

EDUCATOR UPDATE

Blacksburg, Virginia

EMS Educator Updates will meet the seminar requirements for recertification for Education Coordinators and re-endorsement of ALS-Coordinators and Emergency Operations Instructors.



Housekeeping Items

Please:

- Silence cellphones. Yes, we mean silence cellphones.
- · Withhold the urge to visit Facebook, Instagram, Amazon.
- Use tobacco products, smoking, vaping, etc. is only permitted in designated locations.









Office of Emergency Medical Services





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VIRGINIA DEPARTMENT

Protecting You and Your Environment

OEMS Help Desk

Crystal Cuffley is our Help Desk Technician

- Improved customer service, a friendly voice, less wait time
- Knowledge of OEMS specific systems
- Phone: 804-888-9102
- Email: OEMS-AppSupport@vdh.virginia.gov





We're always here for you

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Testing Your Knowledge

Kahooty





National Registry of EMTs Update

NREMT Elimination of ALS Psychomotor Testing

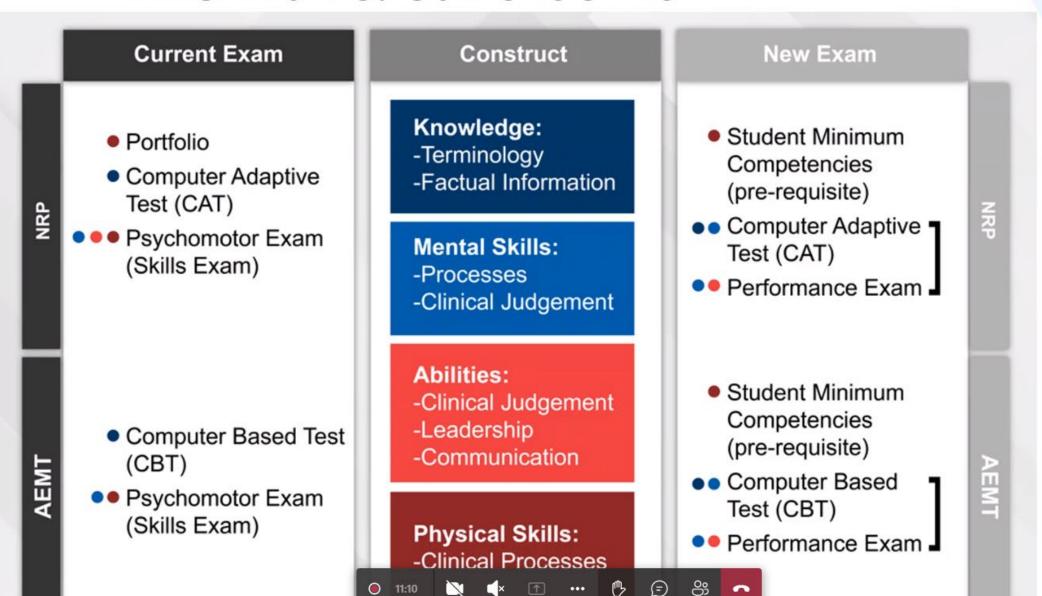
ALS Psychomotor Testing Schedule for Virginia

Date	Location	Contact Information
July 10, 2021	Associates in Emergency Care	Shaun Marini
	Manassas	301-703-8187
	Registration Cut-off Date: June 11, 2021	shaunmarini@aecare911.org
	Paramedic	
August 13, 2021	Rappahannock Community College	Ellen Vest
	Glenns	(804) 758-6777
	Registration Cut-off Date: July 15, 2021	ellen.vest@verizon.net
	Paramedic	
August 14, 2021	Rappahannock Community College	Ellen Vest
	Glenns	(804) 758-6777
	Registration Cut-off Date: July 16, 2021	ellen.vest@verizon.net
	Advanced EMT	
August 21, 2021	Associates in Emergency Care	Shaun Marini
	Manassas	301-703-8187
	Registration Cut-off Date: July 23, 2021	shaunmarini@aecare911.org
	Advanced EMT	
September 11, 2021	Central Virginia Community College	Jason Ferguson
	Lynchburg	434-907-9864
	Registration Cut-off Date: August 13, 2021	fergusonj@cvcc.vccs.edu
	Advanced EMT	
September 18, 2021	ECPI University	Nick Klimenko
	ļ.,	757 070 0400



ALS Exams: Current & New







ALS Exam Redesign – The Performance Examination

- Scenario based with a series questions pertaining to the scenario
- ✓ Assesses clinical judgment, communications, leadership
- ✓ The testing model for this performance examination is used by others in the testing/certification industry
- Examples of the performance examination will be available prior to full implementation





ALS Exam Redesign



- ✓ Psychomotor Exam will retire by mid-2023 and be replaced with a computer-based Performance Examination
- ✓ AEMT is now 2:15 with 135 items; will be ~3:00 and ~170 items
- ✓ Paramedic is now 2:30 with 80-150 items; will be ~3:30+ and 130-190 items (NOTE: THESE ARE PRELIMINARY TIMES & ITEM RANGES)
- ✓ Once fully implemented, the new computer exam will be longer and breaks will likely be added
- ✓ Current Portfolio requirement will be replaced by Student Minimum Competencies for both Paramedic & AEMT





ALS Exam Redesign

- ✓ When the new performance exam fully initiates, the requirement of the psychomotor exam for National Registry certification stops
- ✓ The current psychomotor exam will be available for candidates who are in the middle of the testing process for a period of at least one to two-years
- ✓ For states that require a psychomotor examination, the National Registry will continue to make the psychomotor exam materials available, even though it will NOT be a requirement for national certification



ALS Exam Redesign TIMELINE

- ✓ Performance Examination items will start to appear on the ALS computer exams sometime between April and June, 2022
- ✓ Performance Examination has a planned full implementation by April June, 2023
- ✓ AEMT: ~3:00 and ~170 items on a CBT
- ✓ Paramedic: ~3:30+ and 130-190 items on a CAT



ALS Exam Redesign Collaboration

- ✓ ALS Exam Redesign Expert Panel (20+ people from the EMS industry) are working with staff and the Board to represent the needs of the EMS community as we progress with the implementation of the new exam
- ✓ CoAEMSP and NREMT collaboration to re-create the Student Minimum Competencies for Paramedic
- ✓ NASEMSO and NREMT collaboration to create Student Minimum Competencies for AEMT
- ✓ You the EMS Educator community!!!

