

# Emergency Medical Assistants Continuing Competence System (EMACCS) User Manual

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# Introduction

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## Who Should Read this Manual

- If you are an Emergency Medical Assistant (EMA) holding a current BC license, and
- Your license is one of these categories: EMR, PCP, ACP, ITT, or CCP, and
- You have completed all or part of your required 20 continuing education (CE) credits and 20 patient contacts for the year, then
- You should read and use this manual to submit and confirm your continuing competence in the EMACCS system.

## Continuing Competence

The [EMA Regulation](#) requires that all EMAs, except first responders and EMAs that held a student licence during the reporting period, complete 20 continuing education credits and 20 patient contacts every year. This requirement is a condition of your licence and applies regardless of who your employer is, and whether or not you are employed, on medical leave, on maternity/paternity leave or living outside B.C.

Continuing education credits and patient contacts obtained in another province or country can be submitted to meet your continuing competence requirements in British Columbia.

**Exceptions:** You do not have to meet and report the continuing competence requirements if one of the following applies to you:

- You were issued an initial or higher level licence during the reporting period.
- You successfully complete a written continuing competence exam for the reporting period.
- You successfully complete a practical continuing competence exam in which case, you are exempt for the reporting period for which you took the exam and the following reporting period.

Failure to comply with the regulation may result in further terms and conditions being imposed on your licence and may lead to a review by the EMA Licensing Board.

## Key Definitions

- **Reporting Period:** April 1<sup>st</sup> to March 31<sup>st</sup> of each year. All CE credits and patient contacts for this period must be entered by April 30<sup>th</sup>. For example: the 2013/2014 reporting period runs from April 1<sup>st</sup> 2013 to March 31<sup>st</sup> 2014 and all CE credits and patient contacts completed during this period must be entered by April 30<sup>th</sup> 2014.
- **Continuing education (CE) activity:** a training or educational program, course, seminar or similar activity that is relevant to the knowledge, skills or abilities required of an EMA in the course of practicing the profession.
- A **patient contact** is where an EMA has provided full patient assessment or direct care to the patient.



### ***Important Information***

- The continuing competence period runs from April 1st to March 31st of every year and you have until April 30th to complete your submissions for the reporting period
- Please read [our guidelines](#) to assist you in understanding what activities are acceptable.

### **Feedback**

The EMA Licensing Branch is committed to ensuring that EMACCS is secure, accurate and user friendly. In order to be successful your input is necessary.

Specific areas of feedback would be look, feel, usability, and possible enhancements. All feedback is welcome and can be submitted to [emalbfeedback@gov.bc.a](mailto:emalbfeedback@gov.bc.a) with EMACCS feedback in the subject line.

# Section #1: Registration

---

## BCeID

The Emergency Medical Assistants Licensing Program uses the BCeID system to ensure that your access to the website established for the purpose of recording your continuing competency requirements, is secure. There is only one way to submit your continuing competency report, and that is electronically using the website. This requirement is set out in section 22 of the Emergency Medical Assistant's Regulation which requires an EMA to submit continuing competency reports "electronically using the website established and maintained for the purpose of this section."

In order to use the website it is necessary for you to register with BCeID. The information you submit when registering for the BCeID password (name, email address and phone number) is not stored or shared with any other public body, and the information you are required to submit in order to obtain a password, is already information collected by the EMA Licensing Board. The creation of a password means that there is enhanced security so no one else can access your continuing competency records.

Personal BCeID is recommended for your security; however a basic BCeID will be accepted. Please see the information on [types of BCeID](#).

### How to obtain a BCeID

- Click on the link to register for a [personal BCeID](#) (recommended for your security, available for B.C. residents only).
- Click on the link and register for a [basic BCeID](#) (permitted for B.C. residents and your option if you reside outside of B.C.).
- Follow the registration instructions.

## EMACCS Registration

Once you obtain your BCeID, you are ready to register for EMACCS. To access the EMACCS system [Click Here](#).

To log into the system enter your BCeID and password and press **Next**

BRITISH COLUMBIA

Help ?

Logon

BCeID

emaccs.hlth.gov.bc.ca requires you to logon.

