



COURSE COORDINATOR MANUAL

Bureau of Emergency Medical Services
Utah Department of Public Safety

July 2025

SUMMARY OF CHANGE

Course Coordinator Manual 2024

Major Revisions, as of July 8, 2025

- Fixed Grammatical errors throughout the document.
- Fixed formatting throughout the document.
- Page 6: added Item 6: Ensure that all courses are held at a state approved training site.
- Page 6 added: Item 2. Requests and submits all required documents for any future EMS courses (only endorsed course coordinators can request new EMS courses);
- Page 7 added Item i. EMS training may not be conducted in residential dwellings or facilities that do not meet local zoning, safety, and commercial occupancy standards. Using a residential location may result in revocation of course approval or training center designation.
- Page 8 added: Honesty and Accuracy in Documentation: Course Coordinators are responsible for ensuring all documents submitted to the Bureau of EMS are accurate, truthful, and complete. Submitting false or misleading information, including falsifying instructor-to-student ratios or misrepresenting course details, directly violates Bureau policies.

Course Coordinators who have intentionally submitted false information to the Bureau will face disciplinary action, including the possible suspension or revocation of their endorsement. Additionally, the Bureau may deny future course approval and take further administrative action as necessary.

Course Coordinators are encouraged to communicate transparently with the Bureau to address any concerns about course documentation. Suspected errors or discrepancies should be reported immediately to avoid further action.

- Page 9 added:
 - Recommendation for NREMT Testing and Licensure
 - The Course Coordinator holds exclusive authority to determine whether a student is recommended for:
 - Eligibility to take the National Registry of EMTs (NREMT) examination
 - Eligibility for Utah state licensure or endorsement
 - A student who has completed all course hours, skills, and clinical components may still be withheld from testing or licensure recommendation if they fail to demonstrate appropriate affective behavior, professional standards, or ethical conduct.

- Page 9 added:
 - Restrictions and Clarifications:

Access to the National Registry is considered a regulated privilege, not an entitlement of employment or ownership.

In cases where access is granted to administrative staff for technical reasons (e.g., program director, uploading rosters or documents), these individuals must not clear, recommend, or approve students for the NREMT examination without the endorsement of a course coordinator. Doing so constitutes a serious violation of Bureau policy.

- a. Misuse of NREMT Access Includes:
 - Logging in under another person's credentials to recommend students.
 - Maintaining access to the NREMT portal after an endorsement has expired, been suspended, or revoked.
 - Coercing an endorsed Course Coordinator to approve students on their behalf.
 - Providing false documentation or recommendations under a proxy arrangement.
- b. The Bureau reserves the right to:
 - Audit NREMT access logs for training centers,
 - Suspend NREMT recommendation privileges,
 - Revoke training center approval, and
 - Pursue disciplinary or legal action when unauthorized use is identified.
- Page 10 clarifies item 2: A course coordinator may coordinate courses at or below the highest level they were

endorsed initially for or have previously coordinated with department approval. To coordinate a higher-level course, they must first co-coordinate that level with an endorsed course coordinator and obtain a letter of recommendation.

- Page 11 added: Clarification Program Manager (Director) vs Course Coordinator
- Page 17 added: Students must complete and have documented one hundred patient assessments by the end of the course, as described in the EMT Student Handbook
- Page 22-23 added: Hybrid Education Courses (EMT and AEMT courses)
- Page 26, added Item 9(a):
 - a. **Recommendation for NREMT Testing and Licensure**
 - The Course Coordinator holds **exclusive authority** to determine whether a student is recommended for:
 - Eligibility to take the **National Registry of EMTs (NREMT)** examination
 - Eligibility for **Utah state licensure or endorsement**
 - A student who has completed all course hours, skills, and clinical components may still be **withheld from testing or licensure recommendation** if they fail to demonstrate appropriate affective behavior, professional standards, or ethical conduct.
 - b. Course Coordinators are expected to **gather and evaluate feedback from all instructors** and assess the student's readiness across all three educational domains:
 - **Cognitive:** Knowledge and academic performance
 - **Psychomotor:** Skills and hands-on performance
 - **Affective:** Professional behavior, ethics, and communication
 - c. Course completion does not guarantee a recommendation for testing or licensure. Students must demonstrate readiness to serve in the EMS profession.
 - d. Additionally, the **Bureau of EMS may deny, delay, or condition licensure** regardless of recommendation status or NREMT exam results, if it determines that public trust, safety, or professional conduct is at risk.
- Page 28 added: Item 1. Only an endorsed Course Coordinator can submit a course request to BEMS. No other individual, agency representative, or instructor may submit a course request on behalf of the Course Coordinator.
- Page 30 updated: Item 4. Course Request Document Submission: All required course request documents must be submitted to the Bureau of EMS **at least 30 calendar days** before the course start date. The required documents include:
 - a. Course Syllabus – Clearly outlining the course's topics, objectives, and expectations.
 - b. Training Schedule – A detailed timeline includes lecture topics, practical skills sessions, and assessments.
 - c. Sexual Harassment/Harassment Policy – A comprehensive policy aligned with state and federal regulations.
 - d. ADA Policy – Ensuring accessibility and appropriate accommodations for students with disabilities.

Failure to submit these documents by the 30-day deadline will result in a late fee of \$10 per day (up to a maximum of \$150) being added to the course request fee. If the required documents are not submitted at least **10 calendar days** before the course start date, the course request may be denied, and the Course Coordinator will need to submit a new course request. No courses will be approved if fees are unpaid. No refunds or course fee adjustments will be permitted.

Students in unapproved courses will not be eligible for certification or licensure. Exceptions to this policy will only be considered in cases of documented extenuating circumstances and are subject to Bureau approval.

- Course Coordinators are encouraged to submit documents well in advance to allow for any necessary corrections or clarifications
- Page 30 added: Item d. Licensing Fees: The Bureau of EMS establishes non-negotiable licensing fees. These fees are separate from course tuition, materials, or course request fees.

- e. Training centers, course coordinators, and affiliated organizations are prohibited from adding, altering, or imposing additional fees related to student licensing. The licensing fees cover the costs of applying for licensure, testing, and processing by the Bureau of EMS. Course coordinators are responsible for informing students of the Bureau's licensing fee schedule, which is publicly available and subject to change.
- f. Misrepresenting, inflating, or adding unauthorized licensing fees violates Bureau policy. It may result in disciplinary action against the training center and/or the course coordinator, including suspension or revocation of endorsements.
- g. Any questions about the current licensing fee schedule should be directed to the Bureau of EMS.

- Page 35 added item 4: The course coordinator must update the status of each student listed in the Course Requests Attendees tab to 'Pass', 'Fail', or 'CC Recommend'. Failure to update the status will be considered an incomplete course and may prevent a course coordinator from requesting future classes.
- Page 35, item 6: Removal of required letter of recommendation before allowing students to test.
- Page 40, addition of sections: Site Visits & Official Audits

Site Visits

Site visits are an essential component of BEMS commitment to supporting and strengthening EMS education across the state. These visits will be conducted with the goal of providing program support, ensuring regulatory compliance, and promoting the delivery of high-quality education. By fostering open communication and providing constructive feedback, site visits help programs grow, address challenges, and align with both state and national expectations.

Official Visits

Official audits are formal evaluations conducted by BEMS to assess the integrity, compliance, and effectiveness of EMS education programs. Unlike site visits, which are often formative and supportive in nature, audits are more structured and comprehensive, focusing on regulatory adherence and systemic performance over a defined reporting period. Programs selected for audit will receive an official notice outlining the scope of the audit, the required documentation, and the scheduled date for the on-site review. Following the completion of the audit, the training program will be formally notified of the audit findings and provided with detailed instructions regarding any necessary corrective actions or follow-up steps.

- Elimination of EMR/EMT/AEMT/Paramedic sections on Program Goals. Sections on Course Prerequisites was moved to Page 31, Paramedic Course Approval was moved to page 19. Information regarding course schedules was moved to the Minimum Hour Requirement section on page 16. Student Achievement information was moved to page 7.

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INTRODUCTION

The Bureau of Emergency Medical Services (BEMS) is responsible for ensuring the quality of prehospital emergency medical care. This is accomplished by establishing training standards for Emergency Medical Service (EMS) professionals with input from the medical community and advisory committees. Course coordinators are responsible for conducting each course in accordance with these training standards and, ultimately, preparing each student for certification and licensure.

This manual is designed to inform course coordinators about the requirements that must be met for a course to be approved and recognized by the BEMS. A thorough understanding of the material included in this document will ensure an organized and high-quality training program.

The statewide training policies are derived from the Utah Emergency Medical Services Act ([Title 53, Chapter 2d](#)) and administrative rule ([R911-5](#)). An administrative rule is a written statement issued by a state agency that has the force of law. We recommend that all course coordinators take the time to review these rules, as they form the foundation of the policies outlined in this manual.

If you have any questions regarding training and/or licensing, please get in touch with the BEMS by emailing ems@utah.gov or calling 801-273-6666.

GENERAL STANDARDS FOR COURSE PERSONNEL

1. BEMS personnel shall have unconditional access to all educational activities and records described in the Course Coordinator Manual for quality assurance reviews.
2. BEMS shall be held harmless for negligent acts or omissions of any employees or persons retained by the course coordinator.
3. All information regarding students shall be treated as confidential. Publication of any information that would identify an individual is prohibited except upon the written consent of that individual.
4. The duties and responsibilities of the course coordinator are to be performed personally. They shall not be assigned, sublet, or transferred to any other individual or company without a written request from the course coordinator to BEMS, except in cases where the course coordinator is unable to request due to extraordinary circumstances. (See course coordinator responsibilities for further detail.)
5. The course coordinator has no authorization, expressed or implied, to bind the State of Utah or its state agencies to any agreement, settlement, liability, or understanding whatsoever, nor to perform any acts as agent for the State of Utah.

