



MILITARY TO CIVILIAN EMS PROJECT

Summary of Project Components

[Abstract](#)

A summary of the key Project components and the resources and recommendations they produced to aid in efficiently integrating military EMS professionals within civilian EMS systems

National Association of State Emergency Medical Services Officials
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Military to Civilian Emergency Medical Services (EMS) Project: Recommendations and Resources

This report summarizes the key components of the Military to Civilian EMS Project and provides a compendium of recommendations, including recommended resources to be developed, and resources produced or identified by the Project. The Project was conducted by the National Association of State EMS Officials (NASEMSO) with funding support from the Office of EMS of the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation (USDOT) and the EMS for Children Program at the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

The Project comprised several distinct military-to-civilian integration components and deliverables, including:

- Creation of a **Licensing Monograph**
- Establishment of a **Web Portal**
- Development of a **Streamlining Strategy and Memorandum of Understanding (MOU)** to Promote State Integration of Military EMS Resources
- Creating and Facilitating a **Data Definitions Work Group** to Add Military Specific Data Elements and Definitions to the EMS Workforce Data Definitions Compilation
- Partnering with the National Association of EMS Educators (NAEMSE) to Prepare an **Assessment of Education Bridge Programs Report**
- Conducting **Stakeholder Meetings** to Guide and Validate the Evolving Project Components and Deliverables

The following describes each of these components and any recommendations or resources that emerged from conducting them, as well as any recommended resources they suggested be developed.

Licensing Monograph

The purpose of the Monograph was to document, analyze and distribute a summary of standards and promising practices related to states' licensure of EMS personnel and to determine how any of these vary for veterans, active duty (i.e., deployed) members of the armed services, separating service members and military spouses.

Recommendations/Resources/Suggested Resources

While the Monograph has no formal recommendations, its Executive Summary (page 2) does recognize that "licensure reciprocity for EMS personnel has been a historically irksome

proposition: often discussed in NASEMSO meeting venues but to date not implemented (though NASEMSO’s REPLICA project shows promise through the adoption of practice compacts among states for certain purposes). This is because of the complexity of requirements that have evolved for licensure in states over the years.”

Therefore, it is recommended that:

The Replica compact process of states formally recognizing and accepting the EMS personnel status granted by other compact states is a potential solution for much of this problem and should be adopted by all states and territories.

The Monograph itself serves as a valuable resource for those seeking quick information about state EMS licensing and variances for military personnel.

The Monograph, published by NASEMSO in November, 2015, is titled “Personnel Licensing Policies, Practices and Procedures of State EMS Offices (And Variances for Military EMS Personnel)”, and may be found at http://nasemso.org/documents/Final_Licensing_Monograph_2015-1113.pdf.

Web Portal

The purpose of this Project component was to create a single webpage that can serve as a portal or “one stop shop” to link to state specific EMS personnel licensure requirements pages and, where they exist, state EMS webpages related to licensure requirements for service members, veterans, and their spouses.

Recommendations/Resources/Suggested Resources

This is another valuable resource developed by the project in November, 2015, which should be kept up to date as state policies change.

The portal, titled “Military Specific EMS Licensure Information”, may be found at:

http://nasemso.org/documents/Military-Specific-EMS-Licensure-Information_2015-1113.pdf.

Development of Streamlining Strategy and Memorandum of Understanding (MOU)

This activity was intended to develop a broader strategy through which state EMS offices and boards responsible for the licensure of EMS personnel could commit to the concept of streamlining and expediting the licensure process for service members, veterans, and their spouses. It was also intended to include a Memorandum of Understanding (MOU) onto which states and the territories could sign.

The streamlining strategy resulting from staff and stakeholder discussions included:

- Development of the MOU (completed),

- Distributing it to NASEMSO members and presenting it at the Fall, 2015 NASMSO meeting (completed),
- Promoting it through one-on-one discussions with NASEMSO member states (40 states had such meetings),
- Placing it on the NASEMSO website (completed, see link below), and
- Senior leadership endorsement.

The MOU presents the need for detailed legal review and governor-level approval in some states, making it onerous for those state EMS offices to pursue.

To date, five states have signed the MOU or stated an intent to do so.

Recommendations/Resources/Suggested Resources

It is recommended that efforts to gain state support of the MOU be coordinated in the context of REPLICA efforts. These efforts should be continued with the rolling out of this Project's report and recommendations at the 2017 NASEMSO Spring meeting. Concurrently, NAEMSE should be encouraged to promote the MOU through its members.

