MEDICAL DIRECTION COMMITTEE
1041 Technology Park Dr, Glen Allen, Virginia
Conference Rooms A and B
April 7, 2016
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Marilyn McLeod, M. D. - Chair	Scott Weir, M.D.	Gary Brown	Chad Blosser
E. Reed Smith, M.D.	Forrest Calland, M.D.	Scott Winston	Ron Passmore
George Lindbeck, M.D.	Paul Philips, D.O.	Michael Berg	Adam Alford
Stewart Martin, M.D.		Tim Perkins	Hunter Elliott
Tania White, M.D.		Warren Short	Rachel Dillon
Cheryl Lawson, M.D.		Debbie Akers	Dr. Randy Geldreich
Charles Lane, M.D.		Greg Neiman	Karen Wagner
Christopher Turnbull, M.D.		Adam Harrell	Gary Dalton
Allen Yee, M.D.			David Miles
Theresa Guins, M.D.			Cathy Cockrell
Asher Brand, M.D.			Stacie Stevens
Chief Eddie Ferguson			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. Welcome	The meeting was called to order by Dr. McLeod at 10:39 AM	
2. Introductions	Introductions were made, Attendance as per sign-in roster	
3. Approval of Agenda	Two items added by Dr. McLeod – Trauma Report and Nurse Practitioner's in EMS	**Approved by consensus**
4. Approval of Minutes	Approval of minutes from January 7, 2016	**Accepted unanimously Future meetings will be via electronic copy only**
6. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues	Reported under State Medical Director's Report	
7. Old Business		

