



Continuing Competency Program & Annual License Renewal

College of Paramedics of Nova Scotia Information Guide/Log Book

Property of:

The College of Paramedics of Nova Scotia
315 – 380 Bedford Hwy
Halifax, NS, B3M 2L4

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INTRODUCTION

The intent of the College of Paramedics of Nova Scotia Continuing Competency Program is to ensure practitioners are aware of their ongoing obligation to engage in a practice model that encourages the individual practitioner to, not only, remain current in their practice, but to enhance and expand upon their competency development.

The Council of the College of Paramedics of Nova Scotia has, through the Paramedic Act, Regulations and College By-Laws the authority to manage and regulate the affairs and business of the College (Paramedics Act 2015 section 6 (1)), including the Continuing Competency Program.

The Council encourages all Paramedics to remain current in their practice and is pleased to provide this Information Guide and Log Book to all Paramedics. This document serves two functions. First, it is meant to guide Paramedics with information on the Continuing Competency Program and license renewal process in Nova Scotia. Second, it functions as a repository for the practitioner to record and manage the points for their ongoing professional development activities.

Paramedics are encouraged to identify and complete continuing competency activities that suit their individual practice needs, based upon the learning activities that have been approved by Council.

The Continuing Competency Program Information Guide and Log Book is considered a living document. Portions of it may be updated to capture additional learning activities that have been approved by Council.

If you have suggestions and/or recommendations you would like to make to Council regarding the Continuing Competency Program, please forward them to the Executive Director/Registrar, who will compile information and present it to Council.

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CONTINUING COMPETENCY PROGRAM REQUIREMENTS

It is important for the membership to understand the Continuing Competency Program (CCP) requirements established by the Council. The Information Guide and Log Book have been separated into several sections that allow the Paramedic practitioner to quickly and easily reference the various avenues available for obtaining points toward the CCP.

This manual categorizes learning opportunities into 5 (five) sections with associated activities, they include:

- Section 1 – Self-Learning Activities (Mandatory)
- Section 2 – Group-Learning Activities (Mandatory)
- Section 3 – Certifications/Short Courses (Mandatory)
- Section 4 – Interactive-Learning Activities/other than Certifications/Short Courses (Mandatory)
- Section 5 – Professional Development (Non-Mandatory)

As you review this manual, you will notice that at the beginning of each section the various learning activities that may be applied to that section are identified. Then, immediately following each section's list of learning activities, a form has been provided for you to track and document your on-going Continuing Competency Program activities. Finally, each section identifies the minimum and maximum number of points you may accumulate.

Important points to remember:

- 1) The completion of the Continuing Competency Program represents only one criterion of the license renewal process with the College.
- 2) Members are required to have available for inspection and examination a copy of the records and accounts regarding their practice. This sentence refers to the Continuing Competency Program documentation that you are required to retain for a period of seven (7) years.
- 3) The CPNS' licensure year runs from April 1st to March 31st. If you wish to have an active Paramedic license with CPNS, you must renew your license annually prior to March 31st. However, the license renewal process opens annually on February 1st, see License Renewal Compliance Requirements on page 5 in this document.
- 4) When requested by an authorized representative of the College a member will send all applicable license renewal documentation to the College no later than thirty (30) business days from the date the College requests the documentation from the member.
- 5) A member must retain all documentation respecting their practice, and provide for the production, inspection, and examination of such records and accounts.
- 6) A minimum of 80 points is required per licensure year.
- 7) Any courses, programs, workshops etc. not listed in the information guide must be proactively referred to the Council for approval. However, this does not preclude the Council from conducting a retrospective evaluation.
- 8) All educational components must reinforce, relate to, and enhance your current Paramedic

practices and competencies.

LICENSING RENEWAL REQUIREMENTS

In addition to meeting the Continuing Competency Program Requirements described earlier in this document there are several other key points to remember about renewing your license with the CPNS in accordance with the Paramedic Act.