The MOU is a resource to guide state efforts at integrating military-related EMS assets in their civilian systems. The MOU may be found at <https://www.nasemso.org/documents/MOU-NASEMSO-Veteran-to-Civilian-EMS-Transition-Project-12June2015.pdf>.

The core guidance offered by the MOU includes:

- **Signers of this MOU will:**
 - Work cooperatively to ensure appropriate, efficient communication in support of the goals of this MOU;
 - Regularly share information about successes and barriers to success with the intent to improve processes and ensure licensing of veterans, military service members, and their spouses in state EMS systems;
 - Collect measures of impact from streamlining licensure processes for military service members, veterans, and their spouses and share them among signers of this MOU and federal and military leadership; and will
 - Work jointly to facilitate availability of bridge programs required for licensure.
- **State EMS Officials who have signed this MOU will:**
 - Share the goals of this MOU with staff and identify needs for additional information, education and sources of expertise in military related education, training, experiences and document interpretation (e.g., DD 214, websites for military service training information, etc.);

- Identify the barriers to streamlining licensure and improve licensure processes for military service members, veterans, and their spouses;
 - Integrate improvements into policy, procedure and rules for the state striving for consistency among the states;
 - Work closely with training and education institutions with nationally accredited EMS programs to encourage “bridge” programs that recognize education, training and experience of a military service member, veteran and spouse and provide opportunities for those requirements to be met in a condensed time and through methods that include technology for improved access; and will
 - Share successful strategies and changes in streamlining the transition of military service members, veterans and credentialing recognition of spouses with other states through regional and national meetings, messaging among states and with NASEMSO and other communication methods available to the state.
- **The National Association of State EMS Officials will:**
 - Share information resulting from the Veteran to Civilian EMS Transition Project among EMS Officials in the states;
 - Provide data collection guidelines and information to states to assist them in performance measurement, process improvement and understanding military service members’ needs regarding licensure;
 - Maintain a website with state and territory links as a resource for military service members, veterans and their spouses and as a resource for each state to learn from each other;
 - Encourage the increased availability of “bridge” programs in each state by providing them with information gathered from existing bridge programs;
 - Provide opportunities through NASEMSO’s website, spring and fall meetings and access to subject matter experts; and will
 - Encourage the participation of state EMS Officials in this MOU.

Data Definitions Work Group

This project involved creating a work group to review the *2013 National EMS Workforce Data Definitions*, and to expand upon and/or add definitions as necessary related to licensure requirements and capturing licensees' status as service members, veterans, Reserve Component members and military spouses. The work group included the expertise of state EMS, military, national EMS, and federal leaders. It also considered other workforce data collection strategies, to improve the identification of returning service members, veterans, and civilians actively deployed in reserve components to facilitate their integration within civilian EMS.

The workforce met in March, 2015 in Alexandria, Virginia. Through that meeting and subsequent work completed remotely, the report cited below was produced. Together with the 2013 National EMS Workforce Data Definitions document, the body of work constitutes a complete and updated model for conducting EMS personnel licensure including the integration of EMS licensees from other states and from the military setting.

Recommendations/Resources/Suggested Resources

*The Data Definitions Work Group produced a resource for state EMS licensing officials and others entitled *Military to Civilian EMS Workforce Project – Data Definitions Development* which may be found at*

<https://www.nasemso.org/EMSWorkforcePlanningandDevelopmentGuidelines.asp> .

Other, related resources include:

National Emergency Medical Services Workforce Data Definitions (2013) -

https://www.ems.gov/pdf/workforce/Provider-Resources/National_EMS_Workforce_Data_Definitions_2013.pdf

Emergency Medical Services Workforce Agenda for the Future (2011) -

http://www.ems.gov/pdf/2011/EMS_Workforce_Agenda_052011.pdf

EMS Workforce for the 21st Century: A National Assessment (2008) -

http://healthandwelfare.idaho.gov/Portals/0/Medical/EMS/workforce_report_ems.pdf

The Report recommended that state EMS offices consider being able to answer the following questions:

- What is the time period from the military medic's discharge from service date to the date of EMS licensure?
- What is the elapsed time from the applicant's first licensure application received by the state EMS office to receipt of a complete application?
- What are reasons for an individual to 'withdraw' from an EMS training program?

