REGIONAL PARAMEDIC PROGRAM
FOR EASTERN ONTARIO

SERVING TOGETHER

Phone: 613 737-7228
Email: certification@rppeo.ca
www.rppeo.ca

CERTIFICATION REFERRAL FORM

Please submit one form for every RBHP / Certifying Body within the past 10 years

PART A: PARAMEDIC INFORMATION

To be completed by the Paramedic

First Name:

Last Name:

Email: EHS#:

Referring Base Hospital / Certifying Body:

PART B: RELEASE OF INFORMATION

To be completed by the Paramedic

I authorize the release of information to the Regional Paramedic Program for Eastern Ontario from other Base Hospitals and/or Certifying Bodies regarding my certification status and skills as a Paramedic.

Paramedic Signature: _____ Date: _____

PART C: CERTIFICATION REFERRAL INFORMATION

To be completed by the Base Hospital / Certifying Body

Base Hospital:

Level of Certification: ☐ Primary Care ☐ Advanced Care ☐ Critical Care

Initial Certification Date: Last Annual Certification Date:

Has this Paramedic ever been Deactivated/Decertified by a Medical Director in the previous 10 years, not including absence from clinical practice: ☐ Yes ☐ No

If Yes, list date(s) and reason(s): _____

PART D: AUXILIARY DIRECTIVES CERTIFICATION

To be completed by the Base Hospital / Certifying Body

Auxiliary Directive	Scope	Certified (√)	Auxiliary Directive	Scope	Certified (√)
Adult Intraosseous	ACP		Nasotracheal Intubation	ACP	
Analgesia	ACP/PCP		Nausea/Vomiting	ACP/PCP	
Cardiogenic Shock	PCP AIV		Procedural Sedation	ACP	
Central Venous Access Device	ACP		Supraglottic Airway	ACP/PCP	
Continuous Positive Airway Pressure	ACP/PCP		Special Event		
Cricothyrotomy	ACP		Minor Abrasions	ACP/PCP	
Electronic Control Probe Device	ACP/PCP		Minor Allergic Reaction	ACP/PCP	
Emergency Trach Reinsertion	ACP/PCP		Musculoskeletal Pain	ACP/PCP	
Intravenous and Fluid Therapy	PCP AIV		Headache	ACP/PCP	

PART E: REFERRING BASE HOSPITAL CONFIRMATION

To be completed by the Base Hospital / Certifying Body

Name:

Title: Phone number:

Email:

Signature: Date:

Please send the completed form to: certification@rppeo.ca