





**8. EMPLOYMENT STATUS within 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
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"/>			

**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:**

- REGISTRATION FORM:** Have you answered all questions and have you signed the registration form on pages 2 and 3?
- CRIMINAL RECORD CHECK:** Have you attached an **original** copy of your criminal record check with **vulnerable sector query**?
- JURISPRUDENCE DECLARATION:** Are you familiar with the *Paramedics Act*, *Regulatory Bylaws*, *Administrative Bylaws* and *Emergency Treatment Protocols Manual* and CME requirements for your level of practice? If you can answer yes, then sign and attach the Jurisprudence Declaration. Your signature must be witnessed by someone not related to you.
- CERTIFICATES:** Have you attached copies of all mandatory certificates for your level of practice?
- 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.
- VERIFICATION OF REGISTRATION:** If you were licensed in another province at any level you must provide a Verification of Registration from that jurisdiction. This form is available on our website at [http://www.collegeofparamedics.sk.ca/Word\\_Docs/Verification%20of%20Registration.pdf](http://www.collegeofparamedics.sk.ca/Word_Docs/Verification%20of%20Registration.pdf).
- 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.
- 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 #.
- MAIL:** application, payment and all required documents to: **Saskatchewan College of Paramedics**

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