Milton Hershey, the founder of the Hershey Chocolate Corporation, is quoted as saying, “Give them quality. That’s the best kind of advertising.” This is exactly what CAPCE does – strives to ensure quality in the delivery of EMS continuing education. This, in turn, makes the CAPCE endorsement synonymous with recognizing quality EMS continuing education.

So why achieve this type of quality based on the rigorous standards of CAPCE accreditation? If the answer is to demonstrate a commitment to providing high quality education and achieving academic standards, which is the best recognition available, then accreditation becomes a significant goal.

The CAPCE Board is made up of representatives from multiple professional organizations who have the same sentiment: that the concept of lifelong learning and quality education were fundamental to the evolution of both the individual and the profession. Those organizations were motivated by a single purpose – to develop a means to ensure that the EMS Practitioners providing out-of-hospital care were at the cutting edge of the profession, deeply invested in the lives of their patients, and constantly seeking out and absorbing new knowledge.

CAPCE is an independent body dedicated to helping bring academic standards to EMS education. We take that mission seriously, and those who seek accreditation do as well. In the goal of achieving academic excellence, CAPCE is your partner, working with you to promote the idea that EMS Practitioners should never stop learning, never stop evolving, and never stop demanding excellence from ourselves.

These are not simple goals, and meeting rigorous academic standards is not easy. They demand a constant vigilance from both the accrediting body and the educational organization. The decision to seek CAPCE accreditation is significant, and we are grateful for it. Not because it adds another name to the ever-growing list of accredited organizations, but because if reflects your commitment of developing and protecting EMS, and the communities we serve.

This is why the CAPCE endorsement symbolizes quality in education. This is why I am humbled to be the Chair of the CAPCE Board and have the privilege of working with the distinguished representatives of the various organizations; and why we welcome you in partnering with us.

We are responsible for the continued improvement and development of the EMS profession. Together, we can continue to provide quality continuing education.

Susan Bailey, MSEM, NRP, Chair
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Section One: Standards List

1.1 Eligibility

1.1.1 Type of Organization

All CE providers seeking accreditation of one or more educational activities must be either an educational institution; a national, state, regional, or local agency or association; a nonprofit or for-profit corporation; a hospital; any combination of the above, or other appropriate CE provider; and must meet all CAPCE Standards and Regulations (S&R) contained herein, CAPCE Conditions of Accreditation, and all published rules, regulations, terms of accreditation, policies and procedures of CAPCE.

1.1.2 Letter of Support from CEO of Applicant Organization

All CE providers seeking accreditation of an educational activity must submit a letter of support from the CEO (or equivalent) of the organization stating that the organization as a whole supports CAPCE accreditation; that they are authorized to coordinate the work of all departments and individuals involved in designing, implementing, evaluating and reporting activity completions electronically for CAPCE accredited activities; and that they have a comprehensive knowledge of CAPCE S&R and will enforce the S&R detailed in this document and all published rules, regulations, terms of accreditation, policies and procedures of CAPCE. CAPCE may, at its sole discretion, require CE providers to verify the organization’s letter of support at any time.

1.1.3 Letter of Reference

If the applicant operates under the authority of a government body tasked with maintaining quality in educational programs (e.g., state EMS office, health department, Ministry of Health), the applicant must provide a letter from the body confirming that the applicant is not currently under investigation or indictment and has not received any type of communication, verbal or written, indicating that the organization’s EMS CE is in any way inadequate. CAPCE may, at its sole discretion, verify this letter at any time.

If the applicant does not operate under the authority of such a government body, they must present a letter of reference from an individual or organization who can attest to the quality of the educational product offered by the applicant. This acknowledgement may be in the form of a letter or any other appropriate documentation signed by a person with experience in EMS education. CAPCE may, at its sole discretion, verify a reference at any time.
1.1.4 Contact Information for Relevant Government Body, if Applicable

If the applicant operates under the authority of a government body tasked with maintaining quality in educational programs (e.g., state EMS office, health department, Ministry of Health) the applicant must provide contact information for the individual within that body who can confirm that the applicant is currently not being investigated or under indictment, or within the last two years has not received any type of communication, verbal or written, indicating that the organization’s EMS CE is in any way inadequate.

1.2 Physical Infrastructure:

All CE providers seeking accreditation of an educational activity must have the physical infrastructure to provide and administer an educational activity or program consistent with educational standards outlined in the National Emergency Medical Services Education Standards.

1.2.1 Distributed Learning (DL) Activities

Participants must be able to access the delivery platform using the public internet and a commercially available web browser. If delivered via CD or USB drive, participants must be able to access the delivery platform on the device specified by the CE provider. This includes desktop computers, laptop computers, tablets and cellular telephones. CE providers must have all systems in place to meet the requirements of the following:

- CAPCE Distributed Learning Policy (see Appendix A).
- CAPCE Item Writing Standards (see Appendix B).
- CAPCE CEH Assignment Guidance (see Appendix C).
- All other published policies related to distributed learning.

CAPCE designates DL courses as “F3” courses such that the course number will include F3. For example, a DL course developed in the year 2020 will adhere to the following course number format (year) 20-(provider abbreviation) ABCD-F3- (4-digit number code) 1234 or 20-ABCD-F3-1234.

DL providers must provide technical support for instructors and activity participants. In addition, a mechanism must be in place that allows participants to ask for and receive additional information or clarification for all activity content and summative post-test within one business day.

DL providers must develop a mechanism that ensures participants complete all content including videos, slide presentations, cases studies and other delivery platforms before the user is allowed to access the summative post-test. Applications for accreditation that do not employ “gating” of the content in this manner will not be considered. CAPCE accredited providers who are found not to comply with this requirement risk suspension of their accreditation. DL providers must also develop a mechanism that ensures that participants complete the summative test for an activity.
by actually reading the test items and selecting the answer based on their participation in the activity, and have this mechanism approved by CAPCE. DL providers must randomize items on the summative post-test and randomize the answer choices associated with these items. DL providers must develop a bank of questions for each topic from which a randomized test with randomized choices is created. The test bank must be at least 30% larger than the number of items that appear in the test.

If the design of a specific activity will require any variance from these standards, one must provide a detailed description of the need for variance, how it will vary, and how it will meet the spirit of the CAPCE standards.

Note: If you offer a certification course online such as ACLS, PALS, CPR, etc. please refer to Appendix G, Certification/Card Bearing Courses Policy. If you do not presently offer such a course but decide to do so at some point during the three-year accreditation period covered by this application, you must advise CAPCE and allow time for a review before making the course available to students.

1.2.2 Traditional Live Classroom Activities

CAPCE designates Live courses as “F1” courses such that the course number will include F1. For example, a live course developed in the year 2020 will adhere to the following course number format (year) 20-(provider abbreviation) ABCD-F3- (4-digit number code) 1234 or 20-ABCD-F1-1234.

Equipment and Supplies: The organization must have dedicated equipment and supplies necessary to develop the participant competencies defined by the training session objectives.

Comfort and Safety: Facilities must provide adequate restrooms and common areas, adequate environmental controls to maintain participants’ comfort and safety, adequate space, access and accommodations for participants with disabilities in accordance with the Americans with Disabilities Act standards, and a reasonable level of personal safety for all individuals involved in all aspects of the activity.

Medical Devices: Medical devices must be kept clean and in good working order. These devices and the consumable supplies that are used with them must be available in sufficient quantity to maintain a minimum participant-to-equipment ratio of six-to-one.

Equipment Inventory: An inventory of equipment and supplies along with the cleaning and replacement policies must be submitted with the application and kept on file in the CE provider’s office for a period of three years.

Dedicated Audiovisual Equipment: All appropriate audiovisual equipment must be dedicated to each EMS CE activity. This equipment must be kept clean and maintained in good working order.
Policy for Maintaining Medical Devices and Consumable Supplies: The organization must have a policy detailing how medical devices and consumable supplies are maintained and replenished.

1.2.3 Virtual Instructor Led Training (VILT) Activities

CAPCE designates VILT courses as “F5” courses such that the course number will include F5. For example, a VILT course developed in the year 2020 will adhere to the following course number format (year) 20-(provider abbreviation) ABCD-F5- (4-digit number code) 1234 or 20-ABCD-F5-1234.

VILT activities are accepted as traditional live activities by the NREMT and many states because they provide synchronous interaction between students and instructor, the CE provider is able to verify student attendance throughout the activity, and each topic requires that the student make a satisfactory score on the summative exam for each topic presented. The course number for a VILT activity must contain an F5 designation.

1.2.3.1 Organizational Requirements

Only those organizations that hold current approval as a CAPCE accredited organization may offer VILT activities. In addition, each VILT activity must be reviewed by CAPCE before it is offered to students. A beta test using actual students to validate the number of CEH assigned to the activity must be performed.

VILT programs are given an “F5” course designation. F5 denotes a live class that is held and administered by a live instructor in real time. F5 courses can never offer a presentation of previously recorded content.

1.2.3.2 Delivery Platform Requirements

Computer network and internet access equipment necessary to ensure advertised accessibility must be maintained and supported properly and allow for:

- Electronic storage of test results, scores and other evaluation materials.
- Storage for three years and are adequately protected with appropriate backup and security from unauthorized access.
- Student accessibility of all browsers, plug-ins and technical requirements prior to the class.
- Display of the real-time presentation of instructional graphics, interactive polling, instructor feedback and other items made necessary by the specific delivery platform.

Instructor/learner interactions must be possible in real time via simultaneous visual and audio communication during the session. Chat-based interfaces may be used for housekeeping or support actions, but all learning activities must support real time audio. The delivery platform must track total time spent in the learning session and provide a method of generating reports verifying attendance and activities for each participant.
1.3 Needs Assessment

Performing an educational Needs Assessment is a key component of CAPCE-accredited activities. CE providers must be sure that their activities address an educational need. Needs assessment methods must target both perceived and unperceived needs. Below are examples of needs assessment methods. These examples are not all-inclusive. An organization should not limit its needs assessment efforts to the examples on this list, nor is it obligated to engage in all of the methods listed.

- A written survey of a random sample of potential participants.
- An intercept, or walk-up survey in which the surveyor approaches an individual and asks questions.
- A focus group.
- Questions and comments gathered from evaluation forms.
- Quality Assurance data, incident reports, etc.
- A literature search.
- Consensus of recognized experts in the EMS arena.
- A review of past EMS CE offerings available to the target audience to identify gaps in content.
- Consensus of an educational planning committee that includes potential participants.
- Data from standardized tests.
- Trends in the provision of care identified by the EMS Medical Director
- State and NREMT requirements.

