



Advisory Committee Meeting Minutes

See last page for the purpose of the program's Advisory Committee, including a description and list of responsibilities.

SPONSOR / INSTITUTION NAME:			Northland Community and Technical College		
CoAEMSP PROGRAM NUMBER:			600089	DATE, TIME, + LOCATION OF MEETING:	Oct. 27 th , 2020, 17:00, 17:00 Zoom meeting
CHAIR OF THE ADVISORY COMMITTEE: ¹			Mark Jones		

ATTENDANCE					
Community of Interest	Name(s) – List all members. Multiple members may be listed in the same category.	Present – Place an 'x' for each person present	Agency/Organization		
Physician(s) (may be fulfilled by Medical Director)	Dr. Andrew Gasparini	X	Altru Family Residency		
Emergency Room Manager	Jamie Wald	X	Altru Health System		
Hospital Administrator	Mark Jones (Chair)	X	North Valley Health Center, Operations Director		
Employer(s) of Graduates Representative	Tim Nesdahl, NRP	X	Supervisor, Altru Ambulance Services		
Key Governmental Official(s)	Gary Larson		Emergency Manager, City of East Grand Forks, MN		
Fire Service/Faculty	Charles Marcott, EMT/FF		NCTC, Fire Technology Program Director		
Law Enforcement	Mike Ruit, LEO, NRP		Officer, GF PD, Paramedic, Altru Health System		
Public Member(s)	Stephanie Johnson	X	Lawyer UND		
Hospital / Clinical Representative(s)	Lorina Weymier, NRP		EMS Education Coordinator, Altru Health Systems		
Faculty	Dan Sponsler, BS, NRP	X	Flight Paramedic, Adjunct NCTC, Altru Health System		
Sponsor Administration ²	Jodi Stassen, MS		NCTC, Dean of Health, Nursing & Public Services		
Student (current)	Nathan Best	X	NCTC Student		
Student (current)	Kaylee Bolen	X	NCTC Student		
Graduate	Kim Nelson, NRP, RN		Altru Health System		
Graduate/Adjunct	Breon Schmietz, NRP	X	NCTC, Altru Health System		
Graduate	Andrew Lundstrom, NRP		UND School of Medicine Simulation Lab		
Graduate	Kirsten Medicaft, NRP		Altru Health System		
Graduate	Christina Connoles	X	Altru Health System		

¹ The best practice is that the chair is not the Program Director. The Advisory Committee is advising the program.

Community of Interest	Name(s) – List all members. Multiple members may be listed in the same category.	Present – Place an 'x' for each person present	Agency/Organization
Graduate	Alyssa Geatz	X	Altru Health System
Graduate	Darren Schemioneck	X	Altru Health System
Graduate	Eric Toutenhoofd		Altru Health System
Graduate/Adjunct	Ashley Black		NCTC, Altru Health System
Program Director, <i>ex officio</i> , non-voting member	Kelly Mikkelsen BA, NRP	X	NCTC, Altru Health System
Program Clinical Coordinator	Dennis Labahn, NRP	X	NCTC, Altru Health System

Agenda Item	Discussion	Action Required	Lead	Goal Date
1. Call to order	Why we are here and the importance of the advisory board. Also why we did not have a spring meeting due to covid but a couple emails were sent out. Thank you for your involvement with those emails.	Yes / No	Kelly	
2. Roll call	Everyone was introduced and why they are involved.	Yes / No	Kelly	
3. Review and approval of meeting minutes	<ol style="list-style-type: none"> 1. Talk about last years advisory minutes... 2. My concerns with going online 3. Age of students and work ethic 4. Difficulties Completion of Appendix G with online 5. Difference between other programs with multiple instructors and hours available 6. Concerns from the committee that this should happen some day but most of the committee agrees that this is a catch 22 meaning we will need so many more resources/faculty and we do not have the ability to do it as soon as we would like. The program director does not take this lightly and will continue to discuss with other program directors and continue education on it. 7. Discuss what changes covid made and how we overcame that. 8. Supplies given to students and pt scenarios done over zoom. 9. Approx 112 hours on zoom 10. Email sent with approval to have one "clinical" live patient date in lab setting.. 	Yes / No	Kelly	Continued to be reviewed and considered.

