



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

Name:	Registry #:
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CME Requirements for EMT or EMT/PCP for Renewal of License to Practice in 2011

License Level	Mandatory Certifications <small>Issued in 2009 or 2010</small>	Mandatory Skills <small>Assessed in 2009 or 2010</small>	CME Credits <small>Required Each Year</small>
EMT/PCP	✓ CPR – HCP (C) ✓ ITLS Basic	✓ Medications Pertinent to Scope of Practice ✓ Biomechanics of Safe Lifting & Moving	40

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

ITLS Basic: 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 – 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 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 assessments for proficiency were made by qualified assessors.

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

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



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For Emergency Medical Technician (EMT) Page Two**

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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	CME Credits	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

PCP Trained EMTs are Eligible to Perform Certain Protocols if they have received approved training. Please record training in these protocols below.

Approved Training in New or "C" Protocols	CME Credits	Date	Signature Certifying Proficiency	Print Name or SCoP Registry Number
CPAP				
Entonox				
King Airway				

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

Activity	CME Credits	Date	Initial Certifying Attendance
Total CME Credits			