Personal or Basic BCeID User

Government User

BCeID:

Forgot My BCeID

Password:

Forgot My Password

Next

Access to or unauthorized use of data on this computer system by any person other than the authorized employee(s) or owner(s) of an account is strictly prohibited and may result in legal action against such person.

» Contact Us

» How to get a BCeID

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For your security, the first time you access the EMACCS system you will need to request access and verify your identity. To make the verification process as quick as possible, please ensure you provide your name exactly how it is displayed on your licence.

Once EMA Licensing staff has verified your identity, your request will be approved and access will be granted. This process can take up to 30 days.

BRITISH COLUMBIA | EMACCS

EMACCS Home | Contact Us | Help ?

Authorization Request Form null null

Contact Information

\* Last Name  \* First Name

\* Date of Birth  \* Licence #

\* Phone Number  \* Email Address

Submit

## Section #2: Bulletins and Alerts

### Returned Mail

If our office has received returned mail for you, the system will prompt you to update your contact information before allowing you to proceed. Once you have updated your contact information, the system will notify our office and any returned mail will be forwarded to you.

### Licence Expiry

The system does a countdown to licence expiry which can be seen on the bulletins and alerts page when you log in. On the right of the screen your licence number and full name will be displayed. If your licence is about to expire and you require an extension please complete the [Request for Licence Extension](#) form. This form must be completed and submitted at least **2 weeks prior** to your licence expiring.

Bulletins and Alerts Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

**Your licence expires in 1809 days.**

**Bulletins**

2013/06/26 Welcome to EMACCS! We recommend you read the EMACCS User Manual before proceeding.

**Alerts**

We require further information from you before your activities can be evaluated.

If your licence is expired this countdown will be replaced with the text: "Your licence has expired". This means you are no longer licensed to practice as an Emergency Medical Assistant in B.C. If you would like to have your licence reinstated, please complete the [Request for Reinstatement](#) form

Bulletins and Alerts Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

**Your licence has expired.**

**Bulletins**

No records found.

**Alerts**

## Bulletins

Bulletins are the EMA Licensing Branch's way of communicating important information to you. Examples of these communications are:

- Information regarding continuing competence deadlines including adjudication deadlines, written exam deadlines and practical exam deadlines.
- Changes to the approved **Activities List**.
- Changes and updates to the EMACCS system.

Bulletins and Alerts

Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

**Your licence expires in 1809 days.**

Bulletins

2013/06/26 Welcome to EMACCS! We recommend you read the EMACCS User Manual before proceeding.

## Alerts

When you have an **Other Activity** that is set to **Pending Information**, you will receive an alert. Pending information means that no credits can be assigned until you provide more information on the activity you have submitted. This will be your prompt to go the **Other Activities** page and provide the requested information. If you do not provide the requested information, you will be assigned "0" credits for that activity.

Alerts

We require further information from you before your activities can be evaluated.

## Section #3: My Licence

### My Licence

This screen contains all of your licence history as well as your current endorsements and restrictions.

At the bottom of this screen you have the option to relinquish your licence if you no longer wish to practice as an Emergency Medical Assistant.

My Licence Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

Expiry: 2018/06/11    Suspension Date:

Qualification		
Description	Effective Date	Expiry Date
Primary Care Paramedic	2013/06/11	2018/06/11
Emergency Medical Responder	2011/06/11	2015/01/13
Emergency Medical Responder	2011/06/11	2013/06/05
Emergency Medical Responder	2011/06/11	2015/06/05
Emergency Medical Responder	2010/01/13	2015/01/13

Endorsements		
Description	Certification Date	Edit
Hypovolemic IV	2013/06/11	Relinquish
IV	2013/06/11	Relinquish

Restrictions	
Description	Restricted Date
No records found.	

[Relinquish Licence](#)

## Relinquish your Licence

To relinquish your licence, press the relinquish licence button at the bottom of the screen; a pop up screen will open requesting confirmation. Either press relinquish or cancel.

Once complete, the system will update your current licence qualification to **relinquished** and set your status to **inactive**. This will prevent you from receiving any further communications from the branch. EMA Licensing will be notified that you have relinquished your licence and your file will be closed.

