

# 2010 Registration – Out of Province/Country Applicant

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
Mailing Address			City/Town	Province
Postal Code	Home Phone	Work Phone	Cell Phone	
Date of Birth	Email Address		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Former Name(s):				

## 2. TYPE OF LICENSE REQUESTED:

### Level of Practice:

EMR <input type="checkbox"/>	EMT <input type="checkbox"/> or EMT/PCP Trained <input type="checkbox"/>	EMT-A <input type="checkbox"/> or EMT-A/ICP Trained <input type="checkbox"/>	EMT-P <input type="checkbox"/> or EMT-P/ACP Trained <input type="checkbox"/>
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### Status:

Practising <input type="checkbox"/> or Non practising (may not work or volunteer in scope of practice) <input type="checkbox"/>
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## 3. FEES

2010 Annual License \$425.00      Pro-rated license (after Oct 1, 2010) \$255.00  
 Initial processing fee \$50.00      Restricted License \$100.00  
 Non-practising License \$50.00 (May not work or volunteer in scope of practice)

## 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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**4. REGISTRATION IN OTHER JURISDICTIONS OR PROFESSIONS:** Complete A **and** B below.

A. In which other provinces or countries are you licensed/registered as a paramedic? (EMR, EMT, etc.)

You must request a Verification of Registration from your licensing agency using the SCoP form from our website. Fill out the top portion and your licensing agency will complete the form and forward it directly to SCoP.

B. In which other professions/trades do you hold a current license/registration?

Please provide a copy of your license.

**5. CRIMINAL RECORD CHECK**

Attach the original Criminal Record Check from the police including a report of a Vulnerable Sector Query.

**6. DISCIPLINARY ACTION** Complete A **or** B below

**A. DECLARATION:**

I declare that my license has **not** been cancelled, suspended, restricted or subject to individual terms and conditions by any regulatory authority or health profession in any jurisdiction in the past 3 years. **OR**

**B. DECLARATION:**

My license has been cancelled, suspended, restricted or subject to individual terms and conditions by a regulatory authority or health profession in any jurisdiction in the past 3 years.

Please provide the following information if you have answered Part B.

Name and Address of Organization:

Reason for Disciplinary Action:

Nature of the Disciplinary Action:

Date:

Terms of Conditions which currently affect your license:

I grant the Saskatchewan College of Paramedics the right to contact the above for further clarification if necessary.

I declare that I have, to the best of my knowledge, truthfully answered Questions 4 and 6.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**7. EMPLOYMENT STATUS in Paramedic Profession**

**Current Position: (or position offered to you pending licensure)**

Full Time <input type="checkbox"/> (You have a full time position)	Part Time <input type="checkbox"/> (You have regular scheduled hrs, greater than an average of 21 hrs per week, but not a full time position)	Casual <input type="checkbox"/> (You work less than 21 hrs per week)	Volunteer <input type="checkbox"/>
Employer		From Date	To Date
Employer Address			
Employer Contact Name and Phone #			
Service Type: Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Industrial <input type="checkbox"/> Educational <input type="checkbox"/> Facility Based <input type="checkbox"/> Other <input type="checkbox"/>			
Approximate # of Calls in 2009		# of patients as head attendant in 2009:	

## 8. EDUCATION

Name of Emergency Medical Diploma/Certificate awarded:		
Name of Educational Institute		Date of Completion
Address		City/Town Province
Postal Code	Phone	
Other Education Qualifications (Degree, Diploma, etc)		

## 9. PRIVACY

The Saskatchewan College of Paramedics (SCoP) collects, uses and discloses personal information as reasonably necessary for the purposes of performing and fulfilling its responsibilities under *The Paramedics Act* and the *Bylaws*. The SCoP stores and maintains personal information in conformity with the requirements of the *Personal Information Protection and Electronic Documents Act (PIPEDA)* and the *Health Information Protection Act (HIPA)*.

### PRIVACY WAIVER

I grant permission to \_\_\_\_\_ (facilitator, proctor, coordinator) of \_\_\_\_\_ (agency) to have access to my file and discuss it with staff at SCoP for purposes of facilitating my license renewal or changes to my license during the coming year.

**Signature** \_\_\_\_\_

### DECLARATION:

To the best of my knowledge, I, the applicant, declare that all the information given on this application is true. I understand that any false or misleading information may constitute professional misconduct and could lead to disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Checklist:** (If you have questions please call SCoP at 306-585-0145 or toll free 1-877-725-4202)

1. **REGISTRATION FORM:** Have you signed the registration form on pages 2 and 3?
2. **CRIMINAL RECORD CHECK:** Have you attached an **original** of your criminal record check including a **vulnerable sector query**?
3. **JURISPRUDENCE DECLARATION:** Are you familiar with the *Paramedics Act*, *Regulatory Bylaws* and *Administrative Bylaws*, *Emergency Treatment Protocols Manual* and CME requirements for your level of practice? If you can answer yes, then sign and attach the Jurisprudence Declaration (available on our website). Your signature must be witnessed by someone not related to you.
4. **VERIFICATION OF REGISTRATION:** Have you requested a Verification of Registration from your licensing agency?
5. **LICENSING EXAM – PCP and ACP:** All PCP and ACP grads from out of province and all SIAST grads whose program started after August 1, 2009 must write a licensing exam. Please complete the license exam registration form which is posted on our website: [www.collegeofparamedics.sk.ca](http://www.collegeofparamedics.sk.ca) and return with payment to reserve your place.
6. **PHOTO:** When submitting photos, please follow these guidelines: Head and shoulders photo, in uniform Digital photo in jpeg form. Label your photo with name and registration #. A manager, facilitator or notary public must certify the photo is genuine and provide the member's name and registration #.
7. **MAIL:** application, payment and all required documents to: **Saskatchewan College of Paramedics  
851 Argyle St. N., Regina, SK S4R 8H1**