Nova Scotia Regulator of Paramedicine Continuing-Competence Program Information Guide

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Board Approved: 15 Jun 2017 Implemented: 08 Jul 2017 Revised: 02 Feb 2023

Revised: 11 November 2024

Contents

Acknowledgement	1
Introduction	2
Framing the Continuing-Competence Program with the Practice Environment	3
Continuing-Competence Program Requirements	5
Documentation Retention & Submission Requirements	6
Section 1 – Self-Learning Activities	7
Section 2 – Group Learning Activities	10
Section 3 – Clinically Based Certification Courses	13
Section 4 – Paramedic / EMR Simluated Competency Evaluations and Morbidity & Mortality Sessions	15
Section 5 – Professional Development	18
Appendix A: Case Study Form	. 20
Appendix B: Group Learning Activities (For Large Groups)	. 24
Appendix C: Group Learning Activities (For Large Groups) Continuation	. 25
Appendix D: Paramedic / EMR Simulated Competency Evaluation Form	. 26
Appendix E: Morbidity & Mortality (M&M) Form for Large Groups	. 27
Appendix F: Morbidity & Mortality (M&M) Form for Large Groups - Continuation	28

Acknowledgement

The Nova Scotia Regulator of Paramedicine (NSRoP) acknowledges that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People and pays respect to the Indigenous knowledges held by the Mi'kmaq People, and to the wisdom of their Elders past and present. The Mi'kmaq People signed Peace and Friendship Treaties with the Crown, and section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty rights. We are all Treaty people.

NSRoP also acknowledges the histories, contributions, and legacies of African Nova Scotians, who have been here for over 400 years.

Introduction

The Nova Scotia Regulator of Paramedicine (NSRoP) continuing-competence program is an essential regulatory tool that not only promotes but also supports the professional growth and competence of its registrants throughout their careers. The program has evolved to assist registrants from all licensing categories – Primary Care Paramedics (PCP), Intermediate Care Paramedics (ICPs), Advanced Care Paramedics (ACP), Critical Care Paramedics (CCP) and most recently Emergency Medical Responders – to maintain their competency and meet the standards of practice in response to the evolving changes of the profession to meet the health system needs.

For registrants, the continuing-competence program provides a structured pathway to stay current with advancements in paramedicine knowledge, technology and best practices. Historically, the program required registrants to earn continuing-competence points based on their specific licensing category's Essential Competencies Profile.

Within the next year, the continuing-competence program will evolve to focus on helping registrants to reflect on the Standards of Practice and recognize that the "essential competencies" are a prerequisite toward meeting the standards of practice.

Registrants will be introduced to the concept individual competence self-assessment. This self-assessment will incorporate the Standards of Practice as a reference point and be relevant to their current practice environment.

It will also promote personal accountability and the delivery of better client care, enabling registrants to identify areas for improvement and algin their practices with the standards.

Framing the Continuing-Competence Program with the Practice Environment

The practice of paramedicine extends beyond direct clinical care, encompassing a wide range of roles within both clinical and non-clinical environments. Recognizing this, the Nova Scotia Regulator of Paramedicine's (NSRoP) Continuing-Competence Program supports the ongoing development of registrants across all settings, ensuring that paramedics and Emergency Medical Responders (EMRs) maintain and enhance their competence, regardless of their specific practice environment.

The program is designed to be broad enough to support registrants continuing competence development across the full scope of practice which includes research, education, interprofessional collaboration, consultation, management, administration, advocacy, regulation, and system development. The program enables all registrants, no matter their practice environment, to continue developing role- relevant competencies as they reflect upon the Standards of Practice.

The program allows EMRs to accumulate continuing-competence points in areas relevant to their scope within the practice of paramedicine, particularly in collaboration with paramedics and other regulated health professionals.

Similarly, registrants from other licensure categories—Primary Care Paramedics (PCPs), Intermediate Care Paramedics (ICPs), Advanced Care Paramedics (ACPs), and Critical Care Paramedics (CCPs)—can earn continuing-competence points through activities aligned with their specific category of licensure and practice environments. The NSRoP encourages all registrants to remain current in their respective fields and to tailor their continuing-competence development based on their practice settings and the Standards of Practice. For example:

- An EMR working in ground ambulance services should focus their development on client care practices that directly impact patient outcomes.
- A PCP who works as an educator while also practicing clinically is encouraged to develop competencies related to paramedic education and client care.
- An ACP or CCP in a management role should focus on the aspects of paramedicine influenced by their managerial responsibilities, such as leadership, policy implementation, and system development.

The NSRoP provides electronic resources, including the Continuing-Competence Program Information Guide and the Registrants Continuing-Competence Program Portal. These resources, together with the NSRoP Registration and Licensure Policies, help registrants track their progress, access essential information, and identify learning activities that best meet their practice needs. The Information Guide and Registrant Portal are living documents, regularly updated to reflect new information, and are available on the Regulator's website.

Registrants are encouraged to reflect on their practice needs, consult the Board-approved learning activities, and engage in continuing-competence activities that support their professional growth.

Continuing-Competence Program Requirements

It is important for registrants and applicants to understand the Continuing-Competence Program requirements established by the Board. The Information Guide and Registrant Portal are separated into several sections that allow registrants to reference the various avenues for obtaining points in the Continuing-Competence Program.

The learning opportunities of the Continuing-Competence Program are categorized into 5 (five) sections. Each section identifies the associated learning activities. The sections include:

- Section 1 Self-Learning Activities (Mandatory)
- Section 2 Group-Learning Activities (Mandatory)
- Section 3 Clinically based Certification Courses (Non-Mandatory)
- Section 4 Paramedic Simulated Competency Evaluations and Morbidity/Mortality Sessions (Non-Mandatory)
- Section 5 Professional Development (Non-Mandatory)

There are multiple types of learning activities associated with each section of the Continuing-Competence Program; they are listed at the beginning of each section. Following each section's list of learning activities, there is a form for tracking and documenting Continuing-Competence Program activities. When completed, the forms can be uploaded to the Registrant Portal.

Finally, each section identifies the minimum and maximum number of points that must be accumulated. Points to remember:

- Initial registration and licensure applicants and/or licence renewal applicants must meet the Regulator's Continuing-Competence Program Requirements to be considered for licensing.
- 2) The Regulator may at any time conduct an audit of the documentation and records a registrant is required to maintain related to the continuing-competence program activities for at least the immediately previous four (4) years to verify the registrant's compliance.
- 3) The Regulator's licensing year is from April 1st to March 31st.
- 4) A minimum of 80 points are required per licensure year.
- 5) All educational components must reinforce, relate to, and enhance the registrant's current practice environment and competencies.

Please refer to the Regulator's Registration and Licensure policies regarding continuing-competence program requirements and annual licence renewal requirements & non-compliance outcomes for additional information.

Documentation Retention & Submission Requirements

This Information Guide, along with the Registrant Portal, assists registrants in tracking and documenting their Continuing-Competence Program activities. Information regarding a registrants continuing-competence program can be uploaded to the Registrant Portal.

When requested by an authorized representative of the Regulator, a registrant must upload all information related to their continuing-competence program to the Registrant Portal no later than thirty (30) business days from the date the Regulator requests the documentation.

SECTION 1 – SELF-LEARNING ACTIVITIES				
Mandatory/Non- Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum		
	Self-Learning activities are those which the Registrant can choose and complete on their own.	2 point per hour of activity		
	These are activities the Registrant may use to address educational needs or gaps in knowledge, skills, or judgement relevant to their professional practice.	Minimum # of points required = 6		
This is a Mandatory Activity	Self-directed learning activities must be documented effectively. The intent of documentation is to provide a verifiable and accurate reference of academic quality, like referencing materials for formal academic submissions.	Maximum # of points permitted = 40		
	The Registrant is not required to copy everything they read/watch; references can be used and if audited the Registrant will be able to obtain the document, video, etc.			
	This will enable the Regulator to track, verify and approve the material as being true and relevant to the Registrants practice. Examples of format may include:			
	 Web Materials a. Author. (Date published if available; n.dno date-if not). Title of Article. Title of Website. Retrieved date. From URL b. Include web address and date time accessed. c. NAEMSP (Nov 20, 2007). Emergency Medical Dispatch. www.naemsp.org. Retrieved August 13, 2013. 			
	Journal Publication d. Author (last name, first initial). Title, Journal Title Year. Volume #. Issue #, Page # e. Walter J. Clinical presentation of pts with acute cervical spine injury. Annals of Emergency Medicine 1984; 13(7): 512-515.			
	Chapter in Book Publication (APA Format) f. Author, A. (Year Publication). Title of Chapter. In A. Editor (Editors, Eds), Title of Book (pages of chapter). Location: Publisher.			
	g. Ornato J. (2000). Chapter 7: Sudden Cardiac Death. In J Tintinalli (Eds), Emergency Medicine: A Comprehensive Study Guide (pages 39-44). New York, McGraw Hill Photocopy, or digital PDF of front page of article read (journal, book etc.)			

