



Application for Substantial Equivalency

Complete all areas of the application and answer all questions.

Part A – Personal Information

Last Name/Family Name		First/Given Name	Middle Name
Date of Birth (mm/dd/yy)	E-mail Address		
Address:			
City	Province/State	Country	
Postal Code	Phone Number (Home)	Phone Number (Business)	

Payment – Equivalency Review Fee

- \$300 EMR equivalency
- \$400 EMT equivalency
- \$650 EMT-P equivalency

Credit Card <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/>	Certified Cheque <input type="checkbox"/>
Visa / MasterCard Authorization Form:			
Name of Cardholder: _____			
Signature of Cardholder _____			
Credit Card # _____		Expiry Date (mm/yy) _____	
Name of Applicant (if different than cardholder) _____			

I certify that the information contained in this form is true and correct.

Applicant's Signature

Date

Personal information on this form is collected by the Alberta College of Paramedics under the authority of the Health Disciplines Act and the EMT Regulation and according to the Agreement on Internal Trade. This information may be used to issue a registration card for purposes of employment in the Province of Alberta. If you have any questions about the collection of this information, please contact the Registrar, Alberta College of Paramedics. This information is protected from unauthorized use and disclosure in accordance with the Alberta *Personal Information Protection Act* (PIPA) and College Policy.