



## Verification of Paramedic Registration

### Part A: To be completed by applicant.

**Instructions:** Send to each paramedic board, college or agency where registered and/or licensed currently or previously. 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:			
Paramedic Training Agency:		Country:	
Graduation Date:	Registration Date:	Registration No.:	
Signature:		Date:	

### Part B: To be completed by board, college, or agency.

**Instructions:** Please complete the information below and then mail directly to EMA Licensing Board, Ministry of Health, PO Box 9625 Stn Prov Govt, Victoria BC V8W 9P1.

Name of Board, College or Agency:			
Name of Registrant			
Type of Registration Granted (title)	Registration By Examination <input type="checkbox"/> Previous Registration <input type="checkbox"/>		
Registration Number	Other <input type="checkbox"/> _____		
Initial Registration Date for current license level:	Expiry Date of Registration		
Has this person's registration/license ever been denied, revoked, suspended or under review? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please indicate reason on reverse side.			
If yes, has this person's registration/license been reinstated? Yes: <input type="checkbox"/> Date: _____ No: <input type="checkbox"/>			
Other Comments:			Agency Seal
Contact Name:	Title:	Signature:	Date