- What is the elapsed time from the state EMS office's receipt of a complete application to license being issued?
- What are the causes of delay in state EMS office application processing for military applicants?
- What are the causes for a state EMS office's rejection of an applicant's licensure application?
- Why do licensees decide not to renew their EMS licensure?
- How many military medics are hired within a year after obtaining initial state EMS licensure? Also, how long does it take from the military medic's discharge from service to their affiliation date with an agency?
- For the purpose of this discussion, how are we going to define volunteer versus career employment status, EMS organization types, and EMS job responsibilities?
- What is geographic service area of an individual's EMS practice?
- What is the number of licensees who advance to a higher level of licensure and/or specialty certification?
- What do state EMS officials need to know about military EMS service?
- What is the number of EMS military members separating by state?
- Is it possible to create a military education versus national EMS education standards cross-walk?
- Who accredits military EMS education programs?
- What streamlining options are employed by states for military EMS licensing?
- What incentives are used to encourage military/spouse hiring in EMS?

The Report itself addresses many of these questions to which state EMS officials might not have direct access. However, in order to answer the questions pertaining to licensing military-related personnel and integrating them efficiently within the state's EMS system, *the Report recommends that state EMS offices collect the data in **Table 1 – Recommended Data Elements**, below, and utilize the data definitions found in the Report.*

Table 1 Recommended Data Elements

Category	Essential	Desirable but Not Essential
Employment at Agency Characteristics	None	None
Individual Characteristics	<ul style="list-style-type: none"> • Date of Military Discharge [2.a.E] • Date Application Received [2.b.E] • Date Application Deemed Complete [2.c.E] • Cause of Training Program Withdrawal [2.d.E] • Cause of Delay in Application Processing [2.e.E] • Cause for Application Rejection [2.f.E] • Military Status [2.h.E] • Branches of Military Service [2.i.E] • Military Separation/Discharge Type [2.j.E] • Geographic Practice Area [2.k.E] • Licensure Change [2.l.E] • EMS Job Responsibilities [2.n.E] • Military EMS Job Classification [2.o.E] • Military Separation/Discharge Document [2.p.E] • Military Criminal History [2.q.E] 	<ul style="list-style-type: none"> • Cause for Licensee Non-renewal [2.g.D] • Specialty Credential Change [2.m.D]
EMS Education Program Characteristics	<ul style="list-style-type: none"> • Military Education Program Accreditation/Approval, by Level [3.a.E] 	
Agency Characteristics	None	None
State EMS System Characteristics	<ul style="list-style-type: none"> • Licensure Streamlining Options [5.a.E] 	<ul style="list-style-type: none"> • Licensure Streamlining Unintended Consequences [5.b.D] • Incentives Used for Military EMS Hiring [5.c.D]

Assessment of Bridge Programs Report

This Project component utilized the National Association of EMS Educators (NAEMSE) to identify and document the functional characteristics and promising practices of EMS educational bridge programs for service members and veterans. The assessment utilized a March, 2016 survey of eight institutions believed to have functioning bridge programs of interest to this Project. Responses indicated that only two programs existed with actively functioning programs: one bridge course in Michigan and one accelerated paramedic program in Virginia. This survey sample of eight programs, with six inactive, produced a sample size too small to conclude best practices or recommended models for programs.

The resulting report, entitled *Bridging the Gap: Easing the Transition From Military Medic to Civilian Paramedic* may be found at: <https://www.nasemso.org/documents/NAEMSE-Military-Medic-to-Civilian-Paramedic-Report-2016-11-15.pdf> .

Some key findings of the report included:

- **Lack of program standardization** – Each program surveyed had its own methodology for assessing students and unique program structure.
- **Limited candidate pool resulted in program terminations** – Institutions no longer offering a bridge program cited a lack of potential students.
- **Successful programs include distance-learning technology** – Current programs include the use of on-line delivery methods.

Recommendations/Resources/Suggested Resources

The report itself noted that “The small sample size of this study makes it impossible to draw definitive conclusions regarding the structure and execution of a “typical” bridge program.... Although the small sample size ultimately limited the ability to identify any new trends, best practices or potential roadblocks, this study did serve an important function by identifying a number of initiatives that should be undertaken to meet the needs of transitioning service members...”