Agenda Item	Discussion	Action Required	Lead	Goal Date
4. Endorse the Program's minimum expectation [CAAHEP Standard II.C. Minimum Expectation] <input checked="" type="checkbox"/> "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Responder levels." <input checked="" type="checkbox"/> Establish / review additional program goals ²	1. The diploma portion is so new. How is it going and difficulties. 2. Discuss how I believe it was harmful for the students last year (2019) to go into the fall semester after a summer full of clinical experience and be that far away from the didactic portion of the program. 3. To try and fix that, I implemented all of the FISDAP exams to be taken again 4. This way it gets the students back into the books and more test ready	Yes / No	Kelly	Continue to monitor success
5. Endorse the Program's required minimum numbers of patient/skill contacts for each of the required patients and conditions [CAAHEP Standard III.C.2. Curriculum] <input checked="" type="checkbox"/> NEW Appendix G: Student Minimum Competency Matrix (<i>effective July 1, 2019</i>) <input checked="" type="checkbox"/> Review summary graduate tracking reports	1. Touch on the review and approval of last email sent out. 2. Bring up that we may need to add a clinical site for pediatrics because of Urgent care closing and that was a place where the students received a lot of pediatric contacts. 3. Dr. Gasparini agrees with this and knows the contacts to make it happen 4. Review Appendix G and the difficulties of achieving all of the goals set. 5. Committee agrees on using COAEMSP recommended minimums 6. Consider using grade scale for motivation for higher team leads	Yes / No	Kelly	Review and look into it more with Dennis for summer clinical 2021
6. Review the program's annual report and outcomes [CAAHEP Standard IV.B. Outcomes] <input checked="" type="checkbox"/> Annual Report data <input checked="" type="checkbox"/> Thresholds/Outcome data results <input type="checkbox"/> Graduate Survey results <input type="checkbox"/> Employer Survey results <input type="checkbox"/> Resources Assessment Matrix results <input type="checkbox"/> Other	1. Review Annual Report from 2018. 2. Different program director and instructor; new program will start to be tracked	Yes / No	Kelly	Continue to monitor

² Additional program goals are not required by the CAAHEP Standards. If additional program goals are established, then the program must measure them.

Agenda Item	Discussion	Action Required	Lead	Goal Date
<p>7. Review the program's other assessment results [CAAHEP Standard III.D. Resource Assessment]</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Long-range planning <input type="checkbox"/> Student evaluations of instruction and program <input type="checkbox"/> Faculty evaluations of program <input type="checkbox"/> Course/Program final evaluations <input type="checkbox"/> Other evaluation methods 	<ol style="list-style-type: none"> 1. Discuss possible cohort of 2021 and possible low numbers 2. Hoping we get past the covid difficulties with enrollment rates (college wide) and a tough career to start during a pandemic 3. A lot of fantastic marketing ideas brought up. Social media posts with testimonials on why to be a paramedic, flyers sent to volunteer companies on how to become a paramedic, reaching out to outlying services about possibly sponsoring students to become paramedics etc. 4. Discussed the possibility of Kelly going out to EMT classes all around and promoting Northland for paramedic school 5. 6 students started the program 2020 and 6 are going into their internship now. 	Yes / No	Kelly, but a ton of discussion from everyone in the meeting	Start ASAP and continue
<p>8. Review program changes (possible changes)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Course changes (schedule, organization, staffing, other) <input checked="" type="checkbox"/> Preceptor changes <input checked="" type="checkbox"/> Clinical and field affiliation changes <input checked="" type="checkbox"/> Curriculum changes <input checked="" type="checkbox"/> Content <ul style="list-style-type: none"> o Sequencing 	<ol style="list-style-type: none"> 1. A lot of discussion on preceptors at Altru and trying to evaluate if there is a way to give incentive to the preceptors for training the students. Much more discussion and brainstorming needed. 	Yes / No	Kelly/Tim	Needs more discussion
<p>9. Review substantive changes (possible changes) [CAAHEP Standard V.E. Substantive Change]</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Program status <input type="checkbox"/> Sponsorship <input checked="" type="checkbox"/> Sponsor administrative personnel <input checked="" type="checkbox"/> Program personnel: PD, Lead Instructor, other <input type="checkbox"/> Addition of distance education component <input type="checkbox"/> Addition of satellite program 	<ol style="list-style-type: none"> 1. Program sustainability report 2. Annual report from 2018 and reaching all thresholds 3. Explain the importance of having the lab assistants to be able to achieve goals and have differing points of view 	Yes / No	Kelly/Dan	
<p>10. Other identified strengths</p>	<ol style="list-style-type: none"> 1. First year in the books and only hoping to become better at teaching 2. Lab assistants – could not do it without them 	Yes / No	Kelly	

