

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

c/o Emergency Health and Planning Services – Health PEI

3<sup>rd</sup> Floor Sullivan Building, Fitzroy Street, PO Box 2000

Charlottetown, PE C1A 7N8

email: [emergency@gov.pe.ca](mailto:emergency@gov.pe.ca)

### VERIFICATION OF REGISTRATION FORM

<b>PART A: To be completed by applicant</b>			
Send to each regulatory body where registered and/or licensed currently or previously. Additional copies of this form must be used if you have been registered in more than one province/territory.			
Family Name:		Given Name(s):	
Phone #:		Email Address:	
Mailing Address:			
Educational Institution:		Location (Prov / Country):	
Date of Birth:		Graduation Date:	
Registration Date:		Registration Number:	
Signature:		Date:	
<b>PART B: To be completed by the regulatory body</b>			
Please complete the information below and then mail directly to the EMS Board of PEI; c/o Emergency Health and Planning Services – Health PEI: 16 Garfield Street, PO Box 2000, Charlottetown, PE C1A 7N8			
Name of Regulatory Body:		Name of Registrant:	
Initial Registration Date in Jurisdiction:		Type of Registration Granted (title):	
Registration Number:		Registered by:	<input type="checkbox"/> Examination; <input type="checkbox"/> Previous Registration; <input type="checkbox"/> Labour Mobility; or <input type="checkbox"/> Other: _____
Expiry Date of Registration:			
Has the applicant's registration, license or practice ever been subject of review, investigation or discipline, or been denied, inactive, revoked, or suspended?			YES: ____ / NO: ____ If yes, please indicate reason on reverse side or attach a separate letter.
If yes, has this person's registration / license been reinstated?			YES: ____ / NO: ____
Does or has the applicant's registration or practice ever had attached requirements, cautions, reprimands, conditions, limitations or restrictions?			YES: ____ / NO: ____ If yes, please indicate reason on reverse side or attach a separate letter.
Other Comments:			Agency Seal
Contact Name:	Title:	Authorized Signature:	Date:

Personal information on this form is collected by the EMS Board 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 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 of Emergency Health & Planning Services, Health PEI, PO Box 2000, Charlottetown, PE, C1A 7N8. Phone: (902) 368-6719