As soon as you relinquish your licence, you are no longer licensed to practice as an EMA and you should licence return your licence to [our office](#) immediately.

### Confirmation

Licence # [REDACTED]

Are you sure you want to relinquish your licence?

## Qualification

Contains a history of all licences you have been issued. This screen includes a **Description**, **Effective Date** and **Expiry Date**. Your current licence will be on top and all previous licences will be displayed in ascending order by the effective date.

Qualification		
Description	Effective Date	Expiry Date
Primary Care Paramedic	2013/06/11	2018/06/11
Emergency Medical Responder	2011/06/11	2015/01/13
Emergency Medical Responder	2011/06/11	2013/06/05
Emergency Medical Responder	2011/06/11	2015/06/05
Emergency Medical Responder	2010/01/13	2015/01/13

## Endorsements

This screen contains all of your current endorsements and the certification date. If you are a PCP with the IV endorsement and would like to relinquish your endorsement you may do so here.

Endorsements		
Description	Certification Date	Edit
Hypovolemic IV	2013/06/11	<input type="button" value="Relinquish"/>
IV	2013/06/11	<input type="button" value="Relinquish"/>

## Relinquish your Endorsements

To relinquish your IV endorsement simply press the relinquish button next to your endorsement; a pop up screen will open requesting confirmation either press **Relinquish** or **Cancel**.

Once you have relinquished your endorsement the system will update your information and notify our office of your relinquishment. A revised licence will be issued to you without the IV endorsement and sent to the mailing address on the **My Contact Information** screen.

As soon as you relinquish your IV endorsement you are no longer endorsed to initiate peripheral intravenous line or administrate intravenous fluids and medications.

### Confirmation

**IV**  
Are you sure you want to relinquish this IV endorsement?

## Restrictions

This screen contains any current restrictions on your licence and the date the restriction was placed on your licence. For information on how to remove licence restrictions please see the [Having your Restrictions Removed](#) page on the EMA Licensing website.

Restrictions	
Description	Restricted Date
No extraglotic airway	2013/06/11
No nasopharyngeal airways	2013/06/11

## Section #4: My Continuing Competence Status

### My Continuing Competence Status

The "My Continuing Competence" status screen includes:

- **Reporting year** – you can view different reporting periods by using the drop down list and selecting a different reporting year.
- **CC Status** – this is your current CC status for the reporting year selected and may include the following statuses:
  - **Exempt** – You are exempt from reporting for the reporting year selected. For more information on continuing competence exemptions and exceptions please see the [Continuing Competence](#) page on the EMA Licensing website.
  - **Pending Adjudication** – Your request for adjudication has not yet been processed.
  - **In Shortfall** – You are currently in shortfall for the reporting year selected.
  - **In Shortfall Adjudicated** – You were unsuccessful in your adjudication request for the reporting year selected.
  - **Requirements Met** – You have met the CE credits and patient contact requirements for the reporting year selected.
  - **Requirements Met CC Transfer** – At the end of each reporting period the system will transfer CE credits to patient contacts where you have more than 20 CE credits but less than 20 patient contacts. If the transfer of CE credits brings your totals to a minimum of 20 CE credits and 20 patient contacts, you will have met the requirements for the reporting year selected.
  - **Requirements Met Adjudicated** – You have successfully been adjudicated and have met the requirements for the reporting year selected.
  - **Requirements Met Exam** – You have successfully completed either a written or practical exam and are considered to have met the requirements for the reporting year selected.
- **Patient Contacts** – This is your total patient contacts submitted to date for the reporting year selected.
- **Continuing Education Credits** – This is your total approved CE credits submitted and reviewed for both approved activities and other activities to date for the reporting year selected.

My Continuing Competence Status

Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

Reporting Year: 2013/2014 ▾

Patient Contacts: 2

CC Status: IN SHORTFALL Continuing Education Credits: 10.0

## Patient Contacts

The patient contact screen lists all patient contacts you have submitted to date for the reporting year selected.

