

Skills Reporting Form for 2021 Licence Renewal

Critical Care Paramedic (CCP)

Annual Skills

Member name: _____ Registry #: _____

To be assessed **every year by a physician** who is current in the skill being assessed. This describes a physician who routinely performs and maintains that skill.

	Date of Assessment	Signature of assessor certifying proficiency	
		Print Name	Signature
<input type="checkbox"/> Operating room / work experience: 5 live or high fidelity endotracheal intubations	_____ dd/mm/yy		
<input type="checkbox"/> High fidelity adult intubation	_____ dd/mm/yy		
<input type="checkbox"/> Low fidelity supraglottic airway	_____ dd/mm/yy		
<input type="checkbox"/> Low fidelity pediatric intubation	_____ dd/mm/yy		
<input type="checkbox"/> Mechanical ventilation	_____ dd/mm/yy		
<input type="checkbox"/> Ultrasound (if required by employer)	_____ dd/mm/yy		
<input type="checkbox"/> High fidelity scenarios	_____ dd/mm/yy _____ dd/mm/yy		

The skills on this page are not required for new graduates for **ONE YEAR** following graduation. Exception: new members who are licensed in another province must provide proof of proficiency for their first renewal.

Full instructions for renewal are at www.collegeofparamedics.sk.ca

Skills Reporting Form for 2021 Licence Renewal

Critical Care Paramedic (CCP)

Biennial Skills

Member name: _____ Registry #: _____

To be assessed **every two years** i.e. in 2019 or 2020, by an instructor at the same licence level or higher with expertise in the area who works within the scope of practice. You may not assess your own skills.

		Signature of assessor certifying proficiency			
	Date of Assessment	Designation of Assessor	Print Name	SCoP Registry # If none, then Instructor #	Signature
ALS Trauma: <input type="checkbox"/> Intraosseous infusion <input type="checkbox"/> Chest decompression <input type="checkbox"/> External jugular vein cannulization	_____ dd/mm/yy	<input type="checkbox"/> ITLS Advanced Instructor <input type="checkbox"/> Medical Advisor			
ALS Cardiac: <input type="checkbox"/> Cardioversion <input type="checkbox"/> Transcutaneous pacing	_____ dd/mm/yy	<input type="checkbox"/> ACLS Instructor <input type="checkbox"/> Medical Advisor			
ALS Pediatric: <input type="checkbox"/> Pediatric intraosseous infusion <input type="checkbox"/> Pediatric cardioversion	_____ dd/mm/yy	<input type="checkbox"/> PALS Instructor <input type="checkbox"/> PEPP Advanced Instructor <input type="checkbox"/> Medical Advisor			

The skills on this page are not required for new graduates for **TWO YEARS** following graduation. Exception: new members who are licensed in another province must provide proof of proficiency for their first renewal.

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