In Section 23 (1) & (2) of the Paramedic Act the criteria for renewing a practicing license have been established and must be adhered to. Those criteria include:

- 1) Paying applicable fees
- 2) Completing an application for renewal prescribed by the Registrar
- 3) If the member has practiced outside of the Province in the previous year, a certificate of professional conduct from the other jurisdiction is required to prove that there are no outstanding complaints, prohibitions, conditions or restrictions against the member practicing in the Province.
- 4) The member must continue to meet the criteria for entry in the roster set out in Sections 17 and 19 of the Paramedics Regulations Schedule "A".
- 5) The member must meet the continuing competency requirements as determined by the Council, as described in the beginning of this manual.
- 6) Completion of the Judicial Questions Form in paper, or electronic format, is a mandatory license renewal requirement. The Judicial Questions must be completed and forwarded to CPNS (See Appendix A). A licensed College of Paramedics of Nova Scotia member is required to declare if, they have been charged or convicted, they plead guilty to, or they were found guilty, of an offence that is inconsistent with the proper professional behavior of a Paramedic, including a conviction under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada). This must be declared immediately upon the Paramedic's knowledge of the charge or conviction. Disciplinary action will be taken for those members who do not report their criminal offence to CPNS.

LICENSE RENEWAL COMPLIANCE REQUIREMENTS

A Paramedic must retain their documentation respecting the records and accounts with respect to their practice, and provide for the production, inspection, and examination of such records and accounts for a period of 7 years.

A Paramedic must complete the licensing renewal requirements, including the Continuing Competency Program, **annually two weeks prior to March 31st** to guarantee that their license will be processed by midnight on March 31st and they will be licensed as of April 1st.

If a Paramedic fails to complete all the licensing renewal requirements, two weeks prior to March 31st they assume the risk of their license not being renewed by April 1st. Therefore, they also assume the risk of:

- Not possessing a license with the CPNS.
- Not being permitted to work as a Paramedic, in Nova Scotia, until they complete the license renewal process.
- Incurring late fees, as described in policy.

DOCUMENTATION RETENTION & SUBMISSION REQUIREMENTS

This manual assists the individual Paramedic to track and document their on-going Continuing Competency Program activities and is required to be maintained as part of the license renewal process.

A member must retain their documentation respecting the records and accounts of their practice, and provide for the production, inspection, and examination of such records and accounts, for a period of seven (7) years.

When requested by an authorized representative of the College a member will send all applicable license renewal documentation to the College no later than thirty (30) business days from the date the College requests the documentation from the member. When this documentation is requested it can be either e-mailed or mailed to the CPNS. Our mailing address is:

College of Paramedics of Nova Scotia
315 – 380 Bedford Highway
Halifax, NS B3M 2L4
Phone: 902-832-2523
E-Mail: administrator@cpns.ca

SECTION 1 – SELF-LEARNING ACTIVITIES

Mandatory/Non-Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
<p style="text-align: center;">This is a Mandatory Activity</p>	<p>Self-Learning activities are those learning activities which the Paramedic can choose and complete on their own.</p> <p>These are activities that the Paramedic may use to address educational needs or gaps in knowledge or skills relevant to their professional practice.</p> <p>It is important to note that any activity completed on one’s own must be documented effectively. The Paramedic is not required to copy everything they read/watch; references can be used and if audited the Paramedic will be able to obtain the document, video, etc.</p> <p>The intent of documentation is to provide a verifiable and accurate reference of academic quality, similar to referencing materials for formal academic submissions. This will enable the CPNS to track, verify and approve the material as being true and relevant to your practice. Examples of format may include:</p> <p>Web Materials</p> <ul style="list-style-type: none"> ○ Author. (Date published if available; n.d.-no date- if not). Title of Article. Title of Website. Retrieved date. From URL ○ Include web address and date time accessed. ○ NAEMSP (Nov 20, 2007). Emergency Medical Dispatch. www.naemsp.org. Retrieved August 13, 2013. <p>Journal Publication</p> <ul style="list-style-type: none"> ○ Author (last name, first initial). Title, Journal Title Year. Volume #. Issue #, Page # ○ Walter J. Clinical presentation of pts with acute cervical spine injury. Annals of Emergency Medicine 1984; 13(7): 512-515. <p>Chapter in Book Publication (APA Format)</p> <ul style="list-style-type: none"> ○ Author, A. (Year Publication). Title of Chapter. In A. Editor (Editors, Eds), Title of Book (pages of chapter). Location: 	<p>1 point per hour of activity</p> <p>Minimum # of points required = 5</p> <p>Maximum # of points permitted = 15</p>

