

Emergency Medical Services (EMS) Board of Prince Edward Island

c/o Emergency Health and Planning Services – Health PEI

16 Garfield Street, PO Box 2000

Charlottetown, PE C1A 7N8

Phone: (902) 368-6705 Fax: (902) 620-3072

VERIFICATION OF REGISTRATION FORM

PART A: To be completed by applicant			
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:	
PART B: To be completed by the regulatory body			
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: