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

Professional Practice Hours Reporting 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.**

Employer Information:

Provider Name: _____ NLPR Licence #: _____

Employer Name: _____

Employer Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Professional Practice Position Category: *(Must be within the sphere of influence pertaining to Paramedicine)*

☐ Clinical ☐ Management/Administrative ☐ Teaching ☐ Dispatching ☐ Research ☐ Other

(Category definitions are outlined in NLPR Policy)

Professional Practice Information:

1.	Can you confirm employment as either a Paramedic or EMR with your organization? *(If NO, an Employment Letter is necessary to outline job related duties for determining Position Category)*	☐ Yes ☐ No
2.	If YES to Question #1, please confirm the scope of practice level associated with this provider when they are/were working or on duty with your organization. *(CCP; ACP; PCP; EMR)*	_____
3.	Professional Practice Hours reported for this provider will be based on the following 2-Year Term: *(Please refer to their Licence Confirmation from the appropriate 2-year term)*	Term: _____
4.	Has this provider met the minimum requirement of 600 Professional Practice Hours **to date** within the specified 2-Year Term?	☐ Yes ☐ No
5.	If NO to Question #4, please confirm the number of Professional Practice Hours this provider has met **to date** within the specified 2-Year Term.	_____

(Please DO NOT include postdated hours with this information)

NLPR would define an Employee Representative as an owner, manager or supervisor associated with the Employer as outlined above, who can attest to the employment of the aforementioned Paramedicine Provider.

By signing as the Employer Representative, I acknowledge all the provided information listed above to be true:

Representative Name: _____ Title: _____

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

Phone: (W) _____ (C) _____ Email: _____

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

☐ Approved ☐ Not Approved

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

Notes: _____