

**Toronto Paramedic Services (TPS)**  
**Level Two (2) Paramedics**  
**2020 Elective Continuing Medical Education (CME) Option**

As outlined in the attached memo from A/Deputy Chief Leo Tsang dated October 26, 2020, as a Level 2 Paramedic, you are being given an additional opportunity to opt out of your Self-Directed (Elective) CME Requirements. By exercising this option, you will not be eligible for the 12 hours of lieu time which was credited to your lieu bank in January, 2020.

Please read the following carefully.

If you choose to participate in the 2020 Self-Directed (Elective) CME, you will be required to meet the requirements of the 2020 Self-Directed (Elective) CME as approved by the Base Hospital. Failure to complete this CME by December 31, 2020 **will** result in administrative deactivation. You will not be able to practice at any level until remedial training is completed.

If you choose to "**opt-out**" of your 2020 Self-Directed (Elective) CME requirement, you must complete and sign this form and return it to your Superintendent no later than **November 13, 2020**. If you have completed this form in a previous year, you are not required to complete it again.

By signing below, you indicate that you will not be attending any Self-Directed (Elective) CME session. As a result, you will no longer be eligible for the twelve (12) hours of lieu time that was placed in your bank in January, 2020. Twelve hours of lieu time will be withdrawn from your bank.

I \_\_\_\_\_, am certified as a Level 2 Paramedic with the City of Toronto. I understand that I have the choice as to whether or not I will be completing a Self-Directed (Elective) CME session. I understand that, by signing this form, I am choosing **not** to complete the Self-Directed (Elective) CME and that my level of certification will not be affected. I further understand that I will not be eligible to attend any Self-Directed (Elective) CME sessions into the future as long as I remain certified as a Level 2 Paramedic.

I understand that, by signing this form, I am hereby authorizing TPS to recover 12 hours of lieu time from my lieu bank.

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Date

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Employee Signature & ID #

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Superintendent Signature

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Employee Name (PRINT)

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Superintendent Name (PRINT)