



Alberta College of Paramedics ***Instructions for Registered Members Changing Status***

In 1989 this College was approved by the Alberta Health Disciplines Board as the governing and self-regulating body for Emergency Medical Technicians-Ambulance (EMT-A) and Emergency Medical Technologists-Paramedic (EMT-P). On March 1, 1993 the College's mandate was amended to include Emergency Medical Responders (EMR).

In order to become registered under the EMT Regulation of the *Health Disciplines Act* and use a protected title of "EMR", EMT", or "EMT-P", the following documentation is required:

1. Application for Change of Status (must be completed and signed);
2. **Original or certified copy of a Certificate of Graduation or Official Transcript of Marks** from your training institution (photocopies are not acceptable). ***Originals will be retained in the office, unless requested to be sent back with a self addressed stamped envelope;***
 - The College requests that the Transcript of Marks or Graduation Certificates clearly state "graduated" from the training program or "successfully completed" the training program at a specified date;
 - Should students present a certificate or transcript of marks to the Alberta College of Paramedics without clear identification that they have graduated from an approved program on a specified date, they will be asked to contact the training program for the appropriate information;
3. **For an EMT changing status to EMT-P a copy of your ACLS card or equivalent that is current within four years;**
4. **A registration fee is not required if you hold current registration with the College.**

Note: Immediately following graduation from an approved program (prior to the deadline date for the next eligible exam) you are eligible for temporary registration. It should be noted that a temporarily registered member must work under supervision of a registered member with the same designation or higher than your temporary designation. Upon your successful completion of the Provincial Registration Examination, your temporary registration will become permanent and a registration card will be issued.

If the deadline for the next exam has past you are no longer eligible for temporary registration.

EMT-P Status Only

To expedite your registration number after successful completion of the EMT-P exam you can submit all your documentation and have it held for exam results. Applications for registration or temporary registration will only be processed if **all supporting documentation has been submitted.**

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Release Authorization Form

Attached to this application is a Release Authorization Form. This form is only available for use by **EMT-P** candidates and can only be used following an exam. This form allows the College to expedite your **EMT-P** registration number (upon receipt of the exam results by the College) by faxing this form to the fax number that you have listed.

The following rules apply to the use of the Release Authorization Form:

1. The fax form can be handed in during the exam weekend or on the Monday following an exam weekend. Fax forms will not be accepted after that time.
2. Please ensure that the correct fax number is listed on the fax form as additional fax numbers will not be accepted after the exam weekend. Only one fax number should be included on the form.

Please be advised that the Fax Release Form can only be used if you have submitted the above registration information into the office. If all of the above information has not been received or your application is incomplete the fax form will not be used under any circumstance.

EMT-P RELEASE AUTHORIZATION FORM

I _____ hereby authorize Alberta College of Paramedics to send by fax my EMT-P registration number as it relates to my status change from EMT to EMT-P. The fax number I would like to have the number sent to is (_____).

I recognize and accept that this will be my EMT-P registration number only and will not include marks or any other information. The marks and associated data will follow by the regular process of notification.

I acknowledge and accept that a registration number will only be issued provided that all required registration documentation (application form, original transcript or certificate and a copy of ACLS card) has been submitted to the office for approval prior to the exam results being received in the office.

Signature

Date

Your EMT-P Registration Number is

R0



Alberta College of Paramedics Application for Change of Status

I am requesting a change of status:

FROM: EMR EMT EMT-P

TO: Temp EMR EMT EMT-P
(check applicable box(es))

Application Identification

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Surname	First Name	Initial
Maiden Name (if applicable)		Date of Birth	Work # ()	Home # ()
Permanent Mailing Address				
City / Town	Province/Country	Postal Code	E-Mail Address	

Education

Name of Educational Institute	Date of Graduation	Language of Instruction
Institution's Mailing Address		
City / Town	Province/Country	Postal Code
Other Education Qualifications (Degree, Diploma, etc)		
Did you successfully complete the approved Provincial Examination in your area of practice? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the examination date: _____ If you have not taken or have failed this examination, are you eligible to take it? Yes <input type="checkbox"/> No <input type="checkbox"/> PARAMEDICS ONLY – Date of last ACLS : _____		

Disciplinary Action

Have you ever been disciplined by any organization responsible for the regulation of this or any other health profession: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please attach details of the disciplinary action.

Employment

Employment Status (please check)

Full Time Part Time Casual Volunteer

Company Name:	From
Address:	To
City Province	Postal Code
Phone # () Fax # ()	Contact Name
E-Mail:	Medical Director

Your Primary Area of Responsibility (Please check one box only)	Statistical Information Estimated Patient Contact as Primary Attendant		
<input type="checkbox"/> Ground Ambulance <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Professional Development Training <input type="checkbox"/> Supervisor/Manager <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Dispatcher <input type="checkbox"/> Student	<input type="checkbox"/> < or = 50 <input type="checkbox"/> > 100 < or = 250	<input type="checkbox"/> > 50 < or = 100 <input type="checkbox"/> > 250	
	Professional Development		
	<input type="checkbox"/> In house <input type="checkbox"/> Seminars / Workshops <input type="checkbox"/> Conferences	Hours	
		Hours	

I certify that the information contained in this form is true and correct. <hr style="width: 50%; display: inline-block; margin-right: 20px;"/> <hr style="width: 50%; display: inline-block;"/>
Applicant's Signature Date: