



## Credentialing Program

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General Information

Application for Medical Control Privileges – need 1 copy

Letter to Preceptor – need 1 copy for each preceptor

Hours log – need 1 copy

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Medical Director Verification – need 1 copy

Evaluation of the Credentialing Program – need 1 copy Provider Completion

Checklist – need 1 copy

# Credentialing Program

## Introduction

The credentialing internship in the REMO region is designed to give you, the advanced EMT, an opportunity to become familiar with ALS protocols, their application to patient care situations and the documentation procedures necessary for safe and effective practice. This manual will provide instructions along with templates of necessary forms.

## General Expectations

- You may provide advanced care only while under the direct supervision of a REMO approved preceptor. Any basic care provided while the preceptor is absent will not count towards the credentialing internship requirements.
- Even under the supervision of the preceptor, you may not perform skills or modalities that are beyond the scope of your education/training.
- You will have an agreed upon set schedule, will be on time for the scheduled hours and remain throughout the schedule.
- You will assist in all vehicle and equipment checks including restock and preparation for the next assigned call.
- You will meet agency requirements in regards to uniform, jewelry, tattoos and grooming.
- You will wear an agency approved ID badge during duty hours.
- Failure to adhere to the above expectations or engaging in any conduct or actions that could jeopardize safety may result in cancellation of the credentialing internship.

## Beginning the Credentialing Internship

1. Successfully pass the NYS certifying exam for your level. Receipt of the actual card and certificate constitutes successful completion. The onsite score is advisement of results NOT a temporary certification per the updated interpretation by Bureau of EMS NYS DOH.
2. Contact the ALS coordinator or appropriate officer at the agency where you expect to complete the internship. The coordinator or officer must contact the Office of Medical Standards at REMO to approve your participation at the agency. The agency will assign a preceptor to you.
3. You must complete any agency requirements such as a signed waiver or an orientation packet. These requirements MAY be completed before receipt of your NYS card as long as you do not perform advanced skills on a patient or schedule actual ride time on an ambulance or rescue that you intend to list as part of your internship requirements. You will need the advisement letter that you passed the exam.
4. **BEFORE** you actually begin your ride time, you must have the following on file at REMO:
  - An application for Medical Control Privileges
  - A copy of your NYS card
  - Copies of any additional required cards (CPR for AEMT; CPR, ACLS and Pediatrics for CCT and Paramedic)\*  
\*CPR card may be issued by National Safety Council, American Red Cross or American Heart Association. Pediatric Card may be PALS, PEPP or EPC. ACLS card must be issued by the American Heart Association.
- Approval from the coordinator or officer to begin with the agency.
5. Your agency/agency's credentialing program will determine when you should schedule your protocol exam. You may take the protocol exam before receiving your NYS card provided you have the advisement letter that you have passed the exam.
  - Follow the sign up instructions on the REMO CME calendar
    - i. AEMT 25 questions (Answer 20 correctly)
    - ii. CCT 33 questions (Answer 27 correctly)
    - iii. Paramedic 50 questions (Answer 40 correctly)

## During the Credentialing Internship

- Complete calls, reports to MDs and RNs, documentation
- You may ride with a secondary assigned preceptor, but the primary preceptor is responsible to collate evaluations and develop any plans for remediation if needed.
- Debrief each call remembering to protect the patient's privacy.
- Continue to review the protocols, improve skills and hone leadership abilities.

## Completing the Credentialing Internship

- You have completed the ride time portion of the internship when your preceptor indicates you are ready to practice at your certified level AND
  - AEMT
    - Completed 5 calls in which you have been the team leader; 1 must be ALS
    - Have 5 call evaluations from preceptors. Since PCRs are no longer stored in your file at REMO, no PCRs should be submitted. However, an audit of new provider documentation will be added to the regional QI committee agenda.
    - Completed 40 hours of ride time minimal
  - CCT/PARAMEDIC
    - Completed 5 calls in which you have been the team leader; all 5 must be ALS
    - Have 5 call evaluations from preceptors. Since PCRs are no longer stored in your file at REMO, no PCRs should be submitted. However, the audit of new provider documentation will be added to the regional QI committee agenda.
    - Completed 60 hours of ride time minimal
- All interns must submit
  - Final Evaluation
  - Hours log
  - 3 referrals (sealed and signed across the flap or mailed directly to REMO)
  - Request of agency to place you online
  - Medical Director's approval for addition to the agency roster
  - Statement of Agreement, which must be witnessed.
- If you have not taken the protocol exam yet, you must make arrangements by scheduling it with REMO Office of Medical Standards. (instructions on the CME calendar)
  - AEMT 25 questions (Answer 20 correctly)
  - CCT 33 questions (Answer 27 correctly)
  - Paramedic 50 questions (Answer 40 correctly)

When all requirements have been met, you will be granted Medical Control Privileges and assigned a number. Instructions will be given regarding your REMO.REMOONLINE account.

