



Information on Basic Paramedic Education and Request for Transcript

Part A: To be completed by Applicant.

Instructions: Please send this form after completing Part A to each paramedic school where courses were completed. You need to indicate that you are applying for paramedic registration in British Columbia and require a record of your paramedic education program. You are also responsible for any fees that may be assessed for this service.

Family name:	Given Names:
Former Names:	
Date of Birth:	Graduation:
Name and Address of School where basic paramedic program completed:	
Signature:	Date:
Address:	

Part B: To be completed by paramedic training agency.

Instructions: Please complete the information below. A **Certified Transcript must also be enclosed** showing all courses of theoretical and clinical instruction. Send directly to: EMA Licensing Board, Ministry of Health, PO Box 9625 Stn Prov Govt, Victoria, BC V8W 9P1.

Type of School: (College, Hospital, University, Vocational)			
Date Applicant Commenced:		Date Applicant Graduated:	
Type of Program: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>			
Please indicate the number of hours provided in theory and clinical practice in each area.			
Description	Hours of Theory	Hours of Clinical Practice	CMA Accredited?
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Contact Name:	Title:	Signature:	Date

* Attach a certified transcript along with this completed form

Return form and transcript(s) directly to EMA Licensing.