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
7. New Business			
A	TCC Report	Dr. Lane reported on the changes to form TR-17 and the action of the TCC committee. Debbie Akers offered further clarification and information about the changes being proposed. Detailed discussion between committee members concerning the endotracheal intubation. Question raised about is there evidence that the problem truly exists and why there is an issue. After much discussion concerning the perceived or real issue that is present in the EMS community, a motion was presented by Dr. Charles Lane, medical direction committee representative to TCC as listed. Revised by Dr. Yee to include ventilation of non-intubated patients. Both motions were approved. **'Attachment A'**	**See Attachment 'A' Motion by Charles Lane that the Endotracheal Intubation be revised to 50 required using live patients, high fidelity simulation and cadaver lab. Motion amended by Dr. Yee to change the requirement to ventilate a non-intubated patient to 50 as well. Motions approved.**
B	OR Based Airway Experience for I-99 – Asher Brand, MD	Stated that the OR's in his region are not allowing Intermediate students into the OR for the ability to meet the requirement of the 1 real patient. Included in discussion under TCC report above.	
C	Challenge of Medical Professionals for NR certification – Charles Lane, MD	Stated that during meeting of NAEMSP questioned National Registry concerning this ability. Stated that NR stated it was being looked at. Dr. Yee stated that the issue was that two curriculums have not been mapped. An MD resident at VCU has agreed to work on assisting in this process for the mapping of the curriculums. Dr. Yee stated that there would be a requirement to also look at the PA and NP curriculums.	
D	Trauma Update – Marilyn McLeod, MD	Updated committee on new plan to update trauma plan and review the trauma system. Prehospital workgroup first meeting was conducted and it was obvious that there was lack of representation from prehospital OMD's that could bring an understanding of how trauma centers function. Has asked that 5 members be added and the following have accepted: Dr. Turnbull, Dr. Guins, Dr. Smith, Dr. White and will be asking one other individual. Dr. Lindbeck stated it was difficult to get your hands around the process and further knowledge and understanding will need to be gained by all.	
E	PA & NP in EMS roles – Marilyn McLeod, MD	Dr. McLeod asked Dr. Reed to share the information on how they have incorporated the use of the Nurse Practitioner within his system. She is in a non-provider role, providing interface with users of their system to skilled nursing, frequent users of the system, etc. Dr. McLeod stated she has a desire to use PA's to assist with online medical direction. Asked group their opinion of this approach. General discussion by group.	
8. Research Notes			
A		N/A	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
9. State OMD – George Lindbeck, MD			
A	Stroke Triage Plan	Needs to be updated by next March when the state EMS plan must be updated. General discussion by committee. Asked if there was anything that needed to be addressed at the meeting tomorrow.	
B	DEA Update	The bill amending the Drug Control Act of 1970 has been submitted in Congress and is in Committee. Information regarding the bill and resources for advocating for the bill with your legislators is available on the NAEMSP web-site: http://www.naemsp.org/Pages/Advocacy.aspx. The drug kit program currently used by most EMS agencies in Virginia, as well as some other areas of the country, is not addressed by this bill and it is not anticipated that it would be included in the bill or acceptable to the DEA as an amendment to current law. We are probably at least two years away from rules being promulgated even if this bill does pass into law, but EMS agencies should begin the thought process of how they would deal with the challenge of managing their own drug kit program, including the purchase, storage, and management of medications.	
C	Administration of Patient Supplied Medications	There are an increasing number of instances where patients with very specific, and unusual, health care needs have medications stocked at home for the use in specific medical emergencies, such as Solu-Cortef for patients with Congenital Adrenal Hyperplasia (CAH) or complement concentrates for patients with hereditary angioedema. It is reasonable that EMS agencies/providers should be prepared to administer those medications, within their scope of practice, and we should have a policy statement on their use that could be used by agencies/medical directors for reference.	
D	Scope of Practice	The Scope of Practice was discussed: the only question for addition was the addition of Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) was the only procedure/device brought up for discussion. This would be anticipated, if added, to be added to the paramedic scope as a "maintain" only procedure, i.e. paramedics could monitor patients with a REBOA in place during transfer, but not place the device..Dr. McLeod stated she would like to see this tabled until next meeting.	**Tabled until next meeting**
E	Compass	The COMPASS project in underway and is working on development of evidence based best practices/evaluation tools for OHCA, Stroke, STEMI, hypoglycemia and seizures.	
F	Intermediate-99	Presented information concerning history of the I-99 level and Virginia's approach to offering this certification level. Question raised again 'What do we do when National Registry no longer offers the testing process for I-99 certification.' Warren provided information concerning the two organizations who participate in Castle Worldwide – has no interest, PES – submitted a graph, for a single exam to be developed, the cost for the first year would be around $100,000 and then years 2-5 would be reduced by around 40%. This does not include the distribution of the exam or what environment utilized to administer this exam. If you wish to develop a test bank to handle multiple versions of an exam this is dependent upon the participation to write the items. A workgroup has been working on addressing how to address this issue for the future. Eddie Ferguson, representative for VAGEMSA to the Medical Direction Committee, expressed the view of the group he represents of the need to maintain the I-99 certification level. Their chief concern is from a financial standpoint and he doesn't feel that the position is going to change from their committee standpoint. Expressed feasibility of	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		the redirection of monies to assist agencies in moving the I-99 to the Paramedic level.	
G	EMS 3.0	Several national EMS organizations have been working on a document entitled "EMS 3.0" to organize the vision of where EMS is going during its third phase of growth. The document is in draft form and comments are still being collected and therefore not ready for release, but when it becomes available MDC members are encouraged to review it as it is expected that it will be used to inform future decisions about EMS in coming years. Link to presentation is: https://www.nasemso.org/Meetings/Annual/Presentations2015/documents/Technology-and-EMS-Nick-Nudell-2015.pdf.	
H	EMS Blueprint Document	The NHTSA Office of EMS has also announced that it is beginning the process of re-examining and updating the EMS Blueprint document. Nothing to review at this point in time, but stay tuned.	
I	Ambulance Safety	Work on developing safety and structural standards for ambulances continues and is gathering momentum. Medical Directors should continue to review available resources and continue to advocate for measures to increase the safety factor for our patients and our providers.	
J	EMS Fatigue	Advised committee that he is a member of a project looking at fatigue in EMS. This group was organized by NASEMSO after they received the contract from NHTSA/DOT for the project. The group has had one meeting to announce the project and receive comments and input from stakeholders. The first working meeting will occur later this month at the DOT offices in Washington D.C. Comments and input from the EMS community in Virginia are welcome and can be communicated to the project team.	
K	Perfusionist Regulatory Change	The proposed regulatory change regarding the addition of perfusionists, including Certified Cardiovascular Perfusionists (CCP, information at http://www.abcp.org/certification.htm) and Registered Cardiovascular Invasive Specialist (RCIS, information at http://www.cci-online.org/content/registered-cardiovascular-invasive-specialist-rcis) had been forwarded from MDC to Rules and Regulations Committee and will proceed through the regulatory process once approved through the Advisory Board. The current regulations do not include perfusionists and must be followed as written until the regulation is changed – time consuming but necessary.	
Office of EMS Reports			
A	BLS Training Specialist – Greg Neiman	1. EC Institute a. The next Institute is in conjunction with the VAVRS Rescue College in Blacksburg in June b. Next Practical is May 7 here in the Richmond Area. Approximately 24 individuals available and invitations have been sent and responses received. c. One of the biggest delays on processing candidates is getting the OMD endorsement. 2. Updates a. The DED Division will stay on the road for 2016. i. Held a Friday and Saturday update at Henrico Fire in January ii. February Update was at Fort Lee iii. March was at Spotsylvania Regional Medical Direction iv. April is in BREMS on Saturday, April 30.	.

	Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
		b. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm 3. Instructor Recertification a. Only a handful of EMT Instructors left in the system.	
B	ALS Training Specialist – Debbie Akers	1. NR Stats '**Attachment B'** a. Report Distributed 2. In April, all Enhanced will be transitioned to Virginia AEMT. a. System will go down on Monday, April 11 to facilitate the transition b. Level will become "C" c. No more Enhanced "J" d. Will be required to meet AEMT Recertification requirements beginning July 1, 2016 e. Brings us in line with the online CE vendors that are listing courses for the AEMT Level f. If anyone gains eligibility between now and July 1, will stay eligible until recertification	**See Attachment 'B'**
C	Accreditation – Debbie Akers	1. Accreditation '**Attachment C'** a. Report distributed b. Programs dropped from report i. American National University ii. Historic Triangle EMS Institute iii. Rappahannock EMS Council c. As previously reported, Roanoke Regional Intermediate Program was placed on probation. Have finished their last announced course.	**See Attachment 'C'**
D	EMSTF – Adam Harrell	1. EMSTF '**Attachment D'** a. Report distributed. Monies are still available for FY16. b. FY17 i. Still determining what changes may come about. ii. Will notify programs once everything is finalized 2. Scanners a. Approaching end of life b. Looking at a replacement c. Software rather than hardware d. Looking to make this compatible across may different platforms e. In software development now	**See Attachment 'D'**
E	Division of Educational	1. Education Coordinator Process Proposal	

	Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Development – Warren Short	a. Provided information to committee on a new EC proposal that is being considered and was provided to TCC for their review and consideration. There will be a copy available in the EMS Advisory Board report. 2. Would like this to be on the Advisory Board agenda by November1st.	
F	Regulation and Compliance – Michael Berg	1. Regulations a. Regulatory packet for adding the definition for POST approved by Board of Health. Will be placed in the regulatory process and put in the packet for approval. b. Regulatory packet adding the word affiliation will not be signed by the Governor. Believes it is contrary to the processes defined by the governor. c. Periodic review is upcoming. Mike has spoken with Joe Hilbert. He will be sending an announcement for the June and July timeframe for review of the regulations. 2. OMD courses a. Three upcoming upates still planned and then on hiatus until November. Schedule posted on webpage. 3. REPLICA a. Successfully passed and 6 states are signed on including Virginia however, none of our border states are signed on currently. Tennessee is awaiting Governor's signature. This addresses providers going from state to state, not agencies transporting from state to state.	
G	Other Office Staff	**Gary Brown** 1. Chief Deputy Commissioner a. Dr. Hughes Melton has been appointed as the new Chief Deputy Commissioner to replace Dr. Trump who has retired. He will be participating in meetings with OEMS in the near future.	
PUBLIC COMMENT			
For The Good Of The Order			
Future Meeting Dates for 2016		July 7, 2016, October 6, 2016	
Adjournment		1:22 pm	

