



**Licensing Exam Registration Form  
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. Exam results take up to 4 weeks to be processed. Do not call the office before this time. Exam results will be emailed to you (pass or fail, no marks will be given to applicants).**

**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"/>
		year	month	day	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	

**3. TYPE OF LICENSE EXAM REQUESTED:**

EMR/NOCP Trained <input type="checkbox"/>	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"/>	Apr 2, 2012 <input type="checkbox"/>	Jun 5, 2012 <input type="checkbox"/>	(EMR ONLY)	Aug 13, 2012 <input type="checkbox"/>	(EMR)
Prince Albert <input type="checkbox"/>		(EMR ONLY)		Oct 1, 2012 <input type="checkbox"/>	(EMR)		Dec 3, 2012 (EMR)

**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:** \_\_\_\_\_

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