



PARAMEDIC CERTIFICATION REQUEST FORM

Phone: 613-737-7228
Fax: 613-737-1028
www.rppeo.ca

1. Paramedic or paramedic student: Complete parts A, B, C and D, and submit form to your service or college.
2. Paramedic service or college: Complete parts E, F. Submit to RPPEO at certification@rppeo.ca.

Part A: Paramedic or Student Information

Paramedic

First Name: _____ EHS No.: _____
 Last Name: _____ Home Phone: _____
 No. and Street: _____ Cell Phone: _____
 City: _____ Province: _____ Postal Code: _____ Email: _____

Part B: Education History

Paramedic

Primary Care Paramedic Program

Advanced Care Paramedic Program

College Name: _____	College Name: _____
City and Province: _____	City and Province: _____
Program Title: _____	Program Title: _____
Year of Graduation: _____	Year of Graduation: _____

Part C: Paramedic Employment/ Certification History

Paramedic

Most Recent Employment

Base Hospital: PCP ACP CCP
 Employer Name: _____
 Date Employed: _____ Last Day of Work: _____

Additional Employment

Base Hospital: PCP ACP CCP
 Employer Name: _____
 Date Employed: _____ Last Day of Work: _____

Additional Employment

Base Hospital: PCP ACP CCP
 Employer Name: _____
 Date Employed: _____ Last Day of Work: _____



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Part D: Release of Information Authorization

Paramedic

Please print, sign and submit form to your service or college.

I authorize the release of the information describe on this form to the Regional Paramedic Program for Eastern Ontario, via my employer and/or college and/or base hospital/licensing bureau. I authorize my employer and/or college and/or base hospital/licensing bureau to discuss my case with the RPPEO and to retain a copy of this form on file.

Paramedic Signature:

Date:

Part E: Certification Request

Service/College

Name of College or Paramedic Service:

PCP

ACP

Paramedic Name:

Request Certification Session Date:

Part F: Attestation of Certification Eligibility Under O. Reg 257/00

Service/College

<u>Documents</u>	<u>Date Issued</u>		
CPR Certificate			
PCP Program Diploma		<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
AEMCA Certification/Registration #:		<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
ACP Program Diploma		<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
MOH ACP Certificate/Registration #:		<input type="checkbox"/> Pending	<input type="checkbox"/> N/A

I attest that the information contained herein is factual, that this individual meets all of the requirements for certification to perform controlled acts as outlined in Ontario Regulation 257/00, and that my service holds copies of the following documents pertaining to this individual.

Name:	Title:
Signature:	Date: