80% to successfully pass the course.

Grading for the final course exams is detailed in **Section 1400.9.3 Terminal competency evaluation**. Scores on the final exams are *not* included in the final course grade.

1400.6.4 Grade 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 fifteen (15) calendar days of the end of the module;
- the 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 Program Director will notify the student in writing of the decision within five (5) business days of the date of the written appeal;
- the decision of the Program Director is final.

1400.7 Affective domain competency

In order to ensure that students are successful in the Paramedic Program, which results in the student functioning clinically, professionally, and with respect toward the profession and their peers upon graduation, CFM will regularly evaluate the affect and behavior of students. 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 Director. 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.

1400.8 Classroom skills practice

1400.8.1 General expectations for skills practice

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.

1400.8.2 Skills practice on live subjects

During this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. Where possible, 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 coordination, dexterity, and tactile feel necessary for each skill in situations as real as possible under the control and supervision of Program instructors.

NO STUDENT WILL PRACTICE ANY INVASIVE SKILL ON ANOTHER STUDENT OR LIVE SUBJECT UNLESS WITH THE EXPLICIT APPROVAL OF THE PROGRAM DIRECTOR AND UNDER THE DIRECT SUPERVISION OF A PROGRAM INSTRUCTOR.

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

- patient assessment & physical exam;
- blood pressure by auscultation;
- blood pressure by palpation;
- auscultation of breath sounds;
- assessment of pulse & respirations;
- application of ECG electrodes;
- application of 12-lead ECG electrodes;
- intravenous access;
- dressing & bandaging;
- application of tourniquets;

- splinting;
- traction splinting.

1400.8.2a Definition of invasive skill

An **invasive skill** is one in which the body is penetrated or entered, e.g. by a tube, needle, or ionizing radiation. Generally, an invasive procedure involves the incision, puncture, or other breech of integrity of any skin surface or mucous membrane, or involves the introduction of an instrument into or manual digitization of a body orifice. Invasive skills may also be seen to include any skill or procedure that causes, or has the ability to cause, significant pain or harm to the subject.

In the Paramedic Program, the only invasive skill that is practice on a live subject is insertion of a peripheral venous catheter. Other invasive skills may be practiced on simulators or task trainers, and will be practiced on live patients during the Clinical and Field Internships.

1400.8.2b Consent to live skills practice

The most frequent live subject a student will practice a skill with is another student in the Paramedic Program. It is a general expectation of Paramedic Program students that they will occasionally serve as the "patient" for live skills practice, including, but not limited to, peripheral venous access, ECG electrode placement, and elements of the physical assessment. Serving as the "patient" is done in good faith and with the understanding that all students require the opportunity to practice skills on live subjects, and is done with no expectation or requirement of reciprocity.

CONSENT MUST BE OBTAINED FROM ANY STUDENT ON WHOM ANY SKILL OR PROCEDURE WILL BE PERFORMED, INCLUDING BOTH NONINVASIVE AND INVASIVE SKILLS.

No student will be required, as a condition of classroom participation, to consent to have any procedure or skill performed on them. Students may revoke consent for any procedure or skill at any time, and no penalty of any kind for denial or revocation of consent will be imposed by the Program faculty or administration.

1400.8.2c Waiver of liability

Students that consent to any invasive live skill or procedure understand that such activities carry inherent risk of harm, including but not limited to bodily injury, significant pain or distress, infection, bruising, bleeding, loss of function, damage to surrounding structures, need for medical evaluation, syncope or near-syncope, or loss of consciousness. Addition risks of peripheral intravenous catheter insertion include: phlebitis and thrombophlebitis, extravasation, air embolism, hypervolemia, infection, arterial cannulation, and needlestick injuries. Students agree to hold harmless CFM and any employees or affiliates for any complications that may arise from the performance of live skills, invasive and noninvasive, on their body as a part of approved and duly administered and supervised classroom practice. In exceptional circumstances, CFM may arrange for emergency medical evaluation and care, including possible transport to an Emergency Department, for injuries or complications sustained during live skills practice. CFM assumes no financial responsibility for the provision of medical care for any complication arising from duly conducted classroom skills practice.

1400.9 Testing & retesting

1400.9.1 General testing & retesting policies

All exams are closed-resource and individual. Any breach of academic integrity, as determined by the Program Director, may result in immediate dismissal from the course.

1400.9.1a Types of exams & passing thresholds

Two types of exams are administered in the course: **course exams** and **certifying exams**. All course exams are taken online and will occur at the beginning of class on the indicated date. All course exams must be taken on the scheduled date. If a student is absent on the day of an exam, he or she will take the exam on the next full day of class following the missed exam. If a student is unable to take the exam on either the scheduled or make-up date, he or she must contact the Program Director to arrange alternate testing. Such alternate testing may occur before or after the scheduled or make-up dates for an exam. All course exams must be taken within 1 week of the completion of the module unless alternate arrangements are made with the Program Director. All course exams must be passed with a score of at least 80%.

All certifying exams include both a written and practical component, and students must pass both to pass the certification course. Written exams are administered electronically and will occur at the beginning of class on the scheduled day. Written exams are provided by the certifying body and are not subject to appeal by students; complaints may be lodged with the Program Director for communication to the certifying body. The BLS CPR, ACLS, and PALS written exams have a minimum passing score of 84%; the minimum passing score for the AMLS and PHTLS written exams is 80%.

1400.9.1b Retesting course exams

Students who do not obtain at least an 80% on any course exam will be required to meet with the Program Director (or adjunct) and may be placed on academic probation at the discretion of the Program Director. 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 maximum score that may be recorded is 80%. If a student fails a retest, that student may petition the Program Director for an additional retest. Students failing a retest may be dismissed from the program at the discretion of the Program Director.

1400.9.1c Retesting certifying exams

If a student does not obtain the minimum passing score on a certifying exam, he or she will retest and must obtain the minimum passing score on the retest. Additionally, the student will be required to attend a remediation session scheduled to occur before the retest. If a student does not obtain the minimum passing score on the retest, he or she must repeat the full initial certifying course outside of class time. The maximum score that may be recorded for any retest of the BLS CPR, ACLS, or PALS written exams is 84%; the maximum score that may be recorded for any retest of the AMLS or PHTLS written exams is 80%.

1400.9.1d Retesting practical exams

The retesting procedure for students who do not pass the practical component is the same as for the written component. Retest dates are contingent on instructor availability. A student who does not pass the retest will be required to retake the full initial certifying course outside of class time. Prior to retesting practical exams, the student must discuss with the Program Director the reason for the failure and, upon request, complete remedial education. Necessary equipment, and supplies may be provided. The student may be required to practice the skills with an instructor.

1400.8.2 Certification requirements prior to Clinical Internship

Students are required to complete several certification courses during the Program (i.e. AHA BLS CPR, AHA ACLS, AHA PALS, NAEMT AMLS, and NAEMT PHTLS). Students must complete all certification courses and all required testing (written and practical) with a passing score prior to their advancement to the Clinical Internship. Any student who has not completed all parts of all certification courses will not be allowed to begin their Clinical Internship until the missing course(s) has/have been completed to the Program standards. Any student who fails one or more components of any certification course must successfully complete remediation and retesting prior to advancement to the Clinical Internship.

1400.9.3 Terminal competency evaluation

At the completion of the Program, students must complete two course final examinations: a written final exam and a practical final exam. The written final exam constitutes a cumulative evaluation of the student's medical knowledge covering all aspects of prehospital emergency medical care. The practical final exam evaluates the student's psychomotor competency performing essential tasks of a paramedic. The format, content, and time frame for completion of both exams are at the discretion of the Program Director.

1400.9.3a Written final examination

The written final exam shall consist of a multiple-choice exam covering material in all course modules. The details of the written exam are left to the Program Director or designee to tailor to each individual testing cohort, however, in general the written final exam will cover all curricular areas following the proportional breakdown of the NREMT Cognitive Exam. This breakdown is listed below. The Program Director and Medical Director reserve the right to modify the content of the exam prior to its administration to a cohort.

Content area	Percent of exam	Adult/pediatric mix
Airway, respiration, and ventilation	18 – 22%	85% adult; 15% pediatric
Cardiology and resuscitation	22 – 26%	85% adult; 15% pediatric
Trauma	13 – 17%	85% adult; 15% pediatric
Medical; Obstetrics and gynecology	25 – 29%	85% adult; 15% pediatric
EMS operations	10 – 14%	N/A

1400.9.3b Practical final examination

The final practical exam consists of a series of psychomotor testing stations that are administered and evaluated independently. Students must successfully pass all stations to pass the final practical exam. The format and content of the practical final exam are at the discretion of the Program Director. All stations are graded pass/fail by the examiner. The appeals process for the practical final exam is the same as for other exams, and outlined in Section 800.6.1.

1400.9.3c Retaking the final exams

Failure of either the written or practical final exam constitutes failure of the overall terminal competency evaluation. Students must successfully complete both exams to successfully complete the program. Students may retake either the written or practical exam at the sole discretion of the Program Director. Prior to retaking either component of the final exam, students must meet with the Program Director and review the reasons for their failure. The Program Director may require the student to complete remedial education or other additional work before they may reattempt the final exam. Students who do not complete assigned work will not be allowed to retest.

1400.9.3d Retesting the final written exam

A maximum of six (6) attempts are allowed for the final written exam. After three (3) unsuccessful attempts, the student must complete at least 30 hours of remedial education as determined by the Program Director. If a student is not successful after six attempts, they will qualify for Academic Termination from the program, subject to appeal as provided in **Section 1400.11 Program dismissal**.

1400.9.3e Retesting the final practical exam

Retesting the final practical exam depends on the nature of the initial failure. Students must pass all testing stations to pass the exam, and are permitted a total of two (2) full attempts at the practical final exam. One full attempt at the practical final exam is defined as completing all required testing stations and up to two (2) retesting opportunities for an individual testing station.

If students fails a single testing station, they may, subject to the approval of the Program Director, retest that specific station only. Retests may or may not be offered on the same day as the initial test at the sole discretion of the Program Director. The Program Director may require the student to complete remedial education prior to any retest of any station. If the student is unsuccessful on the retest of a station, they are permitted one (1) additional retest on the individual station on another date. Prior to this second retesting attempt, the student must meet with the Program Director and complete any assigned remedial work. If a student is unsuccessful on the second retest attempt (third attempt overall) of a station, this will constitute a failure of the first full attempt at the final practical exam, and the student will be required to retake the full practical exam on another date. If a student fails 2 or more individual stations during their initial test, this also constitutes a failure of the first full practical exam attempt, and the student must retake the full practical exam on another date. Students may not retest individual stations if they fail 2 or more stations during their initial attempt. Prior to reattempting the full practical exam, students will be required to complete remedial education as assigned by the Program Director.

On the second full attempt at the final practical exam, the student will be required to successfully complete all testing stations to pass the exam. If a student fails and individual testing station, they may retest that station with the same procedure as for retesting a single station on the first full attempt. If the student is unsuccessful on both retest attempts of an individual testing station, this constitute failure of the full attempt at the practical final exam. If the student fails 2 or more stations on the second full attempt of the final practical exam, this also constitute failure of the full attempt. If a student fails both full attempts at the final practical exam, they will qualify for Academic Termination from the program, subject to appeal as provided in **Section 1400.11 Program dismissal**.

1400.10 Satisfactory Academic Progress

1400.10.1 Definition of Satisfactory Academic Progress

Students must demonstrate **satisfactory academic progress (SAP)** throughout their program. Satisfactory progress includes, but is not limited to, the following:

- Qualitative measure: The Cumulative Grade Point Average (CGPA) is reviewed to ensure that the student is meeting the minimum 80% average at the conclusion of each evaluation period.
 - » The student must maintain a minimum cumulative average score of 80% on all graded assignments, as evaluated at the end of each module.
 - » The student must achieve a passing score on all module exams (minimum passing score of 80%) and certifying exams (minimum passing score of 84%).
 - » The student must pass all skills competency evaluations.
 - » The student must complete and return all assigned work. Incomplete grades are not given. Late assignments may be subject to a grade penalty. Work that is not returned by the due date without the approval of the Program Director will receive a grade of zero (0).
 - Students who miss work due to absence must turn in any previously assigned homework (homework, papers, projects, etc.) within 5 scheduled class days of the due date, irrespective of the reason for the absence. Missed work not completed as assigned will be recorded as a score of zero (0) in the grade book. Written work may be

- submitted directly to the instructor.
- » The student must be making satisfactory progress in performing and documenting psychomotor skills in their skills portfolio (see **Section 1400.10.2 Psychomotor skills portfolio**).
- Quantitative measure: The student must attend at least 95% of the scheduled clock hours, cumulative, for each evaluation period.

A student must be meeting these standards to be considered as meeting Satisfactory Academic Progress and in Good Standing. Any student who has not achieved the minimum cumulative GPA of 80% or who has not successfully achieved a cumulative rate of at least attendance of 95% at each required evaluation period is not considered to be in Good Standing (see Section 1400.1.4 Requirement for Good Standing).

1400.10.2 Psychomotor skills portfolio

All paramedic students seeking to take the NREMT Psychomotor Exam are required to submit a skills portfolio upon completion of their Paramedic Program and application to test. This portfolio includes skills performed in the laboratory, clinical, and field settings and is intended as evidence of the student's demonstrated competency with their performance. All paramedic students are therefore required to maintain records of psychomotor skills practice and performance using the program-specified tracking instruments. Students are required to maintain records of all skills performed in the lab setting, simulation, Clinical Internship, and field internship. The accurate and timely documentation of skills is crucial to ensuring students make satisfactory progress toward terminal competencies in the allotted timeframe.

CFM has established a set of required psychomotor skills as well as minimum performance criteria for each in the laboratory, simulation, and clinical/field environment. These requirements meet or exceed those recommended by CoAEMSP. These minimums are published in the program syllabus, and may be updated at the discretion of the Program Director. A set of benchmarks are additionally provided that students may use to guide their skills practice throughout the course. Students must meet all portfolio requirements at the end of the course to successfully complete the program. Additionally, student progress in skills performance is evaluated informally throughout the didactic portion and formally before the student enters their Clinical Internship.

1400.10.3 Maximum Time Frame

Maximum Time Frame (MTF) is the maximum amount of time in which a student can successfully complete any of the programs offered at the school. The maximum time frame may not exceed 150% of the published length of the program as measured in clock hours as seen in the list below.

▶ The timeframe of the Paramedic Program is structured to graduate entry-level paramedics, with a normal duration of the entire program of 1,100 clock hours (50 weeks). As such, all parts of the Program must be completed within 1,650 scheduled clock hours (78 weeks) of the start date to ensure entry-level paramedic competency.

Program	Program Length	Maximum Time Frame
Paramedic	1,100 clock hours/50 weeks	1,650 clock hours/75 weeks

The MTF is divided into Normal Program Duration (NPD), which encompasses the first 1,100 clock hours (or 50 weeks), and Extended Program Duration (EPD), which encompasses clock hours 1,101-1,650 (or weeks 51-75). During NPD, students are evaluated following the schedule described in Section 1400.10.4 Evaluation periods. At each evaluation point, students must be current with all course requirements (e.g. have completed and returned all assigned coursework, passed all course exams, successfully completed all certifying courses) in order to maintain SAP. Students who are not current with all course requirements will have one (1) week from the date of review to come into compliance or be placed on Academic Probation (see Section 1400.10.5 Academic Probation).