	<p>Publisher.</p> <ul style="list-style-type: none"> ○ Ornato J. (2000). Chapter 7: Sudden Cardiac Death. In J Tintinalli (Eds), Emergency Medicine: A Comprehensive Study Guide (pages 39-44). New York, McGraw Hill <p>Photocopy or digital PDF of front page of article read (journal, book etc.)</p> <p>Self-Learning may take place using any one of the following Activities:</p> <ol style="list-style-type: none"> 1) Preparatory Readings for Short Courses 2) Audio tapes 3) Pod Casts, CD 4) Internet CME, including Learning Management Systems 5) Magazine Certifications 6) Questionnaires 7) Quizzes 8) Reading 9) Self-Studies 10) Shadowing a Dispatcher 11) Videotapes 12) Regional Labs 13) On-line Preceptor Workshop (Self Directed) 14) On-line Journal Articles 15) Case Studies <p>*Case Studies</p> <p><i>Case studies are to be completed on a Case Study Form (see Appendix B), and are preferably calls Paramedics attended. Case Studies cannot be used in lieu of Morbidity and Mortality (M&M) Sessions.</i></p>	
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**Section 1:
Self Learning Activities**

Name:

Registration Number:

Date of Submission:

Requirements: You are required to earn a minimum of 5 points, with a maximum of 15 points, for this section. You will receive 1 point per hour for your Self Learning Activities.

Date of Activity (mm/dd/yy)	Type of Activity	Topic	Number of Hours	Number of Points
<i>Total number of points obtained for Self Learning Activities =</i>				

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SECTION 2 – GROUP LEARNING ACTIVITIES

Mandatory/Non-Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
<p style="text-align: center;">This is a Mandatory Activity</p>	<p>Group Learning Activities are those activities that require careful planning and requires a facilitator to ensure the group progresses. The group will work together to accomplish shared goals, within cooperative situations. Individuals seek outcomes that are beneficial both to themselves and to all other group members with the intent to maximize their own and each other’s learning. Group Learning Activities must be relevant to the Paramedic’s scope of practice, professional role and responsibilities.</p> <p>Course Approval: Courses that have not been reviewed must be referred to the Registrar &/or Registration Committee for approval.</p> <p>Group Learning Activities can be documented in this log book, in the Section 2: Group Learning Activities table on page 12, or in situations where large groups require sign offs, please use Appendix C.</p> <p>Group learning activities can include:</p> <ol style="list-style-type: none"> 1) Conferences 2) Journal Clubs 3) Self-Assessment Programs 4) Symposiums 5) Talks / Lectures / Presentations Attended 6) Tele-Health Conferences 7) Training & Mandatory Training 8) Workshops 9) Shadowing a Physician 10) Death Notification 11) Emergency Department/Exposure Experience (<i>must be pre-approved</i>) 12) Round Table Discussions 13) Advanced Trauma Life Support (shadowing) 14) Course on “Instructional Techniques” (<i>This course can be taken at the Canadian Red Cross, Life Saving Society and St. John’s Ambulance</i>) 	<p>2 points per hour of activity</p> <p>Minimum # of points required = 6</p> <p>Maximum # of points permitted = unlimited</p>

**Section 2:
Group Learning Activities**

Name:	Registration Number:	Date of Submission:
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Requirements: You are required to earn a minimum of 6 points for this section. There are no maximum points required. You will receive 2 points per hour for your Group Learning Activities.

