



**Continuing Medical Education (CME) Reporting Form for Licence Renewal for 2012
For Emergency Medical Responder (EMR)**

Name:	Registry #:
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CME Requirements for EMR for Renewal of License to Practice in 2012

License Level	Mandatory Certifications Issued in 2010 or 2011	Mandatory Skills Assessed in 2010 or 2011	CME Credits Required Each Year
EMR	✓ CPR – HCP (C)	<ul style="list-style-type: none"> ✓ Biomechanics of Safe Lifting & Moving ✓ Medications Pertinent to Scope of Practice ✓ Spinal Immobilization ✓ Mechanical Aids to Breathing/Oxygen 	25

Mandatory Certifications

Must be issued within two years of the licence year. For each certification check the year it was issued and provide a copy of the certificate.

CPR – HCP (C): 2010 2011

Continuing Medical Education Credits:

Activity	CME Credits	Date	Signature Certifying Attendance	Print Name or SCoP Registry Number
Approved Agency CME Program (detail may be provided on reverse) Name of Agency:		Nov. 1, 2010 to Oct. 31, 2011		
Name of Agency:				
Seminars/ Conferences (not part of Agency CME Program) [Max. 5 credits/day unless approved by SCoP for more] List specific conferences:				
Service on SCoP Council or Committees [Max. 5 credits]			SCoP will verify.	
Instructor (list designations): [Max. 5 credits]			Please provide a copy of the instructor certification <u>or</u> evidence of having taught in 2011.	
Courses (not part of Approved Agency CME Program): <i>Note: If these courses were not pre-approved by the College, please submit documentation of your attendance at the course AND a course outline. The college will determine the CME credits to be awarded. If the courses were pre-approved, the Coordinator or Proctor may sign for attendance and award CME credit.</i>				
Total CME Credits				

Verifications: *Note: Making a false declaration is an act of professional misconduct subject to disciplinary action.*

Practitioner: I certify that I have successfully completed all the activities and certifications listed on the two pages of this form.

Signature: _____ Date: _____

SCoP Coordinator: I certify that all documentation related to the listed activities and certifications is on the practitioner's CME file at the agency, that all CME credits have been properly awarded, and that the assessments for proficiency were made by qualified assessors.

Signature of SCoP Coordinator: _____ Coordinator #: _____ Date: _____

Print Name: _____ Agency: _____ Telephone Number: (306) _____

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For Emergency Medical Responder (EMR) Page Two**

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Mandatory Skills

Mandatory Skills must be assessed every two years. If these skills were assessed in 2010, check the date box and leave the rest of that section blank.

Mandatory Skills Assessed in 2011	CME Credit	Date of Assessment	Signature of Assessor Indicating Proficiency:	Print Assessor's Name or SCoP Registry Number
Medications Pertinent to Scope of Practice		<input type="checkbox"/> 2010 or		
Biomechanics of Safe Lifting & Moving		<input type="checkbox"/> 2010 or		
Spinal Immobilization		<input type="checkbox"/> 2010 or		
Mechanical Aids to Breathing/Oxygen		<input type="checkbox"/> 2010 or		

Optional or "C" Protocols Requiring Approved Training

Under Protocol IP2 EMRs are eligible to perform certain protocols if they have received approved training and refresher training every two years.

Please record training in these protocols below.

Optional or "C" Protocol:	Date	Signature Certifying Proficiency	Print Name or SCoP Registry Number
Monitoring Foley Catheters			
Monitoring Glucose			
Monitoring Nasogastric Tubes			

OPTIONAL -- Detail of Courses & Activities taken as part of an Approved Agency CME Program

Activity	CME Credits	Date	Initial Certifying Attendance
Total CME Credits			