Self-Learning may take place using any one of the following activities, including but not limited to:

Case Studies

Internet Continuing Medical Education, including Learning

Management Systems

Live or Recorded Audio

Magazine Certifications

On-line Journal Articles

On-line Preceptor Workshop (Self Directed)

Preparatory Readings for Courses under Section 2 or 3

Questionnaires

Reading

Recorded Video

Regional Labs

Self-Assessment Programs

Other (please specify)

*Case Studies

Case studies are to be completed on a Case Study Form (see Appendix B) and related to the Registrants work environment. Case Studies cannot be used in lieu of Morbidity and Mortality (M& M) Sessions

Section 1: Self-Learning Activities							
Name:			Registration Number:	Date	of Submissi	on:	
			Registrants are required to c is section. Registrants will rec				
Date of Activity (mm/dd/yy)	Type of Activity		Topic		Number of Hours	Number of Points	
Tota	ıl number of points ol	tained	for Self-Learning Activities =				

SECTION 2 – GROUP LEARNING ACTIVITIES				
Mandatory/Non - Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum		
This is a	Group Learning Activities are those that require careful planning and a facilitator to ensure the activity progresses. Group Learning Activities must be relevant to the registrant's scope of practice, professional role, and responsibilities.	2 points per hour of activity Minimum # of points required = 12		
Mandatory Activity	Approval Activities: To determine what activities may be used for this section of the Continuing-Competence Program, please refer to the Registration and Licensure Policy for Continuing Competency Program Requirements. Group Learning Activities can be documented using the	Maximum # of points permitted = unlimited		
	Section 2: Group Learning Activities Table, or in situations where large groups require sign offs with Appendix C. Group learning activities can include: 1) Advanced Trauma Life Support (non-certification)) 2) Canadian Triage & Acuity Scale 3) Competency Assessments 4) Conferences 5) Death Notification 6) EMCI Airway Workshop (plus 1 Competence Eval) 7) EMCI Applied Suicide Intervention Skills Training (ASIST) (14hrs) 8) EMCI Cape Breton CP Program Course 1 (plus 1 Competence Eval) 9) EMCI Cape Breton CP Program Course 2 (plus 1 M & M) 10) EMCI Clinical Decision Making 2.0 (plus 1 M & M) 11) EMCI Clinical Support Program Course 1 (plus 1 M & M) 12) EMCI Communicating (plus 1 M & M) 13) EMCI ECG Interpretation Part 1 (4hrs) 14) EMCI ECG Interpretation Part 2 (5.5 hrs) 15) EMCI ECP Program Course 1 (plus 1 Competence Eval) 16) EMCI ECP Program Course 2 (plus 1 M & M) 17) EMCI Freeport CP Program Course (plus 1 Competence Eval) 18) EMCI In-services 19) EMCI Integrated Healthcare Programs (IHP) Collaborative Emergency Centre (CEC) (2hrs) then add M & M's & competence evaluation to the appropriate sections.			
	appropriate sections.			

- 21) EMCI OBGYN & Neonatal Emergencies (5hrs) then add M&M & competency evaluation to the appropriate sections
- 22) EMCI PEER & Family Support Training
- 23) EMCI Spring Clinical in Service (plus 1 M & M)
- 24) EMCI Trauma Workshop (plus 1 Competence Eval)
- 25) Emergency Department/Exposure Experience (must be pre-approved)
- 26) Employer return to work education
- 27) Hospital Rounds
- 28) ICS 100 (in-class hours, only)
- 29) ICS 200 (in-class hours, only)
- 30) In-person Mental Health Wellbeing Courses
- 31) Instructional Techniques Courses
- 32) Journal Clubs
- 33) Mental Health Wellbeing Leadership
- 34) Micro Research Nova Scotia Training
- 35) Operating Room Airway Management Sessions
- 36) Preceptor Workshop (in-person)
- 37) Presentations attended
- 38) Refresher Programs or Modules
- 39) Round Table Discussions
- 40) Rural Trauma Team Development Course
- 41) Shadowing a Physician
- 42) Symposiums
- 43) Table-Top Exercises
- 44) Talks / Lectures / Presentations
- 45) Tele-Health Conferences
- 46) Workshops

