



Fax (250 952-1222) or mail completed form to EMA Licensing, PO Box 9625 Stn Prov Govt, Victoria, BC V8W 9P1

Part A: Application Information

Form section for Part A: Application Information, including fields for Surname, Given Names, Street Address, Telephone, Email Address, Birthdate, Height, Weight, Hair Colour, Eye Colour, Gender, etc.

Part B: Employer Information

Form section for Part B: Employer Information, including fields for Employer, Dept Number, Contact Name, Contact Phone #, Department Fax #, Contact Email Address, Street Address, Town/City, Postal Code.

Part C: License Requested

Form section for Part C: License Requested, including a declaration statement, endorsement options (Yes/No), license type options (Initial License, License Renewal, Same Level, New Level), License Number, Applicant's Signature, and Date.

NOTE: A copy of the certificate indicating successful completion of training from the certifying institute and photograph must be included with all applications for initial license and when applying for a new license level.

Part D: For EMA licensing Branch Use Only

Form section for Part D: For EMA licensing Branch Use Only, including fields for Licensing Exam Date, License Issued, Issuer, License Expiry, and a large area for Comments.

Personal information on this form is collected by the EMA Licensing Board under the authority of the Health Emergency Act (section 6) and the 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 EMA's. If you have any questions about the collection of this information contact the Registrar at PO Box 9625 Stn Prov Govt, Victoria BC, V8W 9P1, phone: 250 952-1203. 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.