

Appendix: F	PDN: 6012.02	Last Updated: May 1, 2009	Subject: Criminal Records Check Form	Page 1 of 1
-------------	--------------	---------------------------	--------------------------------------	-------------

CRIMINAL RECORDS CHECK FORM

**** This form is valid no more than ninety (90) days prior to your re-registration expiry date****

Return Completed Forms by Mail or Fax to:
Emergency Health Services - Attention: Registrar
Suite 160 - 237 Brownlow Ave
Dartmouth, Nova Scotia B3B 2C5
Fax: (902) 424-1781

Phone: (902) 424-2690 &/or E-Mail: registrarehs@gov.ns.ca

PARAMEDIC NAME:		PARAMEDIC ID #:	
MAILING ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
STREET ADDRESS: Same as mailing <input type="checkbox"/>			
CITY:	PROVINCE:	POSTAL CODE:	
HOME # :	CELL # :	E-MAIL:	
BASE / LOCATION:		WORK# :	

CRIMINAL OFFENCE QUESTION

In the past year have you been convicted or found guilty of a Criminal Offence?

Yes No

If you answered "Yes", please attach details in a "CONFIDENTIAL" letter to the Registrar.

Signature: _____ **Date:** _____

This form is valid for two (2) years from the date signed*

Multiple levels of registration (*endorsements*) are required to provide only one (1) EHS Criminal Records Check Form to be renewed every two (2) years from the original date of issue