6. Course coordinators shall have written policies on file, reflecting federal/state guidelines on the Americans with Disabilities Act and Harassment/Sexual Harassment.
 - The sexual harassment policy applies to everyone involved in the educational process, not just student-to-student interactions. This includes instructor-to-student, course coordinator-to-instructor, and any other professional relationships within the course environment. The policy is designed to protect all individuals, regardless of their role, from harassment and to ensure a safe and respectful learning and working atmosphere.
 - The ADA policy applies to everyone involved in the educational process, not just student-specific situations. This includes students, instructors, course coordinators, clinical and field training personnel, and any individuals or agencies participating in EMS education. The policy is designed to ensure that all qualified individuals with disabilities are provided with reasonable accommodations and equal access to learning, evaluation, and participation in all course-related activities. The goal is to foster a respectful, inclusive, and accessible environment for all.
 - A policy is a formalized set of principles designed to guide decisions and actions, often including detailed procedures and mandatory compliance. In contrast, a statement is a concise expression of a position, intention, or fact, used to communicate information or viewpoints. Policies are broader, providing a framework for specific issues, while statements are narrower, serving to articulate specific intentions or beliefs.
7. The course coordinator will be held accountable for any attempt by individuals to compromise the integrity of the National Registry of EMTs (NREMT) cognitive exam. The course coordinator is further obligated to notify BEMS immediately upon becoming aware of such an attempt.
8. The course coordinator must be licensed to the level of the course he/she coordinates.
9. For a course to be approved and recognized by BEMS, it must be facilitated by a Course Coordinator who holds a valid EMS License, an EMS Instructor Endorsement, and a Course Coordinator Endorsement.
10. The State of Utah has adopted the Department of Transportation, National EMS Education Standards (NES) as the EMS educational standard to be taught, and these standards are not open to modification, interpretation, or change without approval from BEMS or, where applicable, the EMS Committee.
11. The course coordinator shall meet the standards of practice and conduct in all interactions in which they are involved.
12. Course Coordinators, Training Officers, and EMS instructors will adhere to the Professional Conduct and Code of Ethics, Utah Code, Administrative Rule, and/or regulations outlined by the State of Utah and Bureau of EMS.

EMS TRAINING ORGANIZATION AND POSITIONS

Course Medical Oversight Requirements and Responsibilities

The course medical oversight shall be a local medical doctor, physician assistant, or nurse practitioner with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols.

Note: Only a Utah licensed physician may be used for medical oversight for Advanced Emergency Medical Technician (AEMT) and Paramedic Courses.

Responsibilities:

1. Assist in recruiting medical experts to present materials in class, consult with Utah's medical director to settle questions of medical protocol, and act as a liaison between the course and the medical community.
2. Approve (along with the course coordinator) all instructors and course personnel.
3. Evaluate and sign affective domain assessment forms for each student.
4. Review the quality of care rendered by the EMS student in clinical and field settings.
5. Ensure student completion and competence in all content areas, elaboration of knowledge, clinical behaviors and judgment, and educational infrastructure as outlined in the National EMS Education Standards (NES) and in psychomotor skills of the National EMS Scope of Practice Model.
6. Review all examinations and student remediation activities.
7. Co-sign all documents recommending (or not recommending) a student for licensure.

Hour Requirements:

Medical directors are required to attend at least **five hours** of the Emergency Medical Responder (EMR) course and **20 hours** of the EMT course. For other courses beyond EMR and EMT, course contact is required, but no specific amount of time is mandated. It is also recommended that Medical Director interaction occurs in various settings, including lectures, laboratory, clinical, and capstone field internships.

Course Coordinator

The course coordinator, who is also referred to as the primary instructor in NES, shall:

1. Act as a liaison between students, the sponsoring agency, the local medical community, and BEMS.
2. Requests and submits all required documents for any future EMS courses (only endorsed course coordinators can request new EMS courses).
3. Assure completion of the course goals, objectives, information, and training standards outlined in the NES, course coordinator manual, BEMS policies, Utah Code, and administrative rules.
4. Ensure all personnel involved in education are properly certified and licensed.
5. Ensure that all courses are held at a state approved training site.

Course Standards, Size & Equipment

The 2021 National EMS Education Standards highlight the importance of face-to-face learning with instructors. They recommend using a variety of instructional formats, including face-to-face instruction, to ensure that students receive a comprehensive education and direct interaction with instructors. This direct interaction is crucial for fostering professional behaviors, critical thinking, and effective communication skills, which are necessary for EMS professionals (National Highway Traffic Safety Administration, 2021, p. X).

1. Class size ***will not exceed 36 students, nor will it be less than two students***. The course coordinator should reschedule the class if only one student attends a session.
2. A ratio of one Endorsed EMS Instructor to a maximum of six students (1:6) must be maintained during practice and skills pass-off sessions.
3. An adequate physical environment must be provided for the success of the overall program, including:
 - a. Safe and comfortable seating for all students.
 - b. Adequate space for skills demonstration and practice.
 - c. Adequate heating/cooling, ventilation, lighting, and restroom facilities.
 - d. Appropriate housekeeping.
 - e. Adequate space or breakout rooms for psychomotor skills demonstrations. Note: The recommended size of an elementary school classroom in the United States with an expected ratio of 20 students per teacher is 900 square feet. This equates to about 45 square feet per student. This is a minimum recommendation.

- f. Store and maintain equipment in a secure, clean, dry place. It is recommended that all the required equipment for the program be stored at the teaching facility to ensure availability for its use.
- g. Ensure that all equipment required for teaching is available, clean, in adequate amounts for all students, appropriate for training, and in working condition before the start of each class. (Attachment 3 lists the minimum equipment necessary to provide EMR, EMT, and AEMT courses.)
- h. Ensure all necessary instructors are present before the start of each class.
- i. EMS training may not be conducted in residential dwellings or facilities that do not meet local zoning, safety, and commercial occupancy standards. Using a residential location may result in revocation of course approval or training center designation.

Assessing Student Achievement

Requirements for successful completion of courses include:

Cognitive – Students must receive passing grades on all module examinations and the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Scores should be in accordance with accepted practices.

Affective – Students must undergo a minimum of three affective behavior assessments, though it is highly encouraged to complete additional assessments throughout the course. These assessments require students to demonstrate professional behavior, positive attitudes, effective communication, ethical decision-making, and adaptability under stress. By engaging in more than the minimum required assessments, students have more opportunities to address any concerns and ample time to improve or correct behaviors before the course is completed. Successfully meeting these criteria ensures that students are not only technically competent but also capable of providing compassionate and ethical care, which is essential for performing effectively in high-stress emergency medical environments.

Psychomotor – Students must demonstrate proficiency in all skills in each testing session of selected topic areas and mastery of skills in the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Pass/fail scores should be in accordance with accepted practices. Usage of the skill measurement instruments within the applicable curriculum or developed by way of a valid process is strongly recommended to achieve maximum results with the students.

Course Coordinator Time Requirements & Resignation

To ensure course continuity, the course coordinator must be on site and physically available for the course's students and instructors 70% of the time. The coordinator is prohibited from running simultaneous courses if he or she cannot meet the 70% requirement for each course independently.

If the course coordinator is unable to continue coordinating the course and another course coordinator is willing to take over, the following must be completed to facilitate the change:

Mail a written letter requesting the change to the Department of Public Safety, ATTN: EMS, P.O. Box 141775, Salt Lake City, UT 84114-1775, or email ems@utah.gov. The letter must contain the following statements:

- “I, the current course coordinator, cannot continue as the course coordinator for course # and request to be relieved of my responsibilities.”
- “I, the proposed course coordinator, understand that by taking over as course coordinator for course #, I assume full and complete responsibility to ensure that all requirements for training are met and all students who I recommend will meet the competency requirements outlined in the course coordinator manual. I also understand that I will be accountable for any deviation from the training standards regardless of the previous history of this course.”
- **Signatures from both the current and the proposed course coordinator.**

Course Coordinator Removal

If parties associated with a course (such as an EMS agency or educational institution) feel a change in the course coordinator is warranted due to the course coordinator deviating from the standards outlined in the course coordinator manual, job reclassification, or due to termination of employment, they may request a change in the course coordinator via written letter with the statement b. ii. (listed above), to the Bureau of Emergency Medical Services, P.O. Box 141775, Salt Lake City, UT 84114-1775, or email ems@utah.gov. The letter must include the name of the proposed new course coordinator. The reported claims will be investigated once the letter is received. No changes will be made until the investigation is complete. The outcomes of the investigation will be made available and sent to all parties.

Honesty and Accuracy in Documentation

Course Coordinators are responsible for ensuring all documents submitted to the Bureau of EMS are accurate, truthful, and complete. Submitting false or misleading information, including falsifying instructor-to-student ratios or misrepresenting course details, directly violates Bureau policies.

Course Coordinators who have intentionally submitted false information to the Bureau will face disciplinary action, including the possible suspension or revocation of their endorsement. Additionally, the Bureau may deny future course approval and take further administrative action as necessary.

Course Coordinators are encouraged to communicate transparently with the Bureau to address any concerns about course documentation. Suspected errors or discrepancies should be reported immediately to avoid further action.

Recommendation for NREMT Testing and Licensure

The Course Coordinator holds exclusive authority to determine whether a student is recommended for:

- Eligibility to take the National Registry of EMTs (NREMT) examination
- Eligibility for Utah state licensure or endorsement



A student who has completed all course hours, skills, and clinical components may still be withheld from testing or licensure recommendation if they fail to demonstrate appropriate affective behavior, professional standards, or ethical conduct.

Restrictions and Clarifications

Access to the National Registry is considered a regulated privilege, not an entitlement of employment or ownership.

