

# CHANGE OF STATUS FORM

## 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"/>
year                      month                      day					
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.					

## 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"/> EMR (NOPC) <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"/> EMR (NOPC) <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
<a href="#">Phone Number</a>		
<b>TRANSCRIPTS:</b> Have you requested transcripts from your training institution? YES <input type="checkbox"/> NO <input type="checkbox"/> Transcripts must be <b>original</b> and sent directly to the Saskatchewan College of Paramedics from the training institution.		

### 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

## 4. FEES

Change of status fee: \$50.00

Restricted Licence Fee: \$100.00

Licensing Examination is \$300. (Administrative Bylaws Section 35.3)

**Applications to write the exam close nine business days prior to date of writing.**

**Closing dates are posted on the website.** [www.collegeofparamedics.sk.ca](http://www.collegeofparamedics.sk.ca)

## 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

## Checklist:

- JURISPRUDENCE DECLARATION:** Have you read and become 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, available on our website at [www.collegeofparamedics.sk.ca](http://www.collegeofparamedics.sk.ca). 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?  
EMR HCP(C)  
EMT/PCP HCP(C) and ITLS Basic  
EMT-A/ICP HCP(C) and ITLS Basic or Advanced  
EMT-P/ACP HCP(C), ITLS Advanced, ACLS and PALS or PEPP Advanced
- 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 must write a licensing exam.
- PHOTO:** When submitting photos, please follow these guidelines: Head and shoulders photo, in uniform Digital photo in jpeg form or passport style photo. 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 #.