

# Application Form and Guide to apply for approval to deliver a course at practitioner level

**EMT**

**Paramedic**

**Advanced Paramedic**

## **Mission Statement**

*“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining, and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”*

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### **Version History**

(Please visit the [PHECC website](http://www.phecc.ie) to confirm current version.)

<b>FOR033 Application Form and Guide to apply for approval to deliver a course at practitioner level</b>		
<b>Version</b>	<b>Date</b>	<b>Details</b>
V1		This form replaces LIS003 (V56)
V2	August 2016	To facilitate new CFR training courses
V3	April 2021	Updated
V4	September 2021	Updated
V5	Feb 2022	Updated 1.7 assessment schedule

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## Introduction

This form shall be used by a new applicant or existing Recognised Institutions seeking approval to deliver a PHECC approved practitioner course.

New Applicants are directed to read the following PHECC documents, available on the PHECC website, to confirm that the institution can comply with all the stated requirements:

- **Statutory Declaration for Recognition of Institutions or Approval of Training Institutions**  
The declaration is required as part of the application process and should be read carefully.
- **The Quality Review Framework (QRF)**  
The QRF is Council's mechanism for a regular overview of an institution's learning and teaching activity. It is designed to evaluate the management and maintenance of education and training standards in course delivery. The QRF refers to the need for established policies and procedures to support quality assurance within the institution recognised to deliver PHECC courses. The quality standards are the agreed statements of best practice to ensure the quality of education and training in pre-hospital emergency care. There are 17 quality standards, organised in 4 themes, against which every PHECC recognised or approved training institution will be assessed and must continuously strive to achieve.
- **Council Rules for the Recognition of Institutions and Approval of Training Institutions**  
The Rules set out the procedure for recognition that will apply to all institutions providing education and training to persons pursuing the award of the national qualification in emergency medical technology (NQEMT) and PHECC responder level certificates.
- **PHECC Education and Training Standards**  
For each course application, familiarity with the course approval criteria section at the end of each standard is essential.
- **PHECC Teaching Faculty Framework**  
The framework sets out five fundamental levels of teaching qualifications to support delivery of all PHECC Education and Training Standards.

## Application assessment

Only complete applications with payment and the relevant supporting documentation will be assessed against Council Rules and the Quality Review Framework including course approval criteria. It is essential that all required documents are included to avoid delays.

## Application outcomes

PHECC conduct detailed reviews of all applications and supporting documentation. If deemed necessary, additional detail or clarification, will be requested within 2 weeks. PHECC will inform Applicants of the outcome, within 10 weeks of PHECC's receipt of a complete application.

Applicant institutions will receive notification of Council's decision and information regarding making an appeal will be provided, if relevant.

- Unsuccessful Applicants will be informed, relevant feedback will be provided.
- Unsuccessful applications will be retained by PHECC for a period of 1 month only, after which they will be deleted from PHECC records. Any subsequent application will warrant full payment of fees.

## Completing this form

The Applicant institution shall respond to all sections in this form. If an item is not applicable, please note as *Not Applicable*; incomplete forms and/or applications not accompanied by the application fee will not be processed and the Applicant will be notified of the cancellation of the application after 3 months. The incomplete application will be deleted, and the application fee, if paid will be refunded.

This form consists of:

- An introduction and guidance on how to complete the form.
- Course details.
- Applicant checklist.

## Submission of documentation

PHECC have developed an online folder structure that utilises SharePoint for Applicants to upload supporting documentation for their applications. This completed form must be scanned and uploaded to SharePoint. The individual completing this form is requested to review and confirm that all information and supporting documentation has been provided. It is strongly recommended that a copy of the application form is retained by the Applicant.

Details about access to SharePoint will be comprehensively discussed with institution personnel at the pre-submission meeting. The folder structure on SharePoint mirrors the reference numbers in the application form. Incorrectly named or incomplete documents will be returned to the Applicant institution, the Applicant's cooperation in this regard is requested.

For tracking and evaluation purposes it is essential that documents are correctly named prior to uploading onto the PHECC online system:

### Example 1

In section 1.2, Methods of theoretical and clinical instruction, the Applicant must *"Give an outline of the methods of theoretical and clinical instruction to deliver the course"*.

The submitted document should be clearly identified by including the reference number before the document name, i.e., **1.2 Theoretical and clinical instruction**.

### Example 2

In section 1.3, Lesson Plans, the Applicant is asked to give details on Lesson Plans. The submitted document should be clearly identified by including the reference number before the document name, i.e., **1.3 EMT Lesson Plans**.

### Example 3

In section 1.11, QA in place for clinical placement/Internship sites, the Applicant has to provide a) *Formal agreements* and b) *Set of learning outcomes etc.*

In this instance multiple documents may be provided, because they are in the same section the names would be as follows: **1.11 a) Formal agreements and 1.11 b) Set of learning outcomes etc.**

## Protected documents

The application form has been developed as a protected document. It is not permissible to alter the form. If any changes or alternations are noted the application will be returned, and the application fee refunded.

