

### Education Coordinator Update

Front Royal, Virginia | April 12, 2024

Office of Emergency Medical Services

Division of Accreditation, Certification & Education

#### **Housekeeping Rules**

100% Attendance & Participation Is Required To Obtain Your Education Coordinator Certification Silence/mute electronic devices.

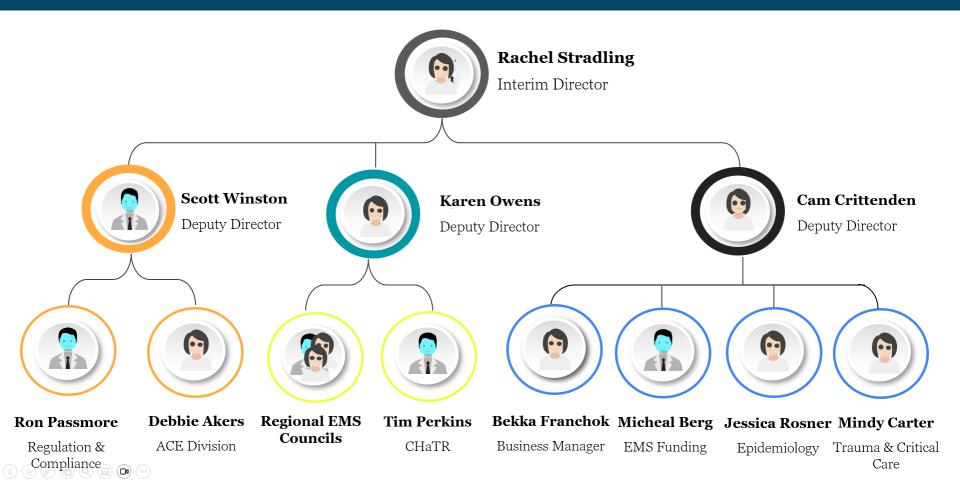
Withhold the urge to visit Facebook, Instagram, Amazon.

Use tobacco products, smoking, vaping, etc. is only permitted in designated locations.

Breaks will be taken, but if nature calls, please feel free to step out.

If there's a fire walk calmly to the nearest exits, which you will see all around the room.

#### **Organizational Chart**



We create solutions. When it comes to emergency services, Fitch & Associates is the only organization that combines the depth of a national, fulltime professional team with an extraordinary level of personal service and responsiveness to client needs.



#### Consulting

Specializing in emergency services, the Firm has consulted with over 1,000 communities in 49 U.S. states and in 12 countries. Projects have ranged from objective reviews, analysis and system design issues, procurement management, communications system design, productivity, and enhancement studies to detailed operational, financial, and transition management services.

#### Management

Leading a complex, highly specialized enterprise, such as an emergency services organization, fire department or medical transportation program, takes more than experience. It takes vision and the ability to articulate that vision and inspire people to implement it.

#### **Management & Consulting**

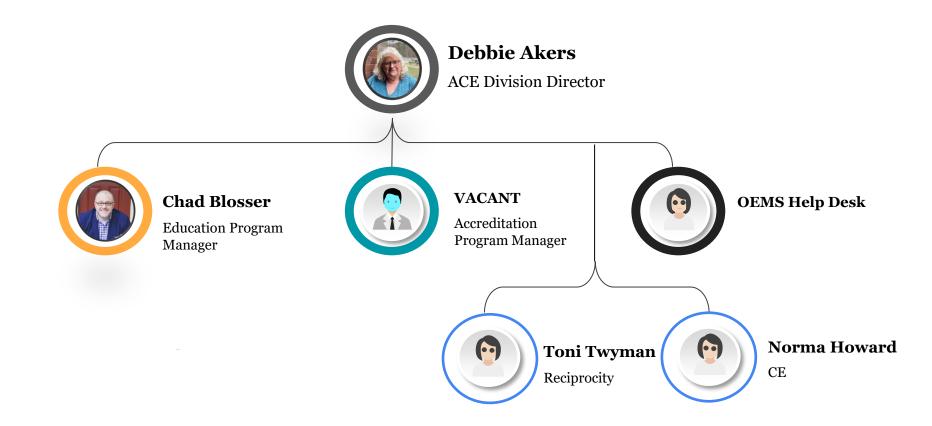
#### Frank Gresh

Frank has an office at OEMS in Technology Park. After about two weeks of introduction to our office, Frank began providing day-to-day management of OEMS in mid-January. He reports to the Deputy Commissioners Office at VDH.

frank.gresh@vdh.virginia.gov



#### ACE Division Org Chart



#### **EMS Portal HelpDesk**

Changes to the HelpDesk

- There are now 3 people answering HelpDesk tickets and calls.
- □ Even faster response times
- HelpDesk tickets and calls are NOT answered on weekends and designated holidays.



Please Send Your Providers to the Help Desk



Phone: 804-888-9102



OEMS-AppSupport@vdh.virginia.gov

#### **Contact Us**

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Syed Sadaat syed.sadaat@vdh.virginia.gov

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### Emergency Operations Division Update



### Mass Casualty Incident Management I & II

Virginia Office of Emergency Medical Services

Division of Emergency Operations

#### Are you teaching Virginia's MCIM program in your EMT course?



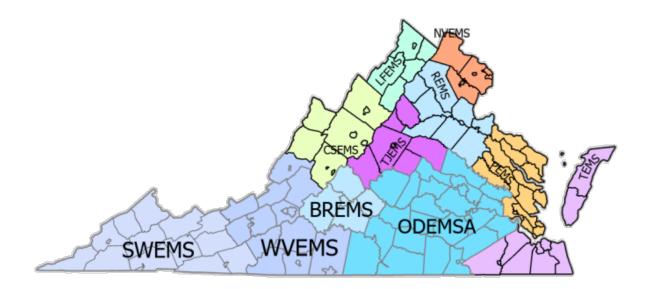
#### **MCIM Training Program Manager**

#### Sam Burnette

- samuel.burnette@vdh.virginia.gov
- eopstraining@vdh.virginia.gov



#### Please refer to your Regional EMS Council MCI Plan for any specific information related to mass casualty incident events



#### **Two MCIM Courses Offered in Virginia**

#### **MCIM Module I - Awareness**

- Locating/Accounting for Patients
- Conducting Patient
   Triage
- Completing Triage Tag

#### **MCIM Module II - Operations**

- Treatment/TransportDecisions
- Managing Resources
  - Providers/Personnel
  - Equipment
  - Units



#### **MCIM I Course Objectives**

Define Mass Casualty Incident (MCI)

Define the three goals of mass casualty incident management

Define the three objectives of mass casualty incident management

Describe initial response actions at a mass casualty incident

Understand the START and SALT methods of pre-hospital patient triage

Understand the components and purpose of a Commonwealth of Virginia approved pre-hospital triage tag.



#### **MCIM I Skill Objectives**

Demonstrate the ability to correctly triage simulated patients using the START triage method.

Demonstrate the ability to correctly triage simulated patients using the SALT triage method.

Demonstrate the ability to correctly complete a Virginia approved prehospital triage tag.



#### **MCIM II Course Objectives**

Identify key roles in the Medical Branch / Group at an MCI event

Describe the duties and responsibilities of Triage, Treatment, and Transport Units

Describe the duties and responsibilities of the various positions within the Triage, Treatment, and Transport Units

#### **MCIM II Skill Objectives**

Complete mass casualty incident management forms

Manage triage, treatment, and transport of simulated patients from the scene of an MCI to definitive care

#### **EC Requirements for Initial EMT Courses**

- □ Deliver MCIM I Awareness Level
- Contact Sam to get access to MCIM
   I materials on Dropbox
  - ACE will provide Sam with today's roster so he can ensure you have access to these materials
- □ Will be moving to Moodle soon

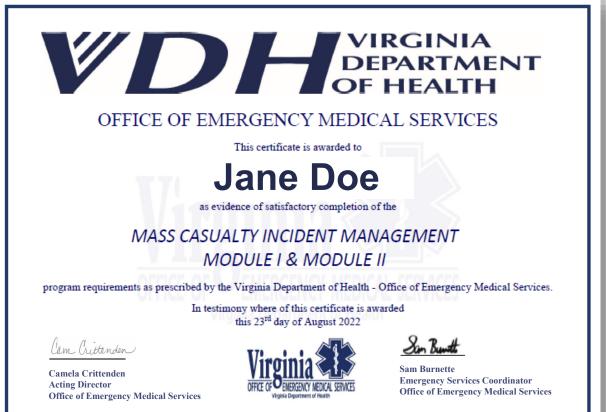




#### **MCIM I Class Requirements**

- You will need:
  - Minimum of (5) students
  - Maximum of (30) students
  - Copy of Virginia triage tags for each student
     Photocopies are fine
  - Simulated patient cards or patients
  - Triage tape



