

EMERGENCY MEDICAL SERVICES PROGRAM

PORTLAND STATE OFFICE BUILDING | 800 NE OREGON STREET, SUITE 465 PORTLAND, OR 97232-2162



OHA EMS Competency-Based Assessment (CBA) Program

Application for Initial Implementation and Program Revisions

Oregon Administrative Rules (OAR) 333-264-0070(4) and (5) require an application for the initial implementation of the OHA-EMS CBA Program in courses at the EMT, AEMT, and EMT-I levels, and for significant changes made to CBA administration and delivery in these EMS provider course(s). Complete Section A for initial implementation. Complete Section B for significant revisions.

Name of Institution:

Date:

Contact Name:

Contact Email:

Section A: Initial Implementation of the OHA-EMS CBA Program

Course levels requested (check all that apply): EMT AEMT EMT-I

Submit the following information with this application for each course level:

The proposed course blueprint: use the OHA-EMS CBA Blueprint Workbook (Excel)

A copy of course CBA information and policies for scoring, remediation, and processes to verify competency (a syllabus, program handbook, or other student-facing document are acceptable options)

A written plan for student and instructor orientations to the OHA-EMS CBA program

Section B: Significant changes to course CBA administration and delivery

Check all that apply and provide additional information as directed.

Change in education program coordinator or director. List the name and contact information for the new person.

Change of course director(s)

List the name(s) of new course directors where appropriate.

EMT

AEMT

EMT-I

Provide the date of completion for each new instructor's completion of the orientation to the OHA-EMS CBA program:

Name

Date of Completion

Change of outcome alignments/blueprint

Submit the revised blueprint with changes highlighted on the spreadsheet. Briefly summarize the changes and rationale for the revisions.

Significant changes to CBA course policies or delivery

Submit the revised policies with the changes highlighted on the document. Briefly summarize rationale for the revisions.

Other change

Please briefly describe the significant change(s).