

























































EMT Program Rubric















Date: Click or tap to enter a date. **Name of Program:** Click or tap here to enter text.

	Met / Not Met	Evidence or Comments
Records & Paperwork		
First Day / Night Paperwork Completed <input type="checkbox"/>  <input type="checkbox"/> 		Click or tap here to enter text.
Prerequisite Information Completed and Appropriately Documented <input type="checkbox"/>  <input type="checkbox"/> 		Click or tap here to enter text.
Review Course Syllabus and Schedule <input type="checkbox"/>  <input type="checkbox"/> 		Click or tap here to enter text.
Review Attendance Rosters <input type="checkbox"/>  <input type="checkbox"/> 		Click or tap here to enter text.
Verify Student Enrollment Applications Approved / Denied <input type="checkbox"/>  <input type="checkbox"/> 		Click or tap here to enter text.
Summary of Competencies Completed (Table 2 and 3) <input type="checkbox"/>  <input type="checkbox"/> 		Click or tap here to enter text.
Summary of Clinical Patients Completed (Table 1) <input type="checkbox"/>  <input type="checkbox"/> 		Click or tap here to enter text.

	Met / Not Met	Evidence or Comments
Evidence Of Use Of Student Assessment Tools (Quizzes and Written Examinations – Gradebook)	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Evidence of EMS Physician Involvement (Approval of Required Competencies, Documentation of Final Approval to Test for Candidates, Approved Curriculum, and Approved Minimum Competencies) (Table 1, 2, and 3)	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
End of Course Paperwork Completed	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
* Operating Budget	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
* Clinical Affiliations / MOUs (Adequate In Variety, Current Agreements)	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
* Advisory Committee	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.

	Met / Not Met	Evidence or Comments
Action Plan For Identified Deficiencies	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Grievance Procedure Reviewed	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Post Exposure Plan	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Student Counseling Records	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Records Management and Retention (Electronic Reference)	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Resources		
Evidence Of Use Of Current Education Standards	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Adequate Student Facilities	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.

	Met / Not Met	Evidence or Comments
Adequate Equipment / Supplies	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Field and Clinical Rotations (Adequate Number and Availability)	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Adequate Learning Management System (LMS)	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Adequate Patient Exposures	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Students Are Not Minimum Staff On Apparatus	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Mass Casualty Incident Management Level I Curriculum Utilized	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Faculty		
Evidence Of Student Evaluations Of Lead Instructor	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Evidence Of Student Evaluations Of Assistant Instructors and Practical Lab Assistants	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.

	Met / Not Met	Evidence or Comments
Evidence Of Instructor Evaluations For Subject Matter Experts	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Evidence Of Course Evaluations	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Evidence Of Preceptor Evaluations	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Evidence Of Student Evaluations Of Preceptors	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Adequate Faculty	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Adequate Clerical / Support Staff	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Faculty Continuing Education	<input type="checkbox"/>  <input type="checkbox"/> 	Click or tap here to enter text.
Best Practices Identified and Documented	N / A	Click or tap here to enter text.

Notes	
Click or tap here to enter text.	

Evaluators:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____