

Continuing Medical Education Approval Form

Please use either a laptop or personal computer in order to complete and submit this form electronically to NLPR. Phones or hand held devices may have software incompatibility. **Photographs of documentation is not accepted.**

CME Course Information: *(All documentation/information can be submitted electronically to NLPR)*

Title of Proposed CME: _____

Length of Course: _____ Location: _____ Proposed Delivery Date: _____
 (DD-MONTH-YYYY)

Has this course been approved by NLPR within the previous 2 years? ☐ Yes ☐ No Previous Approval # _____

If "No" or you are submitting a previously approved course with revisions to the curriculum; please provide:

☐ Course syllabus/agenda with outline of training sessions/breaks.

Key Category: _____
(If multiple Key Categories are met please itemize a list separately)

☐ Training materials used in the course.
(Power point presentations; instructor's guide/notes; etc.)

**In order to show a course is medically relevant to Paramedicine a competency overview from the instructor may be required for submission showing how the course meets specific competencies as outlined in the National Occupational Competency Profiles (NOCP):*

☐ Handouts made available to the providers.

[National Occupational Competency Profiles \(NOCP\)](#)

Courses not conducted by a recognized training agency require submission for pre-approval a minimum of ten business days prior to the proposed delivery date. Approved courses require resubmission each delivery as approval numbers will change for each session.

[NOTE: Social time (coffee breaks, lunch, etc.) during courses will not be counted toward CME]

Instructor Verification: *(Must be completed by Instructor)*

By signing this form as the instructor, I acknowledge all the information listed above to be true:

Licence #: _____

Instructor Name: _____ Requesting CME Credit: ☐ Yes ☐ No

Instructor Signature: _____ Date: _____
 (DD-MONTH-YYYY)

NLPR use only : *(To be completed by NLPR following submission)*

Evaluation of course: _____ Total Hours: _____

☐ Approved

Approval # _____

Received _____

☐ Not Approved

Entered _____

Reviewed by: _____ Date: _____
 (DD-MONTH-YYYY)