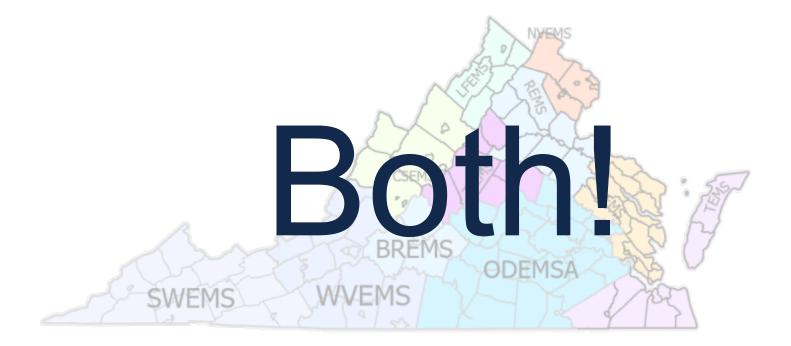


Course Number: 220823-590-43M



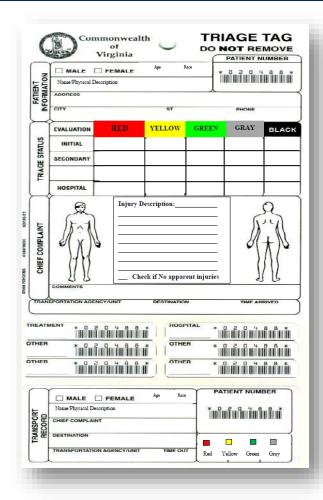


#### Which System Do I Use: START of SALT





#### Triage Tags---whew!!





#### Summary

- EC can teach MCIM I, but cannot teach MCIM II unless they complete an MCIM TTT
- If you want your students to receive certificates of attendance, you must submit student registration forms and roster to MCIM Program Manager.
- Be familiar with and provide instruction on both START and SALT
- Train according to your regional/agency MCI plan



#### **Questions?**



# National Registry Update



#### **National Registry Fee Increase**

The fees for National Registry cognitive exams effective July 1, 2024:

- □ EMR: \$88
- **EMT:** \$104
- AEMT: \$144 now \$159
  Paramedic: \$160 now \$175





## Clinical Judgement Domain

\$**\$**\$ \_\_\_\_





## AEMT & Paramedic Exam Updates

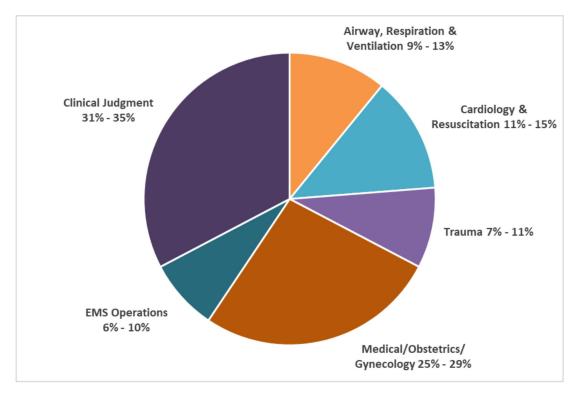
#### **Content for AEMT Exams**

The 2019 National EMS Practice Analysis evaluated clinical impressions for the five areas, or "domains," described above. These five domains are collectively referred to as the "cognitive domains":

- 1. Airway, Respiration, & Ventilation
- 2. Cardiology & Resuscitation
- 3. Trauma
- 4. Medical, Obstetrics & Gynecology
- 5. EMS Operations



#### **Content Distribution for the AEMT**



#### **Computer-Based Linear Testing**

- The AEMT examination is administered as a fixed-length linear computer-based test (CBT).
- The same number of items are administered to all candidates, although the items are not identical.
- Candidates select their answer and can change it prior to advancing to the next item.
- After the answer is submitted, candidates are unable to return to the item to modify their answer.

- Candidates are encouraged to answer each item to the best of their ability before submitting their answer.
- All items left unanswered at the completion of the examination, which would only occur if the candidate does not complete the examination in the allotted time, are scored as incorrect.

#### **Advanced EMT Exam Details**

#### **Examination Length**

- The examination is administered in Pearson VUE testing centers.
- Consists of:
  - 35 scored items
  - 35 unscored pilot items
    - These items are included in the examination for purposes of collecting data to determine if the quality of the question meets the requirements to move forward.

#### **Examination Length**

- The examination is administered in Pearson VUE testing centers.
- Consists of:
  - 35 scored items
  - 35 unscored pilot items
- 3 hours



### Item Types

Certification Examination includes a variety of item types. All items are scored dichotomously; that is, candidates receive full credit for a correct response. No credit is provided for a partially correct response.

These item types are described below:

- Multiple Choice: Candidates must select one correct response out of four possible options.
- Multiple Response: Candidates must select two or three correct responses out of five or six possible options.
- Build List: Candidates must position several presented options into the order specified in the item instructions.

### Item Types (cont)

Additional item types include:

- Drag-and-Drop: Candidates must position several presented options into certain categories, classifications, or other identifiers as specified in the item instructions.
- **Options Box:** Candidates must classify, categorize, or identify several options presented in a table based on certain specified criteria.
- Graphical: Candidates must use information provided in graphical form to answer the item. Examples of the graphics presented include charts, capnography rhythm strips, images, and pictures. Graphics may be included in any of the above item types.
- Scenario-Based: Candidates answer multiple questions based on information contained in a "scenario" or reading passage. Scenario-based items may be any of the above types.



### **Multiple Choice**

A 40-year-old patient fell from a roof and is unresponon room air. What is most likely causing the vital sign

- $\bigcirc$  A. Increased intracranial pressure
- B. Decreased brain stem pressure
- $\bigcirc$  C. Decreased intrathoracic pressure
- $\bigcirc$  D. Increased cardiac perfusion pressure

### **Multiple Select**

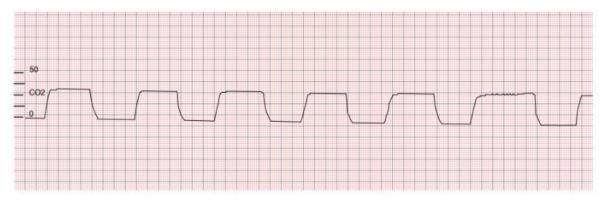
A 52-year-old patient has been experiencing severe chest c began while the patient was exercising and were not relieve patient's presentation? Select the two answer options that a

- □ A. Acute pericarditis
- B. Pulmonary embolism
- □ C. Myocardial infarction
- □ D. Exercise-induced asthma
- E. Spontaneous pneumothorax



### Graphical

A 19-year-old patient has difficulty breathing after having an argument. The patient's vital signs are BP 140/90, P 11 R 40, SpO<sub>2</sub> 95% on room air, and EtCO<sub>2</sub> 38 mmHg. The patient's waveform capnography is shown below:



What does this waveform indicate, normal morphology or abnormal morphology?

- O A. Normal morphology, because the waveform is box-shaped and consistent
- B. Normal morphology, because of the rate of the waveform
- $\odot$  C. Abnormal morphology, because the waveform is box-shaped and consistent
- O D. Abnormal morphology, because of the rate of the waveform

### **Scenario Based Item**

#### En Route Scene Post Scene

The patient (60 kilograms) is sitting awake in a dental suite. The patient says: "Just leave me alone now! Get away from me." The office staff states that the patient reported feeling weak upon arrival for the appointment, and then became confused. The patient had been instructed to start fasting at midnight for a dental procedure today.

The patient has a history of seizures, diabetes, hyperlipidemia, and recently, dental pain. Medications include insulin that is being administered by an automated external pump, carbamazepine, hydrocodone/acetaminophen, and atorvastatin. The patient has no allergies to medications.