New Exam

- Student Minimum Competencies (pre-requisite)
- Computer Adaptive Test (CAT)
- Performance Exam •

- Student Minimum Competencies (pre-requisite)
- Computer Based Test (CBT)
- Performance Exam



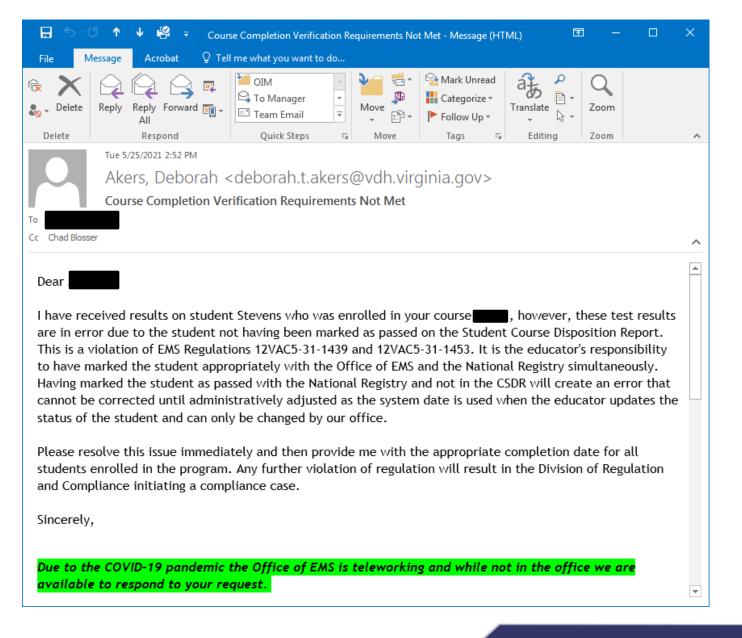
Phased implementation starting in 2022 with FULL implementation by April-June(-ish), 2023 December 31, 2023



National Registry

We are experiencing huge issues with Virginia and National Registry completions.

Failure to comply with policy risks the certification of students with National Registry and Virginia.







Our Profession

Blacksburg, Virginia

Blackboard > Electronic Resources > Education Coordinator Electronic Notebook > Our Profession



Why Isn't EMS Considered a Profession?

EMS providers have/are:

- long wanted to be considered professionals in the healthcare field
- tired of being regarded as the "stepchildren" of public safety
- eager to be recognized in the formal manner in which police and fire agencies across the country are recognized

So, why aren't we?



What Constitutes a Professional?

Webster's Dictionary defines a professional as:

- of, relating to, or characteristic of a profession; or
- the conduct, aims, or qualities that characterize or make a profession or a professional person.





There's an Old Saying...

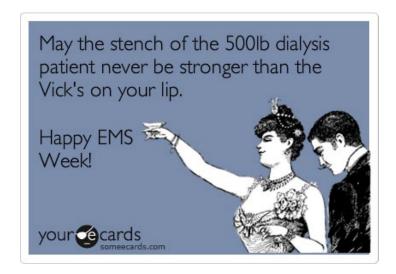
"Don't judge a book by its cover."

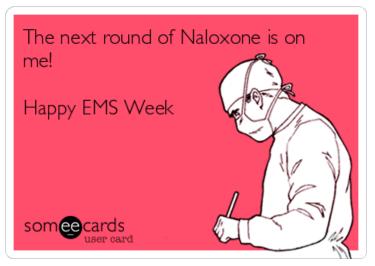
or another

"You only get one chance to make a first impression."

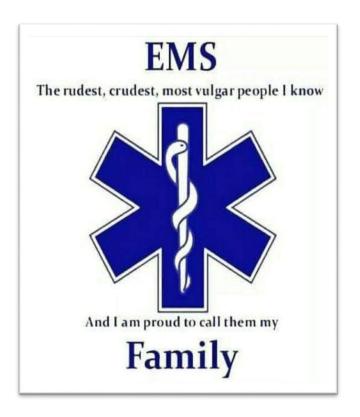
Which of these is true?

Our Own Worst Enemy on the Road to Professionalism











EMS Week 2022...and so it continues.



So it is EMS week again and my facebook feed is full of all of the wonderful things going on this week for all the EMS providers. I see all of the usual "go-tos" like another pizza party, some neat EMS swag like a little string backpack or another beer coozy, a cookout in the parking lot and a lot of pats on the back. On Monday, it will all be over and EMS will go back to being what it was last week.

For nearly 20 years I wore that patch proudly. I fought the good fight next to people I loved like family to do right by my patients, myself, and my profession. It hurt my heart to walk away from EMS a few months ago, but I was tired. I was tired of trying to make a difference. I was tired of trying to push the profession forward. I was tired of the systemic abuse with "leaders" who couldn't care less because "EMS should be seen, not heard". EMS is killing itself from the inside and I, like so many before me, finally threw in the towel and went a different path.

While I know the guys and gals on the street appreciate the recognition this week, how about using this week to bring attention to the issues that will really make a difference for their weeks, months and years to come rather than just a one-and-done appreciation event? Here are some thoughts from a salty paramedic who finally quit:

-Fix CMS reimbursement rates for EMS that actually reflect medical care instead of glorified taxi drivers. While I am not naïve enough to think there is no greed at upper administration levels of many agencies leading to poor compensation at the provider levels, the larger issue is the reimbursement rate. They are piss poor and lead directly to horrible compensation because you simply can't pay out what you aren't bringing in.

-Improve education...both initial and continuing. This means some of you upper level folks need to understand that not everyone needs to or deserves to be an EMS provider. It is supposed to be hard. It is supposed to be challenging. Yes, a degree should be required to be a paramedic. This whole attitude of wanting paramedics "faster and cheaper" is asinine. You demand easy. You demand no homework. You demand a program that requires the absolute bare minimum in clinical/lab/class hours, and wonder why you get crap!

-While we are on the topic, in most cases you DON'T NEED A PARAMEDIC ON EVERY FREAKING VEHICLE YOU OPERATE. No, it does NOT improve the care to the public. It does not ensure your "customers receive the best". It does just the opposite. Tiered response works. Utilizing the other levels of EMS certification works. Pay fewer paramedics more instead of more paramedics less and you will both recruit and retain them!

The worst part about all of this is that the opposition to addressing any of it comes from the inside, not the outside.