CAPCE application standards require that the applicant present the data from their needs assessment for review.
1.4 Instructional Design

All CE providers must submit a description of how the program committee will address the following sequential steps:

- Conduct an educational needs assessment (see above).
- Identify the target audience relative to the identified educational needs.
  See Definitions of CEH Categories (Section 4.1).

*Note: CAPCE will accredit such advanced practice activities as critical care, community paramedic, flight paramedic, etc., the content of which does not fall within the current Standard of Practice levels. Because some states and NREMT may not accept all of these activities for license renewal or recertification, the CE provider must display a disclaimer prominently when offering these activities instructing participants to contact their state EMS and/or NREMT to verify acceptance for recertification or relicensing.*

- Identify overall goal(s) to meet identified educational need(s).

- Write objectives based on the identified goals. These objectives must be specific and define a short-range goal that describes what the participant will be able to do upon completing the educational activity. Objectives must begin with a verb that describes an observable action that may be evaluated at the end of the activity. “Understand” does not describe an observable action; “list,” “describe,” or “explain” do.

- Identify qualifications for authors or instructors who will write or otherwise deliver the content that addresses the goals and objectives for the target audience.

*Note: Objectives (and activity content) must indicate appropriate educational orientation and not an orientation that promotes commercial interests.*

- Identify the format that will best address the goals and objectives (e.g., lecture, discussion, Q and A, laboratory, etc.).

Develop lesson content and a bibliographic list of references on which the content is based (see Appendix D, Style Sheet). List complete reference information for all materials used to prepare the activity and use an activity format that allows participants to relate specific content to each reference. CAPCE considers thorough research an indispensable element of sound educational design. References at a minimum must support the current National EMS Education Standards. Best practices include articles from peer reviewed journals, standard textbooks, and information from the internet. CAPCE at its sole discretion, may require applicants to provide additional content and references appropriate to the topic.

- Select qualified authors and/or faculty for the activity. Require faculty and authors to complete and sign a conflict of-interest statement that is displayed at
the beginning of the materials for each activity (see Conflict of Interest Disclosure below).

- Develop test items based on the lesson objectives (required for distributed learning and VILT activities; optional for traditional live classroom activities) that will assess the participants’ mastery of the objectives (see Appendix B, Item Writing Standards). There should be at least three questions per stated learning objective.

- Develop an evaluation instrument that uses a five-point Likert scale to solicit participants’ opinions about the activity, instructor, lesson format, syllabus, AV, and the activity as a whole.

- Give participants a mechanism for asking and receiving answers to questions regarding lesson content and test items within a maximum of five days.

- Develop a mechanism that ensures that participants complete all content including videos, slide presentations, cases studies and other delivery platforms before the user is allowed to access the summative post-test. Applications for accreditation that do not employ “gating” of the content in this manner will not be considered.

**Note:** CAPCE’s definition of instructor-led training varies from that of some states. CAPCE defines instructor-led training as follows: Virtual Instructor Led Training (VILT) is a learning model that utilizes online technology to deliver educational programs in a virtual classroom. The instructor and participant are in different locations but have the ability to see teaching materials and verbally communicate synchronously during a live session. Only organizationally-accredited CE providers may offer VILT activities and must submit an additional application.

- Ensure activity content conforms to the current National EMS Education Standards at a minimum (see above for exceptions).

**Note:** CAPCE requires that each activity undergo a comprehensive review at least every three years. Conduct an ongoing review of an activity, via continuous quality improvement, to make adjustments to activity content based on changing guidelines and protocols and participant and faculty feedback. The medical director must review each revised activity and affirm that the revised content is medically accurate and consistent with the standard of care for emergency medicine.

- Summarize the participants’ responses to the test items and to the evaluation instrument (see Evaluation section below) to pinpoint strengths and weaknesses in the activity and document plans for quality improvement.

### 1.4.1 Definitions of CEH Categories
CAPCE awards credit for each session or portion of the activity based on the course content. You must indicate on the application the category(ies) and number of credit hours requested.

**Emergency Medical Responder:** Topics that address the care of the patient in the first minutes of an emergency and before the arrival of BLS or ALS unit as described in the current DOT curriculum and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Basic:** Topics which address skill and knowledge objectives included in the patient care practice of basic prehospital care personnel as described in the current U.S. D.O.T. National Standard Curriculum for EMT Basic and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Advanced:** Topics which address skill and knowledge objectives included in the patient care practice of advanced EMT or EMT-Paramedic personnel and beyond the scope of basic prehospital care personnel as described in the current U.S. D.O.T. National Standard Curriculum for EMT-Intermediate and Paramedic and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Operational:** Topics which are relevant to the operational activities of EMS personnel, such as emergency vehicle operations, dispatch communications, rescue, etc. and non-patient care activities as described in the current U.S. D.O.T. National Standard curriculum for EMT-Basic, Intermediate and Paramedic and current literature. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

**Educator:** Topics oriented to the EMS educator (e.g., instructional methodologies and techniques, evaluation principles and techniques, etc.), and not directly related to the provision of emergency patient care.

**Management:** Topics directed to the manager/supervisor, related to the administration of emergency medical services, and not directly related to the provision of emergency patient care (e.g., fiscal, personnel and vehicle management issues).
1.4.2 CAPCE Course Numbering Standards

CAPCE employs a course numbering system that helps denote, the year designed, the type of course and the provider who sponsored the course. For example, the course number 19-ABCD-F3-0000 denotes a course approved by CAPCE in the year 2019. The abbreviation ABCD denotes which accredited provider offered the course in question. The abbreviation F3 denotes an online-self study/distributive education course. The last four digits are for the providers use to track their courses. There shall be no variation in this course numbering system. The following numbering standards are currently used:

- F1 denotes a live course wherein the students and instructor interact in real time and are in the same geographic location.
- F2 denotes a live course with repeating content, such as ACLS or CPR
- F3 denotes a distributive learning / on-line course
- F4 denotes a course wherein the user/student interacts with the activity in such a way that their actions and choices dictate the direction of the activity or case. This applies to features such as interactive games or immersive virtual programs that include patient scenarios or mobile platforms that require user input to guide the activity.
- F5 denotes a Virtual Instructor Led Training (VILT) course

1.5 Conflict of Interest Disclosures

- CE providers must secure from authors and faculty a written conflict-of-interest disclosure that, at a minimum, includes responses to the items listed below. A statement regarding any conflict of interest or absence thereof must be posted at the beginning of each activity regardless of mechanism of delivery (traditional live classroom, DL, VILT). These completed statements must be kept on file for three years and made available to CAPCE on request.

  - Disclose any financial relationship one has with organizations (other than the CE provider) and include a brief description of the nature and purpose of the organization(s).

  - Disclose one’s position of employment, including the nature of the business of the employer, the position held, and a description of daily employment responsibilities.

  - Disclose any outside relationships held with any person or entity from which the CE provider obtains substantial amounts of goods and services, or which provides services that substantially compete with the CE provider where the relationship involves holding a position of responsibility; a substantial financial interest (other than owning less than a 1% interest in a publicly-traded company); or the receipt of any unusual gifts or favors.
• Disclose any financial interests or positions of responsibility in entities providing goods or services in support of EMS practice other than owning less than a 1% interest in a publicly traded company.

• Disclose any other interest that may create a conflict of interest or the appearance of a conflict of interest with CAPCE or with the CE provider.

1.6 Evaluation

The applicant must submit a written policy stating there is a sound evaluation process for each activity offered for EMS professionals and how the applicant summarizes and uses the results of evaluations in planning future EMS CE. CE providers must be prepared to submit summary evaluations upon request for a period of three years after the date of the activity. Review of evaluation summaries should be recorded in the minutes of the program committee.

1.6.1 Participant Summative Test Materials

A summative test on content is required for DL activities; a summative test is optional for traditional live classroom and VILT activities. Participant summative test materials must be compliant with CAPCE Item Writing Standards (see Appendix G, Item Writing Standards). Assessments of participants’ ability to demonstrate psychomotor competencies such as those necessary for certification or “card” courses must be measured using a simulation evaluation instrument and completed by a qualified examiner. Evaluation of cognitive material must be tested at multiple levels of Bloom’s taxonomy, from the “knowledge” level through the “evaluation” level (see Appendix G Item Writing Standards). All tests and related data must be kept on file in the office of the CE provider for a period of three years.

1.6.2 Participant Evaluation of the Activity

Conducting a course evaluation is an integral part of any educational activity. The following items will be evaluated by each participant for individual learning sessions:

• This activity presented content relevant to EMS practice.

• This activity addressed each learning objective.

• The content was well-organized and moved logically from one point to the next.

• The content was supported appropriately by examples, graphs, tables, photos and documented references that added to my comprehension and understanding.
• The visual design of presentation materials enhanced my learning experience.

• The presentation materials were free of typos and spelling, usage and grammar errors.

• The presenter spoke clearly and in a way that held my interest. Even without visual aids, I would be able to demonstrate mastery of the learning objectives.

• The activity did not promote a product or exhibit a commercial bias.

1.7 Medical Direction

All activities must be reviewed by a licensed MD or DO who is currently active in the delivery of EMS or has significant recent (within the last three years) EMS delivery experience. Acceptable experience includes board certification in EMS, experience as the medical director for an ambulance service, or experience in EMS research, education, or administration. The EMS medical director’s name must appear on the CE provider’s website. The accredited organization must verify that it has a current agreement with a Physician Medical Director (PMD) who provides guidance to the CAPCE program committee.

1.7.1 Qualifications

The PMD must be a currently licensed MD or DO. The PMD must be currently active in the delivery of EMS or have significant recent (i.e., within the last three years) EMS delivery experience. This experience may include a combination of the following:

• Board certification in EMS
• Experience as an EMS physician
• Experience as the medical director for an ambulance service
• Experience in EMS research, teaching, or administration

1.7.2 Duties

The PMD must perform the following duties:

• Review and approve all activities offered by the accredited organization or cosponsored organizations including objectives, instructional personnel and evaluation tools.
• Provide clarification on all appropriate medical issues.
• Approve all medical content.
• Assist with participant outcome recommendations.
• Review all program evaluation summaries and make recommendations to improve the activity.

1.7.3 Reporting Changes Regarding the PMD

Changes in the name or job description of the PMD must be submitted to CAPCE within 30 days. Organizations that allow the agreement with a PMD to lapse for more than 30 days will be subject to withdrawal of CAPCE accreditation.

1.8 Program Committee

The accredited organization must maintain a program committee that reviews and approves all activities offered by the accredited organization and by all cosponsored organizations. The review must ensure that all CAPCE S&R are met and documented in the minutes of the committee meeting. The committee must perform the duties listed below with regard to activities submitted to it by the accredited organization and cosponsored organizations:

1.8.1 Membership

The program committee must have at least three members. The committee must have at least one member who is a physician with recent (within the last three years) EMS experience. Physician(s) may be regular or ad hoc members of the committee. This physician may be the organization’s EMS medical director.

The committee may have, as an ex officio member, the full-time activity coordinator from the accredited organization and, if applicable, the cosponsored organization. This member may not be counted as one of the three members necessary for approving an activity and may not vote or influence the approval of any activity.

The committee must approve all EMS activities submitted for review in a meeting of a minimum of three members of the committee, one of which must be an EMS physician and may be the medical director. In the case of activities developed for a specific EMS service, the committee must have direction from the PMD of that service.

1.8.2 Activity Oversight

The committee must ensure that EMS CE activities are consistent with the CE needs of EMS personnel as indicated by the needs assessment.

The committee must review all participant evaluations and other information submitted by students, make prompt revisions to the activity suggested by the results of these evaluations, and document these actions in their meeting minutes.

The committee must ensure that all accredited CE activities are reviewed and updated at least every three years (more often if needed), assigned a current activity number (a
number that has as its first two digits the year in which the update is done), and entered as a new activity in the AMS.

For planning and approval of programs primarily intended for non-EMS providers, the committee must include at least one EMS provider who reviews the activity for its applicability to EMS.

The committee must ensure that all EMS CE activities it accredits meet all CAPCE S&R, including activities offered by the accredited organization itself and those offered by a cosponsored organization.

The committee must require that each application for approval from a cosponsored organization be submitted on the appropriate CAPCE application form and kept on file in the office of the accredited institution for three years.

The committee must require that documentation of the planning process is kept on file for all activities offered by the accredited organization.

1.8.3 Meetings

The committee must meet at least once a year, in person or by video conference, to review the accredited organization’s overall EMS CE program in light of CAPCE organizational accreditation requirements. Other meetings may take place in person via teleconference or videoconference. Regardless of the meeting venue, minutes must be taken that record the date, venue, those present, the items discussed, assignments made, and actions taken. These minutes must be approved by the committee at its next meeting, kept on file for at least six years, and be available for review upon request.
1.9 Marketing

1.9.1 Materials

Marketing materials for an activity must communicate the following:

- A clear, concise description of the activity.
- The overall goals for the activity.
- Prerequisites, if applicable.
- A statement of the number of CEH associated with the activity.

*Note: CEH are awarded according to the CEH Assignment Guidance (see Appendix _) and are based on a 60-minute hour.*

- Date, time and location, including how to access the activity with URL, directions and maps, as applicable.
- All scheduled instructional personnel.
- Fees for the activity.
- Information about travel, lodging and meal services, if applicable.
- A complete activity schedule, received by potential participants prior to the activity, meeting the following criteria, where applicable:
  - The activity topic(s), location and date(s),
  - The title for each session with date and time,
  - All confirmed speakers and other instructional personnel, and the overall goals and objectives for the activity.

1.9.2 Statements:

**Statements about CAPCE Accreditation Specific to Providers of Individually Accredited Activities**

Required statements about the organization’s application for CAPCE approval or actual approval for an individual activity appear below. No other references to accreditation of the activity by CAPCE or its member organizations may appear on materials for the activity:

*Note: The two statements immediately below are not for use by accredited organizations. See below for statements appropriate credited organizations.*

If activity materials go to print after an application for accreditation has been submitted but before approval is final, use this statement:

*An application for accreditation has been submitted to Commission on Accreditation for Pre-Hospital Continuing Education*.

If activity materials go to print after approval is final, use this statement:
“This CE activity is accredited by the Commission on Accreditation for Pre-hospital Continuing Education (CAPCE) for (number) (category) CEH.” For example, “This CE activity is accredited by the Commission on Accreditation for Prehospital Continuing Education for two AEMT CEH.”

The following is an optional statement that may be used. If used, this statement must appear in its entirety and is to be included in addition to, not instead of, the required statements.

“The purpose of CAPCE is to standardize the review and approval of quality EMS Continuing Education activities.”

The member organizations of CAPCE are as follows:

- American College of Emergency Physicians
- American College of Osteopathic Emergency Physicians
- American Heart Association
- National Association of Emergency Medical Services Educators
- National Association of Emergency Medical Services Physicians
- National Association of Emergency Medical Technicians
- National Registry of Emergency Medical Technicians
- National Association of State Emergency Medical Services Officials
- American Red Cross

1.9.3 Logo Use:

General Statement

The CAPCE logo is a trademark and is the property of Commission on Accreditation for Prehospital Continuing Education. It was designed for the purpose of identifying CAPCE publications, services, and other materials developed by CAPCE. The CAPCE logo is registered with the U. S. Patent and Trademark Office. The mark has been used by CAPCE since 2016 and is recognized in the EMS community as the mark of Commission on Accreditation for Prehospital Continuing Education.

Policy

The CAPCE mark is intended only to identify publications, services, and materials developed by CAPCE or for other uses as specifically authorized by CAPCE. CE providers wishing to use the CAPCE logo in connection with their publications, services, or other materials must request the electronic file from CAPCE and must use it in accordance with written permission from CAPCE.

The mark should never be recreated or altered in any way or be superimposed on another device or have another device superimposed on it. No words or letters other
than CAPCE may be used with the logo with the exception of the words “CAPCE accredited” to designate materials and organizations that have received CAPCE accreditation. The logo should not be rearranged or altered. Use of the mark that is unauthorized or not in compliance with these policies will be vigorously opposed.

Persons or organizations using the CAPCE mark in an unauthorized or nonconforming manner will be notified by certified letter that they must cease such use. A standard letter will be sent from CAPCE headquarters within 72 hours from the time CAPCE is made aware of the misuse of its mark. Persons or organizations using a mark that is confusingly similar shall be asked to cease the use of such a mark in those cases where it appears to be used in an attempt to mislead or confuse. In cases where the user refuses to cease after notification by certified letter, an attempt will be made to make telephone contact. If direct contact fails to convince the user to cease using the mark, the executive committee shall determine the appropriate course of action to be taken.

The executive director shall take appropriate steps to protect the mark and will have the responsibility for the implementation of this policy with the approval of the chair.

Changes in this policy must have approval of the CAPCE board of directors.
1.10 Certificates

CAPCE accredited certificates of attendance provide EMS professionals with documentation required for maintaining their EMS license and/or NREMT certification. Each certificate of attendance must clearly present the following information:

1.10.1 Participant and Activity Information:

The following information must appear on all certificates:

- Name of CE provider and CE provider number assigned by CAPCE
- Participant’s name
- Activity title
- Date(s) of activity
- Location of activity (traditional classroom courses only)
- Number and category of CEH
- CAPCE activity number
- Name and signature of the program coordinator
- Participant’s license number
- Participant’s state of licensure
- Participant’s NREMT number (if applicable)
- Name of EMS medical director

You have participated in a continuing education (CE) program that is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). CAPCE represents only that this CE program has met CAPCE standards for accreditation. CAPCE does not endorse or support the actual teachings, opinions or material content as presented by the speaker(s) and/or sponsoring organization. CAPCE accreditation does not represent that the content conforms to any national, state or local standard or best practice of any nature. No student shall have any cause of action against CAPCE based on the accreditation of this CE program. If you have any comments regarding the quality of this program please contact CAPCE at: 972-247-4442, jscott@capce.org.

The CAPCE logo is optional and may be used in addition to the above required statements.
1.11 Reviewers and Review Process

1.11.1 Reviewers

The peer-review process for quality EMS CE is facilitated by qualified reviewers. Candidates seeking to become a reviewer must document substantial experience in EMS practice and education. The CAPCE reviewer application, as well as instructions for completing it, can be found at www.CAPCE.org/Home/ReviewerApplication.

The documents that applicants submit are reviewed by a committee of the board of directors which makes a decision to approve or reject the application.

1.11.2 Review Process

Continuing Education Accreditation applications are distributed to multiple reviewers (usually three) who remain anonymous to the applicant, but whose names appear on a list of all reviewers at www.CAPCE.org. Generally, reviews are completed within six weeks. Reviewers submit their questions and concerns regarding an application to the review coordinator who relays these messages to the applicant for resolution. When the application is approved for accreditation, the review coordinator sends the applicant a letter of accreditation and instructions on accessing the “Providers Only” screen on the CAPCE website.

1.11.3 Confidentiality

No CAPCE committee member, or other individual affiliated with CAPCE or any of its sponsoring organizations, may release to any person any materials or information submitted to or produced by CAPCE, its members, staff, or reviewers in connection with a continuing education activity or organizational review conducted by CAPCE without approval from CAPCE and the express written consent of all parties to the review.

No committee member, reviewer, or other individual affiliated with CAPCE or any of its member organizations may release to any person copyrighted material received in connection with a CAPCE review of a continuing education activity or an organization without approval from CAPCE and the express written consent of the copyright holder to such a release. Committee members and reviewers should destroy all such materials after they have been notified that the committee activity has been completed.

1.11.4 Conflict of Interest

No committee member or reviewer may participate in any CAPCE committee or reviewer activity dealing with an organization or a course submitted by an organization with which he/she is affiliated as a board member, fiduciary of that organization, or as an author or planner of the specific activity being reviewed.
1.12 Privacy

CAPCE accreditation requires that the student’s course completion records be reported to the CAPCE AMS and that they may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password protected need-to-know basis. This provides redundancy and is an easy way for regulators to verify student participation. In addition, students can review their personal course completion records by contacting CAPCE.

Upon registration, students must acknowledge they have read the following statement whether they are registering for courses online, by VILT, or in a traditional classroom setting:

1.12.1 Privacy Statement

I understand that [name of CE provider] as a requirement of CAPCE accreditation will submit a record of my course completions to the CAPCE AMS. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE accredited course completions by contacting CAPCE.
Section Two: Standards for Accredited Organizations

2.1 Maintenance of Accreditation

Accreditation carries with it the responsibility for maintaining compliance with the Conditions of Accreditation. The applicant must appoint an individual who will be responsible for maintaining CAPCE accreditation. This person must be the CEO, dean, or other person with the authority to coordinate the work of various departments in the organization to address the CAPCE S&R.

CAPCE reserves the right to audit any activity and to verify all appropriate documentation at any time during the accreditation period and will revoke the accreditation of any CAPCE-accredited organization denying a request for verification of compliance. CAPCE also maintains the right to impose a penalty of up to $5,000 for such infractions (See Section Three, Complaint Review and Disciplinary Policy).

Many CAPCE-accredited CE providers contribute their time and expertise to their local and state EMS communities. If one’s organization conducts pro bono activities at the local, state, or national level, and they would like to make CAPCE aware of these activities, they should describe them briefly.

2.1.1 Attendance Verification

The accredited organization must put in place a mechanism for reliably verifying participant attendance for the time allotted to each topic or session. The CE provider must develop a method that will document the participant’s identity, time spent in the activity, test items and scores, if applicable, and a summary of the participants’ evaluations of the effectiveness of the activity. The method must also meet the requirements of the state and professional organizations to which participants must report their CE.

2.1.2 Records Maintenance

The accredited organization must maintain paper or electronic attendance records on file in its office for a minimum of three years and be prepared to forward a copy to CAPCE upon request.

2.1.3 Reporting to the CAPCE Accreditation Management System (AMS)

As a condition of CAPCE accreditation, all providers agree to collect and report specific pieces of data to the AMS for each CE activity an EMS professional completes. Students may not choose whether they receive CAPCE credit for an activity. If an activity is accredited and the student is an EMS provider, the CE provider must collect and report the required data to the CAPCE AMS. The AMS is designed to make recertification and/or license renewal easier for EMS providers, NREMT, and state EMS offices. The CAPCE AMS allows CE providers to report data in one of three ways: manual entry, XML file, and real-time reporting through Web Services. All methods require the same data.
Activity completion records must be submitted online via the Providers Only screen at www.CAPCE.org.

The following information must be included with each activity completion reported:

- CAPCE activity number
- Date of activity completion
- Participant’s first and last name
- E-mail address (if available)
- City of residence
- State of licensure
- State license number
- Type and/or level of license
- License expiration date
- National EMS Identification Number
- NREMT registration number (if participant is NREMT)
- Next NREMT re-registration date (if participant is NREMT)
- Number of CEH
- Category of CEH

Note: Failure to submit accurate, complete, and timely activity completion records for each and every EMS participant in a CAPCE-accredited activity may result in loss of accreditation.

CE providers are responsible for reading and following the instructions in the CAPCE Accreditation Management System (AMS) Operations Manual and assuring compliance by all persons with reporting responsibility.

Once entered, the data in the password encrypted AMS can be accessed only as an individual provider file, except by the submitting organization and the CAPCE office. This posting allows the individual EMS provider, the National Registry, and the appropriate state EMS office(s) to access and verify activity completion information.

Records of completed CEH activities must be uploaded to the CAPCE Accreditation Management System (AMS) within 60 days of completion. CAPCE strongly encourages providers of online activities to set up their system for real-time reporting through Web Services.
2.2 Privacy Consideration

CAPCE accreditation requires that the student’s course completion records be reported to the CAPCE AMS and that they may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password protected need-to-know basis. This provides redundancy and is an easy way for regulators to verify student participation. In addition, students can review their personal course completion records by contacting CAPCE.

Upon registration, students must acknowledge they have read the following statement whether they are registering for courses online, by VILT, or in a traditional classroom setting.

2.2.1 Privacy Statement

I understand that [name of CE provider] as a requirement of CAPCE accreditation will submit a record of my course completions to the CAPCE AMS. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE accredited course completions by contacting CAPCE.

2.2.2 Provisional Accreditation

Applicants that have successfully completed the accreditation review process will be granted a one-year Provisional Accreditation. Within the first 12 months of provisional accreditation, the applicant site will undergo site visit. Full CAPCE accreditation will be granted only upon successful completion of the site visit, without deficiencies.

2.2.3 Site Visits

Initial approval an application for Organizational Accreditation includes one-year provisional accreditation. Within the first 12 months each applicant will receive a site visit. Continued accreditation is dependent on a successful site visit. A letter of full CAPE Organizational Accreditation will be provided after the successful site visit. The applicant must budget to pay reasonable travel expenses for two reviewers to perform one site visit CAPCE reserves the right to perform random site visits at its sole discretion to verify compliance with the Conditions of Accreditation for Organizations. CAPCE also reserves the right to perform for-cause site visits at its sole discretion to verify compliance with the Conditions of Accreditation for Organizations. The program receiving a for-cause site visit is subject to payment of reasonable travel expenses and other expenses associated with the investigation and remediation, including refunding participant fees for participants in improperly approved activities as well as immediate termination of CAPCE accreditation.
2.3 Support and Human Resources

2.3.1 Management and Supervision

The accredited organization must appoint an individual who will be responsible for maintaining CAPCE accreditation. This person must be the CEO, dean, or other person with the authority to coordinate the work of various departments in the organization to address the CAPCE accreditation standards.

2.3.2 Mission Statement

The accredited organization must have a written statement signed by its governing individual or body that supports its EMS CE mission.

2.3.3 Budget

The program coordinator or someone in the organization directly involved in the educational planning process must be responsible for developing the budget for the organization’s overall EMS educational program and the individual activities included in that program. A percentage of the budget sufficient to maintain a robust EMS educational program must be allocated to salaries for the program’s administrative personnel.

2.3.4 Organizational Chart

The accredited organization must submit a chart that clearly illustrates the lines of authority flow within the organization.

2.3.5 Staff Program Coordinator or Equivalent

The accredited organization must verify that it has human resources consistent with duties related to its EMS educational mission and CAPCE accreditation. These duties may be assigned to a single individual or may be distributed among several individuals.

CAPCE recognizes that organizations may have subdivisions (e.g., divisions, departments, chapters, etc.) involved in the EMS CE program. CAPCE requires organizations to provide a detailed description of the process in place to ensure that all subdivisions operate as a unified educational system, that all subdivisions meet CAPCE requirements, and that the person listed in the accreditation application as the one who has the responsibility for maintaining accreditation has the appropriate authority and/or support to require compliance from all subdivisions.

CAPCE also requires a description of the internal controls to ensure effective use of resources (e.g., budget, personnel, facilities, etc.) to address the organization’s EMS CE mission. An organizational chart that details and describes the internal structure is requested.
2.3.6 Education Program Coordinator Job Description

The job description of the person or persons responsible for coordinating the educational program and its accreditation must be kept on file in the office of the accredited organization and must be included in the application. The coordinator or equivalent must perform the following duties:

- Serve as the liaison to CAPCE for all matters involving the organization’s accreditation.
- Work with the physician medical director and instructional personnel to accomplish the following requirements - needs assessment, program planning, program implementation, program evaluation and revision and selection of instructional personnel.
- Develop the program budget.
- Develop and maintain all necessary contractual agreements.
- Develop appropriate program syllabi.
- Supervise the cleaning and maintenance of all medical devices and audio-visual equipment necessary for implementing the organization’s activities.
- Keep appropriate records that include all of the required information (see section on Attendance Verification, Records Maintenance and Reporting in Chapter 2).
- Monitor adherence to CAPCE requirements.
2.4 Medical Direction

All activities must be reviewed by a licensed MD or DO who is currently active in the delivery of EMS or has significant recent (within the last three years) EMS delivery experience. Acceptable experience includes board certification in EMS, experience as the medical director for an ambulance service, or experience in EMS research, education, or administration. The EMS medical director’s name must appear on the CE provider’s website. The accredited organization must verify that it has a current agreement with a Physician Medical Director (PMD) who provides guidance to the CAPCE program committee.

2.4.1 Qualifications

The PMD must be a currently licensed MD or DO. The PMD must be currently active in the delivery of EMS or have significant recent (i.e., within the last three years) EMS delivery experience. This experience may include a combination of the following:

- Board certification in EMS
- Experience as an EMS physician
- Experience as the medical director for an ambulance service
- Experience in EMS research, teaching, or administration

2.4.2 Duties

The PMD must perform the following duties:

- Review and approve all activities offered by the accredited organization or cosponsored organizations including objectives, instructional personnel and evaluation tools.
- Provide clarification on all appropriate medical issues.
- Approve all medical content.
- Assist with participant outcome recommendations.
- Review all program evaluation summaries and make recommendations to improve the activity.

2.4.3 Reporting Changes Regarding the Medical Director

Changes in the name or job description of the PMD must be submitted to CAPCE within 30 days. Organizations that allow the agreement with a PMD to lapse for more than 30 days will be subject to withdrawal of CAPCE accreditation.
2.5 Program Committee

The accredited organization must maintain a program committee that reviews and approves all activities offered by the accredited organization and by all cosponsored organizations. The review must ensure that all CAPCE S&R are met and documented in the minutes of the committee meeting. The committee must perform the duties listed below with regard to activities submitted to it by the accredited organization and cosponsored organizations:

2.5.1 Membership

The program committee must have at least three members. The committee must have at least one member who is a physician with recent (within the last three years) EMS experience. Physician(s) may be regular or ad hoc members of the committee. This physician may be the organization’s EMS medical director.

The committee may have, as an ex officio member, the full-time activity coordinator from the accredited organization and, if applicable, the cosponsored organization. This member may not be counted as one of the three members necessary for approving an activity and may not vote or influence the approval of any activity.

The committee must approve all EMS activities submitted for review in a meeting of a minimum of three members of the committee, one of which must be an EMS physician and may be the medical director. In the case of activities developed for a specific EMS service, the committee must have direction from the PMD of that service.

2.5.2 Activity Oversight

The committee must ensure that EMS CE activities are consistent with the CE needs of EMS personnel as indicated by the needs assessment.

The committee must review all participant evaluations and other information submitted by students, make prompt revisions to the activity suggested by the results of these evaluations, and document these actions in their meeting minutes.

The committee must ensure that all accredited CE activities are reviewed and updated at least every three years (more often if needed), assigned a current activity number (a number that has as its first two digits the year in which the update is done), and entered as a new activity in the AMS.

For planning and approval of programs primarily intended for non-EMS providers, the committee must include at least one EMS provider who reviews the activity for its applicability to EMS.