Attachment A

ALS Certification Program Clinical Hour and Competency Summary – Medical Direction Revision

ALS Certification Program Clinical Hour and Competency Summary

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

AREAS	EMT to AEMT	EMT to INTERMEDIATE[14]	EMT to PARAMEDIC[14]
CLINICAL REQUIREMENTS:			
Emergency Department[1]	12 hrs	12 hrs	24 hrs
Critical Care Area[2]	-	4 hrs	8 hrs
Pediatrics[3]	-	4 hrs	8 hrs
Labor & Delivery[4]	-	4 hrs	8 hrs
OR/Recovery	-	4 hrs	8 hrs
Other Clinical Settings[5]	prn	prn	prn
TOTAL MINIMUM CLINICAL HOURS[6]	**36 hrs**	**72** hrs	**144** hrs
ALS Medic Unit (Field Internship)	12 hrs	24 hrs	48 hrs
TOTAL MINIMUM FIELD/CLINICAL	**48 Hours**	**96 Hours**	**192 Hours**
TOTAL PATIENT CONTACTS[6]	**30**	**60**	**120**
COMPETENCIES:			
Trauma Assessment, pediatric[7]	**2**	**5**	**10**
Trauma Assessment, adult	**2**	**5**	**10**
Trauma Assessment, geriatric	**2**	**5**	**10**
Medical Assessment, pediatric[7]	**2**	**5**	**10**
Medical Assessment, adult	**2**	**5**	**10**
Medical Assessment, geriatric	**2**	**5**	**10**
Cardiovascular distress[8]	**5**	**10**	**20**
Respiratory distress	**5**	**10**	**20**
Altered Mental Status	**5**	**10**	**20**
Obstetrics; delivery	**-**	**-**	**2**
Neonatal Assessment/care	**-**	**-**	**2**
Obstetrics Assessment	**-**	**5**	**10**
Med Administration	**15**	**30**	**60**
IV Access	**25**	**25**	**25**
Airway Management [9, 10]	**20[8]**	**25[10]**	**50[20]**
Ventilate Non-Intubated Patient [10]	**20**	**25**	**50**
Endotracheal Intubation[11]	**-**	**25**	**50**
Field Experience (Team Member)[12]	**5**	**15**	**30**
Capstone Field Experience(Team Leader)	**5**	**10**	**20[13]**

[1] May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.
[2] CCU, ICU, CC xport team, Cath Lab, etc.
[3] PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.
[4] Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.
[5] Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients.
[6] The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.
[7] Paramedic students must have no fewer than (2) in each subgroup. : Neonate, Infant, Child, and Adolescent.
[8] Cardiac Arrest, Chest pain/pressure, STEMI, dysrythmia, etc.
[9] Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation". In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets.
[10] Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.
[11] While at a minimum one live intubation is preferred, the paramedic student may satisfy this competency in any combination of live patients or high definition fidelity simulations, or cadaver labs in all age brackets (neonate, infant, pediatric, and adults). For the Intermediate student the patient must be greater than 12 years of age.
[12] Field Experience contacts will occur during the course of the program. These patient contacts cannot be counted toward the capstone field experience.
[13] To satisfy the Paramedic Portfolio requirements, 18 out of the last 20 patient contacts must be successfully completed on an ALS unit responsible for responding to critical and emergent patients who access the EMS system. Successful is defined as a score of '2' in Team Leadership category on Field Internship Evaluation Form.
[14] A certified Intermediate 99 enrolling in a Paramedic program may, at the discretion of the program's director and medical director, be awarded clinical and competency credit less than or equal to that noted in the EMT to Intermediate column. A certified AEMT enrolling in an Intermediate program may, at the discretion of the program's director and medical director, be awarded clinical competency less than or equal to that noted in the EMT to AEMT column.