Agenda Item		Discussion	Action Required	Lead	Goal Date
		3. Committee unanimously agrees we continue to have the lab assistants "actors" to help with achieving appendix G requirements			
11.	Other identified weaknesses	1. Program numbers and how covid has affected the program 2. Hoping to bounce back next year with enrollment numbers	Yes / No	Kelly	
12.	Identify action plans for improvement	1. Increase marketing and recruitment 2. Continue to research possibility of going hybrid/online	Yes / No	Kelly	As soon as possible
13.	Other comments/recommendations		Yes / No		
14.	Staff/professional education	Kelly obtaining PHTLS instructor planning on attending accreditation workshops as much as possible	Yes / No		
15.	COAEMSP/CAAHEP updates		Yes / No	Kelly/Dan	
16.	Next accreditation process (i.e., self-study report, site visit, progress report)	1. Next self study 2023	Yes / No		
17.	Other business		Yes / No		
18.	Next meeting(s)	Spring 2020	Yes / No		
19.	Adjourn	Great discussion and a lot of committee involvement with recommendations and comments	Yes / No		

Minutes prepared by _____
 Minutes approved by _____

Kelly Mikkelsen BA, NRP

Mark Jones sign X

NCTC EMS Advisory Committee Chair

Date 10-29-20
 Date 10/29/20

PURPOSE OF THE ADVISORY COMMITTEE

The Advisory Committee must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts. [CAAHEP Standard II.B. Appropriate of Goals and Learning Domains]

Additionally, program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. [CAAHEP Standard II.A.]

Responsibilities of the Advisory Committee

- Review and endorse the minimum program goal.
- Review and endorse the required minimum numbers of patient/skill contacts for each of the required patients and conditions.
- Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
- Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
- Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
- Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
- Provide recommendations for curricula enhancements based on local needs and scope of practice.
- Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
- Complete an annual resource assessment of the program.

CoAEMSP Program #: 600089

(the 600xxx number assigned by CoAEMSP)

Sponsor/Institution Name / Year:

Northland Community & Technical College

2020

<== Revise year as needed

Current Accreditation Status:

Date Completed:

(e.g., m/d/yyyy)

Number of Students Evaluated:

The tables below have been populated with the CoAEMSP's **Recommended** Minimum Numbers of student competencies for each listed category except for the pediatric age subgroups. The **REQUIRED** minimum numbers of student competencies for each of the pediatric age subgroups is two (2) or more. If the program required minimum number(s) differ(s) from the CoAEMSP **Recommended** Minimum Number(s) for any competencies other than the pediatric age subgroups, the number(s) in the Program Required Minimum Numbers column should be adjusted accordingly. If desired, programs can determine their own required minimum number for any student competency category that does not contain a CoAEMSP **Recommended** Minimum Number.

Standard III.C.2 Programs must establish and require minimum numbers of student competencies (i.e., skills, patient ages, differential diagnosis or complaints, team leads, etc). The minimum competency numbers must be approved by the Medical Director, endorsed by the Advisory Committee, and documented in Advisory Committee minutes. There must be at least an annual documented evaluation of the established minimums to determine ongoing graduate competency.

Standard IV.A.2.b. Programs must track at least all of the procedures listed below. Program tracking documentation must show 100% of program graduates have met 100% of the program minimums.

NOTE: Programs holding the status of Letter of Review (LoR) MUST also establish and track minimum competencies to ensure graduate competency.