These recommended initiatives included:

- **Development of a national bridge program model** – The central recommendation from this study is to develop a model that is descriptive in nature and that provides a common framework for bridge programs.
- **Standardization of terminology** – Develop a commonly accepted definition of a “Bridge Program”.
- **Definitive crosswalk of paramedic educational requirements with military curriculum** – Develop a list of training tasks that need not be retrained during the transition process.

- **Certification of military medics as Advanced Emergency Medical Technicians (AEMT)** – Consider whether the current military curriculum would support certification of military medics as AEMTs.
- **Standardized record of military medical experience** – Develop a standard form for tracking a military medics experience and continuing education.
- **Improved dissemination of program availability** – Conduct an aggressive awareness campaign to ensure that military medical personnel are aware of the available bridge programs.
- **Standardization of state-mandated requirements** – Develop standardized requirements for licensure that are applicable to all states.

Much of the data obtained by the survey and assessment reinforced information found in the 2014 [Technical Data Package for Awarding Experiential Credit for Military Service \(v1.0.1\)](#). Specific findings from that document include:

- Streamlined programs that recognize the most credit for military experience should be the model for continued growth.
- Facilitate an extension of Service members’ national EMT certification (at any level) before he/she leaves military services.
- Encourage the development of five to eight regional EMT-Paramedic bridge programs.

Stakeholder Meetings

Two Stakeholder Meetings were conducted. The first was co-located with the NASEMSO meeting in San Antonio, Texas in April, 2015 and the second was collocated with the NAEMSE annual conference in Ft. Worth, Texas in August, 2016. Their purpose was to review the progress and provide feedback about the Project using the expertise of state and national EMS, and military and other federal leaders and experts. Over forty individuals from both military and civilian organizations attended each of the meetings. State EMS Offices and education specialists participated. collocated

The First Stakeholder Meeting was largely devoted to sharing information about existing military to civilian transition efforts in the areas of educational bridging, practical considerations, certification, and state licensure. Discussions of the Project components were extensive, and valuable guidance was provided on developing and shaping Project deliverables. Participants discussed the concept of bridge programs, but with assessments of programs underway by the NAEMSE and little information available about program models or best practices, the timing was too early to make evidence-based recommendations.

The Second Stakeholder Meeting served as an opportunity to review the progress made on the various Project components and to make recommendations to be included in the project report. Comments also guided some components that were still in progress following a NHTSA-approved Project extension.

Recommendations/Resources/Suggested Resources

During the Second Stakeholders Meeting, small group work produced an identification of priorities in four categories. Review and discussion continued in general session on the points from each work group. The work group and whole group recommendations follow.

Small Group Recommendations

Group 1

What program structure/organization/models hold the most promise for success?

- Develop partnerships among Veterans Affairs, state EMS offices, local partners and local mentors.
- Flexible scheduling and delivery, to circumvent relocation and enable coursework while in service.
- Educational institutions and state EMS offices should recognize registry levels.
- Encourage AEMT bridge programs in addition to paramedic bridge programs.
- Encourage development of professional portfolios in military training.

Group 2

What are the primary barriers to transition programs being implemented? Being successful?

- Breadth and depth of programs needed.
- Formalized programs rather than experiential credit program.
- Programs should be available to soldiers currently serving and include bridge hours for CEU hours.
- Not recognizing certifications already held.
- Nationalized skills exemption form from NREMT.
- Fear of loss of accreditation; CoAEMSP should provide a statement to allow pilot bridge programs with exemption to threat

Group 3

What resources are needed for EMS training programs to be successful? State EMS offices?

- Start with AEMT transition from military NREMT.
- Develop and distribute gap analysis and comparison to national EMS gap analysis.
- Create a NHTSA-funded grant to develop gap analysis, overseen by NASEMSO and to include educators from CAAHEP-accredited programs.
- Explore how to partner with military on delivery platform.
- Consider both non-credit and credit options.

Group 4

How can credentialing organizations support transition of military medics to the paramedic role?

- CoAEMSP barrier at the paramedic level.
- Waive licensure fees for veterans.
- Credentialing organizations should reach out to military.
- At the state level – make access to information easier and easier to find for veterans.
- Military recognition that soldiers/personnel will one day be civilians and help enable them to function in that role while still serving.
- Tailor transition programs to avoid unnecessary repetition of course work.
- Encourage academic institutions to create veterans resource centers.
- Credentialing organizations should reach out to the military for curricula.