So, Happy EMS Week all you 'ambulance drivers'! Enjoy that slice of pizza...it will be 365 days until you get another one...







We All Have a Roll to Play

Your appearance and your actions are noticed by the public and will be used to form their opinions of both you and your peers nationwide.

Although many people are most comfortable in jeans and t-shirts, these may not be the most appropriate attire when you are representing your agency and the EMS profession.

The public is studying you and your "Co-ed Naked EMS" or "Big Johnson EMS" T-shirt. Such apparel gives the public preconceived ideas about you.





What Does Your Mirror Say About You?



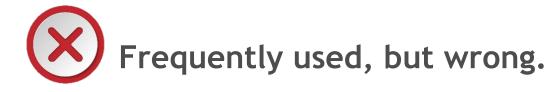
Speaking of Professionalism, Let's Talk Terminology

Anyone joining the medical field will need to learn basic medical terminology.

The importance of medical terminology cannot be understated because it allows all healthcare workers to communicate in a universal language.

The following are some frequently used, but incorrect terms used in Virginia's EMS system.







Ambulance driver

EMS provider





Frequently used, but wrong.



Correct term.

- Boo, boo bus.
- Bandaid

Ambulance





Frequently used, but wrong.



Correct term.

- EMT-B
- "I'm a basic"

- EMT
- Emergency Medical Technician





Frequently used, but wrong.



Correct term

- First Responder
- FR

- Emergency Medical Responder
- EMR





Frequently used, but wrong.



EMT-A

Advanced EMT





Frequently used, but wrong.



- |-99
- Intermediate-99

Intermediate





Frequently used, but wrong.



NREMT-P

- National Registry
 Paramedic
- NRP





Frequently used, but wrong.



Medic

Paramedic





Frequently used, but wrong.



- OMD
- PCD
- Medical Director

EMS Physician



Upcoming Changes in 2022-23ish





Online Enrollment for Foreign Nationals



Foreign nationals are required to complete:

- Foreign national's must reach out to Debbie Akers with a copy of the foreign national's Visa for further guidance.
- The US State Department may be involved.
- OEMS will assign a fictitious SSN.

VEMSES Retirement



Virginia Emergency Medical Services Education Standards



The Virginia EMS Education Standards (VEMSES) outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the Virginia Scope of Practice Formulary and Procedures. Although educational programs must adhere to the Standards, its format will allow diverse implementation methods to meet local needs and evolving educational practices. The less prescriptive format of the VEMSES will also allow for ongoing revision of content consistent with scientific evidence and community standards of care.

The Virginia EMS Education Standards are not a stand-alone document. EMS education programs will incorporate each element of the education system proposed in the National EMS Education Agenda.

These elements include: • National EMS Education Standards • National EMS Core Content • National EMS Scope of Practice • National EMS Education Standards • National EMS Certification • National EMS Program Accreditation

December 31, 2022

- VEMSES will be retired.
- MDC has approved transitioning to the new National EMS Education Standards (NEMSES) when they are released.
- A transition plan will be released by OEMS to ensure educational content corresponds with testing processes.

July 2012



NEMSES and Psychomotor Exam Change Rollouts

Current State

- TR-997 & TR-999
- Virginia Psychomotor Exam suspended through December 31, 2022.
- For all BLS programs with a start date of May 20, 2022 through December 31, 2022.

Future State

- If you have not been actively following these changes through attendance at committee meetings or Education Coordinator updates, then you will find that Virginia is taking bold steps forward during this transition.
- Rollouts will take place across the Commonwealth beginning in August 2022 though December 2022.







EC Requirements and Mentorship Changes (2023ish)

Current State

- Teaching hours based on previous education and teaching certifications.
 - 10 administrative hours required
 - 50% of remaining hours required in EMT programs
 - Remainder of hours can be in BLS, ALS or CE programs
 - NREMT EMT certification exam must be passed
- Allowed to serve as an EC mentor immediately after completing Institute

Future State

- The TCC sub-committee reviewing the Education Coordinator certification program will be looking into making several changes.
 - Changes to EMT initial course hour requirements
 - Developing a Mentor Guide to assist mentors with the process.
 - Potential limitations on serving as a mentor immediately after completing the Institute.

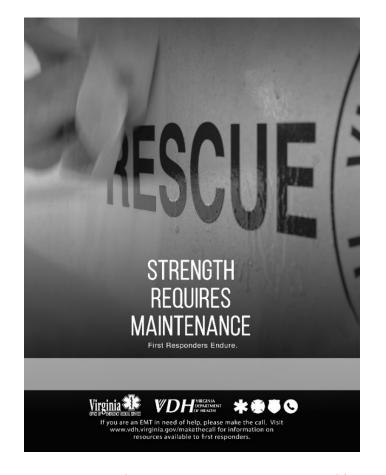


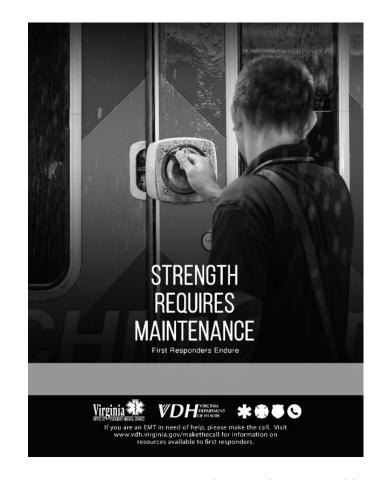
Mass Casualty Incident Management I & II

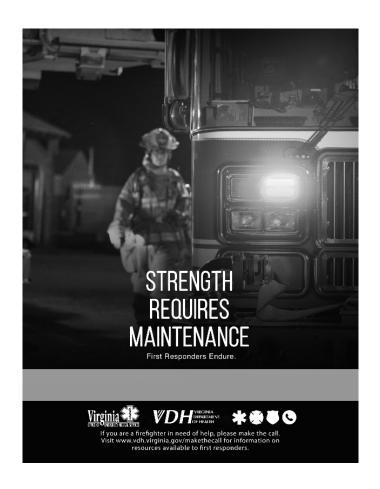




Make the Call







http://www.vdh.virginia.gov/MakeTheCall



Continuing Education



CAPCE Continuing Education Codes

There are various types of continuing education (CE) materials out there and in order labeled as F1, F2, F3, F4 and F5.

The following slides help further define the different CAPCE codes and different types of continuing education that exist.



F1: Live In-Person Continuing Education

Also considered "traditional" education. The only differentiating factor between F1 and F2 is whether or not the class you're attending is required every year to recertify.

- A good example of an F1 class would be an in-person class you attend that details a not new topic in EMS.
- It may be a class you attend at a conference or a workshop you sign up for that really interests you.



F2: Live In-Person Continuing Education (Continuous/Cyclical)

Is the course is required for you to recertify and maintain your certificate/license?

 A good example here would be CPR for the BLS Healthcare provider, or ACLS if you're an AEMT or Paramedic.



F3: Online Distributive Continuing Education

This is the most common type of CE you'll find on the web. These are individual courses that are accessible via websites that provide CE hours after you've successfully passed an exam at the conclusion of the course. These courses can be written, audio, or video.

- Depending on your EMT level, the NREMT allows a certain portion of your CE hours to be F3 distributive.
- In Virginia, this would be:
 - 24-7 EMS Now
 - Lexipol EMS 1 Academy
 - CareerCert

- Distance CME
- VectorSolutions



F4: Adaptive Learning

A course or program where students' actions, performance and choices guide the direction of learning activities, including virtual programs using adaptive learning technology and patient simulations. Equivalent to classroom instruction which helps advance EMS education and CPR training.

Example: Resuscitation Quality Improvement RQI and Heartcode 2025



F5: Virtual Instructor-Led Training (VILT) Continuing Education

VILT continuing education courses are held on the web in a webinar-style environment. You are attending a course in real-time with an instructor at a scheduled time. Courses contain interactive polling questions which must be answered to show your proof of attendance.

There is a chat feature as well to interact with other attendees and ask questions throughout the class, share stories, and elaborate on learning objectives.

• In Virginia, these programs must meet the requirements outlined in OEMS document Delivering High-Quality Instruction Online.



Reporting Routine Continuing Education (CE)

Virginia certified Education Coordinators are required by regulation to submit continuing education (CE) records in a format approved by the Office of EMS within 15 days of the student's attendance.

There is one approved format:

• Electronic submission of CE records making use of the CE Scanner Application 4.0.



Test Your Knowledge

- 1. Who can award Comparable Credit for Continuing Education (CE) earned outside of Virginia?
- 2. Who can award CE for college/university transcripts presented by EMS providers?
- 3. Who can award credit for certificates presented by Virginia EMS providers using a Virginia approved 3rd Party CE Vendor?
- 4. Who is permitted to "double dip" continuing education hours?

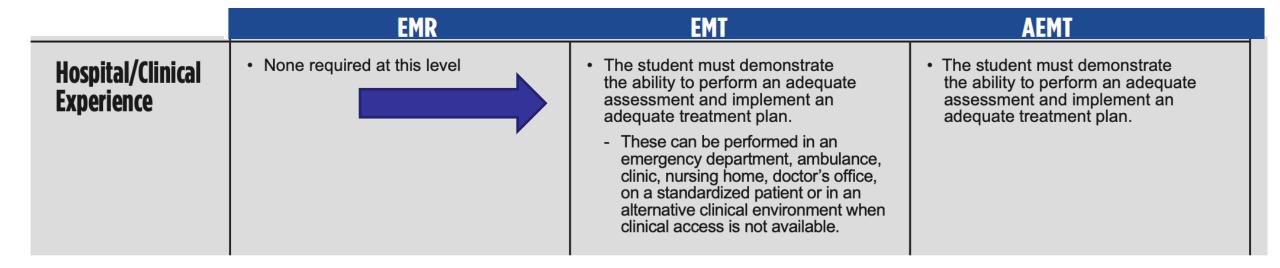


EMS Education Standards

Released on November 22,2021



Clinical Requirements





Field Experience and Course Length Recommendations

National EMS Education Standards

Back to Table of Contents >

Educational Infrastructure

	EMR	EMT	AEMT	Paramedic
Field Experience	None required at this level	The student should participate in and document patient contacts in a field experience in an ambulance, mobile health care experience, or simulated environment when ambulance experience is not available as approved by the medical director and program director. This may occur in an ambulance, ambulance experience, or simulated environment when ambulance experiences are not available.	The student must participate in and document both patient contacts and team leadership roles in a field experience approved by the medical director and program director.	Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www. coaemsp.org) ¹
Course Length	Instructors may use a variety of formats to deliver content including but not limited to: Independent student preparation Synchronous or asynchronous instruction Face-to-face instruction Pre- or co-requisites Course length should be based on competency, not hours Consensus opinion is that students should need a minimum of 48 didactic and laboratory clock hours to cover the material.	Instructors may use a variety of formats to deliver content including but not limited to: Independent student preparation Synchronous or asynchronous instruction Face-to-face instruction Pre- or co-requisites Course length should be based on competency, not hours Consensus opinion is that students should need a minimum of 150 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material	Instructors may use a variety of formats to deliver content including but not limited to: Independent student preparation Synchronous or asynchronous instruction Face-to-face instruction Pre- or co-requisites Course length should be based on competency, not hours Consensus opinion is that students should need a minimum of 200 clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material	



Virginia Scope of Practice

How will the new Education Standards impact the Virginia Scope of Practice



Practice Maximums

1	2	4 5		6
Α	В	С	D	Е
PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT
	Specific tasks in this document shall refer to the Virginia Edu	ıcation Standards.		
AIRWAY TECHNIQUES				
Airway Adjuncts				
	Oropharyngeal Airway		•	•
	Nasopharyngeal Airway		•	•
Airway Maneuvers				
	Head tilt jaw thrust		•	•
	Jaw thrust		•	•
	Chin lift		•	•
	Cricoid Pressure		•	•
	Management of existing Tracheostomy			•
Alternate Airway Devices		_		
	Non Visualized Airway Devices			
		Supraglottic		•



Practice Maximum - Continued

Diagnostic Procedures	
Blood chemistry analysis	
Capnography	
Pulmonary function measurement	
Pulse Oximetry	•
Ultrasonography	