Students who do not complete all program requirements within the normal program duration will enter EPD. Students with outstanding clinical or field internship requirements are required to continue to attend class weekly while they work toward satisfying all remaining requirements. These weekly class sessions may be individual, small-group, or with another cohort of paramedic students (e.g. the next cohort entering their clinical/field internships). Attendance to these class sessions is mandatory throughout EPD, and an absence from any session will prompt immediate review by the course administration and possible disciplinary action. During EPD, any missed class hours must be made up by the student. The criteria for making up missed time during EPD are at the discretion of the Program Director, and may include extra review sessions, extra coursework, or completing online distributed learning classes.

Upon entering EPD, students will meet with the Program Director and/or Clinical Coordinator to develop an Academic Improvement Plan to meet all outstanding requirements (see **Section 1400.10.5a Academic Improvement Plan**). The plan will clearly list the missing requirements and specify a course of work to satisfy them. The plan will also establish evaluation periods, benchmarks, and evaluation criteria to guide on-going monitoring of the student's progress. The plan will be regu-

larly reviewed and updated with the student, and will remain in effect until the student successfully completes the program, withdraws from the program, or is terminated from the program.

1400.10.4 Evaluation periods

Students in all programs will be evaluated at the conclusion of each course module, as well as at the course midpoint, course endpoint, and, if needed, the Maximum Time Frame based on scheduled clock hours (see **Section 1400.10.3 Maximum Time Frame**). Consistent with SAP measurements, the evaluations will assess each student's progress against the qualitative and quantitative standards mentioned above.

Evaluation point	CC	CV	MED	PED	TRA	MID	EOC	MTF
Clock hours	148	236	392	444	504	550	1,100	1,650

CC, Core Concepts module; CV, Cardiovascular module; MED, Medical module; PED, Pediatrics module; TRA, Trauma module; MID, midpoint of the course; EOC, end of course; MTF, maximum time frame

At the midpoint evaluation, students will additionally have their skills portfolio evaluated. Students must meet certain minimums in skill performance and documentation in the laboratory and simulation setting before they can proceed to their Clinical Internship. The minimums are published in the Program syllabus. Additionally, at the completion of their Clinical Internship, students must have met all required patient encounters and psychomotor skill minimums to advance to their Field Internship.

While SAP is formally evaluated per the schedule above, student progress will undergo additional status reviews by the course faculty and administration. These reviews will occur at least once during the didactic portion of the course and once during the clinical and field portion, but may occur more frequently at the discretion of the Program Director. The status reviews consider the student's performance on all assigned work, exams, and certification courses as well as any additional evaluations completed by the faculty.

A student who has not successfully completed all program requirements for graduation by the MTF will be academically terminated from the program. Such students may reapply to the program, and are required to repeat all aspects of the program; no credit is awarded for prior unsuccessful attempts.

1400.10.5 Academic Probation

Students not meeting SAP requirements at any the end of any evaluation period will be placed on **Academic Probation** through the next evaluation period.

Academic Probation serves as a formal notification to the student that their performance is unsatisfactory and as a period of close monitoring of the student's progress in the course. The goal of Academic Probation is to bring the student's performance up to program standards and increase the likelihood of student success in the course. Students on Academic Probation may be required to complete additional coursework or practice sessions as determined by the Program Director. Continued poor performance at the end of Academic Probation will result in Academic Termination.

When a student is placed on Academic Probation, they will meet with the Program Director to discuss the reasons for failing to achieve Satisfactory Academic Progress and develop an Academic Improvement Plan. Performance criteria will be set for removal from Academic Probation by the end of the evaluation period. The student will meet with the course director or designee regularly during the Academic Probation period and adjustments to the academic improvement plan will be made as necessary.

At the end of the Academic Probation period, if the student has met the terms of the Academic Improvement Plan and regained Good Standing, he or she will be removed from Probation. If the student has failed to meet the terms Academic Improvement Plan and achieve Good Standing, he or she will be Academically Terminated from the program.

1400.10.5a Academic Improvement Plan

During Academic Probation, students will be required to meet with the Program Director and complete an **Academic Improvement Plan**. The Academic Improvement Plan is designed to help struggling students be successful in the program and regain Good Standing.

The Academic Improvement Plan plan may include additional coursework, practice sessions, tutoring, readings, simulation sessions, or other requirements. Through the evaluation period, students will meet regularly with the Program Director to assess their progress and make any necessary adjustments to the Academic Improvement Plan. A record of all meetings and the Academic Improvement Plan itself will be retained in the student's record.

Students who successfully complete the terms of their Academic Improvement Plan will regain Good Standing by meeting the established satisfactory academic progress criteria. Students who do not complete the terms of their Academic Improvement Plan will be Academically Terminated from the program.

1400.10.5b Return to Good Standing

If a student achieves Satisfactory Academic Progress by the end of the Probation period, he or she will return to Good Standing, provided the student satisfies all other criteria for Good Standing as listed in **Section 600.11 Good Standing**.

144.10.5c Appealing placement on Academic Probation

Students not meeting the Satisfactory Academic Progress standards are notified by means of a Corrective Action Form (CAF) or email from the Program Director. Students wishing to appeal the unsatisfactory academic progress determination must do so in writing, within five (5) calendar days of receipt of the letter.

Appeals should be directed to the Program Director. Reasons for which students may appeal a negative progress determination include death of a relative, an injury or illness of the student, or special mitigating circumstance. Appropriate documentation should be included with the written appeal. Such documentation might include a physician's statement, accident report, or other statements. The Program Director will notify the student of their decision within five (5) calendar days of receiving the student's appeal. The Program Director's decision is final.

1400.10.6 Academic Termination

If a student fails to return to Good Standing at the end of an Academic Probation period and does not successfully appeal that determination, he or she will be Academically Terminated from the Program. In the case of Academic Termination, the last day of attendance (LDA) will be used to calculate the student's refund and/or balance due.

Students who are Academically Terminated without prejudice may reapply to the program, and will undergo the entire application and admission process. If selected for readmission, all prior coursework will be voided and the student will be required to repeat the entire program; no credit is awarded for unsuccessful prior attempts. If not selected for readmission, the student may reapply at a later date.

1440.10.6a Appealing Academic Termination

Students who are Academically Terminated from the Program may appeal the decision as provided in **Section 1400.11.2 Appeals**.

In cases where an appeal is accepted, that student is placed on Probation status through the next evaluation period. The institution will provide the student an Academic Improvement Plan that, if followed, will ensure the student meets Satisfactory Academic Progress standards by a specified time, and can return to Good Standing.

1400.10.7 Remediation

As part of the Satisfactory Academic Progress (SAP) policy, students must achieve an average assignment grade of at least 80% in each module, a minimum of 80% on all module exams, and a minimum of 84% on any certifying exams.

Within a module, if the instructor or the Program Director notices that a student is in danger of not achieving these requirements, and therefore jeopardizing their academic standing and ability to complete the program, the student may be required to complete remediation.

Remediation is not the same as an Academic Improvement Plan that is required if and when a student enters Academic Probation; however, it works much the same way. Students undergoing remediation meet with the Program Director to develop a remediation plan. This plan may include additional coursework, practice sessions, tutoring, readings, simulation sessions, or other requirements. Students in remediation will meet regularly with the Program Director or designee to assess their progress and make any necessary adjustments to the remediation plan. A record of all meetings and remediation plans will be retained in the student's record.

1400.10.8 Verification of SAP

Given the pace and breadth of the course, and the attendant risk of skills or knowledge decay over time, the Program Director, or designee, may require any student to undergo any testing or retesting deemed necessary at any time for any reason. If a student is unable to satisfactorily complete the required testing, they will be referred for remediation and possible placement on Academic Warning. Such testing may occur during any phase of the program (e.g. didactics, Clinical Internship, field internship). A student may be removed from a clinical or field internship placement following a failed test, and may only return to their clinical or field internship following satisfactory completion of any remediation or probationary periods as outlined above. All testing will be conducted following CFM standards.

1400.11 Program dismissal

Students may be dismissed from the Paramedic Program at the discretion of the Program Director. Reasons for program dismissal include, but are not limited to: unacceptable conduct or behavior, poor academic progress or failure to improve while

on academic warning or probation, excessive absenteeism or tardiness to class or clinical/field shifts, failure to meet testing and certification requirements, failure to meet clinical or field internship requirements, loss of EMT certification during the period of enrollment, loss of health insurance during the period of enrollment, financial delinquency, nondisclosure to CFM of new investigations or disciplinary actions taken against a student by certifying or regulatory agencies relevant to practice as an EMT during the period of enrollment, failure to disclose to CFM any new criminal or civil proceedings taken against a student during their period of enrollment, and failure to disclose to CFM any new felony charges or convictions during the period of enrollment. Program dismissal may also result from escalation of disciplinary action taken against a student, as described in the Code of Conduct.

1400.11.1 Types of dismissal

Students may be dismissed from the program with prejudice or without prejudice, which affects their options for reapplication and reenrollment as described below. The Program Director will determine which type of dismissal applies in a given situation. The nature of dismissal will be indicated on the written notice of program dismissal provided to the student and retained in the student's record.

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

1400.11.1a Dismissal without prejudice

Students dismissed from the program without prejudice may reapply and/or reenroll in the program at a later date. Subsequent application and/or enrollment must follow the standard procedures as described in **Section 1300.1 Admissions process** subject to any modifications or additions as stipulated by the Program Director at the time of program dismissal. Reapplying students must pay the \$75 application fee. Further financial obligations of reenrolling students will be handled on a case-by-case basis.

Dismissal without prejudice occurs when, in the judgment of the Program Director, the student is currently unable to meet the academic, conduct, affective, or financial obligations necessary for successful course completion but who may be able to meet these obligations at a future date. Dismissal without prejudice will result anytime a student is dismissed from the program for any of the following reasons:

- failure to maintain satisfactory academic progress, as described in Section 1400.10 Satisfactory Academic Progress;
- excessive absenteeism or tardiness, or exceeding the maximum number of missed hours for the course (30 hours) (Section 1400.4.1b Overall program attendance requirement) or any course module (20% of total clock hours for the module) (Section 1400.4.1c Attendance in each course module);
- failure to complete the course within the Maximum Time Frame (1,650 hours) (Section 1400.10.3 Maximum Time Frame);
- failure to achieve a passing score on any modular exam despite remediation and retest attempts (Section 1400.9 Testing & retesting);
- failure to achieve a passing final course grade (Section 1400.9.3 Terminal competency evaluation);
- failure to meet certification requirements (Section 1400.2 Graduation requirements);
- failure to meet clinical or field internship requirements, including documentation requirements (Section 1600.2.3 Passing criteria for Internships);
- as a result of the escalation of disciplinary action taken against a student (see Code of Conduct, Section 300.3.4 Program dismissal);
- failure of a drug screen or noncompliance with required screening (Section 1300.3.3 Preenrollment drug & alcohol testing; see also Section 600.8 Drug & alcohol policy);
- loss of their EMT certification through nonrenewal during their period of enrollment (Section 1300.1.1 Enrollment requirements)
- loss of health insurance during their period of enrollment (Section 1300.2 Insurance requirements);
- financial delinquency (subject to approval by the President) (Section 1800.4.2 Consequences of delinquency on TuitionFlex payments);
- violation of any CFM policy which stipulates that noncompliance may result in program dismissal.

This list is not exhaustive. In general, students may be dismissed without prejudice for any reason that satisfies the following two conditions:

(1) any reason that, in the judgment of the Program Director, indicates the student is unable to successfully complete

the program or that is significantly incompatible with the academic, psychomotor, or affective standards of the program and that is unlikely to be remediable or that has persisted despite attempts at remediation;

and

(2) any reason that, in the judgment of the Program Director, does not indicate or suggest the student will be unable to successfully complete the program at a later date and that does not preclude the student from competently and faithfully executing the responsibilities and duties of a paramedic, or raise significant concerns to the contrary.

The Program director will factually document the reasons for dismissal without prejudice in a report entered into the student's record. The student will be provided with a copy of this report, and may enter into the record a written response. Dismissal decisions are subject to appeal as described below.

1400.11.1b Dismissal with prejudice

Students dismissed from the program with prejudice are barred from reenrolling in the Paramedic Program at any future date, irrespective of their eligibility for admission. Dismissal with prejudice occurs when, in the judgment of the Program Director, the student is currently unable to meet the academic, conduct, affective, or financial obligations necessary for successful course completion and is unlikely to be able to meet these obligations in the future. Dismissal with prejudice may occur for any of the following reasons:

- severe violations of the Code of Conduct or other egregious acts or behaviors that are contrary to the standards and expectations of the program or that do not represent the values and principles of the medical profession (see Code of Conduct, Section 300.3.4 Program dismissal);
- a persistent and pervasive pattern of unprofessional behavior or conduct despite attempts at remediation (see
 Code of Conduct, Section 200.2.2 Repeated misconduct or patterns of misbehavior);
- violation of patient privacy or any inappropriate dissemination or discussion of protected health information (Section 600.9 HIPAA (Health Insurance and Accountability Act of 1996));
- any instance of academic dishonesty (Section 1400.1.1 Academic integrity; see also the Code of Conduct, Section 400.3 Sanctions following academic misconduct);
- as a result of escalation of disciplinary action taken against a student (Section 1500.3 Student discipline);
- commission of a felonious act during their period of enrollment (see Code of Conduct, Section 500.1 Prohibited conduct);
- failure to disclose to CFM any investigation or disciplinary action taken against the student in their capacity as an EMT by any regulatory or certifying body during their period of enrollment (Section 1500.1.1 Duty to disclose);
- ▶ falsification of medical records or other required program documentation (e.g. clinical logs);
- expulsion from a clinical or ride site for reasons related to unprofessional or unethical conduct;
- failure to disclose to CFM any criminal proceedings initiated against a student during their period of enrollment (Section 1500.1.1 Duty to disclose);
- failure to disclose to CFM any civil or other legal proceedings initiated against a student during their period of enrollment that may reasonably impact their suitability or capacity to discharge the responsibilities of a paramedic (Section 1500.1.1 Duty to disclose);
- financial delinquency (subject to approval by the President) (Section XXXX);
- dismissal that occurs during the student's second attempt at completing the program (Section 1400.11.7 Two-attempt policy);
- violation of any CFM policy which stipulates that noncompliance may result in program dismissal with prejudice.

This list is not exhaustive. Students dismissed from the program with prejudice are dismissed for reasons that, to a reasonable standard, indicate the unsuitability of the student for work as a paramedic. A complete list of such reasons is not possible, and each dismissal decision is handled individually and with careful consideration of all available facts and evidence. In general, reasons for dismissal with prejudice satisfy one or more of the following conditions:

- (1) any reason that represents a significant violation of the ethical principles and standards of the medical profession;
- (2) any reason that reflects or indicates a pervasive pattern of behavior that is incompatible with competently or faithfully carrying out the roles and responsibilities of a paramedic, and that persists despite attempts at remediation or that the student refuses to remediate;

or

(3) any reason that presents an unacceptable risk of harm to the public in the form of incompetent delivery of care, negligence, or erosion of public trust in the institutions and providers of emergency medical care.

