



Professional Practice Program Credit Course Approval Form

Completed forms can be sent to the Clinical Practice Specialist at destin.ash@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 exact name that is on the certificate):		Developed by:
		Developer Qualifications:
Proposed CE 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:	Training must meet the level of providers qualifications as appropriate.
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 Competency Framework area whenever possible.		Instructor to Student Ratio for Skills Stations or Simulations: 1:
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 <input type="checkbox"/> Scenarios <input type="checkbox"/> Discussion <input type="checkbox"/> 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	Competency Framework 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:

Notes:

- 1) 20 credits are required per year.
- 2) Mandatory mental health credits will be a minimum of 2 credits and can come from either Area E Health of Professional or Area H Care Along Health and Social Continuum.
- 3) A minimum of 10 credits per year must relate to patient assessment and/or treatment. This would fall under Competency Framework Area H (Care Along Health and Social Continuum).

Competency Framework Areas

Area A – Professionalism

Area B – Patient- and Community-Centred
Communication

Area C – Integrated Collaborative Health Care

Area D – Continuous Learning and Adapting to
Evidence

Area E – Health of Professional

Area F – Advocacy for Health, Equity, and Justice

Area G – Leadership

Area H – Care Along a Health and Social Continuum
(includes scope of practice and
medications)