



# The Paramedic Association of New Brunswick

## L'Association des paramédics du Nouveau-Brunswick

Dear applicant,

Here is a quick checklist to ensure all the proper documents have been included in your registration reactivation application package to facilitate your registration. Please verify that all your documents have been received at the PANB office. Note that you may be required to successfully complete an educational program; successfully write the PANB licensing exam or both, depending on current professional status and length of time away from paramedicine. You will be required to pay the appropriate fees associated with reactivating your license and exam, if required. Please obtain more information on requirements and fees from the PANB office.

- Application for Reactivation form
- Proof of successful completion of CMA accredited program (Diploma/ Certificate)
- Approved Criminal Records Check (Enhanced Police Information Check)  
<http://sterlingtalentsolutions.ca/panb> (must be performed within 60 days of examination date)
- Copy of a valid Health Care Provider CPR card (issued within the last 12 months)
- Verification of registration PCP/ACP (if applicable)
- Verification of registration of a regulated profession other than paramedicine (if applicable)

All applicants who are currently or have been previously licensed to practice paramedicine in a province other than NB or any other regulated profession will be required to submit the appropriate verification of registration forms also included in this package. Please ensure PANB receives the appropriate forms from **all** jurisdictions in which you are currently and were previously registered.

If you have any questions regarding this package or how to register please feel free to contact our office at (506) 459-2638 (toll free: 1-888-887-7262) or via email at [info@panb.ca](mailto:info@panb.ca) and someone will be able to assist you.

Regards,

Chris Hood  
Executive Director/ Registrar



The Paramedic Association  
of New Brunswick  
L'Association des paramédics  
du Nouveau-Brunswick

298 Main Street, Fredericton, NB E3A 1C9  
P:(506) 459-2638 or 1-888-887-7262 | Fax:(506) 459-  
6728

## Application for reactivation of Registration 2019

\*All required information for registration, including payment, must be received  
by 4:30 pm (Atlantic Time) on application deadline date in order to qualify to  
write the Licensing Exam

### Applicant Information

PANB registration number: \_\_\_\_\_

Female Male

Name: (First, Middle, Last) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (Prov.) (Postal Code)

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(DD) / (MM) / (YYYY)

### Education Information

Name of Educational Program/Institution: \_\_\_\_\_

Location: \_\_\_\_\_ Date of completion: \_\_\_\_\_

*\*Proof of completion of an approved program must be submitted with application*

### Licensing Exam

I am applying to write:  PCP Exam  ACP Exam

Please indicate the exam date for which you are applying:

February 22, 2019 (application deadline: Feb 8, 2019)  July 2, 2019 (application deadline: June 18, 2019)

September 12, 2019(application deadline: Aug 30, 2019)  December 17, 2019 (application deadline: Dec 3, 2019)

*\*All exams will take place in Fredericton, NB and will begin at 10:00am unless otherwise indicated. Please check  
[www.panb.ca](http://www.panb.ca) for the most up-to-date information. **\*\*Exam dates, location and times are subject to change  
without prior notice.\*\****

### Payment information

Credit Card authorization: VISA/MasterCard/AMEX – **PLEASE PRINT CLEARLY.** – *There will be an additional 3% fee  
added to all credit card payments*

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Cardholder: \_\_\_\_\_

- ❖ Please obtain fee information from the PANB office as fees are based on several factors including current professional status, length of time away from paramedicine, etc.



## Application for reactivation of Registration 2019

\*This form is to be filled out only by registrants who have previously been registered in the province of New Brunswick.

- ❖ Applicants for reactivation of PANB registration may be required to successfully complete an educational program, successfully write the PANB licensing exam **or both**, depending on current professional status and length of time away from paramedicine. Please obtain more information on reactivation policies and exam dates by visiting the PANB website or contacting the PANB office.

### Professional Practice

- Have you ever been convicted of an offence or do you have any outstanding charges not previously reported to the PANB?  Yes  No  
*\*If you answered yes, obtain more information from PANB.*  
  
*\*\*\*"Offence" or "charge" or "conviction" respectively mean an offence or charge or conviction under the Criminal Code of Canada or under any other federal statute of Canada, including but not limited to the Controlled Drugs and Substances Act, or an offence, charge or conviction in respect of similar statutes in any jurisdiction outside of Canada.*
- Are you currently applying or have you previously applied for licensure/examination to become a paramedic in a province other than New Brunswick?  Yes  No  
*If yes, please list each province: \_\_\_\_\_*
- Are you currently or have you ever been registered/licensed/certified to practice paramedicine in another Canadian Province?  Yes  No  
*\*If you answered "yes", please provide a completed Verification of Registration Form*
- Are you currently or have you ever been registered/licensed/certified to practice in a regulated profession, other than paramedicine, in New Brunswick or elsewhere?  Yes  No  
*\*If you answered "yes", please provide a completed Verification of Registration of Other Regulated Profession Form*
- Have you ever had your license/registration suspended, revoked or under investigation for incompetence, professional misconduct, conduct unbecoming or incapacity as a paramedic or another regulated profession in New Brunswick or elsewhere?  Yes  No  
*\*If you answered yes, obtain more information from PANB.*
- Has your license/registration ever had conditions, restrictions or limitations imposed on it as a paramedic or another regulated profession in New Brunswick or elsewhere?  Yes  No  
*\*If you answered yes, obtain more information from PANB.*