Patient Contacts				
Call Date	Contact Type	Sub-Contact Type	Skill 1	Skill 2
2013/06/11 10:17	Minor Trauma	Possible Spinal Injury-Minor	Spinal Immobilization	Fracture Management
2013/06/11 10:16	Major Trauma	Blunt Trauma	Spinal Immobilization	Fracture Management

## Approved Activities

The approved activities screen lists all activities that you have submitted on the **Approved Activities** screen as soon as you submit and save your submission. Also all activities that you have submitted on the **Other Activities** screen that have been reviewed by our office and assigned credits will move from the **Activities Pending Approval** screen to the **Approved Activities** screen with the credits assigned.

Approved Activities						
Activity Name	NOCP	Start Date	End Date	Credits	Adjudicated Credits	
Canadian Ski Patrol Training	4, 5.6, 5.7, 7.1, 7.2, 6.1.g, 6.1.	2013/06/06	2013/06/07	10	0	
Testing 4	8, 8.1, 8.1.c	2013/05/06	2013/05/06	4		

## Activities Pending Approval

The **Activities Pending Approval** screen lists all activities you submitted on the **Other Activities** page, where the status is still pending.

The pending statuses that may appear here are:

- **Pending Review** – your submission has not yet been reviewed.
- **Pending Adjudication** – your adjudication submission has not yet been reviewed.
- **Pending Information** – your submission has been reviewed but requires further information from you before the review can be completed.

Activities Pending Approval	
Activity Name	Status
Testing	Pending Information
Testing 2	Pending Information
Testing 3	Pending Review

**Important Note:** Activities that have been rejected because they do not meet the NOCP requirements will not show on this page. You can see the full list of Other Activities submitted and the credits assigned on the **Submit Other Activities** page.

## Section #5: My Contact Information

### Contact Information Requirements

It is condition of your licence that you notify this office within 30 days of any changes in name or contact information. It is important that we are able to contact you quickly about any changes that may impact your licence.

My Contact Information Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

NOTE: Make sure you click 'Save' at the bottom of the page before navigating away.

#### Edit Contact Information

If you need to enter a foreign (non-Canadian) address, please submit the contact information update form, as some options are not available on this screen.

Address*	<input type="text" value="1111 SOMEWHERE DRIVE"/>
City*	<input type="text" value="VICTORIA"/>
Province*	<input type="text" value="BC"/>
Postal Code*	<input type="text" value="V0N 0P0"/>
Last Updated	<input type="text" value="2013/07/04"/>
Primary Contact #*	<input type="text" value="(555) 555-5555"/>
Alternate Contact #	<input type="text" value="(555) 555-5555"/>
Email Address	<input type="text" value="somewhere@anywhere.com,anywhere@somewhere.ca"/>

### Updating your Contact Information

You can update all or part of your contact information at anytime. To do this simply update the fields you wish to change and press the **Save** button.

Some rules apply to certain fields:

- **Postal Code** – must be 6 characters and must be in the format of A1B 2C3 or A1B2C3. Postal codes may not include D, F, I, O, Q or U.
- **Primary Contact #** (Phone Number) – must be at least 10 characters and international phone numbers must be preceded by a plus (+) sign.
- **Alternate Contact #** (Phone Number) – must be at least 10 characters and international phone numbers must be preceded by a plus (+) sign.
- **Email Address** – must contain an @ symbol, a hostname and a domain name and multiple addresses are separated by a semi colon (;). Also email addresses with '+' sign filtering, comments, or top level domains longer than 4 characters (like .museum) will not be accepted.

Note: Addresses outside of Canada can only be updated using the [Contact Information Update](#) form located on the EMA Licensing website.

### Updating your Name

EMACCS is currently unable to process name changes. If your name has changed please use the [Contact Information Update](#) form located on our website and send documentation of your name change to [our office](#).

# Section #4: My Employer

## Employer Requirements

It is condition of your licence that you notify this office within 30 days of any/all changes in employment that requires your licence.

**Important Note:** You must click **Save** at the bottom of the page before navigating away or your changes will be lost.