If desired, you may send a picture of your face and shoulders taken against a simple background for a REMO ID badge. There is no charge for your initial badge but a fee of \$25 will be charged for a replacement.

After completion of the internship, we will ask you to evaluate the process. A form will be provided.

## Additional Situations

- If you are credentialed in a NYS region that is using the Collaborative Protocols but not in the REMO region:

- Provide a request from a REMO agency to place you online in this region.
  - Provide a letter/email from the agency Medical Director approving the above request.
  - Provide a letter/email from your previous Program Agency with your EMT#, TEK#, information that you have been online and for what duration of time, and that you are currently in good standing without any disciplinary actions. This information may be shared with the agency Medical Director and Coordinator to determine a need for internship.
  - Submit an application for Medical Control Privileges.
  - Submit a copy of your NYS card and any other required cards.
  - Submit a witnessed Statement of Agreement.
- If you are credentialed in a region not using the Collaborative Protocols or in another state:
    - Provide a request from a REMO agency to place you online in this region.
    - Provide a letter/email from the agency Medical Director approving the above request.
    - Provide a letter/email from your prior agency coordinator and/or Medical Director with your EMT#, TEK#, information that you have been online and for what duration of time, and that you are currently in good standing without any disciplinary actions. The letter may be part of your hiring process. This information may be shared with the agency Medical Director and coordinator.
    - Submit an application for Medical Control Privileges.
    - Submit a copy of your NYS card and any other required cards.
    - Take the REMO protocol exam for your practice level.
    - Work with the agency coordinator to devise an appropriate internship. Submit the details of the internship to REMO Office of Medical Standards.
    - Submit a witnessed Statement of Agreement.
    - Receive a REMO number and if desired an ID badge.

## Definitions

### REMO internship agency

- Has a current ALS agreement with REMO
- Has been approved by REMO to act as an internship agency
- Provides care at or above the level for which the intern is seeking credentialing

### Preceptor

- NYS advanced provider (at or above the level of the intern) with documented activity as a provider in the REMO region for a minimum of 2 years OR with 1 year documented ALS provider activity and a minimum of 100 patient care calls.
- Is affiliated with the internship agency
- Remains online for the duration of the internship
- Is without QA/QI issues
- Has been approved by REMO to act as a preceptor.

# REMO

## Application for Medical Control Privileges

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Agency Affiliation: \_\_\_\_\_

### CURRENT CERTIFICATIONS

New York State #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR Expiration Date: \_\_\_\_\_ ACLS Expiration Date: \_\_\_\_\_

Prior TEK #: \_\_\_\_\_ Region: \_\_\_\_\_

### Instructor certifications (Check all that apply)

CIC [ ] CLI [ ] Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

First Aid [ ] exp \_\_\_\_\_ CPR [ ] exp \_\_\_\_\_

ACLS [ ] exp \_\_\_\_\_ PALS [ ] exp \_\_\_\_\_

PHTLS [ ] exp \_\_\_\_\_ Other [ ] exp \_\_\_\_\_

### Professional:

LPN [ ] RN [ ] NP [ ] PA [ ] State: \_\_\_\_\_ License#: \_\_\_\_\_

### **Education** (check highest completed)

High school [ ] College [ ] 1 2 3 4 Bachelors [ ] Masters [ ] Doctorate [ ]

Name of School(s) Attended	City/State	Dates	Graduate
----------------------------	------------	-------	----------

_____	_____	_____	Y N
-------	-------	-------	-----

_____	_____	_____	Y N
-------	-------	-------	-----

_____	_____	_____	Y N
-------	-------	-------	-----

**Patient care experience** (list agencies and length of experience)

<b>Employer/agency</b>	<b>City/State</b>	<b>position</b>	<b># years</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever been convicted of a crime (felony or misdemeanor) or been in violation of New York State Public Health Law? Y N**

