SASKATCHEWAN COLLEGE OF PARAMEDICS

Continuing Medical Education Credit Course Approval Form

Course/Seminar Title:		Developed by: Qualifications:
Proposed CME Credits to be awarded:	Estimated Duration of the Course in Hours:	
Date developed:	Date Last Revised:	Intended for: (Check all that apply) ☐ EMR ☐ EMT ☐ PCP ☐ EMT-A ☐ ICP ☐ EMT-P ☐ ACP

Course Objectives (how is this relevant to emergency medical practice)

Please complete the reverse side of this sheet to provide your Course Outline.

Quality Assurance Standards:

Instructor Qualifications:

Required Equipment (for Skills Stations/Simulations):

What system will be used to register and track attendance of participants?

What system will be used to track and report student progress?

Will transcripts or certificates be issued? ☐ Yes ☐ No

How will professional oversight be provided to ensure the course is delivered as planned, the course is kept current, and medical oversight is provided if needed?

Evaluation of Participants: (Check all that apply)

- ☐ Written/Online Exam
- ☐ Skills/Competency Assessment
- ☐ Scenario Assessment
- ☐ Participation in Discussion
- ☐ No Evaluation
- ☐ Other: (specify)

Instructor to Student Ratio for Skills Stations or Simulations: **1 :**

Course materials provided:

- ☐ Instructor Handbook/Manual
- ☐ Powerpoint or other prepared Powerpoint or other prepared presentations
- ☐ Scenarios
- ☐ Skills Checklists
- ☐ Student Handbook/Information Sheets
- ☐ Other: (Specify)

Will this course become part of an approved Agency CME Program?

☐ Yes ☐ No

If yes, which agency:

Instructional Methods to be Used:

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

Is this course available for others to use? ☐ Yes ☐ No If yes, how would they access it?

Are you willing to have this form posted on the SCoP website for others to see? ☐ Yes ☐ No

I declare that this course description is accurate; that I take responsibility to ensure it is delivered as described; and that the course may be audited at any time by SCoP.

Signature: _____ Print Name: _____ Agency: _____

Address: Phone: (306) Email:

SCoP Use ONLY

Reviewed: Follow Up: Approved: