

Skills Reporting Form for Licence Renewal

Emergency Medical Responder (EMR)

Name: _____ SCoP #: _____

To be assessed every two years by an instructor (BLS, ITLS, EMR, etc) 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		Print Name	SCoP # If none, then Instructor #	Signature
Bag Valve Mask	----- dd/mm/yy			

Skills are not required for new graduates for 2 years 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