

Paramedic Registration Form

"For Office Use Only"					
Registration Approved Yes <input type="checkbox"/> No <input type="checkbox"/>		Registration Number (to be assigned)			
Registered with restrictions &/or conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Registration:			
Requires training? Yes <input type="checkbox"/> No <input type="checkbox"/>		Training/conditions must successfully be completed by:			
Training &/or restrictions:					

Registration Level Applying For: (Check appropriate box)		
PCP <input type="checkbox"/> Primary Care Paramedic	ACP <input type="checkbox"/> Advanced Care Paramedic	CCP <input type="checkbox"/> Critical Care Paramedic

1. PERSONAL INFORMATION					
Surname		Given Name		Middle Initial	
Mailing Address		City/Town		Province	
Postal Code	Home Phone	Work Phone	Cell Phone		
Date of Birth	____/____/____ month day year	Email Address		Male <input type="checkbox"/>	Female <input type="checkbox"/>

2. REGISTRATION STATUS	
Question 1	
<p>Are you currently registered in another province in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please have your Registry Body complete the NS Verification of Registration Form. If no, see question 2.</p>	
Question 2	
<p>Have you graduated from a Canadian Medical Association (CMA) Accredited Paramedic Education Program within the last twelve (12) months? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide the information requested below and provide a copy of your certificate/diploma. If no, please contact the Registrar at registrarehs@gov.ns.ca.</p>	
Name of Education Institution:	Location of Institution:
Contact Information for Institution:	Graduation Date:

2. REGISTRATION STATUS *Continued...*

Question 3

Are you making application from outside of Canada?

If yes, please see policy 6001.16, Paramedic Medical Dispatcher Registration and complete the applicable appendix. You can find the policy on our website at www.gov.ns.ca/health/ehs or *contact the Registrar at registrarehs@gov.ns.ca* .

3. DISCIPLINARY ACTION

Are you currently under investigation or have you ever been disciplined by any organization responsible for the regulation of this or any other health profession: **Yes** **No**

If yes, provide details on a separate paper.

4. CRIMINAL RECORDS CHECK

A "Criminal Records Check" must be submitted in order to process your application.

- Applicants should contact their local Police Department to obtain this documentation.
- Criminal Record Checks are only valid for 90 days from date of issue!

5. DECLARATION

"I hereby declare the above information to be true and valid:"

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Applicants Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date dd/mm/yy
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BEFORE SUBMITTING YOUR APPLICATION

To avoid delays in processing your application, please check that you have completed all of the steps necessary before mailing your application to the Registrar.

- Answered all questions, signed and dated the application form
- Legible copy of your birth certificate
- Criminal Records Check (*valid only for 90 days from the date of issue*)
- Diploma/certificate(s) of your Paramedic Education Program(s) (*if applicable*)
- Verification of current licensure (*copy of licensure/registration card*)
- Verification of Registration Form
- Any applicable Comparison Templates and a letter from your Medical Director attesting to the competency at the level you are applying for (*this would be for applicants outside of Canada*) see policy 6001.16 for details on our website at www.gov.ns.ca/health/ehs.