



Application Form

Clinical Practice Evidence Panel (CPEP) – Paramedic Application Form

Applicant Information

- **Full Name:**
- **Email Address:**
- **Phone Number:**
- **Paramedic Service:**
- **Certification Level:** ☐ PCP ☐ PCP-AIV ☐ ACP
- **Years of Clinical Experience:**
- **Primary Practice Environment:** ☐ Rural ☐ Suburban ☐ Urban
- **Other Practice Environments Experienced (optional):** _____

Motivation & Clinical Insight

1. Why are you interested in joining the Clinical Practice Evidence Panel (CPEP)?

(Max 250 words)

2. Describe a time you used clinical evidence to guide your patient care decisions.

(Max 250 words)

3. Briefly describe your current practice environment and how it affects clinical decision-making.

(Max 150 words)

4. Give an example of how you've collaborated with other clinicians or stakeholders to solve a clinical or operational issue.

(Max 250 words)



Commitment Confirmation

- ☐ I understand that this is a volunteer role running from **August to December 2025**, involving:
 - Bi-weekly 3-hour virtual meetings
 - Evidence review and preparation between sessions
 - Collaborative discussion and recommendation drafting
- ☐ I confirm my ability to commit to the above schedule.
- ☐ I understand that participation may lead to future opportunities within the CPEP structure.

Reference Requirement

Please attach to your email application a **reference letter** from a leader in your paramedic service (e.g., supervisor, clinical lead, manager) confirming:

- Your professional reliability and clinical competency
- Their support for your participation

You may use the template at the end of this application if you wish.

Optional

You may attach your resume/CV to your email returning the application form.

Additional Comments (Optional):

Return this application to

info@RPPEO.ca with “Clinical Practice Evidence Panel Application” as your subject line

Deadline

August 18, 2025



Leadership Reference Template for CPEP Application

You may copy and paste this template onto your service's letterhead.

Subject: Reference for [Paramedic Full Name] – Clinical Practice Evidence Panel (CPEP) Application

To the CPEP Selection Committee,

I am writing in support of **[Paramedic Full Name]** and their application to participate in the **Clinical Practice Evidence Panel (CPEP)**, which will support the **Comprehensive Medical Directive Review (CMDR)** scheduled for presentation to the Medical Advisory Committee in December 2025.

I have worked with [Name] in their capacity as a [Title/Role] at [Paramedic Service Name] for [Length of Time]. In that time, I have observed them to be:

- A clinically competent and reliable practitioner
- Thoughtful and professional in their approach to patient care
- Open to learning and interested in the integration of evidence into practice

I believe [Name] would be a valuable contributor to the CPEP team. Their participation will bring practical frontline insights that are crucial to ensuring clinical recommendations are realistic and applicable in the field.

I am aware of the time commitment involved in this voluntary initiative and support their involvement through to December 2025.

If further information is required, I would be happy to provide it.

Sincerely,

[Referee Full Name]

[Title/Position]

[Paramedic Service or Organization Name]

[Email Address] | [Phone Number]

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