



**Continuing Medical Education (CME) Reporting Form for Licence Renewal for 2012  
For Emergency Medical Technician – Paramedic (EMT-P)**

<b>Name:</b>	<b>Registry #:</b>
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**CME Requirements for EMT-P for Renewal of License to Practice in 2012**

License Level	Mandatory Certifications Issued in 2010 or 2011	Mandatory Skills Assessed in 2010 or 2011	Advanced Skills Modules Assessed in 2010 or 2011	CME Credits Required Each Year
EMT-P/ACP	✓ CPR – HCP (C) ✓ PALS /PEPP Advanced ✓ ITLS Advanced ✓ ACLS	✓ Medications Pertinent to Scope of Practice ✓ Biomechanics of Safe Lifting & Moving	✓ Airways and Intubation ✓ ALS Cardiac ✓ ALS Pediatric ✓ ALS Trauma	15

**Mandatory Certifications**

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

CPR – HCP (C):     2010     2011

ITLS Advanced:     2010     2011

ACLS:     2010     2011

PALS (or PEPP Advanced):     2010     2011

**Continuing Medical Education Credits:**

CME Activity	CME Credits	Date	Signature Certifying Attendance	Print Name or SCoP Registry Number
<b>Approved Agency CME Program</b> (detail may be provided on reverse – Optional Section) Name of Agency:		Nov. 1, 2010 to Oct. 31, 2011		
Name of Agency:				
<b>Seminars/ Conferences</b> (not part of Agency CME Program) [Max. 5 credits/day unless approved by SCoP for more]				
<b>Service on SCoP Council or Committees</b> [Max. 5 credits]		SCoP will verify.		
<b>Instructor</b> (list designations): [Max. 5 credits] List Specific conferences:		Please provide a copy of the instructor certification(s) <u>or</u> provide evidence of having taught in 2011.		
<b>Courses</b> (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>				
<b>Total CME Credits</b>				

**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 assessments for proficiency were made by qualified assessors.

Signature of SCoP Coordinator:

Coordinator #:

Date:

Print Name:

Agency:

Telephone Number: (306)

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**Advanced Skills Modules -- To be Assessed Every Other Year, i.e. 2010 or 2011**

*Note: Proficiency must be assessed in an approved program as noted below. Advanced Skills must be assessed every two years. If some of these skills were assessed in 2010, check the box " 2010" under Date of Assessment and leave the rest of that section blank.*

Skill Please check each skill assessed	Assessment By:	Date of Assessment	Signature of Assessor Indicating Skills Proficiency Signature <span style="float:right">Print Name or SCoP Registry Number</span>	
Airways: <input type="checkbox"/> King <input type="checkbox"/> LMA <input type="checkbox"/> Combi-tube	<input type="checkbox"/> ITLS Advanced or <input type="checkbox"/> Medical Advisor (in 2010)	<input type="checkbox"/> 2010 or		
<input type="checkbox"/> Intubation	<input type="checkbox"/> ITLS Advanced or <input type="checkbox"/> ACLS or <input type="checkbox"/> Medical Advisor (2010)	<input type="checkbox"/> 2010 or		
ALS Trauma: <input type="checkbox"/> Intraosseous infusion <input type="checkbox"/> Chest decompression <input type="checkbox"/> External jugular vein cannulization	<input type="checkbox"/> ITLS Advanced or <input type="checkbox"/> Medical Advisor (2010)	<input type="checkbox"/> 2010 or		
ALS Cardiac: <input type="checkbox"/> Cardioversion <input type="checkbox"/> Transcutaneous pacing	<input type="checkbox"/> ACLS or <input type="checkbox"/> Medical Advisor (2010)	<input type="checkbox"/> 2010 or		
ALS Pediatric: <input type="checkbox"/> Pediatric intraosseous infusion <input type="checkbox"/> Pediatric intubation <input type="checkbox"/> Pediatric cardioversion	<input type="checkbox"/> PALS or <input type="checkbox"/> PEPP Advanced or <input type="checkbox"/> Medical Advisor (2010)	<input type="checkbox"/> 2010 or		

**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	Date	Signature Certifying Proficiency	Print 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		

**Optional or "C" Protocols Requiring Approved Training**

*Under Protocol IP2 EMT-Ps 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.*

Approved Training in Optional or "C" Protocols (if any are approved):	Date	Signature Certifying Proficiency	Print Name or SCoP Registry Number
Arterial Line Monitoring			
Central Venous Lines			
Chest Tubes			
Foley Catheters			
Heimlich Tubes			
Jackson Pratt Drains			
Peritoneal Dialysis Tubes			
Tracheostomy Tubes			