Dismissal from the program with prejudice is not a minor decision, and the Program Director will consider all cases under consideration for dismissal with prejudice with due care and in deliberation with other senior administrators and, as necessary, the President.

The Program Director will factually document the reasons for dismissal with prejudice in a report entered into the student's record. The student will be provided with a copy of this report, and will have the opportunity to respond in writing. A copy of the student's response will also be entered into the record. Dismissal decisions are subject to appeal and review as described below.

1400.11.2 Appeals

Any student dismissed from the program has the right to appeal the decision. Appeals may request (1) that the decision to dismiss the student be reversed entirely or (2) that a decision to dismiss the student with prejudice be changed to dismissal without prejudice. Such appeals must be submitted, in writing, to the Program Director within fourteen (14) days of the date of program dismissal. Upon receipt of a request for appeal, the Program Director will promptly forward the written request, along with the report describing the reasons for dismissal and any written response furnished by the student, to the President. The Program Director may provide, or the President may request, any additional records for review. The President may request to interview the student, Program Director, or any other relevant party. During the period of appeal, the student will remain enrolled in the program, although their attendance to class, clinical or field shifts, or other CFM-sponsored or arranged functions may be limited at the discretion of the Program Director.

After reviewing the available facts, the President will render a decision to either uphold, modify, or reverse the decision to dismiss. If the decision to dismiss the student (with or without prejudice) is upheld, a written copy of the decision will be entered into the student's record, and the student may submit a written response or rebuttal for entry into the record. The President may decide to modify the dismissal decision by changing the dismissal type: dismissal with prejudice may be changed to dismissal without prejudice. If a decision to modify the dismissal is made, the student's record will be updated to reflect the new status, and a note will be entered into the record. If a decision to reverse the dismissal is made, the student will return to full, active enrollment status with the rights and responsibilities appertaining thereto. The student's record will be updated to reflect their enrollment status.

1400.11.3 Refund due to dismissed students

Students dismissed from the Program without prejudice will be issued a refund of any monies paid pursuant to **Section 1800.5 Cancellation & refund policy – non-VA students** or **Section 1800.6 Cancellation & refund policy – VA students**. Students dismissed form the Program with prejudice may be issued a refund at the sole discretion of the President. The amount, terms of payment, and all other matters related to the refund issued to a student dismissed with prejudice is to be determined by the President.

CFM may subtract from any dismissed student's refund any Restitution imposed or any other fees incurred as a result of the student's actions.

1400.11.4 Program dismissal and EMT recertification requirements

Students dismissed from the Program prior to completion of the didactic component will not receive any continuing education credit or hours for their participation in the Program other than any hours accrued during the completion of a third-party certification course (e.g. ACLS, PALS). It is the responsibility of the student to submit documentation of continuing education hours for the purpose of recertification as an EMT.

Students dismissed from the Program after the completion of the didactic component may be eligible to receive continuing education credit for their participation in the Program, at the discretion of the Program Director. Such students may also claim any hours accrued during the completion of certification courses within the Program, as above.

1400.11.5 Certifications earned during the period of enrollment

Students who are dismissed from the program may retain any certifications earned during their period of enrollment (e.g. ACLS, AMLS) provided they have satisfied the requirements of the certifying body and have paid the appropriate certification fees. Certification cards will be issued to the student at the time of dismissal, as appropriate.

1400.11.6 Reenrolling following dismissal without prejudice

Reenrolling students must meet all admissions requirements to be readmitted. Students who reenroll following dismissal must repeat all aspects of the program. No credit will be given for previously passed exams, didactic or practical.

1400.11.7 Two-attempt policy

CFM has a two (2) attempt policy. This policy limits the number of times an individual may enroll and enroll into the Program to a total of two (2) attempts.

1400.12 Withdrawing from the Program

Students may withdraw from the Program at any point after enrollment. Withdrawal is entirely voluntary and carries no penalty. Students may withdraw for any reason.

1400.12.1 Exit interview

Students withdrawing from programs are advised to contact the Program Director for an exit interview prior to withdrawing or immediately after receiving a failing grade. During the exit interview, the student will have the option of completing a Withdrawing Student Agreement.

1400.12.2 Withdrawing Student Agreement

Students withdrawing from the Program will be asked to complete a Withdrawing Student Agreement. The Agreement records the reasons for withdrawal and specifies terms for any future enrollment in the Program. The Withdrawing Student Agreement will include, but is not limited to:

- whether the student intends to return to the Program and, if so, when,
- the reapplication and/or reenrollment procedure(s) for any future enrollment;
- the applicability of completed coursework to any future enrollment;
- the financial arrangements between the student and CFM, including:
 - » repayment by the student of any outstanding loans or other financial obligations to CFM;
 - » application of any current loans or financial arrangements to future enrollments;
 - » payment to the student of any refund due from CFM;
 - » eligibility for financial assistance in future enrollments.

If a withdrawing student does not meet with the Program Director and does not complete a Withdrawing Student Agreement, CFM will apply standard terms to the student's withdrawal. These terms include the assumption the student does not intend to return to the Program and the issuance of a standard refund if one is owed. Students without a Withdrawing Student Agreement who subsequently wish to reenroll in the Program will be required to utilize the standard admissions process.

1400.12.3 Refund due to withdrawing students

Students withdrawing from the Program will be issued a refund of any monies paid pursuant to **Section 1800.5 Cancellation** & **refund policy – non-VA students** or **Section 1800.6 Cancellation** & **refund policy – VA students** unless other arrangements are made with CFM beforehand.

1400.12.4 Certifications earned during the period of enrollment

Students who are withdraw from the program may retain any certifications earned during their period of enrollment (e.g. ACLS, AMLS) provided they have satisfied the requirements of the certifying body and have paid the appropriate certification fees. Certification cards will be issued to the student at the time of dismissal, as appropriate.

1400.12.5 Reenrolling following withdrawal

Reenrolling students must meet all admissions requirements to be readmitted. Students who reenroll following withdrawal generally will be required to repeat all aspects of the Program, with no credit given for previously passed exams or coursework. Students withdrawing after completion of the didactic component of the Program may be able to reenroll and proceed directly into their Clinical and/or Field Internship. The Program Director will determine if previously completed coursework may be applied to a subsequent enrollment.

1400.12.6 Two-attempt policy

CFM has a two (2) attempt policy. This policy limits the number of times an individual may enroll and enroll into the Program to a total of two (2) attempts.

1400.13 Leave of Absence

Due to the length of the programs offered by CFM, the schedules assigned to students, and the number of cohorts offered, a Leave of Absence is not possible for students enrolled in the Paramedic Program. Students requiring an extended period of time away from the Program are advised to withdraw from the Program and make arrangement for reenrollment at a later date.

1500 | Appearance & Conduct Policies

1500.1 General conduct policies

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

Students in the Paramedic Program seek entry into the highest level of out-of-hospital medical providers. As such, students are expected at all times to conduct themselves and their interests in accord with the highest standards of professional and ethical behavior. Paramedics, and paramedic students, must serve as role models for other EMS providers, and should always strive to meet the rigorous and demanding standards and expectations of the medical profession.

Recognizing the critical role of paramedics as medical providers and role models within the EMS community, CFM expects all of its students to guided by the principles and standards of the CFM community, as detailed in **Section 600.2 Standards of the CFM community**. CFM will not tolerate any form of misconduct by students in the Paramedic or any other Program, and reserves the right to discipline students who violate the Code, CFM policies, or community standards as it sees fit.

The classroom is the first professional environment of a student's career, and should be treated with the same respect and conscientiousness as any workplace. Students would do well to consider their time in the Paramedic Program as one long job interview, and always seek to be at their best.

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

1500.1.1 Duty to disclose

Given the high ethical standards required of paramedics, CFM has an obligation to ensure its graduates are trustworthy and that there can be no question, whatsoever, of their integrity and moral character. CFM recognizes, however, that one's history is not always in accord with one's current beliefs and practices. CFM believes in the power of one's mistakes to guide and motivate one's growth and development – both as a provider and as a person – and will not, as a matter of course, hold past infractions or adverse events in a student's work or personal history against them. It is crucial, however, that students be honest and direct about their past misbehavior in their dealings with CFM. Criminal background checks and work history are part of the application to the Paramedic Program, and applicants are expected to disclose as part of their application and prior criminal convictions or actions taken against their certification or license to practice by any regulatory body. Failure to disclose such information on the application is grounds for denial of the application (see Section 1300.1.1c Duty to disclose revocation, suspension, or investigation of license or certifications).

All students enrolled in the Paramedic Program are required, as a condition of enrollment, to maintain active certification as an EMT, either state or national. If, at any point during their period of enrollment, a student's certification or license to practice is investigated, suspended, or revoked by any certifying or regulatory body, the student must immediately notify CFM. Similarly, if, during their period of enrollment, a student is the subject of any criminal investigation, charge, or conviction, they must immediately notify CFM. Civil legal proceedings may be initiated for a wide variety of reasons, many of which are not relevant to the student's ability to function as an EMT or paramedic. Nonetheless, students are required to disclose to CFM any civil or other legal proceedings initiated against them during their period of enrollment that may reasonably impact their suitability or capacity to discharge the responsibilities of a paramedic. Students are advised to notify CFM of any legal proceedings in which they are involved, as these may disrupt their ability to fulfill course requirements (including attendance requirements).

CFM is dedicated to supporting its students, but can only do so when students are completely honest and transparent.

FAILURE TO DISCLOSE ANY INVESTIGATION OR DISCIPLINARY ACTION TAKEN AGAINST A STUDENT IN THEIR CAPACITY AS AN EMT, OR FAILURE TO DISCLOSE ANY CRIMINAL OR LEGAL PROCEEDINGS INVOLVING A STUDENT, IS GROUNDS FOR IMMEDIATE PROGRAM DISMISSAL WITH PREJUDICE.

1500.2 Code of Conduct

As members of the CFM community, all students in the Paramedic Program are expected to understand and follow the Code of Conduct. Violations of the Code will be addressed via the Conduct Process as appropriate. The Program Director is responsible for interpreting and applying the Code, determining if a student has committed an infraction, and any disciplinary action or sanction that is appropriate.

CFM, IN ITS SOLE DISCRETION, WILL DETERMINE IF A STUDENT VIOLATED THE CODE OF CONDUCT OR COMMITTED ANY OTHER UNACCEPTABLE ACT, AND WHETHER THE INFRACTION WARRANTS SANCTION OR DISCIPLINARY ACTION AGAINST THE STUDENT.

1500.3 Student discipline

Student discipline is the sole prerogative of the Program Director, who will determine if a student committed and unacceptable act and what, if any, disciplinary action or sanction is appropriate. Generally, student discipline will be administered as provided for in the Code of Conduct. The Program Director may initiate the disciplinary process at any level. The Program Director may escalate disciplinary action, up to and including dismissal from the Program, as necessary.

CFM, IN ITS SOLE DISCRETION, WILL DETERMINE WHEN TO WARN, REPRIMAND, OTHERWISE DISCI-PLINE, 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 BASED ON THE CIRCUMSTANCES AT HAND.

Failure of a student to abide by the terms of any disciplinary action or sanction taken against them is grounds for dismissal from the Program. Students may be immediately dismissed from the Program following a single instance of egregious misconduct or severe violations of the Code or other CFM policy.

1500.4 Uniform

1500.4.1 Uniform standards

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

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

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.

1500.4.2 Uniform components

All of the following are acceptable components of the uniform:

- Center for MEDICS blue EMS pants;
- Center for MEDICS blue polo shirt (embroidered);
- Center for MEDICS pullover (embroidered);
- Center for MEDICS jacket with appropriate patches;
- Center for MEDICS blue t-shirt (must be worn at all times under uniform pieces);
- black belt;
- black, slip resistant, shined boots;
- Center for MEDICS ID badge.

To be considered in uniform, students must be wearing at a minimum: blue EMS pants, belt, undershirt, boots, ID badge and either a CFM polo shirt or pullover. The CFM jacket may be worn over either a polo shirt or pullover, but may not be used as a student's only upper body uniform component.

1500.4.2a Patches

The jacket is issued with a removable patch of the CFM logo and a removable patch of the American flag. These patches are to be worn on the sleeves of the jacket at the level of the shoulders. The CFM patch is to be worn on the left arm and only when the student is acting in an official capacity as a CFM student (i.e. attending class or a clinical or field shift). If a student wishes to use the jacket for non-CFM activities, they must remove the CFM patch beforehand. The American flag patch is to be worn on the right arm, with the star field oriented to the upper right.

At no point is any other logo or patch to be worn on the jacket while the student is engaged or traveling to/from any CFM activity.

1500.4.3 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.

1500.4.4 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 provided they show professionalism and represent the Program and EMS at the highest level.

1500.4.5 Jewelry

Students must adhere to the following guidelines for wearing jewelry:

- ▶ No jewelry may be worn at any time during clinical rotations with the following exceptions:
 - » Watches, wedding bands (excluding those with large or protruding gemstones), medical alert bracelets, and memorial bracelets;
- Visible body piercing is not permitted;
- Students may wear one stud earring in each ear only;
 - » Dangling or hoop earrings are prohibited;
- Tongue studs or facial piercings are not permitted;
- Visible tattoos may not be permitted in certain clinical and field settings.

1500.4.6 Program ID

Once issued, the program ID is to be worn by all students while actively participating in all CFM-related activities. If a student is issued another ID by a clinical or ride affiliate during their internships, the program ID must be worn **in addition to** the additional ID. IDs issued by outside facilities may not substitute for the program ID.

Lost or damaged program IDs will be replaced at a cost of \$5 per ID. Repeated losses may prompt counseling and disciplinary action.

1500.6 Personal hygiene

Hair must be neat and professional at all times. Long hair must be tied up and off the shoulders. 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.

1500.7 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. See also the **Code of Conduct, Section 700 Nonfraternization** for additional policies governing student-instructor relationships.

1500.8 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.

1600 | Clinical & Field Internships

1600.1 Overview

Clinical and Field Internships are essential components of the Paramedic Program. Each clinical and field rotation is intended to offer students both learning opportunities 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 also essential parts of clinical and field rotations. Students complete the Clinical Internship following successful completion of the didactic portion of the program, and complete the Field Internship following successful completion of their Clinical Internship.

The Paramedic Program, CoAEMSP, and Massachusetts OEMS all require that paramedic students 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.

1600.1.1 Timing of Clinical & Field Internships

Students complete the didactic portion of the Program prior to beginning their Clinical and Field Internships. This is done to ensure that students have had an opportunity to acquire the relevant knowledge, skills, and attitudes during classroom education that will allow them to maximally benefit from their Clinical and Field experiences. Although didactic education continues during both the Clinical and Field Internships, the large majority of the curriculum, including most of the medically-oriented content, will have been delivered prior to the start of the Clinical Internship. In addition, students will have had ample opportunity to practice skills in the lab setting and demonstrate competency and safe performance to the standards of CFM prior to their practicing these skills on live patients in the Clinical and Field internships.

