

# CHANGE OF STATUS FORM

## 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"/>
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.					

## 2. 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

## 3. FEES

Change of status fee: \$50.00 Restricted Licence Fee: \$100.00

### 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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