The committee must ensure that all EMS CE activities it accredits meet all CAPCE S&R, including activities offered by the accredited organization itself and those offered by a cosponsored organization.
The committee must require that each application for approval from a cosponsored organization be submitted on the appropriate CAPCE application form and kept on file in the office of the accredited institution for three years.

The committee must require that documentation of the planning process is kept on file for all activities offered by the accredited organization.

2.5.3 Meetings

The committee must meet at least once a year, in person or by video conference, to review the accredited organization’s overall EMS CE program in light of CAPCE organizational accreditation requirements. Other meetings may take place in person, via teleconference or videoconference. Regardless of the meeting venue, minutes must be taken that record the date, venue, those present, the items discussed, assignments made, and actions taken. These minutes must be approved by the committee at its next meeting, kept on file for at least six years, and be available for review upon request.

2.6 Statements on Certificates

Refer to section on Marketing in Section 1.10 for statements required for all CE providers. The following statement is required on all certificates and marketing items:

This CE activity is accredited for [number] [category] CEH by [name of organization], an organization accredited by Commission on Accreditation for Prehospital Continuing Education.

2.7 Co-Sponsored Activities

Co-sponsored organization refers to organizations that submit activities for accreditation by a CAPCE-accredited organization. The CAPCE-accredited organization is responsible for supervising such activities so that the activity is in compliance with the applicable accreditation standards specified in this document.

If the organization chooses to award accreditation to an activity offered by another organization, that activity must be fully compliant with CAPCE accreditation standards and the organization must monitor the activity to ensure that compliance. In addition, it must submit a Co-sponsorship Request Form for Accredited Organizations (see Appendix E) to CAPCE headquarters for approval before the organization agrees to cosponsor an activity. CAPCE views a cosponsored activity just as it views those offered by the accredited organization itself. Failure to properly enforce CAPCE accreditation standards for these activities may result in a fine, loss of organizational accreditation and/or loss of eligibility for accreditation for individual activities.
2.8 Virtual Instructor Led Training (VILT) Activities

VILT activities are accepted as traditional live activities by the NREMT and many states because they provide synchronous interaction between students and instructor, the CE provider is able to verify student attendance throughout the activity, and each topic requires that the student make a satisfactory score on the summative exam for each topic presented. The course number for a VILT activity must contain an F5 designation.

2.8.1 Organizational Requirements

Only those organizations that hold current approval as a CAPCE accredited organization may offer VILT activities. In addition, each VILT activity must be reviewed by CAPCE before it is offered to students. A beta test using actual students to validate the number of CEH assigned to the activity must be performed.

VILT programs are given an “F5” course designation. F5 denotes a live class that is held and administered by a live instructor in real time. F5 courses can never offer a presentation of previously recorded content.

2.8.2 Delivery Platform Requirements

Computer network and internet access equipment necessary to ensure advertised accessibility must be maintained and supported properly and allow for:

- Electronic storage of test results, scores and other evaluation materials.
- Storage for three years and are adequately protected with appropriate backup and security from unauthorized access.
- Student accessibility of all browsers, plug-ins and technical requirements prior to the class.
- Display of the real-time presentation of instructional graphics, interactive polling, instructor feedback and other items made necessary by the specific delivery platform.

Instructor/learner interactions must be possible in real time via simultaneous visual and audio communication during the session. Chat-based interfaces may be used for housekeeping or support actions, but all learning activities must support real time audio. The delivery platform must track total time spent in the learning session and provide a method of generating reports verifying attendance and activities for each participant.
2.9 Marketing

Refer to section 1.9-1.9.3 Marketing for statements required for all CE providers. The following statement is required on all certificates and marketing items:

(This CE activity is accredited for [number] [category] CEH by [name of organization], an organization accredited by Commission on Accreditation for Prehospital Continuing Education.)

Marketing materials for an activity must communicate the following:

• A clear, concise description of the activity.
• The overall goals for the activity.
• Prerequisites, if applicable.
• A statement of the number of CEH associated with the activity.

Note: CEH are awarded according to the CEH Assignment Guidance (see Appendix C) and are based on a 60-minute hour.

• Date, time and location, including how to access the activity with URL, directions and maps, as applicable.
• All scheduled instructional personnel.
• Fees for the activity.
• Information about travel, lodging and meal services, if applicable.
• A complete activity schedule, received by potential participants prior to the activity, meeting the following criteria, where applicable:
  • The activity topic(s), location and date(s),
  • The title for each session with date and time,
  • All confirmed speakers and other instructional personnel, and the overall goals and objectives for the activity.
2.10 Additional Standards for International Organizations:

Organizations headquartered outside of the United States must meet the S&R in Section 2 S&R Applicable to All Providers of CAPCE Accredited Activities. All application materials and participant materials must be submitted in English.

2.10.1 Approval of Appropriate Government Entity

The International Organization (IO) must submit evidence of a relationship with the government authority responsible for EMS, (e.g. Department of Health, Ministry of Health, etc.). This approval may be in the form of a letter or any other appropriate documentation signed by an appropriate person and will be kept in the organization’s CAPCE accreditation file. CAPCE may, at its sole discretion, require accredited organizations to verify this reference on an annual basis.
Section Three: Complaint Review and Disciplinary Policy

Definitions

Activity: Any type of continuing education offering.

Activity Sponsor: The sponsoring institution, organization, agency, association, corporation, hospital, or other appropriate continuing education (CE) provider offering CAPCE-accredited continuing education.

Criteria: Any other published rules, regulations, conditions, standards, criteria, terms of accreditation, policies or procedures of CAPCE, however titled. Day: A calendar day, including weekends.

Executive Committee: The committee appointed by the chairman of the CAPCE board of directors as set forth in the CAPCE by-laws.

Penalty Provisions

The CAPCE board of directors reserves the right to review and investigate any complaint or credible evidence of any alleged violation of the Conditions of Accreditation, signed by the activity sponsor upon submission of an application for accreditation, or any other CAPCE criteria. When a violation has been found to have occurred, CAPCE reserves the right to deny, suspend, or revoke the relevant accreditation. In lieu of revocation, CAPCE may provide the activity sponsor an opportunity to enter into an agreement that would include a plan for compliance and payment of one of the following penalties. Failure of the activity sponsor to successfully complete the terms of agreement, including payment of the penalty, must result in revocation.

- A penalty payable within 30 days of billing, in an amount not to exceed $5,000 to cover the costs to CAPCE to correct any problem caused by the violation; or,
- A penalty, payable within 30 days of billing, of 1.5% interest per month on the amount of fees owed if the violation is failure to pay the appropriate fees; or,
- A penalty, payable within 30 days of billing, of ten (10) cents per participant fee owed for failure to report CAPCE accredited CE activity participants.

The CAPCE board of directors must utilize the following procedure when determining whether any such disciplinary action is appropriate.

Compliance with Review by CAPCE
Each activity sponsor must comply with a written request for information from a member of the CAPCE board of directors and agree to participate in a review of any complaint or alleged violation of CAPCE’s Conditions of Accreditation or Standards & Requirements in order to assist the CAPCE board in determining if there exists a violation of the Conditions of Accreditation or Criteria. In the absence of any response from the activity sponsor within 30 days of CAPCE’s written request, CAPCE will assume such complaint or alleged violation has merit and initiate the investigation and review process noted below. Failure to respond adequately to any review or request for information must be considered as additional evidence in support of the complaint or alleged violation.

**Reasons for Review, Denial, Suspension, Revocation or Fine**

The CAPCE board of directors must utilize its professional judgment in determining whether denial, suspension, revocation of accreditation, or a fine in lieu of revocation is appropriate. Reasons for such action must include, but not be limited to, the following:

- A material misrepresentation, whether intentional or unintentional, in the application which, if known at the time of review, would have resulted in denial of accreditation.
- Fraud in written information provided to CAPCE during the procurement of any CAPCE accreditation as an activity sponsor (examples include, but are not limited to, falsifying history as an activity sponsor, falsifying credentials, etc.).
- Fraud in activity content during the procurement of any CAPCE accreditation of a continuing education activity (examples include, but are not limited to, plagiarism of activity materials).
- Intentional or unintentional failure to comply with any Conditions of Accreditation and Attesting Statement, as specified in the signed application.
- Failure to comply in a timely fashion with an audit or review as requested by the CAPCE board of directors. Such request must allow a reasonable time for scheduling and completion.
- Failure to remit fees as required by CAPCE and as agreed upon by the activity sponsor in the signed application.
- Refusal to participate in a review to determine whether the activity sponsor is complying with the Conditions of Accreditation and Attesting Statement as agreed upon in the signed application.
- Refusal to submit a plan of correction when requested by the CAPCE board of directors after the investigation and complaint review process or completion of the disciplinary process.
- Failure to remit any fine(s) or adhere to any corrective measures or failure to complete the disciplinary process.

**Investigation and Complaint Review**
CAPCE may conduct an investigation upon receipt of a complaint or credible evidence of a violation of the Conditions of Accreditation. The investigator must be a member of the CAPCE board or their designee. A designee may not be:

- Any person who is a competitor of the activity sponsor whose activity or accreditation(s) is under review for possible suspension or revocation.
- Any employee of CAPCE.
- Any individual who has received fees or payments from CAPCE during the prior three years.
- Anyone else who has a conflict of interest with the activity sponsor.

An investigation may include, in no specific order: notifying the activity sponsor in writing by overnight delivery of such complaint or alleged violation requesting a response within 30 days of the date of CAPCE letter; requesting an explanation of the matter; requesting the provision of information concerning the complaint or alleged violation; and/or offering the activity sponsor an opportunity to discuss and resolve the complaint.

The investigation and communication must provide both CAPCE’s investigator and the activity sponsor an opportunity of a period of 90 days to understand the issue(s) and to explore potential resolutions of the issue(s).

At the completion of the investigation, the CAPCE board of directors must provide the activity sponsor with a summary letter indicating the resolution of the issue or, if not resolved, detailing at a minimum the complaint or concern, the investigator’s findings, suspicions and/or conclusions, and a list of the relevant information that was requested and was then provided, denied, or not obtained.

If a resolution has been agreed to by the activity sponsor and CAPCE, the letter must restate the resolution and the matter must then be closed with no further action necessary. The activity sponsor must be advised of this fact.

If resolution is not reached, the activity sponsor must be given 30 days from the date of the letter from CAPCE to submit a written response to CAPCE’s letter and conclusions. CAPCE need not wait for such written response before providing information to the chair of the board.
If the investigator determines that discipline or other corrective action may be required, the investigator must provide the summary letter and any supporting documentation to the chair of the board, who must then provide such documents to the executive committee.