Date of Activity <i>(mm/dd/yy)</i>	Type of Activity	Topic	Sign off from Presenter/Instructor <i>(please print, sign, and include title)</i>	Number of Hours	Number of Points
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		

Total number of points obtained for Group Learning Activities =

SECTION 3 – CERTIFICATIONS (SHORT COURSES)

Mandatory/Non-Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
This is a Mandatory Activity	<p>Certifications, or short courses, are in-depth educational sessions, which are led by instructors who have been afforded instructor status by an organization that holds the right to deliver the course. An example would be an Advanced Cardiac Life Support (ACLS) course, that can be led by an instructor from the Heart and Stroke Foundation of Canada.</p> <p>Approved Course Providers: Canadian Red Cross / Heart & Stroke Foundation / St. John's Ambulance / Emergency Care & Safety Institute (used to be National Safety Council)/Lifesaving Society/National Association of Emergency Medical Technicians/Canadian Paediatric Society/International Trauma Life Support/American Academy of Paediatrics.</p> <p><u>Cardio Pulmonary Resuscitation (Full Program or Recertification Course) is a mandatory licence renewal requirement for all Paramedics.</u></p> <p>Formal Courses (as a participant or as an instructor):</p> <p>ACLS Full (13 hrs.) - Recertification (6.5 hrs.) Airway Intervention & Mgmt in Emergencies (8 or 16 hrs.) AMLS Full (16 hrs.) – Recertification (8 hrs.) BLS-C/CPR(C) Full (4 hrs.) – Recertification (2 hrs.) Canadian Triage & Acuity Scale (4 hrs.) Fundamentals of Critical Care Transport (FCCS) (16 hrs.) GEMS Full (16 hrs.) – Recertification (8 hrs.) ICS 100 (in-class hrs. only) ICS 200 (in-class hrs. only) ITLS Full (16 hrs.) – Recertification (8 hrs.) NRP Full (8 hrs.) – Recertification (4 hrs.) PALS Full (14 hrs.) – Recertification (7 hrs.) PEARS (7 hrs.) PEPP Full (16 hrs.) – Recertification (8 hrs.) PHTLS Full (16 hrs.) – Recertification (8 hrs.) Preceptor Course (In class/online, instructor Led) (4 hrs.) Rural Trauma Team Development Course (7 hrs.) Road to Mental Readiness (4 hrs.)</p>	<p>2 points per hour of activity</p> <p>Minimum # of points required = 4</p> <p>Maximum # of points permitted = unlimited</p> <p>CPR Health Care Provider full or Recertification Course is a Mandatory annual requirement.</p> <p>26 or 13 points 16 or 32 points 32 or 16 points 8 or 4 points 8 points 32 points 32 or 16 points 32 or 16 points 16 or 8 points 28 or 14 points 14 points 32 or 16 points 32 or 16 points 8 points 14 points 8 points</p>

	<p>Road to Mental Readiness – Leadership (7 hrs.)</p> <p><u>Instructor Certification Courses and associated points include:</u></p> <p>First Aid and CPR Instructor Full (32 hrs.) Recert (8 hrs.)</p> <p>BLS/CPR Full (16 hrs.) Recert. (8 hrs.)</p> <p>ACLS Full (16 hrs.) Recert (8 hrs.)</p> <p>NRP Full (16 hrs.) Recert (8 hrs.)</p> <p>PALS Full (16 hrs.) Recert (8 hrs.)</p> <p>ITLS Full (16 hrs.) Recert (8 hrs.)</p>	<p>14 points</p> <p>32 or 16 points</p> <p>32 or 16 points</p> <p>32 or 16 points</p> <p>32 or 16 points</p> <p>32 or 16 points</p> <p>32 or 16 points</p>
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**Section 3:
Certifications**

Name:	Registration Number:	Date of Submission:
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Requirements: You are required to earn a minimum of 4 points for this section. There are no maximum points required. You will receive 2 points per hour for your Certifications.