TABLE 1					
Required Competencies, Skills, Ages, Differential Diagnoses, and Complaints on Patients in Clinical, Field Experience, or Capstone Field Internship	COAEMSP <i>Recommended</i> Minimum Numbers	Program Required Minimum Numbers	Average (most recent graduating cohort)	Range (provide actual numbers) [lowest number] — [highest number]	
Trauma	30 Total	30		—	
Trauma - Pediatric	6	6		—	
Trauma - Geriatric	6	6		—	
Pediatrics* *Each pediatric age subgroup REQUIRES at least two (2) or more live encounters	18 Total	18		—	
Newborn*	2	2		—	
Infant*	2	2		—	
Toddler*	2	2		—	
Preschool*	2	2		—	
School-/Aged*	2	2		—	
Adolescent*	2	2		—	
Medical	60 Total	60		—	
Medical - Pediatric	12	12		—	
Medical - Geriatric	12	12		—	
Stroke and/or TIA	2	2		—	
Acute Coronary Syndrome	2	2		—	
Cardiac Dysrhythmia	2	2		—	
Respiratory Distress and/or Failure	2	2		—	
Hypoglycemia or DKA or HHS	2	2		—	
Sepsis	2	2		—	
Shock	2	2		—	
Toxicological Event and/or OD	2	2		—	
Psychiatric	6	6		—	
Altered Mental Status	2	2		—	
Abdominal Pain	2	2		—	
Chest Pain	2	2		—	
Skills					
IV Medication Administration	20	20		—	
IM or SQ Injection	2	2		—	
Inhaled Medication (MDI, Nebulizer)	2	2		—	
Team Leads in Capstone Field Internship	20 Total	20		—	

Hover cursor over above cell to see definition of team leads

**No
(varied progression)**

Programs may elect to strictly follow the progression sequence in Table 2 (completing 100% of each column prior to advancing to the next column) or they may choose to vary progression slightly according to the NREMT PPCP. Select "Yes" if the program strictly followed the progression sequence of Table 2. Select "No" if the program routinely varied progression from one column to next. (Note: There is no incorrect response).

TABLE 2

**Sequence of Learning
Progression:**

Required Competencies and Skills Prior to Capstone Field Internship *must have at least one successful instructor evaluated and documented performance before starting the related individual skill scenario	Individual Skill Evaluation		Individual Skill Scenario		Live Application Individual Skills		"Putting it all together" Evaluation of Skills in a Comprehensive Laboratory Scenario or Live Patient Encounter	
	Individual Student Competency Evaluation in the Laboratory (Min # of Times)	COAEMSP Recommended	Individual Student Competency Evaluation in a Laboratory Scenario (Min # of Times)	COAEMSP Recommended	Isolated Skill Competency Performed and Evaluated on Live Patient ONLY (Total Min # of Times)	COAEMSP Recommended	Skill Competency Performed and Evaluated in a Laboratory Scenario or on a Live Patient in the Clinical or Field Experience (Total Min # of Times)	COAEMSP Recommended
*Obtain a Patient History from an Alert and Oriented Patient	2	2					8	8
*Comprehensive Normal Physical Assessment - Adult	2	2						
*Comprehensive Normal Physical Assessment - Pediatric	2	2	2	2	2	2		
*Direct Orotracheal Intubation - Adult	10	10	2	2			12	12
*Direct Orotracheal Intubation - Pediatric	10	10	2	2			12	12
Nasotracheal Intubation - Adult	2	2						
Supraglottic Airway Device - Adult	2	2	6	6			12	12
*Needle Cricothyrotomy (percutaneous Translaryngeal Ventilation)	2	2	4	4			2	2
CPAP and PEEP	1	1	2	2			2	2
*Trauma Physical Assessment - Adult	2	2	2	2	6	6	6	6
Trauma Endotracheal Intubation - Adults	2	2	2	2			2	2
*Pleural Decompression (Needle Thoracostomy)	2	2	2	2			2	2
*Medical including Cardiac Physical Assessment	2	2	2	2	40	40	10	10
*Intravenous Therapy	2	2	10	10	20	20	15	15
*IV Medication Administration	2	2	2	2	2	2	10	10
*Intravenous Piggyback Infusion	2	2	2	2				
*Intraosseous Infusion	2	2	4	4			2	2
*Intramuscular Medication Administration	1	1	1	1			1	1
*Subcutaneous Medication Administration	1	1	1	1			1	1

