



PARAMEDIC CERTIFICATION REFERRAL FORM

Phone: 613-737-7228

Fax: 613-737-1028

www.rppeo.ca

Instructions for use:

1. Paramedic: Complete parts A and B and fax (613-737-1028) or email (certification@rppeo.ca) to the RPPEO. One form must be submitted for EACH base hospital that has certified you.
2. Referring base hospital: Complete parts C, D, and (if applicable) E, and fax (613-737-1028) or email (certification@rppeo.ca) form to the RPPEO.

Part A: Paramedic Information

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

Part B: Release of Information Authorization

I authorize the release of all required information from my file to the Regional Paramedic Program for Eastern Ontario.

Signature: _____ **Date:** _____

Part C: Certification History

Primary Care Paramedic Program

Initial Certification Date: _____
Most Recent Certification Date: _____

Advanced Care Paramedic Program

Initial Certification Date: _____
Most Recent Certification Date: _____

Deactivation/Decertification History

Has this medic ever been deactivated by your base hospital?

Yes* No

Has this medic ever been decertified by your base hospital?

Yes* No

**If "Yes," please indicate the reason and other relevant details in Part E on Page 2*

Part D: Referring Base Hospital Information

Base Hospital Name: _____ **Phone:** _____
Completed By: _____ **Signature:** _____ **Date:** _____



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Part E: Deactivation/Decertification Details

RPPEO USE ONLY

Request No.: CPC Coordinator Notified On:

Received from Paramedic On: Sent to Data Management On:

Forwarded On:

Received from Referring Base Hospital On: