

ASSOCIATES IN EMERGENCY CARE

Program Catalog 2023
8886 Rixlew Lane
Manassas, Virginia 20109
301.703.8187
Revised October 2023

www.associatesinemergencycare.com

SPECIAL NOTICE

The statements set forth in this catalog are for information purposes only and should not be construed as the basis of a contract between students and this institution. Associates in Emergency Care is an equal opportunity education institution, does not discriminate on the basis of sex, race, age, religion, or national origin in employment, admissions, or activities.

The statements, terms, policies, and procedures in this catalog apply to the main and satellite locations.

ACCREDITATION STATEMENT

The Paramedic Program is accredited by the commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
727-210-2350
www.caahep.org

To contact CoAEMSP:
214-703-8445
www.coaemsp.org

The EMT and AEMT programs are not accredited through CAAHHEP. All programs offered by Associates in Emergency Care are accredited by the Virginia Office of Emergency Medical Services division of the Virginia Department of Health. Verification of accreditation can be found here: [Directory of Accredited Sites](#).

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ASSOCIATES IN EMERGENCY CARE PERSONNEL

FOUNDER



Sal E. Marini, MS, NRP founded AEC in February of 1998. He and his wife Renee have been full-time medical missionaries in Zambia, Africa since August of 2005. They founded a medical clinic in Livingstone, Zambia that now treats more than 1200 patients a month. In addition to the clinic, they built their own lab facility and a 10-bed maternity ward. They are an approved HIV ART center and weekly travel to villages to provide patient care and under 5 immunization clinics to those that cannot reach the clinic. During these years, Sal has delivered more than 6000 babies. His passion for EMS and medical education has never ceased. Even across the world he continues to teach and lend his expertise to those willing to learn. The medical clinic has become a place for nursing students in Zambia to gain their clinical hours and competencies.

DEAN OF STUDENTS: SHAUN MARINI

Shaun began his journey with AEC in March of 2004, to run the family business while his parents became full time medical missionaries in Livingstone, Zambia. His managerial



background in business and finance has helped to grow and nourish the school into what it is today. In January 2018 he purchased the company from his parents with the goal of continuing his father's legacy and vision. His passion is for success: the success of AEC's students, successful growth of AEC's instructors and leadership, and success in the overall reputation of AEC as an EMS educational institution.

DIRECTORS

OPERATIONS DIRECTOR: RAYMOND VELASQUEZ, JR. AS, NRP, CCEMT-P, FP-C



Ray has worked with AEC since 2010, as an Instructor, Program Director, and Program Coordinator. He is a Firefighter/Paramedic with Spotsylvania County and previously for Caroline County. He has multiple certifications in Fire and EMS, including ACLS and PALS Instruction, CPR, ITLS and Critical Care and Flight Paramedicine. In 2017, Ray earned the Rappahannock EMS Council Regional Award for Outstanding Prehospital Educator and continues to inspire and motivate students toward EMS excellence. His enthusiasm for EMS education and his ability to encourage students to succeed has helped AEC to become one of the most successful EMS educational institutions in the state of Virginia.

ADMINISTRATIVE DIRECTOR: KIM PUMPHREY AS, NRP



Kim has been with AEC since 2018; holding the positions of instructor, Program Coordinator, AHA Training Center Coordinator, and now, Administrative Director.

Kim has 35+ years of EMS experience as both a volunteer and career provider and has been a Nationally Registered Paramedic for 29 years. She retired as a Battalion Chief after 26 years of service with Prince William County Dept of Fire & Rescue.

Kim has taught courses in EMT, Advanced EMT and Paramedic; is an AHA instructor for BLS, ACLS and PALS; has delivered continuing education programs; and has delivered educational training at the Virginia EMS Symposium.

During Kim's tenure in fire and rescue, she served as a member of the Virginia Governor's EMS Advisory Committee; the Northern Virginia EMS Council; the Council of Government (COG) EMS Advisory Committee and Operations Committee; as well as commanded large-scale events such as the Presidential Campaign, Tiger Woods PGA Tournament, and the Sesquicentennial for the Battle of Bull Run.

PROGRAM DIRECTOR: COLIN GRAHAM, MBA, NRP, EC

Colin has been involved in Fire and EMS since he was 16 years old. He has served his community in various roles from EMT to Critical Care Flight Paramedic. He holds numerous instructor certifications including NAEMSE 1 and 2, AHA ALCS, PALS, and BLS, NAEMT, and his Virginia Office of EMS Education Coordinator. Colin has also obtained his Master's Degree in Business Administration and is currently working on his Doctorate in Education.



MEDICAL DIRECTOR: JEFFREY JOSEPH, DO, FACEP

Dr. Joseph has been the Medical Director for AEC since its inception in 1998. Previously, he was involved with Prehospital Education with Sal Marini. He has been a practicing Emergency Physician in Virginia since 1986. He has also worked in Hospice and Palliative Care and in Urgent care. Dr. Joseph also does international medical missionary work and is the Medical Advisor for the Northern Virginia Human Trafficking Initiative in Reston, Virginia.

ADMINISTRATIVE STAFF

ACCOUNTING
Cori Stechsulte



**CLINICAL
COORDINATOR**
Iveth Marini, NRP



OFFICE MANAGER
Kristina Boberg, AS, BA



**AHA TRAINING CENTER
COORDINATOR**
Ashley Klein



ADMINISTRATIVE ASSISTANT
Antonae Shuff



EDUCATIONAL FACULTY

Directors and Coordinators

Velasquez, Raymond Operations Director Lead Instructor	Associate of Science 2006 Emergency Medical Services Mt. San Antonio College EMS Experience: 20 years
Graham, Colin Program Director	Master of Business Administration Health/Health Care Administration Western Governors University EMS Experience:
Tobin, Dave Paramedic Full Time Instructor Program Coordinator	Paramedic Certification 1994 Fairfax County Fire and Rescue EMS Experience: 26 years
Stewart, Matthew Paramedic Full Time Instructor	Bachelor of Science in Progress Fire Science Columbia Southern University EMS Experience: 12 years
Ritenour, Samantha Paramedic Full Time Instructor	Bachelor of Biochemistry In Progress University of Mary Washington Paramedic Certification 2021 Associates in Emergency Care EMS Experience: 3 years
Klein, Ashley Paramedic Program Coordinator	Associate of Science Emergency Medical Services Columbia Southern University Paramedic Certification 2022 Associates in Emergency Care EMS Experience: 3 years
Blevins, Aaron Paramedic Program Coordinator Lead Instructor: Bristol	Associate of Applied Science Medical Services Technology 2012 Virginia Highlands Community College EMS Experience: 11 years
Cantwell, Patrick Paramedic Program Coordinator	PhD George Washington University Paramedic Certificate 2016 Associates in Emergency Care EMS Experience: 17 years
	Paramedic Certification

Lonzo, Rosanna Paramedic Program Coordinator	2008 Virginia Commonwealth University EMS Experience: 14 years
Love, Jennifer Paramedic Program Coordinator Lead Instructor: Spotsylvania	Bachelor of Science 2009 Administration of Justice George Mason University Fairfax, VA Paramedic Certificate 2017 EMS Experience: 10 years
Phillippi, Jeremy Paramedic Program Coordinator	Associate of Applied Science 2016 Virginia Highlands Community College EMS Experience: 5 years
Sweeney, Jacob Paramedic Program Coordinator	Paramedic Certification 2018 Associates in Emergency Care EMS Experience: 4 years
Bering, Kerry Paramedic Program Coordinator	Bachelor of Science - Biology Paramedic Certification 2013 University of North Carolina at Wilmington EMS Experience: 16 years

For additional Faculty, see published Addendum.

2023 ADVISORY COMMITTEE

Physicians	Dr. Jeffrey Joseph Dr. Michael Londner	D.O., F.A.C.E.P. Assistant Medical Director
Employers of Graduates Representatives	Amit Patel	Richmond Ambulance Authority
	Terence Graves	Hampton Fire and Rescue
Government Official	Ray Whatley	Executive Director of the Northern Virginia EMS Council
Police and Fire Services	Erin Mustian	Alexandria Fire Department
Hospital/Clinical Representative	Christina Rauch	Mary Washington Healthcare
Sponsor Administration	Jenni-Meade Hartle	Stafford County
	Amy Wilmerton	Stafford County
Student	Anthony Srebnick	
Graduate	Johanna Hernandez	

OWNERSHIP OF AEC

AEC is a Limited Liability Company founded in 1998 by original members Sal and Renee Marini. On January 1, 2018, membership was transferred to Shaun Marini, who retains 100% membership interest.

PROGRAMMATIC ACCREDITATION PARAMEDIC PROGRAM ACCREDITATION

The Stafford County and Associates in Emergency Care Consortium is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs

727-210-2350

www.caahep.org

To contact CoAEMSP:

214-703-8445

www.coaemsp.org

VIRGINIA OFFICE OF EMS ACCREDITATION

Manassas

- National, Continuing Accreditation
- Site Number 15315
- AEMT, EMT, Paramedic
- Expiration Date: 12/31/2050

Alexandria

- National, Continuing Accreditation
- Site Number 51004
- AEMT, EMT, Paramedic
- Expiration Date: 12/31/2050

Stafford

- National, Continuing Accreditation
- Site Number 17908
- AEMT, EMT, Paramedic
- Expiration Date: 12/31/2050

Virginia Beach

- National, Continuing Accreditation
- Site Number 81075
- EMT, Paramedic
- Expiration Date: 12/31/2050

Orange County

- National, Continuing Accreditation
- Site Number 13722
- Full Accreditation
- Expiration Date 12/31/2050

Spotsylvania

- National, Continuing Accreditation
- Site Number 17707
- AEMT, Paramedic
- Expiration Date: 12/31/2050

Bristol

- National, Continuing Accreditation
- Site Number 19129
- Paramedic
- Expiration Date: 12/31/2050

Winchester

- National, Continuing Accreditation
- Site Number 84020
- AEMT, Paramedic
- Expiration Date: 12/31/2050

Hampton

- National, Continuing Accreditation
- Site Number 65032
- EMT, Paramedic
- Expiration Date 12/31/2050

PROGRAM INFORMATION

The Paramedic program has been designed based on the 2021 publication by the U. S. Department of Transportation of the National Emergency Medical Services Education Standards: Paramedic Instructional Guidelines. These instructional guidelines were based on a national EMS practice analysis completed by the National Registry of Emergency Medical Technicians.

INTRODUCTION

MESSAGE FROM THE DEAN

I would like to personally welcome you to AEC's EMS education legacy. We are excited that you have made the decision to advance your EMS education and honored that you have chosen to do so with AEC. You are about to venture into a very challenging, but most rewarding program.

I have had the honor and privilege of purchasing AEC from founder Sal Marini in 2018 and continue the educational legacy he started. I took over the operations of the school in 2005 and have enjoyed the blessing of watching thousands graduate his founded programs. AEC is one of the very first nationally accredited programs in the state of Virginia. AEC has been nationally accredited by CAAHEP upon the recommendation of CoAEMSP since 2003.

We are here for you as the student and your desire to learn.

Again, we couldn't be more excited to partner in this academic venture with you. Your success is our mission and I look forward to meeting each of you at the starting line.

MISSION STATEMENT

The mission of Associates in Emergency Care is to provide an education that will prepare our students for a successful career in Emergency Medical Services, and to serve their communities with Excellence, Integrity, and Commitment.



Since 1998, Associates in Emergency Care has offered educational opportunities to students with a passion for Emergency Medical Services from all over the Washington, DC Metropolitan area. We offer several Emergency Medical Services programs throughout the region, from Virginia Emergency Medical Technician and Advanced EMT to National Registry Paramedic. We promise straightforward instruction and provide the latest in educational tools.

In the ever-changing world of EMS, we keep current healthcare providers up to date with the latest in EMS trends through continuing medical education (CME) programs, full certification, and re-certification in CPR, ACLS, and PALS.

At AEC, we are committed to the highest standards of ethics and integrity. We are responsible to our clients, AEC employees, to our accredited sites and clinical sites and most importantly to our students. In discharging our responsibilities, we do not take any professional or ethical shortcuts. Our interactions with all segments of our business must reflect the high standards we profess.

HISTORY OF AEC



With almost 10 years of EMS field experience under his belt, Salvatore (Sal) Marini was working as a paramedic for the City of Pittsburgh on a cold winter day in 1985 when life for him would drastically change. While moving a patient on a stretcher down some icy steps, he fell and tore his rotator cuff. Since there was no laparoscopic surgery in 1985, he was left with an 8-inch scar across the top of his shoulder as an everyday reminder. Unfortunately, that would end his career as a field provider, but unbeknownst to him at the time would be the beginning of something greater.

In 1988, Sal was hired to teach at George Washington University for their paramedic degree program. This uprooted the entire family including his oldest son Shaun out of 6th grade to go live in Maryland. For the next 10 years, Sal educated providers both at the main campus in D.C. as well as predominately at the Virginia satellite campus in Fairfax County known as CPEC or Commonwealth Prehospital Education Center. After becoming a household name in the metropolitan region as a no-nonsense, you “will” earn this certification type of educator, his faith led him to start Associates in Emergency Care (AEC) in February of 1998. Six years later, his oldest son Shaun Marini entered the picture. Sal and his wife were called as medical missionaries to Zambia Africa and left the US in August of 2005. They have been there faithfully serving for the past 16 years, travelling back and forth to the states for a month or two at a time every 1-2 years to see family and friends. This was a drastic change that left AEC in need of a leader.

Shaun Marini had held leadership and managerial positions since he was 16, but he never held a position within the realm of EMS. He was EMS nothing, but he knew business, numbers and how to utilize the appropriate resources. He seemed the logical choice to be left handling and overseeing the family business. With coaching and guidance in the beginning and then on the job training and self-education, Shaun took AEC to what it is today. The company not only survived the turmoil of change but is now flourishing beyond expectation. Wanting to quit several times along the way with many accounts of financial strain, he was given the strength to stay the course and overcome the adversities.

Although AEC went through some business struggles, it never fell short on the education side. Proudly, AEC always had high standards and high pass rates, regardless of the number of students in the classroom or how many satellite locations they had at the time. AEC has had the same ups and downs as every other school or organization over the years: lose one satellite location, but then gain three more; worry about low enrollment for one class, but then have overwhelming enrollment for the next; or part ways with one Program Director only to acquire one better for the long run, etc.

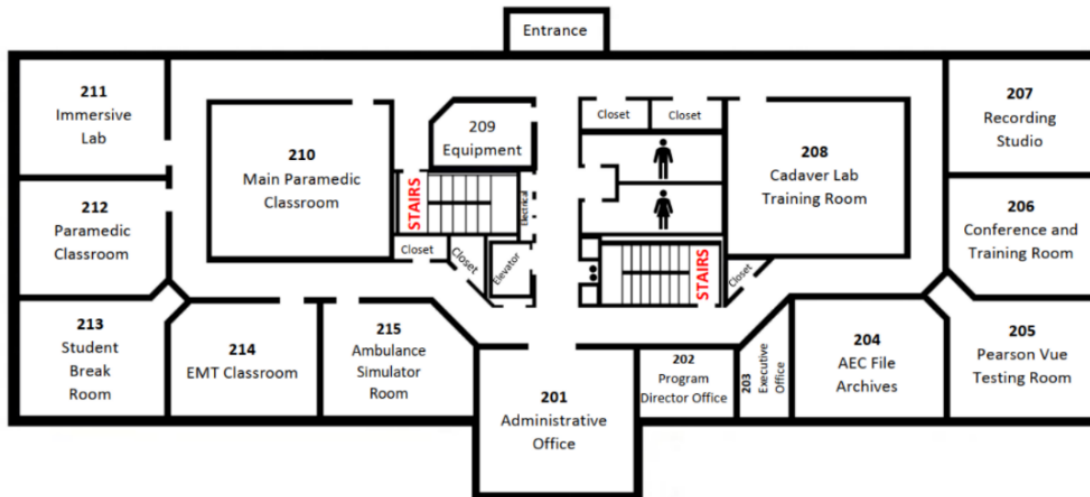
AEC has gone from teaching solely in fire stations to now having a 10,000 sq. ft. main campus location. At one time there were only two paramedic programs in a year, but today AEC runs up to 20 programs across 11 different cities in Virginia. Satellite campuses pull enrollment from not only Virginia, but Maryland, District of Columbia, West Virginia, Tennessee, and Kentucky. AEC today is the largest paramedic school in the state of Virginia and among the top four in the nation for enrollment. In January of 2018, Shaun was blessed when he was able to purchase the business from his father. He is looking forward to many years of continuing the legacy.

The overall goal of AEC is the success of students, making sure the very best EMT and Paramedic clinicians are put on the streets providing quality care in the communities they serve. AEC has high aspirations for the future and hopes that one day the sign on the building will say AEC University, but until that time comes, we will place one foot in front of the other with our focus on the faces that sit in our classrooms today.

AEC FACILITIES

MAIN CAMPUS

AEC Training Center
8886 Rixlew Lane, Second Floor
Manassas, VA 20109



Located in the Historic District of Manassas, Virginia, AEC's main campus is located on the 10,000 square foot second floor of building III of the Wellington Business Center. AEC has been operating from this location since April of 2019.

It has been adapted to suit the needs of growing enrollment, and now can provide space for every aspect of training needed for student success. The facility includes three large classrooms, equipped with digital whiteboards loaded with software for presentations, cardiology training, and multi-location simultaneous collaboration using the integrated tracking camera system. A new simulation lab uses projectors, laser mapping, and surround-sound to immerse participants in interactive scenarios to emulate real-life rescue settings.



A custom built, fully equipped SimRig® ambulance simulator with integrated audio and video capabilities allows the students to complete formative and summative scenarios from start to finish in a realistic manner and share the data remotely for evaluation.



AEC also has a dedicated cadaver lab for both Paramedic and EMT programs, allowing the students the opportunity to perform airway, ventilation, infusion, and other procedures with more realism. Hundreds of scenarios can be created using low and high-fidelity simulations with the large selection of infant, child, and adult, IV, IO, CPR, and airway management training manikins. A full range of Trauma, IV, Cardiology and Obstetric equipment is available for all levels of training from EMT to Paramedic at the main campus and all satellite locations.

Each program is designed to accommodate a maximum of 30 students and maintains a student to instructor ratio of 6:1. This limited class size and small ratio allows for more attentive instruction and gives each student the best opportunity to learn and succeed. The size and setup of the facility is sufficiently equipped and arranged to effectively educate and train full classes and break-out sessions.

Typically, lectures are conducted as a full class with one or two instructors and labs are divided into small teams whose numbers are based on the specific skill or lab type, and an instructor is assigned for each team or lab group.



STATE ACCREDITED SATELLITE LOCATIONS

AEC contracts with local EMS departments and provides training in many satellite locations throughout the state of Virginia. These satellite locations are accredited through the Virginia Office of Emergency Medical Services (OEMS) and these accreditations are contingent on AEC's valid CAAHEP accreditation.

The programs provided to these fully equipped satellites are identical to those taught at the main campus. The topics and content, along with the assessments and educational resources are consistent through all cohorts and programs. All locations use the same faculty and have access to the same administrative support staff. Student records are kept at the main campus and are accessible if needed.

Alexandria	Joshua Weissman Professional Development Center 1108 Jefferson Street Alexandria, VA 22314
Bristol	1601 Euclid Avenue Bristol, VA 24201
Hampton	1300 Thomas Street Hampton, VA, 23669
Orange County	Orange County Rescue Squad 151 Berry Hill Road Orange, VA 22960
Richmond	Richmond Ambulance Authority 2400 Hermitage Rd Richmond VA 23220
Spotsylvania County	Shannon Training Center 8711 Courthouse Road Spotsylvania, V 22553
Stafford County	Potomac Hills Station 10, 3528 Jefferson Davis Hwy Stafford, VA 22554
Virginia Beach	291 Independence Blvd Suite 431 Virginia Beach, VA 23462
Winchester	860 Smithfield Avenue Winchester, VA 22602

HOSPITAL AFFILIATIONS

For our students to complete their Paramedic Programs, AEC has partnered with hospitals for completion of Clinical requirements.

Augusta Health	Riverside Walter Reed
Ballad Health - Johnston Memorial Hospital	Wythe County Community Hospital
Lee's Hill Urgent Care	Night Watch Pediatric Urgent Care
John Randolph Medical Center	Riverside Health
Riverside Walter Reed Hospital	Night Watch Urgent Care
Mary Washington Hospital Center	Night Watch Urgent Care, Aldie
Spotsylvania Regional Medical Center	Sentara Rockingham Memorial Hospital
Stafford Hospital	Virginia Hospital Center
Winchester Medical Center	Chippenham Hospital
Warren Memorial Hospital	Johnston-Willis Hospital
John Randolph Medical Center	TriCities ER
Clinch Valley Medical Center	Sentara Princess Anne

FIELD INTERNSHIP LOCATIONS

- | | |
|--|--|
| Alexandria Fire Department | Greater Springfield VFD |
| Arlington County Fire Department | Greene County Rescue Squad |
| Blacksburg Volunteer Rescue Squad | Grottoes Rescue Squad |
| Berkeley County Emergency Ambulance Authority | G&W Ambulance |
| Botetourt County Department of Fire & EMS | Harrisonburg Fire Department |
| Bridgewater Rescue Squad | Harrisonburg Rescue Squad |
| Broadway Emergency Squad | Hopewell Fire and Rescue |
| Buckingham County Volunteer Rescue Squad | James City County Fire and EMS |
| Calvert County Dept of Emergency Services | King George County of Fire, Rescue, and Emergency Services |
| Caroline County Fire, Rescue, and Emergency Management | Lebanon Lifesaving Crew |
| Chancellor Volunteer Fire and Rescue | Liberty Road Volunteer Fire Company |
| Charles County Government | Little Fork Volunteer Fire and Rescue Company |
| Charlottesville-Albemarle Rescue Squad | Loudoun County Combined Fire and Rescue |
| Chesterfield Fire and Rescue | Madison County EMS |
| Christianburg Rescue | Mathews Volunteer Rescue Squad |
| City of Fairfax Fire Department | McGaheysville Volunteer Fire Company |
| City of Manassas at GMVRS Rescue 1 | Metropolitan Washington Airports Authority Fire and Rescue |
| City of Manassas Park Fire and Rescue | County of Orange Fire and Emergency Medical Services |
| Clarke County Fire and Rescue | Page County Fire and EMS |
| Clifton Forge Rescue Squad | |

Clover Hill Volunteer Fire Company
Colonial Beach Volunteer Rescue Squad
Colonial Heights Fire & EMS
Community Rescue Squad
Covington Rescue Squad
County of Louisa Department of Fire and EMS
County of Rockingham Department of Fire and Rescue
Culpeper County Emergency Services
Culpeper County Volunteer Rescue Squad
Dale City Volunteer Fire Department
Damascus Rescue Squad
DC Fire and EMS
Elkton Emergency Squad
English Consul VFD
Essex County EMS
Fairfax County Fire and Rescue Department
Fauquier County Fire and Rescue
Floyd County EMS
Fluvanna County Rescue Squad
Frederick County Fire and Rescue Department
Fredericksburg Rescue Squad
Friendship Fire Company
Goodson Kinderhook Fire and Rescue

Powhatan County Fire and Rescue
Prince William County Fire and Rescue
Quantico Fire and Emergency Services
Richardsville Fire and Rescue
Radford City Fire and EMS
Richlands Fire and Rescue
Richmond Ambulance Authority
Roanoke County Fire and Rescue
Rockingham County Fire and Rescue
Southside Virginia Emergency Crew
Spotsylvania county Department of Fire, Rescue,
and Emergency Management
Stafford County Fire and Rescue Department
Staunton-Augusta Rescue Squad
Tuckahoe Volunteer Rescue Squad
Warren County Fire and Rescue Services
Warrenton Training Center Fire Department
Washington County Fire and Rescue
Washington County Life Saving Crew
Washington Volunteer Fire and Rescue
Waynesboro First Aid Crew, Inc.
Western Albemarle Rescue Squad

THE PARAMEDIC PROGRAM



About the Program

Since 1998, AEC has been training entry-level Paramedics to serve their communities with Excellence, Integrity, and Commitment. AEC has offered over 100 Paramedic Programs and continues to grow to serve the needs of communities all over the Virginia, Maryland, and Washington, DC area.

The Paramedic Program at AEC is a nationally accredited program through CAAHEP, upon the recommendation of CoAEMSP, based in the state of Virginia. The Paramedic Program was designed based off the 2021 publication by the U.S. Department of Transportation of the National Emergency Medical Services Education Standards and follows the guidelines from the Virginia Emergency Medical Services Education Standards. These standards are the minimal terminal objectives for entry-level Paramedics and AEC expands on these standards to provide training that meets the local needs and evolving educational practices. The goal of the program is to train Entry-Level Paramedics for employment in various rescue, pre-hospital, hospital, transport, and other careers requiring or benefiting from Paramedic certification.

The program is divided into seven modules that meet and exceed the standards set by the state and national accreditors. The modules are listed below, with a brief description of each section.

Module	Contents
<p>1. Operations Comprises the knowledge of EMS systems and their history, the safety and well-being of the Paramedic, medical and legal issues concerning personnel, communities, and patients. Also introduces other topics introducing the human body systems, Pharmacology and ambulance operations and special circumstances.</p>	<ul style="list-style-type: none"> • Introduction to Paramedicine • EMS Systems • Roles and Responsibilities • Safety and Wellness • EMS Research • Medical Legal • Communications • Ethics • Documentation • Medical Math • Pharmacology • Ground Ambulance Operations • Air Ambulance Operations • Pathophysiology • Rural EMS • Rescue Awareness and Operations • Hazardous Materials • Crime Scene Awareness • Responding to Terrorist Acts • Mass Casualty Incidents (MCI) • Module Exam
<p>2. Respiratory This module focuses on Airway management, respiration, artificial ventilation. Anatomy and physiology of the respiratory system and therapies to assess and manage airway concerns.</p>	<ul style="list-style-type: none"> • Respiratory Anatomy and Physiology • Respiratory Pharmacology • Pulmonology • Airway Management • Module Exams
<p>3. Cardiac The cardiac module focuses on the structure and function of the heart, Cardiology, 12-Leads, ECG Interpretation, and pharmacology related to cardiac conditions.</p>	<ul style="list-style-type: none"> • Cardiac Anatomy and Physiology • Cardiology • 12-leads • Module Exams
<p>4. Medical The Medical module comprises units on the different body systems, with information on anatomy and physiology, disorders, and treatment. Psychiatric and Behavioral Disorders and treatment are also covered, along with substance abuse and toxicology.</p>	<ul style="list-style-type: none"> • Neurology • Endocrinology • Gastroenterology • Urology and Nephrology • Toxicology • Substance Abuse • Psychiatric and Behavioral disorders • Hematology • Immunology • Module Exams
<p>5. OB/Gyn and Pediatrics Module five explores the topics of gynecology, obstetrics, pediatrics, and neonatology, with anatomy and physiology, pharmacology and emergency treatment of women, children, and newborns.</p>	<ul style="list-style-type: none"> • Gynecology • Obstetrics • Pediatrics • Neonatology • Module Exams

<p>6. Trauma Covers knowledge of trauma to the body and its tissues and systems, along with the mechanism of injury. Also explores the diseases of the ears, eyes, nose, and throat.</p>	<ul style="list-style-type: none"> • Diseases of ears, eyes, nose, and throat • Trauma Systems • Mechanism of injury • Hemorrhage and Shock • Soft Tissue Trauma • Non-Traumatic Musculoskeletal Disorders • <ul style="list-style-type: none"> • Head and Spinal Trauma • Burns • Chest Trauma • Abdominal and Pelvic Trauma • Orthopedic Trauma • Environmental Trauma • Special Considerations in Trauma • Module Exams
<p>7. Final/Capstone/Research The final module covers Geriatrics, Challenging Patients and Chronic patients and the treatment of patients of abuse, neglect, and assault. The research project and Final Assessments round out the last section.</p>	<ul style="list-style-type: none"> • Abuse, Neglect, Assault • The Challenging Patient • Acute Interventions for the Chronic Care Patient • Geriatrics <ul style="list-style-type: none"> • Research Project • Research Presentation • Final Cognitive Exam • Final Psychomotor Practical

PROGRAM REQUIREMENTS

Prior to enrolling in a Paramedic program, students will be assigned a classification code that will determine the clinical, field, and tuition requirements. Students who have a current AEMT or Intermediate certification will test for placement to determine the appropriate Classification Code.

The hours in the classroom (440) are counted as Clock Hours, which are defined as a minimum of 50 minutes of supervised or directed instruction and appropriate breaks.

Classification Codes	
00	EMT to Paramedic, Full Tuition
01	AEMT to Paramedic, AP Tuition
02	Intermediate to P, AP Tuition
03	AEMT – Paramedic, Paramedic Clinicals Requirements, Full Tuition
04	Intermediate – Paramedic, Paramedic Clinicals, Full Tuition
05	Special Circumstances

CLINICAL REQUIREMENTS, HOURS: CLASSIFICATION CODE 00

Department	Minimum Required Hours
Emergency Department	104
Operating Room	8
Critical Care Area	8
Labor/Delivery	8

Pediatrics	Optional to gain Pediatric patient contacts
Field Rotations	144
Capstone Field	72 minimum
Total	Minimum 344

CLINICAL REQUIREMENTS, HOURS: CLASSIFICATION CODES 01, 03

Department	Minimum Required Hours
Emergency Department	68
Operating Room	8
Critical Care Area	8
Labor/Delivery	8
Pediatrics	Optional to gain Pediatric patient contacts
Field Rotations	120
Capstone Field Internship	72 minimum
TOTAL Minimums	284

CLINICAL REQUIREMENTS, HOURS: CLASSIFICATION CODES 02, 04

Department	Minimum Required Hours
Emergency Department	40
Operating Room	8
Critical Care Area	8
Labor/Delivery	8
Pediatrics	Optional to gain Pediatric patient contacts
Other Clinical	8 – any needed department
Field Rotations	72 minimum
Capstone Field Internship	72 minimum
TOTAL Minimums	216

CLINICAL REQUIREMENTS, AGE GROUPS: CLASSIFICATION CODE 00

Age Group	Required
Pediatrics (0-17) combined	30 [see FISDAP for sub age brackets]
Adult (18-64)	60
Geriatric (65+)	30

CLINICAL REQUIREMENTS, AGE GROUPS: CLASSIFICATION CODES 01, 03

Age Group	Required
Pediatrics (0-17) combined	20 [see FISDAP for subcategory age brackets, 2 IN EACH SUBCATEGORY]
Adult (18-64)	50
Geriatric (65+)	20

CLINICAL REQUIREMENTS, AGE GROUPS: CLASSIFICATION CODES 02, 04

Age Group	Required
Pediatrics (0-17) combined	20 [see FISDAP for subcategory age brackets, 2 IN EACH SUBCATEGORY]
Adult (18-64)	50
Geriatric (65+)	20

CLINICAL REQUIREMENTS, PSYCHOMOTOR SKILLS: CLASSIFICATION CODE 00

Skill	Required
Medication Administration	60
IV Medication	20 of the total 60
IV Access Total	35 [at least 1 in each age group]
IM or SQ Injection	2
Inhaled Medication	2
Airway Management	50 [20]
Ventilate Non-Intubated Pt	20
Endotracheal Intubation	2 real patients

CLINICAL REQUIREMENTS, PSYCHOMOTOR SKILLS: CLASSIFICATION CODES 01, 03

Skill	Required
Medication Administration	50
IV Medication	20 of the total 50
IV Access Total	25 [at least 1 in each age group]
IM or SQ Injection	2
Inhaled Medication	2
Airway Management	25 [10]
Ventilate Non-Intubated Pt	5
Endotracheal Intubation	2 real patients

CLINICAL REQUIREMENTS, PSYCHOMOTOR SKILLS: CLASSIFICATION CODES 02, 04

Skill	Required
Medication Administration	50
IV Medication	20 of the total 50
IV Access Total	25 [at least 1 in each age group]
IM or SQ Injection	2
Inhaled Medication	2
Airway Management	25 [10]
Ventilate Non-Intubated Pt	5
Endotracheal Intubation	2 real patients

STUDENT MINIMUM COMPETENCIES, AGE GROUPS: CLASSIFICATION CODES 00, 03, 04

AGE GROUPS				
Student Minimum Competency	Formative Exposure: Clinical/Field	Exposure: Clinical/Field/ Capstone	Total Minimum	Recommendations by age, within total minimum
Pediatric Pathology/ Complaint	15	5	20 (2 of each age group, and 8 of any age)	2 Neonate (Birth to 30 days) 2 Infant (1 mo. to 12 mos) 2 Toddler (1 to 2 years) 2 Preschool (3 to 5 years) 2 School-aged (6 to 12 years) 2 Adolescent (13 to 18 years)
Adult	40	20	60	19 to 65 years
Geriatric	20	10	30	65+ years
TOTALS	75	35	110	

STUDENT MINIMUM COMPETENCIES, AGE GROUPS: CLASSIFICATION CODE 01

AGE GROUPS				
Student Minimum Competency	Formative Exposure: Clinical/Field	Exposure: Clinical/Field/ Capstone	Total Minimum	Recommendations by age, within total minimum
Pediatric Pathology/ Complaint	15	5	20 (2 of each age group, and 8 of any age)	2 Neonate (Birth to 30 days) 2 Infant (1 mo. to 12 mos) 2 Toddler (1 to 2 years) 2 Preschool (3 to 5 years) 2 School-aged (6 to 12 years) 2 Adolescent (13 to 18 years)
Adult	35	15	50	19 to 65 years
Geriatric	15	5	20	65+ years
TOTALS	65	25	90	

STUDENT MINIMUM COMPETENCIES, AGE GROUPS: CLASSIFICATION CODE 02

AGE GROUPS				
Student Minimum Competency	Formative Exposure: Clinical/Field	Exposure: Clinical/Field/ Capstone	Total Minimum	Recommendations by age, within total minimum
Pediatric Pathology/ Complaint	15	5	20 (2 of each age group, and 8 of any age)	2 Neonate (Birth to 30 days) 2 Infant (1 mo. to 12 mos) 2 Toddler (1 to 2 years) 2 Preschool (3 to 5 years) 2 School-aged (6 to 12 years) 2 Adolescent (13 to 18 years)
Adult	35	15	50	19 to 65 years
Geriatric	15	5	20	65+ years
TOTALS	65	25	90	

STUDENT MINIMUM COMPETENCIES, CONDITIONS: CLASSIFICATION CODES 00, 03, 04

CONDITIONS				
SMC Pathology or Complaint	Simulation	Formative Exposure: Clinical/Field	Exposure: Clinical/Field/Capstone	Total Formative and Summative
Trauma	Min 1 ped and 1 adult successfully before capstone	20	5	25 with 10 being peds and 10 geriatric
Psych/Behavioral	Min 1 successful before capstone	8	2	10
OB Normal Delivery	N/A	2 (sim permitted)	2 (sim permitted)	2 LIVE
OB Complicated Delivery	Min 2 before capstone, must include 1 prolapsed cord and 1 breech	2 (sim permitted)		
Distressed neonate	Min 1 successful before capstone	1 (sim permitted)	1 (sim permitted)	2
Cardiac pathology/complaint	Min 1 successful cardiac chest pain sim before capstone	15	5	20
Cardiac arrest	Min 1 successful CA sim before capstone	1	1	2

Cardiac dysrhythmias	N/A	10	5	15
Med Neurologic pathology/complaint	Min 1 successful geriatric stroke sim before capstone	10	5	15
Resp Pathology/complaint	Min 1 ped and 1 geriatric resp distress/failure sim before capstone	10	10	20
Other medical Conditions or Complaints	Min 1 successful geriatric sepsis sim before capstone	10	10	20
TOTALS		89	46	131

STUDENT MINIMUM COMPETENCIES, CONDITIONS: CLASSIFICATION CODE 01

CONDITIONS				
SMC Pathology or Complaint	Simulation	Formative Exposure: Clinical/Field	Exposure: Clinical/Field/Capstone	Total Formative and Summative
Trauma	Min 1 ped and 1 adult successfully before capstone	5	5	10 with 5 being peds and 5 geriatrics
Psych/Behavioral	Min 1 successful before capstone	4	2	6
OB Normal Delivery	N/A	2 (sim permitted)	2 (sim permitted)	2 LIVE
OB Complicated Delivery	Min 2 before capstone, must include 1 prolapsed cord and 1 breech	2 (sim permitted)		
Distressed neonate	Min 1 successful before capstone	1 (sim permitted)	1 (sim permitted)	2
Cardiac pathology/complaint	Min 1 successful cardiac chest pain sim before capstone	10	5	15

Cardiac arrest	Min 1 successful CA sim before capstone	1	1	2
Cardiac dysrhythmias	N/A	5	5	10
Med Neurologic pathology/complaint	Min 1 successful geriatric stroke sim before capstone	8	2	10
Resp Pathology/complaint	Min 1 ped and 1 geriatric resp distress/failure sim before capstone	10	10	20
Other medical Conditions or Complaints	Min 1 successful geriatric sepsis sim before capstone	10	5	15
TOTALS		58	38	92

STUDENT MINIMUM COMPETENCIES, CONDITIONS: CLASSIFICATION CODE 02

CONDITIONS				
SMC Pathology or Complaint	Simulation	Formative Exposure: Clinical/Field	Exposure: Clinical/Field/Capstone	Total Formative and Summative
Trauma	Min 1 ped and 1 adult successfully before capstone	5	5	10 with 5 being peds and 5 geriatrics
Psych/Behavioral	Min 1 successful before capstone	4	2	6
OB Normal Delivery	N/A	1 (sim permitted)	1 (sim permitted)	2 LIVE
OB Complicated Delivery	Min 2 before capstone, must include 1 prolapsed cord and 1 breech	1 (sim permitted)		
Distressed neonate	Min 1 successful before capstone	1 (sim permitted)	1 (sim permitted)	2

Cardiac pathology/complaint	Min 1 successful cardiac chest pain sim before capstone	10	5	15
Cardiac arrest	Min 1 successful CA sim before capstone	1	1	2
Cardiac dysrhythmias	N/A	5	5	10
Med Neurologic pathology/complaint	Min 1 successful geriatric stroke sim before capstone	8	2	10
Resp Pathology/complaint	Min 1 ped and 1 geriatric resp distress/failure sim before capstone	10	5	15
Other medical Conditions or Complaints	Min 1 successful geriatric sepsis sim before capstone	5	5	10
TOTALS		51	32	83

STUDENT MINIMUM COMPETENCIES, SKILLS: CLASSIFICATION CODES 00, 03, 04

SKILLS				
Student Minimum Competency	Successful Formative Individual Sim	Successful Skills Assessed On Patient in Clinical/Field/Capstone *(sim permitted for skills with asterisk)	Totals	Cumulative on Patients during Clinical/Field/Capstone
Establish IV Access	5	30	35	Report Success Rate
Admin IV Infusion medication	2	2*	4	
Admin IV bolus medication	10	50	60	Report Success Rate
Admin IM injection	2	2	4	
Establish IO access	4	2*	6	

Perform PPV with BVM	4	10*	14	Cadaver Lab Counts
Perform oral ET intubation	2	10*	12	Report Success Rate Cadaver Lab Counts
Perform FBAO using Magill	1	1*	2	Cadaver Lab Counts
Perform cricothyrotomy	1	1*	2	Cadaver Lab Counts
Insert supraglottic airway	2	2*	4	Cadaver Lab Counts
Perform needle decompression of chest	2	2*	4	Cadaver Lab Counts
Perform synchronized cardioversion	2	2*	4	ACLS
Perform defibrillation	2	2*	4	ACLS
Perform transcutaneous pacing	2	2*	4	ACLS
Perform chest compressions	2	2*	4	
TOTALS	43	120	163	

STUDENT MINIMUM COMPETENCIES, SKILLS: CLASSIFICATION CODE 01

SKILLS				
Student Minimum Competency	Successful Formative Individual Sim	Successful Skills Assessed On Patient in Clinical/Field/Capstone *(sim permitted for skills with asterisk)	Totals	Cumulative on Patients during Clinical/Field/Capstone
Establish IV Access	2	18	20	Report Success Rate
Admin IV Infusion medication	2	2*	4	
Admin IV bolus medication	5	25	30	Report Success Rate
Admin IM injection	2	2	4	
Establish IO access	2	2*	4	
Perform PPV with BVM	1	4*	14	Cadaver Lab Counts

Perform oral ET intubation	2	10*	12	Report Success Rate Cadaver Lab Counts
Perform FBAO using Magill	1	1*	2	Cadaver Lab Counts
Perform cricothyrotomy	1	1*	2	Cadaver Lab Counts
Insert supraglottic airway	1	1*	2	Cadaver Lab Counts
Perform needle decompression of chest	2	2*	4	Cadaver Lab Counts
Perform synchronized cardioversion	2	2*	4	ACLS
Perform defibrillation	2	2*	4	ACLS
Perform transcutaneous pacing	2	2*	4	ACLS
Perform chest compressions	2	2*	4	
TOTALS	29	76	130	

STUDENT MINIMUM COMPETENCIES, SKILLS: CLASSIFICATION CODE 02

SKILLS				
Student Minimum Competency	Successful Formative Individual Sim	Successful Skills Assessed On Patient in Clinical/Field/Capstone *(sim permitted for skills with asterisk)	Totals	Cumulative on Patients during Clinical/Field/Capstone
Establish IV Access	2	18	20	Report Success Rate
Admin IV Infusion medication	2	2*	4	
Admin IV bolus medication	5	25	30	Report Success Rate
Admin IM injection	2	2	2	
Establish IO access	2	2*	4	
Perform PPV with BVM	2	3*	5	Cadaver Lab Counts

Perform oral ET intubation	2	10*	12	Report Success Rate Cadaver Lab Counts
Perform FBAO using Magill	1	1*	2	Cadaver Lab Counts
Perform cricothyrotomy	1	1*	2	Cadaver Lab Counts
Insert supraglottic airway	2	2*	2	Cadaver Lab Counts
Perform needle decompression of chest	2	2*	4	Cadaver Lab Counts
Perform synchronized cardioversion	2	2*	4	ACLS
Perform defibrillation	2	2*	4	ACLS
Perform transcutaneous pacing	2	2*	4	ACLS
Perform chest compressions	2	2*	4	
TOTALS	31	76	103	

FIELD EXPERIENCE/CAPSTONE FIELD INTERNSHIP: CLASSIFICATION CODE 00

FIELD EXPERIENCE/CAPSTONE FIELD INTERNSHIP, TEAM LEADER	
Field Experience	Capstone Field Internship
Assessment and Management of Patients while TEAM MEMBER or TEAM LEADER	Successful Management of scene, patient assessment, and direction of medical care and transport as TEAM LEADER with minimal to no assistance
30	TEAM LEADER: 20 18 of the 20 must be successful (2's)

FIELD EXPERIENCE/CAPSTONE FIELD INTERNSHIP: CLASSIFICATION CODES 01, 02, 03, 04

FIELD EXPERIENCE/CAPSTONE FIELD INTERNSHIP, TEAM LEADER	
Field Experience	Capstone Field Internship
Assessment and Management of Patients while TEAM MEMBER or TEAM LEADER	Successful Management of scene, patient assessment, and direction of medical care and transport as TEAM LEADER with minimal to no assistance
15	TEAM LEADER: 20 18 of the 20 must be successful (2's)

The following requirements are “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.” The students in the Paramedic Program agree:

1. To complete the program with an overall average of 75.00% or better
2. To successfully complete each exam with a 75.00% or better including retesting if applicable.
3. To have not missed more than 36 hours during the entire program.
4. To comply with all components of the Program Policy Manual and Clinical Rotation Manual

EDUCATIONAL OBJECTIVES

The purpose of the EMT to Paramedic program is to prepare Paramedics who are competent in the cognitive (knowledge), psychomotor(skills), and affective (behavior) learning domains to enter the profession.

Cognitive Domain

The Cognitive Domain relates to development of mental skills and acquiring knowledge. Categories in this domain are Knowledge, Comprehension, Application, Analysis, Synthesis and Evaluation. The Cognitive Domain area is evaluated by the student’s performance on:

- Homework Assignments
- Quizzes
- Exams
- Research Project

Psychomotor Domain

The **Psychomotor Domain** relates to motor action directly proceeding from mental activity. Essentially, the ability to go from thought to action. Categories in this domain are Receiving, Responding, Valuing, Organization and Characterization. This area is evaluated by the student’s ability to demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to patient care. Each student will be able to:

- Demonstrate technical proficiency in all skills necessary to fulfill their role as an entry level Paramedic.
- Show proficiency at the end of each course module by completing summative lab competencies.
- Demonstrate competency by completing a midterm and final practical exam which will comprise the following skill stations:
 - Dynamic and Static Cardiology
 - Trauma
 - Oral Boards A and B
 - Integrated Out-of-Hospital Scenarios

Evaluation of the Psychomotor Domain

This area is evaluated by the student's ability to:

1. Demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to patient care.
2. Demonstrate technical proficiency in all skills necessary to fulfill their role as an entry level Paramedic.
3. Students will show proficiency at the end of each course module by completing summative lab competencies. In turn the Program Coordinator will then sign the student's Clinical Skill Sheet. The student's Skill Badge will also be punched as proof of competency in the clinical/field setting.
4. Failure to show competency in a specific module could prohibit the student from attending ER, OR, ICU, Field, L&D, or PEDS depending on the skill deficiency or module.
5. Each student will take a Mid-Term Course Practical Exam.

A Final Practical Exam will be required to evaluate the student's Psychomotor proficiency:

1. Students are expected to pass each station. Students must pass all critical criteria.
2. Retake practical stations must be passed on the third try. Failure to do so will result in **Failure of the Program**.
3. All students are required to pass **all** skill stations to pass the program.

Stations:

- Dynamic Cardiology
- Static Cardiology
- Trauma
- Oral Boards A
- Oral Boards B
- Integrated Out-of-Hospital Scenario (IOOHS)

Affective Domain

Affective Domain describes learning objectives emphasizing feeling/emotion or degrees of acceptance/rejection. Categories in this taxonomy include Receiving, Responding, Valuing, Organization, Characterization. Etiquette, teamwork, be advised that the affective domain is a part of the program and must be successfully completed just like the cognitive and psychomotor domain. Inability to be successfully evaluated with the affective domain can result in failure from the program. Not only are students evaluated and scored on affective domain performance, but the affective domain is also tied to the Program Policy Manual's disciplinary actions as needed. These policies are in place to assure professionalism within our program. Any infraction that may be detrimental to the welfare or reputation of the program will not be tolerated. The Affective Domain will be assessed by:

- Completion of Company Duties
- Behavior and Etiquette
 - In the classroom
 - During Labs
 - During Rotations in hospital and field settings
- Evaluations
 - Module
 - Peer
 - Program Coordinator
 - Mid-Term and Summative Final

ADMISSION REQUIREMENTS

Program Registration Prerequisites

The State of Virginia Office of Emergency Management Services sets forth prerequisites for Basic and Advanced Life Support Certification Programs. Additional requirements are based on the policies of clinical and field locations that will be attended during the course of the program. The information below is directly from the requirements of the Virginia Office of EMS, and can also be found on the [Office of EMS website](#).

- A. The prospective BLS (EMT) student must be a minimum of 16 years of age at the start date of the program. Individuals below the age of 18 must provide a completed permission form signed by a parent or legal guardian.
- B. If the prospective BLS (EMT) student is affiliated with an EMS or public safety agency, documentation stating that the student will be covered under agency insurance while attending the program.
- C. Foreign national students, an U.S. Government Student Visa must be provided.
- D. Prospective ALS students must have the following current and valid Virginia EMS certification:
 - a. An Intermediate EMT (I) or Advanced EMT (AEMT) certification for AP (formerly bridge) programs
 - b. An EMT Basic (EMT-B) certification for all EMT-B to Paramedic programs
- E. The prospective student must hold a current certification in a CPR course approved by an Office of EMS and this certification must not expire before the end of the program.
 - a. Prospective AP students (currently holding an *Intermediate* EMS Certification) must also have current PALS and ACLS certifications from the American Heart Association
- F. A valid state-issued Identification (BLS) or valid state-issued Driver's License must be provided (for ALS programs)
- G. A copy of a current Health insurance card for ALS students, or other proof of health insurance
- H. Prospective students for ALS programs must provide a copy of a high school diploma, or GED, or higher education diploma/certificate
- I. The Commonwealth of Virginia requires that the prospective student must never have been convicted or found guilty of any crime involving any of the following:
 - a. Sexual misconduct wherein the lack of affirmative consent was an element of the crime (e.g., forcible rape)
 - b. Sexual or physical abuse of children, elderly, or the infirm, such as making and/or distribution of child pornography, incest involving a child, sexual misconduct with a child, or assault on an elderly or infirm person
 - c. Abuse, neglect, theft from, or financial exploitation of a person entrusted to their care or protection wherein the person is a patient or resident of a health care facility
 - d. Use, possession, or distribution of any illegal drugs
 - i. Excepting that the individual is eligible five years after the date of final release provided no additional felonies have been committed in that time
 - e. Any *other* felony
 - i. Excepting that the individual is eligible five years after the date of final release provided no additional felonies have been committed in that time
- J. The prospective student cannot currently be under any disciplinary or enforcement action from any state EMS office or any recognized national or state healthcare provider certifying or licensing body

- a. Those subject to these enforcement or disciplinary actions by be eligible for certification provided no further enforcement or disciplinary actions have occurred in the 5 years prior to an application of recertification.
- K. All references to criminal acts and/or convictions mentioned in this section refer also to similar laws in any state in the United States. These convictions are to include prior adult and juvenile convictions, adjudications of delinquency on an offense that would have been classified as a felony conviction if committed as an adult within or outside the state of Virginia at the time of conviction.

AEC DOCUMENTATION REQUIREMENTS

In addition to the prerequisites for program registration, certain documentation and certifications are needed to comply with the regulations of our clinical and field affiliates.

Titers and Vaccinations:

1. ONE of the following Tuberculosis screen results:
 - a. 2 negative PPD (skin test) readings
 - b. negative chest X-Ray within six (6) months
 - c. 1 negative T-spot blood test
 - d. 1 negative QuantiFERON (QFT-T) test
2. Any one of the following regarding Hepatitis B
 - a. Documentation of complete 3-vaccination series
 - b. Documentation of start of series
 - c. Positive titer within 12 months of program start date
3. MMR (Measles, Mumps, Rubella)
 - a. Documentation of positive titer within 2 years of program start date
 - b. Two vaccination doses of MMR if the titer result is negative for MMR
4. Varicella (Chicken Pox)
 - a. Positive titer
 - b. 2-dose vaccination series if titer is negative
5. Tdap (Tetanus, diphtheria, pertussis)
 - a. Proof of **adult dose** vaccine administered after the student's 18th birthday
 - b. Td booster if Tdap was not in the last 5 years
6. Flu Shot
 - a. Current for the season for shifts between October and April
 - b. Proof of date and location of facility administering the vaccination

Other Documentation

1. Criminal Background Check
 - a. The package code for a CastleBranch background check will be provided
2. 12-Panel drug screen
 - a. Directions for submission of sample to LabCorp will be provided

GRADING POLICIES

Grading

Students must maintain an overall average of 75.00% to successfully complete the program. Students must score a minimum of 75.00% on each exam (including AEC's written final exam). Failure to do so will require the student to complete a retest for the failed exam at the next class. This holds true for both the Fisdap portion of the exam or the LMS portion of the exam. A cumulative score of 75.00% or higher is passing, whereas a cumulative score of 74.99 or below is failure of the program.

Research Project

Each Paramedic student must prepare to give a 10-minute presentation of their research project.

Presentations will be scheduled by the Program Coordinator as it fits the course schedule. Topics are due by the assigned date in LMS. A one-page work cited is also due by the assigned date in LMS.

Remediation

Scoring less than 75.00% on either the Fisdap or the LMS retest will result in the student's necessity to complete remedial training to prove comprehension of the Module's core content. Such remedial training will involve a mix of case studies and essay questions provided at the Program Coordinator's and Program Director's discretion. Remedial training could also require Med Math or rhythm recognition. The remedial training assignment is to be completed by the assigned due date as provided by the student's Program Coordinator. If it is determined that the student's comprehension of the material is still deficient, then said student will fail out of the program. If the student successfully remediates, he or she will remain in the course, but could still face academic probation.

If both the initial exam and the retest were failed, with scores less than 75.00%, then **the higher of the two (2)** scores will be awarded in the gradebook. If the student failed the initial exam, but successfully passed the retest, the score entered in the gradebook will be a 75.00%. Retests are not reviewable and are considered pass/fail exams only. The best score a student can achieve in passing a retest will always be a 75.00%. Only in the case of failing both the initial and the retest, with less than a 75.00%, will a student be given the higher score. A student is only able to remediate during 2 Modules of the program. Should a student have needed to remediate twice and then fails the first and second attempt of *another* exam, whether the Fisdap or LMS portion, that student has failed out of the program. The need to remediate either a Fisdap exam OR an LMS portion of the exam is considered one access to remediation. There is a total of 6 modules during the course and a student is only able to complete remediation during 2 of the 6 modules.

Assignment	Paramedic Program
Homework Assignments	10%
Quizzes	20%
Exams	60%
Final Exam	Must be passed with 75% or higher to challenge the NR CBT
Affective Domain	10%
Research Project	Pass/Fail

Academic Probation

If a student's overall average is less than 75.00% at the end of an exam module, he or she will be placed on Academic Probation. The Program Coordinator will sit down with the student to complete an academic probation form, discuss the situation, and help formulate a plan for success. A copy will be provided to the student and a copy will be placed in the student's file. The Final Resolution section will be completed at the end of the next exam module. A copy will again be given to the student and a copy placed in the student's file. The probation period will last until the end of the next exam module. At that time, the student must have achieved an overall average of 75.00% or higher. If not successful, the student will be dismissed from the program. A sample of the Academic Probation form is in the appendix at the end of the Program Policy Manual.

A Student Progress Report will be completed at the mid-term date and end of the program. The Student Progress Report will provide a current evaluation of the student in all three (3) domains (Cognitive, Psychomotor, & Affective). The Student Progress Report will be formulated and reviewed by the Program Director, Operations Director, and Medical Director. Each student will be required to place their signature on the Student Progress Report verifying it has been received and the cognitive and psychomotor scores are accurate. A sample Student Progress Report is in the appendix at the end of the Program Policy Manual.

Psychomotor Domain Grading

This area is evaluated by the student's ability to:

1. Demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to patient care.
1. Demonstrate technical proficiency in all skills necessary to fulfill their role as an entry level Paramedic.
2. Students will show proficiency at the end of each course module by completing summative lab competencies. In turn, the Program Coordinator will then sign the student's Clinical Skill Sheet. The student's Skill Badge will also be punched as proof of competency for the clinical/field setting.
3. Failure to show competency in a specific module could prohibit the student from attending ER, OR, ICU, Field, L&D, or PEDS rotations depending on the skill deficiency or module.
4. Each student will take a Mid-Term Course Practical Exam.

Final Course Practical Exam

1. Students are expected to pass each. Students must pass all critical criteria.
2. Retakes of practical stations must be passed on the third try. Failure to do so will result in **failure of the program**.
3. All students are required to pass **all** skill stations to pass the program.

Stations:

- Dynamic and Static Cardiology
- Trauma
- Oral Boards A & B
- Integrated Out-of-Hospital Scenario (IOOHS)

Affective Domain Grading

The Affective Domain accounts for ten percent (10%) of the student's overall grade. The Affective Domain scoring consists of a total of 100 possible points. These 100 points are broken down by module as outlined below.

Affect – 10% of overall grade

Total Possible Points = 100

• Module 1 = 15 total points	• Module 5 = 15 total points
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<ul style="list-style-type: none"> • Module 2 = 15 total points • Module 3 = 15 total points • Module 4 = 15 total points 	<ul style="list-style-type: none"> • Module 6 = 15 total points • Summative Final Evaluation = 10 total points
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The Program Coordinator will complete an evaluation on each student at the end of each Module. The Program Coordinator evaluation is worth 14 points for each Module out of the 15 total points. Each student will complete a Peer-to-Peer Evaluation anonymously and randomly on another student at the end of each Module as well. The Peer-to-Peer evaluation is worth 1 point for each Module out of the 15 total points. Program Coordinator Module Evaluation (14 points) + Student Peer to Peer (1 point) =15 total points per Module The Summative Final Evaluation will be completed by the Program Coordinator and reviewed by the Program Director, Operations Director, and Medical Director.

