



**Continuing Medical Education (CME) Reporting Form for Licence Renewal for 2011
For Emergency Medical Responder (EMR)**

Name:	Registry #:
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CME Requirements for EMR for Renewal of License to Practice in 2011

License Level	Mandatory Certifications Issued in 2009 or 2010	Mandatory Skills Assessed in 2009 or 2010	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): 2009 2010

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, 2009 to Oct. 31, 2010		
Name of Agency:				
Seminars/ Conferences (not part of Agency CME Program) [Max. 5 credits/day unless approved by SCoP for more]				
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.		
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 Proctor/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 Proctor/Coordinator: _____ Proctor/Coordinator #: _____ Date: _____

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



SASKATCHEWAN
COLLEGE OF
PARAMEDICS

Total CME Credits			
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