SASKATCHEWAN COLLEGE OF PARAMEDICS

Professional Practice Program Credit Course Approval Form

Completed forms can be sent to the Clinical Practice Specialist at Cari.Evensoncarleton@collegeofparamedics.sk.ca
This form is to be completed for every course or conference where credits are requested.
Both pages must be completed.

<table>
<tr><td colspan="2">Course/Seminar Title (must match the exact name that is on the certificate):</td><td>Developed by:

Developer Qualifications:</td></tr>
<tr><td>Proposed CE Credits to be awarded:</td><td>Estimated Duration of the Course in Hours:</td><td rowspan="2">Intended for: (Check all that apply)
☐EMR ☐ PCP ☐ ICP
☐ACP ☐ CCP

Training must meet the level of providers qualifications as appropriate.</td></tr>
<tr><td>Date Developed:</td><td>Date Last Revised/Reviewed:</td></tr>
<tr><td colspan="2" rowspan="2">Are mental health credits requested for this course? ☐ Yes ☐ No

What system will be used to register and track attendance of participants?

What system will be used to track and report student progress?

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. ☐ Yes ☐ No
*Certificates must include approval identification number, credit value and Competency Framework area whenever possible.</td><td>Instructor Qualifications (if different than Developer):</td></tr>
<tr><td>Required Equipment (for Skill Stations or Simulations):

Instructor to Student Ratio for Skills Stations or Simulations:

1:</td></tr>
<tr><td>Evaluation of Participants (check all that apply):
☐Written/Online Exam
☐Skills/Competency Assessment
☐Scenario Assessment
☐No Evaluation
☐Other (Specify):</td><td>Course materials (check all that apply):
☐Instructor Handbook/Manual
☐PowerPoint or other presentation
☐Scenarios
☐Skills Checklists
☐Student Handbook/Information Sheets
☐Other (Specify):</td><td>Instructional Methods to be Used (check all that apply):
☐Lecture/Presentation
☐Skills Stations/Simulations
☐Scenarios
☐Discussion
☐Video
☐Independent Study/Reading
☐Other (Specify):</td></tr>
</table>

Professional Practice Program Credit Course Approval Form

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)