

**Section 1: To be completed by applicant**

Instructions: Complete this section and send to each paramedic regulatory body where registered and/or licensed currently or previously. Additional copies of this form must be used if you hold a licence in more than one province / territory.

Family Name		Given Name (s)	
Former Name(s)		Date of Birth (YYYY/MM/DD)	
Street (or PO Box#)			
City		Province	Postal Code
Signature		Date Signed	

**Section 2: To be completed by licensing agency, board or college**

Instructions: Complete the information below and mail original 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 Board, College or Agency:		
Name of Registrant / Licence holder		
Type of Registration / Licence Granted (title)	NOCP equivalent title	Registration / Licensed by: <input type="checkbox"/> Examination <input type="checkbox"/> Previous registration <input type="checkbox"/> Other (specify)
Initial Registration / Licence Date in Jurisdiction:		Expiry Date of Registration / Licence
Is this person's registration/licence currently under review? <input type="checkbox"/> yes <input type="checkbox"/> no Has this person's registration/licence ever been denied, revoked or suspended? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, has this person's registration been reinstated? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes indicate reinstatement date: _____		
If yes to any of the above, please provide details:		
Is this person actively practicing in your jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no If no, please provide details:		
Has this person maintained the necessary Continuing Education required to re-register/re-licence in your jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no If no, please indicate the reason:		
Additional Comments:		Agency Stamp or Seal
Contact Name:	Title:	
Telephone number:	Date	Signature