



FIRST RESPONDER PROGRAM EXAM REQUEST

To be completed at least 3 weeks prior to course exam date. Please fax or mail this form to: EMA Licensing, Ministry of Health, Box 9625 Stn Prov Govt, Victoria BC, V8W 9P1. Phone: 250 952-1201, Fax: 250 952-1222.

IF FILLING IN BY HAND, PLEASE COMPLETE WITH BLACK PEN ONLY
DATE OF REQUEST EXAM DATE DEPARTMENT
ADDRESS FOR SHIPMENT
PHONE FAX INSTRUCTOR NAME EVALUATOR NAME

Table with 3 columns: STUDENT EXAMS, Initial Certification, Relicensing. Rows include Provider Level I, II, III, AED, and Spinal Management.

Table with 5 columns: STUDENT NAMES AND CURRENT FR LEVEL, License Number, Personal Health No. (PHN), AED, Spinal. Contains 10 rows for student data.

FOR EMA LICENSING USE ONLY
PA Notified VIA DATE INITIALS

IMPORTANT NOTE: This form must be completed in full or exams will not be sent.