SASKATCHEWAN COLLEGE OF PARAMEDICS

Professional Practice Program Credit Course Renewal Form

Course approvals are good for five (5) years. This form is to be completed for every course applying for renewal when ***no substantive changes*** have been made to the course. After the one renewal, a full approval submission must be completed.

Course/Seminar Title (must match the exact name that is on the certificate/prior approval):

_____

Developed by: _____

Developer Qualifications: _____

Date Developed: _____

Date Last Revised/Reviewed: _____

Continuing Education Credits Currently Offered: _____

Estimated Duration of the Course in Hours: _____

Intended for: (Check all that apply). Training must meet the level of provider's qualifications.

☐ EMR ☐ PCP ☐ ICP ☐ ACP ☐ CCP

Notes:

- Certificates or transcripts must be submitted for attendees to receive credits.
- Certificates must include approval identification number, credit value and Competency Framework area whenever possible.
- Substantive changes would include changes to more than 5% of the course content.

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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. No changes have been made to the course since its initial approval.

Name (Print):_____ Signature:_____

Organization Name:_____ Email Address:_____

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)

Completed forms can be sent to the Clinical Practice Specialist Cari.Evensoncarleton@collegeofparamedics.sk.ca

Both pages must be completed.