Government of Newfoundland and Labrador
Department of Health and Community Services
Newfoundland and Labrador Paramedicine Regulation (NLPR)

CME REPORTING – CERTIFICATE COURSES

Please use a laptop or personal computer containing Adobe software to complete the form electronically.
Phones or handheld devices may have software incompatibility. Photographs of documentation are not accepted.
Reporting forms must accompany all requests for CME credit.

COURSE TITLES	COMPLETION DATE	HOURS	KEY CATEGORY
	TOTAL HOURS:		

(For multiple Key Categories please itemize hours separately)

A certificate or authorized record of completion and/or instruction is required.

Course title, completion date and number of education hours are necessary on the documentation..

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

National Occupational Competency Profiles (NOCP)

PROVIDER VERIFICATION

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

Provider Name: _____   NLPR #: _____

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

NLPR USE ONLY

Evaluation of CME: _____

❑ Approved   Approval # _____   Received _____

❑ Not Approved   Entered _____

Reviewed by: _____   Date: _____
(DD-MONTH-YYYY)