In cases where access is granted to administrative staff for technical reasons (e.g., program director, uploading rosters or documents), these individuals must not clear, recommend, or approve students for the NREMT examination without the endorsement of a course coordinator. Doing so constitutes a serious violation of Bureau policy.

Misuse of NREMT Access Includes:

- Logging in under another person's credentials to recommend students.
- Maintaining access to the NREMT portal after an endorsement has expired, been suspended, or revoked.
- Coercing an endorsed Course Coordinator to approve students on their behalf.
- Providing false documentation or recommendations under a proxy arrangement.

The Bureau reserves the right to:

- Audit NREMT access logs for training centers
- Suspend NREMT recommendation privileges
- Revoke training center approval
- Pursue disciplinary or legal action when unauthorized use is identified

Endorsement Requirements

EMS courses are complex programs that require extensive coordination and recordkeeping. Therefore, anyone serving as a course coordinator must meet all the following requirements. (The department may certify an individual as an EMS course coordinator for a two-year period.)

1. An individual who wishes to be endorsed as a course coordinator must:
 - a. Be endorsed as an EMS instructor.
 - b. Within ***one year*** of the course coordinator training, serve as co-coordinator of one approved course with an endorsed course coordinator.
 - c. *A course coordinator may coordinate courses at or below the highest level for which they were initially endorsed or have previously coordinated with department approval. To coordinate a higher-level course, they must first co-coordinate that level with an endorsed course coordinator and obtain a letter of recommendation.*
 - d. Complete the bureau's course for new course coordinators within one year before the application date.
 - e. Submit documentation showing completion of a minimum of 30 hours of EMS instruction no more than one year before the date of application.
 - f. Submit a signed written evaluation and recommendation from the course coordinator in which the applicant co-coordinated a course.
 - g. Complete endorsement requirements for new course coordinators within one year of completion of the BEMS-sponsored course.
 - h. Submit an application and pay all applicable fees.
2. A course coordinator may only coordinate courses up to the license level to which the coordinator is certified. For example, a course coordinator who is licensed as an EMT may only coordinate EMR and EMT courses.
3. The course coordinator must abide by the terms of the "Course Coordinator Contract" and comply with the standards and procedures in the Course Coordinator Manual as incorporated into the "Course Coordinator Contract."
4. A course coordinator must maintain an EMS instructor endorsement and the EMS license for the level that the course coordinator is certified to coordinate. If an individual's EMS license or EMS Instructor endorsement lapses, the course coordinator endorsement is invalid until the EMS license or EMS Instructor Endorsement is renewed.
5. The first course coordinated by a new a newly endorsed course coordinator will be probationary and will be evaluated for:
 - a. Compliance with BEMS standards.
 - b. Student performance.

Endorsement Renewal Requirements

1. Successfully complete requirements for instructor endorsement.
2. Coordinate or co-coordinate a minimum of one course every two years and submit a verification letter to BEMS.
3. Maintain satisfactory attendance at the course coordinator seminar once every two years.
4. Pay all applicable fees.
5. Receive endorsement recommendation from the BEMS training staff
6. Upon endorsement renewal (every two years) the "Course Coordinator Contract" must be completed and signed as part of the application to renew process. This contract is an agreement to abide by the standards and procedures outlined in the Course Coordinator Manual.

Additional Roles and Responsibilities

Program Manager (Director) vs Course Coordinator

While both Program Managers and Course Coordinators play vital roles in EMS education, their responsibilities and authority differ significantly.

Program Manager:

- Typically oversees the administrative and operational functions of an EMS training program.
- May manage budgeting, staffing, scheduling, and facility operations.
- Ensures compliance with institutional policies but is not responsible for course-specific regulatory compliance.
- Usually reports to the institution's leadership or governing body.
- Unauthorized use of NREMT testing access by non-endorsed individuals, or through credential sharing, is prohibited and **may** result in enforcement action.

Course Coordinator:

- Responsible for ensuring that all Bureau of EMS regulations and educational standards are met for a specific EMS course.
- Acts as the primary liaison with the Bureau of EMS.
- Manages instructor assignments, maintains compliance with the instructor-to-student ratio, and ensures the quality of course delivery.

- Submits course requests and maintains proper documentation, including ADA and Harassment policies.
- Is accountable for the success of the course and the student outcomes.

While a Program Manager may oversee the broader administrative functions of a training program, the Course Coordinator is solely responsible for ensuring regulatory compliance and making course-level decisions. In many cases, Program Managers do not have the endorsement to act as a Course Coordinator.

Prohibited Use of a Course Coordinator as a Proxy

Program Managers are strictly prohibited from using an endorsed Course Coordinator as a proxy to circumvent policies, procedures, or regulations established by the Bureau of EMS.

Only an endorsed Course Coordinator has the authority to:

- Submit course requests.
- Ensure compliance with Bureau regulations.
- Certify that students meet program requirements.
- Recommend students for testing with NREMT

Any attempt by a Program Manager to manipulate or misuse a Course Coordinator's endorsement to evade Bureau policies will be subject to disciplinary action, including suspension or revocation of course approval, licensure, and endorsements. Similarly, the same disciplinary action may be taken against a training center, including suspension, probation, revocation, or fine, which could affect the program director's training center designation.

Course Coordinators are also responsible for upholding the integrity of their role. They must report any attempts to pressure them into non-compliant actions. Failure to do so may result in the suspension or revocation of their endorsement.

Adjunct Coordinator

An adjunct coordinator assists the course coordinator in managing course delivery. They provide support in executing tasks such as overseeing instructor performance and ensuring course compliance. In the event of unforeseen circumstances, the adjunct coordinator may also assume the responsibilities of the course coordinator.

Apprentice Coordinator

An apprentice coordinator is in training to become a course coordinator. Under the supervision of the course coordinator, the apprentice coordinator gains practical experience in course management, develops competence in the coordinator's duties, and communicates regularly to ensure the course runs smoothly.

Lead Instructor

The lead instructor works with the course coordinator to ensure the curriculum is delivered according to the established standards. They oversee instructors and ensure that deviations from the curriculum or instructor absence are handled appropriately.

Lead Agency (for Multi-Agency Courses)

In multi-agency courses, the leading agency coordinates logistical aspects, including arranging training supplies and maintaining communication with the course coordinator to meet all standards and policies. The lead agency is also responsible for ensuring compliance with applicable policies, such as Title IX and ADA, at its training location.

Course Instructors

Responsibilities

- Be knowledgeable in all aspects of pre-hospital emergency care, adult education techniques, and management of resources and personnel.
- Successfully complete a BEMS-approved program in EMS instruction and be currently endorsed as an EMS instructor.
- Identify students who have achieved and completed the competencies in the cognitive, affective, and psychomotor domains necessary to function as an EMS professional.
- Ensure that each student has successfully demonstrated competency in all the psychomotor skills listed in the student minimum competency manuals published by NASEMSO and the Bureau of EMS. These skills are listed in the National EMS Education Standards.

Requirements

State Endorsed Instructors (EMS Instructors): All EMS professionals currently licensed by the State, who teach any portion of an EMS course (EMR, EMT, AEMT, and Paramedic) must maintain a current EMS Instructor Endorsement.

Subject Matter Experts (SMEs): Non-EMS professionals with a deep knowledge of a specific process, function, or technology, with a recognized license, certificate, or degree for the above. Subject Matter Experts are considered authorities qualified to provide instruction on specific topics. Examples include OB nurses, ER physicians, or mental health professionals.

Psychomotor Instructors

All instructors evaluating and assisting with psychomotor sessions and psychomotor testing must be currently endorsed EMS instructors and licensed to at least the level of the course being evaluated.

EMS Instructors

Endorsement Requirements

1. The department may endorse an individual who is an EMR, EMT, AEMT, or Paramedic, as an EMS instructor for a two-year period.
 - a. meets the initial licensure requirements in Section R911-5-601;
 - b. is currently in Utah as an EMR, EMT, AEMT, or paramedic; and
 - c. has been a licensed EMR, EMT, AEMT, or paramedic for a minimum of two years; and
 - d. has a minimum of one year experience working as a licensed provider with a licensed or designated agency or an emergency health care facility.
2. An individual who wishes to become endorsed as an EMS instructor must:
 - a. Submit an application and pay all applicable fees.
 - b. Submit one signed letter of recommendation regarding EMS skills and teaching abilities from a licensed or designated agency (letter must be on a Department/Agency letterhead and signed).
 - c. Submit a signed letter documenting 15 hours of teaching experience within the previous year (teaching experience in EMS or medical related i.e., first aid, CPR, etc. is preferred).
3. Successfully complete the BEMS-sponsored initial EMS instructor training course. An individual who wishes to be endorsed as an EMS instructor to teach EMR, EMT, AEMT, or paramedic courses or CME shall provide documentation of a minimum of 25 patient contacts within the prior year with a licensed or designated agency or an emergency health care facility. Documentation must be on a department or agency letterhead and signed.

Endorsement Renewal Requirements

The requirements for EMS instructor endorsement renewal include:

1. Maintain Utah EMS licensure.
2. Submit verification of attendance at a BEMS -sponsored instructor seminar at least once every two years.
3. Pay all applicable fees.

4. Sign and submit (every two years) the "EMS Instructor Contract" to BEMS, agreeing to abide by the standards and procedures outlined in the contract. This is done with the application.

All verification materials must be submitted with the application.

Enforcement

The integrity of the mission of courses approved by the Bureau of EMS is upheld by professionalism rooted in mutual trust and respect in relationships between EMS educators and students. The Bureau is committed to maintaining the objectivity and integrity of its staff members as they carry out their duties. It is crucial to the Bureau's mission that instructors, training officers, course coordinators, program directors, and medical directors conduct their responsibilities in an environment free from conflicts of interest that could compromise these principles.

