Thunder Bay Regional Health Sciences Centre
Northwest Region Prehospital Care Program

Cross Certification Form

PART A: PARAMEDIC INFORMATION	*To be completed by the paramedic **OR** employer*
Certification Level Requested ☐ **PCP** ☐ **ACP**	
Paramedic Name:	**EHS#:**
Phone #:	**E-Mail:**
Base Hospital currently certified at:	
Please submit a copy of AEMCA & Diploma with this form	

PART B: RELEASE OF INFORMATION AUTHORIZATION *To be completed by the paramedic **OR** employer*

I authorize the ongoing release of information to the Northwest Region Prehospital Care Program from other Base Hospitals regarding my certification status as a paramedic.

Paramedic Signature:_____ Date: _____ **OR**

I _____ declare that the information noted above and the documentation submitted has been approved by the Paramedic listed within this form.
EMS Operator

Date:_____

PART C: CERTIFICATION INFORMATION *To be completed by Base Hospital*

Base Hospital:		
Level of Certification:	☐ Primary Care Paramedic	Date of Initial Certification:
	☐ Advanced Care Paramedic	Date of Initial Certification:

Has this paramedic been deactivated/decertified by a Medical Director for issues surrounding their Paramedic Certification:
☐ Yes ☐ No
If yes, reason:

PART D: CURRENT AUXILIARY MEDICAL DIRECTIVES/SKILLS *To be completed by Base Hospital*

List of directives:	**PCP**	**ACP**	**List of directives:**	**PCP**	**ACP**
Dimenhydrinate	☐	☐	Adult Intraosseous Access		☐
Supraglottic Airway	☐	☐	Central Venous Access Device(CVAD)		☐
Manual Defibrillation	☐	☐	Cricothyrotomy		☐
Cardiogenic Shock	☐	☐	Nasotracheal Intubation		☐
CPAP	☐	☐	Procedural Sedation		☐
Hydroxocobalamin	☐	☐	12 Lead Acquisition and Interpretation	☐	☐
Intravenous Access	☐	☐	Electronic Control Device Probe Removal	☐	☐

PART E: BASE HOSPITAL CONFIRMATION

Name:	
Title:	
Email:	

By checking this box:
☐ I attest that the above information is correct. I understand that checking this box has the same binding effect as a signature.

Date: _____

If unable to submit electronically print completed form and email to basehospital@tbh.net
or fax to 683-3211

Click here to submit electronically