1600.1.2 Clinical & Field Guide

Students are provided with a Clinical & Field Guide which contains detailed information regarding the goals, objectives, expectations, standards, and requirements for the Clinical and Field Internships. These will be reviewed with students prior to beginning both internships.

THE CLINICAL & FIELD GUIDE IS CFM POLICY AND HAS FULL FORCE AND EFFECT AS SUCH. VIOLATIONS OF ANY PROVISION OF THE CLINICAL & FIELD GUIDE MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING PROGRAM DISMISSAL.

1600.2 Expectations

While attending Clinical and Field rotations, CFM students act as representatives of CFM and the Paramedic Program. As such, they are expected to adhere to all CFM standards and policies governing student conduct and to maintain the highest levels of professionalism at all times.

1600.2.1 Conduct expectations

While on clinical and field rotations:

- Students are to be dressed in the CFM uniform at all times during any Clinical or Field shift (see Section 1500.4 Uniform 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 are to be actively engaged in their education for the entirety of their shifts; this may include assessing patients, performing skills, observing assessments and/or procedures or skills, documenting patient care, and completing any other course requirements.
- > Students are guests at the hosting institution, and must always show respect for their patients, preceptors, other staff and visitors, the facility, and the equipment provided.
- When not otherwise engaged in educational activities, students should seek to make themselves useful in a reasonable and appropriate manner; this may include assisting with room turnover, making beds/stretchers, delivering specimens to the clinical laboratory, and other activities that are reasonable and within the scope of practice of a paramedic.

1600.2.2 Student role

Students must function in the student capacity, regardless of previous affiliations or employment with the Clinical or Field Internship site. Although employers are free to compensate students for clinical and field rotations, students must function at all times as a student or intern. Students are not to be substituted for paid personnel.

STUDENTS STRICTLY PROHIBITED FROM PERFORMING ANY ADVANCED SKILL UNLESS THEY ARE IN CFM UNIFORM AND FUNCTIONING SOLELY AS A CFM STUDENT DURING AN APPROVED CLASS-ROOM, CLINICAL, OR FIELD SHIFT.

1600.2.3 Passing criteria for Internships

To receive a passing grade for the Clinical Internship, students must:

- complete the required number of hours (including any required repeat or make-up hours) for the Clinical Internship, inclusive of all clinical sites and rotations;
- complete all necessary documentation of these hours, which must be submitted to the Program on the proper form, and signed by the preceptor;
- complete all minimum patient assessments, impressions, and encounters, as well as the minimum number of instances of all required 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.

To receive a passing grade for the Field Internship, students must:

- complete the required number of hours (including any required repeat or make-up hours) for the Field Internship, inclusive of all field sites and rotations;
- complete all necessary documentation of these hours, which must be submitted to the Program on the proper form, and signed by the preceptor;
- complete all minimum patient assessments, impressions, and encounters, as well as the minimum number of instances of all required skills;
- perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms;
- completed the minimum number of team leads, as defined by the Clinical & Field Guide and verified by the preceptor on the clinical forms;
- meet the standards of professionalism set by CFM, including appropriate dress, actions, demeanor and language.

1600.3 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 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.

1700 | Student Services

1700.1 Placement assistance

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

CFM will aid in employment placement for graduates and students graduating from the Paramedic Program. This will include assistance with interviewing, coaching, resume building, and vacancy position identification.

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.

1700.2 Fitness room

Pro EMS has a fitness room for the use of employees and individuals associated with the Paramedic Program. Individuals wishing to use this room must review the fitness room 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 work 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.

1700.3 Other services

All services described in **Section 1000 | Student Services** are also available to students in the Paramedic Program during their period of enrollment.

1800 | Financial information & policies

1900.1 Overview of fees

Application					
Application fee	Processing fee, non-refundable and upon application submission	\$75			
Administrative Fees*					
Transcripts	Transcript request	\$10 each			
ID	Replacement ID	\$5 each			
Parking pass	Replacement parking pass	\$25 each			
Certification cards	Replacement certification cards	\$10 each			
Uniforms	Replacement uniforms as needed	Market p	rice		
Overview of Tuit	ion & Fees				
	Nonrefundable at start of program	\$2,550	_		
Program Fees	Nonrefundable after week 12	\$328			
	Fee Total		\$2,878		
Tuition	Tuition for the Paramedic Program		\$11,117		
Total cost of P	Total cost of Paramedic Program \$13,995				

Fee Schedule		
The following costs are incurred	d at the start of the program and are nonrefundable:	
iPad	iPad device & case used for coursework	\$330
Occupational Health	Evaluation by occupational health for vaccinations and fitness	\$510
Uniforms	Uniforms are required for program participation; these are sized to fit and ordered in advance of first class session	\$550
Books	Books for Paramedic Program study	\$658
Malpractice Insurance	Required to participate in clinical and field training activities	\$80
EMS Testing	Electronic practice testing	\$98
FISDAP software	Electronic clinical skills tracking	\$110
Lab & Disposable Equipment	Disposable equipment and supplies used during practical labs	\$259
	Subtotal	\$2,595
The following costs are nonrefu	ındable after week 12:	
BLS CPR certification	AHA Basic Life Support Cardiopulmonary Resuscitation course	\$23
ACLS certification	AHA Advanced Cardiac Life Support course	\$45
PALS certification	AHA Pediatric Advanced Life Support course	\$45
AMLS certification	NAEMT Advanced Medical Life Support course	\$85
PHTLS certification	NAEMT Prehospital Trauma Life Support course	\$85
	Subtotal	\$283
	Total Program fees	\$2,878

^{*}One of each of the listed items is provided to the student during the program. Fees refer to replacements or, in the case of transcripts, additional transcript requests during and after the period of enrollment.

1800.2 Financial aid and/or assistance

CFM does not currently participate in federal financial aid programs.

1800.3 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;
- TuitionFlex (described in greater detail below);
- ▶ GI Bill.

1800.4 TuitionFlex

TuitionFlex is a guaranteed loan with no credit check available to all students accepted into the Paramedic Program.

1800.4.1 TuitionFlex terms

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 (i.e. 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 prepayment penalty.

1800.4.2 Consequences of delinquency on TuitionFlex payments

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, students must adhere to 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.

1800.5 Cancellation & refund policy – non-VA students

1800.5.1 Buyer's 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. Installer Institute shall provide a 100% refund within 30 days.

1800.5.2 Cancellation prior to start of class

If an applicant is rejected for enrollment or the program is canceled by the institution, a full refund of all tuition monies paid will be made to the applicant. If the program is canceled subsequent to enrollment, all monies paid by the student will be refunded.

If an accepted applicant cancels prior to the start of scheduled classes or never attends class, all monies paid less a \$100 registration fee will be refunded.

1800.5.3 Cancellation after start of class

For an enrolled student, the refund due will be calculated using the last date of attendance (LDA) and be paid within 30 days from the date of determination.

- ▶ The institution may retain an administrative fee associated with withdrawal or termination not to exceed \$100.
- ▶ 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. When determining the number of weeks completed by the student, the institution will consider a partial week the same as if a whole week were completed, provided the student was present at least one day during the scheduled week.
- After the first week and through fifty percent (50%) of the period of financial obligation, tuition charges retained will not exceed a *pro rata* portion of tuition for the training period completed, plus ten percent (10%) of the unearned tuition for the period of training that was not completed.
- After fifty percent (50%) of the period of financial obligation is completed, the institution may retain the full tuition.
- ▶ The LDA is determined based on the last confirmed date the student attended a scheduled class. Such confirmation may be provided by the institution's attendance records.

The refund will be calculated using both policies based on the last day of attendance. The student will be issued based on whichever refund amount is more favorable to the student. Any refund due to a student will be paid within 30 days of cancellation or withdrawal date.

1800.6 Cancellation & refund policy – VA students

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

1800.6.1 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 \$3,995. The student attended class for the first four (4) days and then stopped attending.

\$3,995 = \$133.17 per day x 4 days = \$532.68 (Note: The \$10 registration fee may be retained by the school.)

Student's initial payment	\$3,995
Registration fee	-\$10
Amount retained by school	- \$532.68
Refund due to student	\$3,452.32

1800.6.2 Covered individuals

As part of the **Veterans Benefits and Transition Act of 2018**, section 3679 of title 38, United States Code was amended to clarify benefits for covered individuals. A Covered Individual is any individual who is entitled to educational assistance under chapter 31, Vocational Rehabilitation and Employment, or chapter 33, Post-9/11 GI Bill benefits.

It is the policy of CMF to permit any covered individual to attend or participate in the course of education during the period beginning on the date on which the individual provides to the educational institution a certificate of eligibility for entitlement to educational assistance under chapter 31 or 33 (a "certificate of eligibility" can also include a "Statement of Benefits" obtained from the Department of Veterans Affairs' (VA) website – eBenefits, or a VAF 28-1905 form for chapter 31 authorization purposes) and ending on the earlier of the following dates:

- The date on which payment from VA is made to the institution;
- ▶ 90 days after the date the institution certified tuition and fees following the receipt of the certificate of eligibility.

CFM also affirms that it will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrow additional funds, on any covered

individual because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from VA under chapter 31 or 33.

1800.7 Collections

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

1900 | Program Modules

Module	Course Title		Lecture Hours	Lab Hours	Internship Hours	Total Clock Hours
1	Core Concepts		66	82		148
2	Cardiovascular		38	50		88
3	Medical		72	84		156
4	Pediatrics		24	28		52
5	Trauma		30	30		60
6	Operations		20	20		40
Clinical	Clinical Internship				250	250
7	Transport Medicine		12	8		20
8	Putting it all Together		18	18		36
Field	Field Internship				250	250
·		Total	280	320	500	1100

1900.1 Core Concepts

1900.1.1 Lecture (66 clock hours)

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.

1900.1.2 Lab (82 clock hours)

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 IVs, 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.

1900.2 Cardiovascular

1900.2.1 Lecture (38 clock hours)

The Cardiovascular module includes a focused cardiology component, which provides students with a solid understanding of the cardiac system and prehospital 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.

1900.2.2 Lab (50 clock hours)

During this module, students obtain their initial American Heart Association Advanced Cardiovascular Life Support provider certification. The lab component of this module stresses not only appropriate treatment of life-threatening cardiac emergencies but also the principles of effective teamwork, leadership, and communication among all members of a resuscitation team.

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.

1900.3 Medical

1900.3.1 Lecture (72 clock hours)

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. 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.

1900.3.2 Lab (84 clock hours)

During this preclinical 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.

During this module, students take the National Association of EMTs Advanced Medical Life Support (AMLS) certification course, which stresses a systematic, differential diagnosis-based approach to patient assessment and management. Students continue to develop their skills as team leaders and members in a wide variety of low- and high-fidelity patient care simulations.

1900.4 Pediatrics

1900.4.1 Lecture (24 clock hours)

Very few programs devote more than a few days to instruction on the topic of pediatric patients and emergencies. At CFM, we believe that this subject 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.

1900.4.2 Lab (28 clock hours)

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.

1900.5 Trauma

1900.5.1 Lecture (30 clock hours)

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.

1900.5.2 Lab (30 clock hours)

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, back-boarding, 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.

1900.6 Operations

1900.6.1 Lecture (20 clock hours)

Introduction to Paramedicine and 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.

1900.6.2 Lab (20 clock hours)

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. During this module, students also participate in a mass casualty incident exercise which incorporates elements of by MCI

1900.7: Transport Medicine

Transport Medicine, formerly the Critical Care module, is presented concurrently with the student's field internship to provide a capstone experience for students. This content is over and above the core paramedic curriculum and includes lab value interpretation, interfacility transfer (IFT) care including mechanical ventilation, hemodynamic monitoring, management of central lines and chest tubes, and management of IFT medications. Advanced topics in ECG interpretation, pharmacology, and patient assessment are stressed throughout this rigorous and focused module. The module is divided evenly between lecture and lab time with students frequently practicing skills in simulated IFT cases.

1900.8 Clinical Internship

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), 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.

1900.9 Field Internship

The last requirement of the Paramedic Program at CFM is a 250-hour internship that takes place during the student's 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. By definition, a Team Leader call is any call following the intern's initial 15 patient assessments and encounters. To qualify, as a Team Leader call the intern must demonstrate not only knowledge and understanding of pathophysiology, differential diagnosis, but competency of all skills performed. While under the supervision of the preceptor the intern completes the call in its entirety without necessary intervention from the Preceptor.

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 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 offers each student the opportunity to participate in at least two critical care ground transport opportunities with Boston MedFlight, a leader in critical care air and ground transport.

1900.10 Putting it All Together

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 module is split evenly between in-class review

and small group exercises, and lab time incorporating both simulation and skills practice. Ultimately, this capstone experience allows the students to demonstrate their competency before program completion.

2000 | Calendar

2000.1 Class days

Classes are held regularly at CFM according to the schedule below. All class dates and times are subject to modification by the Program Director. Students will be notified of any changes as soon as possible.

Two cohorts are run at the same time. One cohort is always in the didactic portion of the course (Cohort 1 in the schedule) and one cohort is always in Clinical and Field Internships (Cohort 2 in the schedule). Cohort 1 attends class on Tuesday and Saturday. Cohort 2 will attend class either Wednesday or Thursday. Once Cohort 2 graduates, Cohort 1 transitions to evening classes and a new cohort begins in didactics.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Cohort 1	No class	08:00 - 17:00	No class	No class	No class	08:00 - 17:00	No class
Cohort 2	No class	No class	17:00 – 21:30	17:00 – 21:30	No class	No class	No class

2000.2 Current & upcoming cohorts

	Start date	Start of Clinical Internship	Start of Field Internship	Last day of class	Maximum Time Frame
Class 22*	Jan 8, 2020	July 6, 2020	Sept 21, 2020	Nov 18, 2020	N/A**
Class 23	Jul 23, 2020	Feb 8, 2021	Apr 19, 2021	June 24, 2021	Dec 30, 2021
Class 24	Feb 3, 2021	Aug 30, 2021	Nov 29, 2021	Jan 27, 2022	Jul 13, 2022
Class 25	Aug 26, 2021	Feb 7, 2022	Apr 18, 2022	June 30, 2022	Feb 2, 2023

^{*}The timeline for this cohort was modified due to the Covid-19 pandemic. The original dates are listed here.

2000.3 Holidays

The following holidays are observed each year:

- New Year's Day;
- Martin Luther King Jr. Day;
- President's Day;
- Memorial Day;
- ▶ Independence Day;
- Labor Day;
- Columbus Day;
- Veteran's Day;
- Thanksgiving Day;
- Christmas Day.

Class is not held on observed holidays.

^{**}Due to the extensive modification of the schedule, the Maximum Time Frame requirement was waived for this cohort.