The patient's skin is diaphoretic, and there are no signs of trauma. The patient obeys motor commands and moves all extremities. The patient cannot give their name, location, or the date. The eyes are open, and the pupils are 5 mm and reactive. Breath sounds are clear bilaterally. The vital signs are BP 156/90, P 124, R 10, SpO<sub>2</sub> 95% on room air, and T 98°F (37°C). The blood glucose level is 47 mg/dL. The EtCO<sub>2</sub> is 40 mmHg.

#### Scene

Which of the following findings most strongly suggest a differential diagnosis of a diabetic emergency? Select the two answer options that are correct.

- □ A. End tidal carbon dioxide value
- □ B. Medical history
- C. Mental status
- D. Respiratory rate
- E. Pulse oximetry



### **Drag and Drop**

#### Scene

Based on the patient findings, what is the most probable medical emergency, and what is the most appropriate treatment for that emergency? Move the most probable emergency into the **Answer Area**, and then move the most appropriate treatment into the **Answer Area**.

	0 0 0 0					
edical emergencies	Answer Area					
Opioid overdose		Most probable medical emer				
Hypoglycemia		· · · · · · · · · · · · · · · · · · ·				
Hypoxia	•	Most appropriate treatment				
atments	•					
dministering a dextrose solution	•					
Administering intranasal naloxone						
Administering high-flow oxygen						



### **Build a List**

Post Scene		
	's continued signs and symptoms despite approprion the most likely to least likely explanations of th	
	0 0 0 0 0	
Options	Answer Area Most likely (1) to least likely	(3) explanations
Seizure		
Diabetic emergency	×	X
Respiratory distress		$\bigcirc$
		_



### **Options Box**

#### Post Scene

Suppose the AEMT performs a reassessment. Which of the potential changes to the patient's presentation listed below would indicate that the patient's condition is improving, and which changes would indicate the patient's condition is worsening? Select two changes that would indicate that the condition is improving and select two changes that would indicate the condition is worsening.

#### ....

Answer Area								
		<b>Condition improving</b> (select 2 options only)	<b>Condition worsening</b> (select 2 options only)					
	Heart rate increases to 140	0	0					
	Patient starts to follow commands	0	0					
	Skin becomes dry	0	0					
	Tonic-clonic activity is observed	0	0					

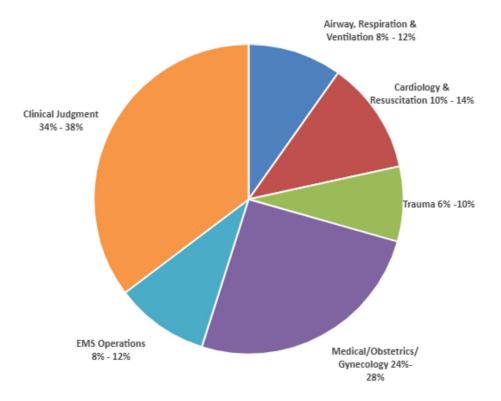
### **Content for Paramedic Exams**

The 2019 National EMS Practice Analysis evaluated clinical impressions for the five areas, or "domains," described above. These five domains are collectively referred to as the "cognitive domains":

- 1. Airway, Respiration, & Ventilation
- 2. Cardiology & Resuscitation
- 3. Trauma
- 4. Medical, Obstetrics & Gynecology
- 5. EMS Operations



### **Content Distribution for Paramedic**



### **Computerized Adaptive Testing**

- Computerized Adaptive Testing (CAT): The Paramedic Certification Examination is administered through a CAT format.
- After an initial set of items, the computer will begin to administer items that are targeted at or above the candidate's estimated level of ability.
- Because the computer delivers items that are more aligned with the candidate's level of understanding, it can determine candidate proficiency in a fewer number of items in many cases.
- If the computer can make a pass/fail determination in the minimum number of items with 95% confidence, the test administration will end.

- Examination Length: Candidates have 3.5 hours to complete the Paramedic Certification Examination. The examination is administered in Pearson VUE testing centers. Candidates will be required to answer a minimum of 110 items.
- Unscored Content: The examination includes 20 unscored pilot items. These items are included in the examination for purposes of collecting data to determine if the quality of the question meets the requirements to move 6 forward on a future examination as a scored item. These items are not identified and will not affect a candidate's score.

### **Paramedic Exam Details**

### **Examination Length**

The examination is administered in Pearson VUE testing centers.

Consists of:

- 35 scored items
- 35 unscored pilot items
  - These items are included in the examination for purposes of collecting data to determine if the quality of the question meets the requirements to move forward as a scored item.

### **Examination Length**

- The examination is administered in Pearson VUE testing centers.
- **CAT** Consists of:
  - 35 scored items
  - 35 unscored pilot items
- □ 3.5 hours



# National Registry's New Continuing Education





# **National Registry**



## National Registry Requirements

Virginia continuing education (CE) requirements mirror those of National Registry allowing for easy recertification of a provider's National Registry and Virginia certifications.



### **Refresher Programs**



Virginia does not offer or recognize "*Refresher*" programs for continuing education.

Virginia offers continuing education programs which meet the needs of recertification for EMS providers in the Commonwealth and the National Registry.



### BLS & ALS Recertification Requirements – October 2020

**CE** Requirements

- ℜ Paramedic 60 hours



Virginia Recertification Requirements

#### **Basic Life Support CE Requirements (BLS)**

Area #	National Continued Competency Requirements (NCCR)	Hours R	equired		
		EMR	EMT		
11	Airway, Oxygenation and Ventilation	1.0	1.5		
12	Cardiovascular	2.5	6.0		
13	Trauma	0.5	1.5		
14	Medical	3.0	6.0		
15	Operations	1.0	5.0		
			-		
	TOTAL NCCR HOURS	8	20		
Local Continued Competency Requirements (LCCR) Individual Continued Competency Requirements (ICCR)					
	LCCR/ICCR HOURS	8	20		
	TOTAL HOURS	16	40		

#### Advanced Life Support CE Requirements (ALS)

	National Continued Competency Requirements (NCCR)		Hours Required		
		C AEMT	l Inter	E Paramedio	
16	Airway, Respiration and Ventilation	2.5	3.5	3.5	
17	Cardiovascular	7	7.5	8.5	
18	Trauma	3	3	3	
19	Medical	7.5	7.5	8.5	
20	Operations	5	6.5	6.5	
_	TOTAL NCCR HOURS	25	28	30	
	Local Continued Competency Requirements (LCCR) Individual Continued Competency Requirements (ICCR)				
		25	27	30	
	Individual Continued Competency Requirements (ICCR)		27	30	

Virginia Office of Emergency Medical Services	EMS.TR.57
1041 Technology Park Drive	Effective: October 1, 2020
Glen Allen, VA 23059	
804-888-9120	
http://www.vdh.virginia.gov/emergency-medical-services/	Page 1 of 1

### National Core Competency Program (NCCR) Category 1 (NCCP)

- Requires a "Qualified Instructor" to be present
- Content based on the objectives in the National EMS Education Standards (NEMSES)
- Where can you find these resources?

### Category 2 (NCCP)

- "Qualified Instructor" must be present
- EMS related topics





### **Unlimited Online CE Permitted**

















https://www.vdh.virginia.gov/emergency-medical-services/educationcertification/provider-resources/web-based-continuing-education/

### National Core Competency Program (NCCR) Category 1 Topics

- Airway, Respiration, Ventilation
- Cardiovascular
- Trauma
- Medical
- Operations

### Category

Up to 20 hours





# Custom Continuing Education Programs

 $\longleftarrow$ 

I wonder what she is thinking? What is he thinking?

7

What in the world is he thinking?

### **Custom CE Programs**

Over the past couple of years, educators have let the quality and their attention to detail falter when announcing Custom CE Programs.

In general, the way area numbers are randomly assigned just stinks.