NOTE: The above listed clinical hours/competencies are minimum mandatory as of August 1, 2016. Accredited Programs may set higher minimums or add to this list.

Attachment B

National Registry BLS Statistics

EMT Statistics
As of 4/05/2016

Virginia:

Report Date:	4/5/2016 4:34:38 PM
Report Type:	State Report (VA)
Registration Level:	EMT-Basic / EMT
Course Completion Date:	3rd Quarter 2012 to 2nd Quarter 2016
Training Program:	All

View Legend | Printer-Friendly Version

Show All | Show Only Percentages | Show Only Numbers

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
9212	65% (5990 / 9212)	76% (6975 / 9212)	76% (7035 / 9212)	0% (8 / 9212)	12% (1127 / 9212)	11% (1047 / 9212)

National Registry Statistics:

Report Date:	4/5/2016 4:37:24 PM
Report Type:	National Report
Registration Level:	EMT-Basic / EMT
Course Completion Date:	3rd Quarter 2012 to 2nd Quarter 2016
Training Program:	All

View Legend | Printer-Friendly Version

Show All | Show Only Percentages | Show Only Numbers

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
248140	68% (169157 / 248140)	79% (196694 / 248140)	80% (198264 / 248140)	0% (229 / 248140)	11% (27821 / 248140)	9% (22001 / 248140)

Individual Instructor Statistics are available on the OEMS webpage at the following link:
http://www.vdh.virginia.gov/OEMS/Training/TPAM/Forms/EMT%20Performance%20Measure.pdf

Attachment C

Accreditation Report

Accredited Training Site Directory

As of April 5, 2016

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Central Virginia Community College	68006	Yes	--	National – Continuing	CoAEMSP
J. Sargeant Reynolds Community College	08709	No	5	National – Continuing	CoAEMSP
Jefferson College of Health Sciences	77007	Yes	---	National – Continuing	CoAEMSP
John Tyler Community College	04115	No	--	CoAEMSP - LOR	
Lord Fairfax Community College	06903	No	--	National – Initial	CoAEMSP
Loudoun County Fire & Rescue	10704	No	--	National – Continuing	CoAEMSP
Northern Virginia Community College	05906	No	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	--	CoAEMSP – Initial	CoAEMSP
Piedmont Virginia Community College	54006	Yes	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	Yes	--	CoAEMSP – LOR	
Rappahannock Community College	11903	Yes	--	CoAEMSP – LOR	
Southside Virginia Community College	18507	No	1	National – initial	CoAEMSP
Southwest Virginia Community College	11709	Yes	4	National – Continuing	CoAEMSP
Stafford County & Associates in Emergency Care	15319	No	1	National – Continuing	CoAEMSP
Tidewater Community College	81016	Yes	4	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	5	National – Continuing	CoAEMSP

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

- Prince William County has completed their first cohort class and their initial accreditation site visit is scheduled for November, 2015.
- Rappahannock Community College has completed their first cohort class and awaiting their initial accreditation visit.
- Central Shenandoah EMS Council is in the process of accreditation at the paramedic level in Virginia which is described on the OEMS web page at: http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm
- John Tyler Community College has been granted their Letter of Review from CoAEMSP.

