



# CME Credit Request Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Service: COBAS   DCPS   GWPS   HCEMS   HPS   NCEMS   NEMS   ROWPS   SNAS  
(circle all that apply)

Please complete form and submit to [education@cper.ca](mailto:education@cper.ca)

**Self-Directed CME Activity/Education:** \_\_\_\_\_  
(ie. activity you are requesting CME credit for)

**Education Date(s):** \_\_\_\_\_

**Course Location/Contact Person:** \_\_\_\_\_

1) What are the clinical components of this education?  
\_\_\_\_\_  
\_\_\_\_\_

2) What new knowledge will you gain from this education?  
\_\_\_\_\_  
\_\_\_\_\_

3) What are the procedural skills you will learn or practice with this education? Focus attention to dealing with low-frequency, high-acuity situations where applicable.  
\_\_\_\_\_  
\_\_\_\_\_

(ie. patient interaction and communication, patient assessment, history gathering, skill development, patient care, medical math, airway management, pharmacology, etc.)

**The general test for CME credit allocation is – "Does the educational activity enhance the clinical practice of paramedicine at the certification level of the paramedic?"**

<p><b>For office use only</b></p> <p>Date Received: _____ Date Reviewed: _____</p> <p>Approved: (circle one)   YES   NO</p> <p>CME Credit Approved for: _____</p> <p>Reviewed by: _____</p>
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