



**Licensing Exam Registration Form
2011 / 2012**

Cost - The fee for each writing of the Licensing Examination is \$300. (Administrative Bylaws Section 35.3)

This fee is payable in advance and holds your reservation to take the exam. Applications to write the exam close seven business days prior to writing.

*****WE CANNOT PROCESS AN EXAM APPLICATION WITHOUT A COMPLETE LICENCE APPLICATION OR A COMPLETE CHANGE OF STATUS APPLICATION.*****

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):					

2. EDUCATION

Name of Emergency Medical Diploma/Certificate awarded:		
Name of Educational Institute		Date of Completion
Address		City/Town Province
Postal Code	Phone	
If you have not already provided an original transcript from your training institution, you must do so prior to writing the exam.		

3. TYPE OF LICENSE EXAM REQUESTED:

EMT/PCP Trained <input type="checkbox"/>	EMT-P/ACP Trained <input type="checkbox"/>
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4. LOCATION AND DATE

Regina <input type="checkbox"/>	or	Saskatoon <input type="checkbox"/>	Dec 5, 2011 <input type="checkbox"/>	Feb 6, 2012 <input type="checkbox"/>	Apr 2, 2012 <input type="checkbox"/>
			Jun 5, 2012 <input type="checkbox"/>	Aug 13, 2012 <input type="checkbox"/>	Oct 1, 2012 <input type="checkbox"/>

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 _____

I CERTIFY THAT THE INFORMATION IN THIS FORM IS TRUE AND CORRECT.

Applicant's Signature: _____ **Date:** _____