REGIONAL PARAMEDIC PROGRAM
FOR EASTERN ONTARIO

SERVING TOGETHER

PARAMEDIC CERTIFICATION REQUEST FORM

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

Instructions for use:

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, and G, and fax (613-737-1028) or email (certification@rppeo.ca) form to the RPPEO.

Part A: Paramedic or Student Information

First Name: _____ **EHS No.:** _____

Last Name: _____ **Home Phone:** _____

No. and Street: _____ **Cell Phone:** _____

City: _____ **Province:** _____ **Postal Code:** _____ **Email:** _____

Part B: Education History

Primary Care Paramedic Program

College Name: _____

City and Province: _____

Phone: _____

Program Title: _____

Year of Graduation: _____

Advanced Care Paramedic Program

College Name: _____

City and Province: _____

Phone: _____

Program Title: _____

Year of Graduation: _____

Part C: Certification History

Have you been certified by one or more Ontario base hospitals to perform controlled acts in the last five years?

☐ No

☐ Yes Please list base hospitals: _____

Part D: Release of Information Authorization

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

Signature: **Date:**

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Part E: Certification Request

Paramedic Service or College: _____

Scope of Practice: ☐ EMA ☐ PCP ☐ ACP

Requested Certification Session Date: _____

Form Completion Date: _____

Part F: Auxiliary Controlled Acts Request

Skill	EMA	PCP	ACP
12-Lead ECG Interpretation		☐	
Central Venous Access Device			☐
Chemical Exposure Medical Directives		☐	☐
Conducted Energy Weapon Probe Removal		☐	☐
Continuous Positive Airway Pressure		☐	☐
Endotracheal Tube Introducer			☐
Peripheral Intravenous Therapy		☐	
Special Events Medical Directives		☐	☐
Supraglottic Airway Insertion		☐	☐
Symptom Relief	☐		

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

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:

Document	EMA	PCP	ACP	Date Issued
CPR Certificate	☐	☐	☐	_____
PCP Program Diploma		☐	☐	_____
AEMCA		☐	☐	_____
ACP Program Diploma			☐	_____
Ontario ACP Certificate			☐	_____

Name: _____

Signature: **Date:**

RPPEO USE ONLY

Request No.:

Received On:

CPC Coordinator Notified On:

Certification Letter Issued On:

Sent to Data Managment On:

Entered On: