

# Paramedic Registration Worksheet and Application

For paramedics educated outside of Canada and without prior Canadian registration



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



# Application Requirement Worksheet

This document applies to you if you are an EMT or Paramedic who was educated outside of Canada and are seeking to be registered in New Brunswick.

## Document Access

### Application Preparation

In preparation for your application, obtain, review, and familiarize yourself with the following important paramedicine documents.

New Brunswick Paramedic Act, PANB Bylaws, Rules, Standards of Practice and Code of Ethic.

Substantial Equivalency Application Package.

Gather your necessary reference and validation documents.

## Application

### Begin to Apply

Complete the application and while answering the questions make note of the necessary documents which are requested be appended. Ensure the following prior to submitting:

You have answered all questions.

You have attached a copy of your passport, and if required immigration and work permit.

You have included information regarding the name and contact information for your current or most current paramedicine employer.

You have included contact information for three (3) professional references, one of which is a current or past supervisor and manager.

You have provided the name and contact information for any professional regulatory agency with whom you are currently or were previously registered/licensed and for whom you may have previously completed a paramedicine entry-to-practice examination.

You have provided information regarding your paramedicine continuing education / competence activities for the last twelve (12) months.

You have provided a copy of your Canadian drivers' license, if applicable.

You have provided a copy and details regarding your professional liability insurance.

## Cross-Reference

### Self-Evaluation / Authorization / Attestation & Declaration

Complete the self-evaluation cross-reference of your education, professional certifications, and scope of practice. Ensure you initial the authorization and attestations and complete the declaration.

Attach your academic transcript, credentials, course curriculum and syllabus.

Attach your relevant certificates – CPR and/or ACLS/PALS are minimum requirements

Attach your current or most recent paramedicine practice guidelines / protocols.



## Third-Party Check

### Independent Verification and Translation

As part of the eligibility verification, we require you to provide us information from three (3) independent verification systems. These verifications, along with any required document translation from your application must be provided to PANB in **either** English or French.



Translation costs are payable by the applicant.

**Check When Complete**

### Regulatory Verification

As part of your application verification, we require you to submit a duly completed Verification of Registration form to all professional regulatory organizations with whom you are currently or were previously registered. This verification process applies to **both** paramedicine and other profession. The completed form should be returned directly to PANB.



Regulatory verification costs are payable by the applicant.

**Check When Complete**

### Education Verification

As part of your education verification, we require you to provide PANB an educational verification document from **one** of the following verification/assessment systems.

- International Qualifications Assessment Service (IQAS)
- World Education Services (WES)
- Comparative Education Service (CES) – University of Toronto School of Continuing Studies
- International Credential Assessment Service (ICAS) of Canada
- International Credential Evaluation Service (ICES) – British Columbia Institute of Technology

\*If you are a graduate of the **Doha University for Science and Technology** or the **Northern Maine Community College** paramedic programs, please contact PANB and we will provide further instruction.



Education verification costs are payable by the applicant.

**Check When Complete**

### Criminal Record Verification

As part of your application verification, we are required to ensure that you meet PANB's good character and reputation requirements. As part of this verification, you must submit a criminal record check which is completed by a Canadian or other police authority.

#### If you are currently living in Canada

- You are required to complete an on-line criminal record check via our approved third-party service agency. The results of this check will be sent directly to PANB.

Select here to access our third-party verification system: <http://sterlingtalentsolutions.ca/panb>

#### If you are currently living outside of Canada

- You are required to obtain a criminal record check from your local policing authorities and submit this to PANB. Please note that PANB can only accept criminal record checks which are in English or French.



Criminal record verification costs are payable by the applicant.

**Check When Complete**



## Submission

### Submit your Application

You are now ready to submit your application and all related documents. Take a few moments to ensure that you have all required documents ahead of your submission. Because you will be appending multiple documents, it is possible that you may need to transfer files by way of multiple emails. Take a few moments to verify your internet and email provider file transfer limits and to organize your documents accordingly.

To ensure that no documents are misplaced we encourage you to adopt a file naming convention that includes your name and numbers the files transmitted.

