

Appendix: A	PDN: 6012.02	Last Updated: May 1, 2009	Subject: Paramedic Re-Registration Log Book & Information Guide	Page 1 of 15
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Paramedic Re-Registration Log Book & Information Guide

- Re-Registration is due “BIENNIALY” on the 1st day of the month issued by the Registrar.
- Paramedics are required to send in all applicable re-registration documentation to the Registrar no later than thirty (30) days prior to their re-registration expiry date. If documentation is not received within this time period there is no guarantee that the Paramedics re-registration will be processed before his/her expiry date and the paramedic may risk being registered as “Inactive” until the documentation is reviewed and approved.
- A minimum of “200” credits is required.
- Any courses, programs, workshops etc. not listed in the information guide must be referred to the Registrar and/or Registration Committee for review and approval.
- All educational components must reinforce, relate and enhance the paramedic’s current medical practices.
- A Criminal Records Check Form is a mandatory re-registration requirement to be completed and forwarded to the Registrar every two (2) years. A Paramedic who has been convicted or found to be guilty of a criminal offence(s) within the two (2) year period must report this immediately in writing to the Registrar at the time of the conviction. Disciplinary Action will be taken for those Paramedics who do not report his/her criminal conviction (refer to Appendix F for a copy of the Criminal Records Check Form).
- Policy 6012, Paramedic Re-Registration can be found on the EHS Website at www.gov.ns.ca/health/ehs and click on Paramedics.
- The Log Book and/or applicable documentation can be mailed and faxed to the following:
Emergency Health Services - Attention: Registrar
Suite 160 - 237 Brownlow Avenue
Dartmouth, Nova Scotia B3B 2C5
(902) 424-1781
- For more information please contact the Registrar at (902) 424-2690 OR by e-mail at registrarehs@gov.ns.ca

SECTION	ACTIVITIES /EDUCATIONAL OPTIONS	ASSIGNMENT OF CREDITS
<p style="text-align: center;">1</p> <p><i>Clinical</i></p>	<p>Patient Contacts: It is the Paramedic's responsibility to submit the current required number of Patient Contacts to the Registrar.</p> <p>The following are approved as patient contacts:</p> <ol style="list-style-type: none"> 1. Paramedics working ground ambulance (the MIN # is to be provided). Ground ambulance patient contacts refer to calls where paramedics are <i>either</i> the driver or the attendant. Paramedics will be credited as having patient contacts whenever their name and signature appear on a Patient Care Report (PCR) or applicable documentation. 2. Paramedics working in Triage and Emergency Departments in Hospitals (the chief complaint and hospital unit number is to be provided) 3. Paramedics working on Patient Transfer Units (the chief complaint and hospital unit number is to be provided). 4. Paramedics working off shore (the chief complaint and date is to be provided and must be signed off by a Medical Director). 5. Paramedics working with LifeFlight (the Mission # and Mission Location is to be provided). 6. Paramedics who provide ALS backup (the MIN # is to be provided). 7. CCP patient contacts can be obtained in an ICU (the chief complaint and hospital unit number is to be provided). 8. Return to practice patient contacts will only be accepted if signed by an EHS approved Preceptor and submitted on the official "Return to Practice Patient Contact Form," or if signed documentation is provided by the Education/Training Institution. <p><i>Patient Contacts can be documented in the log book attached (see page 10).</i></p>	<p style="text-align: center;">1 credit per Patient Contact</p> <p style="text-align: center;"><i>Minimum of 20 Contacts Required</i></p> <p style="text-align: center;">Maximum of 40 Patient Contacts</p>