Accredited Intermediate[1] Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	Yes	3*	State – Full	May 31, 2017
Dabney S. Lancaster Community College	00502	No	--	State – Full	July 31, 2017
Danville Area Training Center	69009	No	--	State – Full	July 31, 2019
Hampton Fire & EMS	83002	Yes	--	State – Full	February 28, 2017
Henrico County Fire Training	08718	No	--	State – Full	August 31, 2020
James City County Fire Rescue	83002	No	--	State – Full	February 28, 2019
Nicholas Klimenko and Associates	83008	Yes	2	State – Full	July 31, 2016
Norfolk Fire Department	71008	No	--	State – Full	July 31, 2016
Paul D. Camp Community College	62003	No	--	State – Conditional	May 31, 2016
Roanoke Regional Fire-EMS Training Center	77505	No	--	State – Probation	July 31, 2016
Southwest Virginia EMS Council	52003	No	--	State – Full	March 31, 2019
UVA Prehospital Program	54008	No	--	State – Full	July 31, 2019
WVEMS – New River Valley Training Center	75004	No	--	State – Full	June 30, 2017

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

- [1]One year visit will be scheduled in the next month to review paperwork and evaluations from initial course.

Accredited AEMT Training Programs in the Commonwealth

Site Name	*Site Number*	*# of Alternate Sites*	*Accreditation Status*	*Expiration Date*
Frederick County Fire & Rescue	06906	--	State – Conditional	**July 31, 2016**

Accredited EMT Training Programs in the Commonwealth

Site Name	*Site Number*	*# of Alternate Sites*	*Accreditation Status*	*Expiration Date*
Navy Region Mid-Atlantic Fire EMS	71006	--	State – Full	July 31, 2018
City of Virginia Beach Fire and EMS	81004	--	State – Full	July 31, 2018
Frederick County Fire & Rescue	06906	--	State – Conditional	July 31, 2016
Chesterfield Fire & EMS	04103	--	State – Conditional	July 31, 2016

Attachment D

EMSTF Report

Emergency Medical Services Training Funds Summary

As of April 5, 2016

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

EMS Training Funds Summary of Expenditures

Fiscal Year 2014	*Obligated $*	*Disbursed $*
19 Emergency Ops	$1,120.00	$360.00
40 BLS Initial Course Funding	$789,480.00	$380,237.25
43 BLS CE Course Funding	$94,010.00	$39,182.50
44 ALS CE Course Funding	$224,950.00	$80,115.00
45 BLS Auxiliary Program	$130,000.00	$61,300.00
46 ALS Auxiliary Program	$304,000.00	$177,985.00
49 ALS Initial Course Funding	$1,188,504.00	$615,334.15
Total	**$2,727,780.00**	**$1,354,513.90**

Fiscal Year 2015	*Obligated $*	*Disbursed $*
19 Emergency Ops	$2,480.00	$540.00
40 BLS Initial Course Funding	$737,320.50	$354,540.52
40 BLS Initial Course Funding	$4,284.00	$0.00
43 BLS CE Course Funding	$59,300.00	$32,663.80
43 Category 1 CE Course	$1,680.00	$0.00
44 ALS CE Course Funding	$146,335.00	$66,263.75
45 BLS Auxiliary Program	$90,625.00	$17,960.00
46 ALS Auxiliary Program	$552,376.00	$141,720.00
49 ALS Initial Course Funding	$1,009,204.00	$591,193.05
Total	**$2,603,604.50**	**$1,204,881.12**

Fiscal Year 2016	*Obligated $*	*Disbursed $*
19 Emergency Ops	$0.00	$0.00
40 BLS Initial Course Funding	$0.00	$47,278.17
40 EMT Initial Course	$602,820.00	$197,210.36
43 BLS CE Course Funding	$0.00	$5,320.00
43 Category 1 CE Course	$133,685.00	$32,803.75
44 ALS CE Course Funding	$0.00	$8,251.25
45 Auxiliary Course	$426,400.00	$65,920.00
45 BLS Auxiliary Program	$0.00	$4,455.00
46 ALS Auxiliary Program	$0.00	$39,360.00
49 ALS Initial Course	$982,260.00	$314,572.09
49 ALS Initial Course Funding	$0.00	$107,221.89
Total	**$2,145,165.00**	**$822,392.51**