Romantic and/or sexual relationships where one party has supervisory or evaluative responsibilities over the other create conflicts of interest and may lead to perceptions of undue advantage. These risks are particularly significant in relationships where there is an inherent power imbalance, such as between an instructor and a student, or a supervisor and an employee. Such relationships can undermine both the actual and perceived integrity of supervision and evaluation, as well as the trust that is vital in the instructor-student relationship.

For these reasons, any romantic and/or sexual relationship between an EMS educator and a student within the context of a course approved by the Bureau of EMS is strictly prohibited. Instructors who are currently responsible for instructing, evaluating, or supervising a student's work in a Bureau-approved course must not propose or engage in a romantic and/or sexual relationship with that student. Moreover, if an instructor has a pre-existing romantic and/or sexual relationship with a student, they are prohibited from instructing, evaluating, or supervising that student's work in a Bureau-approved course.

BEMS may refuse renew any license, endorsement, or designation, or revoke, suspend, restrict, or place on probation, an emergency medical service provider's license or endorsement, if the provider:

- Does not meet the qualifications for licensure under Section 53-2d-402
- The individual has engaged in conduct, as defined by Utah Code, Administrative Rule, policy or committee rule, that:
 - is unprofessional
 - fails to abide by the terms of the license or endorsement;
- Commits an act in the performance of a professional duty that is unprofessional, is adverse to public health, safety, morals, or welfare; or would adversely affect public trust in the emergency medical service system.
- Engages in, or is convicted of, conduct constituting a state or federal criminal offense as provided in Utah Admin. Code R911-5 or violates BEMS statutes found in Title 53, Chapter 2d of the Utah Code.

COURSE REQUIREMENTS

Minimum Hour Requirement

The EMS National Education Standards is competency based. Each educational level assumes mastery of previously stated competencies. Everyone must demonstrate each competency within his or her scope of practice and for patients of all ages.

In other words, the course length is based on the time it takes to instill the knowledge and skills to demonstrate each competency. The National Association of State EMS Officials (NASEMSO) course length is estimated to take approximately *48-60 hours for EMR, 150-190 hours for EMT, 150-250 hours for AEMT, and 1,100-1,800 hours for Paramedic training.*

In Utah, the following are the minimum hours the bureau will allow for a course request to be approved.

1. EMR:
 - a. 40 clock hours of classroom instruction and psychomotor lab time
2. EMT/Advanced EMT (AEMT):
 - a. 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, or
 - pre- or co- requisites.
 - b. Course length should be based on competency, not hours. The consensus opinion is that students should need a minimum of 150 clock hours for the EMT and 200 hours for the AEMT including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material. **State courses for EMT and AEMT must have a minimum of 120 clock hours.**
 - Pre- or co- requisites cannot be included in the 120-hour minimum.
 - Clinical and field time cannot be counted towards the minimum in person hours.
3. Paramedic:
 - a. As directed by the accreditation body.

Clinical Experience

Hospitals and ambulance services have requested that BEMS outline their requirements and standards. In turn, DPS-BEMS has advised all agencies to send students home if they do not meet the agency standards regarding cleanliness or appropriate dress. They must also adhere to the following procedures:

1. Students must adhere to the Professional Conduct & Code of Ethics for EMS Providers outlined by the Office of Emergency Medical Services and Preparedness It can be found on the BEMS website [here](#).
2. The student must wear appropriate attire for a healthcare environment. This means clean, odor-free, intact, and comfortable clothing. No pants with holes or tears, no shorts, no footwear that exposes the foot, and no clothing with anything offensive on it.
3. The student should be clean-shaven or have neatly trimmed facial hair. Long hair should be fastened back. The course coordinator must contact the facilities where the students' clinical experience is being held and determine the requirements of that facility's dress code. That information should be passed along to the students.
4. The course coordinator is responsible for ensuring that students receive adequate training in Body Substance Isolation (BSI) to ensure their safety in the clinical environment. The course coordinator must have a written plan for students to follow in the event of contamination or exposure. This may be accomplished through an agreement with the clinical agency.
5. The students must wear an identification badge, have a pen and a watch, and bring their Psychomotor Training Record Form to be signed by clinical personnel.
6. Clinical/field rotations: EMS trainees are required to have patient interactions in an actual working environment.
 - a. These requirements are designed so the student can gain psychomotor experience while gaining confidence through demonstrating competency.
 - b. The student should assess and develop a treatment plan by each level of course listed below:

EMR:

- None required

EMT:

- Students should observe emergency department operations for a sufficient period of time, so they develop an appreciation for the continuum of care. Students must also perform ten patient assessments on a "live patient" or on standardized patients if clinical settings are not available. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or on standardized patients, if clinical settings are not available.

- Students must complete and have documented one hundred patient assessments by the end of the course, as described in the EMT Student Handbook.

AEMT:

- The students must complete all the requirements outlined in the BEMS AEMT Student Minimum Competency Manual.
- Both live and simulated patient experiences are acceptable for specific pathologies and conditions, as outlined in the AEMT Student Minimum Competency document.
- The student must demonstrate the ability to safely administer medications (the student should safely and correctly administer medicines at least 16 times to a “live patient” or on standardized patients if clinical settings are not available).
- The student must demonstrate the ability to gain vascular access safely (the student should safely and successfully access the venous circulation at least 25 times on “live patients” of various age groups or on standardized patients if clinical settings are not available).
- The student should demonstrate the ability to effectively ventilate non intubated patients of all age groups (the student should effectively ventilate at least 15 “live” patients of various age groups or on standardized patients if clinical settings are not available).
- The student must demonstrate the ability to perform adequate assessments and formulate and implement treatment plans for patients with conditions such as trauma, cardiac arrest, respiratory distress (5-8 exposures for each), chest pain, and respiratory distress.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status.
- The student must demonstrate the ability to perform adequate assessments across 50 patient exposures, covering various age groups, including pediatric, adult, and geriatric patients.

Paramedic

- As indicated in the paramedic program guide.
- As directed by the accreditation body.

Simulation and Live Patient Exposure Requirements

In accordance with the *AEMT Student Minimum Competency* guidelines, simulation may be used to supplement live patient encounters in certain circumstances. The following guidelines outline when and how simulations can be utilized to meet patient exposure requirements:

1. Simulation Use:

- a. Simulation is permissible when live patient encounters are not feasible or when certain conditions or pathologies are rarely encountered in clinical or field settings. Simulations should accurately replicate real-world conditions and provide students with opportunities to demonstrate competency in a controlled environment.
- b. Simulations may be utilized for the following conditions:
 - Uncomplicated and Complicated Obstetric Deliveries (e.g., breech, shoulder dystocia) – up to 100% simulation is permitted.
 - Cardiac Arrest – up to 50% simulation is permitted.
 - Distressed Neonates – up to 100% simulation is permitted.
 - Psychiatric/Behavioral Emergencies – up to 50% simulation is permitted.
 - Other Medical Conditions (e.g., gastrointestinal or endocrine emergencies) – up to 50% simulation is permitted.

2. Live Patient Encounters:

- a. Live patient encounters remain a critical component of clinical and field experience, particularly for developing competency in high-frequency, high-risk conditions. Programs should prioritize live patient exposure for the following conditions:
 - Trauma – A minimum of 50% live patient exposure is required.
 - Respiratory Distress/Failure – A minimum of 50% live patient exposure is required.
 - Cardiac Pathologies (e.g., acute coronary syndrome) – A minimum of 50% live patient exposure is required.

3. Documentation and Verification:

- a. All simulation and live patient experiences must be documented in the student's portfolio. The course coordinator and medical director must verify that students have met the minimum exposure requirements across both simulated and live patient encounters.
 - b. Programs must demonstrate that each student has participated in a balanced mix of simulation and live patient encounters, ensuring exposure to a variety of patient ages, pathologies, and environments.
-

These guidelines are designed to ensure students are prepared to handle real-world patient care situations while providing flexibility for the use of simulation where live patient encounters are limited.

Paramedic Program Course Approval

The paramedic program must be affiliated with a regionally accredited institution of higher learning. The paramedic program must be accredited through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or in the process of obtaining it.

Distance Education Courses

Purpose

This section outlines BEMS' philosophy as it relates to Distance Learning. The EMS Education Standards 2021 define distance education as using online or electronic media to deliver educational content remotely. It recommends that distance education be integrated thoughtfully to complement traditional face-to-face instruction, ensuring that it does not replace the essential direct interaction between students and instructors. Distance education should be used to enhance learning opportunities and provide flexibility, while being balanced with in-person activities to ensure comprehensive skill development and engagement.

Definitions

Hybrid: A live delivery of learning, both virtually and in person. It combines face-to-face learning with online learning, also known as blended learning. Combines online education and instruction within a physical location-based classroom. Requires the physical presence of the student and teacher with control over time and place.

In-person: Traditional brick and mortar instructional style of learning where the teacher and student are physically located in the classroom where the instruction is being held.

Web-Based Video Conference Software: An electronic platform that can connect with students in a virtual online world. Platforms include but are not limited to Zoom, GoogleMeet, GoToMeeting, WebEx, Teams, Google Classroom.

Asynchronous: Students learn on their own. They learn the same information and follow the same curriculum but at different locations and times. This allows students to learn on their own schedule (self-paced). Students can access the materials, lectures, and homework at any time. Examples include watching prerecorded lectures and discussion boards.

Synchronous: Classes run in real time, with students and instructors attending together from different locations. It operates like a traditional classroom, with a set schedule, live interactive discussions, polls, surveys, and shared documents. Instructors can interact with students in a live environment.

Distance Education: Describes various learning methods that attempt to accommodate a geographical separation, at least for a period of time. These methods include computer and web-based instruction, distance learning theories, TV or video conferencing, or web-based scenarios.

