

## Emergency Medical Services (EMS) Board of Prince Edward Island

c/o Emergency Health Services – Health and Wellness  
4th Floor Shaw Building North, 105 Rochford 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 <b>two</b> years preceding this application.	<ul style="list-style-type: none"> <li>➤ A copy of your program certificate</li> <li>➤ Successful completion of an approved entry to practice exam (ex. COPR/OCRCP).</li> </ul>
Labour Mobility	If you are currently registered in another Canadian province (and have practiced within the <b>two</b> years preceding the date of the application) and seek licensure in PEI.	<ul style="list-style-type: none"> <li>➤ Met the requirements of the jurisdiction(s) in which you are registered: <b>Verification of Registration Form</b></li> </ul>
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"> <li>➤ A copy of your program certificate &amp; transcript.</li> <li>➤ Letter (original) from your international regulatory authority confirming your registration and level.</li> <li>➤ A copy of your current resume.</li> <li>➤ A statement from a medical practitioner who can attest that you are physically and mentally fit and able to perform work as an EMT.</li> <li>➤ Names and contact information for two character references (one of whom can attest to your work as an EMT).</li> <li>➤ Proof of English language proficiency (if you received your training in a country where English is not the first or native language).</li> </ul>
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"> <li>➤ 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); <b>Emergency Call Out Form</b></li> <li>➤ Earn at least 20 continuing education units within each two-year period defined by the Board (subject to pro-ration); <b>Continuing Education Units (CEUs) Form</b></li> </ul>
Lapsed License	If you have previously held a license to practice as an EMT in PEI (less than <b>three</b> 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 payable by cash, cheque, or money order payable to Health PEI)

**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): \_\_\_\_\_

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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 – 105 Rochford St, 4<sup>th</sup> Floor Shaw Building North, 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; 105 Rochford Street, 4<sup>th</sup> Floor Shaw Building North, PO Box 2000, Charlottetown, PE, C1A 7N8. Phone: (902) 368-6719.