Whole Group Recommendations

- Programs to support the transition of military to civilian EMS roles can take several routes and it is worth nurturing more than one or all:
 - Military to AEMT, both accelerated and bridge programs.
 - Military to paramedic, both accelerated and bridge programs.
 - Advanced placement for both AEMT and for paramedic programs.
- Common definitions of bridge and accelerated programs would help in communicating and collaborating. Proposed definitions are the following:
 - A Civilian Paramedic Bridge Program:
 - Adapts the curriculum to waive training requirements that would duplicate prior learning.
 - Connects to civilian licensure.
 - An Accelerated Paramedic Training Program:
 - Follows a standard curriculum for all trainees.
 - Operates on an intensive, compressed schedule.
 - Advanced Placement:
 - This program tool is already defined by CoAEMSP and CAAHP.
- No one model will fit all needs of applicants or the capabilities of educational programs for the at least the following reasons:
 - Bridge programs for paramedic transition are resource intensive and, until marketing to potential candidates improves, applicants are few.
 - For programs that are near to military bases and for those that can regionalize or collaborate with several other locations and programs, the critical mass of students may provide the student demand necessary to conduct a program.
 - Semester-based scheduling of paramedic programs precludes starting applicants in programs at other than semester start dates.
 - Accelerated programs at least compress the time required for completion allowing the military applicant to enter the workforce more quickly but require completion of already taken training.
 - Programs utilizing technology are at an advantage compared to those that do not because they have more flexible start points, allow more student-tailored training, can reduce costs and allow a wider geographic area of participation.
 - Advanced placement programs are the most resource intensive but hold the potential to be the best fit for the applicant because they can give credit for the prior training and experience.
 - Non-degree paramedic transition programs fill a gap; not all programs need to be degree producing.
 - Experience to date indicates that minimum time for both accelerated and bridge programs is about six months.

- The support for “military medic to AEMT” is significant and seems achievable by many more programs than the “military medic to paramedic” transition. It would be more supportive to service members transitioning for them to be encouraged to achieve the AEMT credential from NREMT prior to separation, and for those that are trained at the level of paramedic to achieve that NREMT credential prior to separation.
- Stakeholders in attendance wanted an official “gap analysis” for military medics (of which there are many permutations) to AEMT and to paramedic. The analysis has been completed for the 68W to AEMT but the general message was that it was not “blessed” by an official body and it will still need modifications based upon variation among states’ requirements. The analysis supports the 68W but no other Military Occupational Specialties (MOS).
- Funding support to those programs that are willing to try collaborative models and those that utilize technology to overcome geographic barriers should be encouraged.
- Enrollment minimums are difficult to achieve in locations other than those near active military bases. The reason for enrollment being low cannot be determined since program availability is limited and communication about program availability does not reach the population of interest.
- The communication challenge to get information to the transitioning service member is one of the greatest barriers. Most state websites, even with military specific information, are not easy to navigate to find the information. Marketing to separating service members requires linking EMS services to the pathways for communication such as COOL (Credentialing Opportunities On-Line) websites, job fairs, and Veterans Assistance Offices at colleges/universities. One suggestion was to compile lists of paramedic training programs that are worth consideration by current and former medics. Several potential candidates for inclusion in a more comprehensive inventory were identified at the meeting, including the University of Texas, Pima Community College in Tucson, Arizona, and the University of New Mexico.
- Accreditation bodies (e.g. CoAEMSP) are key to schools implementing transition courses or advanced placement because many educators fear that military students may result in a higher failure rate which many think is a threat to the program accreditation. Educating and assisting the programs regarding whether this is a realistic threat (as military students often out-perform non-military students) and, if so, how to manage it with already existing measures would be greatly helpful in managing this fear. Until enough programs have been conducted and data collected, we will not have the information necessary to answer how military students perform in transition programs.
- The new requirement by NREMT for applicants to have a portfolio will put the military applicants at a disadvantage until they learn how to translate their military record and experiences into a “portfolio” (e.g. using existing job books, assembling training records with enough information to be interpreted by the NREMT and educational institutions,

and assuring they have the discharge documents such as the DD214). The reorganization that will place the Medical Education and Training Campus (METC) in San Antonio under the Uniformed Services of the Health Sciences (USUHS) will provide medics with an academic portfolio required by NREMT.