EMT Program

2100 | Program Overview

2100.1 Course Description

The Emergency Medical Technician (EMT) course offered by Center for MEDICS prepares students to enter the prehospital field as qualified and certified professionals. The EMT course is designed to take individuals who have no prior experience in the emergency medical field and provide them with the entry-level knowledge and experience. Students will cover learning objectives through cognitive, psychomotor, and affective domains. Class material will be held though traditional classroom lectures, practical skill stations, high fidelity simulation, and field internships. The class content runs 160 clock hours and is either covered in a condensed 1-month intensive program or over the course of a semester.

The course is divided into six modules to guide the student through comprehensive and cumulative learning objectives. In addition to traditional classroom lectures, students will participate in field internships and dynamic simulations designed to offer an early exposure to the prehospital field.

Students who are successful in the course will receive specialty certification in Basic Life Support Cardiopulmonary Resuscitation (from the American Heart Association), Prehospital Trauma Life Support, and Emergency Pediatric Care (from the National Association of EMTs). Students who successfully complete the entire course will be eligible for certification testing, through both the Commonwealth of Massachusetts (for the psychomotor examination) and the National Registry of EMTs (for the written examination). Candidates who pass both exams within the allotted timeframe and parameters will be eligible for national (NREMT) certification, and subsequently state (Massachusetts) certification.

2100.2 Length

162 clock hours/11 weeks

2100.3 Prerequisites

None

2100.4 Objectives

The objectives of the program are:

- ▶ To ensure competency in cognitive, psychomotor, and affective learning domains.
- Develop a pool of clinically sophisticated and competent EMTs to raise the bar at their respective services.

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

- Apply a comprehensive review of the anatomy and physiology of all human organ systems to the delivery of emergency medical care.
- Apply the principles of effective communication to interactions with patients, colleagues, and other personnel in the emergency and interfacility transfer setting.
- ▶ Demonstrate a comprehensive knowledge of the pathological basis of common and important diseases in the prehospital and interfacility transport settings.
- Develop and demonstrate assessment strategies to obtain important clinical information in a wide variety of dynamic environments.
- Prioritize treatment based on knowledge of pathophysiology, expected clinical course, and situational factors.
- Combine scene and patient assessment findings, with clinical judgment, to formulate a field impression.
- Use effective clinical reasoning to modify the assessment and treatment plan according to patient presentation and response to treatment.
- Develop and implement a treatment plan to assure a patent airway, adequate ventilation, and adequate respiration for patients of all ages.
- Apply detailed knowledge of the underlying etiology and pathophysiology to the management of cardiac arrest and peri-arrest states.
- ▶ Apply comprehensive knowledge of the etiology and pathophysiology of shock to the management of all shock states, with an emphasis on early intervention to prevent clinical decompensation.

- Apply comprehensive knowledge of the etiology and pathophysiology of pulmonary diseases to the management of respiratory failure or arrest, with an emphasis on early intervention to prevent arrest.
- Integrate assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a treatment and disposition plan for an acutely injured patient.
- ▶ Integrate assessment findings with principles of epidemiology, pathophysiology, and knowledge of psychosocial needs to formulate a field impression and implement a treatment and disposition plan for patients with special needs.
- Modify the assessment and treatment of pediatric, adult, and geriatric patients based on comprehensive knowledge of lifespan development.
- Apply fundamental knowledge of the principles of public health and epidemiology, including public health emergencies, health promotion, and illness and injury prevention, to the scope and role of a EMT.
- Integrate comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues to improve the health of EMS personnel, patients, and the community.

2100.5 Outcome

▶ Upon successful completion of the EMT Program, a certificate is awarded. Graduates are eligible to enter certification testing after successfully completing all coursework. The testing sequence involves successfully passing the National Registry of EMTs (NREMT) cognitive (written) examination as well as the Massachusetts Department of Public Health, Office of EMS (OEMS) psychomotor (practical) examination.

2100.6 Class Size

The maximum class size and ratio for lecture is 25 students to 1 lecturer. The maximum class size and ratio for lab activities is 7 students to 1 instructor.

2100.7 Books & Materials

2100.7.1 Books

EMT students will be issued the primary textbook on the first day of class. All other required textbooks for specialty classes or modules (such as Prehospital Trauma Life Support) will be provided to the student at an appropriate time in the program.

2100.7.2 Materials

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

2100.8 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 an EMT student needs equipment, a faculty member should assist.

2100.9 Classroom Skills Practice

During 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 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

The practice of skills is an essential part of the EMT 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 appropriate dress. 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 following step-by-step procedures.

2100.10 Practicing Skills

Students enrolled in the EMT Program may only practice certain skills in the presence of a Program instructor during lab sessions or during an approved Field Internship with a designated preceptor.

Students are limited to practicing only skills previously taught by the faculty of the CFM EMT 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 field internship and are not permitted to represent CFM in any fashion.

Students must always function in the student or "third rider" role when completing a Field Internship.

Violations of this policy may result in the immediate removal of the student from the EMT program.

2100.11 EMT Certification Requirements

In order to be certified as an EMT, students must:

- ▶ Successfully complete all requirements for graduation including summative written and practical exams.
- Meet the NREMT's minimum entrance requirements for Emergency Medical Technician (EMT).
- Pass both the Massachusetts Department of Public Health, Office of EMS' Psychomotor (practical skills) examination and the NREMT's Cognitive (written) examination within the allotted time frame.

2100.12 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:

- ▶ Have a cumulative overall grade point average of 80%.
- ▶ Have a cumulative attendance of 95%.
- Pass all module exams with at least an 80%.
- 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.
- ▶ Be in good financial standing with CFM.

2200 | Admissions Requirements

Admission to CFM's EMT program requires that all applicants 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:

- ▶ Have a high school diploma or have satisfied the requirements through the General Educational Development (GED) examination.
- ▶ Be at least eighteen years of age*
- 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
- * If the applicant is under the age of eighteen and is admitted, they must have a letter of approval from a parent or guardian to enroll in the course. The applicant will only be admitted if they are turning eighteen by the end of the course; NREMT and OEMS requirements stipulate that candidate for certification must be at least eighteen years old.

2200.1 Medical Insurance & Malpractice Insurance

CFM will supply malpractice insurance for all EMT students 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 EMT program.

2200.2 Medical Clearance & Vaccinations

EMT students are not required to obtain medical clearance or vaccinations as EMT students do not participate in clinical rotations. EMT students do participate in field rotations and a third-rider waiver is required to be signed during orientation.

2200.3 Personal & Physical Limitations

Enrolling EMT students must affirm in writing that they have no known personal or physical limitations that will prevent the student from successfully completing the program.

2200.4 Admissions Procedure

Applicants for the EMT program can complete an online application at www.centerformedics.com. The application will be reviewed by the admissions committee and a determination will be made as soon as possible. Applications to the EMT program are taken on a rolling-basis. As such, early applications are always recommended to ensure placement, financial arrangements, and scheduling.

All applicants will undergo a comprehensive interview with program leadership. Candidates are encouraged to prepare themselves for the program interview in the same detailed manner that they would prepare for any professional, academic or career interview. CFM expects that all candidates present themselves in a professional manner and in professional attire. After the interview, applicants will be notified by email of acceptance or rejection within 7-10 business days.

CFM does not discriminate on the basis of sex, age, physical handicap, race, national origin, sexual orientation, political affiliation, creed or religion in its admission to or treatment in its programs and activities, including advertising, training, placement assistance, and employment.

Students with special needs are considered for admission provided they meet the entrance requirements. Special accommodation requests must be made in writing and documented by a physician. The Director of CFM is responsible for determining whether applicants, including those with special needs, can benefit from the training.

2300 | Academic Policies

2300.1 Transfer of Credit

CFM may grant academic credit to students who have successfully completed the same, or substantially the same, coursework 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:

- Transfer of Credit requests must be made in writing and completed prior to signing an Enrollment Agreement.
- An official transcript of the student's coursework must be furnished directly by the Institution where the coursework was completed before any application for transfer credits can be evaluated.
- A copy of the catalog or course syllabi from the Institution at which the coursework 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, except where noted in an articulation agreement with the University of Alaska, Fairbanks.
- Course work completed more than three (3) years ago may only be transferred with the Program 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 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.
- ▶ The applicant has five (5) business days to appeal a decision to reject requests for transfer of credit in writing to the Program Director. The Program Director will review the appeal request and supporting documentation and make a final determination in writing within five (5) business days. The decision of the Program Director is final.
- ▶ Tuition and fees, as applicable, will be adjusted to reflect the number of clock hours accepted as transfer credit. The reduced tuition/fees will be reflected on the enrollment agreement and designated as such on the student account ledger.
- ▶ CFM does not charge any fee for the evaluation of transfer of credit.
- ▶ 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.

The programs offered at CFM are 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 at CFM to any other institution. Should a student request that credit earned at CFM be transferred to another institution, CFM will provide an official transcript, syllabi, or course outlines to assist students in their request.

CFM maintains articulation agreements or contract agreements with certain institutions where this process is automated on behalf of the student, with communication occurring directly among program staff.

2300.2 Attendance

The overall integrity of the EMT program requires students to fully participate in lectures, labs, and field internships. Classes and lectures are frequently done with guest subject-matter experts who bring their experiences into the classroom to benefit CFM 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 an integral part of the learning experience for all participants.

All class material is required. Class is not optional as absences diminish the transfer of key concepts and ideas which the larger class benefits from. It is critical that students attend and participate in class to maximize their experience and demonstrate their understanding of the materials being presented. To meet the course objectives, it is imperative that students attend all classes.

In exceptional circumstances, there may be infrequent occasions when a student will not be able to attend class. If a student anticipates being absent from a class meeting, the student must notify CFM in advance (or as soon afterward) and discuss the absence with the Program Director.

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 program. CFM will provide an academic calendar for the program during orientation.

CFM requires the following minimums for graduation and to maintain satisfactory academic progress: 95% cumulative attendance in the classroom and 100% attendance for field internship hours. Failure to maintain a cumulative attendance of 95% of total hours scheduled consisting of class meetings, lecture, labs, and 100% of scheduled clinical and/or field internship shifts, may result in a grade of AW (administrative withdrawal).

2300.2.1 Tardiness & 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.

2300.2.2 Consecutive Absences

A student who is absent for 4 consecutive class days will be terminated.

2300.2.3 Tracking

The student signs in at the beginning of each class, and the instructor records absences, late arrivals, and early departures. Each late arrival or early departure will result in the recording of an absence of one (1) hour with a minimum of one (1) hour recorded.

Each day, the instructor submits the class attendance to the Program Director who scans the roster into an attendance file for each class. The data is transferred into a spreadsheet for monitoring students' attendance rates. Students are notified that their attendance is at risk when their cumulative attendance rate drops to 95%.

Attendance for field internships is reported at the end of each session on a log that is signed by the preceptor. Students upload the signed and scanned log to their clinical course file. The logs are used to verify that students are attending shifts and completing their required hours.

2300.3 Dismissal

Any student dismissed for attendance-related reasons including consecutive absences, failure to maintain 95% cumulative attendance, excessive tardiness or early departures, academic warning/probation may re-apply to the program. The student must meet all admissions requirements to be re-admitted. Students who re-enroll must repeat all aspects of the program. 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.

2300.4 Make-Up Work

Students must turn in any previously assigned homework (homework, papers, projects, etc.) within five class days of the original due date. Written work may be submitted directly to the instructor.

The EMT 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.

2300.5 Grading

Grades are calculated using the following grading scale:

• A: 90 - 100%

▶ B: 80 - 89%

C: 70 - 79%

D: 60 - 69%

▶ F: 59% & Below

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 before clinical rotation and the field internship will be assigned.

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%	

2300.5.1 Grade 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 calendar 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 Program Director will notify the student in writing of the decision within 5 business days of the date of the written appeal.
- ▶ The decision of the Program Director is final.

2300.6 Affective Domain Competency

It is critical that graduates of the EMT program function at a high level, both clinically, professionally, and emotionally. As such, CFM will evaluate their affect during the program. Evaluating the affective domain includes the student's classroom behavior, professional ethics, and adherence to policy. Breaches will result in a direct meeting with the Program Director. Significant behavioral issues may result in corrective action. 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.

2300.7 Testing & Retesting

Module testing will be completed using Platinum Testing Software. Each student will be given a login to this software prior to the first exam. The passing threshold for module exams is 80%. If the student receives lower than an 80% on a module exam, one (1) retest will be allowed, and the grade will be recorded as 80% regardless of whether the score is higher than 80%. If a student fails a retest, that student may petition the EMT Program Director for an additional retest. Students failing a retest may be dismissed from the Program.

Certification-course testing will be completed using the standards set forth by the certification board. Typically, these exams are taken on paper. The passing threshold and retesting standards for each exam is listed below, and are based on the standards set forth by the certification board.

AHA's Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)

- Passing threshold: 84
- ▶ Retest policy: One retest after remediation (version may change

NAEMT's Prehospital Trauma Life Support (PHTLS)

- Passing threshold: 76
- ▶ Retest policy: One retest after remediation (version may change)

NAEMT's Emergency Pediatric Care (EPC)

- Passing threshold: 76
- ▶ Retest policy: One retest after remediation (version may change)

Practical testing will be completed to the standards outlined during the course and per practical skill sheets that will be distributed during practical skill stations and lectures. Practical testing is graded as pass/fail, with critical fails outlined on

the skill sheets. If retesting is required, one (1) retest will be allowed. 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.

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

2300.8 Satisfactory Academic Progress

CFM offers two vocational programs: Paramedic (1100 clock hours) and EMT (180 clock hours). Students must demonstrate satisfactory academic progress throughout their program. Satisfactory progress includes, but is not limited to, the following:

- Qualitative Measure: The Cumulative Grade Point Average (CGPA) is reviewed to ensure that the student is meeting the minimum 80% average at the conclusion of each evaluation period.
 - » The student must maintain a minimum cumulative average score of 80% on all graded assignments, as evaluated at the end of each module.
 - » The student must achieve a passing score on all module exams (minimum passing score of 80%) and certifying exams (minimum passing score of 84%).
 - » The student must pass all skills competency evaluations.
 - » The student must complete and return all assigned work. Incomplete grades are not given. Late assignments may be subject to a grade penalty. Work that is not returned by the due date without the approval of the Program Director will receive a grade of zero (0).
 - » Students who miss work due to absence must turn in any previously assigned homework (homework, papers, projects, etc.) within 5 scheduled class days of the due date, irrespective of the reason for the absence. Missed work not completed as assigned will be recorded as a score of zero (0) in the grade book. Written work may be submitted directly to the instructor.
- Quantitative Measure: The student must attend at least 95% of the scheduled clock hours cumulatively for each evaluation period.

A student must be meeting these standards to be considered as meeting Satisfactory Academic Progress and in Good Standing. Any student who has not achieved the minimum cumulative GPA of 80% or who has not successfully achieved a cumulative rate of at least attendance of 95% at each required evaluation period is not considered to be in Good Standing.

2300.8.1 Evaluation Periods

Students in all programs will be evaluated at the Mid-Point, End-Point, and, if needed, the Maximum Time Frame based on scheduled clock hours. Consistent with SAP measurements, the evaluations will assess each student's progress against the qualitative and quantitative standards mentioned above.