If yes, please  
explain \_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—

Year you first earned EMT card: \_\_\_\_\_

Year you first earned A-EMT card: \_\_\_\_\_

Year you first became involved in EMS (include CFR, Driver, etc): \_\_\_\_\_

I certify the information contained above is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



24 Madison Ave. Ext.  
Albany, NY 12203  
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[www.remo-ems.com](http://www.remo-ems.com)

## LETTER TO PRECEPTORS

REMO Preceptor:

Thank you for agreeing to be a preceptor for the REMO credentialing program. The following describes what the REMO Academic Committee/REMAC feels your role must be in supervising an intern:

1. Allow the intern to participate as part of your ALS team, to use his/her skills, and eventually to assume the role of team leader under your direct supervision.
2. Reinforce correct behavior and “good performance” and provide advice for modifying less appropriate behavior or actions.
3. Give the intern an opportunity to “break in” with a partner before being on his/her own in the field.
4. Identify weak areas of skill development or leadership ability, and create a plan for improvement.
5. Complete the internship paperwork as required.

Your role as a preceptor is to supervise the intern’s performance, document what was done and report this information. Please let the intern fill out the PCR with your supervision, while you fill out the Call Evaluation Form verifying what the intern did.

The intern needs to be in charge for at least five (5) calls during the internship. If the intern is riding as an AEMT, one of these calls must be an ALS run. If the intern is riding as a CCT/Paramedic, five (5) of these calls must be ALS runs. Use your discretion to decide whether the intern is ready to be in charge early in the credentialing process. It is common for a credentialing intern to take ten (10) or more calls before the intern is proficient. You must be present in the patient compartment with the intern at all times, not up front driving the ambulance during these calls.

The intern is to use your REMO ID number when calling a signal, but is to identify himself/herself as an intern to the online medical control physician. If any problems occur in the transfer of patient information to the physician, you must intercede immediately! It is also your responsibility to see that any orders given by the MD are repeated back for verification and administered properly.

Once the required five (5) calls are completed, two (2) radio reports must be submitted for evaluation to REMO. Additionally, three (3) mock radio reports should be done by the intern and evaluated by you.

Please be sure that a CALL EVALUATION FORM is completed and signed by you for each call the intern submits to REMO. However, if you are the Primary Preceptor (supervising the intern on at least 50% of his/her calls) you are responsible for completing the REMO FINAL FIELD EVALUATION FORM.

The intern must do additional calls until you as the preceptor give a favorable evaluation. This includes but is not limited to, demonstrating proper administration of patient care, adequate documentation, and proficient radio reporting skills. Remember that you are the eyes and ears of REMO in the field. We respect your evaluation of this intern, and highly value your judgment.

Do not recommend the intern for on-line status until you feel comfortable doing so. Would you want this intern to be your caregiver?

Please return any credentialing documentation and address any questions to REMO Medical Standards or the Executive Director.

Thank you for your time and commitment in this endeavor!

Sincerely,

The REMO Academic Committee

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL of the HUDSON MOHAWK VALLEYS

**ALBANY • COLUMBIA • GREENE • SARATOGA • RENSSELAER • SCHENECTADY**



# REMO

## Call Evaluation Form

Intern's Name: \_\_\_\_\_ Level:  Intermediate  CCT  Paramedic

Call Date: \_\_\_\_\_ REMO Run \_\_\_\_\_

### Evaluation Key:

- [1] poor understanding of skill/concept                      [2] basic understanding of skill/concept; needs work  
[3] adequate performance and comprehension            [4] superior comprehension; proficient skills

