Government of Newfoundland and Labrador
Department of Health and Community Services
Newfoundland and Labrador Paramedicine Regulation (NLPR)

Continuing Medical Education Roster Sheet

Page: ___ of ___

Please send completed roster sheets by posted mail within ten business days from course delivery. Only roster sheets containing signatures from approved courses are accepted.

Course: _____ Date: _____ (DD-MONTH-YYYY) Location: _____

Key Category: _____ Approval #: _____ Approved Hours: _____

PRINT NAME	SIGNATURE	LICENCE NUMBER

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 NLPR following submission)*

Evaluation of roster: _____ Total Hours: _____

☐ Confirmed Approval # _____ Received _____

☐ Not Confirmed Entered _____

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