Program Evaluation Period Scheduled Hours

Paramedic 450, 900, 1100, 1200

EMT 90, 180

While SAP is formally evaluated per the schedule above, student progress will undergo additional status reviews by the course faculty and administration. These reviews will occur at least once during the didactic portion of the course and once during the clinical and field portion, but may occur more frequently at the discretion of the Program Director. The status reviews consider the student's performance on all assigned work, exams, and certification courses as well as any additional evaluations completed by the faculty.

2300.8.2 Maximum Time Frame

Maximum Time Frame (MTF) is the maximum amount of time in which a student can successfully complete any of the programs offered at the school. The maximum time frame may not exceed 105% of the published length of the program as measured in clock hours as seen in the list below.

- ▶ The timeframe of the Paramedic Program is structured to graduate entry-level paramedics. As such, the entire program must be completed within 1158 scheduled clock hours (55 weeks) of the start date to ensure entry-level paramedic competency.
- ▶ The timeframe of the EMT Program is structured to graduate entry-level EMTs. As such, the entire program must

be completed within 189 scheduled clock hours (13 weeks) of the start date to ensure entry-level EMT competency.

Program	Program Length	Maximum Time Frame
Paramedic	100 clock hours/52 weeks	1158 clock hours/55 weeks
EMT	180 clock hours/12 weeks	189 clock hours/13 weeks

2300.8.3 Warning Period

Students not meeting SAP requirements at any the end of any evaluation period will be issued a Warning Letter and placed on 'Warning' status through the next evaluation period.

The 'Warning' period is a time of accelerated performance where affected students must remedy the cause of the warning while achieving the regular progress requirements for the warning period.

As part of the 'Warning' status, students will be required to meet with the Program Director. During the meeting, the student and Program Director will create an Academic Improvement Plan for the student to achieve 'Good Standing' by the end of the 'Warning' period.

Academic Warning serves as a formal notification to the student that their performance is unsatisfactory and as a period of close monitoring of the student's progress in the course. The goal of Academic Warning is to bring the student's performance up to program standards and increase the likelihood of student success in the course. Students on Academic Warning may be required to complete additional coursework or practice sessions as determined by the Program Director. Continued poor performance at the end of Academic Warning will result in Academic Termination.

When a student is placed on Academic Warning, they will meet with the Program Director to discuss the reasons for failing to achieve Satisfactory Academic Progress and develop an academic improvement plan. Performance criteria will be set for removal from Academic Warning by the end of the evaluation period. The student will meet with the course director or designee regularly during the Academic Warning period and adjustments to the academic improvement plan will be made as necessary.

At the end of the Academic Warning period, if the student has met the terms of the Academic Improvement Plan and regained Good Standing, he or she will be removed from Warning status. If the student has failed to meet the terms Academic Improvement Plan and achieve Good Standing, he or she will be academically terminated from the program, barring a successful appeal by the student as discussed below.

2300.8.4 SAP Appeals

Students not meeting the Satisfactory Academic Progress standards are notified by means of a Warning Letter or email from the Program Director. Students wishing to appeal the unsatisfactory academic progress determination must do so in writing, within five (5) calendar days of receipt of the letter.

Appeals should be directed to the Program Director. Reasons for which students may appeal a negative progress determination include death of a relative, an injury or illness of the student or special mitigating circumstance. Appropriate documentation should be included with the written appeal. Such documentation might include a physician's statement, accident report, or other statements. The Program Director will notify the student of their decision within 5 days of receiving the student's appeal. The Program Director's decision is final.

In cases where an appeal is accepted, that student is placed on 'Probation' status through the next evaluation period. The institution will provide the student an Academic Improvement Plan that, if followed, will ensure the student meets Satisfactory Academic Progress standards by a specified time, and can return to Good Standing.

2300.8.5 Probation Period

If a student fails to meet the Satisfactory Academic Progress standards at the 'Warning' period, he or she will be terminated from Center for Medics, subject to an appeal. Student who appeal successfully will be issued a Probation Letter and placed on 'Probation' status. The Probation Letter will be sent to students via mail or email.

As part of the 'Probation' status, students will be required to meet with the Program Director. During the meeting, the student and Program Director will create an Academic Improvement Plan for the student to achieve 'Good Standing' by the end of the 'Probation' period.

Academic Probation serves as a formal notification to the student that their performance is unsatisfactory and as a period of close monitoring of the student's progress in the course. The goal of Academic Probation is to bring the student's performance up to program standards and increase the likelihood of student success in the course. Students on Academic Probation may be required to complete additional coursework or practice sessions as determined by the Program Director. Continued poor performance at the end of Academic Probation will result in Academic Termination.

When a student is placed on Academic Probation, they will meet with the Program Director to discuss the reasons for failing to achieve Satisfactory Academic Progress and develop an academic improvement plan. Performance criteria will be set for removal from Academic Probation by the end of the evaluation period. The student will meet with the course director or designee regularly during the Academic Probation period and adjustments to the academic improvement plan will be made as necessary.

At the end of the Academic Probation period, if the student has met the terms of the Academic Improvement Plan and regained Good Standing, he or she will be removed from probation. If the student has failed to meet the terms Academic Improvement Plan and achieve Good Standing, he or she will be academically terminated from the program.

2300.8.6 Return to Good Standing

If a student achieves Satisfactory Academic Progress by the end of the 'Warning' period, he or she will return to 'Good Standing.'

If the student fails to meet Satisfactory Academic Progress by the end of the 'Probation' period, he or she will be Academically Terminated from the program.

2300.8.7 Academic Termination

If a student fails to return to Good Standing at the end of a 'Warning' period and does not successfully appeal that determination, he or she will face Academic Termination. In the case of Academic Termination, the last day of attendance (LDA) will be used to calculate the student's refund and/or balance due.

2300.8.8 Academic Improvement Plan

During a Warning or Probation status, students will be required to meet with the Program Director and complete an Academic Improvement Plan. The Academic Improvement Plan is designed to help struggling students be successful in the program and regain Good Standing.

The Academic Improvement Plan plan may include additional coursework, practice sessions, tutoring, readings, simulation sessions, or other requirements. Through the evaluation period, students will meet regularly with the Program Director to assess their progress and make any necessary adjustments to the Academic Improvement Plan. A record of all meetings and the Academic Improvement Plan itself will be retained in the student's record.

Students who successfully complete the terms of their Academic Improvement Plan will regain Good Standing by meeting the established satisfactory academic progress criteria. Students who do not complete the terms of their Academic Improvement Plan will be academically terminated from the program.

2300.8.9 Remediation

As part of the Satisfactory Academic Progress (SAP) policy, students must achieve an average assignment grade of at least 80% in each module, a minimum of 80% on all module exams, and a minimum of 84% on any certifying exams.

Within a module, if the instructor or the Program Director notices that a student is in danger of not achieving these requirements, and therefore jeopardizing their academic standing and ability to complete the program, the student may be required to complete remediation.

Remediation is not the same as an Academic Improvement Plan that is required if and when a student enters Warning or Probation; however, it works much the same way. Students undergoing remediation meet with the Program Director to develop a remediation plan. This plan may include additional coursework, practice sessions, tutoring, readings, simulation sessions, or other requirements. Students in remediation will meet regularly with the Program Director or designee to assess their progress and make any necessary adjustments to the remediation plan. A record of all meetings and remediation plans will be retained in the student's record.

2300.9 Withdrawing from the Program & Returning Students

Students withdrawing from the EMT 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 same program at a later date.

- > Students who do not complete an exit interview must reapply to the Program from the beginning, regardless of the students' last Satisfactory Academic Progress report. No special considerations can or will be made.
- 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.

2300.10 Leave of Absence

Due to the length of the programs offered by CFM, the schedules assigned to students, and the number of cohorts offered, a leave-of-absence is not possible for students enrolled in the Paramedic and EMT programs.

2400 | Appearance & Conduct Policies

2400.1 Lecture & Skill Sessions

Uniforms are not issued to the students in the EMT program. In lieu of uniforms, EMT students are expected to be in attire appropriate for lecture and practical skills learning. EMT Students must project an image in keeping with the high standards and conduct expected of CFM students. Students are to adhere to business casual standard unless advised by the Program Director for a specific practical session.

2400.2 Field Internship

Students participating in the Field Internship must meet the following standards for their ride-along:

- Polo-Shirt (solid; blue, black, or white)
- Pants (khaki or EMT-pant; blue, black, or tan)
- Boots (EMT or hiking)
- ▶ Fleece or Jacket in inclement/cold weather

2400.3 Personal Hygeine

Students with long hair should wear their hair short or pinned back for their own safety. During field internships, facial hair that interferes with the seal of a respirator is not permitted.

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

2400.4 Jewelry

Students are expected to adhere to the following polices regarding jewelry:

- Dangling or hoop earrings are not permitted.
- Visible body piercing is NOT permitted.
- ▶ Tongue studs or facial piercings are not permitted.
- Visible Tattoos may NOT be permitted in certain field internship sites.

2400.5 Relationship with Preceptors

CFM prohibits relatives of EMT students, through blood or through marriage, from functioning field preceptors to the EMT 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.

2500 | Student Services

2500.1 Placement Assistance

CFM will monitor employment status of students during their participation in the Program and after graduation. CFM recognizes that for a variety of reasons employment status may change for students. CFM monitors this actively and works with students and graduates to assist them in appropriate placement.

CFM will aid in employment placement for graduates and students graduating from the EMT program. This will include assistance with interviewing, coaching, resume building, and vacancy position identification.

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.

2600 | Financial Information & Policies

2600.1 Overview of Fees

General Administrative Fees			
Transcripts	Replacement transcripts * Note: 1 transcript included per initial course	\$10 ea.	
Wallet cards	Replacement certification cards * Note: 1 card included per course	\$10 ea.	
Application			
Application Fee	There is no application fee for the EMT program		None
Overview of Tuition & Fees			
	Non-refundable items (books & uniforms)	\$500	
Program Fees	Non-refundable after week-6	\$193	•
	Fee Total		\$693
Tuition	Tuition for the EMT course		\$1,800
Total			\$2,493
Fee Schedule			
The following costs are incurred at the s	tart of the program and are non-refundable:		
Books	Books for EMT program		\$250
Malpractice Insurance	Required to participate in field training activities		\$70
EMS Testing	Electronic testing		\$80
Lab & Disposable Equipment	Disposable equipment and supplies used during practical	labs	\$100
The following costs are non-refundable of	after week-6 of the program:		
BLS CPR certification	AHA Basic Life Support Cardiopulmonary Resuscitation co	ourse	\$23
PHTLS certification	NAEMT Prehospital Trauma Life Support course		\$85
EPC certification	NAEMT Emergency Pediatric Care course		\$85

2600.2 Financial Aid and/or Assistance

CFM does not currently participate in federal financial aid programs.

2600.3 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

2600.4 Cancellation & Refund Policy

Buyer's 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. Installer Institute shall provide a 100% refund within 30 days.

Canciletion Prior to Start of Class

If an applicant is rejected for enrollment or the program is canceled by the institution, a full refund of all tuition monies paid will be made to the applicant. If the program is canceled subsequent to enrollment, all monies paid by the student will be refunded.

If an applicant accepted cancels prior to the start of scheduled classes or never attends class, all monies paid less the \$100 registration fee will be refunded.

Cancellation Following Start of Class

For an enrolled student, the refund due will be calculated using the last date of attendance and be paid within 30 days from the date of determination

- ▶ The institution may retain an administrative fee associated with withdrawal or termination not to exceed \$100.
- 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. When determining the number of weeks completed by the student, the institution will consider a partial week the same as if a whole week were completed, provided the student was present at least one day during the scheduled week.
- After the first week and through fifty percent (50%) of the period of financial obligation, tuition charges retained will not exceed a pro rate portion of tuition for the training period completed, plus ten percent (10%) of the unearned tuition for the period of training that was not completed.
- After fifty percent (50%) of the period of financial obligation is completed, the institution may retain the full tuition

The refund will be calculated using both policies based on the last day of attendance. The student will be issued based on whichever refund amount is more favorable to the student. Any refund due to a student will be paid within 30 days of cancellation or withdrawal date.

2600.5 Collections Policy

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

2700 | Module Descriptions

Module Number	Module Title	Lecture Hours	Lab Hours	Intership Hours	Total Hours	Clock
1	Foundations	24	12		36	
2	Medical	24	10		34	
3	Trauma	22	10		32	
4	Special Patients & Operations	22	14		36	
5	Field Internship			12	12	
6	Final Review	2	10		12	
	Tota	ıl 94	56	12	16	2

Module 1: Foundations - 36 Clock Hours

The Foundations Module is intended to introduce students to prehospital care, regardless of previous education or exposure. The academic focus of the module is on EMS system issues, medical legal & ethics, anatomy & physiology, patient assessment & movement, and finally BLS resuscitation. The BLS resuscitation lecture and lab introduces students to basic airway management, CPR, and AED use. This session acts as the first of several certification courses students undergo during their overall EMT course. Student who successfully complete the resuscitation lecture, lab, and testing, receive certification

through the American Heart Association in Basic Life Support CPR. Other lab sessions during this module focus on patient assessment, movement, and vital signs.

At the end of this module, students who have successfully completed their AHA BLS testing are eligible to being their field internship.

Module 2: Medical - 34 Clock Hours

A significant emphasis of the current EMT scope of practice is on assessing and treating the medical patient. More and more patients with chronic medical conditions are living independently or semi-independently outside of the hospital setting. This paradigm has created a larger incidence of prehospital complex-medical patients. The focus of the medical module is to introduce students to an overview of these acute and chronic medical illnesses and episodes. Students will begin to integrate in topics from the Foundations Module, including anatomy & physiology as well as patient assessment. Lab sessions during this module will focus on introduction to high-fidelity patient simulation as well as the ALS-BLS interface course. The ALS-BLS interface course meets and exceeds the requirements set forth by the Massachusetts Department of Public Health, Office of EMS; the session is hands-on integrating simulation with practical skills stations regarding how to assist with monitor use, 12-lead ECG, IV administration, and advanced airway management. Topics are reviewed and revisited continuously throughout the remainder of the course, both through lecture, lab, and simulation.

Module 3: Trauma - 32 Clock Hours

The Trauma Module introduces students to the trauma care system including immediate recognition, care, and transport, point-of-entry, ACS trauma center designation, and mitigating issues. Students attend lectures on specific traumatic injuries and complete related high fidelity simulation with traumatic patients. A significant focus is placed on the rapid assessment of the traumatic patient and how to systematically assess and treat said patients. During practical skill stations, students are introduced to the latest equipment designed to mitigate traumatic injuries. Additionally, as part of the module, students must successfully complete the 16-hour Prehospital Trauma Life Support (PHTLS) course which results in PHTLS certification from the National Association of EMTs.

