

Application for Provincial Licensure

Page 1 of 2

Applicant Information:					
Application Type:		<input type="checkbox"/> Original Application		<input type="checkbox"/> Change in Licence Level (Licence #: _____)	
Licence Level:		<input type="checkbox"/> CCP		<input type="checkbox"/> ACP	
		<input type="checkbox"/> PCP		<input type="checkbox"/> EMR	
				<input type="checkbox"/> MFR	
Surname:		First Name:		Initial:	
Maiden Name:		Date of Birth: (DD-MONTH-YYYY)		Gender:	
Mailing Address:					
City/Town:		Province:		Postal Code:	
Home Telephone #:		Cellular Telephone #:			
Email:		<input type="checkbox"/> Birth Certificate Number or <input type="checkbox"/> Social Insurance Number (Please check appropriate)			

The personal information collected in this form is under the authority of section 61(a) (c) of the Access to Information and Protection of Privacy Act, 2015 for the purpose of regulation information with NLPR operated by the Department of Health and Community Services. If you have questions concerning the collection, use and disclosure of your personal information, please contact the Department at healthinfo@gov.nl.ca.

Education: (Training Institute Information)	
Name:	Date of Graduation: (DD-MONTH-YYYY)
Location:	

Current Licence Status:	
1. Do you have an active and/or inactive licence as a Paramedicine provider in any Canadian jurisdiction outside Newfoundland and Labrador at the requested level of practice? <i>NOTE: If YES, please complete and submit a Labour Mobility Form through the affiliated regulator</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Applicants not licenced - Have you successfully completed the Canadian Organization of Paramedic Regulators (COPR) entry to practice exam at the requested level of practice? <i>NOTE: If YES, please submit COPR Exam Report or completion Certificate</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you have a deactivated licence as a Paramedicine provider in Newfoundland and Labrador at the requested licence level, please provide your former licence number.	_____
4. International Applicants - Have you completed a COPR Paramedic Equivalency Assessment to determine regulator eligibility in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Opt-in/Opt-out Consent:	
<p>The Canadian Anti-Spam Law (CASL) is part of federal legislation designed to reduce the amount of email delivered without the consent of the recipient. This legislation affects NLPR sending commercial electronic messages or emails that encourage participation in a commercial activity or transaction.</p> <p>Please confirm your consent in receiving commercial electronic communications surrounding Paramedicine sent to NLPR for distribution.</p> <p style="text-align: center;"> <input type="checkbox"/> YES, I do give consent <input type="checkbox"/> NO, I do not give consent </p> <p><i>Paramedicine providers who choose to opt-out from receiving commercial electronic communications will continue to receive electronic notifications pertaining to their professional responsibilities with NLPR.</i></p>	

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Page 2 of 2

Declaration of Conduct: *(All eleven questions must be answered in order to be considered)*

If the answer is **YES** to any of the following questions (1 thru 7), applicants are required to submit detailed information associated with the Declaration as part of their licence process. Please provide any pertinent statements/documentation as necessary.

1.	Have you ever plead guilty, been guilty or been convicted of any offence under any statute whether in Canada or any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been found in any action civilly liable for any cause whatsoever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are there any outstanding civil judgments or any criminal actions against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any Committal Order ever been made against you or at any time have you not obeyed any order of any Court requiring you to do, or abstain from doing, any act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have a physical, medical or psychological condition that may affect your ability to safely and competently practice within the Paramedicine profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there to your knowledge or belief any event, circumstance, condition, or matter not disclosed in your replies to the preceding questions that touches or may concern your conduct, character and reputation and that you know or believe might be considered an impediment to your licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been denied or had revoked any licence or permit in which there is a requirement of proof of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is **YES** to any of the following questions (8 thru 11), applicants are required to submit a Labour Mobility Form through the regulatory body from the affiliated jurisdiction.

8.	Has there ever been a refusal to your licensure in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has there ever been a deactivation, revocation, suspension, inactivation or conditions attached to your licensure in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is your conduct or practice as a CCP, ACP, PCP or EMR currently under investigation by any professional regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been disciplined by a professional regulatory body regardless of occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

An answer of "YES" to any of the preceding questions will not automatically preclude the applicant from obtaining licensure. There will be consideration of the circumstances surrounding each applicant based on severity, relevance and rehabilitation on a case-by-case basis in order to determine public safety risk, if applicable.

Providing false information on any portion of the documentation required for licence will result in an automatic revocation of licensure. Furthermore, **applicants who intentionally provide false information shall not be eligible for licensure for a period of ten years.**

I hereby declare that I have read and understand all parts of this licence application. I further declare the facts contained in this application are true to the best of my knowledge. I further consent to and authorize NLPR to obtain for its purposes and to release to other similar regulatory authorities for their purposes my personal, employment, educational and training records, the results of any criminal search reports and any other related matters. This consent shall remain on file and shall serve as ongoing authorization as NLPR deems necessary at any time.

Signature: _____

Date: _____
 (DD-MONTH-YYYY)