

CHANGE OF STATUS FORM

For Office Use Only			
Registration Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Registry Number		
Registered with Restrictions &/or Conditions: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Registration:		
Requires training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Conditions must successfully be completed by:		
Training &/or restrictions/conditions:			

1. PERSONAL INFORMATION

Surname	Given Name	Middle Initial	Registry #
Mailing Address		City/Town	Province
Postal Code	Home Phone	Work Phone	Cell Phone
Date of Birth year month day	Email Address		Male <input type="checkbox"/> Female <input type="checkbox"/>
Former Name(s):			
If you have changed your name since the last renewal period, you must provide a copy of the legal document showing the name change. This document could be a marriage certificate, a divorce certificate or some other legal document.			

2. CHANGE OF STATUS

From: Practicing <input type="checkbox"/> Non-Practicing <input type="checkbox"/> Restricted <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> EMT-A <input type="checkbox"/> EMT-P <input type="checkbox"/> EMT/PCP Trained <input type="checkbox"/> EMT-A/ICP Trained <input type="checkbox"/> EMT-P/ACP Trained <input type="checkbox"/>		
To: Practicing <input type="checkbox"/> Non-Practicing <input type="checkbox"/> Restricted <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> EMT-A <input type="checkbox"/> EMT-P <input type="checkbox"/> EMT/PCP Trained <input type="checkbox"/> EMT-A/ICP Trained <input type="checkbox"/> EMT-P/ACP Trained <input type="checkbox"/>		
Name of Educational Institute	Name of Program Completed	
Address	Date of Completion	
City/Town	Province	Postal Code
Phone Number		
TRANSCRIPTS: Have you requested transcripts from your training institution? Transcripts must be original and sent directly to the Saskatchewan College of Paramedics from the training institution.		
Signature: _____		Date: _____

3. FEES

Change of status fee: \$50.00 Restricted Licence Fee: \$100.00

METHOD OF PAYMENT:

Certified cheques, company cheques, money order, Visa, MasterCard are accepted.

Personal cheques will not be accepted and will be returned.

Money Order/ Certified Cheque

EMPLOYER CHEQUE NAME OF EMPLOYER _____

Visa/MasterCard # _____

Expiry Date _____

Name/Signature of Cardholder (other than Registrant)

Print Name of Cardholder

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