

**Emergency Medical Technician (EMT)/Primary Care Paramedic (PCP) Scope Change Reporting Form**

Name:	Registry #:
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**Requirements To Remain A PCP With Increased Scope To 2011 NOCPs**

License Level	Mandatory Bridges	Critical Gap Training	Prior Learning Recognition	Time Lines	CME
EMT	<input checked="" type="checkbox"/> Primary Care Paramedic Bridge (EMT to PCP 2001)	<input checked="" type="checkbox"/> 12 lead ECG <input checked="" type="checkbox"/> Airway Devices <input checked="" type="checkbox"/> Intravenous Therapy <input checked="" type="checkbox"/> Responsible Med route <input checked="" type="checkbox"/> Buccal Med Administer <input checked="" type="checkbox"/> Intranasal Med Administration <input checked="" type="checkbox"/> Provincial List of Medications	<input checked="" type="checkbox"/> Completed eApplication PCP Scope Change Declaration	Must complete all three requirements by June 30, 2019 or be licensed as an EMR	20 CME Credits and Medications Pertinent to Scope of Practice  *Credited in the year that the member completes the PCP Bridge and submits a complete change of status application  20 CME Credits and Medications Pertinent to Scope of Practice  *Credited in the year that the member meets and submits all critical gap training and prior learning recognition required to remain a PCP
PCP/EMT (NOCP 2001 Trained)	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> 12 lead ECG <input checked="" type="checkbox"/> Airway Devices <input checked="" type="checkbox"/> Intravenous Therapy <input checked="" type="checkbox"/> Responsible Med route <input checked="" type="checkbox"/> Buccal Med Administer <input checked="" type="checkbox"/> Intranasal Med Administration <input checked="" type="checkbox"/> Provincial List of Medications	<input checked="" type="checkbox"/> Completed eApplication PCP Scope Change Declaration	Must complete both requirements by June 30, 2019 or be licensed as an EMR	20 CME Credits and Medications Pertinent to Scope of Practice  * Credited in the year that the member meets and submits all critical gap training and prior learning recognition required to remain a PCP

**PCP/EMT to PCP**

Activity	Date	Certificate is Uploaded OR Signature Certifying Proficiency			
		Certificate	Signature Certifying Proficiency		
			Printed Name	Professional Designation (i.e. ACP, ICP, Nurse or Physician)	Signature
Approved 12 Lead ECG Course		<input type="checkbox"/> Uploaded			
Approved Airway Devices Course		<input type="checkbox"/> Uploaded			
Approved Medication Route Course		<input type="checkbox"/> Uploaded			
Approved Buccal Med Route		<input type="checkbox"/> Uploaded			
Approved Intranasal Med Administration		<input type="checkbox"/> Uploaded			
Approved Provincial List of Medications		<input type="checkbox"/> Uploaded			
Intravenous Therapy * 2 signatures are required		n/a			
PCP Scope Change Declaration	Please go to SCoP eApplication to complete the required application and upload this form.				

**Verifications:** *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 required to be a full scope Saskatchewan PCP.

Signature:

Date: