

## EMS Education and Request for Transcript

<b>Part A - To be completed by applicant</b>	
Please send this form after completing Part A to each EMS training program where courses were completed. You need to indicate that you are applying for registration in the province of Saskatchewan and require a record of your education program. You are also responsible for any fees that may be assessed for this service.	
Family name	Given Names
Phone #	E-mail Address
Address	
Date of Birth (mm/dd/yy)	Date of Graduation
Name and Address of School where EMS program completed	
Signature	Date
<b>Part B - To be completed by EMS training program.</b>	
Please complete the information below and attach a <b>Certified Transcript</b> showing all courses of theoretical and clinical instruction. <b>Send directly to:</b> <b>Saskatchewan College of Paramedics, 205 – 3775 Pasqua St., Regina, Saskatchewan S4S 6W8</b>	
Name of School	Type of School: College <input type="checkbox"/> Hospital <input type="checkbox"/> University <input type="checkbox"/> Vocational <input type="checkbox"/>
Address	
Title of Program:	
Type of Program: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>	CMA Accredited Yes <input type="checkbox"/> No <input type="checkbox"/> Under Review <input type="checkbox"/>
Date Applicant Commenced:	Date Applicant Graduated:
Signature:	Position:
Contact Info:	

Personal information on this form is collected by the Saskatchewan College of Paramedics under the authority of *The Paramedics Act*. This information may be used to issue a registration card for purposes of employment in the Province of Saskatchewan. If you have any questions about the collection of this information, please contact the Saskatchewan College of Paramedics. This information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection and Electronic Documents Act (PIPEDA)* and College Policy.

Please Attach Certified Transcript