Scope of Practice - ALS

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	Р
	Specific tasks in this document shall refer to	the Virginia Education Standards.					
AIRWAY TECHNIQUES							
Airway Adjuncts							
	Oropharyngeal Airway		•	•	•	•	•
	Nasopharyngeal Airway		•	•	•	•	•
Airway Maneuvers							
,	Head tilt jaw thrust		•	•	•	•	•
	Jaw thrust		•	•	•	•	•
	Chin lift		•	•	•	•	•
	Cricoid Pressure		•	•	•	•	•
	Management of existing Tracheostomy			•	•	•	•
Alternate Airway Devices							
	Non Visualized Airway Devices						
		Supraglottic		•	•	•	•
0: "							
Cricothyrotomy	N. II						
	Needle						•
	Surgical	Includes percutaneous techniques					•
Obstructed Airway Clearar	nce						
	Manual		•	•	•	•	•
	Visualize Upper-airway				•	•	•
Intubation							
IIItubation	Orotracheal - Over Age 12					•	•
	Nasotracheal						
	Pediatric - Age 12 and under						
	Drug assisted intubation (DAI) all ages						
	Drug assisted intubation (DAI) all ages	Drug facilitated intubation (DFI)					
		Specified as outside of SOP at all levels by MDC					
		Delayed sequence intubation (DSI)					•
		Rapid sequence intubation (RSI)					
	Confirmation procedures	Napiu sequence intubation (RSI)		•	•	•	
	Commination procedures						
** Endotracheal intubati	ion is prohibited for all levels except Intermediate and I	Paramedic					
Oxygen Delivery Systems							
	Nasal Cannula		•	•	•	•	•



Reciprocity, Legal Recognition & Challenges



Current state vs. Old State

Electronic Application



Paper-based Application



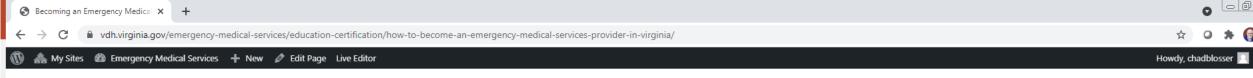


How to Obtain VA EMS Certifications

- Take a Virginia EMS Educational Program
- Obtain reciprocity via National Registry
- Obtain legal recognition
- Challenge







Virginia Department of Health > Emergency Medical Services > Accreditation, Certification & Education > Becoming an Emergency Medical Services Provider in Virginia



Office of Emergency Medical Services

BECOMING AN EMERGENCY MEDICAL SERVICES PROVIDER IN VIRGINIA

This page is designed to provide information to those seeking to become an emergency medical services provider in Virginia. If you encounter any difficulties viewing information on this page, or have any questions, comments or suggestions related to information on this page, please send an email to Chad Blosser. We appreciate your feedback.

What does an EMT do?

EMTs are health care professionals who work on ambulances to respond to 911 calls. Emergency calls can range from life threatening issues, such as cardiac arrests or gun shot wounds, to minor complaints, such as sore throats or sprained ankles. These calls bring EMTs to a wide variety of locations, including patients' homes, businesses, and even out on the street. Once on scene with the patient, EMTs efficiently treat any life-threatening issues, such as difficulty breathing or major bleeding.

In rural areas, EMTs are a crucial link between the hospital and a widely distributed population. In urban areas, EMTs act in concert with police and firefighters to coordinate life-saving care with major hospital centers.

How do EMTs interact with other health professions workers?

In the field, EMTs work closely with firefighters and police. Firefighters are wonderful assets to EMTs as they assist with difficult extractions on the scene of motor vehicle collisions and can also provide medical care to the patient should the EMS unit require additional assistance. Once the team has arrived at the hospital, EMTs interact directly with nurses and emergency medical physicians to transfer patient care. EMTs provide doctors and nurses with vital background information on the patient by relaying pertinent history and physical exam findings.

Click on the following button which best describes you:

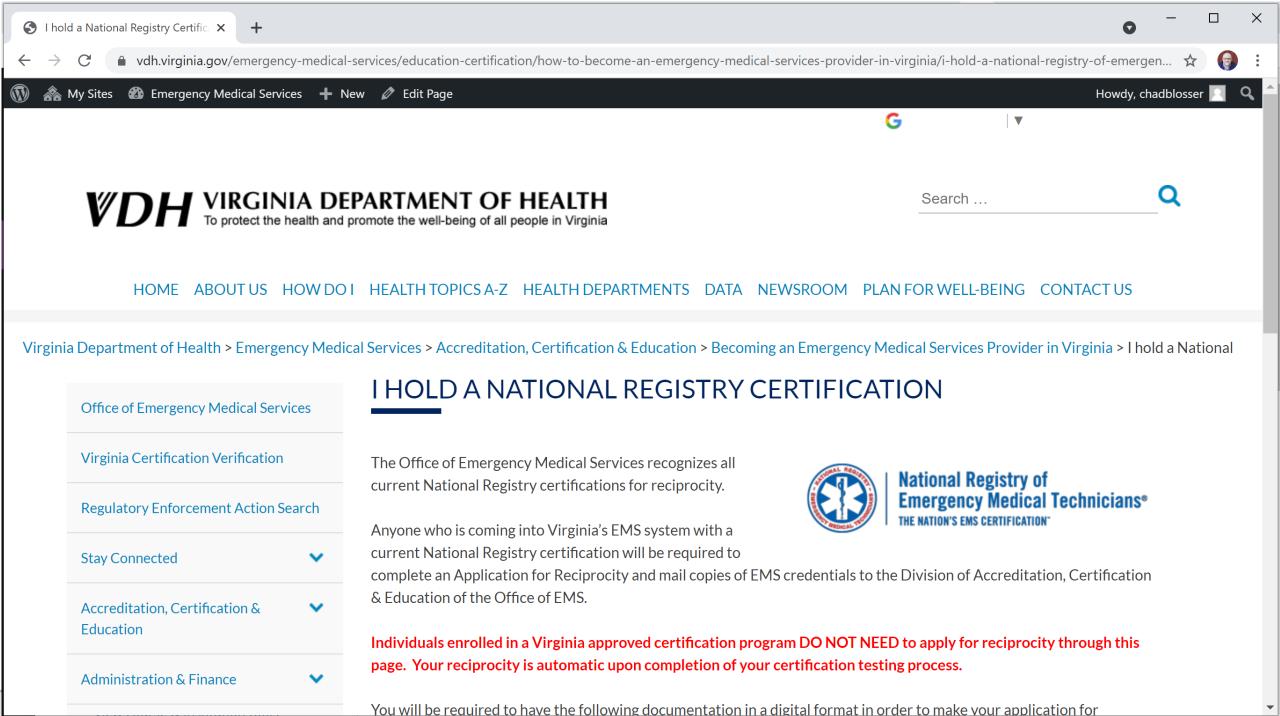
I hold a National Registry certification

