



**Continuing Medical Education (CME) Reporting Form for Licence Renewal for 2011
For Emergency Medical Technician – Paramedic (EMT-P)**

Name:	Registry #:
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CME Requirements for EMT-P for Renewal of License to Practice in 2011

License Level	Mandatory Certifications Issued in 2009 or 2010	Mandatory Skills Assessed in 2009 or 2010	Advanced Skills Modules Assessed in 2009 or 2010	CME Credits Required Each Year
EMT-P/ACP	<input checked="" type="checkbox"/> CPR – HCP (C) <input checked="" type="checkbox"/> PALS /PEPP Advanced <input checked="" type="checkbox"/> ITLS Advanced <input checked="" type="checkbox"/> ACLS	<input checked="" type="checkbox"/> Medications Pertinent to Scope of Practice <input checked="" type="checkbox"/> Biomechanics of Safe Lifting & Moving	<input checked="" type="checkbox"/> Airways and Intubation <input checked="" type="checkbox"/> ALS Cardiac <input checked="" type="checkbox"/> ALS Pediatric <input checked="" type="checkbox"/> 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): 2009 2010
 ACLS: 2009 2010

ITLS Advanced: 2009 2010
 PALS (or PEPP Advanced): 2009 2010

Continuing Medical Education Credits:

CME Activity	CME Credits	Date	Signature Certifying Attendance	Print Name or SCoP Registry Number
Approved Agency CME Program (detail may be provided on reverse – Optional Section) 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(s).		
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 above.

Signature: _____ Date: _____

SCoP Proctor: 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 ALS assessor(s) is/are an EMS Medical Advisor(s) to a Health Region or a qualified instructor with delegation of authority from a Medical Advisor to a Health Region and that 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

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Advanced Skills Modules -- To be Assessed Every Second Year, i.e. 2009 or 2010

Note: Proficiency must be assessed by a Medical Advisor to a Health Region or a qualified instructor who has been delegated authority from a Medical Advisor to a Health Region. The delegation of authority must be filed with the College in order to be in effect. Advanced Skills must be assessed every two years.

If some of these skills were assessed in 2009, check the box " 2009" 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 Print Name or SCoP Registry Number	
Airways: <input type="checkbox"/> King <input type="checkbox"/> MA <input type="checkbox"/> Combi-tube	<input type="checkbox"/> ITLS Advanced or <input type="checkbox"/> Medical Advisor	<input type="checkbox"/> 2009 or		
<input type="checkbox"/> Intubation	<input type="checkbox"/> ITLS Advanced or <input type="checkbox"/> ACLS or <input type="checkbox"/> Medical Advisor	<input type="checkbox"/> 2009 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	<input type="checkbox"/> 2009 or		
ALS Cardiac: <input type="checkbox"/> Cardioversion <input type="checkbox"/> Vagal manoeuvres <input type="checkbox"/> Transcutaneous pacing	<input type="checkbox"/> ACLS or <input type="checkbox"/> Medical Advisor	<input type="checkbox"/> 2009 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	<input type="checkbox"/> 2009 or		

Mandatory Skills

Mandatory Skills must be assessed every two years. If these skills were assessed in 2009, check the date box and leave the rest of that section blank.

Mandatory Skills Assessed in 2010	Date	Signature Certifying Proficiency	Print Name or SCoP Registry Number
Medications Pertinent to Scope of Practice	<input type="checkbox"/> 2009 or		
Biomechanics of Safe Lifting & Moving	<input type="checkbox"/> 2009 or		

New or "C" Protocols Requiring Approved Training

EMT-Ps are eligible to perform certain protocols if they have received approved training. Please record training in these protocols below.

Approved Training in New Protocols (if any are approved):	CME Credits	Date	Signature Certifying Proficiency	Print Name or SCoP Registry Number

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

Activity	CME Credits	Date	Initial Certifying Attendance
Total CME Credits			