Program Coordinator Evaluations

Program Coordinators will complete a total of six (6) affective domain evaluations for each student at the end of each module of the program. Each of those is worth 14 points. The Program Coordinator will also complete a Summative Final Evaluation for each student worth 10 points. Students Affective Domain will be evaluated in the following categories:

1. No cursing or profanity is to be used on any campus, nor in the clinical or field setting
2. Students are to adhere strictly to both the classroom and clinical/field dress code.
3. Students are to complete Company duties as assigned on the Duty Board with pride and in a positive manner.
4. Classroom body language (enthusiasm and motivation)
5. Following instructions in the classroom, lab room and clinical/field setting.
6. No lying.
7. Being a responsible adult and learning to handle all your positive and negative situations on your own. Parents should not be contacting the school unless they want to make a payment on your behalf.
8. Maintaining effective communication with your Program Coordinator and when it pertains, also the Clinical Coordinator and clinical and field affiliates.
9. Falling asleep in class will not be tolerated. Sleeping during daytime hours on a field shift is not permissible.
10. Submitting enrollment documentation on time, submitting clinical and hospital orientation documentation on-time, and submitting all clinical evaluation forms on-time and within the confines of the outlined submittal policies.

Affective Domain Rules and Etiquette

Main Campus

1. Students enter through the back entrance and proceed to the second floor
2. Students only use bathrooms on the second floor
3. Students are to park in the rear of the building
4. Students are to only smoke in the designated area found at the rear of the building. The designated area can be found where the cigarette butt dispenser is mounted to the building. It is greater than 25 feet from the door. Students are to dispose of cigarette butts in the cigarette butt dispenser. It is the sole responsibility of students who smoke to empty the cigarette butt dispenser into the exterior dumpster. The cigarette butt dispenser should never be emptied into an interior trash can.
5. Students will be informed of school closings via Instagram, Facebook, and the class distribution email.
6. Inclement weather closings (snow, ice, etc.) are announced at least three (3) hours before the scheduled class time. In very rare cases, notice may be provided the night before. Students should wait for the school's notification and not attempt to contact school personnel.

7. School closing for the Main Campus is at the sole discretion of AEC.
8. Students may not access the administrative side of the second floor unless escorted to a room by an AEC employee.
9. Active Pearson Vue Testing is taking place and students should be respectful of those testing by maintaining a quiet atmosphere in the hallways and closing doors to classrooms and lab rooms.
10. Take pride in the facility where you are learning and leave it in better shape than you found it.

Students are always expected to act professionally. This includes work conducted in all patient areas and on field emergency scenes. Also, this includes all actions in the classroom and labs. Students are expected to treat all faculty, staff, clinical associates, and patients with the utmost respect. Furthermore, students are required to protect the privacy of all patients and maintain confidentiality of all information obtained during classroom, field, and clinical experiences. Students must meet the program objectives both in class and in the clinical/field setting and will be evaluated while doing so in the following areas of the affective domain:

- | | |
|--|--|
| 1. Maintains confidence level appropriate for an NRP | 8. Uses time appropriately |
| 2. Maintains professional behavior | 9. Accepts positive reinforcement |
| 3. Displays appropriate attitude | 10. Meets expectations for skill level |
| 4. Displays cooperative behavior | 11. Works well with others |
| 5. Displays motivation | 12. Follows directions |
| 6. Deals appropriately with stress | 13. Respects others |
| 7. Maintains a neat, professional appearance | |

Peer Evaluations

During this program, students will anonymously evaluate one another using the thirteen (13) areas listed above, six (6) times throughout the program. These peer evaluations will take place at the completion of each Module on the same day as the Module Exams. Students are encouraged to take these peer reviews seriously and use the information to better their scores and behavior throughout the program. Students will evaluate each category using a 1 to 5 scale, but also adding additional information by using the “notes” section.

AEC Committee Final Evaluation

At the end of the program AEC’s Committee of Program Coordinators and Program Director will formulate a summative evaluation of the student’s affective domain. The student must score a total of forty-nine (49) or higher out of total of sixty-five (65) and no less than a three (3) in each of the thirteen (13) areas. If the listed cut scores are not met, then the student has failed the affective domain of the program and ultimately has failed out of the paramedic program.

Each evaluation will be reviewed by the Medical Director to include their signature on the final evaluation. A sample Peer Affective Domain Evaluation is in the appendix at the end of the Program Policy Manual.

Satellite Campuses

1. Students enter through the designated entrance shown to them on day one and/or provided in their arrival instructions.
2. Students are to use only the bathrooms they are shown on day one of class for the duration of the program.
3. Students are to park in the designated parking area for each satellite location as shown on day one and/or provided in their arrival instructions.
4. Students are only permitted to smoke in designated smoking areas and should always properly dispose of their cigarette butts.
5. Students will be informed of school closings via Instagram, Facebook, and the class distribution email.

6. Inclement weather closings (snow, ice, etc.) are announced at least three (3) hours before the scheduled class time. In very rare cases, notice may be provided the night before. Students should wait for the school's notification and not attempt to contact school personnel.
7. School closings can be determined by the satellite's host EMS Agency if they determine the parking lots and/or sidewalks are unsafe for students and instructors.
8. Remember, we are "guests" in their building.
9. Take pride in the facility where you are learning and leave it in better shape than you found it.

Company Duty Boards

Each program will be divided into no more than 4 groups that will be known as Company 1, Company 2, Company 3, and Company 4. Every facility has a "Duty Board", and each Company has assigned duties to complete near the end of each class session. No different than keeping your firehouse or place of work in order and equipment ready to go, the same will take place in the building where the student attends class. Each student will identify the duties assigned to their Company for the end of the class day and will be prepared to execute those duties to completion with pride. The duties will rotate between the Companies so every Company will eventually partake in all listed duties. The performance of these duties will be assessed during each Module of the program and will be given a point value to be included in the student's overall Affective Domain grade.

ATTENDANCE

Attendance in the Paramedic Program is strictly monitored. A minimum number of contact hours for the didactic and lab portions of the class are required by the state. Students are to attend all scheduled classes and clinical experiences. Students cannot miss more than the allotted number of absence hours for the entirety of the course. Please keep in mind that daytime, Saturday, or Sunday classes will be counted as eight (8) hours and weeknight classes will be counted as four (4) hours. Students will be deducted hours for late arrivals and leaving class early without a proper dismissal. Any class time missed, whether excused or unexcused, is missed time and will be deducted from the allotted absence hours for the specific program. Failure to comply with the attendance policy will result in dismissal from the program. When a student is unable to attend class, he or she **MUST** contact the appropriate Program Coordinator prior to the start of class. The number of allotted absence hours are as follows:

1. EMT to Paramedic – 36 absence hours
2. Advanced Placement Paramedic – 32 absence hours

If a class is missed, the student is responsible for obtaining the material covered. If the class missed involves an exam, the student has until the next class to complete the exam(s) or receive a **zero** for that exam(s). This policy also holds for exam retests. For any class being held at the main campus (AEC Training Center) in Manassas, students are required to make-up the exam "before" attending the next class. Students will contact their Program Coordinator for scheduling.

Homework and quizzes not completed on the LMS by the assigned due date and time receive a zero.

Tardiness

Habitual tardiness is disruptive to the program and other students. Additionally, this behavior reflects poorly on the student's interest and can have a negative impact on the student's Affective Domain grades and evaluations. Repeated tardiness is cause for disciplinary action.

If the student is more than five (5) minutes late, past the start time of class, then a thirty (30) minute deduction will be taken from the total allotted absence hours. This policy holds true for every thirty (30) minute interval past the class start time. For example, if the student arrives at 1806, when class was supposed to begin at 1800,

the student will be docked thirty (30) minutes of absence. If the student arrives at 1835, the student will be docked for one (1) hour of absence for the day.

CONDUCT POLICY

Dress Policy

Students will be required to dress in an appropriate manner, conducive to the learning environment. Students will be provided with 2 classroom T-shirts which will need to be worn with navy work pants (duty pants, 511's, Dickies, etc.) and solid black close-toed shoes. The pants and shoes are not provided by AEC. Additionally, cologne, aftershave, or perfume should be avoided or be used sparingly to avoid disruption or allergic reactions. The only exception to this policy is if the student is considered on duty from their Fire/EMS department during class hours. In this case, these students will wear the uniform dictated by their department.

Uniform for Clinical and Field Settings

In the clinical and field setting, your AEC issued polo shirt and personal navy slacks are required. AEC will provide the student with navy polo shirt(s).

- Paramedic Students – 2 navy polos
- EMT Students – 1 navy polo

Appropriate black shoes are required for clinical sites or field rotations. Jeans and white sneakers are not permitted. Students must always wear their AEC photo ID badge (in class and at clinicals). Students who come to clinical or field rotations without meeting the uniform policy can be dismissed from the site. Classroom uniforms consist of the issued AEC T-shirt, personal navy pants and solid black close-toed shoes.

Personal Technology Policies

Smart phones, smart watches and other devices have been found to be very distracting in educational environments, mainly because of texting or use of social media during class time. As a member of the learning community, each student has the responsibility to other students and when these electronic devices are used, it may disrupt the class.

Therefore, AEC discourages the use of smart phones, smart watches, or other communication devices during scheduled classes. All such devices should be turned off or put in a silent (vibrate) mode and should not be taken out during class. Phones may be checked during breaks or while at lunch but must be returned to the off or silent (vibrate) mode once class has resumed. If an instructor identifies a student's misuse of their electronic device, then that instructor has the authority to hold the device for the remainder of the class session.

Laptops and iPads are permitted for educational use only. If a student is utilizing social media during classroom hours, he or she will no longer be permitted to bring such electronic devices to class which could result in further disciplinary action. If the temptation is too great for students to check email or social media, then the student will be asked to put away the device. Class disruption will not be tolerated.

Testing Protocols

Students are to follow the posted testing protocols in the classroom and on the LMS. As each student completes their written exam, he or she must exit the classroom and not return, for any reason, until all students have completed testing.

Food and drink are permitted at certain campuses and only with the permission of the Program Coordinator. Students are required to clean up after themselves, take out the trash and push in their chairs at the end of each

class. From time to time, classroom cleaning will be required, to include tabletop cleaning, sweeping, mopping, vacuuming, bathrooms, etc. Please refer to your Company “Duty Boards” for student assignments.

DISCIPLINARY PROCEDURES

Affective Domain/Classroom & Clinical/Field Rotations

Student

Affective Domain is monitored outside of the classroom as well during Clinical and Field Rotations. The Preceptors will notate on the student Clinical Evaluation forms if there were any concerns regarding student Affective Domain.

First Incident

1. The Program Coordinator will initiate a Student Counseling Form and set time to meet with the student.
2. Students will have the opportunity to indicate verbally and in writing their viewpoint on the situation.
3. Program Coordinator will determine final resolution in writing on a Student Counseling Form.
4. A copy of the Student Counseling Form, after final resolution, will be given to the student, Program Director, Operations Director, and Program Medical Director. A copy will also be placed in the student’s permanent file.

Second Incident

1. Program Coordinator will initiate a Student Counseling Form and notify Program Director and Operations Director.
2. Program Director and Operations Director will set a time to meet with the student (within 2 days) and the student will have the opportunity to indicate verbally and in writing their viewpoint on the situation.
3. Program Director and Operations Director will determine the final resolution in writing on the Student Counseling Form.
4. Student becomes a candidate for probationary status at the discretion of the Program Director and Operations Director and a candidate for suspension from clinical/field rotations.
5. A copy of the Student Counseling Form, after final resolution, will be given to the student, Program Director, Operations Director, and Program Medical Director. A copy will also be placed in the student’s permanent file.

Third Incident

1. Program Coordinator will initiate a Student Counseling Form and notify Program Director, Operations Director, and the Program Medical Director.
2. Student becomes a candidate for dismissal from the program upon a joint decision of AEC’s Executive Team consisting of the Program Director, Operations Director, Dean of Students, and the Program Medical Director.
3. Following the official notification of dismissal from the program, the student has 2 days to notify the Program Director and Operations Director in writing of the desire to appeal the dismissal.
4. Appeal will be heard by the Program Advisory Committee and all judgments will be final.
5. A copy of the judgment will be given to the student, Program Director, Operations Director and Program Medical Director and a copy placed in the student’s file.

A sample Student Counseling form is in the appendix at the end of the Program Policy Manual. Disciplinary actions in any domain will be taken for **Just Cause**. This list is intended to be a representative sample and is not limited to the following: failure to follow hospital, EMS service or program policies; an unsatisfactory grade (less than required 80% on competency evaluations); unprofessional behavior; breach of patient confidentiality;

unsafe or dangerous behavior; sleeping or lying down while on duty; theft of patient, hospital, EMS service or Program property; inappropriate behavior; sexual harassment; or conduct unbecoming an EMS Professional.

PROBATION AND DISMISSAL POLICIES

Program Suspension

Documentation Suspension

Given the accelerated timeline of the AEC program, it is important that all students provide the necessary documentation by the date given on their course schedule. The Documentation listed in the Admission Requirements Section is required to enter the hospital and field affiliate locations and must be submitted by the due date to avoid delays in shift scheduling. To ensure that the deadline is met, students may be suspended from the program if they fail to meet the deadline. Submitting all Enrollment and Clinical documentation on-time is crucial to meet the state and national requirements to take the course and to keep the movement of the classroom from lab scenarios and technical skills to live patient in the clinical setting. Should a student not meet the required deadlines for documentation submittal, then he or she can be suspended from attending classes and clinicals until he or she becomes compliant. Suspension also results in temporary suspended access from the student's LMS account. Any class time that is missed, while the student is on suspension, can be documented as an absence and deducted from the total allotted number of absence hours. Once all documentation has been submitted and validated, the student is removed from suspension and permitted to return to class. The Clinical Coordinator emails notification of suspensions and emails notification when a student becomes complaint and removes them from suspension as well. Unfortunately, one student's failure to turn in their documentation on time impacts the entire class and could prohibit them from starting rotations. AEC strives to make sure documentation does not become a hinderance to student success.

Suspension Procedure:

- The student is informed by the Clinical Coordinator of the Suspension
- The student's Program Coordinator fills out a Student Counseling Form with the following information:
 - Student Name
 - Program
 - Date
 - Reason for Counseling
 - This information will state that the student is suspended from the program pending resolution of the issue
 - Program Coordinator Comments
 - Student Comments
 - Resolution
 - This will include the terms for lifting the suspension, along with information about the remaining hours of absence the student has and the consequences of exceeding the permissible absence hours
 - Any correspondence between the student, Clinical Coordinator, Program Coordinator, or administration regarding the documentation must be attached.
 - The student will have recourse to the Grievance Policy to address any grievance they may have during or following this procedure.
- Only the Clinical Coordinator can lift a documentation suspension.