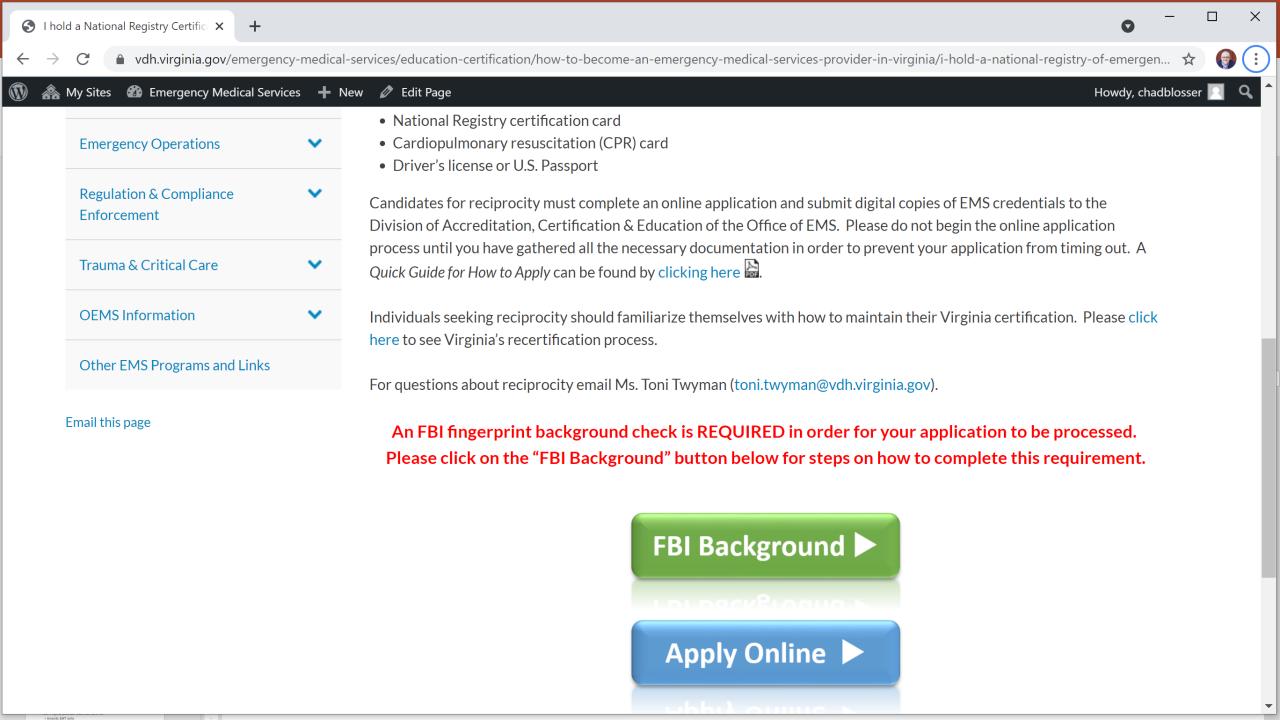
I hold certification from another state

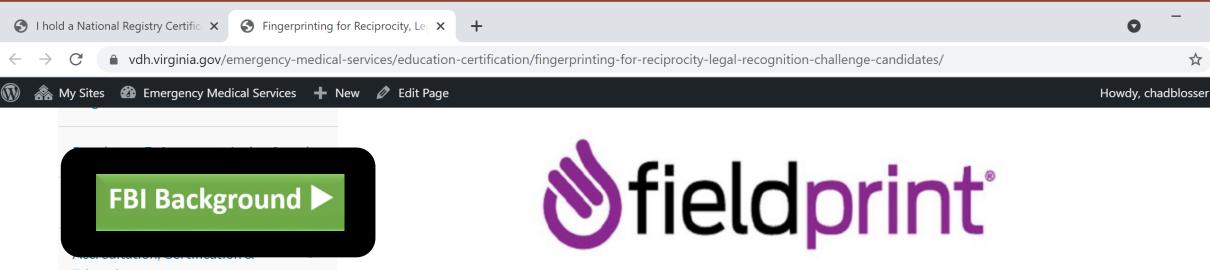
I'm new and hold no EMS certifications

I am a licensed RN, NP, PA, DO or MD

If at any point you have questions or require assistance, feel free to reach out to Ms. Toni Twyman (toni.twyman@vdh.virginia.gov).



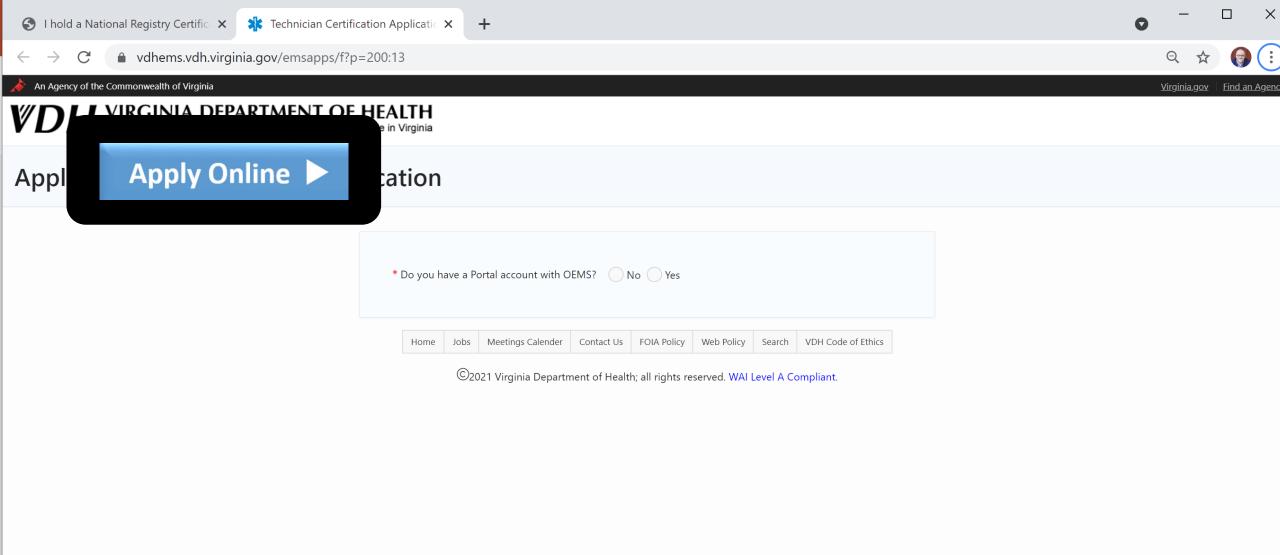




Education Administration & Finance Community Health and **Technical Resources Emergency Operations** Regulation & Compliance Enforcement Trauma & Critical Care **OEMS Information** Other EMS Programs and Links

