National Collegiate Emergency Medical Services Foundation

MERIT Recognition Program

Program Application Packet

Introduction and Overview

The National Collegiate Emergency Medical Services Foundation's Modeling Excellence in Response, Innovation, and Training (MERIT) program is designed to recognize collegiate EMS organizations that adhere to the highest standards of operational excellence, clinical care, training, safety, and community engagement. This program provides a structured framework for self-assessment, continuous improvement, and recognition of exceptional performance in campus-based EMS.

The MERIT designation is not a certification, but a mark of distinction for collegiate EMS agencies that meet or exceed the stringent criteria set forth by NCEMSF. Please note only CBEMS agencies that provide patient care are eligible for recognition—this program is not designed for education-only groups.

CBEMS organizations that meet MERIT recognition criteria will receive a certificate, five EMS MERIT vehicle window decals, and a digital copy of the MERIT seal to be used on the organization website and in promotional materials.

How to Apply

Recognition is valid for three years and recognitions are only granted as part of the annual NCEMSF Conference Awards Ceremony. To apply, organizations must submit a completed application packet by the deadline specified on the NCEMSF website. The application must include all required documentation and signatures. CBEMS organizations may reapply during the awards application period for the third Conference after the initial recognition was awarded.

CBEMS organizations pursuing the MERIT designation will be required to have a site visit with their Regional Coordinator (RC) or another member of the NCEMSF staff. Site visits are preferred to be held in person but may be completed via video conferencing if an in-person visit is not possible. The MERIT site visit may be combined with the site visit required for the EMS Ready Campus Program Gold Tier.

Applications should be organized according to the categories outlined in Part I: MERIT Recognition Checklist. Each requirement must be clearly referenced, and supporting documentation should be included as specified. Please place all supporting materials, documentation, and required descriptions into **one PDF document** with a table of contents that references each item. Any item(s) requested as a spreadsheet should be sent as a separate file in regular Excel format.

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Organization Information

Organization Name	Institution Name
Organization Mailing Address	**Organization Email Address**
Organization Chief Officer	**Organization Advisor**

Level of Service (check all that apply)	
	Basic Life Support (BLS)
	Intermediate Life Support (ILS)
	Advanced Life Support (ALS)

Type of Response (check all that apply)	
	Event
	QRS (Vehicle/Bike/Foot)
	Ambulance

Organization Mission Statement

What makes your organization a top-notch/model CBEMS agency? (max 200 words)

MERIT Recognition Point-of-Contact

Point-of-Contact Name	Point-of-Contact Rank/Title
Point-of-Contact Email Address	**Point-of-Contact Telephone Number**

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Part I: MERIT Recognition Checklist

Requirement Category	Requirement *Reference Number in Submission*	Information for Applicant to Provide with Application
EMS Operations	**1.1** The CBEMS organization must maintain NCEMSF institutional membership and keep their NCEMSF organizational directory page up to date. This includes but is not limited to information on level of operations, range of services, coverage area, call volume, vehicles, dispatch mechanism, and funding sources.	Provide the date of last update to the organizational directory page. Provide proof of current institutional membership.
	1.2 The CBEMS organization shall ensure all providers other than students and trainees carry appropriate state certification and other credentials needed to operate.	Provide a roster (Excel) of personnel with state and national credentials (as applicable).
	1.3 The CBEMS agency shall hold all applicable licenses, certifications, and/or accreditations as required by state or local regulations.	Provide a copy of any agency licensure. If your municipality does not license or accredit your type of EMS agency, attach supporting material (waiver, exemption document, or proof of stature).
	1.4 The CBEMS organization shall have a staffing plan that consists of the following: dates and hours of operation, minimum staffing levels and requirements.	Provide a copy of the organization's staffing plan.
	1.5 The CBEMS organization shall have operational SOPs or other guiding document to operations. Document(s) should cover: • Medical records • Confidentiality • EMS Provider licensure/certification	Provide a copy of operational SOPs.