- The executive committee must review the same and decide whether CAPCE has followed its required policies leading to their involvement.
- The alleged violation warrants further discussion by the full board.
- There has been adequate resolution to the violation.
- Any mitigating factors must be considered.

The executive committee may terminate the process at any time if, in its judgment, the alleged violation does not warrant a hearing, or if adequate resolution has been reached. Otherwise the executive committee may proceed to the disciplinary process.

If the executive committee desires to proceed, all documents will be provided to the full board of directors.

**Disciplinary Process**

After review or investigation of the complaint, allegation, or credible evidence, if the CAPCE board determines that a suspension or revocation must be imposed, CAPCE must take the following actions in an effort to provide due process to the accredited activity sponsor.

CAPCE must provide written notice to the activity sponsor that the activity sponsor is being charged with a violation of the Conditions of Accreditation and/or any other CAPCE criteria. The notification must state the violation in terms which must be understood by the activity sponsor. The written notice must also provide the process to be followed, including the following rights:

- To be present in person or by conference call or other mutually agreeable form of communication at the hearing;
- To present and cross examine witnesses; and
- To present evidence in support of its defense or in an effort to mitigate the consequences of the violation.

Such written notice must provide the activity sponsor with 15 days from the date of mailing as evidenced by the postmark date to appear before a hearing panel and may be adjourned for good cause shown upon the sole discretion of the CAPCE board of directors. CAPCE must have the right to determine the location of the hearing; however, a telephone conference call will always be available. In the event a meeting site is selected, hearing participants, including the activity sponsor, may attend by phone if desired, except that the CAPCE chair must appear in person.

CAPCE must provide a hearing to the activity sponsor. The hearing panel must be the fact finder and must determine:
• Whether CAPCE has followed its required policies leading to the hearing.
• The facts of the underlying allegation(s).
• If the alleged violation(s) has merit.
• If there has been adequate resolution to the violation(s).
• Any mitigating factors.

The hearing panel may recommend but not impose a penalty. There must be no rules of evidence for the hearing. The hearing must provide the opportunity for the charges to be presented, for testimony to be taken if necessary, and for the activity sponsor to present a defense if the activity sponsor desires to do so.

The chair of the board or the chair's designee, who must be one of the executive committee members, excluding any CAPCE employees, must chair and appoint a hearing panel of up to three persons, comprised of the chair or his/her designee and either CAPCE reviewers or other persons knowledgeable in the related field or in the CAPCE accreditation process. The members of the hearing panel must not consist of:

• Any person who is a competitor of the activity sponsor whose activity accreditations are under review for possible suspension of revocation.
• Any employee or director of CAPCE.

Any individual who has received fees or payments from CAPCE during the prior three years. There must be no appeal as to the members of the hearing panel. After the conclusion of the hearing, the hearing panel must render a proposed statement of facts within seven days of the date of the conclusion of the hearing. The proposed statement of facts must state the violation and any related findings of the panel. The proposed statement of facts must be provided to the activity sponsor in writing, sent by certified mail, who must then have seven days after delivery of the proposed statement of facts to deliver (meaning to have sent via certified mail to CAPCE's office) a dispute or concurrence of the proposed statement of facts in writing sent certified mail. The hearing panel must then have up to seven days to revise the proposed statement of facts as deemed necessary or to leave the decision as is. The hearing panel must provide its final Finding of Facts in writing, sent by certified mail, to the activity sponsor and to the CAPCE board of directors.

The activity sponsor may submit a response to the final Findings of Fact for consideration by CAPCE. Such findings must be submitted to the board within five days of the activity sponsor’s date of receipt of the final Findings of Fact. Mitigating factors may also be submitted to the b. Before the board convenes, it must inquire whether a response will be submitted by the activity sponsor.

No more than 10 days after the delivery of the final Findings of Fact, the board must then convene by phone or in person to make a determination on the matter. The board must determine if:

• CAPCE has followed its required policies leading to a board decision.
• The violation warrants a disciplinary action.
• There has been adequate resolution to the alleged violation.
• Any mitigating factors must be considered.

The board may terminate the meeting at any time if, in its judgment, the alleged violation does not warrant a meeting or if adequate resolution has been reached. Otherwise the board may impose a penalty. A majority of the seated members of the board must be necessary to impose any penalty. Such penalty must be consistent with the Findings of Fact. Written notice of the penalty must be provided to the entity within three days of the date of the decision of the board. There must be no internal appeal from the decision of the board.

An activity sponsor must comply with the terms of the penalty within 14 days of the notice of the penalty, and no penalty must become effective until the passage of the 14th day.

**Waivers and Jurisdiction**

Activity sponsors hereby waive any right to seek or obtain attorney fees, costs, or other awards upon successfully obtaining an order or award from a court regarding the penalty imposed by CAPCE. This waiver must not apply to a finding that CAPCE intentionally violated the due process rights of the activity sponsor.

CAPCE has consented to jurisdiction in federal court in Texas. Any proceeding brought pursuant to this policy in a court of any jurisdiction must be held in Texas.
Summary

CAPCE, by its charter, maintains the standards for the delivery of EMS continuing education. These standards include requirements for active medical direction, valid post-tests, quality infrastructure, sound educational design including delivery methodology, marketing, fees, evaluation, student record keeping and data reporting.

CAPCE accreditation exists so that EMS providers have access to high quality, standard-driven continuing education activities and are awarded credit for participating in such activities. It is of the utmost importance that each and every EMS provider gets credit for the CE they complete. Furthermore, the quality of the presentation must meet or exceed the investment the student makes to view and participate in the activity. (Karayan 2005)

CAPCE expects that all continuing education content is:

• Relevant for the intended audience
• Medically accurate
• Properly referenced
• Original work that is correctly cited
• Grammatically correct and spelled accurately
• Not misleading
• Is reviewed and approved by an active EMS medical director

CAPCE also has established standards for:

• Item writing
• Continuing Education Hour assignment
• Distributive Education standards
• Plagiarism
• Confidentiality
• Content gating

The CAPCE board of directors consists of nine voting members and their alternates. CAPCE will serve as the recognized leader for continuing education in EMS, promoting its evolution and growth through development of continuing education standards, encouragement of innovative learning solutions, support of continuous learning opportunities and the assurance of optimal learning experiences to prepare all EMS providers for their professional challenges.
Appendix A: Distributed Learning Policy

Introduction

CAPCE recognizes that Distributed Learning (DL) is an instructional model that allows instructor, participants, and content to be located in different locations so that instruction and learning may occur independent of time and place. The distributed learning model can be used to offer education and training in real-time settings such as virtual classrooms with an instructor in a separate location (e.g., via television, satellite, telephone or internet); through recorded programs; or in combination with traditional classroom-based EMS continuing education.

While a variety of distribution methods are available to the EMS educator, CAPCE is particularly aware that the internet, is an efficient method to rapidly distribute educational resources and information. It is expected that as technology evolves, more and more EMS personnel will be in a position to benefit from education delivered online.

Policy

In order to support the growth in development, acceptance, and quality of EMS continuing education using DL methods, the following policies are applicable to the CAPCE review and accreditation process for eligible organizations and individual activities that incorporate DL methods.

CAPCE will emphasize and promote organizational accreditation rather than activity-by activity review of CE programs that use distributed learning methods.

Organizational accreditation will be based on the applicant organization's self-assessments of its infrastructure and process for distributed learning activity production, participant support and quality management. The self-assessments will follow a schedule provided by CAPCE and will require submission of sample curricula. Organization accreditation may include a site visit by a CAPCE team qualified to assess compliance with distributed learning structure, process, and outcome requirements.

Each type of distributed learning methodology involves the use of different structural and process methods that will be reviewed separately on self-assessment and during site visits. Therefore, organizations will be accredited to offer DL continuing education in one or more of the following strategies: print, Internet, videotape, CDROM/DVD, satellite, and television.

Unaccredited organizations will submit all activities for CAPCE review prior to delivery. CAPCE will provide forms for submission that will focus on the organization's infrastructure and process for DL activity production, participant support and quality management. The entire activity must also be presented for review prior to delivery. A key requirement for review will be the specification of the target audience level of training. The use of out-of-level content in activities must be clearly justified.
CAPCE requires applicants to identify each learning objective and the following supporting information:

- The prerequisites required to understand the material related to a specific objective.
- The manner in which learners can ask and receive timely answers to questions regarding activity content. CE providers must provide a mechanism for instructor (or instructor proxy) and learner to interact (synchronously or asynchronously) regardless of what type of DL methodology is being used, for a period of no less than 30 days after the learning has taken place.
- The instructional content related to each learning objective. Learning strategies and learning activity the designer is using to facilitate meeting each learning objective. Assessment measures for each learning objective (i.e., test questions for each learning objective must be presented.) Test questions that simply request learner recall of the content by means of a rote memory response must be limited to no more than 50% of all test questions.
- References used to support instructional content used for each learning objective.
- Descriptions of the rationale for establishment of any specific cut-off score for passing the assessment tool.
- The number of hours and/or minutes it takes for the average person to finish the lesson must be based on actual test usage of the lesson or activity.

DL providers must develop a mechanism that ensures that participants complete all content including videos, slide presentations, case studies and other delivery platforms before the user is allowed to access the summative post-test. Applications for accreditation that do not employ “gating” of the content in this manner will not be considered. CAPCE accredited providers who are found not to comply with this requirement risk suspension of their accreditation.
Appendix B: Item Writing Standards

Introduction

Multiple-choice tests are widely viewed as the most effective and objective means of assessment. Item development is the central component of creating an effective test, but test developers often do not have the background in item development. CAPCE recognizes that there is a broad spectrum of item (test question) writing abilities among EMS based CE providers. Although many currently available EMS CE offerings provide excellent quantifiable post-tests, many do not.

This inequity exists for many reasons, and ultimately creates a lack of standardization of EMS continuing education activities and overall uncertainty about the validity and reliability of CE knowledge assessments. CAPCE offers a compilation of accepted item writing standards. It intends to hold applications for CAPCE accreditation to these standards. CAPCE holds the right and responsibility to reject applications for continuing education accreditation that do not meet the guidelines outlined herein. Post-tests that are deemed unacceptable must be revised and resubmitted until all standards are met.

