

Temporary Licence
Sponsorship Agreement Form

Sponsorship Information: *(Please print)*

Temporary Licence Applicant: _____ ☐ ACP ☐ PCP ☐ EMR

Sponsoring Employer Name: _____

Employer Address: _____

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

By signing and initialing this form, I declare that our organization will comply with the following terms for the aforementioned temporary licence applicant with NLPR:

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

1. Temporary licensure will be valid for a term up to a maximum of six months, or until the first sitting of the Canadian Organization of Paramedic Regulators (COPR) entry to practice exam after the applicant receives temporary licensure, whichever comes first. *[Initials: _____]*
2. NLPR may authorize a temporary licence extension equal to the first term on a case-by-case basis, if the temporary provider is able to demonstrate exceptional circumstances that would otherwise prohibit them from writing the next available COPR exam. Requests for extension of temporary licensure must be in writing to NLPR, and accompanied by documentation to support the request, if appropriate. Temporary licensure is not available beyond a maximum of twelve months or one attempt at the COPR exam, whichever comes first. *[Initials: _____]*
3. With temporary licensure through NLPR and medical authorization under the Office of the Provincial Medical Director (OPMD), the temporary provider will require **direct supervision**, as defined by NLPR at all times when providing patient care. *[Initials: _____]*
4. The licenced provider maintaining direct supervision of the temporary provider must be in good standing with NLPR, along with medical authorization under OPMD at the appropriate level or higher to the temporary provider. In addition, the licenced provider supervising the temporary provider must not have any restrictions on their own licence with NLPR. Direct supervision of the temporary provider must continue throughout the entirety of the term. *[Initials: _____]*
5. Temporary providers have no permission to act as the primary care giver to patients. In the event of a three-person ambulance crew, the temporary provider has prohibitions from acting in any capacity other than an assisting role to the licenced provider maintaining direct supervision. In a two-person ambulance crew, the temporary provider may assist the licenced provider during times where direct supervision is present, and will assume the role of driver during patient transport. *[Initials: _____]*

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6. In order to utilize a temporary provider, the Sponsoring Employer must commit to perform quality assurance reviews on all ambulance calls, both emergency and routine, in which the temporary provider is a member of the ambulance crew providing patient care. The individual performing the quality assurance reviews cannot be the licenced provider that maintains direct supervision of the temporary provider. The individual performing the quality assurance reviews must have licensure in good standing and no restrictions with NLPR at the appropriate level or higher to the temporary provider. [Initials: _____]
7. The Sponsoring Employer must report immediately to the OPMD any medical errors or adverse events made by the temporary provider during the care of a patient. [Initials: _____]
8. Revocation of temporary licensure will occur immediately if the temporary provider fails their first examination attempt of the COPR entry to practice exam or incurs professional practice and/or personal conduct issues following an NLPR investigation. [Initials: _____]
9. The Sponsoring Employer must notify NLPR immediately upon cessation of employment of the temporary provider. Inactivation of temporary licensure will occur if the Sponsoring Employer ceases to employ the temporary provider. [Initials: _____]

I am a duly authorized representative of the Sponsoring Employer and have full authority to bind the Sponsoring Employer. I hereby declare I have read this document outlining our obligations as the Sponsoring Employer of a temporary provider with NLPR in the province of Newfoundland and Labrador. By my signature below as the Employer Representative, 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.

Representative Name: _____ Title: _____

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

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