	• Dispatch and communications procedures • Vehicle operations (if applicable)	
	1.6 The CBEMS organization shall ensure all vehicles and operational units carry the minimum required equipment as mandated by governing bodies.	Provide a completed inventory checklist for each unit. Provide proof of state EMS vehicle certification/inspection (if required in your state). Describe the process for daily vehicle inspections and equipment checks.
	1.7 The CBEMS organization shall have a written agreement with zoned 911 provider(s), ALS backup, or transporting agencies.	Provide a copy of this agreement.
	1.8 The CBEMS organization shall have established methods of communication for both internal operations and external coordination.	Provide a communications plan or other document describing how the organization communicates internally and externally. This should include a description of radio systems, app-based notification systems, pagers, text/email groups, etc.
	1.9 The CBEMS organization will have a policy that addresses inappropriate behavior(s) and professional performance expectations, and discipline/corrective action.	Provide a copy of the discipline/corrective action policy.
Clinical Care	**2.1** The CBEMS organization shall operate under medical direction by a licensed physician.	Provide a signed statement from medical director with roles and responsibilities.
	2.2 The CBEMS organization shall operate under established medical protocols or guidelines.	Provide a copy of or a link to current medical protocols in use by the organization.
	2.3 The CBEMS organization shall have a plan for quality improvement and quality assurance.	Provide a copy of the agency QA/QI plan. The plan should explain how patient care reports are reviewed, the selection criteria for review, and the type

		of information and how feedback is provided to your EMS staff. Describe any quality improvement projects that your organization has completed.
	2.4 The CBEMS organization shall use a NEMSIS-compliant electronic patient care reporting platform.	Provide a written statement stating the name of the electronic patient care reporting platform the agency utilizes.
	2.5 The CBEMS organization shall have a policy/guidance around responses to individuals under the influence of alcohol or drugs.	Provide proof of this policy and/or guidance.
	2.6 The CBEMS organization shall offer the opportunity for patients to provide feedback on their care.	Provide proof of patient survey or other mechanism for feedback.
	2.7 The CBEMS organization shall be dispatched by a municipal, campus, or CBEMS organization dispatch center.	Provide a description of the dispatch arrangement and identify if campus dispatchers receive training in emergency medical dispatch.
Training	**3.1** The CBEMS organization shall have a formal initial training program.	Provide a description of initial training (FTEP, NEOP, orientation, field training, etc.)
	3.2 The CBEMS organization shall provide continuing and ongoing training.	Provide a description of continuing and ongoing training.
	3.3 The CBEMS organization shall have a driver training program that includes hands-on emergency vehicle driving practice for all providers who drive emergency vehicles. Training shall be provided to both new providers and returning providers on an annual basis. Cover the different types of vehicles and driving that will be performed (routine driving, emergency driving, night driving, QRV, ambulance, golf cart, UTV, bike, etc.)	Provide a description of the organization's driver training program. If the CBEMS agency does not operate vehicles of any kind, please indicate this.

	3.4 The CBEMS organization shall provide sexual assault awareness/response training to all members. Once CBEMS members have completed this training, they are not required to renew or recertify.	Provide a description of the sexual assault training.
	3.5 The CBEMS organization shall provide mental health training to all members. Once CBEMS members have completed this training, they are not required to renew or recertify.	Provide a description of the mental health training.
	3.6 The CBEMS organization shall provide training on affirming EMS care for transgender and gender-diverse patients, LGBTQIA+ populations, people who use drugs, and individuals with disabilities. Once CBEMS members have completed this training, they are not required to renew or recertify.	Provide a description of this training.
Safety and Wellness	**4.1** The CBEMS organization shall have mental health and psychological services readily available for CBEMS providers. This may include peer support, special agreements with college/university counseling centers, etc.	Provide proof of mental health/psychological services available to CBEMS providers.
	4.2 The CBEMS organization shall ensure all providers meet physical fitness requirements needed to perform the variety of occupational tasks undertaken by EMS providers in the day-to-day performance of their roles.	Provide a written statement describing how your organization supports physical fitness of members.
	4.3 The CBEMS organization shall ensure all providers hold the required testing (i.e. TB) and vaccinations (Hep B, Flu, COVID) as required by campus, state, and local policy.	Provide a written statement describing testing and vaccination requirements.
	4.4 The CBEMS organization shall have a written infection control plan.	Provide proof of infection control plan.