Application & Purpose

Distance learning must adhere to the Utah Bureau of EMS's existing policies and procedures. The same academic standards for quality and other requirements that apply to traditional courses also apply to distance education. The Course Coordinator holds the primary responsibility for developing, providing, and managing distance learning courses and programs.

Although distance learning options involve separation by time and/or space from the instructor and/or institution, such endeavors extend resources to create a supportive teaching and learning environment on and off campus, especially in pursuit of the goal that all parties involved have access to appropriate technological and other resources.

Although the technologies used to deliver distance education may change frequently, these applications, goals, and responsibilities remain constant, and this document will continue to provide general guidance on various issues involved in offering distance learning courses.

Course Approval

All courses to be offered in a distance learning format must be submitted through the existing BEMS course approval process, with some additional requirements for the Course Coordinator outlined in the Course Implementation section. Specifically, items 1-4 must be added to the documentation section during the course request process.

Course Coordinators must ensure that all skill stations are conducted in person and maintain a 1:6 instructor-to-student ratio for all skill assessments, regardless of location.

Distance education courses are expected to produce learning outcomes equivalent to classroom-based courses. These learning outcomes are identified in the course and program materials regarding knowledge, skills, or credentials. The means chosen for assessing student learning are appropriate to the learners' content, learning design, technologies, and characteristics.

Course Implementation

All programs wishing to provide Distance Education courses must conform to the following requirements:

Course Coordinators will have written policies, which will be made available to each student, regarding:

1. Admission requirements
2. Minimum requirements for technological needs for students enrolling in an EMS training program utilizing distance education to include, but not limited to, hardware, software, and internet connection speed.
3. A schedule identifying weekly access to the EMS instructors while the EMS training program is in session to allow for direct communication between EMS instructors and students. This should include, but not be limited to, telephone numbers, email addresses, and office hours.
4. Online procedures for course administration and completion.

5. Creates and maintains a complete student course data file to demonstrate student activity and ensure that the following information, at a minimum, is collected and retained:
 - a. Student's name
 - b. Dates and times of student activity in the EMS training program and verification of the amount of total time spent utilizing the distance education portion of the program
 - c. The reason a student was suspended or failed to complete the EMS training program utilizing online education or distance learning
 - d. Records must be stored and easily accessible for any State audit

All Web based content shall be recorded and subject to audit.

Hybrid Education Courses

This section outlines BEMS' philosophy and requirements for hybrid EMS education models. Hybrid courses combine online cognitive instruction with required in-person psychomotor, clinical, and field experience. They are distinguished from full-distance education by preserving mandatory direct interaction between students and instructors for skill acquisition, professional development, and competency verification.

Hybrid programs allow greater flexibility in delivering cognitive content while maintaining rigorous standards for student engagement, professional behavior evaluation, psychomotor skills competency, and field readiness. Students must complete online coursework under the active oversight of an instructor and demonstrate skills and affective competency during live, in-person sessions.

Hybrid models must be carefully structured to ensure that students meet competency expectations across all three domains: cognitive, psychomotor, and affective.

Hybrid programs must adhere to separate minimum standards, distinct from full distance education courses.

Hybrid Course Requirements

The Bureau of Emergency Medical Services allows approved EMT & AEMT courses to incorporate a hybrid model, combining online cognitive instruction with in-person psychomotor instruction and evaluation. Hybrid programs must meet the following minimum standards:

1. The course must include at least 120 total hours of instruction.
2. It is recommended that a minimum of 70 instructional hours occur through in-person instruction, including all psychomotor skills training and assessments.

3. All psychomotor skills must be taught, practiced, and verified in person under the direct supervision of a Bureau-endorsed instructor.
4. Online cognitive instruction must include scheduled, live instructor-led sessions to ensure active engagement and formative evaluation. Self-paced online modules alone are insufficient.
5. Students must undergo a minimum of three affective behavior evaluations conducted throughout the course, documenting professional behavior, communication, teamwork, and ethical decision-making.
6. Affective evaluations must be maintained as part of the student record for a minimum of seven (7) years.
7. The Course Coordinator must maintain at least 70% availability throughout the course, either physically or virtually, to ensure instructional oversight.
8. The Medical Director must review and approve the hybrid course format and co-sign student recommendations for licensure/testing.
9. Completion of online coursework alone does not constitute eligibility for course completion or licensure recommendation; students must meet cognitive, psychomotor, and affective competency standards.

In addition to the above, AEMT hybrid courses must meet the additional requirements:

1. Skills competency must be developed and demonstrated over time, not solely during compressed in-person
2. Students must complete a documented competency portfolio demonstrating:
 - a. Repeated skills performance
 - b. Patient age group exposures
 - c. Pathology/complaint exposures
 - d. Clinical environment exposures (lab, clinical, field, or simulation)
3. Simulation and structured role-play may supplement live field experiences if live patient encounters are limited. Programs must document the use of simulation separately and ensure that clinical judgment, patient management, and team leadership competencies are adequately assessed.
4. Capstone field internship experiences must be completed in person whenever available, with simulation permitted only for rare pathologies or substantial regional barriers.



Hybrid courses that propose less than 70 in-person instructional hours must submit a written justification explaining how the course will ensure student competency across all domains.



All course request materials must be submitted to the Bureau at least 30 calendar days before the course start date. Courses missing required documents within 10 calendar days of the start date may be denied.

License Requirements for the Students

1. Submit a completed online application form and pass the DACS background check.
2. Submit a completed Declaration of Understanding form as part of the online application and meet the Requirements.
3. Submit all applicable licensure fees.
4. Successfully complete the EMS license course and receive a recommendation for license from the course coordinator and course medical director.
5. Successfully complete the National Registry Cognitive exam. The cognitive exam is taken on a computer at a Pearson Vue testing site. Tests for all levels consist of multiple-choice questions. This is a timed test. The test results are mailed via NREMT notification.
6. Successfully complete the psychomotor skills examination, if applicable. Each license level and its components are listed below:

Test Type	Composition
EMR	Psychomotor exam (within the course)
EMT	Psychomotor exam (within the course)
AEMT	Psychomotor exam (within the course)
Paramedic	Psychomotor exam (within the course)

7. Preliminary test results will be given at the testing site. The NREMT will publish official results for AEMTs and paramedics. Due to privacy laws, test results cannot be given over the telephone.

All course requirements and testing must be completed within two years of the course completion date. Any delay is cause for the student to be denied state licensure.

Responsibility to the Student

The course coordinator will:

1. Provide each student with the following items at the beginning of the course (or at the appropriate time):

- a. BEMS Student Handbook (EMR and EMT only)
 - b. Reference to applicable National Education Standards (NES)
 - c. Textbook consistent with current NES guidelines
 - d. A workbook, study guide, or online platform that accompanies the textbook
 - e. A copy of the course psychomotor skills pass-off sheet
 - f. I.D. badge for clinical or field experience (required for psychomotor skills labs and clinical)
 - g. Letter(s) of Indemnification for each student to those agencies requiring such protection, i.e., hospitals, ambulances, rescue services, etc.
 - h. Print ADA policies or a web posting of the ADA policies with a review of the content in class
 - i. Sexual Harassment/Harassment Policies
2. Ensure that the student understands BEMS license policies and requirements. The student must sign a student acknowledgement form, which covers:
 - a. Course attendance requirements
 - b. Application requirements and background checks
 - c. ADA policies and Declaration of Understanding
 - d. Fee requirements
 - e. Testing requirements and procedures
3. Provide remediation for each student who fails to achieve a set level of performance before moving on to another section of the course. A remediation form must be documented by an instructor for any student needing improvement. That form must be maintained by the course coordinator.
4. Ensure all BEMS required documentation, and tasks are completed within the timelines outlined in this handbook to prevent unnecessary delays in the student's test and license schedule.
5. Ensure all students are familiar with and know how to obtain copies of the NES.
6. Ensure that students have completed all skills, objectives, and required class time, as outlined in the NES. For EMTs and above, this manual includes information.
7. Ensure all students are thoroughly informed of all BEMS and NREMT testing, and license policies and procedures contained in this handbook.

Student Expectations

EMS training programs are detailed and exact. The EMS provider is a vital, recognized component of the medical profession. The standards are high to maintain the respected position of the medical profession and the community. To become a fully licensed EMS provider, students must comply with specific requirements. The requirements are as follows:

1. **Attendance.** Students will be required to attend all scheduled classes. If the student cannot attend a class (illness, etc.), the student must make arrangements with the course coordinator to make up the time and material missed.
2. **Documentation.** Students must submit a complete BEMS application and a complete Declaration of Understanding along with their application.
3. **Class Participation.** During the course, the instructors, course coordinator, and medical director will evaluate students in areas such as dependability, attitude, maturity, the ability to relate well with others, and the ability to achieve acceptable performance levels. The course coordinator or instructors will provide remediation for students who have difficulties in any area of the course.
4. **Identification.** Students will be provided with an identification badge. The badge must be worn at all times during the psychomotor skills labs, clinical, and field requirements. This ensures verification of the individual's identification while performing skill demonstrations at the clinical and field portions of the course.
5. **Functional Job Requirements.** Students must be able to read, write, speak, and understand the English language.
6. **Psychomotor Training Record Form.** At the beginning of the course, the students will be given a psychomotor training record, which must be signed off by the certified EMS instructors and clinical personnel during each phase of the training. This completed record must be returned to the course coordinator, who will retain it for at least seven years.
7. **Affective Behavior Assessment Form.** The 2021 National EMS Education Standards emphasize the importance of assessing the affective domain to ensure students develop essential professional behaviors, attitudes, and values. To meet these standards, students are required to complete a minimum of three affective behavior assessments. These assessments promote professional behavior, positive attitudes, effective communication, ethical decision-making, and adaptability in stressful situations. By evaluating the affective domain, EMS programs ensure that students are not only technically competent but also capable of providing compassionate and ethical care, which is vital for their performance in high-stress emergency medical environments.
8. **Clinical Experience.** The student is required (where feasible) to complete clinical education, including completing a pre-hospital patient care report as if they were practicing in the field. This is accomplished in a hospital, clinic, doctor's office, care center, and/or ambulance setting. The student should make every possible attempt to appear at the scheduled times. If a student cannot attend, they should contact the course coordinator as soon as possible.