*Synchronized Cardioversion	2	2	4	4			10	10
12-Lead ECG Placement						4		
*Defibrillation	2	2	4	4			10	10
*Transcutaneous Pacing	2	2	4	4			10	10
Normal Delivery with Newborn Care	1	1	2	2			4	4
*Abnormal Delivery with Newborn Care	1	1	2	2			4	4
Neonatal Resuscitation Beyond Routine Newborn Care	1	1	2	2			4	4
Totals	60	60	64	64	74	74	139	139

TABLE 3

**Total Minimum Number of Scenarios Where the Student serves as Team Leader OR
Total Minimum Number of Scenarios Where the Student serves as Team Member
but Prior to Capstone Field Internship**

Laboratory Scenario Pathology or Patient Complaint	COAEMSP <i>Recommended</i> Minimum # as Team Leader	Program Required Minimum # as Team Leader			COAEMSP <i>Recommended</i> Minimum # as Team Member	Program Required Minimum # as Team Member		
		Pediatric	Adult	Geriatric		Pediatric	Adult	Geriatric
Respiratory Distress and/or Failure	1 Pediatric	1			Total of 10 Team Member Evaluations in ANY Scenario*			
Chest Pain								
Cardiac Dysrhythmia and/or Cardiac Arrest	1 Adult		1					
Stroke	1 Geriatric			1				
Overdose								
Abdominal Pain								
Allergic Reaction and/or Anaphylaxis								
Hypoglycemia or DKA or HHNS								
Psychiatric								
Seizure								
Obstetric or Gynecologic	1 Adult		1					
Delivery with Neonatal Resuscitation	1 Neonate	1						
Trauma (blunt, penetrating, burns, or hemorrhage)	1 Pediatric & 1 Adult	1	1					
Shock								
Sepsis	1 Geriatric			1				
Elective (any two additional from above)*	2 (any two additional from above)	2			*A total of ten (10) Team Member Evaluations are required for each student. How many Team Member Evaluations does the program require for each student? Please Note: The program will be required to identify those Team Member Evaluations for each student in the summary tracking documentation.	10		
*A total of ten (10) Team Lead Evaluations are required; eight (8) are recommended for each student. How many elective Team Lead Evaluations does the program require for each student? Please Note: The program will be required to identify those electives for each student in the summary tracking documentation.								
Minimum Number of Team Lead Evaluations (with all recommended minimums achieved)	10	5	3	2	Total of 10 Team Member Evaluations in ANY Scenario	10		

TABLE 4

Basic Competencies to be Evaluated in Laboratory Prior to Any Live Patient Encounters in Clinical, Field Experience or Capstone Field Internship		Peer Evaluation with Instructor Oversight		Instructor Evaluation in Scenario Prior to Capstone Field Internship	
Basic Competencies Lab overseen by instructor as students check off each other (peer evaluation). There must be at least 1 peer evaluation for each of the following Competencies.		COAEMSP <i>Recommended</i>	Program Required Minimum	COAEMSP <i>Recommended</i>	Program Required Minimum
Spinal Immobilization Adult (Supine Patient)		1	1	2	2
Spinal Immobilization Adult (Seated Patient)		1	1	2	2
Joint Splinting		1	1	2	2
Long Bone Splinting		1	1	2	2
Traction Splinting		1	1	2	2
Hemorrhage Control		1	1	2	2
Intranasal Medication Administration		2	2	2	2
Inhaled Medication Administration		2	2	2	2
Glucometer		2	2		
12-lead ECG placement		2	2	2	2
CPR Competencies Lab equivalent to AHA BLS for Healthcare Providers overseen by instructor as students check off each other:					
1 & 2 Rescuer CPR for Adults		1	1	2	2
1 & 2 Rescuer CPR for Children		1	1	2	2
1 & 2 Rescuer CPR for Infants		1	1	2	2
Bag/Mask Technique and Rescue Breathing for Adults		1	1	1	1
Bag/Mask Technique and Rescue Breathing for Children		1	1	1	1
Automated External Defibrillator		1	1		
Relief of Choking in Infants		1	1	1	1
Relief of Choking in Patients 1 Year of Age and Older		1	1	1	1

