Acknowledgement of CE Webcasting Policies

Webcasting is defined as the live broadcast of an educational event where the classroom is supplemented or replaced by the internet and occurs in a real-time synchronous format at designated training sites. Following are the guidelines EMT-Instructors/ALS Coordinators (also referred to as a Course Coordinator) must follow in order to conduct live webcast continuing education (CE) programs in Virginia. These guidelines have been endorsed by the Training and Certification Committee. To assure compliance, this document must be signed by both the Course Coordinator and Physician Course Director (PCD) and accompany all Course Approval Request forms (TR-01) for which webcasting will be employed.

1. The Course Coordinator must ensure that the remote training site being used has applied for designation as a webcast receive site. Completion of OEMS form TR-74 is required for each remote site.
2. Self-study programs using electronic media such as web-based programs are not allowed. Only programs that use electronic transmission capabilities as real-time, two-way audio and video transmissions are eligible.
3. Remote webcast sites must have at a minimum the ability for one-way video and two-way audio streaming. Programs with one-way video and one-way audio will not be approved.
4. The Office of EMS will only approve synchronous programs for webcasting. Asynchronous CE programs are not allowed.
5. Individuals are not allowed to access this training via the Internet from their home and receive credit.
6. If a program chooses to use this learning modality, they must announce it to the Office of EMS with the Course Approval Request Form (TR-01). The Course Coordinator must include a signed copy of this form (TR-75) with their submission of the Course Approval Request Form.
7. The Course Coordinator must assure that there is a Proctor present for the entire broadcast for all didactic portions of the program. The remote site Proctor is responsible for assuring the electronics are fully operational (both receiving and transmitting video and audio), must be familiar with operating the remote site electronic equipment and be responsible for having students sign the class roster for each session. The roster must be submitted to the Course Coordinator at the completion of the program.
8. Any lab activities at the remote site must have direct on-site supervision by an OEMS approved Proctor certified at or above the level of instruction and must follow the 6:1 student to instructor ratio.
9. In cases where the remote site Proctor is absent or when the remote site electronics fail to transmit and/or receive either video or audio, the students cannot receive continuing education credit. The class may be made up at a later date either in person or another video broadcast.
10. Remote sites will follow all course requirements, the Handbook for Webcasting of Continuing Education Programming, the Training Program Administration Manual and state regulations 12-VAC5-31.
11. The Course Coordinator and the Physician Course Director equally share responsibility for assuring the course complies with all appropriate Office of EMS standards, regulations, and policies.
12. The Course Coordinator must maintain records of student participation in the course and submit continuing education records for each involved student for programs.
13. Continuing education earned in webcast programs is considered to be distributive education for the purposes of National Registry recertification.
14. Non-compliance with these polices, the Handbook for Webcasting of Continuing Education Programming, the Training Program Administration Manual and/or state regulations 12-VAC5-31, will result in removal of Office approval and students will lose eligibility for certification testing at the level of certification the program is designed to deliver. Further, the Course Coordinator may face disciplinary action from the Office of EMS.

Coordinator’s
Printed Name: __________________________ Signature: __________________________ Date: __________________________

OMD/PCD
Printed Name: __________________________ Signature: __________________________ Date: __________________________