**I certify that the information provided in this form is correct and by signing, I agree to comply with the rules and regulations as set out by PANB.**

Signature

Date



The Paramedic Association  
of New Brunswick

L'Association des paramédics  
du Nouveau-Brunswick

### Verification of Paramedic Registration Primary/Advanced Care Paramedic

#### Part 1: To be completed by the applicant

<b>Instructions:</b>	Send to each Paramedicine 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 Names:		
Former Names:		Date of Birth:	
Address:			
Paramedic Training Agency:		Country:	
Graduation Date:		Registration Number:	
Signature:		Date:	

#### Part 2: To be completed by the regulatory body

<b>Instructions:</b>	Please complete the information below and then mail directly to the Paramedic Association of New Brunswick, 298 Main Street, Fredericton, NB E3A 1C9		
Name of Licensing Body:			
Name of Registrant			
Level of License Granted (title)		Registration By:	
Registration Number		Examination <input type="checkbox"/> Previous Registration <input type="checkbox"/> Labour Mobility <input type="checkbox"/>	
Initial Registration Date in Jurisdiction:		Other <input type="checkbox"/> _____	
Registration Status: (active, inactive, suspended)		Expiry Date of Registration	
Has this person's registration/license ever been denied, revoked, suspended, restricted or under review? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please indicate reason in <b>Part 4</b> .			
If yes, has this person's registration/license been reinstated? Yes: <input type="checkbox"/> Date: _____ No: <input type="checkbox"/>		Has this person maintained the necessary Continuing Education required to maintain licensure in your jurisdiction? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Do you require individuals to meet all competencies in the NOCP (2011) level, to register at the equivalent level used in your jurisdiction? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please complete <b>Part 3</b>			
<b>IMPORTANT:</b> Please append a copy of all documents outlining Skills, Abilities, Attitudes, and Knowledge required to practice paramedicine at this level in your jurisdiction, prior to submitting this verification form.			
Is the individual listed above licensed to provide <b>ALL</b> of the Skills, Abilities, Attitudes, and Knowledge that you have documented? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please complete <b>Part 3</b>			

**Part 3: Please provide details below if this person's registration/license does not meet the NOCP(2011) competencies, or if the individual is not licensed to provide all Skills, Abilities, Attitudes, and Knowledge as you have appended to this document (continue on reverse side or attach separate page if necessary).**

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**Part 4: Please provide details below if this person's registration/license has ever been denied, revoked, suspended, restricted, or under review (continue on reverse side or attach separate page if necessary).**

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Contact number(s) for Contact person & Comments (if Applicable)

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Agency Seal

Contact Name:

Signature:

Title:

Date

Personal information on this form is collected by the Paramedic Association of New Brunswick under the authority of the Paramedic Act. This information is protected from unauthorized use and disclosure in accordance with the Protection of Privacy Information Act and may be disclosed only in accordance with the act.



**The Paramedic Association  
of New Brunswick**

**L'Association des paramédics  
du Nouveau-Brunswick**

**Verification of Registration  
Regulated Profession other than Paramedicine**

**Part 1: To be completed by the applicant**

<b>Instructions:</b>	Send to each regulatory body where registered and/or licensed currently or previously in a profession other than paramedicine. Additional copies of this form must be used if you have been registered in more than one province/territory.		
Family Name:	Given Names:		
Former Names:		Date of Birth:	
Address:			
Training Agency:		Country:	
Graduation Date:		Registration Number:	
Signature:		Date:	

**Part 2: To be completed by the regulatory body**

<b>Instructions:</b>	Please complete the information below and then mail directly to the Paramedic Association of New Brunswick, 298 Main Street, Fredericton, NB E3A 1C9		
Name of Licensing Body:			
Name of Registrant:			
Level/Category of License Granted or Title:			
Initial Registration Date in Jurisdiction:	Registration Number:	Expiry Date of Registration	
Has this person's registration/license ever been denied, revoked, suspended, restricted or under review? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
If yes, please indicate reason and details on the reverse side or attach a separate letter			
If yes, has this person's registration/license been reinstated? Yes: <input type="checkbox"/> Date:			No: <input type="checkbox"/>
Contact Name:	Agency Seal		
Title:			
Date:			
Signature:			

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