Briefly describe the tracking system by which the program will collect the above data.
We utilize FIDAP for all of the Appendix G tracking. Table 2 is mainly in progression but slight variability due to what skills/scenarios get put into didactic classes.

State the Program's specific action plan for students who do not meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical experience and field experience/internship activities).
For students who do not meet the requirements in the scheduled time allotted they will be scheduled for additional clinicals, scenarios and/or capstone shifts as needed for them to meet the graduation requirements.

Medical Director Approval Required

Dr. Andrew Gasparini	10/27/2020
Print Name in Box Above	Date (mm/dd/yyyy)
<input checked="" type="checkbox"/> Checking this box constitutes an electronic signature for Medical Director approval for the above program required minimum numbers.	

Please Note: If the Associate Medical Director has approved the above program required minimum numbers, then the program must be able to provide evidence the program Medical Director has delegated this duty to the Associate Medical Director for review during on-site evaluations or at any point evidence is requested by the CoAEMSP.

Advisory Committee Endorsement Required

Date on which the Advisory Committee ENDORSED
the above program required numbers:

10/27/2020 (mm/dd/yyyy)

Note: The Student Minimum Competency (SMC) Matrix [formerly known as APPENDIX G] and the program Advisory Committee meeting minutes indicating endorsement should be kept together and provided as a single PDF file when submitting as evidence to the CoAEMSP.

Total number of competencies less than the CoAEMSP's Recommended Minimum Numbers:

0

Programs must provide one (1) or more Student Minimum Competency (SMC) Matrix [formerly known as APPENDIX G] Rationale Form which address **EACH** of the Program Required Minimum Competency numbers that are less than the CoAEMSP's Recommended Minimum Numbers. If a single Student Minimum Competency (SMC) Matrix Rationale Form addresses more than one (1) competency number less than the CoAEMSP's Recommended Minimum Numbers, then each competency addressed must be listed on the Student Minimum Competency (SMC) Matrix Rationale Form. The Total number of competencies less than the CoAEMSP's Recommended Minimum Number is immediately above this box and must be addressed using the Student Minimum Competency (SMC) Matrix Rationale Form in addition to the Student Minimum Competency (SMC) Matrix [formerly known as APPENDIX G]. This total number is based on the completed tables (1-4) above and have remained "**RED**" in the Program Required Minimum columns, along with an alert note on the right side of the table which indicates further documentation is required. For example, if a number "3" appears in the Total number of competencies less than the CoAEMSP's Recommended Minimum Numbers box, then there are three (3) competencies that have remained "**RED**" in the Program Required Minimum columns and the program will need to address each of the competencies that have remained "**RED**" in the Program Required Minimum columns.

The Student Minimum Competency (SMC) Matrix Rationale Form requires the program to provide the (1) rationale, (2) process for that specific competency number, and (3) evidence used in establishing any minimum competency numbers that are less than the CoAEMSP's Recommended Minimum Numbers. Once this documentation has been gathered and completed, then the documentation must be included and named as instructed for either the self-study or response to the Findings Letter/Progress Reports. The Student Minimum Competency (SMC) Matrix Rationale Form is available on the Resource Library page in the Resource Assessment section of the CoAEMSP website.

The program should contact Mr. Doug York at the CoAEMSP with any questions regarding minimum competency numbers which are less than the CoAEMSP's Recommended Minimum Numbers.

The program should contact Lisa Collard at the CoAEMSP with any questions regarding the instructions for including the documentation in the Self Study Reports or the response to the Findings Letter/Progress Reports.

Doug York
Contact:

doug@coaemsp.org

214-703-8445 ext 119

Lisa Collard Contact:

lisa@coaemsp.org

214-703-8445 ext 118