**Preceptor: please circle the corresponding number and fill in any spaces below that apply**

### SKILLS

<b>BLS</b>					<b>ALS</b>						
Primary Assessment	1	2	3	4	Airway Management			1	2	3	4
Secondary Assessment	1	2	3	4	ET Tube	Y	N	# of attempts:	_____		
BLS Airway Management	1	2	3	4	Other	Y	N	# of attempts:	_____		
Physical Exam	1	2	3	4	Chest Compressions			1	2	3	4
Proper History Taking	1	2	3	4	IV Therapy			1	2	3	4
Vital Signs	1	2	3	4	# successful: _____			# of attempts: _____			
CPR	1	2	3	4	Medication Administration			1	2	3	4
Spinal Restriction	1	2	3	4	IVP IM IN SC SL Neb Tdermal Drip						
Hemorrhage Control	1	2	3	4	EKG Monitor/Interpretation			1	2	3	4
Splinting	1	2	3	4	Defibrillation/Pacing			1	2	3	4
BLS Meds	1	2	3	4	Glucose Check			1	2	3	4
Infection Control	1	2	3	4	Morgan Lens			1	2	3	4
Other BLS -					Other ALS -						
_____	1	2	3	4	_____			1	2	3	4
_____	1	2	3	4	_____			1	2	3	4

### Documentation

Documentation Skills                      1   2   3   4                      Legible & Complete                      Yes      No  
Adequate Documentation                      Yes      No

(if No, please check the areas below that were deficient)

- |   |   |
|---|---|
| <input type="checkbox"/> Patient Demographics           | <input type="checkbox"/> Chief Complaint (in patient's own words)     |
| <input type="checkbox"/> History of Present Illness     | <input type="checkbox"/> Past Medical History (Allergies, Meds, ect.) |
| <input type="checkbox"/> <b>Two</b> sets of Vital Signs | <input type="checkbox"/> Pertinent Negatives & Positives              |
| <input type="checkbox"/> Physical Exam Findings         | <input type="checkbox"/> Continuity of Care                           |
| <input type="checkbox"/> Changes in Patient Status      | <input type="checkbox"/> Treatment Given                              |

<b><u>RADIO REPORT</u></b>						
Radio Report Skills	1	2	3	4	Reports Clear & Succinct	Yes No
Properly Presents Patient	Yes	No			Repeats Back Any Orders	Yes No
<b><u>SCENE MANAGEMENT</u></b>						
Hazard and safety recognition						1 2 3 4
Incorporates scene/bystander information into working diagnosis						1 2 3 4
Completes physical, history, and initial treatment in a timely manner						1 2 3 4
Proficient and compliant with state/ regional protocols						1 2 3 4
Treats patient & other personnel with dignity and respect						1 2 3 4
Leadership and resource coordination						1 2 3 4

**COMMENTS**

Please provide any additional information (positive and negative) that you feel was pertinent on this call. Especially, elaborate any areas/skills that need improvement and what course of action will be taken.

Strengths:

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Weaknesses:

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---



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Opportunity/Plan of remediation:

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---



---

Threats/ Hindrances to above plan:

---



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Preceptor's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

# REMO Reference Form

APPLICANT'S NAME: \_\_\_\_\_

**TO THE RECOMMENDER --- PLEASE RETURN THIS FORM DIRECTLY TO REMO:**

**24 Madison Ave. Ext. Albany, NY 12203**

The person whose name appears above is applying for on-line status as an advanced emergency medical technician in the Space is provided on the back of this form for any additional comments. Kindly, mail or return this form in a sealed envelope with your name signed over the flap to the above address. Your input is of great value to us, thank you for your time concerning this matter. using his/her peers for comparison).

	Superior	Average	Inconsistent	Below Average	Unable to Judge
1. Intelligence					
2. Oral communication skills					
3. Written communication skills					
4. Ability to work with others					
5. Ability to accept supervision					
6. Leadership qualities					
7. Health					
8. Maturity					

A. How long have you known the applicant? \_\_\_\_\_

B. In what capacity? \_\_\_\_\_

C. What do you consider his/her most outstanding characteristics or talents?

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

D. Additional Comments:

Please check one of the following boxes to indicate your overall evaluation of this candidate to operate in this pre-hospital advanced life support system.

Highly Recommend     Recommend     Recommend with reservations     Do not recommend