9. **Recommendation for Licensure.** The course coordinator and medical oversight must agree that the student has met course completion requirements specified in the NES and this manual and verify those findings in a letter of recommendation to BEMS.
- a. **Recommendation for NREMT Testing and Licensure**
- i. The Course Coordinator holds **exclusive authority** to determine whether a student is recommended for:
 - ii. Eligibility to take the **National Registry of EMTs (NREMT)** examination
 - iii. Eligibility for **Utah state licensure or endorsement**
 - iv. A student who has completed all course hours, skills, and clinical components may still be **withheld from testing or licensure recommendation** if they fail to demonstrate appropriate affective behavior, professional standards, or ethical conduct.
- b. Course Coordinators are expected to **gather and evaluate feedback from all instructors** and assess the student's readiness across all three educational domains:
- i. **Cognitive:** Knowledge and academic performance
 - ii. **Psychomotor:** Skills and hands-on performance
 - iii. **Affective:** Professional behavior, ethics, and communication
- c. Course completion does not guarantee a recommendation for testing or licensure. Students must demonstrate readiness to serve in the EMS profession.
- d. Additionally, the **Bureau of EMS may deny, delay, or condition licensure** regardless of recommendation status or NREMT exam results, if it determines that public trust, safety, or professional conduct is at risk.
10. **Cognitive Test.** At the conclusion of the course, the student must successfully complete an NREMT-administered test. It is graded on a pass/fail basis (percentage scores are not available). The student will be allowed three attempts to pass this test. If a student is still unable to pass the test successfully, a remediation course is required before three additional tests may be scheduled.
11. **Psychomotor Examination.** The course coordinators and instructors will administer a psychomotor examination to the EMR, EMT, AEMT, and Paramedic students in accordance with BEMS and NREMT policy.
12. **State Licensure.** State licensure may be issued upon successful completion of the above-listed requirements. These requirements must be met within two years of completing the course. It takes approximately three weeks following testing for the results to be processed and for the student to receive their license in the mail.

COURSE REQUESTS

Before the Start of Course

Only an endorsed Course Coordinator can submit a course request to BEMS. No other individual, agency representative, or instructor may submit a course request on behalf of the Course Coordinator.

When requesting a course, the course coordinator is responsible for ensuring BEMS has a current copy of the following policies (all courses):

1. The agency/training center's Americans with Disabilities policy.
2. The agency/training center's Sexual Harassment policy.
3. A signed course coordinator contract. This is completed with the Course Coordinator Endorsement Application.
4. Additional requirements for Blended (Distance Education) Courses:
 1. In the course request process, the course coordinator must select "yes" to the Online Course tab (**this includes any Hybrid type course**);
 2. The course syllabus and/or schedule will indicate whether a course is offered as a Distance or Hybrid Learning option. The class listing will notify students when such courses will be conducted in a distance education format and inform them of any software and hardware requirements for participation. The program is responsible for indicating the mode of instruction for each lecture when the course schedule is submitted to BEMS.
 3. Students enrolled in blended classes will be given the same rights and responsibilities as those in standard courses.

The following documents and fees must be submitted to BEMS at least 30 days before the start date of the course, or late fees will be applied:

1. A course request must be submitted. The online course request can be found at emslicense.utah.gov. Claim your account to log in. Once you log in, the following screen will display tabs labeled "Person," "Course," "Application," "Home," and "Logout" near the top. To request a course, go to the Manage tab. Click on Add New Course on the upper right of the page. This brings up a choice of course types. Request the course type you need and complete the course request form. A detailed description on how to add a course can be found [here](#). If you are unable to access the online course request or encounter any issues, please email ems@utah.gov or call 801-273-6666.
5. A course request must include all the following to be approved (broken down by the tabs):

a. Details:

- Online Course (for any blended courses)
 - Location
 - Course Coordinator
 - Primary Instructor – Usually the course coordinator
 - Co-Instructors – All instructors who will be assisting with the course - must meet the 1:6 ratio
 - Medical Director
 - Description – This is a brief description of the course that can be seen by prospective students
 - Start and end dates
 - Course Capacity – The maximum number of students - must be consistent with the 1:6 ratio. (Course cannot exceed 36 students)
 - Training Location
 - Contact information for the course (email and phone number)
 - Co-Coordination – Enter co-coordinator of record here. Max number of apprentice coordinators seeking endorsement for any course is 2. Max number of course coordinators for any course is 3. The combined number of course coordinators (including primary) cannot exceed 4.
 - Course Fees – any fees to the student for the course or licensing
- 1) Course Hours: This is the total number of hours of the course, it must meet the minimum requirements put forth by the state of Utah
 - 2) Prerequisites: Not needed in most cases
 - 3) Attendees: As students sign up, they will populate here
 - i. Documents:
 1. Schedule: date, time, presenters, primary instructor, EMS instructors, a breakdown of the instructional schedule, course location, NES module, and lessons. The A-EMT and paramedic courses must also include the applicable NES lessons on the course schedule.
 2. Courses that offer distance learning will be identified in the course syllabus and/or schedule. The class listing will notify students when such courses will be conducted in a distance education format and about any software and hardware requirements for participation. The program is responsible for indicating the mode of instruction for each lecture when the course schedule is submitted to BEMS.
 3. Syllabus
 - a. Textbook and online resources to be used
 - b. Student expectations
 - c. Classroom rules
 - d. Grading schema
 4. ADA Statement

5. Sexual Harassment/Harassment Policy

- ii. Tests: N/A
- iii. Skill Exams: N/A



Failure to submit these documents by the 30-day deadline will result in a late fee of \$10 per day (up to a maximum of \$150) being added to the course request fee. If the required documents are not submitted at least 10 calendar days before the course start date, the course request may be denied, and the Course Coordinator will need to submit a new course request. No courses will be approved if fees are unpaid. No refunds or course fee adjustments will be permitted.

Students in unapproved courses will not be eligible for certification or licensure. Exceptions to this policy will only be considered in cases of documented extenuating circumstances and are subject to Bureau approval.

Course Coordinators are encouraged to submit documents well in advance to allow for any necessary corrections or clarifications.

Course Fees

The Fee Schedule sets course request fees. The amount will be listed in the course request application and can be paid online by credit card. Advance payment for courses will not be accepted. Only currently requested courses will be eligible for payment. Course request fees for all approved courses are nonrefundable and cannot be held for later classes in the event of a canceled course.

Licensing Fees

The Bureau of EMS establishes non-negotiable licensing fees. These fees are in addition to course tuition, materials, and course request fees. Training centers, course coordinators, and affiliated organizations are prohibited from adding, altering, or imposing additional costs related to student licensing.

- The licensing fees cover the costs of applying for licensure, testing, and processing by the Bureau of EMS. Course coordinators are responsible for informing students of the Bureau's licensing fee schedule, which is publicly available and subject to change.
- Misrepresenting, inflating, or adding unauthorized licensing fees is a violation of Bureau policy. It may result in disciplinary action against the training center and/or the course coordinator, including suspension or revocation of endorsements.
- Any questions about the current licensing fee schedule should be directed to the Bureau of EMS.

Multi-Agency Courses

Multi-agency courses provide a collaborative approach to EMS training, allowing multiple agencies to participate under one coordinated program. In addition to the above requirements, the following requirements must be adhered to for submitting and conducting a multi-agency course.

Course Request Submission Requirements

When submitting a course request for a multi-agency course, the following elements must be included:

1. **Lead Agency Identification:** One agency must be designated as the lead agency responsible for submitting the course request to the Bureau of EMS.
2. **Course Coordinator Information:** The lead agency must list the course coordinator, who will oversee the entire course. This individual must be endorsed and qualified, as outlined in the *Course Coordinator Manual*.
3. **Participating Agencies:** All participating agencies must be listed in the course request. The course coordinator must ensure that each participating agency follows the same syllabus, schedule, and curriculum.
4. **Student Capacity:** The student capacity for multi-agency courses is limited to 36 students, regardless of the number of agencies participating.
5. **Instructor-to-Student Ratio:** Each training location must maintain a 1:6 instructor-to-student ratio. Each agency must ensure that sufficient instructors are available to meet this ratio.

Lead Agency

The lead agency plays a crucial logistical role in ensuring the success of the multi-agency course. Responsibilities include:

1. Arranging for the necessary training supplies and course materials at their site.
2. Ensuring that all course coordinator policies and procedures are enforced at their location.
3. Providing appropriate space and resources to ensure a positive learning experience for students.
4. Communicating regularly with the course coordinator to ensure that all standards are met.
5. Ensuring compliance with policies regarding sexual harassment, Title IX, ADA, anti-discrimination, and affirmative action, as outlined in the course request.

Course Prerequisites

EMR & EMT Course Prerequisites

Each student must be CPR certified before the course begins. The following options can be utilized to accomplish this requirement:

1. Ensure that the EMT candidates have a current Healthcare Provider CPR (or equivalent certification) prior to entering the program.
2. Offer CPR programs prior to the start of the EMT program.
3. Establish a time prior to the beginning of the EMT program and require all students seeking to enter the EMT program to participate in the CPR class.

Acceptable certifications are listed [here](#).

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the course.

