



### APPLICATION FOR REGISTRATION

**INSTRUCTIONS:** Complete all areas of the application and answer all questions. Use typewriter or print in ink. Please see instructions in enclosed guidelines before completing the sections below.

**A. PERSONAL INFORMATION**

Name (in full):		Last Name/Family Name		First/Given Name		Middle Name(s)	
Former Name(s):				Email Address			
Present Address:		Number		Street			
		Town/City		State/Province/Country		Postal Code	
						Telephone Number and Area Code	
Date of Birth:				yyyy/mm/dd		Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Native or First Language:				Place of Birth:			
Have you ever been convicted of a criminal offense or do you have outstanding charges? Yes: <input type="checkbox"/> No: <input type="checkbox"/>							

**B:1. EDUCATION BEFORE ENTERING PROGRAM**

Level of Education	Language of Instruction	Country	Date of Entry	Completion Date	Certificate
Secondary (high school)					
Post Secondary					

**B:2. PARAMEDIC EDUCATION – Enter actual name of Paramedic School/Program.**

Name and Address of Each Program Attended	Language of Instruction	Date Entered YY/MM	Date Graduated YY/MM	Received/Will Receive: (Specify ie)	CMA Accredited?
				Diploma/Certificate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
				Diploma/Certificate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
				Diploma/Certificate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**Please see back of page for Section C**

### AFFIDAVIT

(Name)

Province of \_\_\_\_\_ I, \_\_\_\_\_  
 hereby apply for paramedic registration in the Province of British Columbia, and, being duly sworn, say that I am the person referred to in the foregoing application for licensee as a paramedic in the Province of British Columbia; that the statements contained in it are true to the best of my knowledge and belief; that I have read and understand the affidavit. I understand that (1) falsification of this application, or (2) the submission of any falsified documents to EMA Licensing, or (3) the submission of any falsified EMA Licensing documents to other agencies, may be sufficient cause for EMA Licensing to withhold a license, to revoke a license, or to take other appropriate action.

Signature of Paramedic Applicant

(Affiant) \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ City and Country

Licensed Notary Public or Commissioner for Taking Affidavits

**Seal or Stamp must be applied**

C. REGISTRATION STATUS AND PARAMEDIC EXPERIENCE – Complete all questions in sections C (if not applicable, write N/A).

1. Where did you first obtain registration?	Province/State/Country	Date												
2. In what other province/states/countries have you registered? <span style="float: right; font-size: small;">List all places, underline current place of registration</span>														
3. Is there any reason that you may not be fit to engage in paramedic practice?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, attach an explanation.												
4. Is your paramedic conduct or practice currently under investigation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, attach an explanation.												
5. Have you ever been denied registration?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, attach an explanation.												
6. Have you been disciplined by a professional regulatory body?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, attach an explanation.												
7. Has your registration ever been revoked or suspended or had conditions attached?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, attach an explanation.												
8. Have you been registered with any other profession? eg: social work, RPN, LPN	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, attach an explanation.												
9. Please record the total number of hours for each year you actually worked as a paramedic from January to December in the past five years. Do not include hours as a student paramedic. Application cannot be processed without this information.														
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; font-size: small;">Year</td> <td style="width: 45%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>_____ hours (current year, to date of application)</td> <td>_____ hours (three years previous)</td> </tr> <tr> <td></td> <td>_____ hours (one year previous)</td> <td>_____ hours (four years previous)</td> </tr> <tr> <td></td> <td>_____ hours (two years previous)</td> <td>_____ hours ( five years previous)</td> </tr> </table>	Year				_____ hours (current year, to date of application)	_____ hours (three years previous)		_____ hours (one year previous)	_____ hours (four years previous)		_____ hours (two years previous)	_____ hours ( five years previous)		
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