**NOTE:** Make sure you click 'Save' at the bottom of the page before navigating away.

My Employer Information Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

**NOTE:** Make sure you click 'Save' at the bottom of the page before navigating away.

**Edit Employer Information**

Employer: \*

Start Date: \*  If your employer is not on our list please submit the Contact Information Update Form <https://www.health.gov.bc.ca/exforms/ema/7107.html>

End Date:

**Employment List**

Employer	Start Date	End Date	Options
BRITISH COLUMBIA AMBULANCE SERVICE	2013/01/14		<input type="button" value="Select"/>
MIDWAY AMBULANCE STATION	2010/06/15	2013/01/14	<input type="button" value="Select"/>

## Adding your Employer

Select your employer from the drop down list, enter your start date and press the **Add** button.

Please note that when you press the **Add** button, the information will be saved to the page only. To save to the database, you must click save at the bottom of the page. If you navigate away from the page without clicking save your information will not be updated.

**NOTE:** Added employment history to list. Click Save to commit.

My Employer Information

## Edit your Employer

In the employment list, find the employer you no longer work for and press the **Select** button. This will bring the employer to the top screen so that you can edit it. Add an end date to the employer and press the **Update** button

**Important Note:** When you press the **Update** button, the information is saved to the page only. To save to the database, you must click **Save** at the bottom of the page. If you navigate away from the page without clicking save your information will not be updated.

 Updated employment history in list. Click Save to commit.

## My Employer Information

---

### Unlisted Employers

If your employer does not show in the drop down list, please submit the [Contact Information Update](#) form located on our website. Our office will then add your employer to the list and update the information for you.

# Section #5: Log Patient Contacts

## Patient Contact Requirements

- For each patient contact, include the following:
  - Date*: the system uses the date and time as the identifier for duplicates. Therefore, you may have multiple patient contacts on the same date but the time must be unique for each patient contact on that date,
  - Location*,
  - Type of contact*, and
  - Knowledge, skills or abilities* applied.

**Important Note:** You must click save at the bottom of the page before navigating away or all your changes will be lost.

**NOTE:** Make sure you click 'Save' at the bottom of the page before navigating away.

The form header contains notes regarding your submission requirements and approved credit totals for the reporting year you select from the drop down list.

Log Patient Contacts
Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

✔ NOTE: You have selected the current reporting year. You are in shortfall for this year, and may enter data.  
ⓘ NOTE: Make sure you click 'Save' at the bottom of the page before navigating away.  
ⓘ Select the reporting year below to enter information for that year.

Reporting Year: 2013/2014

Patient Contacts: 2

Patient Contacts Form

Call Date\* 2013/06/10 10:17

Location\* Victoria

Contact Type\* Minor Trauma

Sub-Contact Type\* Possible Spinal Injury-Minor

Skill 1\* Spinal Immobilization

Skill 2\* Fracture Management

Update
Clear

Patient Contacts Submitted

Call Date	Contact Type	Sub-Contact Type	Skill 1	Skill 2	Location	Options
2013/06/11 10:17	Minor Trauma	Possible Spinal Injury-Minor	Spinal Immobilization	Fracture Management	Victoria	Select Delete
2013/06/11 10:16	Major Trauma	Blunt Trauma	Spinal Immobilization	Fracture Management	Victoria	Select Delete

Save
Cancel

## Log Patient Contacts

To log patient contacts complete the patient contacts form as follows:

- Select the reporting year for which you want to submit.
- Add the call date.
- Add the location.
- Add the contact type and press tab (the sub-contact type will populate).
- Add the sub-contact type.
- Add the skill 1.
- Add the skill 2.
- Press **Add**.

To add more than one contact at a time, repeat the steps above until you have added all the contacts you have to date.

Once you are done adding patient contacts, press **Save** at the bottom of the screen to save to the database. Note: if you do not press **Save** at the bottom of the screen before navigating to another page you will lose all of the information you have added.

Log Patient Contacts
Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

✔ NOTE: You have selected the current reporting year. You are in shortfall for this year, and may enter data.  
! NOTE: Make sure you click 'Save' at the bottom of the page before navigating away.  
i Select the reporting year below to enter information for that year.