Clinical/Field Rotation Suspension

If the student does not comply with Affective Domain policies and procedures while on shift in a Clinical or Field setting or fails to show competency performing skills and patient care, the Program Coordinator and Program Director may place the student on suspension. The following procedure will be followed:

1. The Program Coordinator will initiate a Student Counseling Form and notify the Program Director and Operations Director.
2. The Program Coordinator and Program Director will set a time to meet with the student and the student will have the opportunity to indicate verbally and in writing their viewpoint on the situation.
3. The Program Director and Program Director will determine the final resolution in writing on the Student Counseling Form.
4. The student becomes a candidate for probationary status at the discretion of the Program Director and Operations Director and a candidate for suspension from clinical/field rotations.
5. A copy of the Student Counseling Form, after final resolution, will be given to the student, Program Director, Operations Director, and Program Medical Director. A copy will also be placed in the student's permanent file.

Program Suspension for Nonpayment

If the student does not submit tuition payments by the due date on their Tuition Schedule, they may be suspended from the program, including clinical and field shifts until payment is received. The time missed during the suspension will be counted toward the allowable missed time, which may result in dismissal. The below suspension procedure will be followed:

1. AEC Accounting will notify the student, AEC Administration, and the instructor scheduled for the next meeting date of the program that the student is suspended for non-payment
 - a. The email states that the student is suspended for nonpayment
 - b. The email states that the student is not allowed to attend class until the suspension is lifted
2. The student is allowed to contest the suspension if they have proof of payment
3. If the payment is received, an email is sent to the student, AEC Administration, and the scheduled instructor lifting the suspension and allowing the student to attend
 - a. Payment can be made electronically, and verified, or by check submitted to the Office Manager in the Manassas office, either in person or mailed
 - i. If the check is in person or mailed, it will be reported to AEC Accounting as soon as it is received to minimize suspension time—suspension is lifted upon receipt, not cashing
4. If payment is not received, the student will remain suspended, and they will be counted absent, with absence hours accumulating

Return from Suspension

Once a student has been released from suspension, they may return to class and begin to schedule clinicals again. Access to the student's LMS account will be granted once again. **If a student missed a HW and/or Quiz assessment while on suspension, they will be provided with forty-eight (48) hours to complete the missed assessments. Anything not completed in the provided 48 hours will be marked incorrect and if nothing was completed the student will receive a zero.**

Students can be suspended for not submitting necessary enrollment or clinical documentation and for non-payment as outlined by the signed tuition payment schedule.

Program Dismissal:

Noncompliance with AEC and affiliate policies listed, but not limited to, may lead to dismissal from the program:

- Uniform Policy: failing to follow the rules regarding uniforms in class or while on shift
- Attendance: exceeding the permissible absence hours allotted for the program

- Failure after probation: not achieving an overall passing grade in the program during academic probation
- Failure of program: not maintaining a passing grade and/or not completing course objectives by the end date of the program
- Cheating: tangible evidence of cheating by the student
- Falsification of documents: falsifying any documentation relating to the program:
 - Enrollment documentation
 - Identification or certification documents
 - Attendance
 - Sign-in or sign-out times
 - Signing in for another student, or having another student sign in for you
 - Clinical or field shift paperwork
 - Preceptor signature or name
 - Patient Contact information
 - Numbers of patients
 - Patient information
 - Dates, times, locations of shifts
 - Hours on shift
- Failure to comply with Affective Domain Policies
- Drug and alcohol policy: student found in violation of drug and alcohol policy

Dismissal Procedure

1. The Program Coordinator will initiate a Student Counseling Form and notify the Program Director, Operations Director, and the Dean of Students.
2. The student becomes a candidate for dismissal from the program upon a joint decision of AEC's Executive Team consisting of the Program Director, Operations Director, Dean of Students, and the Program Medical Director.
3. Following the official notification of dismissal from the program, the student has 2 days to notify the Program Director and Operations Director in writing of the desire to appeal the dismissal.
4. Appeal will be heard by the Program Advisory Committee and all judgments will be final.
5. A copy of the judgement will be given to the student, Program Director, Operations Director and Program Medical Director and a copy placed in the student's file.
6. Failure at the end of academic probation, failure for violating the permissible absence hours, or failure to comply with the course grading policy, does not result in the above five steps. The Program Coordinator, Program Director and Program Medical Director will sign and issue a dismissal letter of notice to the student. This dismissal is final.

Disciplinary actions in any domain will be taken for **Just Cause**. This list is intended to be a representative sample and is not limited to the following:

- Failure to follow hospital, EMS service or program policies
- An unsatisfactory grade (less than required 80% on competency evaluations)
- Unprofessional behavior
- Breach of patient confidentiality.
- Sleeping or lying down while on duty
- Theft of patient, hospital, EMS service or Program property
- Inappropriate behavior; sexual harassment
- Other conduct unbecoming an EMS Professional.
- Unsafe or dangerous behavior

POLICIES CONCERNING CANCELLATION OR TERMINATION BY AEC

Grounds for cancellation or termination of enrollment of a student by AEC include, but are not limited to:

- A. Failure to satisfy requirements for enrollment. The enrollment of a student may be terminated if it is found that the student did not satisfy the eligibility requirements set forth in the enrollment agreement.
- B. Disreputable conduct. The enrollment of a student may be suspended or terminated if it is found that the student has, at any time after he or she applied for enrollment, engaged in any conduct evidencing fraud, cheating, or disclosure of protected information.
- C. Conviction of any criminal offense that would render the student ineligible to acquire or retain a Virginia EMS license. These include:
 - any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
 - a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
 - any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.
 - any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.
 - any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
 - The student must not currently be under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body.
- D. Knowingly filing or providing false documentation, including student information, health, or vaccination records and clinical or field documents.
- E. Knowingly making false or misleading representations of AEC, its employees, program, affiliates, or students.
- F. Willful violation of any of the regulations contained in this agreement

THE EMERGENCY MEDICAL TECHNICIAN (EMT) PROGRAM

This program has been designed based upon the 2009 publication by the U. S. Department of Transportation of the National Emergency Medical Services Education Standards: Instructional Guidelines. These instructional guidelines were based on a national EMS practice analysis completed by the National Registry of Emergency Medical Technicians. Additional content from other nationally recognized training programs has also been included: American Heart Association (CPR). This program is approximately 210 hours.

This is a competency-based educational program which consists of three components:

- Didactic
 - This portion of the program includes lectures, skill labs, and classroom discussion. The intent is to clarify and enhance material covered in the text. Skill labs will be of two varieties **(1) individual skills and (2) scenarios**. The scenarios are used to incorporate individual skills into the scope of reality-based situations.
- Independent Study
 - This portion includes ALL reading assignments, power point review, homework assignments, and quizzes.
- Field Internship
 - The field aspects are intended to provide the student with field practice of all skills learned and performed in the classroom environment. The field hours required by this program, along with starting dates, include the following:
 - **Field Internship:** 24 Hours, Check with Coordinator for start date.
 - **TOTAL** 24 Hours to include 10 live patient contacts in the field.



All rotations must be completed, and paperwork turned in according to the due date as outlined on the syllabus. If the paperwork is not turned in on time you will be ineligible to sit for the Final Written Exam.

Each student will complete the field internship requirement within their own agency if capable. Supervision in this setting is to be provided by an EMT (or higher) who meets agency requirements as a preceptor.

Scheduling for field rotations at Associate's in Emergency Care Medical Transport will be handled by AEC through the Program and/or Clinical Coordinator. The student will have a Clinical Evaluation Form completed for each medic unit rotation. The Clinical Evaluation Form is to be filled out and signed by the preceptor or the Officer-in-charge (OIC) of the Medic Unit. This sheet must be completed and turned in by the due date on the syllabus. Students are strongly urged to make a copy of the sheet for their own records, prior to handing in the original. *Remember, if there is no documentation, there was no field rotation completed.* These sheets will be reviewed by the program coordinator to determine student performance.

Each student is expected to actively participate in the field experience and always act in a professional manner.

EMT ADMISSION REQUIREMENTS

Program Registration Prerequisites

The State of Virginia Office of Emergency Management Services sets forth prerequisites for Basic and Advanced Life Support Certification Programs. Additional requirements are based on the policies of clinical and field locations that will be attended during the course of the program.

- The prospective BLS (EMT) student must be a minimum of 16 years of age at the start date of the program. Individuals under the age of 18 must provide a completed permission form signed by a parent or legal guardian.
- If the prospective BLS (EMT) student is affiliated with an EMS or public safety agency, documentation stating that the student will be covered under agency insurance while attending the program.
- Foreign national students, an U.S. Government Student Visa must be provided.
- A valid state-issued Identification or valid state-issued Driver's License must be
- The Commonwealth of Virginia requires that the prospective student must never have been convicted or found guilty of any crime involving any of the following:
 - Sexual misconduct wherein the lack of affirmative consent was an element of the crime (e.g., forcible rape)
 - Sexual or physical abuse of children, elderly, or the infirm, such as making and/or distribution of child pornography, incest involving a child, sexual misconduct with a child, or assault on an elderly or infirm person
 - Abuse, neglect, theft from, or financial exploitation of a person entrusted to their care or protection wherein the person is a patient or resident of a health care facility
 - Use, possession, or distribution of any illegal drugs
 - Excepting that the individual is eligible five years after the date of final release provided no additional felonies have been committed in that time
 - Any *other* felony
 - Excepting that the individual is eligible five years after the date of final release provided no additional felonies have been committed in that time
- The prospective student cannot currently be under any disciplinary or enforcement action from any state EMS office or any recognized national or state healthcare provider certifying or licensing body
 - Those subject to these enforcement or disciplinary actions by be eligible for certification provided no further enforcement or disciplinary actions have occurred in the 5 years prior to an application of recertification.
- All references to criminal acts and/or convictions mentioned in this section refer also to similar laws in any state in the United States. These convictions are to include prior adult and juvenile convictions, adjudications of delinquency on an offense that would have been classified as a felony conviction if committed as an adult within or outside the state of Virginia at the time of conviction.

COURSE COMPLETION REQUIREMENTS

To successfully complete the course, the student must:

- Attend and actively participate in all class activities (lectures, labs, etc.)
- To have missed no more than 13 hours of scheduled class dates
- Satisfactorily complete all field rotations (24-hour minimum)
- To have gained 10 live patient contacts in the field
- Pass all practical examinations

Attendance

Attendance in the EMT Program is strictly enforced. A minimum number of contact hours for the didactic and lab portions of the class are required by the state. Students are to attend all scheduled classes and clinical experiences. Students cannot miss more than the allotted number of absence hours for the entirety of the course. Please keep in mind that daytime, Saturday, or Sunday classes will be counted as eight (8) hours and weeknight classes will be counted as four (4) hours. Students will be deducted hours for the late arrivals and leaving class early without a proper dismissal. Any class time missed, whether excused or unexcused, is missed time and will be deducted from the allotted absence hours for the specific program. Failure to comply with the attendance policy will result in immediate dismissal from the program. No exceptions will be made. When a student is unable to attend class, he or she **MUST** contact the appropriate Program Coordinator prior to the start of class. **Allowable absence hours for EMT Program: 13**

If a class is missed, the student is responsible for obtaining the material covered. If the class missed involves an exam, the student has until the next class to complete the exam(s) or receive a **zero** for that exam(s). This policy also holds for exam retests. For any class being held at the AEC Training Center in Manassas, students are required to make-up the exam “before” attending the next class. Students will contact their Program Coordinator for scheduling.

Homework and quizzes not completed on the LMS by the assigned due date and time receive a zero.

Tardiness

Habitual tardiness is disruptive to the program and other students. Additionally, this behavior reflects poorly on the student’s interest, and can have a negative impact on the student’s Affective Domain grades and evaluations. Repeated tardiness is cause for disciplinary action.

If the student is more than ten (10) minutes late, past the start time of class, then a fifteen (15) minute deduction will be taken from the total allotted absence hours of thirty-six (36). This policy holds true for every fifteen (15) minute interval past the class start time. For example, if the student arrives at 1811 when class was supposed to begin at 1800, the student will be docked fifteen (15) minutes of absence. For every additional 15-minutes late it will be added to the initial 15-minute deduction. Lateness is subtracted from the total allowable time missed of 13-hours.

REQUIRED COMPETENCIES: EMT PROGRAM

<p>Select, don, doff and properly/safely discard PPE</p> <p>Determine a patient's level of consciousness</p> <p>Assess a patient for a patent airway</p> <p>Assess a patient for breathing and provide depth, rate, quality</p> <p>Acquire a pulse and provide rate, rhythm, and strength</p> <p>Assess the skin color, temp, and moisture, turgor, and external bleeding</p> <p>Assess capillary refill</p> <p>Assess the pupils as to equality, size, reactivity, accommodation</p> <p>Obtain an automated blood pressure</p> <p>Obtain a manual blood pressure</p> <p>Obtain a SAMPLE history</p> <p>*Operate a stretcher</p> <p>*Operate a stair chair</p> <p>*Provide proper patient lifting and moving techniques</p> <p>Perform a simulated, organized, concise radio transmission (lab setting)</p> <p>Perform patient report that would be given to staff at receiving facility (lab setting)</p> <p>Perform report that would be given to ALS provider in (lab setting)</p> <p>Complete pre-hospital care report (lab setting)</p> <p>Perform head tilt, chin-lift maneuver</p> <p>Perform a jaw thrust maneuver</p> <p>Perform upper airway suctioning using soft/rigid suction devices</p> <p>Assemble and operate an oxygen tank</p> <p>Ventilate using a BVM at the appropriate rate</p> <p>Ventilate patient with a stoma</p> <p>Insert an OP airway during an airway</p> <p>Insert a NP airway during an airway</p> <p>Use a non-rebreather and adjust oxygen flow requirements needed</p> <p>Use a nasal cannula and adjust oxygen flow requirements needed</p> <p>Use and interpret pulse oximetry</p> <p>Apply CPAP</p>	<p>Administer a meter dose inhaler</p> <p>Administer a aerosolized/nebulizer medication</p> <p>Administer an intramuscular medication via auto-injector</p> <p>Administer an intramuscular medication - premeasured unit-dose</p> <p>Administer intranasal medication - premeasured unit-dosed</p> <p>Administer mucosal/sublingual medication</p> <p>Administer oral medication</p> <p>Apply and obtain a 12 lead ECG</p> <p>Perform blood glucose monitoring</p> <p>Assist with a normal delivery</p> <p>Assist with a complicated delivery</p> <p>*Perform a physical restraint</p> <p>Perform hemorrhage control – direct pressure</p> <p>Perform hemorrhage control – tourniquet</p> <p>Perform hemorrhage control – wound packing</p> <p>Provide care for eye injuries</p> <p>Provide care for epistaxis</p> <p>Provide care for an open neck wound</p> <p>Provide care for an open chest wound</p> <p>Provide care for an open abdominal wound</p> <p>Provide care for an open junctional injury</p> <p>Provide care for an impaled object</p> <p>Provide care for a patient with an amputation and the amputated part</p> <p>Provide care for a patient with burns</p> <p>Perform immobilization of a long bone - traction</p> <p>Perform immobilization of a long bone - rigid</p> <p>Perform immobilization of a long bone - soft</p> <p>Perform immobilization of a joint - pillow</p> <p>Perform immobilization of a joint - sling & swathe</p> <p>Perform immobilization of a joint - rigid</p> <p>Provide care for a patient with a suspected hip/pelvis fracture</p> <p>*Secure a patient with a suspected spinal injury to a long spine board</p> <p>*Perform seated SMR (KED, etc.)</p> <p>*Perform emergency moves for endangered patients</p> <p>Manage a patient with a helmet</p>
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EDUCATIONAL OBJECTIVES

Purpose

The purpose of the EMT program is to provide the student with the skills and knowledge, to enter the work force as a competent entry-level EMT. This is done by providing an education that focuses on the Three Learning Domains: Cognitive, Psychomotor, and Affective.

Cognitive Domain

The Cognitive Domain relates to development of mental skills and acquiring knowledge. Categories in this domain are Knowledge, Comprehension, Application, Analysis, Synthesis, and Evaluation. The Cognitive Domain area is evaluated by the student's performance on:

- Homework Assignments
- Exams
- Quizzes

Psychomotor Domain

The **Psychomotor Domain** relates to motor action directly proceeding from mental activity. Essentially, the ability to go from thought to action. Categories in this domain are Receiving, Responding, Valuing, Organization, and Characterization. This area is evaluated by the student's ability to demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to patient care. Each student will be able to:

- Demonstrate technical proficiency in all skills necessary to fulfill their role as an entry level EMT.
- Show proficiency at the end of each course module by completing summative lab competencies.
- Demonstrate competency by completing skills.

Affective Domain

Affective Domain describes learning objectives emphasizing feeling/emotion, or degrees of acceptance/rejection. Categories in this taxonomy include Receiving, Responding, Valuing, Organization, Characterization. Etiquette, teamwork, be advised that the affective domain is a part of the program and must be successfully completed just like the cognitive and psychomotor domain. Failure to comply with the affective domain can result in dismissal from the program and result in student failure. These policies are in place to ensure professionalism within our program. Any infraction that may be detrimental to the welfare or reputation of the program will not be tolerated. The Affective Domain will be assessed by:

- Completion of Company Duties
- Evaluations
- Behavior and Etiquette

Program Delivery

The EMT Program is either delivered in a Hybrid or Residential format.

Non-Academy classes are hybrid, with all of with all exams and labs in person, but with standalone lectures (days with ONLY lecture) either taught live or as a recorded lecture for students to watch. No additional fees are charged for this hybrid program delivery. A reliable internet connection is required for all students.

All Academy programs are Residential, with recorded lectures used as an additional resource.

EMT GRADING POLICIES

Grading:

Students will be required to maintain an average of 75% to be eligible to sit for the course Final Examination. The student's grade is based on overall points between Homework Assignments, Quizzes and Tests. If students do not complete the homework assignments by the due date and time written on the syllabus, then students will receive a zero for the incomplete HW that is past the deadline. Quizzes are timed and automatically submit once time has expired. Any questions that were left blank will be marked as incorrect. If students are absent, during a class that has an exam/test scheduled, the students will be required to take the exam/test at the very next class or receive a zero. If not completed by the next attended class, they will receive a "0" for that assignment. Those students who do not have a 75% at the end of the course will be precluded from taking the final examination. A cumulative score of 75.00% or higher is passing, whereas a cumulative score of 74.99 or below is failure of the program.

Students must score a minimum of 75.00% on each exam (excluding the Fisdap final exam). Failure to do so will require the student to complete a retest for the failed exam by the next class. Scoring less than 75.00% on the Fisdap retest will result in the student's necessity to complete remedial training to prove comprehension of the exam period's core content. Such remedial training will involve a mix of case studies and essay questions provided at the Program Coordinator's and Program Director's discretion. The remedial training assignment is to be completed by the assigned due date as provided by the student's Program Coordinator. If it is determined that the student's comprehension of the material is still deficient, then said student will fail out of the program. If the student successfully remediates, they will remain in the course, but could still face academic probation. If both the initial exam and the retest were failed, with scores less than 75.00%, then the higher of the two (2) scores will be awarded in the gradebook. If the student failed the initial exam, but successfully passed the retest, the score entered in the gradebook will be a 75.00%. The best score a student can achieve in passing a retest will always be a 75.00%. Only in the case of failing both the initial and the retest, with less than a 75.00%, will a student be given the higher score.

Remedial training may only be accessed **twice** by a student during the program. Should a student have needed to remediate twice and then fails the first and second attempt of *another* exam, that student has failed out of the program. The need to remediate a Fisdap exam is considered one access to remediation. There are a total of 6 modules during the course and a student is only able to complete remediation during 2 of the 6 modules.

Students must pass the Fisdap EMT Comprehensive Exam (program final exam) with a 70% or higher to be approved for the National Registry Computer Based Test. There will be 3 retests permitted for the final exam.

If a student's overall average is less than 75.00% at the end of an exam period, they will be placed on Academic Probation. The Program Coordinator will sit down with the student to complete an academic probation form, discuss the situation, and help formulate a plan for success. A copy will be provided to the student and a copy will be placed in the student's file. The Final Resolution section will be completed at the end of the next exam period. A copy will again be given to the student and a copy placed in the student's file. The probation period will last until the end of the next exam period. At that time, the student must have obtained an overall average of 75.00% or higher. If not successful, the student will be dismissed from the program. A sample of the Academic Probation form is in the appendix at the end of the Program Policy Manual.

Grading Weights:

Homework	25%
Quizzes	25%
Exams	50%

The course faculty will continuously review the student's performance and progress in the program, and if appropriate, will aid those encountering academic difficulty. Students are urged to contact the Program Coordinator at any time that they have questions or concerns about their progress or performance.

Affective Domain Grading

Please be advised that the affective domain is a part of the program and must be successfully completed just like the cognitive and psychomotor domain. Failure to comply with the affective domain can result in dismissal from the program and result in student failure. These policies are in place to ensure professionalism within our program. Any infraction that may be detrimental to the welfare or reputation of the program will not be tolerated.

No tobacco, tobacco products, or tobacco substitute will be permitted in the classroom, labs, immediate patient care areas, or at the scene of an emergency. Also, no gum chewing will be allowed in these areas. Frequent breaks or smoking areas will be provided as appropriate.

Classroom and lab areas are to be left in a clean, orderly condition as determined by the faculty. **This is the responsibility of all students.**

Students are expected to always act professionally. This includes work conducted in all patient areas and on field emergency scenes. Also, this includes all actions in the classroom and labs. Students are expected to treat all faculty, staff, clinical associates, and patients with the utmost respect. Furthermore, students are required to protect the privacy of all patients and maintain confidentiality of all information obtained during classroom, field, and clinical experiences.

Students must meet the program objectives both in class and in the field setting and will be evaluated while doing so in the following areas of the affective domain:

- Maintains confidence level appropriate for an EMT
- Maintains professional behavior
- Displays appropriate attitude
- Displays cooperative behavior
- Displays motivation
- Deals appropriately with stress
- Maintains a neat, professional appearance
- Uses time appropriately
- Accepts positive reinforcement
- Meets expectations for skill level
- Works well with others
- Follows directions

Peer Evaluations

During this program, you will anonymously evaluate each other using the thirteen (13) areas listed above six (6) times throughout the program. These peer evaluations will take place at the completion of each Module on the same day as the Unit Exams. Students are encouraged to take these peer reviews seriously and use the information to better their scores and behavior throughout the program. Students will evaluate using a 1 to 5 scale, but also adding additional information by using the "notes" section.

TUITION

Tuition Charges

The tuition period covered in this agreement consists of a single program length, denoted by the dates listed in each individual class schedule. The following Tuition Schedules outline the payment plan provided by AEC for students who wish to pay in installments. Variations to the schedule can be made, depending on sponsorship, or arrangements made with the Dean. If the Tuition Schedule varies from the standard schedule, the student will be provided with a schedule specific to their situation. Receipts of payments are available when payments are made through our online portal, and other payment documentation can be requested from Accounting.

Paramedic Program

Paramedic Program Tuition: \$8799.00 USD. Classification Codes: 00, 03, 04

Tuition INCLUDES the following:	Tuition fee DOES NOT INCLUDE:
<ul style="list-style-type: none"> • MyBradyLab electronic texts and resources, 12-month subscription (counted as a Supply Cost): • Fisdap Scheduler, Skills Tracker, Study Tools, and Exams (counted as a Supply Cost): • Office 365 access and AEC student Email • Cadaver Lab (on-site) • LMS - Learning Management System access for the duration of the program • Uniform shirts for classroom and polos for rotations • AEC Job shirt for rotations • Background and 12-panel Drug screen through CastleBranch • iPad loaned for use during program • AHA ACLS Certification • AHA PALS Certification • Access to an EAP for student assistance 	<ul style="list-style-type: none"> • Optional Printed textbooks • Work or duty pants for class and rotation uniform • Shoes for class and rotation uniform • OSHA Regulated Steel Toed Boots • Any medical fees or copays required for vaccinations, titers, or x-rays • Any fees or charges related to acquiring necessary student documentation, such as diploma copy, medical records, AHA BLS Provider cards, health insurance, or reciprocity for state EMS licensure • Fee incurred by repetition of drug screen due to reasonable suspicion • Any incidental expenses incurred by the student during their clinical or field rotations. These may include: <ul style="list-style-type: none"> ○ Travel expenses, such as fuel, tolls, or parking fees ○ Personal expenses, such as food or lodging • National Registry Exams

Advanced Placement Paramedic

Paramedic Program Tuition: \$6799.00 USD. Classification Codes 01, 02

Tuition INCLUDES the following:	Tuition fee DOES NOT INCLUDE:
<ul style="list-style-type: none"> • MyBradyLab electronic texts and resources, 12-month subscription (counted as a Supply Cost): • Fisdap Scheduler, Skills Tracker, Study Tools, and Exams (counted as a Supply Cost): • Office 365 access and AEC student Email • Cadaver Lab (on-site) • LMS - Learning Management System access for the duration of the program • Uniform shirts for classroom and polos for rotations • AEC Job shirt for rotations • Background and 12-panel Drug screen through CastleBranch • iPad loaned for use during program • AHA ACLS Certification • AHA PALS Certification • Access to an EAP for student assistance 	<ul style="list-style-type: none"> • Optional Printed textbooks: \$290.00 • Work or duty pants for class and rotation uniform • Shoes for class and rotation uniform • OSHA Regulated Steel Toed Boots • Any medical fees or copays required for vaccinations, titers, or x-rays • Any fees or charges related to acquiring necessary student documentation, such as diploma copy, medical records, AHA BLS Provider cards, health insurance, or reciprocity for state EMS licensure • Fee incurred by repetition of drug screen due to reasonable suspicion • Any incidental expenses incurred by the student during their clinical or field rotations. These may include: <ul style="list-style-type: none"> ○ Travel expenses, such as fuel, tolls, or parking fees ○ Personal expenses, such as food or lodging • National Registry Exams

Emergency Medical Technician Program

EMT Tuition: \$2099.00 USD

Tuition INCLUDES the following:	Tuition fee DOES NOT INCLUDE:
<ul style="list-style-type: none"> • Print textbook with online access • Fisdap Scheduler, Skills Tracker, Study Tools, and Exams (counted as a Supply Cost): • Office 365 access and AEC student Email • Cadaver Lab (on-site) • LMS - Learning Management System access for the duration of the program • Uniform shirts for classroom and polo for rotations • AEC Job shirt for rotations • Access to an EAP for student assistance 	<ul style="list-style-type: none"> • Work or duty pants for class and rotation uniform • Shoes for class and rotation uniform • OSHA Regulated Steel Toed Boots • Any fees or charges related to acquiring necessary student documentation, such as AHA BLS Provider cards • Any incidental expenses incurred by the student during their clinical or field rotations. These may include: <ul style="list-style-type: none"> ○ Travel expenses, such as fuel, tolls, or parking fees ○ Personal expenses, such as food or lodging • National Registry Testing Fees

PLAGIARISM AND CHEATING POLICIES

The pressure to successfully complete any program creates temptation to cheat and plagiarize, and difficult assignments and assessments can push students to sabotage their progress. Every attempt is made to prevent this, but occasionally, it happens.

Plagiarism in the programs can happen during remediations and research projects when a student copies source material, turns in another's work as their own, fails to cite sources, or fails to credit a source. Remediation packets must be processed through a plagiarism checking system before being submitted for grading. If it is found that any work was plagiarized, the student will face consequences such as assignment failure or possible dismissal.

There is a policy in place for cheating, which includes plagiarism, and it is elucidated below:

1. If a student is **suspected** of cheating, the Program Coordinator will notify the Program Director. A plan of action will be determined at that time, examples:
 - a) seating rearranged
 - b) alternate tests administered
 - c) The Program Coordinator will complete a Student Counseling Form, which includes written statements from the student(s) involved and witnessing instructor(s). Appropriate copies will be submitted to all parties to include the Program Medical Director.
 - d) Student(s) will meet with the Program Coordinator and Program Director within 3 days of receipt of the Student Counseling Form. Student(s) will be advised of their final disposition in the program. If the student(s) is not removed from the program, then the program's secondary course of action will be initiated with the student(s).
 - e) Student will have 3 days to appeal the action in writing to the Program Medical Director.
 - f) Student and Program Medical Director will meet within 3 days of receipt of appeal. Final action will be determined at this meeting.
2. If tangible proof of cheating occurs, the classroom instructor will notify the Program Coordinator, who will immediately notify the Program Director, Operations Director, and Program Medical Director. Tangible cheating results in **immediate dismissal** from the program.
3. This includes cheating outside of the classroom while taking any Open LMS Quiz (timed assessment). Students are to take the quizzes alone and discussion of the quizzes before the actual due date has expired are strictly prohibited.
4. Tangible cheating also includes accessing any Resources on the LMS or outside of the LMS once an exam has been started and is in progress.
5. Sharing your LMS login credentials with another student is considered cheating and can result in immediate dismissal from the program.

Dismissal for Cheating – Potential Future Ramifications

1. A student that has been dismissed for cheating cannot enroll in a future program with AEC for a period of six (6) months.
2. A student that has been dismissed for cheating loses their opportunity for the "returning student" tuition rate. The full tuition rate at the time of enrollment must be paid.
3. A student that has been dismissed for cheating is not eligible for any future employment with AEC and/or AEC Medical Transport and Rapid Response.

4. A student who has been dismissed for cheating, who returns after the six (6) month waiting period, can only be accepted into another AEC program in a probationary status. Probationary status can be defined as, but is not limited to:
 - a. the necessity to sign a non-disclosure of reason for previous dismissal and status as a returning student
 - b. no remediation packets available to the probationary student for Modules completed during their first enrollment attempt in the program
 - c. Loss of first, second, and third incident on the disciplinary action procedure. A first incident will warrant immediate dismissal as a student on probation.
 - d. Prerequisite ethical training of AEC's choice will need to be completed prior to enrolling after the six (6) month waiting period.
5. Cheating can result in permanent expulsion from AEC and its EMS Programs.
6. Tangible cheating discovered in a second program will result in permanent expulsion and a formal complaint will be filed with the VA Office of EMS Regulation and Compliance.
7. Suspicion of cheating in a second program, while on probation, could result in immediate dismissal from the program.

Any student who has been dismissed from an AEC program for cheating and wants to enroll in a future program, will first need to meet with AEC's Executive Team to establish the specific details of their probation. The Executive Team may utilize any of the above listed as part of probation.

TECHNOLOGY REQUIREMENTS

Many of AEC's programs are offered in a hybrid format, making it necessary for students to have access to technology to support their learning.

Connectivity

It is required that all students have a reliable internet connection from wherever they will be accessing online resources and hybrid learning applications. The LMS assignments are due at specific times, and an unreliable connection may cause a student to miss an assignment submission. Reliable internet paired with good time management will help every student with successful completion.

While in AEC facilities, Wi-Fi is provided to all students and faculty at no additional cost. Be advised, however, that clinical and field locations may have fees associated with internet connection. AEC does not charge a technology fee but does require students to sign a Technology Use Agreement upon enrollment.

Devices

The Paramedic and Advanced Placement programs provide loaned iPads for use throughout the program, including Field and Clinical shifts, and the required applications are preinstalled. Some exams require a secure browser, and these iPads are set up to accommodate.

The EMT program has iPads available for students to use during exams, but students are required to provide their own devices for all other parts of the course.

On-campus Wi-Fi is available in all AEC locations at no extra cost to students.

AEC does not charge additional technology fees

PAYMENT SCHEDULES

The Standard Payment Schedule is as follows:

Paramedic Tuition Payments, Codes 00, 03, 04		
<i>Total Paramedic Tuition</i>		<i>\$8,999.00</i>
Deposit	Due at Registration	\$395.00
First payment	Due on Orientation Day	\$3450.00
Second payment	Due around Exam 2	\$2,600.00
Third payment	Due around Exam 4	\$2,554.00

Advanced Placement Paramedic Tuition Payment Schedule, Codes 01, 02		
<i>Total Advanced Placement Paramedic Tuition</i>		<i>\$6799.00</i>
Deposit	Due at Registration	395.00
First payment	Due on Orientation Day	2950.00
Second payment	Due around Exam 2	2000.00
Third payment	Due around Exam 4	1549.00

EMT Tuition Payment Schedule		
<i>Total EMT Tuition</i>		<i>\$2099.00</i>
Deposit	Due at Registration	295.00
First payment	Due on Orientation Day	804.00
Second payment	Due 30 days into Program	500.00
Third payment	Due 60 days into Program	500.00

Actual due dates can be found on the signed Tuition Payment Schedule provided to the student. There are exceptions to the standard payment schedule for varying reasons which are listed below. If an agreement is provided that is different from the standard agreement described above, the student will receive an exact copy to retain for records.

- *Attendance of the program using GI Bill.* The information needed to calculate any payments or fees will be provided on a separate agreement.
- *Usage of a discount voucher/coupon.* If you provide the discount voucher at the time of registration, your enrollment agreement will contain the amended tuition schedule.
- *You have partial payment from an employer or sponsor.* Your balance and schedule will be calculated, and a revised schedule will be provided with your enrollment agreement.
- *You have paid in full in advance.* You will be held to the same refund schedule as presented on the Standard Payment Schedule provided above.

Refund Policies

Students who provide written notice of cancellation within three business days (excluding Saturday, Sunday, and federal and state holidays) of paying tuition and/or the registration fee, **but before the first class**, are entitled to a refund of all monies paid, including the nonrefundable application fee. Refunds will be provided within thirty (30) calendar days of receiving notice of cancellation.

A student must submit a written notice of withdrawal to withdraw from the program. Supply cost (online library, binder, attire and potentially the loaned iPad) fee refund eligibility will be dependent on student usage and loaned goods have been returned in good condition. Supplies are not pro-rated unless required by applicable state law. If the student has paid for the entire program upfront, the remaining prorated program cost, based on the Tuition Schedule, less the incurred supply costs will be refunded to the student.

In every other circumstance, tuition becomes non-refundable after each payment has been received by the school.

Tuition Payment Extension

In order to be eligible for a tuition payment extension the requesting student must be in “Good standing”.

Good standing:

1. Have a current overall grade at or above 75.00%
2. To have not exceeded the absence hours as defined in the attendance policy.
3. The student cannot be in middle of an exam:
 - a. Failed 1st attempt and has not taken the 2nd attempt
 - b. Failed both the 1st and 2nd attempts and has not completed the remedial packet.
 - c. Student cannot be on suspension, on academic probation, or under investigation for any reason.
4. If a student is in good standing a written request may be made to customerservice@aecare911.org.
 - Tuition payment extensions are only available on the 2nd or 3rd tuition payments.
 - Fifty (50%) percent of the tuition due “must” be made on the original due date.
 - Only fifty (50%) percent of the payment due can be extended, but no more than a maximum of six (6) calendar days from the original due date.
 - Should a student fail to pay the remaining 50% due by the extension deadline, then they will be suspended from attending all classes, whether in person or virtual, and from attending all clinicals. The student shall also be suspended from accessing their LMS account until the full payment due has been made.
 - **Students who are on a “special” payment plan DO NOT QUALIFY for an extension.**

Supply Costs

Supplies that are provided to students at the beginning of the program that cannot be refunded once used are listed as Supply Costs in the Enrollment Agreement. The following are Supply Costs

Item	Cost	Programs
MyBradyLab Online Digital Textbook Access	\$205.00	Paramedic
Fisdap Activation Code	\$210.00	Paramedic
Registration Deposit	\$395.00/\$300.00	Paramedic/EMT
Background Check and Drug Screen	\$82.00	Paramedic
Uniform Shirts	\$36.00	Paramedic EMT
Clinical and Field Uniform	\$120.00	Paramedic, EMT
Identification Badge for Clinical/Field	\$10.00	Paramedic
Documentation Binder	\$35.00	Paramedic
Documentation Binder, EMT	\$20.00	EMT
Pharmacology Manual	\$15.00	Paramedic
AEC iPad	\$388.00	Paramedic
AEC iPad Case	\$12.00	Paramedic

Pricing for Optional Services

EMT Program Transfer Fee	\$400
EMT to Paramedic Transfer Fee	\$1800
EMT to Paramedic Tuition, Second Attempt	\$6799
Remedial Training Fee	\$299
Replacement Photo ID Badge	\$10.00
Replacement Uniform Shirt	\$16.00

Payment Methods

AEC makes it easy to make your tuition payments. They can be made electronically through the secure AEC Formsite Portal: <https://fs18.formsite.com/aec911/form8/index.html>. Checks or money orders can be sent by mail to:

AEC
8886 Rixlew Lane
Manassas, VA 20109

Please do not submit checks or money orders in person to AEC staff or faculty.

Failure to make payments on time will result in suspension from the program and all hours missed will be deducted from the allotted absence hours for the program.

Cancellation Or Termination of Agreement By The Student

The student can cancel or terminate the program at any time, however he or she must refer to their specified payment schedule for any refund that might be due. Written notice of termination or cancellation is not required from the student to receive the refund but may allow for a timelier refund. If written notice is given, your termination date will be according to the date stated in your notice. However, if no notification is given, your termination date will be presumed to be the last date of attendance (LDA).

Disclaimer Of Employment Guarantee

Nothing contained in this Agreement shall be construed as an obligation of Associates in Emergency Care (AEC) or any of its subsidiaries or any affiliates to retain you in their employment.

Transfer Option

AEC understands that life changes can and will occur for all of us. Sometimes these changes can interfere with school. AEC has provided a way to help safeguard student's interests and to some extent, your financial investment in tuition. In order to be eligible to transfer from one paramedic class to another, the student must be in "good standing" in their current class.

Good standing:

1. Have a current overall grade at or above 75%
2. To have not exceeded the absence hours as defined in the attendance policy.
3. The student cannot be in middle of an exam:
 - a. Failed 1st attempt and has not taken the 2nd attempt
 - b. Failed both the 1st and 2nd attempts and has not completed the remedial packet.
 - c. Student cannot be on suspension, on academic probation, or under investigation for any reason.
4. A transfer fee of \$1600.00 must be paid in full before attending the class the student is transferring in to.
5. A Transfer Request/Approval Form must be completed and approved by AEC's Executive Team.

TRANSFER OF CREDIT

A high school diploma or equivalent is required to enter the Paramedic Program. Students with advanced degrees from institutions are welcome as well, but college and university degrees do not transfer unless that degree led to a valid State certification of EMT, AEMT, or Intermediate. Partial completion of certification from other institutions is not accepted and expired state or National certifications will not be counted as credit. Students who have completed partial programs at AEC and withdrew from the program for non-academic reasons may have some of the module credit transfer to a future program, but this must be approved by the Dean, Program Director, and Medical Director. An administrative transfer fee will be charged. The percentage of the program credit that will be transferred will be decided and the student will sign a Transfer Agreement. Those students who have a current AEMT or Intermediate certification in Virginia who wish to attend an AEC program as an Advanced Placement (AP) student will need to complete Advanced Placement Testing.

Credit Transfer Information To Other Institutions

Students who complete the program can transfer certificate credit to any VA Community College, GWU, or Jefferson College of Health Sciences. AEC has an affiliation agreement with Columbia Southern University, with credits awarded upon review, along with a tuition discount. Successful completion of the NREMT examinations to receive the NREMT certification or a valid state certification will be required to obtain credit for the Associate of Science in EMS degree program at CSU. Please refer to each institution's transfer policies for specific information. Transfer credit may also be accepted at other nationally accredited institutions in the United States; however, students must meet the credit transfer requirements of the desired institution.

STUDENT SERVICES

Grievance Policy

Should any student feel that they have been graded or treated unfairly, or have been a victim of discrimination or harassment, the following grievance procedure must be followed.

The only exception to the procedure is if the grievance is against the student's Program Coordinator. Then, the form may be given to the Program Director.

Grievance Procedure:

1. The student must complete the Student Grievance Form and give it to their Program Coordinator
2. The Program Coordinator will review the grievance and establish time to meet with the student.
3. The Program Coordinator will determine if the grievance is appropriate and what actions are necessary to resolve the grievance.
4. A copy of the grievance will be given to the student, Program Director, Program Medical Director, and a copy placed in the student's file.
5. If the student is not satisfied with the Program Coordinator's resolution, then it can be appealed.
6. Appeal must be in writing within two class days of the Program Coordinator's resolution and given to the Program Director.
7. The Program Director will review with Program Medical Director and establish a time to meet with the student.

8. The Program Director and Program Medical Director will determine final resolution and a copy will be given to the student, Program Director and Program Medical Director and a copy will be placed in the student's file.
9. All decisions at this level are final.

Complaints about Accredited Programs must be submitted through the complaint portal of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) at <https://www.caahep.org/Students/Complaint-Policy/File-a-Complaint.aspx>. The complaint must be signed by the complainant, contain allegations that are substantially related to one or more CAAHEP standards, policies, or guidelines. The complaint must also demonstrate that reasonable efforts have been made to resolve the complaint or that such efforts would be unavailing.

Academic Counseling

During the student's time in the program, they can request academic counseling sessions from their Program Coordinator. This assistance can include questions about study skills, exam taking strategies, extra help on difficult topics, or ways to improve psychomotor skills and technique. The student must schedule these sessions at a time that will be convenient for both parties. Additionally, a Student Services Form must be completed for student records.

Student progress reports are performed throughout the course of the program, allowing the instructors and Program Coordinators to determine if additional counseling is needed to encourage student success.

Career Counseling

The instructors and Program Coordinators can provide a wealth of knowledge of career information. Though many of the students in AEC programs may already be volunteering at a department and will be continuing as a career employee, some may be completing the program in hopes of joining a local department while other students pursue continuing education. The years of experience of AEC faculty and the close Fire and EMS community have led to a 95% employment rate for our graduates. To access this advisement, students will need to make an appointment with their Program Coordinator to discuss the options available to them and the student and Program Coordinator will complete a Student Services form for the student's file.

Assistance Program

AEC has partnered with Lytle EAP to aid its students, faculty, and staff. Through Lytle's online portal, students can access a program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and or work-related concerns. Upon enrolling, you will be given an access code to the Lytle portal and their 24-hour access phone number. This service is included in your tuition and is confidential, so you can feel safe and secure getting the assistance you may need.

Occupational Risk Information

Any EMS work, whether career or volunteer, has risks. The list below is not comprehensive, but includes the most common risks associated with Emergency Management:

- Violence/Assaults/Verbal threat/Aggression
- Motor vehicle crash/impact
- Sprains and strains
- Lifting injuries
- Hyperthermia/hypothermia
- Hazardous chemical exposure
- Exposure to infectious disease

Other information regarding risks and safety can be found here:

<https://www.usfa.fema.gov/downloads/pdf/publications/ems-safety-practices.pdf>.