SECTION	ACTIVITIES /EDUCATIONAL OPTIONS	ASSIGNMENT OF CREDITS
<p style="text-align: center;">3</p> <p><i>Group Learning Activities</i></p>	<p>Conferences Hospital Rounds Journal Clubs Presentations Taken Self Assessment Programs Symposiums Talks / Lectures Taken Tele-Health Conferences Training & Mandatory Training Workshops Shadowing a Physician Death Notification Hfx Infirmary Emerg Dept/Exposure Experience <i>(must be pre-approved)</i> Reg Hospital Emergency Dept/Exposure Experience <i>(must be pre-approved)</i> Round Table Discussions <i>(with no FTP/MOP present)</i> P.A.R.T.Y Program <i>(Prevent Alcohol & Risk Related Trauma in Youth)</i> 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> <p><i>Definition of Group Learning Activities:</i> <i>Working together to accomplish shared goals, within cooperative situations. Individuals seek outcomes that are beneficial to themselves and beneficial 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.</i></p> <p><i>Course Approval:</i> <i>Courses that have not been reviewed must be referred to the Registrar &/or Registration Committee for approval.</i></p> <p><i>Group Learning Activities can be documented in the log book attached or see Appendix F for a copy of the Continuing Education Unit Form.</i></p>	<p style="text-align: center;">2 Credits Per Hour</p> <p style="text-align: center;"><i>Minimum of 12 credits</i></p> <p style="text-align: center;">No Maximum credits</p>

SECTION	ACTIVITIES /EDUCATIONAL OPTIONS	ASSIGNMENT OF CREDITS
<p>4</p> <p><i>Certifications</i></p>	<p><u>Mandatory requirements (1)</u></p> <p><u>1. Current BLS (c) provider or instructor card</u></p> <p>Formal Courses (provider or instructor): ACLS, BTLS, EMD, EMDQ, NRP, PedALS, PHTLS</p> <p>Refresher / Recert Courses (provider or instructor): ACLS, BTLS, NRP, PedALS, PHTLS</p> <p>BLS-C/CPR(C) Formal Course (provider or instructor):</p> <p>BLS-C/CPR(C) Refresher / Recertification Course (provider or instructor):</p> <p>Community Paramedicine Course or Recertification</p> <p>Re-certifications: BLS/CPR provider or instructor - <i>re-certified every year</i> ACLS - <i>re-certified every 2 years</i> BTLS - <i>re-certified every 3 years</i> NRP - <i>re-certified every 2 years</i> PedALS - <i>re-certified every 2 years</i> PHTLS - <i>re-certified every 3 years</i></p> <p>CTAS (Canadian Triage & Acute Scale)</p> <p>Preceptor Program/Workshop (EHS Approved)</p> <p>Approved Course Providers: Canadian Red Cross / Heart & Stroke Foundation / St. John's Ambulance / National Academy of Emergency Medical Dispatchers/ Emergency Care & Safety Institute (used to be National Safety Council/Lifesaving Society.</p>	<p>2 Credits Per Hour</p> <p><i>Minimum of 8 credits</i></p> <p>No maximum</p> <p>16 hours / 32 credits</p> <p>8 hours / 16 credits</p> <p>8 hours / 16 credits</p> <p>4 hours / 8 credits</p> <p>8 hours / 16 credits</p> <p>8 hours / 16 credits</p> <p>8 hours / 16 credits</p> <p>8 hours / 16 credits</p>

