

Section 1: To be filled out by applicant

Please complete the information below and send to each agency where you currently hold or previously have held a license. Additional copies of this form must be used if you hold a license in more than one province / territory.

Name: _____
Surname (Please Print) Given Name(s)

Mailing Address: _____
Street or PO Box Number

City/Town Province Country Postal Code

Telephone No.: (____) _____ Ext. _____
Primary Alternate Ext.

| Name of Educational Institution and Address <small>(name, street, city/town, province/country, postal code)</small> | Date of Graduation <small>Year / Month / Day</small> | Language of Instruction |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------|
| | _____ / _____ / _____ | <input type="checkbox"/> English <input type="checkbox"/> French |

Signature of Applicant Date

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

Please complete the information below and send completed form to: Manitoba Health, Emergency Medical Services, 1680 Ellice Avenue, Unit 7, Winnipeg, MB R3H 0Z2. For additional information call (204) 945-5300.

Name of Licensing Agency: _____
(Please Print)

Name of Applicant: _____

Type of License Registration: _____ License Registration No.: _____

License Registration Expiry Date: _____

| | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Has the applicant's license registration ever been denied, revoked, suspended or under review? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please indicate the reason: | |
| If yes, has the applicant's license registration been reinstated? | <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No <small>yyyy/mm/dd</small> |

Contact Name: _____

Title: _____

Telephone No.: (____) _____ Ext. _____

Signature: _____ Date: _____

Agency Stamp or Seal