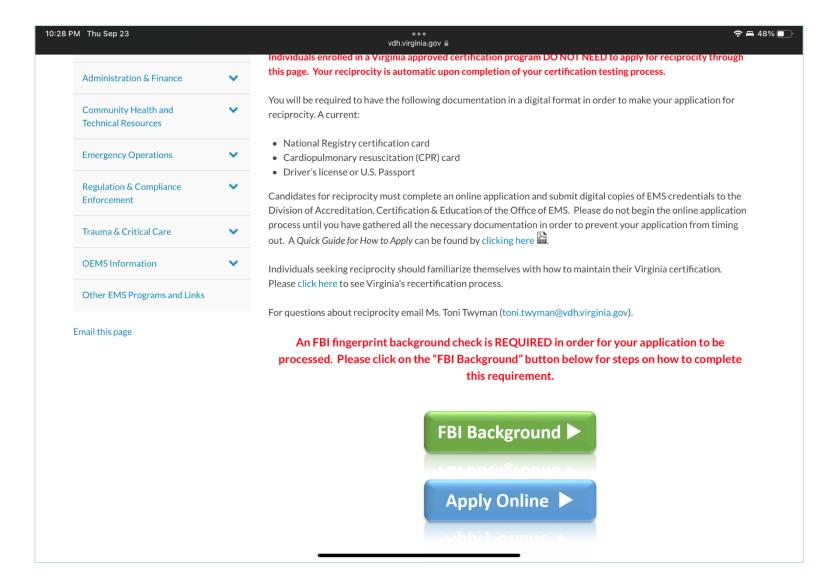
To schedule a fingerprinting appointment for your Reciprocity, Legal Recognition & Challenge application, please follow these simple instructions. Your application cannot be finalized and a certification issued until your have completed your fingerprinting through Fieldprint.

- 1. Visit http://fieldprintvirginia.com
- 2. Click on the "Schedule an Appointment" button.
- 3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question and then click "Sign Up and Continue".
- 4. Enter the Fieldprint Code FPLRR1041ACE when requested.
- 5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
- 6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.



Reciprocity Issued to:

Non-Virginia
 provider possessing
 a National Registry
 certification.





Legal Recognition

Legal Recognition:

- Non-Virginia provider does not have a National Registry certification.
 - Awards EMT only
 - Certification is good for 1 year or the expiration of the certification card from another state used to issue Virginia certification, whichever is less.
 - Full certification requires completing required CE hours, gaining eligibility, taking the National Registry Cognitive Exam and the Virginia Psychomotor Exam. Cost of the exam is at the expense of the applicant
- Re-entry
- Once you start the legal recognition process, you must complete it, even if you were to obtain National Registry certification.



Challenge

Challenge:

- Applicant is RN, NP, PA, MD, etc. (see policy)
- Awards EMT only

MUST complete within 1 year:

- Enrollment form and submit credentials to OEMS
- CE requirements for that level
- NR cognitive exam cost of which is borne by the provider
- State psychomotor exam cost of which is borne by the provider



Blackboard +Learn



Blackboard Specifics



- Integrated with the Virginia EMS Portal
 - Automatic user account creations & affiliations
 - Automatic user account updates
 - Automatic reporting of CE completions
- The system went live on September 7, 2021

Access URL: www.virginiaems.training



Professional Training



• Blackboard professional educators conducted education sessions for EC's in mid-February 2022. Those classes included:

- Getting Started with BB Learn
- Presenting Dynamic Content
- Designing Engaging Discussions
- Master the Grade Center / Gradebook



Initial Certification Programs



Certified Education Coordinators (EC) can request a blank Blackboard course for use with any OEMS announced and approved initial certification program. The following requirements exist in order for this to take place.

The EC shall:

- have an OEMS approved initial certification program
- make an <u>online request for a Blackboard course</u>
- follow OEMS procedures for student enrollment
- follow OEMS requirements for Blackboard Gradebook/Completion status



Continuing Education (CE) Programs



Certified Education Coordinators (EC) can request a blank Blackboard course for use with any OEMS announced and approved CE program. The following requirements exist in order for this to take place.

The EC shall:

- have an OEMS approved CE program must be Custom CE Program
- make an <u>online request for a Blackboard course</u>
- follow OEMS procedures for student enrollment
- follow OEMS requirements for Blackboard Gradebook/Completion status



Continuing Education Programs



- Considered F3 Online Distributive Continuing Education by the National Registry and OEMS
- Asynchronous education is permitted in Virginia so long as the educator/agency is making use of an LMS with approval from OEMS of each courses' content.
 - Requires educator/agency to submit an agreement to OEMS acknowledging the requirements for F3 Online Distributive Education programs.
 - Comply with the Policies and Guidelines for Using Blackboard



Continuing Education Programs (cont)



- F3 Online Distributive Continuing Education shall:
 - Be SCORM 1.2 compliant
 - Not permit scrubbing of videos FW
 - BW scrubbing is permitted
 - || pausing is permitted
 - Have clearly stated and attainable educational goals
 - Utilizes quality instructional materials and appropriate technology that enable and enrich student learning



Continuing Education Programs (cont)



- F3 Online Distributive Continuing Education shall (cont):
 - Provides for high-degree of interaction between teacher, learners, parents, and among learners themselves
 - Meets requirements of state and/or national standards, including applicable end of course assessments
 - One 10 question quiz selected randomly from a pool of 20 questions per each academic hour of education.
 - Meets requirements of copyright and fair use
 - Is designed to accommodate different learning styles