Module 4: Special Patients & Operations - 36 Clock Hours

The fourth module starts with an emphasis on team dynamics. This focus is critical to a student's overall success in the prehospital field, but is especially important for special patient populations. During this module, students start out reviewing obstetric and neonatal care, including simulation of a field delivery and resuscitation of a newborn. Students then complete their third certification course, Emergency Pediatric Care (EPC) from the National Association of EMTs. This 16-hour course combines traditional classroom lecture with high fidelity simulation and skills review. Other topics covered in Module 4 include transport operations, terrorism & disaster response, patients with special healthcare needs, and geriatric specific conditions and care plans. Students incorporate previously discussed medical and trauma topics into this module as they review specific (sometime at-risk) populations.

Module 5: Field Internship - 12 Clock Hours

As part of the educational package, EMT students complete 12 hours of a field internship in the prehospital setting. Field internship is an essential component of the EMT Program. The field internship is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of the field internship is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. Students complete this internship as a "Third-Rider", meaning they are paired with an experienced EMS provider (preceptor) and only participate in an observational capacity. Students are not expected to provide the full continuity of care, but may assist the EMS providers with activities such as lifting and moving, vital signs, and CPR, if they have covered that material in class, and at the discretion of the precepting EMS provider. Students are eligible to begin their Field Internship once they have successfully completed Module-1. Students may only complete their Field Internship at a CFM-approved field site, and only during scheduled periods. Some sites have specific requirements for uniforms and waivers; it is the responsibility of the student to adhere to these standards and to present themselves professionally, as per the CFM standards.

Module 6: Final Review - 12 Clock Hours

In preparation for the state psychomotor exam and NREMT cognitive exam, students finish their course with a review module also known as "Boot Camp". The expectation of students at this milestone is that all psychomotor and cognitive learning is complete, and that this time can be spent reviewing topics and skills in preparation for the two terminal examinations.

Significant focus is placed on preparing and practicing for the psychomotor examination, while self-review in the form of practice examinations are offered for the cognitive examination. During this module, students also complete a MCI practical, applying the skills they have discussed and practiced during Module-5. Students who successfully complete Module-6 (and all previous modules) are eligible to enter the terminal testing sequence of a state-run psychomotor examination and the NREMT's cognitive examination.

2800 | Academic Calendar

Crimson 2018

Start date: Monday, January 29, 2018 End date: Saturday, April 28, 2018

Class sessions: Tuesday/Saturday 0800 – 1700 (July – Dec); Thursday 1700 – 2130 (entire course)

Location: Harvard University & Pro EMS Center for MEDICS

Holidays

The following holidays are observed each year:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- ▶ Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day

Certification Programs

2900 | Overview

Through partnerships with various certifying agencies, Center for MEDICS offers certification courses in a range of emergency medicine and prehospital topics. These course offerings adhere to certifying entity's standards and vary based on the course offering. Where possible, every attempt has been made to outline the specific standards.

2900.1 Admissions Requirements

Certification courses are designed for individuals working in the healthcare sector. With that said, previous occupational background in the subject matter is not required. Certain certification courses may have additional admission requirements as outlined in the course registration, but in general, the following items are standards for all courses:

- Student must be at least eighteen years of age at the time of the course*
- If the course is a recertification course, the student must have a current and valid certification. If the certification is lapsed, the student may not be eligible for a recertification course and may need to retake an initial course.
- * If the student is under the age of eighteen, s/he must have a letter of approval from a parent or guardian to enroll in the course.

2900.2 Medical Insurance

Due to the length of the certification courses and the absence of clinical or field rotations, medical insurance is not required, but is recommended.

2900.3 Medical Clearance & Vaccinations

Certification course students are not required to obtain medical clearance or vaccinations as certification course students do not participate in clinical or field rotations.

2900.4 Personal & Physical Limitations

During the registration process, students must attest that they can participate fully (physically and cognitively) in all aspects of the certification course. Any student who have limitations (physically or cognitively), should contact program staff prior to course starting. Any accommodations will be made per the standards set forth by the specific course's certifying entity.

2900.5 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 registration in a certification course, every student must abide by the terms of this drug and alcohol policy.

2900.6 Enrollment Procedure

Individuals wishing to enroll in a certification course offering must complete the registration process online at www.center-formedics.com. Enrollment is done on a rolling basis (first-come, first-serve) until the class is full. Exceptions will only be made by the CFM Director as the instructor to student ratio is critically important to meet the standards set forth by the given certifying entity.

Special accommodation requests must be made in writing and documented by a physician. The Director of CFM is responsible for determining whether applicants, including those with special needs, can benefit from the training.

CFM does not discriminate on the basis of sex, age, physical handicap, race, national origin, sexual orientation, political affiliation, creed or religion in its admission to or treatment in its programs and activities, including advertising, training, placement assistance, and employment.

2900.7 Books & Materials

2900.7.1 Books

Students will need to access course books prior to the start of the class. The registration process outlines the process of obtaining the course textbook prior to the start of each class.

2900.7.2 Materials

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

2900.8 Transfer of Credit

Per the standards of the certifying entities, certification courses are not eligible for transfer of credit.

3000 | Academic Policies

3000.1 Attendance

Due to the short length of certification courses, 100% attendance is required. Participation in all lectures, skill labs, and simulation is an integral part of the learning experience for all participants. Completion of all class material is required.

3000.1.1 Tardiness, Early Departure, & Absences

Due to standards set forth by the certifying entities, tardiness, early departures, and absences are not permitted. Any student who is late for the start of the course, leaves early, or misses a portion of the class will be marked as incomplete. Students can re-enroll in a future offering of the course. No credit will be awarded for partial attendance.

3000.1.2 Tracking

The student signs in at the beginning of each course session. The sign-in logs are kept in accordance with the certifying entity's standards. (Add procedure for online courses/portion of hybrid courses)

3000.2 Dismissal

Any student dismissed for attendance-related reasons may re-enroll in the certification course. The student must meet all enrollment requirements. Students who re-enroll must repeat all aspects of the certification course. No credit will be given for previous coursework or exams (written or practical).

3000.3 Grading

Grades for written examinations are calculated using the following grading scale:

- PASS
- FAIL

The minimum passing score is determine per the standards of the certifying entities and is included in the Testing & Retesting chart below (Written Threshold).

Grades for practical examinations are evaluated in a pass/fail assessment.

3000.3.1 Grade Appeal

- Grades are issued at the end of the certification course. A student may appeal the grade per the following procedure:
- The appeal must be made in writing to the Program Director within 7 business days of the end of the course.
- 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 Program Director will notify the student in writing of the decision within 5 business days of the date of the

written appeal.

▶ The decision of the Program Director is final.

3000.4 Testing & Retesting

Certification course testing will be completed using the standards set forth by the certification entity. Written examinations are taken on paper while practical testing is done in either skill stations or simulation labs. Practical testing will be completed to the standards outlined during the course and per practical skill sheets that will be distributed during practical skill stations and lectures. Practical testing is graded as pass/fail, with critical fails outlined on the skill sheets. If retesting is required, one (1) retest will be allowed. Prior to retesting practical exams, the student must discuss with the course instructor 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.

The passing threshold and retesting standards for each exam is listed below, and are based on the standards set forth by the certification entity.

Course			Written Threshold	Retest Policy
АНА	HeartSaver CPR, AED, & First Aid	Initial	No Written	N/A
АНА	HeartSaver CPR & AED	Initial	No Written	N/A
АНА	HeartSaver First Aid	Initial	No Written	N/A
АНА	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial	84	1 retest after remediation
АНА	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial (Hybrid)	84	1 retest after remediation
АНА	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial (Instructor)	84	1 retest after remediation
AHA	Advanced Cardiac Life Support (ACLS)	Initial	84	1 retest after remediation
AHA	Advanced Cardiac Life Support (ACLS)	Update	84	1 retest after remediation
АНА	Advanced Cardiac Life Support (ACLS)	Initial (Hybrid)	84	1 retest after remediation
AHA	Advanced Cardiac Life Support (ACLS)	Initial (Instructor)	84	1 retest after remediation
АНА	Advanced Cardiac Life Support Experienced Provider (ACLS-EP)	Initial	84	1 retest after remediation
АНА	Advanced Cardiac Life Support Experienced Provider (ACLS-EP)	Initial (Instructor)	84	1 retest after remediation
АНА	Pediatric Advanced Life Support (PALS)	Initial	84	1 retest after remediation
АНА	Pediatric Advanced Life Support (PALS)	Update	84	1 retest after remediation
АНА	Pediatric Advanced Life Support (PALS)	Initial (Hybrid)	84	1 retest after remediation
AHA	Pediatric Advanced Life Support (PALS)	Initial (Instructor)	84	1 retest after remediation
АНА	Pediatric Emergency Assessment, Recognition and Stabilization	Initial	84	1 retest after remediation
NAEMT	Advanced Medical Life Support	Initial	76	1 retest after remediation
NAEMT	Prehospital Trauma Life Support	Initial	76	1 retest after remediation
NAEMT	EMS Safety	Initial	76	1 retest after remediation
NAEMT	Emergency Pediatric Care	Initial	76	1 retest after remediation
NAEMT	Tactical Emergency Casualty Care	Initial	76	1 retest after remediation
SCCM	Fundamental Critical Care Support	Initial	70	1 retest after remediation

3000.5 Withdrawning from a Certification Course & Returning Students

Students withdrawing from a certification course should contact the course instructor or program director.

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 certification course to two (2) attempts.

3000.6 Leave of Absence

Due to short length of certification courses, leave of absences are not permitted. Those students who need to miss a portion of the course are welcome to re-enroll at a future date.

3100 | Conduct & Appearance Policies

3100.1 Appearance

3100.1.1 Lecture & Skills Sessions

Students participating in certification courses are expected to be in attire appropriate for lecture and practical skills learning. Students are to adhere to business casual standard unless advised by the course instructor for a specific practical session.

3100.2 Lab Equipment

CFM strives to provide quality and well maintained equipment to its 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 student needs equipment, a faculty member should assist.

3100.3 Classroom Skills Practice

During the certification course, 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 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 may be practiced in the courses 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

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 appropriate dress. 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 following step-by-step procedures.

3200 | Financial Information & Policies

CFM does not currently participate in federal financial aid programs.

3200.1 Payment Options & Procedures

Payment of tuition and all fees is due prior to the start of class. Payment options include:

- Check
- Cash
- ▶ Credit card (Visa, MasterCard, American Express)
- ▶ Purchase order ("PO") from a municipality or private company

3200.2 Summary of Fees

Application		
Application Fee	The is no application fee is for certification classes	None
Overview of Tuition 8	& Fees	
Program Fees	Fee Total	See below
Tuition	There is no tuition for certification classes, only a fee.	None

3200.3 Fee Schedule

Course fees are non-refundable.

Organization	Course	Туре	Cost
AHA	HeartSaver CPR, AED, & First Aid	Initial	\$85
AHA	HeartSaver CPR & AED	Initial	\$65
AHA	HeartSaver First Aid	Initial	\$65
AHA	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial	\$75
AHA	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial (Hybrid)	\$60
AHA	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial (Instructor)	\$150
AHA	Advanced Cardiac Life Support (ACLS)	Initial	\$250
AHA	Advanced Cardiac Life Support (ACLS)	Update	\$200
AHA	Advanced Cardiac Life Support (ACLS)	Initial (Hybrid)	\$185
AHA	Advanced Cardiac Life Support (ACLS)	Initial (Instructor)	\$225
AHA	Advanced Cardiac Life Support Experienced Provider (ACLS-EP)	Initial	\$200
AHA	Advanced Cardiac Life Support Experienced Provider (ACLS-EP)	Initial (Instructor)	\$200
AHA	Pediatric Advanced Life Support (PALS)	Initial	\$250
AHA	Pediatric Advanced Life Support (PALS)	Update	\$200
AHA	Pediatric Advanced Life Support (PALS)	Initial (Hybrid)	\$185
AHA	Pediatric Advanced Life Support (PALS)	Initial (Instructor)	\$225
AHA	Pediatric Emergency Assessment, Recognition and Stabilization	Initial	\$150
NAEMT	Advanced Medical Life Support	Initial	\$250
NAEMT	Prehospital Trauma Life Support	Initial	\$180
NAEMT	EMS Safety	Initial	\$75
NAEMT	Emergency Pediatric Care	Initial	\$200
NAEMT	Tactical Emergency Casualty Care	Initial	\$450

3200.4 Refunds

No refunds are issued after the start of class. Students who withdrawal after registration but prior to the start of class, with prior notification, can apply the monies paid to a future certification course registration.

3300 | Certification Courses

Successful completion of certification course requirements include summative written and practical exams.

Organization	Course	Туре	Student-to-instructor ratio
АНА	HeartSaver CPR, AED, & First Aid	Initial	9:1
AHA	HeartSaver CPR & AED	Initial	9:1
AHA	HeartSaver First Aid	Initial	9:1
АНА	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial	8:1
АНА	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial (Hybrid)	N/A *
АНА	Basic Life Support Cardiopulmonary Resuscitation (BLS CPR)	Initial (Instructor)	6:1
AHA	Advanced Cardiac Life Support (ACLS)	Initial	7:1
АНА	Advanced Cardiac Life Support (ACLS)	Update	7:1
АНА	Advanced Cardiac Life Support (ACLS)	Initial (Hybrid)	N/A *
AHA	Advanced Cardiac Life Support (ACLS)	Initial (Instructor)	6:1
АНА	Advanced Cardiac Life Support Experienced Provider (ACLS-EP)	Initial	6:1
АНА	Advanced Cardiac Life Support Experienced Provider (ACLS-EP)	Initial (Instructor)	6:1
АНА	Pediatric Advanced Life Support (PALS)	Initial	6:1
АНА	Pediatric Advanced Life Support (PALS)	Update	6:1
AHA	Pediatric Advanced Life Support (PALS)	Initial (Hybrid)	N/A *
AHA	Pediatric Advanced Life Support (PALS)	Initial (Instructor)	6:1
АНА	Pediatric Emergency Assessment, Recognition and Stabilization	Initial	8:1
NAEMT	Advanced Medical Life Support	Initial	5:1
NAEMT	Prehospital Trauma Life Support	Initial	5:1
NAEMT	EMS Safety	Initial	5:1
NAEMT	Emergency Pediatric Care	Initial	5:1
NAEMT	Tactical Emergency Casualty Care	Initial	5:1

^{*} The practical portion of a hybrid course is completed in-person with an instructor. Student-to-instructor ratio of 6:1 is kept.

3300.1 Course Descriptions

AHA HeartSaver CPR, AED & First Aid		
Length	6 hours	
Prerequisites	None	
Delivery	Classroom and skill labs	
Outcome	2 year certification in Heartsaver CPR, AED, and First Aid from the AHA	
Program Description	This course is a video-based, instructor-led course that teaches students critical skills needed to respond to and manage an emergency until emergency medical services arrives. Skills covered in this course include first aid; choking relief in adults, children, and infants; and what to do for sudden cardiac arrest in adults, children, and infants.	