SECTION	ACTIVITIES /EDUCATIONAL OPTIONS	ASSIGNMENT OF CREDITS
<p style="text-align: center;">5</p> <p><i>Interactive Learning Activities</i></p>	<p><u>Mandatory Requirements (2):</u></p> <p><u>1. Paramedic Competency Evaluation (Megacode)</u> <i>All registered Paramedics must complete a minimum of two (2) successful Paramedic Competency Evaluations per re-registration period.</i></p> <p><i>Definition of Paramedic Competency Evaluation:</i> <i>A session involving the assessment & management of a patient - including skills according to paramedic registration level (may be simulated). Assessment to be documented on the approved Paramedic Competency Evaluation Form, by a Field Training Paramedic, physician or his/her designate. Refer to Appendix C for a copy of the Paramedic Competency Evaluation form.</i></p> <p><u>2. M&M's</u> <i>All registered Paramedics must complete a minimum of four (4) M&M's per re-registration period.</i></p> <p><i>Definition of M&M:</i> <i>Morbidity and Mortality are educational sessions chaired by a FTP, a physician or his/her designate. They center around actual cases and preferably each case is presented by the paramedic(s) involved. All patient identifiers must be removed from the presentation. M&M's can documented in the log book attached or Refer to Appendix D for a copy of the M&M form</i></p> <p>Mock Disasters Table Top Mock Disasters OR Airway Management Session Return to Practice <i>(this section applies to EMC, Q&L)</i></p> <p>Simulation Session: <i>Structured learning activities involving a simulator and an instructor with specific learning criteria.</i></p> <p>Objectively Structured Clinical Evaluations (OSCE): <i>Involves interactions of the paramedics with a live simulated patient or a simulator and a structured evaluation of the interaction.</i></p> <p><i>Definition of Interactive Learning Activities:</i> <i>Structured learning activities planned and developed individually or in collaboration with other members of a group or community to address a question, issue or need, relevant to professional practice.</i></p> <p><i>Interactive Learning Activities can be documented in the Log Book attached</i></p>	<p><i>Minimum of 32 credits</i></p> <p>No Maximum credits</p> <p>Paramedic Competency Evaluations are 4 Credits each</p> <p>M&M's are 6 Credits each</p>

SECTION	ACTIVITIES /EDUCATIONAL OPTIONS	ASSIGNMENT OF CREDITS
<p style="text-align: center;">6</p> <p>Professional Development</p> <p>“Teaching Research & Committee Work”</p>	<p>Teaching/Instructing Courses (<i>such as ACLS or CPR</i>) Instructors (<i>from Paramedic Education Programs</i>) Talks/Lectures Given Presentations Given Lab Facilitators (<i>from Paramedic Education Programs</i>) Paramedics Assisting in OSCE’s Scenario Testing Research / Studies Committee Work (<i>must be related to pre-hospital paramedic practice</i>)</p> <p>Preceptor (<i>Credits for preceptoring are accepted only if an EHS Approved Preceptor program/workshop has been successfully completed & documented</i>)</p> <p>Definition of Professional Development: <i>To improve and revise current knowledge and practice through involvement in Committee Work, Research and teaching.</i></p> <p><i>See appendix B, for the Professional Development Log Book or see Appendix F for a blank copy of the CEU Form available where applicable.</i></p>	<p>2 Credits Per Hour</p> <p>No Minimum credits</p> <p>No Maximum credits</p>

PARAMEDIC RE-REGISTRATION LOG BOOK

Re-Registration is due “BIENNIALLY on the 1st day of the month issued by the Registrar.

A minimum of “200” credits are required

Requirements can be updated using the following methods:

- 1. Send Log Book & Applicable Documentation by mail to:
Emergency Health Services - Attention: Registrar
Suite 160 – 237 Brownlow Avenue
Dartmouth, Nova Scotia B3B 2C5**

- 2. Send Log Book & Applicable Documentation by fax to:
Emergency Health Services - Attention: Registrar (902) 424-1781**

For more information please contact the Registrar at: Phone at (902) 424-2690 OR by e-mail at registrarehs@gov.ns.ca.

