

Temporary Licence Agreement Form

NLPR will only grant a temporary licence to an applicant who receives formal sponsorship from an employer within the province of Newfoundland and Labrador who has completed and submitted a *Temporary Licence Sponsorship Agreement Form*.

As an applicant requesting to become a temporary provider with NLPR, I, _____, acknowledge and agree to the following terms:

(Please initial each term listed below as your confirmation of awareness and understanding for each term)

1. In order to qualify for temporary licensure I must first submit all licence paperwork/documents as outlined by NLPR in addition to this form. [Initials: _____]
2. In order to work for a Publicly Subsidized Ambulance Service I must successfully obtain medical authorization from the Office of the Provincial Medical Director equal to my temporary licence level with NLPR. [Initials: _____]
3. Temporary licensure will be available to me for a term up to a maximum of six (6) months from my initial application, or until my first sitting of the Canadian Organization of Paramedic Regulators (COPR) entry to practice exam after I receive a temporary licence, whichever comes first. [Initials: _____]
4. I can only work for my Sponsoring Employer as a temporary provider for a term up to a maximum of six (6) months, or until the first sitting of the COPR exam whichever comes first. I must notify NLPR immediately upon cessation of employment with my Sponsoring Employer. At that time, my temporary licence will become inactivated. Any subsequent employer must complete and submit a new *Temporary Licence Sponsorship Agreement Form* in order to reactivate my temporary licence for the remainder of the term. [Initials: _____]
5. I am required to write at the next available COPR exam sitting. Consideration for an extension equal to my first term is at the discretion of the NLPR on a case-by-case basis, if I am able to demonstrate exceptional circumstances, which would otherwise prohibit me from writing the next available COPR exam. Requests for extension of temporary licensure must be in writing to the NLPR, and accompanied by documentation to support my request, as appropriate. Further, renewal requirements may be necessary in order to receive an extension if the term enters a subsequent licence year under NLPR. I understand a temporary licence is not available beyond a maximum of twelve (12) months or one attempt at the COPR exam whichever comes first. [Initials: _____]
6. As a temporary provider, I will require **direct supervision**, as defined by NLPR at all times while providing patient care. [Initials: _____]
7. I have no permission to act as the primary care giver to patients. In the event of a three-person ambulance crew, I cannot act in any capacity other than an assisting role to the licenced provider maintaining direct supervision. In a two-person ambulance crew, I may assist the licenced provider during times where direct supervision is present, and I will assume the role of driver during patient transport. [Initials: _____]

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8. Revocation of my temporary licence will occur immediately if I am unsuccessful on my first attempt of the COPR entry to practice exam. [Initials:_____]
9. I will be ineligible for a temporary licence term if either unsuccessful with the COPR entry to practice exam or have had my temporary licence revoked due to professional practice and/or personal conduct issues following an NLPR investigation. I must then successfully pass the COPR entry to practice exam before licensure eligibility at my requested level with NLPR. [Initials:_____]
10. If successful on my first attempt of the COPR entry to practice exam I will acquire an active licence at the requested level with NLPR for the balance of the licence year. My licence will remain subject to provisions identified during my initial competency review until I complete any necessary gap training as per NLPR direction, if applicable. [Initials:_____]
11. When I become licenced, I must meet all annual renewal requirements as outlined by NLPR when I first obtained temporary licensure. [Initials:_____]

I hereby declare I have read this document outlining my obligations as a temporary provider in the province of Newfoundland and Labrador. By my signature below, I acknowledge, understand, accept and agree to comply with and abide by the terms set out herein by NLPR, including those referenced herein as outlined.

Signature: _____

Date: _____
(DD-MONTH-YYYY)