Date of Activity (mm/dd/yy)	Course	Certification Received (yes or no?)	Number of Hours	Number of Points

Total number of points obtained for Certifications =

Please note: If you are using ACLS or PALS for your simulated learning activity under Section 4, ensure you include a copy of your ACLS and/or PALS certificate.

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SECTION 4 – INTERACTIVE LEARNING – ACTIVITIES (OTHER THAN CERTIFICATION/SHORT COURSES)

Mandatory/Non-Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
<p>This is a Mandatory Activity</p> <p>Must have a minimum of 1 Paramedic Competency Evaluation Per Year And 2 M & M Sessions per year.</p>	<p>In this section, interactive learning activities primarily focus upon two key learning activities which are Paramedic Competency Evaluations and Morbidity and Mortality (M&M) Sessions.</p> <p><i>A Simulated Paramedic Competency Evaluation is a</i> session involving the assessment & management of a simulated patient that must incorporate competencies according to the Paramedic’s class of licensure. These must be structured learning activities involving an instructor who has identified specific learning criteria. ***Paramedic Competency Evaluations are a mandatory licencing renewal requirement for all Paramedics and one evaluation must be completed per year.</p> <p>These evaluations may be obtained in one of two ways:</p> <p>1) During ACLS, PALS, ITLS or NRP certification courses - By providing a copy of one of these certificates of completion, the Paramedic will satisfy this license renewal requirement. Please note these will complement the hours associated with the ACLS, PALS, ITLS or NRP short courses.</p> <p>2) An assessment to be documented on the approved Simulated Paramedic Competency Evaluation Form (refer to Appendix D), or on the organization’s own internal evaluation form, by one of the following:</p> <ul style="list-style-type: none"> • FTP/CDP/Other MOP within the EHSNS structure • Full-time/Secoded Faculty or Medical Director within a recognized educational institution. • Acute Care Educator or Medical Director within the NSHA structure. • Medical Director for all other organizations not identified above. <p>A Morbidity and Mortality educational session is centered around actual cases, in which each case, preferably is presented by the Paramedic(s) involved. All patient identifiers must be removed from the presentation. ***M & M Sessions are a mandatory licencing renewal requirement</p>	<p>Paramedic Competency Evaluations = 4 points</p> <p>M & M Sessions = 6 points</p> <p>For all other activity under this section = 2 points per hour of activity</p> <p>Minimum # of points required = 16</p> <p>Maximum # of points permitted = unlimited</p>

	<p><u>for all Paramedics and two sessions must be completed per year.</u></p> <p>An M & M session is to be documented in the log book attached or on a copy of the M & M form for large groups (Refer to Appendix E) by one of the following:</p> <ul style="list-style-type: none">• FTP/CDP/Other MOP within the EHSNS structure• Full-time/Seconded Faculty or Medical Director within a recognized educational institution.• Acute Care Educator or Medical Director within the NSHA structure.• Medical Director for all other organizations not identified above.• Hospital based Emergency Department, Trauma and Multidisciplinary Rounds <p>Additionally, this section also allows points to be obtained for:</p> <ul style="list-style-type: none">• Mock Disasters• Table Top Mock Disasters• Operating Room Airway Management Session• Objectively Scored Competence Evaluation (OSCE)• Return to Practice (employer prescribed)• Paramedic Programs (ACP & CCP)	
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**Section 4:
Interactive Learning Activities**

Name:	Registration Number:	Date of Submission:
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Mandatory Requirements: You are required to complete either a Simulated Paramedic Competency Evaluation **OR** ACLS/PALS/NRP/ITLS **AND** a minimum of 2 M&M's.

You are required to earn a minimum of 16 points for this section. There are no maximum points required. You will receive 2 points per hour for your Interactive Learning Activities. Simulated Paramedic Competency Evaluation and ACLS/PALS/NRP/ITLS are 4 points each. M&M's are 6 points each.

