



## Return to Clinical Practice Form

### INSTRUCTIONS FOR USE:

#### Stakeholder Service Staff:

Complete parts A and B, click on submit button at the bottom of this form or email to [education@rppeo.ca](mailto:education@rppeo.ca)

#### Continuing Education and Certification Administrative Staff:

Create RTCP Issue in JIRA system and assign appropriate Clinical Coordinator, and create QA information Sub-Task

#### Clinical Coordinator

Review CEC and QA information in JIRA system, create education plan in conjunction with service

#### Manager, Continuing Education and Certification

Review completed education in JIRA system, sign off and close RTCP Issue.

### PART A: CANDIDATE IDENTIFICATION

Name: \_\_\_\_\_ EHS No.: \_\_\_\_\_

S.O.P.:      EMA       PCP      ACP

Service:      Cornwall      Lanark      Ottawa

                 Frontenac      Leeds-Grenville      Prescott-Russell

Hastings-Quinte      Lennox-Addington      Renfrew

### PART B: RETURN TO WORK DATE AND CONSTRAINTS

Date of last clinical activity: \_\_\_\_\_ (yyyy-mm-dd)

Duration of clinical inactivity: \_\_\_\_\_ days

#### If applicable:

1. Expected observation shift date: \_\_\_\_\_ (yyyy-mm-dd)
2. Expected evaluation shift date: \_\_\_\_\_ (yyyy-mm-dd)
3. Expected return to regular operations: \_\_\_\_\_ (yyyy-mm-dd)



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Fax: 613-737-1028  
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Notes pertaining to GRASP process/service's RTCP plan:

Please note by clicking on the check box, it will be considered equivalent to your signature and you agree to the terms below:  
I certify that the above information is correct and true to the best of my knowledge.

Superintendent name (print): \_\_\_\_\_ Date: \_\_\_\_\_ (yyyy-mm-dd)

Submit form