



**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

Instructions:	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

Instructions:	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:			

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.