AHA HeartSaver CPR & AED		
Length	4 hours	
Prerequisites	None	
Delivery	Classroom and skill labs	
Outcome	2 year certification in Heartsaver CPR and AED from the AHA	
Program Description	This course is a video-based, instructor-led course that teaches adult and child CPR and AED use, infant CPR, and how to relieve choking in adults, children, and infants. This course teaches skills with the AHA's research-proven practice-while-watching technique, which allows instructors to observe the students, provide feedback, and guide the students' learning of skills.	

AHA HeartSaver Fir	AHA HeartSaver First Aid		
Length	2 hours		
Prerequisites	None		
Delivery	Classroom and skill labs		
Outcome	2 year certification in First Aid from the AHA		
Program Description	This course is a video-based, instructor-led course that teaches students critical skills to respond to and manage an emergency in the first few minutes until emergency medical services arrives. Students learn duties and responsibilities of first aid rescuers; first aid actions for medical emergencies, including severe choking, heart attack, and stroke; and skills for handling injury and environmental emergencies, including external bleeding, broken bones and sprains, and bites and stings.		

AHA Basic Life Support Cardiopulmonary Resuscitation (BLS CPR) Initial course		
Length	4 hours	
Prerequisites	None	
Delivery	Classroom, skills lab, and simulation	
Outcome	2 year certification in Basic Life Support from the AHA	
Program Description	The BLS Healthcare Provider Course teaches CPR skills for helping victims of all ages (including ventilation with a barrier device, a bag-mask device, and oxygen); use of an Automated External Defibrillator (AED); and relief of foreign-body airway obstruction. It is intended for people who provide healthcare to patients in a wide variety of settings, including in-hospital and out-of-hospital. For certified or non-certified, licensed or non-licensed healthcare professionals.	

AHA Basic Life Supp	AHA Basic Life Support Cardiopulmonary Resuscitation (BLS CPR) Hybrid course		
Length	2 hour online, 2 hours in person		
Prerequisites	None		
Delivery	Lecture online, practical portion in person with instructor		
Outcome	2 year certification in Basic Life Support from the AHA		
Program Description	Students will learn single-rescuer and team basic life support for adults, children, and infants through 5 interactive exercises, scenarios, and a written test. Navigation controls allow students to move easily through content as they learn how to recognize life-threatening emergencies, provide high-quality chest compressions, deliver appropriate ventilation and provide early use of an AED. Course also teaches relief of choking.		
	This hybrid course is accessible anytime from any computer. Students can access the BLS for Healthcare Providers Student Manual, BLS Pocket Reference Card, and more for 24 months after completing the course. The one-hour skills check must be taken within 60 days of online course completion.		

AHA Basic Life Support Cardiopulmonary Resuscitation (BLS CPR) Instructor Course	
Length	6 hours
Prerequisites	Current and valid BLS CPR certification
Delivery	Online & Classroom
Outcome	2 year certification in Basic Life Support (Instructor) from the AHA
Program Description	The AHA's Instructor Essentials courses are online, self-directed, discipline-specific courses that cover methods of classroom instruction, skills practice, and skills testing sessions for hybrod courses associated with each discipline. Completion of the AHA Instructor Essentials Course is a required step toward becoming an AHA Instructor.

AHA Advanced Cardiac Life Support (ACLS) Initial course	
Length	16 hours
Prerequisites	Current and valid BLS CPR certification
Delivery	Classroom, skills lab, and simulation
Outcome	2 year certification in Advanced Cardiac Life Support from the AHA
Program Description	ACLS is based on simulated clinical scenarios that encourage active, hands-on participation through learning stations where students practice essential skills individually, as part of a team, and as team leader. Realistic simulations reinforce the following key concepts: proficiency in basic life support care; recognizing and initiating early management of peri-arrest conditions; managing cardiac arrest; identifying and treating ischemic chest pain and acute coronary syndromes; recognizing other life-threatening clinical situations (such as stroke) and providing initial care; ACLS algorithms; and effective resuscitation team dynamics.

AHA Advanced Cardiac Life Support (ACLS) Update Course	
Length	8 hours
Prerequisites	Current and valid BLS CPR certification; current and valid ACLS certification
Delivery	Classroom, skills lab, and simulation
Outcome	2 year certification in Advanced Cardiac Life Support from the AHA
Program Description	This course is for those providers who have maintained certification in ACLS and who are due to renew. The content covered is similar to an initial ACLS course but targeted at providers who are currently certified.

AHA Advanced Cardiac Life Support (ACLS) Hybrid course	
Length	7 hours online, 3 hours in person
Prerequisites	Current and valid BLS CPR certification
Delivery	Lecture online, practical portion in person with instructor
Outcome	2 year certification in Advanced Cardiac Life Support from the AHA
Program Description	HeartCode® ACLS is an official, self-directed, comprehensive hybrid program from the American Heart Association (AHA). HeartCode® ACLS Part 1 uses eSimulation technology to present realistic patient scenarios. Students are given a team dynamics lesson, 10 ACLS hospital-based case scenarios, and a written exam. While interacting with the program, students assess each patient, formulate a treatment plan based on ACLS guidelines, and administer planned treatment.
	To obtain the AHA ACLS Provider course completion card, students must successfully complete Part 1, the cognitive component, as well as Parts 2 and 3, skills practice and testing with an AHA ACLS Instructor or a voice-assisted manikin (VAM) system. The one-hour skills check must be taken within 60 days of completing the online course.

AHA Advanced Cardiac Life Support (ACLS) Instructor course	
Length	3 hours
Prerequisites	Current and valid BLS CPR certification; Current and valid ACLS certification
Delivery	Online & Classroom
Outcome	2 year certification in Advanced Cardiac Life Support (Instructor) from the AHA
Program Description	The AHA's Instructor Essentials courses are online, self-directed, discipline-specific courses that teach information needed to instruct classroom courses and conduct skills practice and skills testing sessions for hybrid courses associated with each discipline. Completion of the AHA Instructor Essentials Course is a required step toward becoming an AHA Instructor.

AHA Advanced Cardiac Life Support Experienced Provider (ACLS-EP) Initial course	
Length	8 hours
Prerequisites	Current and valid BLS CPR certification; Current and valid ACLS certification
Delivery	Classroom, skills lab, and simulation
Outcome	2 year certification in Advanced Cardiac Life Support (Experience Provider) from the AHA
Program Description	The ACLS Experienced Provider course expands on core ACLS instruction to provide strategies and techniques providers can use to improve patient outcomes in complex cardiovascular, respiratory and other emergencies. Using classroom instruction and case-based scenarios, students enhance their diagnosis and treatment skills for patients in any stage of cardiac arrest. The ACLS-EP class is for experienced paramedics, physicians, RNs, and PAs who work in emergency services or who perform resuscitation for a living, as well as providers looking to use the baseline core knowledge as a stepping stone to interesting conversation and discussion about differential diagnoses and best practices. The improved cases and class structure offer a superior learning process with increased provider sharing and engagement. If required by one's agency, the provider's ACLS card can be renewed during this class as well.

AHA Advanced Cardiac Life Support Experienced Provider (ACLS-EP) Instructor course	
Length	3 hours
Prerequisites	Current and valid BLS CPR certification; Current and valid ACLS certification
Delivery	Online & Classroom
Outcome	2 year certification in Advanced Cardiac Life Support (Experience Provider: Instructor) from the AHA
Program Description	The AHA's Instructor Essentials courses are online, self-directed, discipline-specific courses that teach information needed to instruct classroom courses and conduct skills practice and skills testing sessions for hybrid courses associated with each discipline. Completion of the AHA Instructor Essentials Course is a required step toward becoming an AHA Instructor.

AHA Pediatric Advanced Life Support (PALS) Initial course	
Length	14 hours
Prerequisites	Current and valid BLS CPR certification
Delivery	Classroom, skills lab, and simulation
Outcome	2 year certification in Pediatric Advanced Life Support from the AHA
Program Description	The American Heart Association Pediatric Advanced Life Support course is based on science evidence from the 2015 AHA Guidelines for CPR and ECC. The goal of the PALS course is to aid the pediatric healthcare provider in developing the knowledge and skills necessary to efficiently and effectively manage critically ill infants and children, resulting in improved outcomes. Skills taught include recognition and treatment of infants and children at risk for cardiopulmonary arrest; the systematic approach to pediatric assessment; effective respiratory management; defibrillation and synchronized cardioversion; intraosseous access and fluid bolus administration; and effective resuscitation team dynamics.

AHA Pediatric Advanced Life Support (PALS) Update Course	
Length	6.5 hours
Prerequisites	Current and valid BLS CPR certification
Delivery	Classroom, skills lab, and simulation
Outcome	2 year certification in Pediatric Advanced Life Support from the AHA
Program Description	This course is for those providers who have maintained certification in PALS and who are due to renew. The content covered is similar to an initial PALS course but targeted at providers who are currently certified.

AHA Pediatric Advanced Life Support (PALS) Hybrid course	
Length	7 hours online, approximately 3 hours in person
Prerequisites	Current and valid BLS CPR certification
Delivery	Lecture online, practical portion in person with instructor
Outcome	2 year certification in Pediatric Advanced Life Support from the AHA
Program Description	HeartCode® PALS is an online comprehensive hybrid program that uses eSimulation technology to allow students to assess and treat patients in virtual healthcare settings. In this environment, students apply their knowledge to real-time decision-making and skills development. To enter the course, students must complete the PALS Precourse Self-Assessment. Students are then presented with 12 In-hospital patient cases and a team dynamics lesson. Cases may be repeated as many times as necessary to pass.

AHA Pediatric Advanced Life Support (PALS) Instructor course	
Length	3.5 hours
Prerequisites	Current and valid BLS CPR certification
Delivery	Online & Classroom
Outcome	2 year certification in Pediatric Advanced Life Support (Instructor) from the AHA
Program Description	The AHA's Instructor Essentials courses are online, self-directed, discipline-specific courses that teach information needed to instruct classroom courses and conduct skills practice and skills testing sessions for hybrid courses associated with each discipline. Completion of the AHA Instructor Essentials Course is a required step toward becoming an AHA Instructor.

AHA Pediatric Emergency Assessment, Recognition and Stabilization course	
Length	8 hours
Prerequisites	None
Delivery	Classroom, skills lab, and simulation
Outcome	2 year certification in PEARS from the AHA
Program Description	The AHA PEARS (Pediatric Emergency Assessment, Recognition and Stabilization) course teaches all levels of healthcare providers how to recognize and intervene in cases of respiratory distress, shock, and cardiac arrest in pediatric patients. The skills and knowledge learned in this course enables healthcare providers to offer initial appropriate lifesaving interventions until the child can be transferred to an advanced life support provider.
	Updated to reflect the 2010 AHA Guidelines for CPR and ECC, PEARS is designed for healthcare providers such as emergency medical technicians (EMTs), medical and surgical nurses, school nurses and any other healthcare provider who infrequently sees critically ill infants and children.

NAEMT Advanced Medical Life Support course		
Length	16 hours	
Prerequisites	None	
Delivery	Classroom, skills lab, and simulation	
Outcome	4 year certification in AMLS from the NAEMT	
Program Description	Advanced Medical Life Support (AMLS) is an education program sponsored by the National Association of Emergency Medical Technicians (NAEMT) and endorsed by the National Association of EMS Physicians (NAEMSP). This program is for all levels of healthcare practitioners committed to providing quality care for patients in medical crisis. AMLS is the first course that offers a "thinkoutside-the-box" method of assessing and managing a patient in medical crisis.	
	AMLS emphasizes the ability to size up a scene and offers the opportunity for interactive group discussions on potential treatment strategies, history, and probabilities in diagnosing a patient's medical problem. AMLS implements an initial assessment-based approach that progresses to a diagnostic-based approach to develop a treatment plan for a specific medical condition.	
	AMLS consists of interactive lectures, teaching and evaluation stations. The interactive/case based lectures include the following topics: Patient Assessment, Airway Management, Assessment of the Shock Patient, Dyspnea/Respiratory Failure, Chest Pain, Altered Mental Status, and Abdominal Pain.	

NAEMT Prehospital Trauma Life Support course		
Length	16 hours	
Prerequisites	None	
Delivery	Classroom, skills lab, and simulation	
Outcome	4 year certification in PHTLS from the NAEMT	
Program Description	The PreHospital Trauma Life Support (PHTLS) course promotes excellence in trauma patient management through global education of all providers involved in the delivery of pre-hospital care. PHTLS is developed by the National Association of Emergency Medical Technicians in cooperation with the American College of Surgeons Committee on Trauma.	
	PHTLS courses improve the quality of trauma care in an area and decrease mortality. The program is based on a pre-hospital trauma care philosophy, stressing the treatment of the multi-system trauma patient as a unique entity with specific needs. This may require an approach to the trauma patient that varies from traditional treatment modalities.	

NAEMT EMS Safety course		
Length	8 hours	
Prerequisites	None	
Delivery	Classroom	
Outcome	4 year certification in EMS Safety from the NAEMT	
Program Description	The NAEMT-certified EMS Safety course teaches students to become leaders in creating a culture of safety within the EMS profession. It identifies steps they can take to foster a safe environment and help reduce the number and intensity of injuries incurred by EMS practitioners in the field.	
	The course curriculum increases student awareness and understanding of EMS safety standards and practices by examining crew resource management; emergency vehicle safety; responsibilities in scene operations; patient handling; patient, practitioner and bystander safety; and personal health.	
	Students also review case studies and discuss current issues surrounding safety in EMS. These exercises help build risk-assessment and decision-making skills, and provide an opportunity for participants to relate their own experiences with EMS safety issues.	

NAEMT Emergency Pediatric Care course		
Length	16 hours	
Prerequisites	None	
Delivery	Classroom, skills lab, and simulation	
Outcome	4 year certification in EPC from the NAEMT	
Program Description	The Emergency Pediatric Care (EPC) course focuses on critical pediatric physiology, illnesses, injuries and interventions to help EMS practitioners provide the best treatment for sick and injured children in the field. The course stresses critical thinking skills to help practitioners make the best decisions for their young patients.	
	Topics covered include:	
	▶ The pathophysiology of the most common critical pediatric emergency issues, and critical thinking skills to help practitioners make the best decisions for their patients.	
	Application of the Pediatric Assessment Triangle (PAT), a tool to help EMS practitioners rapidly and accurately assess pediatric patients.	
	▶ The importance of family-centered care.	
	Understanding and communicating with children.	
	Airway management, breathing and oxygenation.	
	Cardiac emergencies.	
	Recognizing child abuse and neglect.	
	Hypoperfusion and shock.	
	Newborn resuscitation.	

NAEMT Tactical Emergency Casualty Care course	
Length	16 hours
Prerequisites	None
Delivery	Classroom, skills lab, and simulation
Outcome	4 year certification in TECC from the NAEMT
Program Description	NAEMT's Tactical Emergency Casualty Care (TECC) teaches EMS practitioners and other prehospital providers how to respond to and care for patients in a civilian tactical environment. It is designed to decrease preventable deaths in a tactical situation. The course presents the three phases of tactical care:
	Direct Threat Care that is rendered while under attack or in adverse conditions.
	Indirect Threat Care that is rendered while the threat has been suppressed, but may resurface at any point.
	Evacuation Care that is rendered while the casualty is being evacuated from the incident site.