		G	Section 2: roup Learning Act	tivities			
Name:			Registration Numb	er:	Date of S	ubmission:	
	an unlimited numbe		Registrants are requ s for this section. Reg				
Date of	Type of Activity		Topic	_	ff from	Number	Number
Activity (mm/dd/yy)				_	/Instructor rint, sign,	of Hours	of Points
(IIIIII/uu/yy)					ude title)	Hours	Politis
				Name:			
				Signature:			
				Title:			
				Title:			
				Name:			
				Signature:			
				Title:			
				Name:			
				Signature:			
				Title:			
				Name:			
				Signature:			
				Title:			
				Name:			
				Signature:			
				Title:			

Total number of points obtained for Group Learning Activities =

	SECTION 3 – CLINICALLY BASED CERTIFICATION CO	DURSES
Mandatory/Non - Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
	A clinically based certification course is one that allows the registrant to apply classroom-based knowledge through hands on clinical simulations. They are in-depth educational	2.5 points per hour of activity
This is a	sessions led by instructors of the organization that holds the proprietary right the course. An example would be an Advanced Cardiac Life Support (ACLS) course, which can be led	Minimum # of points required = no minimum
Non	by a Heart and Stroke Foundation of Canada instructor.	Maximum # of points permitted = unlimited
- Mandatory Activity	The registrant must apply the correct number of hours based upon the type of course they take. As an example, the ACLS traditional learning course is 14 hours long, while the ACLS blended learning is 10 hours long. Additionally, the ACLS Renewal traditional learning course is 8 hours long and its blended learning is 6 hours long.	
	Approved Course Providers: Board approved courses include those delivered by the following organizations; Canadian Red Cross, Canadian Heart & Stroke Foundation, St. John's Ambulance, Emergency Care & Safety Institute (formerly National Safety Board), Lifesaving Society, Canadian Paediatric Society, International Trauma Life Support and American Academy of Paediatrics.	
	Courses (as a participant or as an instructor), that include a Simulated Paramedic Competency Evaluation:	
	 Advanced Cardiac Life Support Advanced Medical Life Support Fundamentals of Critical Care Transport (FCCS) Geriatric Education for EMS International Trauma Life Support Neonatal Resuscitation Program Paediatric Advanced Life Support 	
	 7) Paediatric Emergency Assessment Recognition and Stabilization 8) Paediatric Education for Pre-hospital Professionals 	
	9) Prehospital Trauma Life Support 10) Rural Trauma Team Development Course	
	Courses (as a participant or as an instructor), that do not include a Simulated Paramedic Competency Evaluation:	
	 CPR for Healthcare Providers Airway Intervention & Mgmt. in Emergencies 	

Section 3: Clinically based Certification Courses

Name: Registration Number: Date of Submission:

Requirements: This is a non-mandatory section. Registrants are not required to obtain a minimum number of points for this section and may accumulate an unlimited number of points. Registrants will receive 10 points per half-day and 20 points per full day for clinically based certification courses.

Date of Activity (mm/dd/yy)	Course	Certification Received (Yes, or no?)	Number of Hours	Number of Points

Total number of points obtained for Clinically based Certification Courses =

Please note: If the Registrant is using a clinically based certification course for a simulated paramedic competency assessment under Section 4, include a copy of the certificate.