Reporting Year: 2013/2014

Patient Contacts: 2

Patient Contacts Form

Call Date\* 2013/06/10 10:17

Location\* Victoria

Contact Type\* Minor Trauma

Sub-Contact Type\* Possible Spinal Injury-Minor

Skill 1\* Spinal Immobilization

Skill 2\* Fracture Management

Update
Clear

Patient Contacts Submitted

Call Date	Contact Type	Sub-Contact Type	Skill 1	Skill 2	Location	Options
2013/06/11 10:17	Minor Trauma	Possible Spinal Injury-Minor	Spinal Immobilization	Fracture Management	Victoria	Select Delete
2013/06/11 10:16	Major Trauma	Blunt Trauma	Spinal Immobilization	Fracture Management	Victoria	Select Delete

Save
Cancel

## Edit Patient Contacts

To edit a patient contact, find the contact in the **Patient Contacts Submitted** screen and press **Select**. This will bring the patient contact back up into the form where you can edit the information. When you are done editing your patient contact; press the **Update** button.

Once you are done editing patient contacts, press **Save** at the bottom of the screen to save to the database. Note: if you do not press **Save** at the bottom of the screen before navigating to another page you will lose all of the information you have edited.

Patient Contacts Submitted							
Call Date	Contact Type	Sub-Contact Type	Skill 1	Skill 2	Location	Options	
2013/06/11 10:17	Minor Trauma	Possible Spinal Injury-Minor	Spinal Immobilization	Fracture Management	Victoria	Select	Delete
2013/06/11 10:16	Major Trauma	Blunt Trauma	Spinal Immobilization	Fracture Management	Victoria	Select	Delete

Save Cancel

## Section #6: Submit Approved Activities

---

### Approved Activities

The EMA Licensing Branch has pre-approved commonly submitted continuing education activities.

The [Approved Activity List](#) contains all activities that can be submitted using this form. The only activities available at this time for this form are activities that can be submitted **once per reporting period**. Activities that can be submitted more than once per reporting period can be submitted using the **Submit Other Activities** screen.

**Important Note:** You must click save at the bottom of the page before navigating away or all your changes will be lost.

---

**NOTE: Make sure you click 'Save' at the bottom of the page before navigating away.**

---

The form header contains notes regarding your submission requirements and approved credit totals for the reporting year you select from the drop down list.

Submit Approved Activities Licence #: [REDACTED] - FIRST MIDDLE LAST NAME

✔ NOTE: You have selected the current reporting year. You are in shortfall for this year, and may enter data.  
i NOTE: Make sure you click 'Save' at the bottom of the page before navigating away.  
i Select the reporting year below to enter information for that year.

Reporting Year: 2013/2014 ▾

Approved Credit Total: 10.0

---

## Submit Approved Activities

To submit approved activities use the activity information sheet:

- Select the reporting year for which you want to submit.
- Select the activity name from the drop down list.
- Enter the location where the activity took place.
- Enter the activity start date.
- Enter the activity end date.
- Enter any details you wish to include (not required).
- Press **Add**.

To add more than one activity at a time repeat the steps above until you have added all the activities you have to date.

Once you are done adding activities press **Save** at the bottom of the screen to save to the database. Note: If you do not press **Save** at the bottom of the screen before navigating to another page you will lose all of the information you have added.

Activity Information

Activity Name\*

Location\*

Start Date\*  

End Date\*  

Duration

Maximum

Credits

Details

NOCP Area

NOCP General Competency

NOCP Specific Competency

## Edit Approved Activities

To edit an activity find the activity in the **Activity Information List** and press **Select**. This will bring the activity back up into the form where you can edit the information. When you are done editing your activity, press the **Update** button.

Once you are done editing activities, press **Save** at the bottom of the screen to save to the database. Note: if you do not press **Save** at the bottom of the screen before navigating to another page you will lose all of the information you have edited.

Activity Information List							
Activity Name	NOCPs	Start Date	End Date	Duration	Credits	Options	
Canadian Ski Patrol Training	4, 5.6, 5.7, 7.1, 7.2, 6.1.g, 6.1.n	2013/06/06	2013/06/07	N/A	10	Select	Delete

Save Cancel

## Section #7: Submit Other Activities

---

### Other Activities

The EMA Licensing Branch has pre-approved commonly submitted continuing education activities.

Activities that can be submitted **more than once per reporting period** and activities not preapproved by the branch can be submitted using this form. The [Approved Other Activity List](#) contains all activities that can be submitted using this form with a predetermined credit value per submission and a maximum submission per reporting year.

