

**2010 Agency CME Approval Form**

<b>Agency Full Name:</b>	<b>Agency Acronym (if used):</b>	<b>SCoP Use Only</b> <input type="checkbox"/> Feedback provided Date: _____ Initial: _____ <input type="checkbox"/> Approved Date: _____ Initial: _____
<b>Address:</b>	<b>Sector:</b> <input type="checkbox"/> Health – EMS <input type="checkbox"/> Health – Other <input type="checkbox"/> Fire <input type="checkbox"/> Industrial <input type="checkbox"/> Other	
<b>Health Region:</b>		

**Contact Name:**                      **Phone:** (306)                      **FAX:** (306)

**Office Location:**                      **Email:**

**AGENCY CONTINUING MEDICAL EDUCATION PROGRAM FOR 2009**

**CME Program Priorities/Goals:**

Meet recertification requirements

Increase skills to NOCP levels (eg. EMR, PCP)

Understand best practices in EMS

Introduce new technologies

Learn new protocols

Learn new skills

Address issues raised by Call Reviews

Other, list:

**Registration and Record Keeping System**  
*Describe your approach for each of the following:*

1. **Registration and tracking of PARTICIPANTS** throughout the year, including verification of practitioner attendance at individual sessions, and reporting total practitioner activity.
2. **System to track and report participant SUCCESSFUL COMPLETION** including issuing and maintaining records of assessment or test results, transcripts, certificates, CME credits. (eg. what controls are in place to ensure accuracy and enable verification).
3. **Retention of PARTICIPANT records/files** – what is kept on file, how is it maintained, how long is it kept, how is accuracy ensured, how is it kept secure? Who has access to the files/records?
4. **Retention of COURSE records/files** – what is kept on file (eg. Course outline, instructional materials, exams, participant list), for how long?

**Estimated Number of Practitioners by Level:**

EMRs

EMTs

EMT/PCPs

EMT-As

EMT-A/ICPs

EMT-Ps

EMT-P/ACPs

	<b>Mandatory Certifications Program Source</b>
BLS-HCP (C)	<input type="checkbox"/> Inhouse
	<input type="checkbox"/> Contracted for your agency
	<input type="checkbox"/> Practitioners to secure course
ITLS Basic	<input type="checkbox"/> Inhouse
	<input type="checkbox"/> Contracted for your agency
	<input type="checkbox"/> Practitioners to secure course
ITLS Advanced	<input type="checkbox"/> Inhouse <input type="checkbox"/> N/A
	<input type="checkbox"/> Contracted for your agency
	<input type="checkbox"/> Practitioners to secure course
ACLS	<input type="checkbox"/> Inhouse <input type="checkbox"/> N/A
	<input type="checkbox"/> Contracted for your agency
	<input type="checkbox"/> Practitioners to secure course
PALS or PEPP	<input type="checkbox"/> Inhouse <input type="checkbox"/> N/A
	<input type="checkbox"/> Contracted for your agency
	<input type="checkbox"/> Practitioners to secure course

### Activities to Earn CME Credits

Subject/Topic and Course Objectives	Target Level	Course Developer/ Source	Mode of Instruction (eg. lecture, skill stations)	Materials/ Equipment Provided	Instructor Qualifications	Evaluation Method	Instructor: Student Ratio	Duration (hours)	CME Credits
Spinal Immobilization	<input type="checkbox"/> EMR		<input type="checkbox"/> Skills Station	<input type="checkbox"/> Skills Checklist <input type="checkbox"/> Pamphlet/ Handout <input type="checkbox"/> Lab – specify:		<input type="checkbox"/> Skills Assessment	<b>1</b>		
Biomechanics of Safe Lifting	<input type="checkbox"/> EMR <input type="checkbox"/> EMT		<input type="checkbox"/> Skills Station	<input type="checkbox"/> Skills Checklist <input type="checkbox"/> Pamphlet/ Handout <input type="checkbox"/> Lab – specify:		<input type="checkbox"/> Skills Assessment	<b>1</b>		
Mechanical Aids to Breathing including Oxygen	<input type="checkbox"/> EMR		<input type="checkbox"/> Skills Station	<input type="checkbox"/> Skills Checklist <input type="checkbox"/> Lab – specify:		<input type="checkbox"/> Skills Assessment	<b>1</b>		
Medications Pertinent to Scope of Practice	<input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> EMT-A <input type="checkbox"/> EMT-P <input type="checkbox"/> All		<input type="checkbox"/> Lecture/ Presentation <input type="checkbox"/> Skills Stations/ Simulations <input type="checkbox"/> Scenarios <input type="checkbox"/> Discussion <input type="checkbox"/> Video/Online <input type="checkbox"/> Independent Study/ Reading <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/> Handbook <input type="checkbox"/> Scenarios <input type="checkbox"/> Skills Checklist <input type="checkbox"/> Pamphlet/ Handout <input type="checkbox"/> Lab – specify:		<input type="checkbox"/> Written/Online Exam <input type="checkbox"/> Skills Assessment <input type="checkbox"/> Scenario Assessment <input type="checkbox"/> Participation <input type="checkbox"/> No Evaluation <input type="checkbox"/> Other: (specify)	<b>1</b>		
	<input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> EMT-A <input type="checkbox"/> EMT-P <input type="checkbox"/> All		<input type="checkbox"/> Lecture/ Presentation <input type="checkbox"/> Skills Stations/ Simulations <input type="checkbox"/> Scenarios <input type="checkbox"/> Discussion <input type="checkbox"/> Video/Online <input type="checkbox"/> Independent Study/ Reading <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/> Handbook <input type="checkbox"/> Scenarios <input type="checkbox"/> Skills Checklist <input type="checkbox"/> Pamphlet/ Handout <input type="checkbox"/> Lab – specify:		<input type="checkbox"/> Written/Online Exam <input type="checkbox"/> Skills Assessment <input type="checkbox"/> Scenario Assessment <input type="checkbox"/> Participation <input type="checkbox"/> No Evaluation <input type="checkbox"/> Other: (specify)	<b>1</b>		
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	<input type="checkbox"/> EMR <input type="checkbox"/> EMT		<input type="checkbox"/> Lecture/ Presentation	<input type="checkbox"/> Handbook <input type="checkbox"/> Scenarios		<input type="checkbox"/> Written/Online Exam <input type="checkbox"/> Skills Assessment	<b>1</b>		

- EMT-A
- EMT-P
- All

- Skills Stations/  
Simulations
- Scenarios
- Discussion
- Video/Online
- Independent  
Study/ Reading
- Other:  
(Specify)

- Skills Checklist
- Pamphlet/  
Handout
- Lab –  
specify:

- Scenario  
Assessment
- Participation
- No Evaluation
- Other: (specify)

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			(Specify)						
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**Declaration:**

This form or the information from it may be posted on the SCoP web site or provided to members of SCoP or other agencies:  Yes  No  
Practitioners who are not employees of this agency may make arrangements with our agency to attend one or more of these sessions:  Yes  No A fee may be charged:  Yes  No  
**I certify** that the information on this form is an accurate and comprehensive description of this agency's 2010 CME Program. Any significant change during the year will be reported to the College.  
All instructors are supervised by myself, (qualifications:           ), or by           ,(qualifications:           ). An audit of this agency's CME program can be arranged at any time by phoning (306)           .

Signature:            Print name:            Position:            Agency:            Date: