

Continuing Medical Education Reporting - Certificate Courses

Page: ____ of ____

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.**
A CME Reporting Form must accompany all CME submitted to NLPR.

Title of Courses	Completion Date	Hours	Key Category
TOTAL HOURS:			

A certificate or authorized record of completion and/or instruction is required for credit eligibility.

Subject title, completion date and number of education hours are necessary on the documentation for ease of consideration.

(If multiple Key Categories are met please itemize each separately)

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

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

Provider Verification: (Must be completed by Provider)

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

Provider Name: _____ Licence #: _____

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

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

Evaluation of CME: _____

☐ Approved Approval # _____ Received _____

☐ Not Approved Entered _____

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