- Military service members should be planning long ahead of the separation date for the transition to the civilian sector. This means that they may not have the discharge documents in hand yet and will need the documentation assembled using other sources. Distance learning resources can help the medic pre-transition.
- The lack of information is a disincentive for states, programs, accreditation organizations and others to attack the challenge. For example, some say that there is no demand for programs, that veterans don't want to continue to do what they did in the service, or that they are "burned out" on EMS. Since most states do not collect data on the military background of applicants, the "demand" is not measurable. The veteran does not have an organized voice and no data exists that counters these opinions with facts. However, in Texas, the state EMS Office reports that almost 700 applicants in FY16 were prior or current military.

Existing Resources Cited by Participants of the Stakeholder Meetings

- Summary of Key Findings of the NGA Demonstration Cost Analysis (study of accelerated LPN and paramedic training) - <https://www.nasemso.org/documents/Summary-of-Key-NGA-Demonstration-Findings-14June2016.pdf>
- Slides from presentations at August, 2016 stakeholders meeting - <http://nasemso.org/documents/Veteran-to-Civilian-EMS-Transition-Project-Slide-05Aug2016.pdf>
- Transition Assistance Program (TAP) - <http://www.taonline.com/tapoffice/>
- Credentialing Opportunities On-Line (COOL): the military branches each have COOL links. A general description may be found at <http://careerservices.erau.edu/blog/2016/03/31/military-cool-program-helps-service-members-compete-for-civilian-jobs/>
- [Bridging the Gap: Easing the Transition from Military Medic to Civilian Paramedic](#) (NAEMSE, Nov. 15, 2016)

- [Transition of Military Medics to Civilian Paramedics](#) (presentation from Stakeholders Meeting #2, Aug. 5, 2016)
- [Military to Civilian EMS Transition: EMS Workforce Data Definitions](#) (final draft, July 1, 2016)
- [Summary of Key Findings of the NGA Demonstration Cost Analysis](#) (June 16, 2016)
- [Personnel Licensing Policies, Practices and Procedures of State EMS Offices \(and Variances for Military EMS Personnel\)](#) - final licensing monograph, Nov. 13, 2015
- [Military Specific EMS Licensure Information](#) (with links to pertinent information by state) - Nov. 13, 2015
- [Veterans Licensing and Certification Demonstration](#) (final report, Sept 2015)
- [Military Medic to Paramedic Bridge Programs Webinar](#)
- [Veteran to Civilian EMS Transition Project](#) (06/12/15) Memorandum of Understanding (MOU) between and among The National Association of State Emergency Medical Services Officials (NASEMSO) and The State Emergency Medical Services Authorities of the States, the District of Columbia, and Territories.
- [Initial State EMS Personnel Licensure Links](#) (May 29, 2015)
- [State EMS Webpages relating to EMS Personnel Licensure for Military](#) (May 29, 2015)

Additional Observations Submitted by Participants Following the Second Stakeholders Meeting

- Lack of statewide programs and the lack of college “systems” in a state makes implementation more challenging.
- A standard recognition for military training exists and civilian schools should recognize those formal recognitions/certifications (e.g. NREMT, ACE credits).
- Tracking employment after graduation can be a challenge related to inaccessible data.
- Student funding is complicated:
 - Many vets transfer education funds to children.

- Housing paid for partial month but housing usually expects payment for full month.
 - Other funding resources that vets may not be aware of.
- Other programs for military to civilian training met with similar challenges (e.g. military police pilot).
- National guidelines of how a military medic can meet registry and accreditation requirements need to be developed and published.
- CEU recognition might also be an avenue to award credit for prior learning.
- Michigan law supports recognition of military training but apparently, there are still barriers in practice, probably true in other states as well.
- Curriculum sharing among programs is a great idea and a central repository would help.
- Simulation scenarios are recommended to assess skills prior to awarding credit (advanced placement).
- Military to civilian occupation assessment is challenging but resources exist to help translate.
- TAPS (transition assistance program) is a good communication tool to get the word out to separating medics about program availability.
- Degree completion is important to colleges because of accreditation, funding, etc.
- Veteran student motivation is generally higher because of life experience and goals.
- Support from all levels - local, state, national – is needed for success.
- Support services are a challenge in remote locations and collaborative efforts among programs would be of benefit.
- Faculty training in veteran sensitivity would support veteran success; veterans have a specific culture.
- Baby boomers are retiring in record numbers and we need to resolve the transition challenge to recruit veterans into the workforce.