## Schedule of fees and payment

Applications are not deemed complete until all required submissions have been made, including payment of the appropriate course fees. See Council's current schedule of fees on the PHECC website. Payment may be made through:

**PayPal** <http://paypal.phecc.ie/paypal.htm>

Or

### Electronic fund transfer (EFT)

Account Name:	Pre-Hospital Emergency Care Council
Account No:	38367262
Sort Code:	93-32-36
IBAN:	IE29 AIBK 9332 3638 3672 62
BIC:	AIBKIE2D

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## Application form

The Applicant will provide information detailed in each section overleaf to Council's satisfaction. Please upload, via SharePoint, copies of current policies, procedures and all supporting documentation. By applying for approval, the Applicant institution agrees to comply with Council Rules incorporating the Quality Review Framework.

*Note: Information marked with an asterisk (\*) will be shown on the PHECC website after approval is granted.*

All sections must be completed by new Applicants or existing Recognised Institutions seeking approval to deliver a PHECC approved practitioner course.

Institution name:		
Ref No	Please <input checked="" type="checkbox"/> the appropriate boxes and upload supporting documentation to SharePoint	
<b>Name of Practitioner Course*</b> <i>Give the full name of the PHECC course</i>		
1.1	<b>Aims</b> <i>Provide a statement of the aims of the course, including the identification of the appropriate competencies that the student should develop as a result of the course.</i>	Documentation <input type="checkbox"/>
1.2	<b>Methods of theoretical and clinical instruction</b> <i>Give an outline of the methods of theoretical and clinical instruction to deliver the course.</i>	Documentation <input type="checkbox"/>
1.3	<b>Lesson plans</b> <i>Lesson plans must contain all the required information for session delivery including tutor and student activity with reference the modules of the relevant Education &amp; Training Standards.</i>  <i>For NQEMT level courses- provide at least 10 theory and 10 practical sample lesson plans. Electronic copies of additional lesson plans may be sought by PHECC during the application process or later.</i>	Documentation <input type="checkbox"/>
1.4	<b>Timetable</b> <i>Give a detailed timetable, mapped clearly against the respective education and training standard, including a breakdown of the time to be devoted to each subject, the teaching methods to be employed and the faculty title assigned to each subject.</i>	Documentation <input type="checkbox"/>
1.5	<b>Course materials</b> <i>Give a list of textbooks prescribed/ recommended for use by students including pre-attendance reading/workbooks etc.</i>	Documentation <input type="checkbox"/>
1.6	<b>Tutor: student ratio</b> <i>Give the ratio for syndicate training.</i>	Documentation <input type="checkbox"/>
1.7	<b>Assessment schedule</b> <i>For NQEMT courses- provide a schedule of assessments which charts the progression of students for the duration of the course including the theoretical component and the clinical component- undergraduate <u>and</u> postgraduate internship periods.</i>	(Ref: PHECC's NQEMT Examination Handbook) Documentation <input type="checkbox"/>
1.8	<b>Recognition of prior learning (RPL) procedure</b> <i>Give details of the particulars of the RPL procedures for this course. If no RPL will be offered this must be clearly stated.</i>	Documentation <input type="checkbox"/>





**Continued: Practitioner course detail**

<p>1.9</p>	<p><b>Named faculty</b>  <i>Provide a full listing of all faculty per course, using the designated PHECC form. Other formats are only accepted when all the required information is included.</i></p>	<p>PHECC Named Faculty Forms <input type="checkbox"/></p> <p>Other documentation <input type="checkbox"/></p>
<p>1.10</p>	<p><b>List of clinical placement/internship sites</b>  <i>Give a list of all clinical placement/internship sites proposed.</i></p>	<p>Documentation <input type="checkbox"/></p>
<p>1.11</p>	<p><b>Evidence of clinical care exposure during internship</b>  <i>Provide evidence of anticipated and actual exposure (retrospective) clinical exposure to patients and role specification of the student practitioner in the proposed non-ambulance sites. For the proposed ambulance sites include evidence of patient status and acuity levels as per the EMS Priority Dispatch and Inter Facility Patient Transfer Standard respectively.</i></p>	<p>Documentation <input type="checkbox"/></p>
<p>1.12</p>	<p><b>QA procedures in place for clinical placement/internship sites</b>  <i>Evidence to support every proposed site is required to reassure Council that a QA system is operating to ensure high quality learning environments. In brief:</i></p> <ul style="list-style-type: none"> <li>a) Garda vetting procedures</li> <li>b) Formal agreements</li> <li>c) Set of learning outcomes</li> <li>d) Available clinical supervisors</li> <li>e) Available mentors</li> <li>f) Procedure to monitor the quality of learning experiences for interns/students.</li> </ul>	<p>Documentation <input type="checkbox"/></p>
<p>1.13</p>	<p><b>The learning portfolio</b>  <i>Provide a sample learning portfolio. Specific principles must be observed.</i></p>	<p>Documentation <input type="checkbox"/></p>

## Applicant checklist

Please take a few minutes to review and confirm the following:	
Course details (1.1 – 1.13)	Fully completed <input type="checkbox"/>
PHECC Named Faculty Form or other format used to identify all faculty, their date of tutor/instructor certification etc.	Yes <input type="checkbox"/>
In accordance with the Schedule of Fees, the due amount in relation to this practitioner course application has been paid:	Yes <input type="checkbox"/>
<b>Fee:</b>	
Date Paid:	Course fee:                      Payment method:

### Details of individual completing this form:

Name:	
Date:	
Contact email:	
Phone/Mob no:	

### Final guidance for completing the practitioner course application:

Ensure all the required documentation has been uploaded to SharePoint to support this application.

Pre-Hospital  
Emergency Care  
Council



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