ALS Coordinator Recertification



ALS-C Recertification Reminders

- Maintain provider certification
- Attend at least 1 update per certification cycle (2 years)
- Complete re-endorsement application (TR-31)
- Obtain EMS physician recommendation signature
- Obtain Regional EMS Council Executive Director signature for every council region you will be offering classes in.
- Email to Chad BEFORE your ALS-C expiration date



Education Coordinator Recertification



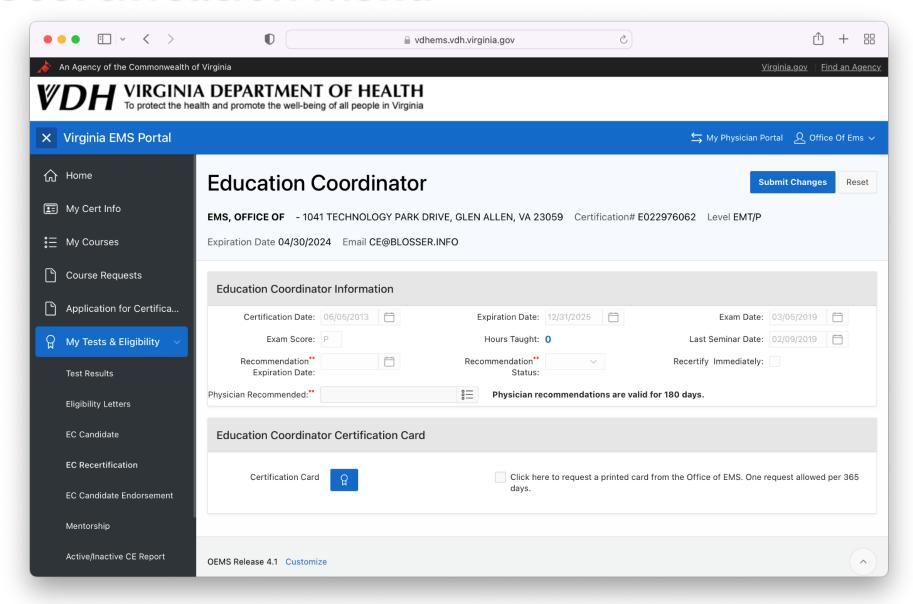
EC Recertification Reminders

- Maintain provider certification
- Teach at least 50 hours of Category 1 CE or initial education
- Attend at least 1 update per certification cycle (3 years)
- Complete online recertification quiz (open resource)
- Obtain EMS physician recommendation (EMS Portal)

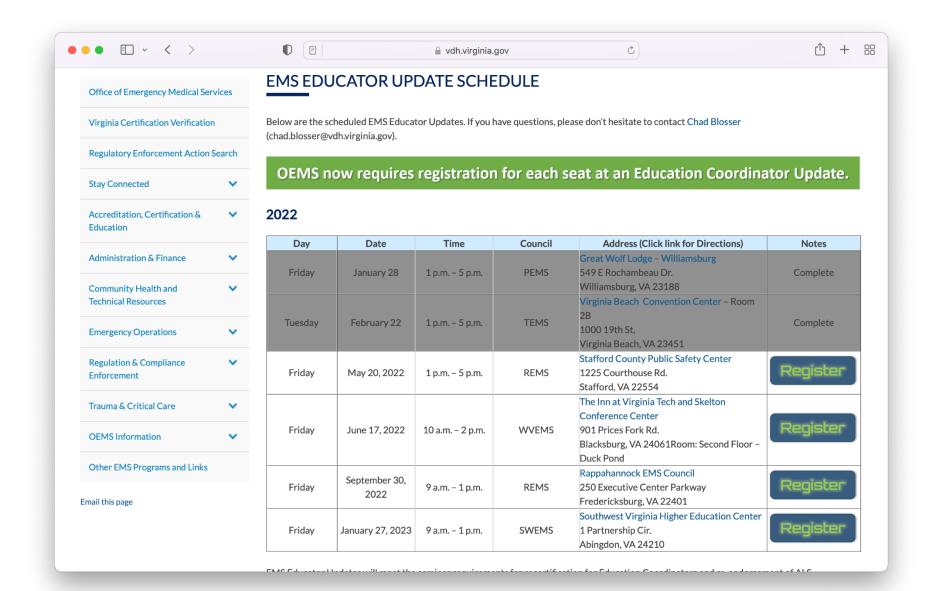
http://www.vdh.virginia.gov/emergency-medical-services/ems-educationcoordinator-recertification-requirements/



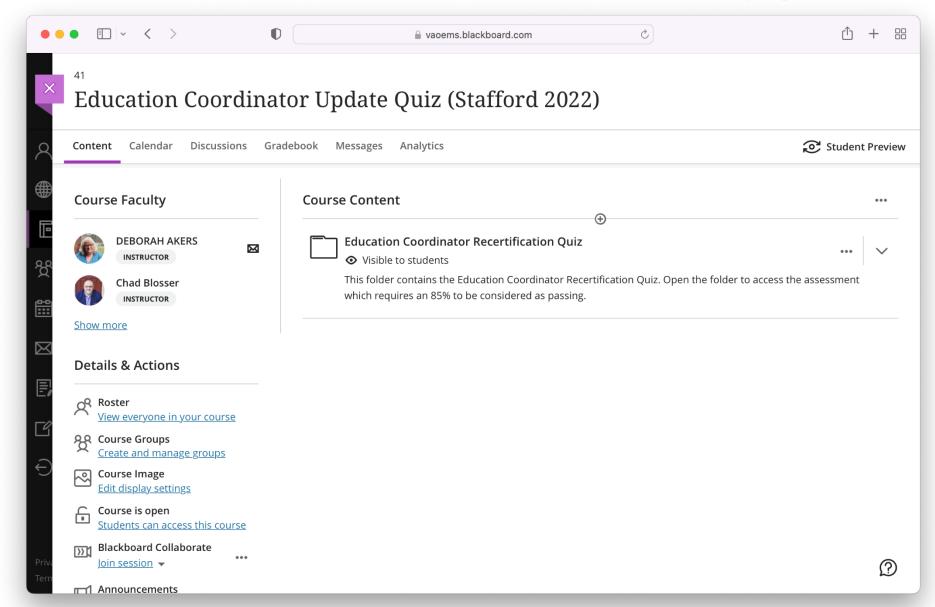
EC Recertification Menu



Educator Update Schedule



Recertification Quiz on Blackboard (Open Resource)



Questions?