SECTION 4 – PA	ARAMEDIC / EMR SIMLUATED COMPETENCY EVALUATION & MORTALITY SESSIONS	ONS AND MORBIDITY
Mandatory/Non - Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
This is a Non- Mandatory Activity	In this section, the registrant accumulates points for Paramedic / EMR Simulated Competency Evaluations, as well as Morbidity and Mortality (M&M) Sessions. **A Simulated Paramedic / EMR Competency Evaluation* is an evaluation conducted to strengthen competence development through task specific training. The evaluation process involves the assessment and management of a simulated client and incorporates the essential competencies for the Registrant's class of licensure. They are structured activities with specific learning criteria lead by an approved evaluator. These evaluations may be obtained in one of two ways. They are:	Paramedic Competency Evaluations = 10 points M & M Sessions = 10 points Minimum # of points required = no minimum Maximum # of points permitted = 30
	 By providing a copy of the certificate of completion from a clinically based certification course, that includes a simulated competency evaluation. Completing an assessment documented on the approved Simulated Paramedic / EMR Competency Evaluation Form (refer to Appendix D), or on the organization's own internal evaluation form, by any of the following approved evaluators: FTP/CDP/Physician within the EHSNS structure Full-time/Seconded Faculty or Physician within a recognized educational institution. Nova Scotia Health Educators. Supervising Paramedic or Physician for all other organizations not identified above. A Morbidity and Mortality (M & M) educational session involves the analysis of outcomes in client care through peer review. The objectives of an M & M session are to identify outcomes associated with client care, to modify behaviour and judgment based on previous experiences, and to prevent errors leading to complications. They should focus on the goal of improved client care. All client identifiers must be removed from the presentation. An M & M session is documented using the form in this section, or the M & M form for large groups (Refer to Appendix E) by one of the following approved organizers: FTP/CDP/Physician within the EHSNS structure FUII-time/Seconded Faculty or Physician within a recognized educational institution. Nova Scotia Health Educators. 	

 Supervising Paramedic or Physician for all other organizations not identified above. 	
Hospital based Emergency Department, Trauma and Multidisciplinary Rounds	

Section 4: Paramedic / EMR Simulated Competency Evaluation and Morbidity & Mortality Sessions

Name: Registration Number: Date of Submission:

Requirements: This is non-mandatory section. Registrants are not required to obtain a minimum number of points for this section and may accumulate a maximum of 30 points. Registrants will receive 10 points per Paramedic / EMR Simulated Competency Evaluation and 10 points per Morbidity and Mortality Session.

Date of Activity (mm/dd/yy)	Type of Activity	Topic	Sign off from Presenter/Instruct or (Please print, sign, and include title)	Number of Hours	Number of Points
	Simulated Paramedic / EMR Competency Evaluation		Name: Signature: Title:		
	ACLS/PALS/NRP/ITLS		Name: Signature: Title:		
	M&M		Name: Signature: Title:		
	M&M		Name: Signature: Title:		
			Name: Signature: Title:		
Totalı	number of points obtained for Pa Evaluations and M &		ompetence		

	SECTION 5 – PROFESSIONAL DEVELOPMENT	
Mandatory/Non - Mandatory	Activities/Educational Options	Assignment of Points Minimum/Maximum
	This section allows Registrants to obtain points by participating in professional development activities.	2 points per hour of activity
	Professional development is defined as any activity that will improve and revise current knowledge and practice through involvement in Committee Work, Research and Teaching.	Minimum # of points required = no minimum
This is a Non- Mandatory Activity	This section also allows points to be obtained for the following activities: 1) Boards/Boards of healthcare-based organizations 2) Committees of healthcare-based organizations. 3) Instructor of healthcare-based courses or programs. 4) Facilitator/Evaluator for healthcare-based courses or programs. 5) Facilitator/Evaluator for employer-based healthcare competency development or assessment. 6) Preceptor of healthcare students. 7) Mentor of healthcare providers. 8) Presenter of healthcare-based topics. 9) Participant in Research Projects/Studies. 10) Participant on healthcare-based Committees/Working Groups/Etc. 11) Other, Please specify:	Maximum # of points permitted = 40

Name:		Registration N	lumber:	Date of S	Submission:	
	s: This is a non-mandato ay accumulate a maximu Development.					
Date of Activity (mm/dd/yy)	Type of Activity	Topic	Presente (Please	off from er/Instructor print, sign, clude title))	Number of Hours	Number of Points
			Name: Signature: Title:			
			Name: Signature: Title:			
			Name: Signature: Title:			
			Name: Signature: Title:			
			Name: Signature: Title:			
			Name: Signature: Title:			

Appendix A: Case Study Form

Registrant's name:	Registration number:
Mailing Address:	
Phone number:	Organization:
Topic:	
Signature:	Date:
reflection. Case stud dentified by name, encounter and reflect Please upload this de	study is an in-depth study of a client encounter. It is used to encourage self- lies must be anonymized, meaning there must be no way for a client to be location, etc. The registrant should use their best recall of the client of upon how the encounter will affect their practice.
	re worth 2 points/hr of activity.
<u>Presentation</u>	
injury. Includ	fly detail the client's chief complaint and their history of present illness or le past history, medications, and allergic reactions, only if relevant to the agement and outcome.
2. Physical Find	l ings: List what was seen, heard, or felt.

