Manitoba
Health, Seniors and Active Living

Verification of Paramedic Registration / Licensure

Section 1: To be completed by applicant

Instructions: Complete this section and send a copy to each paramedic regulatory body where registered and/or licensed currently or previously.   The completed form will remain current for 90 days from receipt by the EMS Branch.

Family Name	Given Name (s)	
Former Name(s)	Date of Birth (YYYY/MM/DD)	
Street (or PO Box#)		
City	Province	Postal Code
Signature	Date Signed	

Section 2: To be completed by licensing agency, board or college

Instructions: Complete the information below and mail, email or fax: Manitoba Health, Emergency Medical Services, 1680 Ellice Avenue, Unit 7, Winnipeg, MB R3H 0Z2.   Fax: 204-948-2531   Email:emergserv@gov.mb.ca

Name of Board, College or Agency:	Name of Province:	
Name of Registrant / Licence holder		

Type of Registration / Licence Granted (title)	NOCP equivalent title	Registration / Licensed by: ☐ Examination ☐ Previous registration ☐ Other (specify)
Initial Registration / Licence Date in Jurisdiction:		Expiry Date of Registration / Licence

Is this person's registration/licence currently under review?   ☐ **yes**   ☐ **no**
Has this person's registration/licence ever been denied, revoked or suspended?   ☐ **yes**   ☐ **no**
If yes, has this person's registration been reinstated?   ☐ **yes**   ☐ **no** If yes indicate reinstatement date:_____

If yes to any of the above, please provide details:

Is this person actively practicing in your jurisdiction?   ☐ **yes**   ☐ **no**

If no, please provide details**:**

Has this person maintained the necessary Continuing Education required to re-register/re-licence in your jurisdiction? ☐ **yes**   ☐ **no**

If no, please indicate the reason:

Additional Comments:	Agency Stamp or Seal
Contact Name:	Title:	
Telephone number:	Date	Signature

Revised April 2016