**Region I NCCR-2016 Outline Training Application (Paramedic)**

**Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Course* Address: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lead Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsoring Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Program Coordinator or Instructor hereby affirms that the information on this application is true and correct and that the courses listed below will conform to NCCR Education Guides as published by the National Registry in 10/1/2016.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date \_\_\_\_\_\_ Program Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*No program can begin or be advertised as approved prior to receiving an OEMS approval number per 105 CMR 170.960(F).

**Please circle your preference**: 1 Bundled Number Individual Numbers Session Numbers **provide list of session topics on separate sheet of paper**

APPROVAL NUMBER(S) FORMAT: 2324-R1- \_\_\_\_\_\_\_\_\_\_\_\_\_\_ -T\_\_

**Entire Approval Number(s) must appear on certificates of attendance**

|  |  |  |  |
| --- | --- | --- | --- |
| **OEMS #** | **Title of Course**  | **Credits** | **Instructor** |
| NCCR: | National Continued Competency Requirements | (30 total) |  |
|  | * Ventilation (skills required)
 | 2 |  |
|  | * Capnography (skills required)
 | 1 |  |
|  | * Oxygenation
 | 0.5 |  |
|  | * Post-Resuscitation Care
 | 0.5 |  |
|  | * Ventricular Assist Devices
 | 0.5 |  |
|  | * Stroke
 | 1.5 |  |
|  | * Cardiac Arrest (skills required)
 | 2 |  |
|  | * Congestive Heart Failure
 | 0.5 |  |
|  | * Pediatric Cardiac Arrest (skills required)
 | 2.5 |  |
|  | * Acute Coronary Syndrome (skills required)
 | 1 |  |
|  | * Central Nervous System Injury
 | 1 |  |
|  | * Hemorrhage Control (skills required)
 | 0.5 |  |
|  | * Trauma Triage (skills required)
 | 1 |  |
|  | * Fluid Resuscitation
 | 0.5 |  |
|  | * Special Healthcare Needs
 | 2 |  |
|  | * OB Emergencies
 | 0.5 |  |
|  | * Infectious Diseases
 | 0.5 |  |
|  | * Medication Delivery
 | 1 |  |
|  | * Pain Management
 | 1 |  |
|  | * Psychiatric Emergencies (skills required)
 | 1 |  |
|  | * Toxicological Emergencies-Opioids (skills required)
 | 0.5 |  |
|  | * Neurological Emergencies-Seizures
 | 0.5 |  |
|  | * Endocrine Emergencies- Diabetes (skills required)
 | 1 |  |
|  | * Immunological Emergencies (skills required)
 | 0.5 |  |
|  | * At-Risk Populations
 | 1 |  |
|  | * Ambulance Safety
 | 0.5 |  |
|  | * Field Triage—Disasters/MCI (skills required)
 | 1 |  |
|  | * Pediatric Transport
 | 0.5 |  |
|  | * Culture of Safety
 | 0.5 |  |
|  | * Ems Provider Hygiene, Safety and Vaccinations
 | 0.5 |  |
|  | * Crew Resource Management & Application
 | 1 |  |
|  | * EMS Research
 | 1 |  |
|  | * Evidence Based Guidelines
 | 0.5 |  |
|  |  |  |  |
|  | National Continued Competency Requirements(NCCR) “bundled course” (includes all above) | 30 |  |

**----------------------------------------------------------(REGION USE ONLY)--------------------------------------------------------------**

These courses are approved at the **PARAMEDIC level** for delivery in **EMS Region I** starting on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If ‘blanket’ approval, requires 30-day notification to Region prior to course delivery per A/R 2-212; course number expires March 31 2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

J. Dominic Singh, Executive Director Date

Date Received by Region