



PERSONAL INFORMATION

Form with fields: GENDER, SURNAME, GIVEN NAMES, PERSONAL HEALTH NUMBER, LICENSE NUMBER, DATE OF BIRTH, HOME STREET ADDRESS OR PO BOX, TOWN / CITY, POSTAL CODE, HOME PHONE, EMAIL ADDRESS, HEIGHT, WEIGHT, HAIR COLOUR, EYE COLOUR

DEPARTMENT INFORMATION

Form with fields: FIRE CHIEF / TRAINING OFFICER, FIRST RESPONDER DEPARTMENT NAME, DEPARTMENT MAILING ADDRESS, TOWN / CITY, POSTAL CODE, DEPARTMENT PHONE, DEPARTMENT FAX, DEPARTMENT EMAIL ADDRESS

I hereby apply for a license to practice as an EMA First Responder and agree to abide by the policies, procedures and rules of the EMA Licensing Board and the Health Emergency Act and its regulations, as they apply to my license.

FIRST RESPONDER

CERTIFICATION RELICENSING

ENDORSEMENT INFORMATION

ENDORSED: YES NO IF YES, SPECIFY TYPE: CLASS 2 CLASS 3 AED SPINAL MANAGEMENT

INSTRUCTOR INFORMATION

ARE YOU AN INSTRUCTOR? YES NO IF YES, SPECIFY IF ALSO AN INSTRUCTOR FOR: AED SPINAL MANAGEMENT

APPLICANT'S SIGNATURE

DATE (YYYY / MM / DD)

FOR EMA LICENSING USE ONLY

Table with columns: EXAM DATE, LICENSE NUMBER, LICENSE ISSUED DATE, LICENSE EXPIRY DATE, ISSUER. Includes a large COMMENTS section below.

Personal information on this form is collected by the EMA Licensing Board under the authority of the Health Emergency Act (section 6) and Emergency Medical Assistant Regulation (sections 2, 3, 4, 5, 6 and 7). This information will be used to issue an EMA license and maintain a permanent register of licensed EMAs.

Please forward ALL copies to EMA Licensing, PO Box 9625 Stn Prov Govt, Victoria, BC V8W 9P1. Fax: 250 952-1222.