



Professional Practice Program Credit Course Approval Form

Completed forms can be sent to Director of Professional Practice & Research at jen.williams@collegeofparamedics.sk.ca
 This form is to be completed for every course or conference where credits are requested.
 Both pages must be completed.

Course/Seminar Title (must match the title that is on the certificate):		Developed by:
		Developer Qualifications:
Proposed CME Credits to be awarded:	Estimated Duration of the Course in Hours:	Intended for: (Check all that apply) <input type="checkbox"/> EMR <input type="checkbox"/> PCP <input type="checkbox"/> ICP <input type="checkbox"/> ACP <input type="checkbox"/> CCP
Date Developed:	Date Last Revised/Reviewed:	
Are mental health credits requested for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No		Instructor Qualifications (if different than Developer):
What system will be used to register and track attendance of participants?		
What system will be used to track and report student progress?		Required Equipment (for Skill Stations or Simulations):
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?		
*Certificates must be submitted for attendees to receive credits. Transcripts or certificates will be issued. <input type="checkbox"/> Yes <input type="checkbox"/> No *Certificates must include approval identification number, credit value and NOCP area whenever possible.		Instructor to Student Ratio for Skills Stations or Simulations: 1:
List the competencies covered in this session (refer to the National Occupational Competency Profile (NOCP) for Paramedics, 2011).		
Evaluation of Participants (check all that apply): <input type="checkbox"/> Written/Online Exam <input type="checkbox"/> Skills/Competency Assessment <input type="checkbox"/> Scenario Assessment <input type="checkbox"/> No Evaluation <input type="checkbox"/> Other (Specify):	Course materials (check all that apply): <input type="checkbox"/> Instructor Handbook/Manual <input type="checkbox"/> PowerPoint or other presentation <input type="checkbox"/> Scenarios <input type="checkbox"/> Skills Checklists <input type="checkbox"/> Student Handbook/Information Sheets <input type="checkbox"/> Other (Specify):	Instructional Methods to be Used (check all that apply): <input type="checkbox"/> Lecture/Presentation <input type="checkbox"/> Skills Stations/Simulations Scenarios <input type="checkbox"/> Discussion Video <input type="checkbox"/> Independent Study/Reading <input type="checkbox"/> Other (Specify):



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Course Outline (can also attach as a separate document)

Session Focus	NOCP Area	Session Length

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.

Name (Print): _____ Signature: _____

Service Name: _____ Email Address: _____

Note:

- 1) Credits are based on time of the session, 2 credits will be awarded per hour of education.
- 2) 20 credits are required per year. Mandatory mental health credits will be a minimum of 2 credits.
- 3) A minimum of 10 credits per year must come from NOCP 4, 5, or 6.

NOCP Area
NOCP 1 – Professional Responsibilities
NOCP 2 – Communication
NOCP 3 – Health and Safety
NOCP 4 – Assessment and Diagnostics
NOCP 5 – Therapeutics
NOCP 6 – Integration
NOCP 7 – Transportation
NOCP 8 – Health Promotion and Public Safety