**YOUR NAME AND ADDRESS PLEASE:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# REMO

## Final Field Evaluation

Intern's Name: \_\_\_\_\_ Level:  Intermediate  CCT  Paramedic

**Preceptor: Place an (X) in the box that indicates the level of performance achieved by the intern.**

**Score:**

[1] Unsatisfactory performance

[2] Marginal performance

[3] Satisfactory performance

[4] Outstanding performance

	[1]	[2]	[3]	[4]
<b>Correlative ability-</b> application of didactic material to clinical patient management	Cannot apply	Poor application	Correlates and initiates properly	Initiates and proceeds
<b>Skills-</b> initiation and proficiency of learned clinical skills	Unable to accomplish	Needs repeated attempts	Proficient minimal supervision	Proficient and independent
<b>Attitude-</b> initiative, motivation, and interest in working in a clinical scenario	No initiative demonstrated	Needs constant motivation	Positive initiative and motivation	Highly motivated
<b>Team member function-</b> communication, interaction, leadership abilities	Does not function	Weak, poor interactions	Appropriate skills and functioning	High leadership potential
<b>Decision making capabilities-</b> appropriate decision making, degree of guidance required	No initiative demonstrated	High level of supervision required	Independent, but seeks appropriate help	Independent, creative, flexible
<b>Organization and priority setting –</b> degree of organization and prioritizing under stress	Unable to accomplish	High level of supervision required	Organized, needs minimal guidance	Well organized, excellent prioritizing

**Please use the back of this form for any additional comments**

Preceptor's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**MEDICAL DIRECTOR VERIFICATION**

**Candidate Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

As Medical Director of the above named agency, I do hereby request that this candidate be placed on-line with our agency. This candidate has completed all necessary requirements set forth by our agency and by REMO. I attest that the candidate is a competent provider and accept responsibility for his field performance under my license.

\_\_\_\_\_  
*Medical Director - Please Print*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Medical Director - Please Sign*

# REMO Intern's Evaluation of the Credentialing Program

**To the intern:** Please circle the corresponding number reflecting your opinion of this program's attributes.

This information is very important in help us continuously improve the internship process. Thank you.

**Key:** 1- strongly disagree 2- disagree 3-neutral 4-agree 5- strongly agree

## The Program:

Helped to develop and refine my patient care skills	1	2	3	4	5
Helped me to better interact with the members of my crew	1	2	3	4	5
Was useful in the development of my leadership abilities	1	2	3	4	5
Provided adequate supervision of field skill practice	1	2	3	4	5
Allowed me to progress at a pace I was comfortable with	1	2	3	4	5
Continued the learning process I began in becoming an AEMT	1	2	3	4	5
Is too rigidly designed/has too many requirements	1	2	3	4	5
Is flexible enough to allow for the needs of the individual intern	1	2	3	4	5
Was overall, a valuable learning experience	1	2	3	4	5

## My Preceptor:

Preceptor's name: \_\_\_\_\_

Was a source of information in the field	1	2	3	4	5
Was knowledgeable about patient care procedures	1	2	3	4	5
Was familiar with State/Regional protocols	1	2	3	4	5
Spent time reviewing protocols/policies/procedures with me	1	2	3	4	5
Was interested in the development of my knowledge base and skills	1	2	3	4	5
Helped to develop my leadership skills	1	2	3	4	5
Encouraged me to use my skills as they developed and to act as a team leader	1	2	3	4	5
Reviewed proper documentation procedures with me	1	2	3	4	5
Critiqued my PCRs with me in a timely fashion	1	2	3	4	5
Was honest in his/her evaluation of me	1	2	3	4	5
Used constructive criticism in the evaluation of my performance	1	2	3	4	5
Was patient and tolerant of errors	1	2	3	4	5
Was accessible to me for information and feedback	1	2	3	4	5
Effectively conveyed required elements of the credentialing process to me	1	2	3	4	5
Seemed willing to fulfill the requirement of a preceptor	1	2	3	4	5
Has a positive attitude toward the internship process	1	2	3	4	5

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

**Please use the back of this form to state how you feel this program could be improved. Please return form to REMO 24 Madison Ave Ext. Albany, NY 12203**

## **REMO Provider Credentialing Checklist**

*Use this list to double check all necessary paperwork and internship requirements*

1. Application for medical control privileges	
2. Letter from agency ALS Coordinator confirming sponsorship of candidate	
3. Verified copies of cards (Bring to REMO) <ul style="list-style-type: none"><li>• CPR</li><li>• NYS EMT Card</li><li>• ACLS (Paramedic &amp; CCT)</li><li>• PALS or equivalent (Paramedic only)</li></ul>	
4. Protocol Exam with score of 80 or higher	
5. Three (3) references on REMO Reference Form – Mailed directly to REMO	
6. Final Evaluation – Completed by preceptor	
7. Hours log	
8. Medical Director Verification Form	