REGIONAL PARAMEDIC PROGRAM
FOR EASTERN ONTARIO

SERVING TOGETHER

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

CERTIFICATION REQUEST FORM

Certification request form instructions: PARAMEDIC OR PARAMEDIC STUDENT
1. Paramedic / Paramedic Student: Complete parts A, B, C and D. Submit form to your Service or Educational Institute
2. Paramedic: If applicable, please also submit the Certification Referral Form to RPPEO at certification@rppeo.ca

PART A: PARAMEDIC INFORMATION	*To be completed by the Paramedic*		
First Name:		EHS #:	
Last Name:		Phone Number:	
Address:		City:	
Province:		Postal Code:	
Email:			

PART B: PARAMEDIC EDUCATION HISTORY	*To be completed by the Paramedic*		
PRIMARY CARE PARAMEDIC PROGRAM		ADVANCED CARE PARAMEDIC PROGRAM	
Educational Institute:		Educational Institute:	
City and Province:		City and Province:	
Program Title:		Program Title:	
Year of Graduation:		Year of Graduation:	

PART C: PARAMEDIC EMPLOYMENT & CERTIFICATION HISTORY	*To be completed by the Paramedic*		
Please include all certification history that has occurred within the 10-year period immediately preceding this application			
MOST RECENT EMPLOYMENT			
Employer Name:			
Base Hospital/Certifying Body:			
Level of Certification: ☐ Primary Care	☐ Advanced Care	☐ Critical Care	
Date Employed:		Last Date Worked:	
ADDITIONAL EMPLOYMENT			
Employer Name:			
Base Hospital/Certifying Body:			
Level of Certification: ☐ Primary Care	☐ Advanced Care	☐ Critical Care	
Date Employed:		Last Date Worked:	

May 2018

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ADDITIONAL EMPLOYMENT		
Employer Name:		
Base Hospital/Certifying Body:		
Level of Certification: ☐ Primary Care	☐ Advanced Care	☐ Critical Care
Date Employed:	Last Date Worked:	
ADDITIONAL EMPLOYMENT		
Employer Name:		
Base Hospital/Certifying Body:		
Level of Certification: ☐ Primary Care	☐ Advanced Care	☐ Critical Care
Date Employed:	Last Date Worked:	

PART D: AUTHORIZATION FOR RELEASE OF INFORMATION

To be completed by the Paramedic

PLEASE SIGN THIS FORM AND SUBMIT IT TO YOUR SERVICE OR EDUCATIONAL INSTITUTE

I authorize the release of the information provided on this form to the Regional Paramedic Program for Eastern Ontario, via my Employer and/or Educational Institute and/or Base Hospital. I authorize my Employer and/or Educational Institute and/or Base Hospital to discuss my case with respect to all my files with the Regional Paramedic Program for Eastern Ontario, and to retain a copy of this form on file.

Paramedic Signature: _____ Date: _____

PRINT FORM

Please print, sign and submit this form to your Service or Educational Institute

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CERTIFICATION REQUEST FORM

Certification request form instructions: SERVICE OR EDUCATIONAL INSTITUTE

Paramedic Service or Educational Institute: Complete parts E, F, G. Submit form to the RPPEO at certification@rppeo.ca

PART E: CERTIFICATION REQUEST

To be completed by the Service / Educational Institute

Name of Service or Educational Institute:	
Name of Paramedic:	
Requested Level of Certification:	☐ Primary Care - Professional ☐ Advanced Care - Professional ☐ Primary Care – Academic ☐ Advanced Care - Academic
Offer of Employment Date/Start Date:	

PART F: CERTIFICATION ELIGIBILITY UNDER Reg. 257/00

To be completed by the Service / Educational Institute

DOCUMENTS – CHECK ALL THAT APPLY	
Valid CPR Certificate:	☐ Yes
PCP Graduate:	☐ Yes ☐ N/A
MOHLTC AEMCA Certificate:	☐ Yes ☐ Pending
ACP Graduate:	☐ Yes ☐ N/A
MOHLTC ACP Certificate:	☐ Yes ☐ N/A

PART G: ATTESTATION OF CERTIFICATION ELIGIBILITY

To be completed by the Service / Educational Institute

PLEASE SIGN THIS FORM AND SUBMIT TO REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

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

Name:			
Title:			
Email:			
Signature:		Date:	

PRINT FORM

Please submit this form to the Regional Paramedic Program for Eastern Ontario at:

certification@rppeo.ca