All CE activity must meet the requirements outlined in the [Continuing Competence Guidelines](#) found on the EMA Licensing website:

- Be greater than 30 minutes in length.
- Meet one or more NOCPs.
- Be relevant to the skills or knowledge to aid in the carrying out of paramedic duties.

**Important Note:** You must click **Save** at the bottom of the page before navigating away or all your changes will be lost.

---

**NOTE: Make sure you click 'Save' at the bottom of the page before navigating away.**

---

The form header contains notes regarding your submission requirements and other credit totals for the reporting year you select from the drop down list.

Submit Other Activities	Licence #: [REDACTED] - FIRST MIDDLE LAST NAME
✔ NOTE: You have selected the current reporting year. You are in shortfall for this year, and may enter data.	
ⓘ NOTE: Make sure you click 'Save' at the bottom of the page before navigating away.	
ⓘ Select the reporting year below to enter information for that year.	
Reporting Year:	2013/2014 ▼
Other Credit Total: 4.0	

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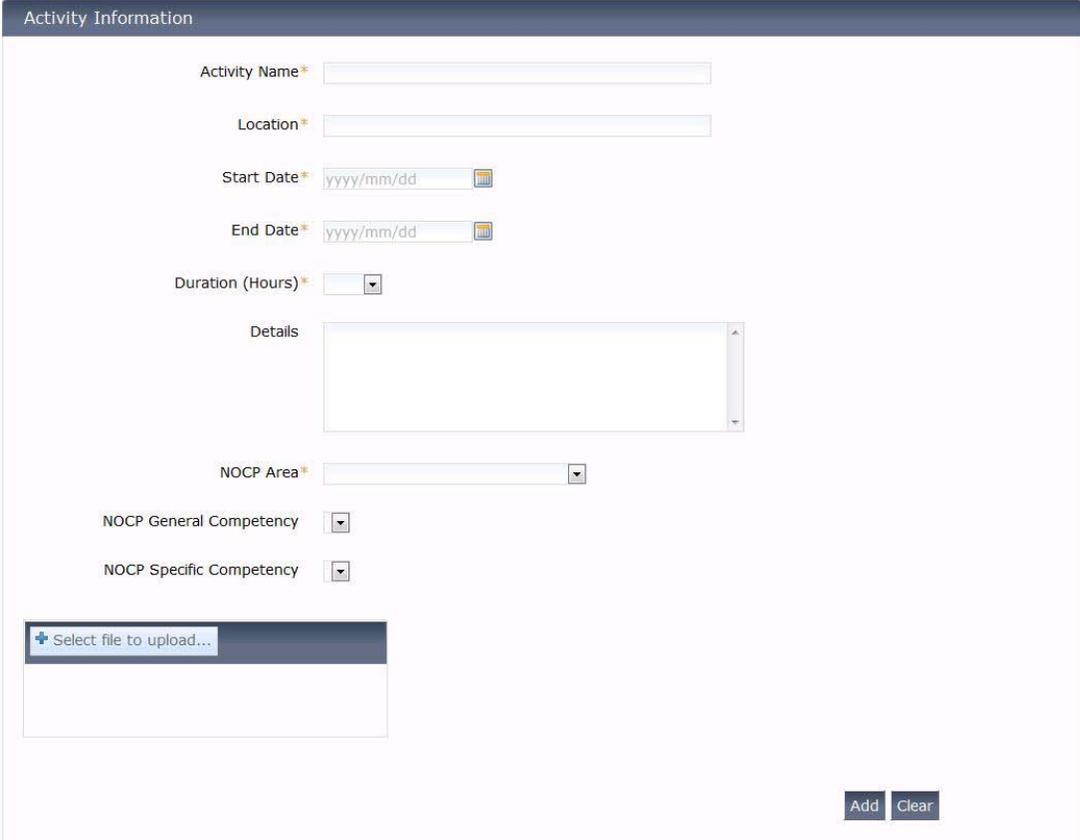
## Submit Other Activities

To submit other activities use the **Activity Information Sheet**:

- Select the reporting year for which you want to submit.
- Enter the activity name (if the activity name is on the approved other activity list, please enter it as it appears on the list).
- Enter the location where the activity took place.
- Enter the activity start date.
- Enter the activity end date.
- Select the activity duration (hours) from the drop down list.
- Enter any details you wish to include.
- Enter the NOCP area.
- Enter the general NOCP area.
- Enter the specific NOCP area.
- Upload any relevant course information to attach to you submission
- Press **Add**.