3.	Management: What was done for the client and why?			
Desc	ription of Disease/Injury			
1.	Cause (Etiology): List the causes of the illness or injury the client had. Do not just state what caused the illness or injury for the client, also include the causes of the illness or injury in general? For example, the client may have had congestive heart failure caused by damage from a previous MI. However, there are other causes of CHF. List them. The client may have had a fractured pelvis from a car accident. Here, list the mechanism of injury that causes the different types of factures of the pelvis.			
2.	Physical Findings: What is the usual presentation of any client with the illness or injury that the client had? Is it different from the client? If so, why? For CHF the Registrant would list SOB, orthopnea, PND, ankle swelling, cyanosis, crepitation, diaphoresis, agitation, pitting edema. If the client with CHF presented with different symptoms or findings such as rhonchi or wheezing, discuss why.			

3.	Diagnosis: How is the diagnosis, of the illness or injury the client had, made? What investigations are usually done?
4.	Management: What is the usual management of the illness or injury the client had, not what was done to manage the Registrant's client.
5.	Prognosis: What is the usual outcome of the illness or injury the client had? For example, 90% survival of acute event, 50% survival in 5 years, walking in 3 months, or permanent disability.

	should lead to a change in practice.
	rences used to prepare the above: The Registrant must list at least one (1) up to date
efer	ence. These should have been published more than five (5) years ago.
1.	
2.	
3.	
4.	

Appendix B: Group Learning Activities (For Large Groups)

Facilitator'	acilitator's Name: Facilitator's Signature:		:
Location:	Location: Date:		
Please obt	tain a copy of this docur	ment and upload it to the Registrants Po	rtal.
		nce Program & Annual License Renewa he number of points per hour.	l book for examples of
Number		Topic(s)	
1			
2			
3			
4			
Total number of hours:		Total number of points:	
Number		Registrant Name	Registration Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Appendix C: Group Learning Activities (For Large Groups) Continuation

Facilitator	s Name:	•	
Location: _			
Date:			
Number		Topic(s)	
1			
2			
3			
4			
Total number	er of hours:	Total number of points:	
Number	Registrant	Name	Registration Number
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			

Appendix D: Paramedic / EMR Simulated Competency Evaluation Form

A Paramedic / EMR Simulated Competency Evaluation is a session involving the assessment and management of a client - including skills according to the registrant's registration level (may be simulated). The assessment is to be documented on this form by the designated evaluator.

Paramedic / EMR Competency Evaluations are worth 10 points per session.

Please obtain a copy of this document and upload it to the Registrants Portal.

Registra	ant's name:	F	Registration number:
Date of	evaluation:		
Evaluat	or's name:		
		(Please print)	
Evaluat	or's signature:		
Evaluat	ors Designation & IC	# (if applicable):	
Manda	tory comments		
1.	Describe the registrant's strengths:		
2.	Areas of improver	nent:	

Appendix E: Morbidity & Mortality (M&M) Form for Large Groups

Organizer's	name:		
	(Please print)		
Organizer's	signature:		
Location			
Please obta	ain a copy of this	document and upload it to the Registrants Por	tal.
M&M's are	worth 10 point	s per session.	
Please note	e: Presenters ma	ay earn Professional Development points as Talk	ks/Lectures given.
Number	Topic(s)		
1			
2			
3			
4			
Total number	er of hours:	Total number of points:	
Number	Registrant Name		Registration Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Appendix F: Morbidity & Mortality (M&M) Form for Large Groups - Continuation

Organizers	or designee's name:	
Location: _		
Date:		
Number	Topic(s)	
1		
2		
3		
4		
Total number	er of hours: Total number of point	ts:
Number	Registrant Name	Registration Number
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		