Re-Registration Requirements Dashboard “Minimum of 200 Credits required”	
SECTION	REQUIREMENTS
CLINICAL	<i>Minimum required = 20 contacts</i> <i>Maximum = 40 contacts</i>
SELF LEARNING	<i>Minimum required = 10 credits</i> <i>Maximum = 30 credits (1 credit per hour)</i>
GROUP LEARNING	<i>Minimum required = 12 credits</i> <i>No Maximum (2 credits per hour)</i>
CERTIFICATIONS	<i>Minimum required = 4 credits</i> <i>No Maximum (2 credits per hour)</i> <i>Mandatory Requirement: Current BLS C provider or instructor</i>
INTERACTIVE LEARNING ACTIVITIES	<i>Minimum required = 32 credits</i> <i>No Maximum (2 credits per hour)</i> <i>Mandatory Requirements: 4 M&M's &</i> <i>2 Successful Scenario Management Evaluations</i>
PROFESSIONAL DEVELOPMENT	<i>No minimum credits</i> <i>No Maximum credits (2 credits per hour)</i>

Name:		ID #:			Date of Submission:			
SECTION 1 CLINICAL		Please ensure you provide the appropriate information for your patient contacts such as:						
		1. Ground Ambulance - Date, MIN number 2. LifeFlight - Date, Mission number 3. QEII [Triage, ED, PTU & (CCP's - ICU)] - Date, Hospital Unit number & Chief Complaint 4. Offshore - Date, Chief Complaint & Signed off by Medical Director						
1 Credit per patient contact Minimum of 20 Patient Contacts Required Maximum of 40 Patient Contacts		Date	Patient Identification #	Chief Complaint / Diagnosis (if applicable)		Date	Patient Identification #	Chief Complaint / Diagnosis
	1.				11.			
	2.				12.			
	3.				13.			
	4.				14.			
	5.				15.			
	6.				16.			
	7.				17.			
	8.				18.			
	9.				19.			
10.				20.				

Name:		ID #:	Date of Submission:		
SECTION	TOPIC	DATE DD/MM/YY	NUMBER OF HOURS	NUMBER OF CREDITS	DOCUMENTATION
2 SELF LEARNING ACTIVITIES					√
1 Credit Per Hour Minimum of 10 Credits Maximum of 30 Credits					
	Total Number of Credits Obtained For Self Learning Activities:				

Name:		ID #:			Date of Submission:	
SECTION 3	TOPIC	DATE DD/MM/YY	NUMBER OF HOURS	NUMBER OF CREDITS	SIGN OFF from Presenter / Instructor <i>Please print & sign name & include title</i>	DOCUMENTATION √
Group Learning Activities 2 Credits Per Hour Minimum of 12 credits No Maximum credits					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
Total Number of Credits Obtained For Group Learning Activities:						

Name:		ID #:			Date of Submission:	
SECTION 4 Certifications	TOPIC	DATE DD/MM/YY	NUMBER OF HOURS	NUMBER OF CREDITS	SIGN OFF from Presenter / Instructor <i>Please print & sign name & include title</i>	DOCUMENTATION √
2 Credits Per Hour Minimum of 8 credits No Maximum					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
Total Number of Credits Obtained For Certifications:						

Name:		ID #:			Date of Submission:	
SECTION 5	TOPIC	DATE DD/MM/YY	NUMBER OF HOURS	NUMBER OF CREDITS	SIGN OFF from Presenter / Instructor <i>Please print & sign name & include title</i>	DOCUMENTATION √
Interactive Learning Activities 2 Credits Per Hour Minimum of 32 credits No Maximum credits A minimum of two (2) successful Paramedic Competency Evaluations are required per re-registration period Earn 4 Credits each A minimum of four (4) M&M's are required per re-registration period Earn 6 Credits each					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
					<i>Printed Name:</i> <i>Signature:</i> <i>Title:</i>	
Total Number of Credits Obtained For Interactive Learning Activities:						

Name:		ID #:			Date of Submission:	
SECTION 6	TOPIC	DATE DD/MM/YY	NUMBER OF HOURS	NUMBER OF CREDITS	SIGN OFF from Presenter / Instructor Please print & sign name & include title	DOCUMENTATION √
Professional Development						
“Teaching, Research & Committee Work”						
2 Credits Per Hour No Minimum Credits No Maximum Credits					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
					Printed Name: Signature: Title:	
Total Number of Credits Obtained For Professional Development:						