Advanced EMT Course Prerequisites

The Advanced EMT candidate must be a Utah licensed EMT prior to enrolling in the course and must retain that license throughout the course. By default, this requirement means the candidate has a current CPR card as a healthcare provider. (The course coordinator is responsible for validating that status.)

Paramedic Course Prerequisites

The paramedic candidate must be a Utah licensed EMT or AEMT prior to enrolling in a paramedic course and must retain that license throughout the course. A course coordinator is not permitted to allow a student to enroll in a paramedic course before that student has obtained their EMT license. A course coordinator is allowed to permit NREMT certified EMT/AEMTs into a paramedic course as long as they reside outside of Utah and will not participate in clinical/field rotations in Utah.

It is highly recommended that paramedic candidates' complete courses in Anatomy and Physiology, Medical Terminology, Mathematics 1010 or higher, and English 1010 or higher. Alternatively, candidates may meet these recommendations through education deemed equivalent via a formative challenge assessment process that results in equivalent credit.

After the Start of the Course

Within 15 calendar days after the course starting date, the following must be completed/submitted to BEMS:

1. Complete student roster.
2. Students must complete the process of establishing their state account/application, and
3. Course coordinators will enter all students into the course request under the attendee tab.

Note: Students not listed under the attendee tab will not be processed until the course coordinator completes it.

Within 30 calendar days after the course starting date, the following must be submitted to BEMS or late fees may be applied:

1. Completed online applications for all students in the course.
2. Pay all applicable fees.

The course coordinator shall ensure that students who wish to apply for a license will be at least 18 years old before licensing at the EMT level. For EMR licensing, the candidate must be at least 16 years of age.

All students must complete an online application and pay the applicable application fee. If a student has doubts about becoming licensed, the student should mark the “audit” on the application and pay the audit fee. If that person changes their mind at a later date, they may still be eligible to license. To be eligible, they must pay all applicable licensure fees and complete all required documentation within 120 days of the course completion. They will also be charged a \$75 late fee.

No refunds will be issued for licensure fees.

Because BEMS conducts quality assurance reviews on courses, all changes to the course schedule, including dates, topics, and locations, must be submitted to BEMS within three working days of the decision to alter the schedule and before the date of the proposed change. We understand that emergencies can occur, but in such cases, please email ems@utah.gov or call 801-273-6666.

Criminal Background Check

1. Students with questions concerning their criminal history are encouraged to contact BEMS before starting a course to determine whether criminal history would disqualify the student from certifying. **Note: Criminal histories are confidential records, and the course coordinator may be held liable for any breach of confidentiality regarding a student’s criminal records.**

2. BEMS requires that all initial licensing and license-renewing EMS personnel submit LiveScan fingerprints for FBI and Rap Back DACS background checks. Hard copies of fingerprints are accepted in the main office; however, they take longer to process (2-4 weeks).
3. Applicants will not be approved to test with the National Registry of Emergency Medical Technicians (NREMT) until their criminal background check is complete. All background checks must comply with the Department of Public Safety's Direct Access Clearance System (DACs) and be cleared and approved by the Bureau of EMS before testing authorization.
4. A list of statewide locations for fingerprinting is sent to applicants when their DACS form is completed and uploaded to their accounts, along with instructions on how to claim their DACS form. List of other locations can also be found on the Bureau's website: <https://ems.utah.gov/>
5. Applicants who have previously submitted fingerprints to BEMS may be required to have their fingerprints retaken.

Harassment and the Americans with Disabilities Act

The course coordinator must provide each student with a copy of the course's sexual harassment and harassment policies, as well as the Americans with Disabilities Act (ADA) policies. If the course coordinator becomes aware of a student who may qualify under the ADA, the coordinator must inform the student that, although they may complete the course, there is a possibility that they may not be able to become licensed, depending on their ability to perform the essential functions of the position. If a student has a disability that requires special accommodations, that student should fill out and submit the "Declaration of Understanding," which is a request for specific accommodations. Accommodation requests should be forwarded to the BEMS along with the application. Accommodation requests must be accompanied by evidence of a previously documented learning or physical disability diagnosed by a psychologist or a physician.

At the Completion of the Course

The following must be submitted to BEMS within 15 days after the course ends or late fees may be applied:

1. An official BEMS letter of recommendation, signed and submitted by the course coordinator and medical director, verifying completion of the course with the name of each student who is being recommended for licensure. This may be done by email through the course coordinator to the medical director and then sent to ems@utah.gov. These documents state that the course coordinator and the medical director can personally attest and verify that the individual has:
 - a. Demonstrated that they can competently perform all psychomotor skills and competencies in accordance with the applicable license level and have completed the student minimum competency requirements.
 - b. Completed the required clinical training.

- c. Completed the required hours of instruction.
 - d. Completed all the requirements of the NES objectives as adopted and BEMS policies. **Note: Even though a student has completed a course, BEMS reserves the right to deny a license for good cause.**
2. Documentation for each student who is not being recommended for licensure, along with an explanation as to why the student is being denied. **This must be on a separate page of the recommendation form.**
 3. Only the endorsed Course Coordinator may submit recommendations or authorize testing within the NREMT system.
 4. If there were any changes or deviations from the original course schedule, the course coordinator must submit a revised final course schedule.



The course coordinator must update the status of each student listed in the Course Requests Attendees tab to 'Pass', 'Fail', or 'CC Recommend'. Failure to update the status will be considered an incomplete course and may prevent a course coordinator from requesting future classes.



If BEMS does not receive letters for each student enrolled in the course within 15 days of the end date of the course, a late fee of \$10.00 per day (up to a maximum of \$150.00) will be assessed to the course coordinator. BEMS will not accept late recommendation letters without all fees. If the course coordinator does not pay all fees within 30 days following the course completion, BEMS may take action against the course coordinator's certification and no additional courses will be approved until all recommendation letters are received, fees are paid, and other corrective actions have been satisfied.

RETENTION OF RECORDS

The course coordinator must maintain the following records for seven years:

1. Results and content of evaluation and counseling sessions, including remediation forms (as necessary). This should include comments (when appropriate) regarding the need for skills improvement, knowledge, attitude, or personal habits. Grades for each cognitive examination and completed checklists for each skill evaluation.
2. Psychomotor training record forms for each student, indicating all training has been completed and the student has demonstrated competency in all the skills outlined in the psychomotor competencies of the NES and the instructor guidelines for the appropriate license level.
3. Instructor performance evaluations from the course coordinator and quality improvement surveys from the students for each instructor. This may also include the course evaluations.

4. Documentation that each student completed the required clinical experience (see clinical requirements), including the description of the clinical and field rotations (prehospital experience).
5. Completed assessment logs.
6. Copies of any formal communication sent to BEMS.
7. The final course schedule must include all the revisions and show how the course was conducted.
8. A roster of all EMS instructors, including full name and EMS number with the course number, number of hours, subject(s), and date(s) taught.
9. Completed recommendation and non-recommendation letters on file.
10. Completed and signed the Affective Behavior Evaluation form (minimum of three) for each student. An assessment form can be found on the Bureau's website. A total of three assessments are required for each EMT and AEMT student. Evaluations will be conducted throughout the course.
11. A copy of the Student Acknowledgement of Bureau Policies and Procedures.
12. Records of daily student attendance and performance for each lesson. Attendance forms should include date, total hours, subject, module, lesson, and objectives covered and a list of the applicable educators.

COURSE QUALITY IMPROVEMENT AND QUALITY ASSURANCE

Quality Improvement

Quality improvement (QI) is a continuous process that aims to enhance the effectiveness and efficiency of the course coordinator's program(s), ultimately leading to better student outcomes and higher program quality. The goal is to ensure that the course structure, content delivery, and student competency are optimized through regular evaluation and adjustments.

Program Evaluation

After each course, program staff should conduct a thorough evaluation to assess the overall effectiveness of the program. This evaluation should include feedback from students, which can be collected via post-program evaluation surveys. The following key questions should guide the evaluation process:

1. Did the program conform to the course design?
2. Were the resources adequate?
3. Were the skills labs effective?
4. Did the guest speakers provide valuable information?
5. Were the instructors effective in delivering the material?
6. Can other instructional methods be incorporated in future courses?
7. What were the participants' comments?
8. How could the course be improved?
9. Was the course cost-effective?

At the end of the program, faculty members should meet to review the course's success. Topics for review include content design, measurement of learning objectives, course completion criteria, and participant feedback. Based on this review, necessary adjustments can be made to improve future courses.

Psychomotor Skills Performance Tracking

As part of the QI process, programs must track student performance on key motor skills to ensure consistent competency. This is done through detailed documentation of each student's success rates in critical skills over time. The following guidelines outline how to track and assess motor skills:


Skill Performance Tracking: Programs are required to maintain a detailed log of each student's performance in key motor skills, such as:

- a. Intravenous Access
- b. Ventilations (Bag-Valve Mask or Supraglottic Airway)
- c. Medication Administration (Intravenous, Intramuscular, Intraosseous)
- d. Defibrillation
- e. Chest Compressions

For each skill, both successful and unsuccessful attempts must be recorded. These logs should reflect both live patient encounters and simulations, where applicable.

Cumulative Success Rate Metrics: Programs should calculate cumulative success rates for each motor skill to provide a comprehensive view of student progress. For example:

- a. Intravenous Access: The student must achieve an 80% success rate over at least 25 attempts to demonstrate proficiency.
- b. Ventilations: The student must successfully ventilate 15 patients with a cumulative success rate of 90% or higher.

