

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

SERVING TOGETHER

CERTIFICATION PROCESS CHECKLIST FOR SERVICES

Instructions for use:

This form is intended solely as a guide for service and college staff. It does not need to be completed or submitted to the RPPEO.

20 Business Days (4 Weeks) Prior to the Certification Event Advise RPPEO of the number of certification candidates being sent to the certification event. Number of PCPs Number of ACPs 10 Business Days (2 Weeks) Prior to the Certification Event Update RPPEO on the number of certification candidates being sent to the certification event. Number of PCPs Number of ACPs Advise certification candidates of the location and time of their certification test

5 Business Days (1 Week) Prior to the Certification Event

☐ Submit Certification Request Forms and, if applicable, Certification Referral Forms, to the RPPEO

o E-mail: certification @bh.ogh.on.ca

o Fax: 613-737-8871

o Mail: The Ottawa Hospital

General Campus

RPPEO

ATTN: Certification Portfolio Box 303, 501 Smyth Road

Ottawa, ON K1H 8L6

VERSION: 2010.01



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1 Business Day Prior to the Certification Event

 $\ \square$ If agreed upon, deliver equipment to the certification event test site or RPPEO office.

VERSION: 2010.01