CAPCE fully recognizes that this document does not and cannot replace or supplant formal preparation in educational design. CAPCE and its member organizations strongly suggest that CE providers seek out instructor coordinator or educational design training from their state EMS office, local educational institution or the National Association of EMS Educators.

Policy

All multiple-choice test items must be written to assess knowledge of meaningful facts and concepts, not trivial information. Each item must be specific enough to pose only one question or problem and each response must be related to that question. Each exam item must be kept independent so as not to reveal the answer to another item in the wording of that item. “True or false” questions do not test the participant’s understanding of a concept or mastery of subject matter, thus will not be accepted. 1, 9, 10

All multiple-choice items consist of two basic parts, the stem and the responses. The stem is the question that seeks a correct answer. The responses are suggested answers that complete the question asked in the stem. Only one of the responses can be the correct answer and the others are considered the distractors. 1, 5

Each stem must address only one problem or content area. The stem must be clear and verbally uncomplicated. It must provide enough information for the reader to anticipate the answer before reading the responses. Write test questions in a simple structure that is easy to understand. Because words can have different meanings depending on usage and context, be as accurate as possible in the choice of words.

The stem must be an incomplete statement or a direct question. The following are keys to constructing proper stems:
Include in the stem all words that would have to be repeated in each of the responses. This way, the answer options can be short, making them less confusing and more legible.

Negatively stated items should be avoided. Negatives in the stem usually require that the answer be a false statement. Because participants are likely searching for true statements, this may introduce an unwanted bias. 3

Keep the number of responses consistent. This helps learners remain focused on the tested information and not the test design itself. 9, 10

All incorrect responses should be plausible and attractive. Avoid using humor and superfluous wording as they indicate incorrect responses and fail to test the participant’s knowledge of the subject matter. These types of give-away distractors detract from the test’s validity. Make sure all of the wrong answer choices are completely reasonable. The following are keys to constructing proper stems:

- Keep responses uniform in length and devoid of unnecessary technical wording.
- Avoid making the correct response longer and more technical than the distractors. Often the longest answer is the correct one. If you cannot get all four responses to the same length, use two short and two long.
- Balance the placement of correct responses throughout the exam.
- “All of the above” and “none of the above” type answers never truly indicate if the participant knows the correct answer. “None of the above” answers indicate only that the participants recognize wrong answers. For this reason, questions that include “all” or “none of the above” response items will not be accepted.
- The correct response must clearly stand out as the one that experts in the field would recognize as the best answer.
- Distractors must represent unsafe practices or commonly held misconceptions. 9, 10

Test Validity

For a test to be valid, it must evaluate whether the students actually achieved the desired outcomes. For that reason, test questions must be directly related to the learning objectives outlined at the beginning of the presentation. CAPCE requires a minimum of three post-test items per stated objective. 2 - 6

Multiple choice questions are criticized for testing the superficial recall of knowledge. Test question writers should go beyond asking students to recall simple facts and basic information. Evaluate learners on their ability to explain cause and effect, assess and manage situations, and predict results. This CAPCE standard is based on Bloom’s Revised Taxonomy of Learning:

- No more than 25% of the questions may be at Bloom’s Knowledge level (e.g. remembering facts, defining terms, stating basic principles).
- Another 25% may be at the comprehension level (e.g. understanding and explaining a principle, requiring learners to recognize a previously unseen example of a principle).
• The remaining half of all the post-test items must be at the application level or higher (e.g. requiring learners to apply a principle in a new context). 8, 11, 12

References


Appendix C: CEH Assignment Guidance

Purpose

This document provides guidance for CAPCE reviewers in the determination of continuing education hour (CEH) assignments for Distributed Learning accreditation applications.

Background

CAPCE is a continuing education (CE) accrediting body that services educational institutions, not-for-profit educational organizations and for-profit companies that provide emergency medical services CE.

CAPCE recognizes that Distributed Learning (DL) is an instructional model that allows instructor, students, and content to be located in different, non-centralized locations so that instruction and learning occur independent of time and place. The distributed learning model can be used in combination with traditional classroom-based EMS continuing education, can operate independently as a traditional distance learning course, or can be used by educators to operate a virtual classroom through television, satellite, telephone, or Internet technology.

While a variety of distribution methods are available to the EMS educator, CAPCE is aware that technological improvements and improved access to high speed internet connections as well as smart technology and mobile computing have allowed more and more EMS personnel to benefit from education delivered via DL. Furthermore, the volunteer EMS community comprises greater than 90% of all EMS providers. These providers are often hindered from seeking CE hours by extended travel time from rural areas wherein attractive CE programs may be hours away. The ease and convenience of completing required CE from the comfort of one’s home, station house computer, or mobile computing device makes DL-based CE programs increasingly attractive.

Unlike the traditional classroom setting, DL presentations may not be governed by an instructor. The presentation rate or content breadth cannot be immediately adjusted based on concurrent student feedback; nor can the student have direct contact with the presenter that allows for adaptation of the presentation to meet the student’s needs. In the DL format, the rate of presentation/absorption and subsequent comprehension of the presented material is completely dependent on the reading comprehension skill-level of the student/reader. 1-3

Reviewers of DL accreditation applications are required to identify several requirements such as timeliness of references, well-defined objectives, course prerequisites, and retrospective feedback mechanisms. Reviewers are also asked to recommend the number of CE hours deemed appropriate for each presentation based on applicant request, length of presentation, and the time required for the reviewer to complete his/her assessment.
Rationale

By providing this document, the CAPCE board of directors seeks to provide its reviewers with objective guidelines toward the assignment of CEH for DL applications.

Written word only CEH determination

Review of this particular application type and presentation format may be considered overly subjective as it is based on the reading speed and comprehension skill level of the reviewer and not of the average student or reader. The accomplishments and acknowledgements of individuals who are selected by CAPCE’s sponsoring organizations to become reviewers may also indicate well-developed reading and comprehension skills that may not be representative of typical EMS providers.

Each presentation is comprised of a finite number of written words that are “consumed” by the reader in a finite amount of time. On average, adults read between 150-250 words per minute.\(^1\)\(^-\)\(^6\) Thus, a one-hour presentation will consist of roughly 8,000 words with appropriate charts, graphs and case presentations that support the written objectives and a 20-question post-test.

Current literature suggests that student interest and comprehension decrease dramatically after the first hour of any CE session. Therefore, any applicant requesting more than one hour’s worth of CE will be required to provide justification for such by matching course objectives with additional content. Further, applications that request two or more hours should be broken up into hour-long presentations as “volumes” of the subject matter presented, e.g. advanced airway-1, advanced airway-2, etc. (see chart on page 54).

Degree of Difficulty Consideration

DL presentations have a varying degree of difficulty. A lesson on how to apply an arm splint is typically not as challenging as a presentation on 12-lead ECG interpretation. CAPCE reviewers are asked to increase CEH assignments by 0.5 hours above the initial hour if the presented material can reasonably be considered complex and the objectives are supported by content. Lastly, DL presentations should include a posttest that complies with the CAPCE item writing policy. Participants should add an additional minute for every question in the post-test (see chart).

Distributive Education Models

Print Documents: In instances where the number of written words is known or obtainable, hours will be based on the ability of adults to read between 150 and 250 words per minute. For non-electronic based documents, hours are assigned based on the description above (see chart).

Video/DVD and other Visual Media Presentations: Hours are assigned based on the actual running time of the presentation when watched by the reviewer of the materials plus one minute for each CAPCE compliant post-test question (see Appendix B, CAPCE Item Writing Standards).

On-Line Web-based Presentations such as satellite video or mobile device streaming video: CEH are assigned based on the actual time for the reviewer to complete the
course/activity plus one minute for each CAPCE-compliant post-test question (see Appendix B, CAPCE Item Writing Standards).

CD-ROM Presentations: Hours are assigned based on the actual time for the reviewer to complete the course/activity plus one minute for each CAPCE-compliant post-test question (see Appendix B, CAPCE Item Writing Standards).

Virtual Instructor Lead Training: VILT activities that are provided in the VILT format can be assigned one minute for each minute of video plus one minute for each CAPCE compliant post-test question. For example, a one-hour interactive session with a 30-question post-test can be assigned 1.5 CEH.

Total CEH Assignment: Assignment of total CEH is calculated by adding the amount of time to complete the course/activity plus any allowance for increased level of difficulty of the material plus the amount of time required to complete the post-test. For example, a video presentation that takes 45 minutes to watch followed by a 15-question assessment would be assigned one CEH.

**Competency-based Learning and CEH Assignment**

Competency is defined multiple ways by multiple sources. Competency is defined as the quality of being adequately or well-qualified physically and intellectually or having great facility, capacity and ability; the quality of being able to perform; and a quality that permits or facilitates achievement or accomplishment. In 2007 the Accreditation Council for Graduate Medical Education (ACGME) released “Integrating the Core Competencies: Proceedings from the 2005 Academic Assembly Consortium.” Although addressed specifically at medical residency programs and not Emergency Medical Services, the authors identified core competencies that should be at the heart of every health care profession. They include patient care, medical knowledge, communications and interpersonal skills, professionalism, system-based practice and practice-based learning. ⁶

Richard Zollinger, vice president of Learning, Central Piedmont Community College, described competency in education as “Communication, critical thinking, personal growth and responsibility and information technology literacy”.

While there is no clear model that describes what competency-based, accredited, continuing education will look like, there is a strong push from the National Highway Traffic Safety Administration (NHTSA) and the National Registry of Emergency Medical Technicians (NREMT) toward competency-based original and continuing education. In an article in the Journal of Emergency Medicine, De Lorenzo and Abbott concluded that a focused and directed continuing education program that emphasizes skill practice in key resuscitation areas can improve skills performance. After focused retraining the study found that the subjects’ skills increased. ⁷

**Summary**

Continuing education can be more that it has become. Student-focused learning driven toward self-improvement and professional development can easily become the
future of continuing education. CAPCE embraces the concepts of excellent
communication, professionalism, critical thinking, personal and professional
development, case-based learning, excellent clinical skills, excellent clinical decision
making and patient-focused care. Most of these critical components of competency-
based learning are constructed on the educational foundation that CAPCE holds dear.

