

Emergency Medical Services (EMS) Board of Prince Edward Island

c/o Emergency Health Services – Health and Wellness
Sullivan Building, 16 Fitzroy Street, PO Box 2000
Charlottetown, PE C1A 7N8
email:emergency@gov.pe.ca

EMERGENCY MEDICAL TECHNICIAN LICENSE APPLICATION PROCESS

In order to practice Emergency Medical Technology in Prince Edward Island, all applicants must hold current registration with the EMS Board of Prince Edward Island. Use the guide below to identify the right application type:

Application Type	Description	Required Documentation
New Graduate	If you are a graduate from an accredited Canadian Medical Association training program or equivalent within the two years preceding this application.	<ul style="list-style-type: none"> ➤ A copy of your program certificate ➤ Successful completion of an approved entry to practice exam (ex. COPR/OCRP).
Labour Mobility	If you are currently registered in another Canadian province (and have practiced within the two years preceding the date of the application) and seek licensure in PEI.	<ul style="list-style-type: none"> ➤ Met the requirements of the jurisdiction(s) in which you are registered: Verification of Registration Form
International	If you've been educated outside of Canada and seek licensure in PEI (and have never been previously licensed in another Canadian province).	<ul style="list-style-type: none"> ➤ A copy of your program certificate & transcript. ➤ Letter (original) from your international regulatory authority confirming your registration and level. ➤ A copy of your current resume. ➤ A statement from a medical practitioner who can attest that you are physically and mentally fit and able to perform work as an EMT. ➤ Names and contact information for two character references (one of whom can attest to your work as an EMT). ➤ Proof of English language proficiency (if you received your training in a country where English is not the first or native language).
Renewal of License	If you are currently licensed to practice as an EMT in PEI and seek to renew your license (before license expiry).	<ul style="list-style-type: none"> ➤ Actively practice as an EMT, in relation to at least 10 patients who require emergency medical services within the previous 2 years (subject to pro-ration); Emergency Call Out Form ➤ Earn at least 20 continuing education units within each two-year period defined by the Board (subject to pro-ration); Continuing Education Units (CEUs) Form
Lapsed License	If you have previously held a license to practice as an EMT in PEI (less than three years since expiry).	

All applications types must include the following:

- Current criminal record check including vulnerable sector
- Valid copy of your CPR-HCP certification
- Current driver's abstract
- Photo identification (copy of driver's license or passport)
- Fee for the issuance or renewal of a license (\$100.00)

If applying as an EMT-II / EMT-III:

- Valid copy of your ACLS certification

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EMERGENCY MEDICAL TECHNICIAN LICENSE APPLICATION FORM

APPLICATION TYPE

- New Graduate
- Labour Mobility
- International
- Renewal
- Lapsed

PERSONAL INFORMATION (please print clearly)

_____ (Last Name)
_____ (First Name)
_____ (Middle Name)
_____ (Former Name(s))
_____ (Mailing Address)
_____ (Street Address)
_____ (City / Town)
_____ (Province)
_____ (Postal Code)
_____ (Email Address)
_____ (Home Phone)
_____ (Cell Phone)

LICENSE LEVEL

- EMT – I
- EMT – II (renewal applicant only)
- EMT – III

PARAMEDIC EDUCATION

_____ (Paramedic School)
_____ (Program Title / Level)
_____ (Graduation Date)

CRIMINAL RECORD CHECK

Have you ever been convicted of a criminal offense under any federal or provincial statute(s) or do you have any outstanding charges?
 Yes No

EXPERIENCE AND EMPLOYMENT STATUS

Have you ever been previously licensed in PEI as an EMT? Yes No
If yes, EMT license number? _____

Number of years experience in ambulance service work? _____

Where did you first obtain registration? _____ (Jurisdiction)
_____ (Date)

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EXPERIENCE AND EMPLOYMENT STATUS (Continued... Page 2)

Are you currently employed as an EMT on PEI? _____ Yes _____ No
If yes, employer/business name: _____

Are you currently registered in another province or country? _____ Yes _____ No
If yes, list all places you are registered to practice:

- | | | |
|---------------------------|-----------------------|--------------------|
| 1) Regulatory Body: _____ | License/Reg No: _____ | Expiry Date: _____ |
| 2) Regulatory Body: _____ | License/Reg No: _____ | Expiry Date: _____ |
| 3) Regulatory Body: _____ | License/Reg No: _____ | Expiry Date: _____ |

Complete a "Verification of Registration Form" and send to each regulatory body where registered and/or licensed currently.

CONDUCT AND REGISTRATION STATUS

Is your professional conduct or practice currently under investigation? _____ Yes _____ No

Have you ever been denied a license? _____ Yes _____ No

Have you ever been disciplined by a professional regulatory body? _____ Yes _____ No

Have you ever been suspended, dismissed, forced to resign, or de-registered as an EMT (or equivalent)? _____ Yes _____ No

Has your license / registration in another province ever been revoked, suspended, or had conditions / restrictions attached? _____ Yes _____ No

LANGUAGE PROFILE

Are you proficient in English? _____ Yes _____ No

What is your mother tongue? (the language you first learned in childhood and still understand)
_____ English, _____ French, or _____ Other (Please Specify): _____

What is your preferred language to delivery service?
_____ English, _____ French, or _____ Other (Please Specify): _____

All applicable certificates, documents, and fee payment must be submitted **prior to assessment** of this application. Completed applications (including all necessary supporting documents) can be submitted Emergency Health Services – 16 Fitzroy St, Sullivan Building, PO Box 2000, Charlottetown, PE C1A 7N8.

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DECLARATION

I authorize the Emergency Medical Services Board of Prince Edward Island to carry out the procedures necessary for the assessment of my eligibility to practice emergency medical technology in the Province of Prince Edward Island. This includes making copies of my application documents for the purpose of assessment and/or contacting institutions or authorities to verify the authenticity of my documents and the information provided.

I declare that all information contained in this application and all supporting attachments are complete and truthful. I understand that (1) falsification of this application, or (2) the submission of any falsified documents to the Emergency Medical Services Board of Prince Edward Island, or (3) the submission of any falsified Emergency Medical Services Board of Prince Edward Island documents to other agencies, may be sufficient cause for the EMS Board to withhold a license, to revoke a license, or to take other appropriate action.

I understand that the Emergency Medical Services Board of Prince Edward Island will not issue a refund and will retain all documents submitted with my application. I understand that the Emergency Medical Services Board of Prince Edward Island may destroy the application and all supporting attachments if an applicant has not completed the application within two years of the date the applicant submitted, to the Emergency Medical Services Board of Prince Edward Island, the completed application form.

I understand that in order to practice emergency medical technology in Prince Edward Island, I am required by law to hold a current and valid license with the Emergency Medical Services Board of Prince Edward Island before I commence employment (including any orientation(s)).

I have read and understand all information on this application form and agree to the terms stated herein.

Date: _____

Applicant Signature: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

EMS Board Compliance Statement

Personal information on this form is collected by the Emergency Medical Services Board of Prince Edward Island under the authority of the Prince Edward Island’s Emergency Medical Technicians Act and Emergency Medical Technicians Regulations. This information will be used to determine eligibility for an emergency medical technician (EMT) license and to maintain a register of licensed EMTs in the province. The collection, use, or disclosure of this information must be in accordance with the Freedom of Information and Protection of Privacy Act, R.S.P.E.I. 1998, c.F-15.01. If you have any questions about this collection of personal information, contact the Director, Emergency Health Services, Department of Health & Wellness; 16 Fitzroy Street, Sullivan Building North, PO Box 2000, Charlottetown, PE, C1A 7N8. Phone: (902) 368-6719.