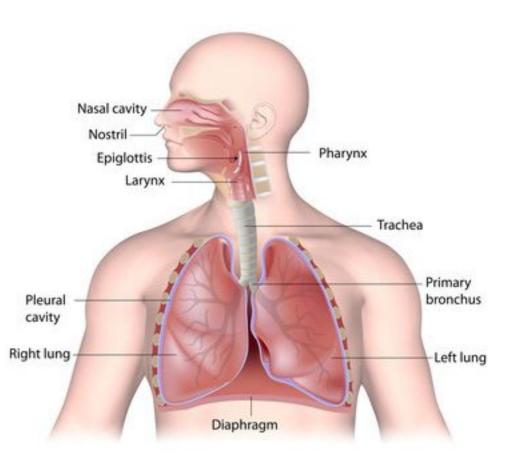


# et's Take a DEEPDIVER into CE Area Numbers



# Airway

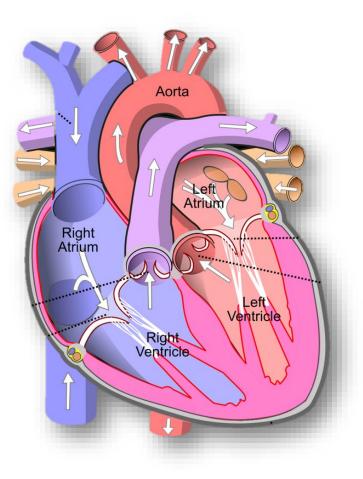
Ventilation
Oxygenation
Capnography
Airway Structure





## Cardiovascular

- & Cardiac Arrest
- & Post Resuscitation Care
- と、LVADS's
- & Congestive Heart Failure
- & Stroke
- & Acute Coronary Syndrome
- & Pediatric Cardiac Arrest
- & Rate Disturbances







## Trauma

k Fluid Resuscitation
k CNS Injury
k Trauma Triage
k Hemorrhage Control



### **Medical**

& Special Healthcare Needs **& OB Emergencies & Medical Delivery** & Pain Management & Behavioral Emergencies & Endocrine Emergencies & Immunological Emergencies & Infectious Diseases & Toxological Emergencies & Neurological Emergencies (Seizures)





# Operations

& Ambulance Safety

- & Field Triage (MCI & Disasters)
- EMS Provider Hygiene, Safety& Vaccinations
- & Evidence Based Guidelines
- & At Risk Populations
- & Pediatric Transport
- & Cultural Safety
- & Crew Resource Management
- & EMS Research





### **National Registry Is Changing Continuing Education**

Continuing education requirements will be changing later this year as we prepare for the 2025 National Registry recertification cycle.

The National Continued Competency Program (NCCP) was constructed using methodology similar to that of the <u>American Board of Medical Specialties</u> requirements and streamlines the recertification process into three strategic categories

The National Continued Competency Program encourages Nationally Certified EMS personnel to pursue life-long education while also providing state and local agencies the freedom to customize continuing education to meet local operational needs.



### **National Component Requirements**

The national component of the NCCP constitutes 50% of the total recertification requirements. Topics included in the national reflect current trends in evidence-based medicine, scope of practice changes and position papers from numerous associations involved with EMS research.

- Expiration dates through **Sept. 30, 2025** 
  - <u>Download the 2016 NCCP Model (PDF)</u>
- Expiration dates on or after March 31, 2026
  - Download the 2025 NCCP Model (PDF)



### **Local Component Requirements**



The local component constitutes 25% of the total recertification requirements. Specific topic requirements may be defined by your specific state, region or local agency. Examples of local content topics typically include state or local protocols, areas of specialization, or tasks that require additional focus based on QA/QI.

The local component allows national recertification requirements to be adapted to the needs of the state and local agencies. If your state, region, or local agency does not specify topics, the content is considered flexible.



### **Individual Component Requirements**

The individual constitutes 25% of the recertification requirements. Registrants are free to take any state or CAPCE approved EMS-related education.





### **Standardized Course Guide**

#### Standardized Course Guide - NCCP Model 2025 - National Component



National Registry of Emergency Medical Technician Ihe Nation's EMS CERTIFICATION"

NCCR	National Component Requirement by Level	Airway	Cardiology	Trauma	Medical	Operations	Total National Component Credits
NREMR	Emergency Medical Responder	1.5	2	1	2.5	1	8
NREMT	Emergency Medical Technician	4	5	3	6	2	20
NRAEMT	Advanced Emergency Medical Technician	5	6	4	7	3	25
NRP	Paramedic	6	7	5	8	4	30
No	Note: Total credits required in the NCCP 2025 Model (National + Local + Individual) vary by level. EMR = 16, EMT = 40, AEMT = 50, Paramedic = 60						



### Cardiology

Acronyms	Full Course Name of Standardized Course Equivalence	Note: You must have at least 10% of your total credits in pediatric content					
	Cardiology	Airway	Cardiology	Trauma	Medical	Operations	Course Max.Credit
CPR- HCP	CPR - Healthcare Professional	$\checkmark$	$\checkmark$		✓		4
ACLS	Advanced Cardiac Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		10
ALS	Advanced Life Support	$\checkmark$	$\checkmark$	$\checkmark$	✓		10

Note: A  $\checkmark$  indicates that the course can be assigned under that broad topic domain in the application. Updated 2023.09.14 v5



### Medical

Acronyms	Full Course Name of Standardized Course Equivalence	Note: You must have at least 10% of your total credits in pediatric content								
	Medical									
AMLS	Advanced Medical Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	16			
EMPACT	Emergency Medical Patients: Assessment, Care and Transport	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	16			
ABLS	Advanced Burn Life Support	$\checkmark$		$\checkmark$	$\checkmark$		7			
ASLS	Advanced Stroke Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		8			
ENLS	Emergency Neurological Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		15			

Note: A  $\checkmark$  indicates that the course can be assigned under that broad topic domain in the application. Updated 2023.09.14 v5

### **Special Populations**

Acronyms	Full Course Name of Standardized Course Equivalence	Note: Yo	u must have a	t least 10% o	of your total c	redits in pedi	atric content
	Special Populations						
PALS	Pediatric Advanced Life Support	$\checkmark$	$\checkmark$		$\checkmark$		12
APLS	Advanced Pediatric Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		14
PEARS	Pediatric Emergency, Recognition and Stabilization	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		8
NRP	Neonatal Resuscitation Program	$\checkmark$	✓		✓		8
PEPP	Pediatric Education for Prehospital Professionals	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		12
EPC	Emergency Pediatric Course	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		16
GEMS	Geriatric Education for EMS	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		8

Note: A  $\checkmark$  indicates that the course can be assigned under that broad topic domain in the application.

Updated 2023.09.14 v5

### **Special Populations**

Acronyms	Full Course Name of Standardized Course Equivalence	Note: Yo	ou must have a	t least 10% o	of your total c	redits in pedi	atric content
	Trauma						
ITLS	International Trauma Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	16
PHTLS	Prehospital Trauma Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	16
тссс	Tactical Casualty Combat Care	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	N/A
	*Tactical Casualty Combat Care - MP (Military Personnel)	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	16
	*Tactical Casualty Combat Care -CMC (Corpsman)	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	63
	*Tactical Casualty Combat Care - CLS (Combat Lifesaver)	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	40
	*Tactical Casualty Combat Care - ASM (All Service Members)	$\checkmark$	√	$\checkmark$	✓	✓	7
TECC	Tactical Emergency Combat Care (Civilian)	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	16
ATLS	Advanced Trauma Life Support	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	16

Note: A  $\checkmark$  indicates that the course can be assigned under that broad topic domain in the application.

Updated 2023.09.14 v5



### **Operations**

Acronyms	Full Course Name of Standardized Course Equivalence	Note: Yo	u must have a	at least 10% o	f your total c	redits in pedi	atric content
-	Operations		-	-	-	-	-
EMS Safety	EMS Safety					$\checkmark$	8
EVOC	Emergency Vehicle Operator Course / Safety Course					$\checkmark$	8
TIMS	Traffic Incident Management					$\checkmark$	4
HAZMAT	HAZMAT				$\checkmark$	$\checkmark$	N/A
	*Hazardous Materials Technician				$\checkmark$	$\checkmark$	20
	*Hazardous Materials Operations				$\checkmark$	$\checkmark$	20
	*Hazardous Materials Awareness				$\checkmark$	$\checkmark$	8
	*All Hazards Disaster Life Support				$\checkmark$	$\checkmark$	8
BDLS	Basic Disaster Life Support			$\checkmark$	$\checkmark$	$\checkmark$	7.5
ADLS	Advanced Disaster Life Support			$\checkmark$	$\checkmark$	$\checkmark$	15
IS 100	An Introduction to the Incident Command System, ICS 100				$\checkmark$	$\checkmark$	2
IS 200	An Introduction to the National Incident Management System				$\checkmark$	$\checkmark$	4
IS 300	ICS 300: Intermediate Incident Command System for Expanding Incidents				$\checkmark$	$\checkmark$	21
	ICS 400: Advanced Incident Command System for Command and General				1	✓	15
IS 400	Staff-Complex Incidents				<b>v</b>	, v	15
IS 700	IS-700.B: An Introduction to the National Incident Management System				$\checkmark$	$\checkmark$	4
IS 800	IS-800.D: National Response Framework, An Introduction				$\checkmark$	$\checkmark$	3

Note: A  $\checkmark$  indicates that the course can be assigned under that broad topic domain in the application.

