



Instruction Sheet for Registration Renewal Online

Welcome to online registration for the Saskatchewan College of Paramedics Registry System. If you are submitting a registration renewal online to SCoP, you can access this information sheet to assist you.

Getting Started

You have been provided with a login name and password. Using the login name and password, log into the registry system at: <http://forms.collegeofparamedics.sk.ca/site/login/default.asp>.



[Profile](#) | [Subscription](#) | [New Applications](#) | [Submitted Applications](#)
[Staff Review](#) | [Applicant Review](#) | [Email Applicants](#)

You are not logged in. [Login](#)

Login

If you already have a username and password:
Please enter your user name and password to log into the members only site.

Username:

Password:

[Login >>](#)

[Forgotten username/password? Click here.](#)

Registration Renewal

Step 1: New Applications

Once you have gained access to the system, in the top left corner, choose new applications. This will provide you with a list of the applications that are available to you.

Step 2: Registration Renewal

Under new applications, choose registration renewal.

Step 3: Introduction

You will be greeted with an introduction page that reminds you that the deadline for registration renewal is December 1st of the current year. It will also remind you of the mandatory documents that you will be required to upload to the system. If you do not have these mandatory documents scanned and ready to upload, you may want to take a moment to get them ready so that you will be ready to submit the form and your supporting documents at this time.

At the end of the introduction screen, click the "apply online" button at the bottom right of the screen to start completing your renewal application.

Registration Renewal
Registration Renewal - Deadline is December 1st of current year
Applications
Introduction This is the online registration renewal for the upcoming year. This application for renewal must be submitted to SCoP by December 1st of this year if you wish to be licensed by January 1st of the upcoming year and in order for you to avoid paying late fees. Please note that you will have the ability at end of this application form to upload your necessary supporting documents. Press "APPLY ONLINE"; to begin.
Supporting Documents
Copy of Mandatory Certificates as required by your license level that have been issued within the past two years. - * BLS "C" - HCP - (CPR Health Care Provider Level) * ITLS- Basic or Advanced - * ACLS - * PALS or PEPP Advanced - CME Reporting Form - Other CME Certificates - Copy of any paramedic license from outside Saskatchewan - Copy of any professional or trade licenses that you currently hold - Copy of an updated photo: - if your current photo is more than five years old. If you do not have a photo please provide a head and shoulders photo. New Name(s): - if you have changed your name since the last renewal period, you must provide a copy of the legal document showing the name change. This document could be a marriage certificate, a divorce certificate or some other legal document.
Related Links
Saskatchewan College of Paramedics Website
Further Information
If you need assistance please contact the College at 1-877-725-4202 or 1-306-585-0145.

[APPLY ONLINE](#)

Step 4: Applicant Description and Applicant Details

Applicant Description – This will confirm for you that you are on the registration renewal online form.

Applicant Details – The College Registry system has filled in portions of this section for you. If your address, telephone or email information is not correct, please correct the information on the form. Information such as your name or birthdate require supporting information to change.

The screenshot shows a web browser window with the URL 216.220.39.33. The page title is "REGISTRATION RENEWAL". A red message states: "Fields marked * are required fields and must be completed". The "Application Description" section shows "Description: Registration Renewal - Deadline is December 1st of current year". The "Applicant details" section contains the following fields:

First Name*	[Redacted]
Middle Initial	[Redacted]
Last Name*	[Redacted]
Date of Birth	1970-04-14
Gender	Male: <input type="radio"/> Female: <input checked="" type="radio"/>
Address 1*	[Redacted] Drive
Address 2	
Address 3	
City/Town*	Regina
Province	Saskatchewan
Postal code*	S4V 0V3
Country	Canada
Work Phone	(306) [Redacted]
Home Phone	(306) [Redacted]
Email	[Redacted]@collegeofparamedics

Step 5: Type of Licence Requested

You licence level (EMR, EMT etc.) and level of practice (EMT, EMT/PCP Trained, etc.) will be filled in for you. If you wish to change your licence level or level of practice, you will need to complete a Change of Status Application and provide supporting documentation.

You will need to choose whether you will be a practicing member or non-practicing member. Please note that a non-practicing member may not work or volunteer in their scope of practice. The fees at the end of the application will be based on your choice of practicing or non-practicing status.

TYPE OF LICENCE REQUESTED

License Level



Level of Practice

***** STATUS REQUESTED*****

Practising

Non practising (may not work or volunteer in scope of practice)

Step 6: Registration in Other Jurisdictions or Professions

In this section, you will be required to answer three questions regarding other licences both within the paramedic profession and in other professions or trades. We need this information to verify that you are a member in good standing. If you answer yes to any of these questions, you will be required to provide us with a copy of the indicated licence.

REGISTRATION IN OTHER JURISDICTIONS OR PROFESSIONS

*Are you registered/licensed in another province or territory of Canada?

Yes No

*Are you registered/licensed in another country?

Yes No

*Are you registered/licensed with another profession or trade?

Yes No

Step 7: Criminal Record Check

You provided a formal criminal record check when you were initially registered with the College. Each year we ask you to update that information by self-declaration of any criminal charge or conviction in the past 3 years. If you answered yes, you will likely be contacted by the College for further information prior to your registration renewal being approved.

CRIMINAL RECORD CHECK

*Have you, within the last three years been charged or convicted of an offence under The Criminal Code, The Controlled Drugs and Substances Act or the Food and Drugs Act.

