

**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		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"/>
------------------------------	---	---	---

**Status:**

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

**3. (a) 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)		

**3. (b) RE-ENTRY / REFRESHER 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)		

**4. 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 \_\_\_\_\_

**5. FEES**

2012 Annual License	\$435.00	Non-practising License	\$50.00 (may not work or volunteer in scope of practice)
Restricted License	\$100.00	Pro-rated license (after July 1, 2010)	\$348.00
Reinstatement Fee	\$275.00	Pro-rated license (after Oct 1, 2010)	\$261.00

**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 \_\_\_\_\_

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

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.
In which other professions/trades do you hold a current license/registration?
Please provide a copy of your license.

**7. CRIMINAL RECORD CHECK**

<input type="checkbox"/> Attach the original Criminal Record Check from the police including a report of a Vulnerable Sector Query.
---

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

<b>A. DECLARATION:</b>	
<input type="checkbox"/> I declare that my license has <b>not</b> 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. <b>OR</b>	
<b>B. DECLARATION:</b>	
<input type="checkbox"/> 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 organization for further clarification if necessary.	

<b>I declare that I have, to the best of my knowledge, truthfully answered sections 5, 6 and 7.</b>	
_____	_____
<b>Signature of Applicant</b>	<b>Date</b>

**9. 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"/>			

**10. REINSTATEMENT**

**Why did you let your license lapse?**

  
  
  

**Why are you applying for reinstatement at this time?**

  
  
  

**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.
- 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**  
**851 Argyle St. N., Regina, SK S4R 8H1**