

**Canadian Organization of Paramedic Regulators
Entry to Practice Examination Registration Form**

Surname		Given Name		Middle Initial
Mailing address		City/Town		Province
Postal Code	Primary phone number		Alternate phone number	
Date of birth (year/month/day)	Email Address		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Educational Institute				
Indicate the level of exam required: <input type="checkbox"/> Primary Care Paramedic (PCP) <input type="checkbox"/> Advanced Care Paramedic (ACP)			Date of Program Completion (yyyy/mm/dd)	

EXAM LOCATION AND DATE

Indicate the location you would prefer:	<input type="checkbox"/> Winnipeg	<input type="checkbox"/> Brandon
Indicate the date you will be attending:		
<input type="checkbox"/> February 20/19 - registration deadline January 9/19	<input type="checkbox"/> August 21/19 – registration deadline July 3/19	
<input type="checkbox"/> May 15/19 – registration deadline March 27/19	<input type="checkbox"/> November 20/19 – registration deadline Oct 2/19	

Attach the following documentation to the application:

- Proof of course completion – an **original** certificate or transcript is required, a copy is acceptable if confirmation of graduation has been provided by your educational agency.
- Current Photo – Consistent with a passport photo, the image must be in color, clear, sharp and in focus, and taken against a plain, white or light-coloured background. **Photos must be originals, not taken from any existing photo, and must have been taken within the last 12 months.** Please see example to the right. Photos that are emailed must be in **jpeg format**.



Photo must measure 50 mm x 70 mm in size (2 in. x 2 3/4 in.)

Incomplete applications will be returned.

Submit the completed application form in **ONE** of the following ways to the Emergency Medical Services Branch:

- Mail or drop off at the Emergency Medical Services Branch, Unit #7- 1680 Ellice Avenue, Winnipeg MB R3H 0Z2
- If your educational agency has confirmed your graduation with the EMS Branch you are eligible to email the application
Email to emergserv@gov.mb.ca (scanned application and proof of course completion, current photo in jpeg format)

Fax applications will not be accepted.

Confirmation will be provided via email within two weeks of receipt of the application.

Please refer to the Canadian Organization of Paramedic Regulators website for the COPR Examination Handbook and Study Guide: (www.copr.ca)

Identification Number:

Office use only.