

## CME COURSE APPROVAL

Please use a laptop or personal computer containing Adobe software to complete this form electronically. Phones or handheld devices may have software incompatibility. **Photographs of documentation are not accepted.**

### CME COURSE INFORMATION

Title of Proposed CME: \_\_\_\_\_

Length of Course: \_\_\_\_\_ Location: \_\_\_\_\_ Proposed Delivery Date: \_\_\_\_\_  
(DD-MONTH-YYYY)

Has this course been approved by NLPR in the previous two-year term? ☐ Yes ☐ No Previous Approval # \_\_\_\_\_

If "No", or you are submitting an approved course with revisions to the curriculum please provide:

☐ Course syllabus/agenda with outline of training sessions/breaks.

☐ Training materials used in the course.  
(Power point presentations; instructor's guide/notes; etc.)

☐ Handouts made available to the providers.

Key Category: \_\_\_\_\_  
(For multiple Key Categories please itemize a list separately)

To show a course is medically relevant to Paramedicine a competency overview from the instructor may be required for submission showing how the course meets specific competencies as outlined in the National Occupational Competency Profiles (NOCP):

[National Occupational Competency Profiles \(NOCP\)](#)

Courses not conducted by a recognized training agency require approval a minimum ten business days prior to the proposed delivery date. Courses may require resubmission as approval numbers may change for subsequent sessions.

[NOTE: Time for nutritional breaks during courses are not eligible toward CME]

### INSTRUCTOR VERIFICATION (must be completed by the Instructor)

By signing this form as the instructor, I attest all the information listed above to be true:

NLPR #: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Requesting CME Credit: ☐ Yes ☐ No

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD-MONTH-YYYY)

### NLPR USE ONLY

Evaluation of course: \_\_\_\_\_ Total Hours: \_\_\_\_\_

☐ Approved Approval # \_\_\_\_\_ Received \_\_\_\_\_

☐ Not Approved Entered \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD-MONTH-YYYY)