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VERIFICATION OF RESEARCH & CURRICULUM DEVELOPMENT FORM

PERSONAL INFORMATION

Name _____ RO number _____

Email _____ Phone _____

DETAILS

What is the name of the course for which you did research and/or developed curriculum?

_____

What organization was this course developed for?

_____

Explain how the research and/or curriculum development was relevant or beneficial to your practice.

Completion date: _____

If applicable and available, attach a copy or sample of the curriculum or link to access.

Send to: Alberta College of Paramedics, Attn: Continuing Competence via email: CC@ABparamedics.com