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	4.5 The CBEMS organization shall have minimum required vehicle insurance (if vehicles are operated).	Explain how your vehicles are insured and provide proof of insurance (i.e. school fleet policy or certificate of self-insurance, purchased policy, etc.).
	4.6 The CBEMS organization shall ensure all CBEMS providers are covered by workers' compensation insurance for on-the-job injury.	Describe how your organization insures for workers' compensation (i.e. covered by school's policy, purchased policy, insurance company name, waiver of coverage, etc.).
Recruitment and Retention	**5.1** The CBEMS organization shall have a recruitment strategy.	Describe the CBEMS organization's recruitment strategy. Provide copy of application and advertisements/flyers.
	5.2 The CBEMS organization shall have a plan to address retention/issues of attrition.	Describe retention/attrition rates and efforts to address these concerns.
	5.3 The CBEMS organization shall offer benefits to providers to reward their service to the community.	Describe benefits offered to CBEMS members, including if providers are paid. What benefits have you negotiated for your providers (i.e. stipend, housing, meals, etc.)?
	5.4 The CBEMS organization shall have a strategy to maintain contact and engage with alumni.	Describe alumni engagement efforts.
Community Outreach	**6.1** The CBEMS organization shall offer an assortment of community outreach programs (e.g. CPR/AED, Overdose/Narcan, Stop the Bleed, Alcohol Awareness, Touch-a-Truck).	Describe all community outreach programs. How many have been performed? List dates/times and approximate number of individuals trained for each.
	6.2 The CBEMS organization shall harness social media to engage the campus community.	Describe social media accounts your organization holds. How are they used?

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Part II: Recommendations

1. Person responsible for conducting the organizational self-appraisal of the campus EMS organization.	
Name: Title: Email Address: Phone:	I have reviewed the information in this document and recommend that our CBEMS organization receive MERIT recognition by the NCEMSF. Signature
2. Staff EMS Director or Staff Advisor of the campus EMS organization.	
Name: Title: Email Address: Phone:	I have reviewed the information in this document and recommend that our CBEMS organization receive MERIT recognition by the NCEMSF. Signature
3. Campus EMS organization's Medical Director.	
Name: Title: Email Address: Phone:	I have reviewed the information in this document and recommend that our CBEMS organization receive MERIT recognition by the NCEMSF. Signature
4. Representative of the College or University (Dean of Student Affairs, Director of Health Services, Director of Safety, or other appropriate administrator under which the campus EMS organization is authorized).	
Name: Title: Email Address: Phone:	I have reviewed the information in this document and recommend that our CBEMS organization receive MERIT recognition by the NCEMSF. Signature

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Part III: Site Visit

CBEMS Organization Name: _____

Organization Point of Contact: _____ Title: _____

NCEMSF Staff Member: _____ Title: _____

Date of Site Visit: _____ Time of Site Visit: _____

Site Visit Type: [ ] In-Person [ ] Virtual

_____ Receive a tour of CBEMS organization facilities, vehicles, and equipment.

_____ Review MERIT Recognition Checklist and supporting materials/documentation with CBEMS leadership.

_____ Observe a special event or EMS standby (optional)

_____ Observe an actual EMS run/incident (optional)

_____ Observe a training session or meeting (optional)

NCEMSF Staff Member Comments/Feedback:

Signatures:

_____ _____

Organization POC NCEMSF Staff Member

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MERIT Recognition Seal