To add more than one activity at a time repeat the steps above until you have added all the activities you have to date.

Once you are done adding activities, press **Save** at the bottom of the screen to save to the database. Note: if you do not press **Save** at the bottom of the screen before navigating to another page you will lose all of the information you have added.



The screenshot shows a web form titled "Activity Information". The form contains the following fields and controls:

- Activity Name\* (text input)
- Location\* (text input)
- Start Date\* (date picker with "yyyy/mm/dd" format)
- End Date\* (date picker with "yyyy/mm/dd" format)
- Duration (Hours)\* (dropdown menu)
- Details (text area)
- NOCP Area\* (dropdown menu)
- NOCP General Competency (dropdown menu)
- NOCP Specific Competency (dropdown menu)
- File upload area: "Select file to upload..." (button) and a file input box.
- Buttons: "Add" and "Clear" at the bottom right.

## Edit Other Activities

**Important Note:** The more information you provide, the easier it is for the branch staff to assign credits to your submission. If further information is required for your submission you will receive an alert when you log into the system. Also your status on the **My CC Status** screen will be set to pending information for each activity that requires more information. No credits will be assigned to activities pending information until you provide further information.

You can provide further information by editing an activity. Find the activity in the **Activity Information List** and press **Select**. This will bring the activity back up into the form where you can edit the information. When you are done editing your activity press the **Update** button.

Once you are done editing activities, press **Save** at the bottom of the screen to save to the database. Note: if you do not press **Save** at the bottom of the screen before navigating to another page you will lose all of the information you have edited.

Activity Information List							
Activity Name	NOCP	Start Date	End Date	Duration	Credits	Adjudicated Credits	Options
Testing	1.1.b	2013/04/17	2013/05/05	13.5	0		Select Delete Comments
Testing 2	7.1.b	2013/04/02	2013/05/15	14	0		Select Delete Comments
Testing 3	1.4.a	2013/06/03	2013/06/03	8	0		Select Delete Comments
Testing 4	8.1.c	2013/05/06	2013/05/06	4	4		Select Delete Comments

Save Cancel

## Activity Information List

The activity information list will display all other activities you have submitted and the credits assigned. If your submission has been rejected or is pending more information use the **Comments** button to see what instructions or comments the EMA Licensing branch has entered for you.

## Section #8: EMACCS the System

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### CC Status Updates for New Reporting Periods

On April 1<sup>st</sup> of every year the EMACCS system will automatically determine if you are required to complete the continuing competence requirements for the new reporting year. The system will automatically update your CC Status to either ***In Shortfall*** or ***Exempt***.

### Credit Transfers

On May 1<sup>st</sup> of every year the EMACCS system will automatically transfer CE credits to your patient contacts when you have more than 20 CE credits but less than 20 patient contacts. If the transfer of CE credits brings your totals to a minimum of 20 CE credits and 20 patient contacts, you will have met the requirements for the reporting year selected.

### Email Notifications

The EMACCS system will send you an email notification to the email address provided in your contact information for the following:

CC Status Change	Requirements Met	You have met the 20 CE and 20 Patient Contact requirements for the reporting period listed
CC Status Change	Requirements Met CC Transfer	CE credits have been transferred to your patient contacts and you have now met the 20 CE and 20 Patient Contact requirements for the reporting period listed
CC Status Change	Requirements Met Adjudication	You have been successfully adjudicated and have met the 20 CE and 20 Patient Contact requirements for the reporting period listed
CC Status Change	Approved Activities Requirements Met	You have submitted 20 CE credits using the approved activities screen
CC Status Change	Other Activities Requirements Met	You have submitted 20 CE credits using the other activities screen
CC Status Change	Patient Contact Requirements Met	You have submitted 20 patient contacts
Pending Information	Other activity pending information	You have an activity pending more information from you