Updated 2023.09.14 v5



# Active/Inactive Continuing Education Reports



### **Typical Phone Call**

#### **OEMS Staff:** Office of EMS, Debbie speaking, how can I be of service?

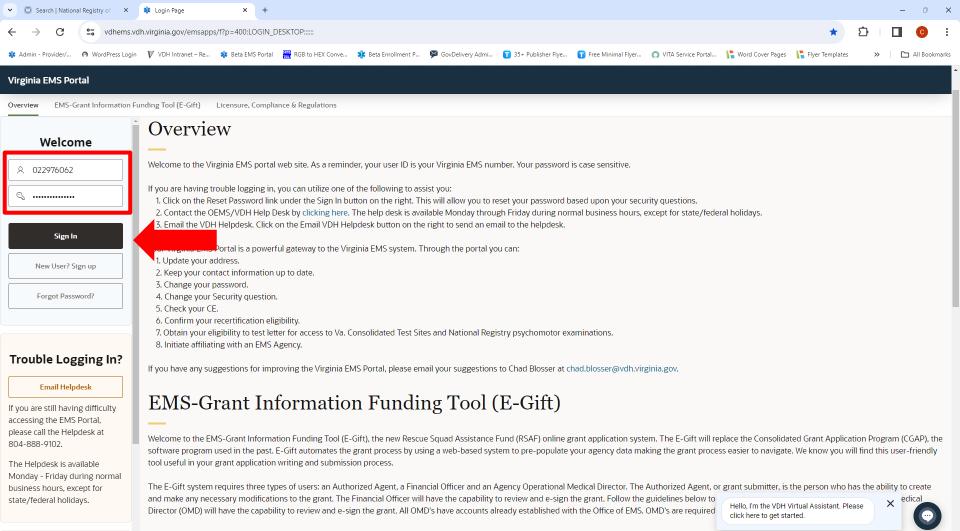
### Provider:Hi, I...I need a copy of my inactive CE to complete my um...recertification.The EC at my agency told me to call you.

#### **OEMS Staff:** Are you referring to your National Registry certification?

Provider: Um...yeah.

OEMS Staff:Well, you are in luck! About 2 years ago, we created a report in the EMSPortal which allows you to run and print your Active/Inactive CE Report.Do you know how to get into your EMS Portal?

**Provider:** Yes, I know about the Portal. Wow, that's perfect. Thanks!.



• Licensed EMS Agencies: A licensed EMS Agency is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency. If you are submitting a grant for a Licensed EMS

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#### Virginia Department of Health Office of Emergency Medical Services

#### Cert# 022976062

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1	16	90568	25272 - NCCR - AIRWAY, RESPIRATION & VENTILATION	Е	04/04/2023	1		04/04/2023	Active
1	16	90568	25273 - NCCR - AIRWAY, RESPIRATION & VENTILATION	Е	04/04/2023	1		04/04/2023	Active
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1	17	90568	25287 - NCCR - CARDIOVASCULAR	Е	04/04/2023	1		04/04/2023	Active
1	17	90568	25288 - NCCR - CARDIOVASCULAR	Е	04/04/2023	1		04/04/2023	Active
1	17	90568	25289 - NCCR - CARDIOVASCULAR	Е	04/04/2023	.5		04/04/2023	Active
1	18	90568	25301 - NCCR - TRAUMA	Е	04/04/2023	1		04/04/2023	Active
1	18	90568	25302 - NCCR - TRAUMA	Е	04/04/2023	1		04/04/2023	Active
1	18	90568	25303 - NCCR - TRAUMA	Е	02/25/2021	1		06/27/2021	Inactive
1	19	90568	25311 - NCCR - MEDICAL	Е	06/25/2021	1		06/27/2021	Inactive
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1	19	90568	25313 - NCCR - MEDICAL	Е	06/25/2021	1		06/26/2021	Inactive
1	19	90568	25314 - NCCR - MEDICAL	Е	06/25/2021	1		06/27/2021	Inactive
1	19	90568	25315 - NCCR - MEDICAL	Е	06/25/2021	1			Inactive
1	19	90568	25316 - NCCR - MEDICAL	Е		1		06/27/2021	
1	19	90568	25317 - NCCR - MEDICAL	Е	02/18/2021	1		02/30/2021	Inactive
1	19	90568	25318 - NCCR - MEDICAL	Е	02/17/2021	1		02/30/2021	Inactive
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1	20	90568	25328 - NCCR - OPERATIONS	Е	02/16/2021	1		02/30/2021	Inactive



# Approving Enrollment Applications

### 12VAC5-31-1431. Student course enrollment.

Over the past year, the ACE Division staff have experienced an increase in the number of EC's who either:

- do not have have their students enroll in their initial certification programs, or,
- 2. who are not approving student enrollments in the EMS Portal per regulations.

Pending	~
<ul> <li>Approve</li> <li>Pending</li> </ul>	
Deny	



### **Regulation in Question**

12VAC5-31-1431. Student course enrollment.

For courses leading to certification at a new or higher level, the EMT instructor, ALS coordinator, or EMS education coordinator shall have each student complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course.

- 1. These forms must be reviewed by the EMT instructor, ALS coordinator, or EMS education coordinator and submitted to the Office of EMS <u>no later than five business</u> <u>days following the first meeting of the course</u>.
- 2. Any student who starts the program at a later date shall complete an enrollment form the first date of attendance providing 15% or more of the entire course has not been completed.

Statutory Authority § § 32.1-12 and 32.1-111.4 of the Code of Virginia.



### **Policy Change**

The following policy went into effect on January 1, 2024.

✗ Any student who has not submitted their enrollment application within five business days will be required to submit a variance requesting they be allowed to enroll in your course with a valid explanation as to why this was not completed within the required five business days.







### Request for Variance

The following policy is now in effect:

 Any student who has not submitted their enrollment application within five business days will be required to submit a variance requesting they be allowed to enroll in your course with a valid explanation as to why this was not completed within the required five business days.

### **30-days to Approve Enrollments**

As of January 1, 2024, the only enrollments that may be accepted during business days 6-30 are those where the student was late enrolling in the course.

In this case, the Education Coordinator has <u>five</u> <u>business days</u> following the receipt of the late enrollment to accept the student into your class.

For anyone enrolling outside of the 30-day enrollment window, the Educator shall contact either Debbie Akers or Chad Blosser to have the enrollment approved. Violations of this policy will result in an administrative action email from the ACE Division. Any further violations will result in an investigation by the Division of Regulation and Compliance.





## Marking BLS Students as "Pass" in the EMS Portal

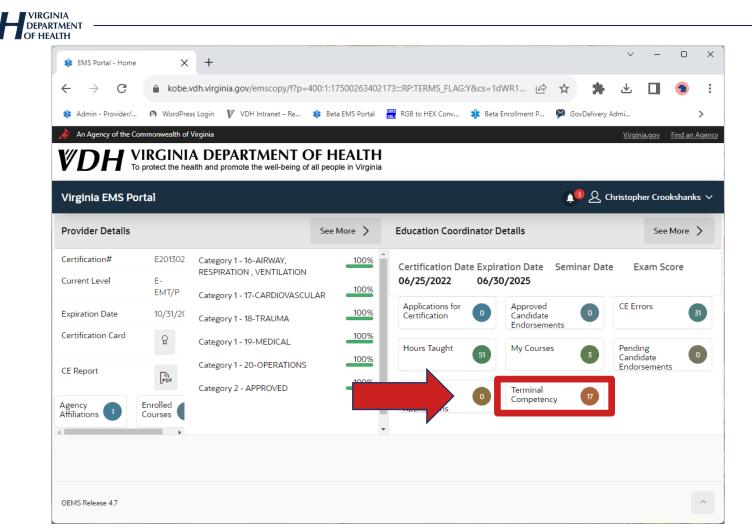


### **Marking Student Completions**

We cannot place enough emphasis on the fact that you are:

- ℜ REQUIRED to have your students enroll in your initial certification courses, and;
- ✗ REQUIRED to mark your students' disposition at the end date of your course.