Date of Activity <i>(mm/dd/yy)</i>	Type of Activity	Topic	Sign off from Presenter/Instructor <i>(please print, sign, and include title)</i>	Number of Hours	Number of Points
	Simulated Paramedic Competency Evaluation		Name: Signature: Title:		
	ACLS/PALS/NRP/ITLS		Name: Signature: Title:		
	M&M's		Name: Signature: Title:		
	M&M's		Name: Signature: Title:		
			Name: Signature: Title:		

Total number of points obtained for Interactive Learning Activities =

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SECTION 5 – PROFESSIONAL DEVELOPMENT

Mandatory/Non-Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
<p style="text-align: center;">This is a Non-Mandatory Activity</p>	<p>This section allows Paramedics to obtain points toward licence renewal by participating in professional development activities. Professional development is defined as any activity that will improve and revise current knowledge and practice through involvement in Committee Work, Research and Teaching.</p> <p>This section also allows points to be obtained for the following activities:</p> <ul style="list-style-type: none"> • Teaching/Instructing Courses (such as the short courses identified under Section 4 – Certifications/Short Courses) • Instructors (Paramedic or other Healthcare based education programs) • Presenter for Talks/Lectures or other presentations related to Paramedicine or other Healthcare based education • Simulation/Lab Facilitators (from Paramedic Education or other Healthcare based education programs) • Paramedics Assisting in Objectively Structured Clinical Examination (OSCE) • Scenario Testing • Research Projects / Studies • Committee Work (must be related to Paramedic Practice or other Healthcare based education) • Preceptor (Points for preceptoring are accepted only if a Preceptor program/workshop has been successfully completed & documented) 	<p>2 points per hour of activity</p> <p>Minimum # of points required = 0</p> <p>Maximum # of points permitted = unlimited</p>

**Section 5:
Professional Development**

Name:	Registration Number:	Date of Submission:
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Requirements: There are no minimum or maximum points required as this section is not mandatory. You will receive 2 points per hour for your Professional Development.

Date of Activity <i>(mm/dd/yy)</i>	Type of Activity	Topic	Sign off from Presenter/Instructor <i>(please print, sign, and include title)</i>	Number of Hours	Number of Points
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		
			Name: Signature: Title:		

<i>Total number of points obtained for Professional Development =</i>	
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Appendix A: Judicial Questions Form

Please retain this form for a period of 7 years. If requested mail, or e-mail, the form to: College of Paramedics of Nova Scotia, 315 – 380 Bedford Highway, Halifax, NS B3M 2L4 or E-Mail: administrator@cpns.ca

Paramedic name: _____ Registration number: _____

Mailing Address: _____
Street Address City/Town Province/State Postal Code

Email address: _____ Phone number: _____

Base/Location: _____ Work phone: _____

1) Have you been charged, convicted, plead guilty to, or found guilty of an offence by a court in, or out of, Canada? ____ Yes ____ No

2) Are you currently under investigation by any registration/licensing Authority in or outside of Canada? ____ Yes ____ No

3) Do you currently hold a licence with another regulated health profession (other than paramedicine) in or outside of Canada? ____ Yes ____ No

4) Have you ever been disciplined by a registration/licensing authority for any regulated health occupation/profession in or out of Canada? ____ Yes ____ No

5) Do you have any conditions and/or restrictions on any licence issued by any registration/licensing authority for any health occupation/profession in or out of Canada? ____ Yes ____ No

6) Have you ever been denied or had revoked any registration, licence, or permit with another regulated health profession, in or outside of Canada? ____ Yes ____ No

7) Have you ever been suspended or terminated from any employment? ____ Yes ____ No

8) Is there, to your knowledge or belief, any event or circumstance concerning your competence, character, capacity, conduct or reputation that may impact your registration/licensure as a paramedic in Nova Scotia or any another jurisdiction? ____ Yes ____ No

9) If you responded with “yes” to any of the questions above, please provide a brief description of what occurred in the space provided.