Yes No

Step 8: Disciplinary Action and/or Licence Limitations

This section references only professional conduct or professional competence investigations or disciplinary action by a regulatory authority or health profession in the past 3 years. There is no need to report progressive discipline by your employer. If you answer yes, you will be asked to make a declaration and

provide us with some further information regarding the disciplinary action including the name of the regulator. You will also be asked to grant the College permission to contact that regulator for further information if required.

B. DECLARATION

*My Licence has been cancelled, suspended, restricted or subject to individual terms and conditions by a regulatory authority or health profession in any jurisdiction in the past 3 years. **Please provide the following information if you have answered Part B.**



If you answered yes, then please provide the following information:

Name of Regulator

Explanation of Disciplinary Action and/or License Limitations

*I grant the Saskatchewan College of Paramedics the right to contact the above regulator for further clarification if necessary.

Yes No

Step 9: Employment Status

Please update your employment information with us. You will need to check the appropriate boxes for status of employment (i.e. full time, part time, etc.) and for Service Type and provide information for any additional employer. The Service Type is determined by your employer and the focus of his/her business. Only those who work for an Ambulance Service should be checking "Ambulance". A company providing EMS for industrial sites is an Industrial service (check "Industrial"). Members who are firefighters would check "Fire". "Facility Based" includes hospitals (eg. ER or ICU positions), addictions treatment centers, etc.

EMPLOYMENT STATUS

a. MAIN EMPLOYER

Working as a

- Casual
- Full Time
- Part Time
- Volunteer

Employer and Name of Service (eg. RQHR, Regina EMS)

If others please specify

From Date (mm/dd/yyyy, e.g. 01/31/2006)

To Date (mm/dd/yyyy, e.g. 01/31/2006) - leave blank if still employed

Service Type

- Ambulance
- Educational
- Facility Based
- Fire
- Industry
- Other
- Unemployed

If others please specify

Step 10: Practice Experience

Please provide us with the most accurate practice numbers that you can.

For some guidance, Ambulance paramedics could use the summary statistics available from the Patient Care Record system. Fire and Industrial paramedics should indicate the number of patients treated, even if the patient is then transferred to the care of an Ambulance paramedic. Some members may not have any "calls" but may attend many patients, for example in a facility.

PRACTICE EXPERIENCE

	Approximate # of Calls in current year	# of patients as lead attendant in current year
Primary Work Position	<input type="text"/>	<input type="text"/>
Secondary Work Position	<input type="text"/>	<input type="text"/>
TOTAL (of both positions)	<input type="text"/>	<input type="text"/>

Step 11: Privacy

If you want the assistance of the Coordinator at your work place, you must complete this section by naming the coordinator and granting permission to the College to contact your coordinator to discuss your registration and CME.

PRIVACY

Must be completed if your agency is handling your registration

The Saskatchewan College of Paramedics (SCoP) collects, uses and discloses personal information as reasonably necessary for the purposes of performing and fulfilling its responsibilities under The Paramedics Act and the Bylaws. *The SCoP stores and maintains personal information in conformity with the requirements of the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Health Information Protection Act (HIPA).*

If you are employed, does your service have a coordinator?

Yes No

Name of Coordinator

- Please select -

The coordinator is delegated the authority by SCoP to coordinate completion of registration forms on behalf of the applicant and to sign off CME report forms for attendance, accuracy and completeness.

I grant permission to the above person to access my file and to discuss it with staff at SCoP for purposes of facilitating my Licence renewal or changes to my Licence during the coming year



Step 12: Declaration

Your submission of this form is your declaration that the form has been completed accurately and that you understand that false or misleading information may constitute professional misconduct.

DECLARATION

*To the best of my knowledge, I, the applicant, declare that all the information given on this application is true. I understand that any false or misleading information may constitute professional misconduct and could lead to disciplinary action.



Step 13: Method Payment

You must select one of three payment options:

1. Money Order/certified cheque - If this option is chosen, you should be aware that your renewal application will not be processed until payment has been received.

2. Employer cheque - If this option is chosen, you should be aware that your renewal application will not be processed until payment has been received.
3. Credit cards - You can pay your fees online using MasterCard or VISA. If this option is chosen, the next screen will take you to a secure online payment page.

METHOD OF PAYMENT

*Please select payment options

- Money Order/ Certified Cheque
- Employer Cheque
- Credit Card

Step 14: Supporting Documents

As your application for renewal cannot be completed without supporting documents, you may now upload any documents that are needed to meet your registration qualifications. You should have scanned your documentation and placed them onto the computer that you are working on so that you can be prepared to attach them.

Supporting Documents - Please click select to choose the document you would like to upload		
Copy of Mandatory Certificates as required by your license level that have been issued within the past two years.		
* BLS "C" - HCP	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
* ITLS- Basic or Advanced	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
* ACLS	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
* PALS or PEPP Advanced	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
CME Reporting Form	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
Other CME Certificates	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
Copy of any paramedic license from outside Saskatchewan	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
Copy of any professional or trade licenses that you currently hold	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
Copy of an updated photo:	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>
New Name(s):	<input type="text"/>	<input type="button" value="SELECT"/> <input type="button" value="REMOVE"/>

Assistance

For assistance with your registration renewal, please consult your local SCoP Coordinator or contact the College directly by email to office@collegeofparamedics.sk.ca or by our toll free phone number 1-877-725-4202 (585-0145 in Regina).