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### **Marking Course Completions**







# Adult Education: Concepts and Strategies

#### **Concepts and Strategies in Adult Education**

This part of today's presentation provides an overview of theories and strategies for the instruction of adults. We have designed this to support instructors who are interested in building or improving their practice of teaching adult learners.



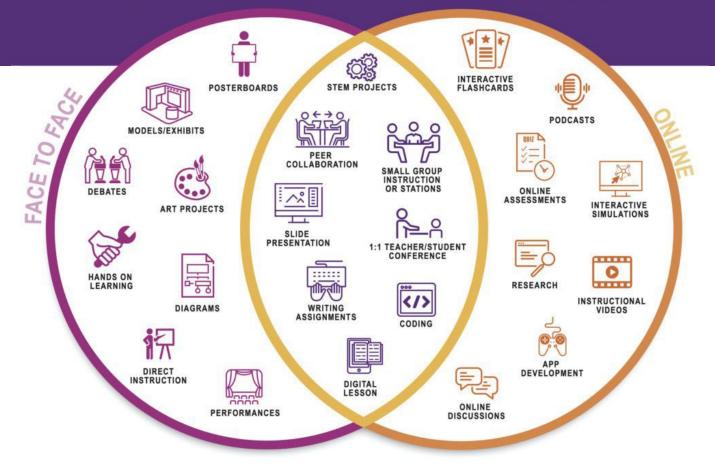
#### What is Adult Education?

Adult Education encompasses a wide range of instructional strategies and student skills from basic literacy to college level and beyond.

To help select which strategies to use as the mainstays of instruction, teachers should consider the following questions:

- How can students use the strategy across disciplines?
- How does the strategy engage students as active participants in their learning?
- How can students use the strategy independently of the teacher?
- Is the strategy flexible enough to be used in all learning environments?

#### **BLENDED LEARNING STRATEGIES**





#### **Opening Thoughts**

Examining your current thoughts on adult learning and instructional practices, turn to **Page 3** and take 5 minutes to briefly record your answers to the following questions.

- 1. What do you think are some important characteristics of adult learners?
- 2. What kinds of classroom and/or training activities have been most effective for you as an adult learner?
- 3. What are one or two activities that you usually include as an instructor? Briefly describe them.

# Are you an andragogynist?



### Andragogy & Pedagogy Defined

**Merriam-Webster Dictionary Definitions:** 

Pedagogy: the art, science, or profession of teaching

□ Andragogy: the art or science of teaching adults

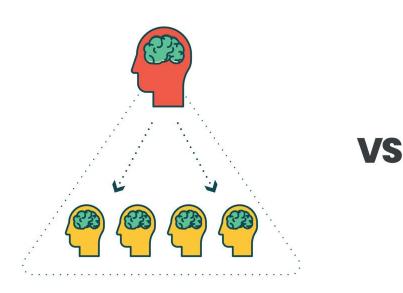
For the purpose of this presentation, consider the major difference between the two terms as **the way we teach adults versus the way we teach children**.



#### CHILDREN'S LEARNING PROCESS

# ANDRAGOGY

#### ADULT LEARNING PROCESS



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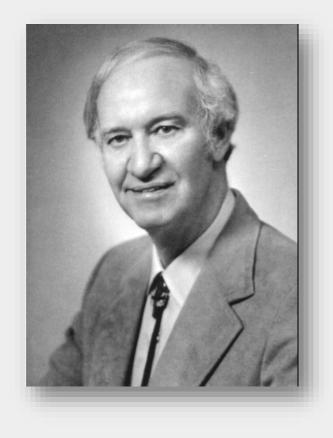
# "Adult learning principles should be considered and bespoke, differing vastly from childhood learning principles."



## Andragogy

The following six slides are based on the work of Malcolm Knowles, who was highly influential in the field of adult education and authored much of the seminal work in the discipline.

These slides present the **6 adult learning principles** and offer strategies for you as educators to address them. The order of the principles listed does not indicate a level of importance.





#### Adult learning is often characterized by internal motivation and selfdirection.

- Establish egalitarian relationships with adult students in which they can take ownership of their learning.
- Actively listen to student questions. Active listening requires full concentration, comprehension, and appropriate response.
- □ Try to determine how students learn best (e.g., by taking notes, drawing diagrams, or partner discussion), and then tailor learning activities reflecting student interests.
- Allow students to take over most of an activity, decreasing support as they gain confidence. This practice encourages adults to learn new things independently through their own research and efforts to build on their existing knowledge.



The information adults have gained over a lifetime is useful to instructors and useful to other students.

- Build on student interest in solving problems they have encountered in the past.
- Learn about the adult student's life, work, and personal experiences, and use those past experiences to encourage problem solving and facilitate sharing with fellow students.
- Prompt learners to discuss their solutions out loud using them as a demonstration of analytical thinking.
- Use reflective teaching techniques to help adult learners discover and question their unconscious biases.
- Remember that adults tend to have self-concepts that are based on their past experiences, so they may be adept at self-management, motivation, and monitoring.



#### Adults are goal oriented.

- Carefully consider why a learning activity is necessary for students. Adults learn and retain better when their learning has a strong WHY element.
- Present activities with learning experiences that kickstart learners' natural problem-solving tendencies, preferably ones aligned with their personal, professional, and future desires.
- Ask questions that facilitate reflection, inquiry, and further research.



Adults are relevancy oriented; adult students want to learn about the things they view as important.

- Understand what adult students value, and craft relevant learning activities.
- Help students at all levels build upon their previous knowledge.
- Ask students what they expect to learn in an activity. The instructor may need to adjust activities if students already know the concepts.
- Give students options or challenges for completing problems that are in line with their learning objectives.
- □ If learners are in school to seek advancement in work or career, be aware of the skills they need to acquire, and plan accordingly.



#### Adults are practical; learning needs to be timely and relevant.

- Help students begin working on a relatable project as soon as possible. Students will be motivated by an objective that has real-world application.
- Rely less on textbooks and more on hands-on learning. Demonstrate how what they are learning is useful to them or to the group.
- Provide plenty of practice and repetition of skills to increase competence and selfconfidence.



Adult learners prefer to be respected and acknowledged as colleagues in the classroom.

- Encourage students to express themselves, their ideas, and their thinking.
- Elicit feedback from learners, and use it to either validate or to enhance learning experiences.
- Value students as collaborators and co-learners; their life experiences are often equal to or even greater than that of the instructor.



### **REFLECTION 1**

The principles of Malcolm Knowles form an important basis for adult learning theory; reflecting on them may help you to consider what inspires and what challenges your students.

Examining your current thoughts on adult learning and instructional practices, turn to Page 4 and take 5 minutes to briefly record your answers to the following questions.

- 1. Which of Knowles' principles guide, or could guide, your own teaching?
- 2. What motivates adult learners, and what might be some barriers to learning for adult students?



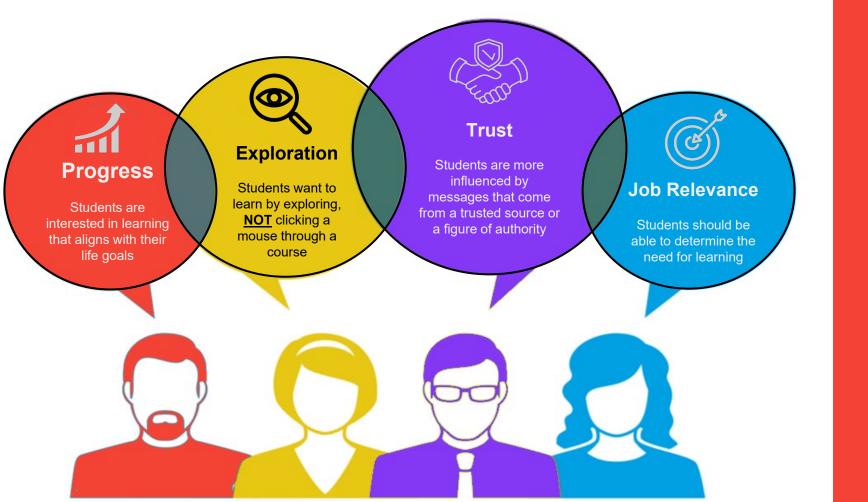
# Barriers & Motivations in Adult Learning



### **REFLECTION 2**

The principles of Malcolm Knowles form an important basis for adult learning theory; reflecting on Knowles' therory.

Turn to Page 5 in your handout and take 5 minutes to list some motivations and barriers for adult learners.



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# Cognitive Load Theory

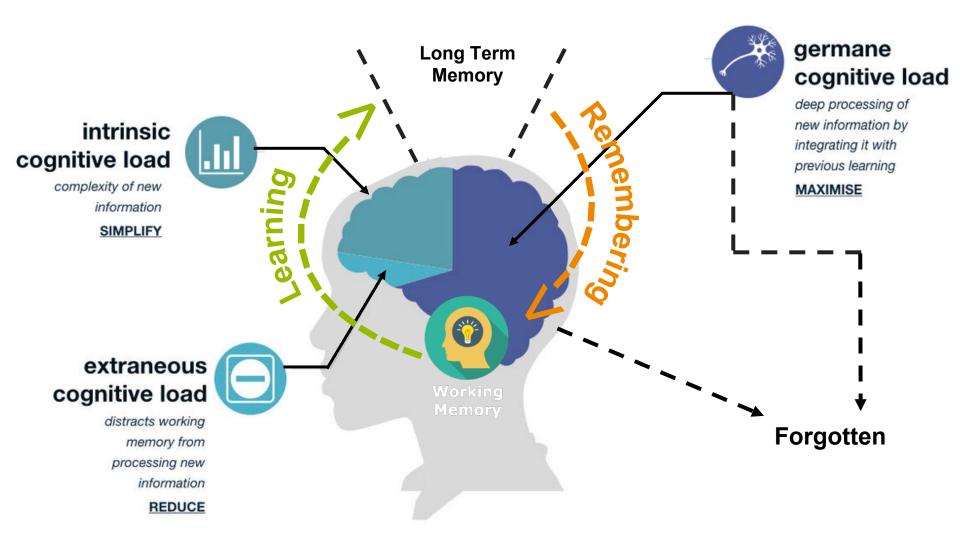
## **Cognitive Load Theory (CLT) Concepts**

Cognitive Load Theory (CLT) is an instructional design model that reflects a person's cognitive architecture or the way that one processes information.

While learning, information must be held in the working memory until it has been processed sufficiently to pass into the long-term memory. The capacity of the working memory is very limited.

When too much information is presented at once, memory becomes overwhelmed (or overloaded) and much of that "learned" information is lost.

Many factors such as distractions in the classroom, personal issues, and ineffective instructional methods limit the amount of cognitive load a student can process.



# **Cognitive Load Theory (CLT) Strategies**

Instructional strategies that reduce working memory load and facilitate the movement of concepts from short-term to long-term memory.

- Breaking tasks into small units where possible
- □ Using complete examples and then tapering off to partially complete examples as students gain competency (e.g., start with a complete graphic organizer, move to organizers with decreased information, and finally students develop their own organizer).
- Extending the capacity of working memory by using both visual and auditory channels
- Writing and speaking concisely; long-winded explanations add to the cognitive load
- □ Using graphic organizers to help learners classify and clarify ideas
- Employing "stop and think" strategies to allow the brain to incorporate new information



# Adult Learning Theory



## Adult Learning Theory

Adult Learning Theory is a learning methodology which enables adults to apply what they have learned to the real world. Put into practice, it can result in shortened learning curves for students.

Adults are better able to embrace learning when educators include several important elements in the learning environment. The next 7 slides will cover the following concepts and strategies associated with Adult Learning Theory:

- Believe to Achieve
- Real World Application
- Small Group Activities
- 70-30 Rule
- Process Comprehension Questions
- See, Do, Teach
- Emotional Memory



### **Believe to Achieve**

#### **Believe to Achieve**

Adult students must consider a goal to be **achievable**. Never give students the impression that what they are about to learn is beyond their capacity to comprehend. If adults believe it will be too difficult, learning may not happen at all.

When confronted with difficult concepts, help students gain confidence with phrases like these: "If you found that confusing, you are not alone. I'll try to explain things in a different way."

If a student gives an incorrect answer to a question, positive, encouraging feedback such as "That's close" or "Tell me more" is more effective than "No, you're totally wrong!"



### **Real World Application**

#### **Real World Application**

Adults must see the value in something before they will commit to learning it.

If they can see how it applies to them, adult learners will be more willing to engage in new learning. Application to the real world must be clear.

Knowing the reason for the task gives adult students a sense of purpose.



### **Small Group Activities**

#### **Small Group Activities**

Adult students are enabled to share their learning experiences through small group activities. They teach each other concepts in a new way and discuss how it applies to them.

**Peer support** is enhanced, thus reducing fear of judgment. It also makes the class more interesting and interactive.

Whether online or in the classroom, create a collaborative learning environment where students have a safe space to exchange ideas and information.



#### 70-30 Rule

#### The 70-30 Rule

Lecture-based learning is the oldest and most common method of teaching, yet it is the least effective. Studies show that students retain only about 5% of a lecture.

# The 70-30 rule states that with more effective instruction, **students talk about 70% of the time, and the instructor speaks for about 30% of the time.**

The 70-30 rule can be achieved by using process comprehension questions, which are explained on the next slide.

#### **Process Comprehension Questions**

#### **Process Comprehension Questions (PCQs)**

Students are encouraged to think and speak more with process comprehension questions. Effective instructors avoid yes/no questions because they do not assess comprehension.

By asking **open-ended questions**, students can demonstrate how well they understand a certain concept or process. Take a moment to consider open-ended questions that you might ask your students regarding this prompt:

"Last year, the Dumont company developed a mobile app for its products."

#### **Process Comprehension Questions**

"Last year, the Dumont company developed a mobile app for its products."

Some open-ended questions are listed below. These are examples of PCQs an instructor might ask students regarding this prompt.

- *Why* do you think this company developed the app?
- *Who* do you think the target market for this app would be?
- *How* does this app enhance mobile usage?
- *Where* is the value (for the company and the customer)?



## See, Do, Teach

See, Do, Teach

- During class, let students see how a certain concept or process works (e.g., demonstrate how a fulcrum and lever reduce the work needed to move an object).
- Then, give them a chance to do it by themselves.
- Finally, have the student teach someone else what they just learned.

According to research, students remember only 10% of what they read and 50% of what they see and hear, yet they can remember 90% of what they say and do.

By adding in the extra step of asking students to teach each other, instructors help them to lock in information with 90% retention.



# See, Do, Teach

The heightened retention gained from the See, Do, Teach strategy is a result of:

- **Verbalization:** students say what they just learned, thus reinforcing the concept.
- **Mastery:** if one cannot teach others how to do something, does one really know how to do it?
- **Class management:** sometimes the instructor does not have time to check that every student has mastered the skill or concept; an extra set of eyes helps to ensure that each student is successful.
- **Peer teaching:** a fellow student may be able to explain concepts in a way that best fits another's learning style.



#### **Emotional Memory**

#### **Emotional Memory**

Memory is triggered by an emotional response.

According to research, students can remember **up to 100%** if they attach a strong emotion to the concept.

Effective instructors tell **memorable stories** throughout the course because they know it will help students remember.

### Supporting and Retaining Adult Learners

In addition to utilizing the instructional practices mentioned earlier in this presentation, adult educators can further help reduce the stress and fears their students may have by doing the following:

- □ Creating a safe and relaxed learning atmosphere
- □ Facilitating the formation of support groups
- Including team learning projects
- Presenting information in multiple formats
- □ Addressing students' unique needs
- Respecting cultural differences



#### Quiz

A 5-question quiz begins next.

This quiz can help to cement an understanding of theories and instructional strategies for working with adult learners.

Please record your quiz answers on the correct page of the workbook.



## Which of the following is NOT one of Malcolm Knowles' assumptions about adult learners?

- A. Adult learners have a self-concept of being responsible for their own decisions.
- B. Adult learners are motivated primarily by extrinsic factors.
- C. Adult learners draw upon their own life experiences to help themselves learn.
- D. Adults learn best when they know why they are learning something.



Which of the following is NOT recommended for adult educators to do in the classroom?

- A. Set a cooperative climate for learning in the classroom.
- B. Design sequential activities to achieve the objectives.
- C. Follow the textbook explicitly.
- D. Work collaboratively with the learners to select methods, materials, and resources for instruction.