10) If you responded with “yes” to any of the questions above, you are required to provide official documentation such as court or regulatory authority documentation, etc. Please indicate whether you will be uploading this official documentation with your application. ____ Yes ____ No

11) I am aware that to practice of paramedicine, in Nova Scotia, I am required to become familiar with the Paramedics Act & Regulations Schedule "A" & "B", the College's Code of Ethics and Standards of Practice and the College's Essential Competency Profile that is pertinent to the class of licensure I am seeking.

Yes No

12) I am aware that to complete this application, I will be required to acknowledge that I have read the Paramedics Act & Regulations Schedule "A" & "B", as well as the College's Code of Ethics & Standards of Practice along with the Essential Competency Profile that is pertinent to the class of licensure I am seeking.

Yes No

13) I have read the Paramedics Act of Nova Scotia and recognize that I have had the opportunity to seek clarification regarding information I did not understand. Yes No

14) I have read the Paramedics Regulations of Nova Scotia Schedule "A" and "B" and recognize that I have had the opportunity to seek clarification regarding information I did not understand. Yes No

15) I have read the College's Code of Ethics and Standards of Practice and recognize that I have had the opportunity to seek clarification regarding information I did not understand. Yes No

16) I have read the College's Essential Competence Profile and recognize that I have had the opportunity to seek clarification regarding information I did not understand. Yes No

17) I know that to practice paramedicine in Nova Scotia I, or my employer, must have an agreement with a medical practitioner who is licensed under the Medical Act of Nova Scotia to provide direct or indirect supervision to my practice. Yes No

18) I know that to practice paramedicine in Nova Scotia I, or my employer, must have a professional liability insurance policy that at all times provides a minimum of \$5,000,000 coverage per occurrence and \$5,000,000 coverage per policy year, excluding legal and court costs. Yes No

I declare that all the information within this form, and the submitted documentation to be true, valid, and free of errors or omissions and recognize that providing inaccurate, false, or misleading information, or omitting required information will result in my ineligibility to register and license with the College. I also acknowledge and agree that by submitting this document electronically and inserting my name below it is equivalent to my original ink signature.

Signature: _____ Date: _____

Appendix B: Case Study Form

Paramedic's name: _____ Registration number: _____

Mailing Address: _____

Phone number: _____ Organization: _____

PCR MIN #: _____ Topic: _____

Signature: _____ Date: _____

Please note: Case studies are calls that paramedics attend and they must follow the outline below. The paramedic should try to refer to the Patient Care Report (PCR) if possible. If the PCR is not available, the paramedic should use their best recall of the patient/run. Case studies must be submitted by the paramedic to their Medical Oversight Physician for approval. Once the case study is approved, it is then sent to CPNS to receive credit.

Please retain this form for a period of 7 years. If requested mail, or e-mail, the form to: College of Paramedics of Nova Scotia, 315 – 380 Bedford Highway, Halifax, NS B3M 2L4 or E-Mail: administrator@cpns.ca

Please note: Case studies are worth 1 point/hr of activity.

Presentation

1. **History:** Briefly detail the patient's chief complaint and his or her history of present illness or injury. Include past history, medications and allergic reactions, only if relevant to your management and the patient's outcome.

2. **Physical Findings:** List what you saw, heard, or felt.

3. **Management:** What did you do for the patient and why?

Management in Emergency Department: What did the hospital staff do to the patient and why? If you had to leave before they were finished investigating or treating the patient, you may be able to ask a nurse or doctor about the patient later.

Outcome/Progress: What happened to the patient? If admitted, was it to a ward, ICU, another hospital? A Clinical Development Paramedic or Medical Oversight Physician may look at the patient's medical record to help you find out the final outcome.

Description of Disease/Injury

1. **Cause (Etiology):** List the causes of the illness or injury your patient had. Do not state what caused the illness or injury in just your patient, but what are the causes of the illness or injury in general? For example, your patient may have had congestive heart failure caused by damage from a previous MI. However, there are other causes of CHF. List them. Your patient may have had a fractured pelvis from a car accident. Here you could list the mechanism of injury that causes the different types of fractures of the pelvis.

