

# 2011 Registration Renewal

## 1. PERSONAL INFORMATION:

\*\*\*This is the information on our file. If it is incorrect please make changes in the appropriate boxes below.\*\*\*

Surname		Given Name		Middle Initial	Registry #
Mailing Address			City/Town		Province
Postal Code	Home Phone		Work Phone	Cell Phone	
Date of Birth		Email Address		Gender:	
		month	day	year	
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.					

## 2. TYPE OF LICENCE 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"/>
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### Status Requested:

Practising <input type="checkbox"/>	or	Non practising (may not work or volunteer in scope of practice) <input type="checkbox"/>
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## 3. PRIVACY \*\*\*Must be completed if your agency is handling your registration\*\*\*

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 Licence renewal or changes to my Licence during the coming year.

Signature \_\_\_\_\_

## 4. FEES

2011 Annual Licence \$425.00      Pro-rated Licence (after Oct 1, 2011) \$255.00      Non-practising Licence \$50.00  
**Late Fee: \$50, payable on December 2 and will escalate weekly to: \$75 on Dec. 7, \$100 on Dec 14, \$125 on Dec. 21, \$150 on Dec 28, \$175 on Jan 4/11, \$200 on Jan 11/11, \$225 on Jan 18/11, \$250 on Jan 25/11, after Jan 31/2011, the member must apply for reinstatement. Reinstatement Fee \$275.00**

### 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 \_\_\_\_\_

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## 5. REGISTRATION IN OTHER JURISDICTIONS OR PROFESSIONS:

<p>In which other provinces or countries are you Licensed/registered as a paramedic? (EMR, EMT, etc.)</p> <p>Please provide a copy of your Licence.</p>
<p>In which other professions/trades do you hold a current Licence/registration?</p> <p>Please provide a copy of your Licence.</p>

## 6. CRIMINAL RECORD CHECK Complete A or B below

<p><b>A. DECLARATION:</b></p> <p><input type="checkbox"/> To the best of my knowledge, I, the applicant, declare that I have not been charged with, or convicted of, an offence under <i>The Criminal Code, Controlled Drugs and Substances Act</i> or <i>The Food and Drugs Act</i> within the past three years. <b>OR</b></p>
<p><b>B. DECLARATION:</b></p> <p><input type="checkbox"/> Within the past three years, I, the applicant, have been charged/convicted of an offence under <i>The Criminal Code, The Controlled Drugs and Substances Act</i> or <i>The Food and Drugs Act</i>.</p> <p>Attach a certified criminal record or court document which details the charge(s), conviction(s) and disposition of each. Further information may need to be provided on request from the Registrar.</p>

## 7. DISCIPLINARY ACTION Complete A or B below

<p><b>A. DECLARATION:</b></p> <p><input type="checkbox"/> I declare that my Licence 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></p>
<p><b>B. DECLARATION:</b></p> <p><input type="checkbox"/> My Licence 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.</p> <p>Please provide the following information if you have answered Part B.</p>
<p>Name and Address of Organization:</p>
<p>Reason for Disciplinary Action:</p>
<p>Nature of the Disciplinary Action:</p>
<p>Date of the Disciplinary Action:</p>
<p>Terms of Conditions which <b>currently</b> affect your Licence:</p>
<p>I grant the Saskatchewan College of Paramedics the right to contact the above organization for further clarification if necessary.</p>

### \*\*\*SIGNATURE REQUIRED\*\*\*

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

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## 8. EMPLOYMENT STATUS

### 8a. Primary Position:

\*\*\*This is the information on our file. If it is incorrect please make changes in the appropriate boxes below.\*\*\*

Full Time <input type="checkbox"/> <small>(You have a full time position)</small>	Part Time <input type="checkbox"/> <small>(You have regular scheduled hrs, but not a full time position)</small>	Casual <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Employer and Name of Service (eg. RQHR, Regina EMS)		From Date	To Date
Employer Address			
Employer 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"/>			

### 8b. Second Position: (if you are employed in another position)

Full Time <input type="checkbox"/> <small>(You have a full time position)</small>	Part Time <input type="checkbox"/> <small>(You have regular scheduled hrs, but not a full time position)</small>	Casual <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Employer and Name of Service (eg. RQHR, Regina EMS)		From Date	To Date
Employer Address			
Employer 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. PRACTICE EXPERIENCE

\*\*\*For each employer, indicate the number of calls you attended and the number of patients for whom you were lead attendant. (Fire and industrial sectors may indicate number of patients treated.)\*\*\*

Approximate # of Calls in 2010: <small>(in primary position)</small>	# of patients as lead attendant in 2010: <small>(in primary position)</small>
Approximate # of Calls in 2010: <small>(in second position)</small>	# of patients as lead attendant in 2010: <small>(in second position)</small>
<b>TOTAL</b> <small>(of both positions)</small>	<b>TOTAL</b> <small>(of both positions)</small>

### \*\*\*SIGNATURE REQUIRED\*\*\*

#### 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 checked the merged information and made any necessary changes? Have you signed the registration form on page 1 (if applicable), page 2 and page 3?
- CME REPORT FORM:** Have you signed and attached your completed CME REPORT FORM? The appropriate form for your level of practice can be found on our website [www.collegeofparamedics.sk.ca](http://www.collegeofparamedics.sk.ca).
- CERTIFICATES:** Have you attached copies of all mandatory certificates for your level of practice?
- PHOTOS:** Updated photos, head and shoulders shot, with certification in digital format (jpeg preferred), should be submitted every five years. If you have not done so, you may submit one this year.
- MAIL:** application, payment and all required documents to: **Saskatchewan College of Paramedics**  
851 Argyle St. N., Regina, SK S4R 8H1