 **Cumulative success rates reflect the student’s ability to reliably perform skills over multiple attempts rather than a single performance**

Affective Assessments and Professional Behavior

In addition to evaluating cognitive and psychomotor competencies, programs must incorporate affective assessments to track the development of students' professional behaviors, attitudes, and values. The affective domain is essential to ensure that students are prepared not only technically but also emotionally and ethically to handle the high-stress environments of emergency medical services (EMS). The following guidelines outline the requirements for affective assessments as part of the Quality Improvement process:

1. Affective Behavior Tracking:

- a. Each student must undergo a minimum of three affective behavior assessments during the course. These assessments are designed to evaluate critical behaviors such as:
 - Professionalism
 - Communication skills
 - Ethical decision-making
 - Adaptability under stress
 - Teamwork and leadership in clinical and field settings
- b. Assessments should be spaced throughout the course to allow for monitoring of progress over time. Feedback should be provided to students after each assessment, and areas requiring improvement should be clearly identified.

2. Documentation and Remediation:

- a. Affective assessments must be documented in the student’s portfolio, similar to cognitive and psychomotor skills tracking. If a student does not meet the required standards for affective behavior, a remediation plan must be implemented. This plan should include specific goals for improvement and strategies for achieving those goals (e.g., additional counseling, mentorship, or behavioral training).

3. Continuous Monitoring:

- a. As part of the continuous Quality Improvement process, program coordinators and instructors should regularly review affective assessment data to identify trends in student behavior. This data helps ensure that students are developing the emotional intelligence and professionalism necessary for EMS roles.
- b. Programs should encourage open dialogue with students regarding affective domain expectations, emphasizing the importance of professionalism, empathy, and ethical behavior in their future roles as EMS providers.

4. End-of-Course Review:

- a. During the final program review, faculty members should evaluate whether students have consistently demonstrated appropriate affective behaviors throughout the course. This evaluation should include discussions on how effectively the program instilled professional values and whether additional instructional methods or adjustments to the curriculum are necessary to strengthen this area in future cohorts.

Competency Tracking and Portfolio Documentation

As part of the Quality Improvement process, competency tracking for cognitive, psychomotor, and affective skills is essential. Programs must maintain a portfolio for each student, which includes:

1. **Cognitive Competency:** Evaluation of theoretical knowledge through examinations and quizzes, as outlined in the course curriculum.
2. **Psychomotor Competency:** Detailed tracking of motor skills, including successful and unsuccessful attempts for key skills like intravenous access and ventilations, as well as cumulative success rates.
3. **Affective Competency:** Assessments of professional behavior, communication, and ethical decision-making are conducted at least three times throughout the course.

These portfolios will serve as a comprehensive record of student performance. They will be reviewed as part of the quality assurance process to ensure that students meet the required competency standards for certification and licensure.

Programs should periodically review students' portfolios to identify those who need additional remediation. If a student's success rate falls below an acceptable threshold, a remediation plan must be developed and implemented to address the issue.

Continuous Quality Improvement

Program coordinators and medical directors should regularly review cumulative success rate data as part of the overall QI process. This data helps identify trends, highlight areas where students or instruction may need improvement, and refine the teaching of motor skills. By tracking success rates and implementing continuous improvements, programs ensure students achieve consistent competency across essential skills.

BEMS Support in Quality Improvement

The Bureau of Emergency Medical Services (BEMS) can assist the course coordinator in the QI process by:

1. Helping assess the validity and reliability of written and psychomotor evaluations used in the course(s).
2. Providing support for a thorough analysis of all program functions.

3. Aiding in the development of instructors.
4. Introducing appropriate applications of technology into the classroom.

The QI process may also be conducted independently of BEMS, though the bureau is available for support as needed

Quality Assurance Reviews

The course quality assurance review process is designed to ensure that all records for the course are maintained by the course coordinator and that they are accurate and comply with the requirements in this document, BEMS policies, administrative rules, and the EMS Systems Act. This review should be conducted internally and on a regular basis. If deficiencies are identified during the QA process, BEMS may initiate a site visit or official audit to assist the program in identifying issues and implementing corrective actions. BEMS reserves the authority to independently review training programs at its discretion.

Site Visits

Site visits are an essential component of BEMS commitment to supporting and strengthening EMS education across the state. These visits will be conducted with the goal of providing program support, ensuring regulatory compliance, and promoting the delivery of high-quality education. By fostering open communication and providing constructive feedback, site visits help programs grow, address challenges, and align with both state and national expectations.

Official Audits

Official audits are formal evaluations conducted by BEMS to assess the integrity, compliance, and effectiveness of EMS education programs. Unlike site visits, which are often formative and supportive in nature, audits are more structured and comprehensive, focusing on regulatory adherence and systemic performance over a defined reporting period. Programs selected for audit will receive an official notice outlining the scope of the audit, the required documentation, and the scheduled date for the on-site review. Bureau staff must be granted unrestricted access to all training facilities. Using private homes as training locations may hinder site visits or audits and is grounds for denial or revocation of training center status. Following the completion of the audit, the training program will be formally notified of the audit findings and provided with detailed instructions regarding any necessary corrective actions or follow-up steps.

APPENDIX

EMR EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum Quantity
CPR Manikin – Adult		1
CPR Manikin – Infant		1
Portable Oxygen Tank (400+ PSI)	Practice setting up O ₂	1
Oxygen Tank Regulator	Practice setting up O ₂	1
Nasal Cannula – Adult	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral suction	assorted
Pulse Oximeter		1
Unit-dose auto-injector trainer (epi pen)		1
Patient assisted beta agonists inhaler trainer		1
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1 set

Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (optional)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Blood pressure cuff & stethoscope	Each student has a set	12
Teaching stethoscope	Instructor use	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

Example: *Class size 13-24 = two (2) sets of equipment.*
 Class size 25-36 = three (3) sets of equipment, etc.

EMT EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum Quantity required
CPR Manikin – Adult		1
CPR Manikin – Infant		1
Portable Oxygen Tank (400+ PSI)	Practice setting up O ₂	1
Oxygen Tank Regulator	Practice setting up O ₂	1
Nasal Cannula – Adult	Teaching application	1
Venturi Mask	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral suction	assorted
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1set
NPA (Nasal Airway) Set of assorted	assisted ventilation	1set
Pulse oximetry		1
Unit-dose auto-injector trainer (epi pen)		1
Blood glucose monitor		1
Patient assisted beta agonists inhaler trainer	inhaler	1

Patient assisted mock OTC drugs	Aspirin, etc.	assorted
Patient assisted mock prescribed drugs	medical oversight approved	assorted
Oral glucose	Demonstration & practice	12
Traction splint	TTS, Sager, Hair etc.	1

Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (advised)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Elevating stretcher		1
Childbirth manikin & supplies		1
Blood pressure cuff & stethoscope		6
Teaching stethoscope	Instructor use	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

Example: Class size 13-24 = two (2) sets of equipment.

Class size 25-36 = three (3) sets of equipment, etc.

AEMT EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum quantity required
CPR Manikin – Adult		1
CPR Manikin – Infant		1
ALS Manikin or IV arm	ALS manikin can be use for IV & airway Psychomotor	1
ALS Baby w/ IV and IO	Can be airway manikin too	1
Airway Trainer – Adult	Must accept advanced airways	1
Airway Trainer – Infant	Must accept advanced airways	1
LMA (Laryngo-Mask Airway)	In working condition	1 (multiple sizes advised)
King Airway	In working condition	1 (multiple sizes advised)
Portable Oxygen Tank (400+ PSI)	Practice setting up O ₂	1
Oxygen Tank Regulator	Practice setting up O ₂	1
Nasal Cannula – Adult	Teaching application	1
Venturi Mask	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1

Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral & ET suction	assorted
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1 set
NPA (Nasal Airway) Set of assorted	assisted ventilation	1 set
Pulse oximetry		1
Student shall have experience with Automatic transport ventilators & CPAP	Expensive items. CC may see that students have this experience in clinical.	
Unit-dose auto-injector trainer (epi pen)		1
Blood glucose monitor		1
Patient assisted beta agonists inhaler trainer	nebulizer and inhaler	1
Patient assisted mock OTC drugs	Aspirin, etc.	assorted
Patient assisted mock prescribed drugs	medical oversight approved	assorted
Oral glucose	Demonstration & practice	12
IV fluids (Mock or expired)	Not for human injection	set
IV medications (mock or expired)	Not for human injection	All appropriate
IV tubing and extension tubing	Practice IV setup	set
Sub-Q and IM Needles	Sterile for practice	1 ea. Stu
Assorted syringes (1, 3, 5, 10, 20, & 50cc)	Some sterile for practice	assorted
IO needles or equivalent IO device	Non Sterile ok (they break)	enough
Assorted peripheral IV catheters (16, 18, & 20 gauge)	Sterile for practice on others	≥25 per student

Assorted drip sets (60 & 10 or 15gtt)	Practice IV setup	set
Traction splint	TTS, Sager, Hair etc.	1
Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (advised)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Elevating stretcher		1
Childbirth manikin & supplies		1
Blood pressure cuff & stethoscope	Each student has a set	12
Teaching stethoscope	Instructor use	1
Defibrillator with ECG display	Optional on AEMT units	1
Rhythm generator	Life threatening rhythms	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students, and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

*Example: Class size 13-24 = two (2) sets of equipment.
Class size 25-36 = three (3) sets of equipment, etc.*

PARAMEDIC EDUCATION PROGRAM EQUIPMENT

The paramedic program should follow current accreditation requirements for supplies.

UTAH DEPARTMENT OF PUBLIC SAFETY- BUREAU OF EMERGENCY MEDICAL SERVICES CONTACT INFORMATION:

Physical Address:

Calvin Rampton Building
4501 S 2700 W
Taylorsville, UT 84129

Mailing Address:

DEPT OF PUBLIC SAFETY
ATTN: EMS
PO BOX 141775
SALT LAKE CITY UT 84114-1775

Phone:

(801) 273-6666

Email:

ems@utah.gov

