

## Initial Certification

<b>SECTION A (to be completed by the Paramedic &amp; Employer Requesting Certification)</b>				
<b>CONTACT INFORMATION</b>				
Certification Level Requested <input type="checkbox"/> PCP <input type="checkbox"/> ACP				
Paramedic Name:			EHS#: (if applicable)	
Phone #:			E-Mail:	
Address:				
<b>EMPLOYMENT STATUS</b>				
<input type="checkbox"/> NAOTEMS	<input type="checkbox"/> NWEMS	<input type="checkbox"/> RRDPS	<input type="checkbox"/> SNEMS - City	<input type="checkbox"/> SNEMS - District
<b>PARAMEDIC EDUCATION/CERTIFICATION HISTORY (copy of all documentation required to proceed through the certification process)</b>				
College Name:		<input type="checkbox"/> PCP <input type="checkbox"/> ACP	Graduating Year:	
AEMCA <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate Year:		
Letter of Expectation to Graduate (must include skills trained in) <b>OR</b> College Diploma		Date issued:		
<b>SKILLS INVENTORY (include all skills the paramedic has received education/training in)</b>				
<input type="checkbox"/> 12 lead Acquisition/Interpretation	<input type="checkbox"/> Intravenous Access	<input type="checkbox"/> Hydroxocobalamin	<input type="checkbox"/> Nasotracheal Intubation	
<input type="checkbox"/> Manual Defibrillation	<input type="checkbox"/> CPAP	<input type="checkbox"/> Cricothyrotomy	<input type="checkbox"/> Procedural Sedation	
<input type="checkbox"/> Supraglottic Airway	<input type="checkbox"/> Dimenhydrinate	<input type="checkbox"/> Adult Intraosseous	<input type="checkbox"/> CVAD	
<b>SECTION B (to be completed by Paramedic if applicable)</b>				
<b>BASE HOSPITAL CERTIFICATION HISTORY</b>				
Name of Base Hospital where certification was held:				
Date of last Certification:		Level: <input type="checkbox"/> PCP <input type="checkbox"/> ACP		
<b>PARAMEDICS RELEASE</b>				
Have you ever been deactivated or decertified by a BH Medical Director for issues surrounding your Paramedic Certification not including absence from clinical practice (i.e. maternity leave/injury)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
By checking this box you hereby authorize the release of all information regarding your education and certification to the NWRPCP. Falsification of records or misrepresentation will nullify any NWRPCP certification. <input type="checkbox"/>				
<b>SECTION C (to be completed by Employer)</b>				
<b>EMPLOYER SUPPORTING CERTIFICATION</b>				
The above paramedic meets all qualifications for employment under the Ontario Regulation 257/00 under the Ambulance Act. <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMS Operator Signature:			Date:	

If unable to submit electronically print completed form and email to [basehospital@tbh.net](mailto:basehospital@tbh.net) or fax to 683-3211

Click here to submit this form electronically