

Appendix: B	PDN: 6004.02	Last Updated: April 13, 2006	Subject: CP Re-Certification Form	Page 1 of 2
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Community Paramedic Re-Certification Form

Note: The following criteria are required on a Bi-Annual Review Basis in order to maintain your CP Endorsement.

- * The anniversary date of your original CP Endorsement is the due date for your CP Re-Registration.*
- * Please submit a current Criminal Records Check Form (Appendix A Policy 6002).*
- * Please ensure the CP Re-Certification Form is signed & completed by the appropriate EHS designate.*

Paramedic Name: <i>(Please Print)</i>			Paramedic #
Date of original Certification as Community Paramedic: <i>(dd mm year)</i>			
Requirement:			Completed ?
A Patient Contacts : (20 x required) Note: Emergency Calls where a "Min" # is generated can <u>not</u> be used towards CP Patient Contacts			Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Card Number	Reason For Visit	Date	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

A Patient Contacts Continued			
Health Card Number	Reason For Visit	Date	
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
B Phlebotomies (x10 successful)			Yes <input type="checkbox"/> No <input type="checkbox"/>
C Demonstration of staple/suture removal competency			Yes <input type="checkbox"/> No <input type="checkbox"/>
D Review of intravenous antibiotics (ICP's, ACP's & CCP's only)			Yes <input type="checkbox"/> No <input type="checkbox"/>
E Review of Urinalysis assessment			Yes <input type="checkbox"/> No <input type="checkbox"/>
F Review of Wound Management			Yes <input type="checkbox"/> No <input type="checkbox"/>
G Review of Excess Capacity Protocols			Yes <input type="checkbox"/> No <input type="checkbox"/>
Review Verified By: (Please Print)		Signature:	Date: (dd mm year)