

VERIFICATION OF REGISTRATION FORM

PART A: To be completed by applicant.			
Instructions: Send to each paramedic regulator where currently or previously registered &/or licensed. Additional copies of this form must be used if you have been registered in more than one province/territory.			
Family Name:		Given names:	
Former Names:		Date of Birth:	
Address:			
Registration Date:		Registration Number:	
Signature:		Date:	
PART B: To be completed by regulator			
INSTRUCTIONS: Please complete the information below and then mail directly to the EHS Registrar.			
Name & Address of Regulator:			
Name of Registrant:		Type of Registration granted (title)	
Registration Number:	Initial Registration Date in Jurisdiction:	Expiry date of Registration:	
Has this person's registration/license ever been denied, revoked, suspended, or under review? If yes, please indicate reason on reverse side. (or attach a separate letter)			YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If yes, has the person's registration/license been reinstated:		Yes: <input type="checkbox"/> Date:	No: <input type="checkbox"/>
Contact number(s) for contact person & comments (if applicable):		Agency Seal:	
Contact Name:	Title:	Signature:	Date:

Personal information on this form is collected by Emergency Health Services of Nova Scotia under the authority of the Provincial Medical Director. This information may be used to determine eligibility for registration in Nova Scotia.

If you have any questions about the collection of this information, please contact the Registrar, EHS, Suite 160, 237 Brownlow Avenue, Dartmouth, NS, B3B 2C5. Tel: (902) 424-2690, Fax (902) 424 -1781. This information is protected from unauthorized use and disclosure, in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only in accordance with that Act.