### Which of the following can be a barrier to adult participation in learning?

- A. Time and/or money issues
- B. Conflicts with childcare and/or transportation
- C. Lack of confidence and/or interest
- D. Lack of information about opportunities to learn
- E. All of the above



### According to the "See, Do, Teach" model of adult learning theory, students retain the most from \_\_\_\_\_

- A. what they do.
- B. what they see and hear.
- C. what they read.
- D. what they say.



All of the following are recommended strategies for minimizing the cognitive load on learners EXCEPT for which one?

- A. Using graphic organizers
- B. Chunking complex content into smaller bits
- C. Lecturing extensively on relevant topics
- D. Stopping instruction momentarily to give students time to think about what they are learning



#### **REFLECTION 3**

Summarizing your thoughts on adult learning theories and strategies, and then relating them to your current and future instructional practices, can help to strengthen your skills as an adult education facilitator.

Please briefly record your responses for Reflection 3 on Workbook page 9.

- 1. How would you define an "adult learner"?
- 2. What is one aspect of adult learning theory that closely aligns with your current teaching style? Describe that alignment.
- 3. What is one learning strategy or idea for adult instruction that you would like to learn more about and/or incorporate into your own teaching? Why?

#### **Complexities of Adult Learners**

This Concepts and Strategies in Adult Education Module primarily addressed how the instruction of adults may differ from the instruction of children.

A wide array of learners enter our classrooms. While some students come ready and excited to learn, others may be struggling with the effects of:

- adverse childhood experiences (ACEs),
- legal issues,
- learning disabilities,
- homelessness, and other forms of trauma.

These roadblocks often make learning difficult.



Battista, I. & Ruble, V. Faculty Focus. Magna Publications. 2014, January 13. *Nine Strategies to Spark Adult Students' Intrinsic Motivation.* <u>https://www.facultyfocus.com/articles/teaching-and-learning/nine-strategies-to-spark-adult-students-intrinsic-motivation/</u>

Boyd, J. 2014, September 15. *Adult Learning Principles - Supporting and Retaining Adult Learners*. [Video]. YouTube. <u>https://www.youtube.com/watch?v=0QxuRTyXEVE</u>

Consulta, G. (Texas Workforce Commission). (n.d.) *Principles of Adult Learning.* [Slideshare]. <u>https://www.slideshare.net/consgp/principles-of-adult-learning</u>

Finlay, J. (2010, May 17). *Andragogy (Adult Learning).* [Video]. YouTube. <u>https://www.youtube.com/watch?v=vLoPiHUZbEw</u>



Foster, A. 2014, April 18. *Adult Learning Theory.* [Video]. YouTube. <u>https://www.youtube.com/watch?v=vkyYY1xTB7U</u>

Graham, S. 2017, May 22. A Simple, Easy To Understand Guide to Andragogy. <u>https://www.cornerstone.edu/blogs/lifelong-learning-matters/post/a-simple-easy-to-understand-guide-to-andragogy</u>

Knowles, M. 1984. The Adult Learner: A Neglected Species. Gulf Pub. Co., Book Division.

"Pedagogy and Andragogy." *Collegiate Dictionary*. *Merriam-Webster*. 2016. unabridged.merriam-webster.com/collegiate/pedagogy and andragogy.



Reinhardt, J. (2017, March 14). *Pedagogy vs. Andragogy.* [Video]. YouTube. <u>https://www.youtube.com/watch?v=guRoWTYfxMs</u>

Smith, C. (n.d.). *The Six Adult Learning Principles.* [Video]. YouTube. <u>https://www.youtube.com/watch?v=vLJ7cRwKI-I</u>

Schwartz, M. (Teaching and Learning Office, Ryerson University) n.d. *Engaging Adult Learners*. <u>https://www.ryerson.ca/content/dam/learning-teaching/teaching-</u> <u>resources/teach-a-course/engaging-adult-learners.pdf</u>

Soloman, H. Last Updated 2018, November. Cognitive Load Theory (John Sweller). Retrieved from <u>https://www.instructionaldesign.org/theories/cognitive-load/</u>



TEAL Center Fact Sheet No. 11: Adult Learning Theories. (2019, April 8). Retrieved from https://lincs.ed.gov/state-resources/federal-initiatives/teal/guide/adultlearning

University of Maine Instructional Services. (2015, September 13). *Cognitive Load Theory.* [Video]. YouTube. <u>https://www.youtube.com/watch?v=1AyXphKqOEk</u>



#### **Additional Resources**

Adult Education and Literacy: U.S. Department of Education. <u>https://lincs.ed.gov/</u>

California Department of Education. *Adult Education: What Makes Teaching Effective?* (2016, July). Retrieved from <u>https://www.calpro-</u> <u>online.org/documents/CALPRO\_BRIEF\_13\_508.pdf</u>

Curry, D. (2019). The PIACC Numeracy Framework: A Guide to Instruction. *Adult Literacy Education: The International Journal of Literacy, Language, and Numeracy, 1* (2), 33 -51. <u>https://www.proliteracy.org/ALE-Journal</u>

Heritagecollegevideos. 2011, Dec.14. *Teaching Strategies – Learning Styles.* [Video]. YouTube. <u>https://www.youtube.com/watch?v=oNxCporOofo</u>



#### **Additional Resources**

KET Education PBS Learning Media. 2020. *Teaching Strategies: Resources for Adult Educators. <u>https://opb.pbslearningmedia.org/collection/ketae/</u>* 

Learning Disability Association of America. *Adult Literacy.* (2020). Retrieved from <u>https://ldaamerica.org/category/adult-literacy/</u>

National Coalition for the Homeless. 2020. *Teaching Resources*. Retrieved from <u>https://nationalhomeless.org/references/teaching/</u>

NWIA College. 2011, February 8. *What is Active Learning?* [Video]. YouTube. <u>https://www.youtube.com/watch?v=UsDI6hDx5ul</u>



#### **Additional Resources**

Oregon Adult College and Career Readiness Standards (OACCRS) **Mathematics** Handbook: <u>OACCRS: Handbook for Mathematics Instruction</u>

Oregon Adult College and Career Readiness Standards (OACCRS) Language Arts Handbook:

OACCRS: Handbook for Language Arts Instruction

Trauma Informed Oregon - Trauma Informed Care in Oregon. (n.d.) Retrieved February 21, 2020. <u>https://traumainformedoregon.org/</u>

WV Adult Education. *Teaching Adults in a Correctional Facility WVAdultEd Instructor Handbook, Section 15.* 2018. Retrieved February 21, 2020. <u>https://wvde.state.wv.us/abe/tcher\_handbook\_pdf/section15.pdf</u>



## ALS Coordinator Reendorsement



#### **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



# Edcation 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**

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#### **Educator Update Schedule**

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Regulatory Enforcement Action	Search	(chad.blosser@	vun.virginia.gov).					
Stay Connected	~	OEMS n	low requires	registration	for each s	seat at an Education Coordina	tor Update.	
Accreditation, Certification & Education	~	2022						
		Day	Date	Time	Council	Address (Click link for Directions)	Notes	
Administration & Finance	*	Friday	January 28	1 p.m. – 5 p.m.	PEMS	Great Wolf Lodge – Williamsburg 549 E Rochambeau Dr. Williamsburg, VA 23188	Complete	
Community Health and Technical Resources	·	Tuesday	February 22	1 p.m. – 5 p.m.	TEMS	Virginia Beach Convention Center - Room 2B	Complete	
Emergency Operations	~	Tuesuay				1000 19th St, Virginia Beach, VA 23451	Complete	
Regulation & Compliance Enforcement	*	Friday	May 20, 2022	1 p.m. – 5 p.m.	REMS	Stafford County Public Safety Center 1225 Courthouse Rd. Stafford, VA 22554	Register	
Trauma & Critical Care	~		June 17, 2022	10 a.m 2 p.m.	WVEMS	The Inn at Virginia Tech and Skelton Conference Center	Desister	
OEMS Information	~	Friday				901 Prices Fork Rd. Blacksburg, VA 24061Room: Second Floor – Duck Pond	Register	
Other EMS Programs and Links		Friday	September 30, 2022	9 a.m. – 1 p.m.	REMS	Rappahannock EMS Council 250 Executive Center Parkway Fredericksburg, VA 22401	Register	
		Friday	January 27, 2023	9 a.m. – 1 p.m.	SWEMS	Southwest Virginia Higher Education Center 1 Partnership Cir. Abingdon, VA 24210	Register	

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#### **Recertification Quiz on Moodle (Open Resource)**