This includes valid needs assessment, current and relevant content that is expertly
referenced, educational innovation, valid CEH assignments, validated post-tests, and
involvement of an active and qualified medical director.
## CAPCE CEH Determination Chart (Written Word Only Activities)

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References


Appendix D: Style Sheet for Activities Applying For CAPCE Accreditation


Drugs: Use generic names and, if necessary, list brand names (including the manufacturer's name, city, and state) in parentheses. Please include the International Nonproprietary Name (INN) as well. See http://whqlibdoc.who.int/hq/1997/WHO_PHARM_S_NOM_1570.pdf

References: Do not use the endnote or footnote function of word processing software to generate a list of references. Number references (including references to unpublished information) consecutively in the order of their appearance in the manuscript. Type a list of references in their order of mention in the text, not alphabetically, at the end of the manuscript. Abbreviate journal names according to Index Medicus. Indicate abstracts by "abstract" in parentheses. List the first three authors, followed by "et al" if there are more than three. Accuracy of citations is the author's responsibility. Examples of correct referencing forms are as follows:


Personal Communication: Avoid reference to personal communications, but when necessary, include the person's name, his or her title, month, and year. A letter granting permission to publish from the person providing the information must be included at the time of submission.

Tables: Number tables consecutively. Refer to each table consecutively in the text. Each table must be on a separate page after the references.

Figures: Figures (e.g., charts, graphs, photographs, etc.) and legends must be self-explanatory and able to stand alone. The data presented in a figure must not be duplicated in the text. Refer to each figure consecutively in the text.


**YouTube:** Hasudungan, A. “Asthma Pathophysiology”. YouTube, uploaded December 1, 2014. [https://www.youtube.com/watch?v=NNfx27io8-k](https://www.youtube.com/watch?v=NNfx27io8-k).

**Appendix E: Co-Sponsorship Request Form for Accredited Organizations**

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<th>Name of person responsible for maintaining CAPCE accreditation standards:</th>
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By my signature below, I acknowledge responsibility for the above-named activity being completely compliant with all CAPCE Standards and Requirements including, but not limited to, approval by our in-house program committee, review by our medical director, attendance verification, and report of course completions to CAPCE Accreditation Management System. In addition, I understand that failure to ensure that CAPCE Standards and Requirements are met may result in a fine, loss of organizational accreditation and/or denial of accreditation for individual activities.

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Appendix F: Plagiarism Policy

Description of Issue

CAPCE was formed to improve and standardize the delivery of continuing education for practicing EMS providers. CAPCE is a professional organization that holds dear the concepts of professionalism and originality of work. This document has been developed for all CAPCE-accredited providers, accreditation applicants and reviewers to clarify CAPCE’s policy on plagiarism. This policy also provides the prohibition on plagiarism.

Definition

According to the Merriam-Webster online dictionary, to "plagiarize" means: to steal and pass off (the ideas or words of another) as one’s own; to use (another's production) without crediting the source; to commit literary theft; to present as new and original an idea or product derived from an existing source.1

In other words, plagiarism is an act of fraud. It involves both stealing someone else's work and lying about it afterward. The act of plagiarism is of particular interest to CAPCE, because it is a means of gaining CAPCE accreditation through “Fraud in course content during the procurement of any CAPCE accreditation of a continuing education activity.”2

Policy

CAPCE has no legal obligation to detect or report plagiarism. However, CAPCE will check CAPCE-accredited courses and accreditation applications for originality and proper citation/referencing practices. Any article, course, presentation or other EMSCE offering that is submitted to CAPCE for accreditation is expected to be original work. CAPCE requires that all non-original work be properly cited.

CAPCE will reject any application for accreditation that is not original, is found to be plagiarized and/or is not properly cited or referenced.

CAPCE maintains the right to withdraw accreditation from any work that is found to be not original and not properly cited/referenced or is plagiarized. Work that is not original but is properly cited to the original author is acceptable.

CAPCE is not liable for acts of plagiarism discovered or not discovered by its review process.

Upon recognizing potential plagiarism in a CAPCE application, the CAPCE reviewer shall:

- Document his/her findings.
- Record as much information as possible.
- Contact the CAPCE office and report the incident.

References

Appendix G: Certification and Card Bearing Courses Policy

Introduction

CAPCE recognizes that EMS providers are required to maintain certification in a number of disciplines, including:

- CPR for Health Care Providers (CPR)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Advanced Medical Life Support (AMLS)
- Advanced Trauma Life Support (ATLS)
- Pediatric Education for Prehospital Professionals (PEPP)
- Advanced Pediatric Life Support (APLS)
- Pediatric Emergency Assessment, Recognition and Stabilization (PEARS)

EMS providers frequently maintain these certifications simultaneously.

EMS providers often maintain these certifications through distributive learning. There are a number of CAPCE-accredited organizations that offer these certification courses. The most popular are ACLS, PALS and CPR, and include practical skills evaluation as a required component. For example, it is difficult to know whether EMS providers have mastered CPR without having a qualified instructor observing them perform the component psycho-motor steps that comprise that skill. Practical skills evaluations are a necessary part of most, if not all, certification courses.

Because of the volume of accreditation applications for certification courses, CAPCE requires that CE providers who apply for accreditation of certification courses and the CAPCE reviewers who evaluate them adhere to the following requirements:

- The didactic content of such courses must be original work and properly referenced.
- Safeguards must prevent the user from skipping past the content to proceed directly to the final written post-test.
- The Continuing Education Hours assigned to each of these courses must be an accurate reflection of the time required to complete the content area successfully.
- CE providers of certification courses must put into place a credible, documented process for practical skills exams for all participants.
- A reviewable practical exam skill sheet must be available for review at the time of application.
• Although completion certificates and CEHs may be awarded upon completion of the didactic portion of a certification and the accompanying post-test, certification cards must not be accessible until such time as all content areas, written post-tests, and practical skills exams have been completed.

• Logos on certification cards must be easily distinguishable from those of other organizations that offer certification courses.

• Quantifiable evaluation forms must be completed by each participant so that content and practical skills exams can be objectively evaluated by students/participants.

If an organizationally accredited CE provider offers a certification course at the time it submits an application for organizational accreditation, this course must be reviewed as part of the application process. If the organization does not offer such a course at the time of application, but decides to do so at some point during the three-year accreditation period covered by the application, it must advise CAPCE and allow time for a review originated at CAPCE headquarters before making the course available to students.
Appendix H: Document Check List for Organizational Accreditation

- Letter of support from CEO
- Letter of recommendation from State EMS Office
- Job description for person responsible for maintaining CAPCE accreditation
- Policy for maintaining medical devices and consumable supplies
- Inventory of equipment
- Organizational Mission Statement
- Organizational Chart
- CV of Medical Director
- Applicants agreement with EMS Medical Director
- Physician Medical Director Job Description
- Example and data from most recent needs assessment
- Conflict of Interest Form
- Example of Summative Test
- Activity evaluation form
- Schedule of individual session
- CVs of all members of the program committee
- Rules and procedures concerning how the committee votes to approve activities
- Program (education) committee minutes from the previous 12 months
- CVs and Bios for the faculty for one activity
- Using one activity that your organization offers, attach materials form the planning process or program committee minutes for that activity in which you demonstrate compliance with the requirements outlined in section 2D
- Marketing materials from at least three activities
- Sample certificate
- Written policy signed by the CEO that describes how the organization collects the required information for each EMS provider
- Written plan for submitting course completion data to the CAPCE AMS
Appendix I: CAPCE Policy Changes Related Pandemic Response, Isolation And Social Distancing

The Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), by its charter, maintains national standards for the delivery of Emergency Medical Services (EMS) continuing education (CE). Those standards include requirements for active medical direction, valid post-tests, quality infrastructure, sound educational design including delivery methodology, marketing, evaluation, student record keeping and data reporting.

Statement of Purpose:

Many EMS practitioners rely on live face-to-face (synchronous) learning to complete CE requirements established by state EMS offices, local medical directors, and the National Registry of Emergency Medical Technicians (NREMT). The ability to attend live CE programs is vital for many of our EMS personnel to complete their recertification requirements. Few EMS Services have the resources to create and implement costly Virtual Instructor Led Training (VILT) programs.

Pandemic disease outbreaks make synchronous learning (SL) at live continuing educational meetings difficult and sometimes impossible to implement. Personal safety and the wellbeing of the population in general must take priority. Thus, existing CAPCE standards will be altered in times of pandemic or other health related emergencies at the discretion of the CAPCE Board of Directors for a period of ninety days. Pandemic response rules will be reviewed by the CAPCE Board of Directors at the conclusion of ninety days to determine if additional time is necessary. The CAPCE accreditation rule-change period may be extended for additional 90-day periods at the discretion of the CAPCE Board.

CAPCE accreditation pandemic response rule changes include the following:

1. CAPCE accredited live courses (F1) should be held using whichever virtual/electronic video conferencing service that is available to the education provider. Verification of student participation in the video conference is required.
2. Practical Skills exams that are required for card-bearing courses such as ACLS, PALS, PHTLS, etc, should be performed according to social distancing recommendations as allowed.
3. Practical Skills exams may also be completed via video conferencing provided that the candidate has the proper equipment to perform the required skills assessment and the evaluator has access to the relevant skills check sheet.
4. Typical post-tests for live card-bearing courses will be held or suspended at the discretion of the education sponsor where the safety of the instructor and students is paramount. Educational sponsors may also modify the testing requirements of their courses to include virtual testing or use of evidence-based innovative testing practice to accommodate training in pandemic-affected environments. CAPCE also allows for optional post-tests for courses that are live. Testing via live video conferencing is an acceptable replacement for live courses.
5. CAPCE may choose to waive per participant fees for courses related to the emergency/pandemic at its discretion. You should check with CAPCE staff for more information.

6. CAPCE will extend accreditation expiration dates for all accredited courses for a period of ninety days. The CAPCE Board will evaluate if additional extensions are needed at the conclusion of the first 90-day period.

7. CAPCE will extend accreditation expiration dates for all accredited organizations for a period of ninety days. The CAPCE Board will evaluate if additional extensions are needed at the conclusion of the first 90-day period.

8. When required due to travel restrictions and social distancing requirements, CAPCE will suspend in-person organizational site visits until such time as normal travel and reasonable traveler safety has resumed. Resumption of in-person site visits will be determined by the CAPCE Board of Directors. CAPCE may also consider virtual organizational site visits, if needed.

9. Organizations who receive a letter of provisional accreditation will remain on provisional accreditation status until such time as a site visit can be performed. Site visits will be scheduled in chronological order according to provisional accreditation date at the resumption of reasonably safe travel.

10. The CAPCE Board of Directors will review these rules every ninety (90) days throughout the emergency to see if additional actions are necessary.