



Application for reactivation of Registration 2025

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

Applicant Information

PANB registration number: _____

Female Male Other

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. A copy of your diploma must be submitted prior to licensure.*

Licensing Exam

I am applying to write: EMT Exam PCP Exam ACP Exam

Have you unsuccessfully written an Entry to Practice Examination, at this license level, in any other jurisdiction?

Yes No. If yes, which jurisdiction? _____

Dates of all examinations can be found on our website at www.panb.ca under Registration :

All exams will take place at 10:00am unless otherwise indicated. Please check www.panb.ca for the most up-to-date information. **Exam dates, and times are subject to change without prior notice. *****

Payment information

- ❖ *Payment can be made by e transfer to payment@panb.ca .*
- ❖ *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.*
- ❖ *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.*



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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