2. **Physical Findings:** What is the usual presentation of any patient with the illness or injury that your patient had? Is it different from your patient? If so, why? For CHF you would list SOB, orthopnea, PND, ankle

swelling, cyanosis, crepitation, diaphoresis, agitation, pitting edema. If your patient with CHF presented with different symptoms or findings such as rhonchi or wheezing, you need to discuss why.

3. **Diagnosis:** How is the diagnosis, of the illness or injury your patient had, made? What investigations are usually done?

4. **Management:** What is the usual management of the illness or injury your patient had, not what was the management of your patient.

5. **Prognosis:** What is the usual outcome of the illness or injury your patient had? For example, 90% survival of acute event, 50% survival in 5 years, walking in 3 months, or permanent disability.

6. **Implications for prehospital practitioners:** Describe what you learned from this case study and if it should lead to a change in practice.

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Appendix C: Section 2 – Group Learning Activities (For Large Groups)

Facilitator's Name: _____ Facilitator's Signature: _____

Location: _____ Date: _____

Please retain this form for a period of 7 years. If requested mail, or e-mail, the form to: College of Paramedics of Nova Scotia, 315 – 380 Bedford Highway, Halifax, NS B3M 2L4 or E-Mail: administrator@cpns.ca

Refer to the Continuing Competency Program & Annual License Renewal book for examples of activities/education options and the number of points per hour.

Number	Topic(s)	
1		
2		
3		
4		
Total number of hours:		Total number of points:
Number	Paramedic Name	Registration Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Appendix C: Section 2 – Group Learning Activities (For Large Groups) Continuation

Facilitator's Name: _____

Location: _____

Date: _____

Number	Topic(s)
1	
2	
3	
4	

Total number of hours:	Total number of points:
------------------------	-------------------------

Number	Paramedic Name	Registration Number
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		

Appendix D: Paramedic Competency Evaluation Form

A Paramedic Competency Evaluation is a session involving the assessment and management of a patient - including skills according to paramedic registration level (may be simulated). The assessment is to be documented on this form by the designated evaluator.

A minimum of 1 Paramedic Competency Evaluation is required for your licence renewal. Paramedic Competency Evaluations are worth 4 points per session.

Please retain this form for a period of 7 years. If requested mail, or e-mail, the form to: College of Paramedics of Nova Scotia, 315 – 380 Bedford Highway, Halifax, NS B3M 2L4 or E-Mail: administrator@cpns.ca

Paramedic's name: _____ Registration number: _____

Date of evaluation: _____

Did the paramedic: Pass _____ or Fail _____

Evaluator's name: _____

(Please print)

Evaluator's signature: _____

Evaluators Designation & ID # (if applicable): _____

Mandatory comments

1. Describe the paramedics strengths:

2. Describe weaknesses:

3. Areas of improvement:

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Appendix E: Morbidity & Mortality (M&M) Form for Large Groups

Physician or designee's name: _____
(Please print)

Physician or designee's signature: _____

Location: _____ Date: _____

Please retain this form for a period of 7 years. If requested mail, or e-mail, the form to: College of Paramedics of Nova Scotia, 315 – 380 Bedford Highway, Halifax, NS B3M 2L4 or E-Mail: administrator@cpns.ca

A minimum of 2 M&M's are required for your licence renewal M&M's are worth 6 points each

Please note: Presenters may earn Professional Development points as Talks/Lectures given, however notification must be specified on this form before submission

Number	Topic(s)	Number of Hours
1		
2		
3		
4		
Number	Paramedic Name	Registration Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Appendix E: Morbidity & Mortality (M&M) Form for Large Groups - Continuation

Physician or designee's name: _____

Location: _____

Date: _____

Number	Topic(s)	Number of Hours
1		
2		
3		
4		
Number	Paramedic Name	Registration Number
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
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