Example of suggested file naming convention: ex. Joe Smith EMT – Equivalency files #1

All Submissions may be made via email to: [info@panb.ca](mailto:info@panb.ca)

**Check When Complete**

### Paying for your Application

You are now ready to pay for your application. Be aware that this fee includes only your application assessment fee and does not include any examination, education, insurance and or registration fees.

PANB accepts all major credit cards including **VISA, MASTERCARD** or **AMERICAN EXPRESS**. A transaction processing fee of 3% will apply.

Be aware that this fee is non-refundable, including if you choose to withdraw your application. To process your payment, you may contact PANB via email at: [info@panb.ca](mailto:info@panb.ca) or via phone at: **+1.506.459.2638**



The applicant is responsible for the application fee of \$700.00 (CDN)

**Check When Complete**



## Preparing for Practice

### Application Assessment

We will confirm receipts of your electronic file transfer. Be aware that the assessment time is totally dependent on any third-party agency providing us required information, you providing timely required follow-up information and our team being able to validate your complete application. Under normal and uncomplicated circumstances, PANB strives to complete its equivalency assessments within ten (10) business days of receiving a **complete** application. Throughout the assessment process, PANB may prompt you to submit additional documents and/or assessments such as language fluency assessment, if this is required. PANB will communicate such requirement to you via email.

Should you wish to communicate with us, please do so via email at: [info@panb.ca](mailto:info@panb.ca)

### Assessment Result and Required Next Steps

PANB will communicate with you the result of your assessment, and which may include:

1. Your registration application is denied for stated reasons.
2. Your registration application is granted with conditions, restrictions and/or limitations.

Under substantial equivalency Rules, registrants are often offered registration with conditions, restrictions and/or limitations. This enables you to practice while you remedy competency gaps. Conditions may include that you:

1. Pay registration fees \$410.00 (CDN) and submit an appropriate liability insurance certificate.
2. Complete the entry-to-practice \$700.00 (CDN) and/or jurisprudence examination \$400.00 (CDN).
3. Restrict practice until you complete additional education and/or training.
4. Be supervised and/or mentored such as to ensure that your practice is supported by experienced peer.

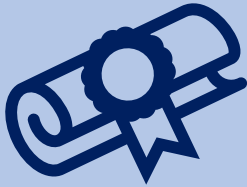
In all cases, PANB will provide you specific information regarding your next application / registration steps.



The applicant is responsible for registration costs and costs associated with practice conditions

# Important Information

## Approved Program Graduate



It is recommended that paramedic graduates from:

- Doha University for Science and Technology; and
- Northern Maine Community College

Should contact PANB to discuss their circumstances ahead of completing the substantial equivalency application. These education programs benefit from PANB approval, and the application processes may differ for these candidates.

## Sending Information



At various times during the application process, you may be prompted to submit additional documents, or you may wish to communicate with PANB. For more efficient email processing please assist us by:

Including your name and the evidence or purpose of the request in the email subject line i.e., Joe-Smith – CPR certificate or Joe-Smith – status inquiry

All Email and Documents sent to: [info@panb.ca](mailto:info@panb.ca)

## Confidentiality



PANB is committed to protecting your privacy and to share, with your provided consent, the information required to validate your provided information. PANB will retain your personal information for as long as is necessary to fulfill its registration purpose and protect the public interest.

If you have any questions regarding the collection, use, or disclosure of your Personal Information, you may contact the PANB Privacy Officer via email at: [info@panb.ca](mailto:info@panb.ca)



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

www.panb.ca

# Substantial Equivalency Application

## Instructions:

This document is meant to assist the Association in determining your equivalency status as it compares to Canadian paramedics' regulatory requirements. Please read all the instructions prior to completing and submitting the document.

### ***Section 1. – General Information***

- Complete all questions and provide necessary reference information.

### ***Section 2. – Education Verification / Validation***

- Please complete the education information.
- Read and thoroughly consider the entire subject/competency area prior to selecting Yes or No.
- Every subject/competency area which is identified as Yes requires you to provide academic reference which align with your previous medical education. Educational references such as articles, textbooks, presentation material or handouts along with continuing medical training **must not / cannot** be referenced in this section.
- Append your educational credential, transcript, curriculum and/or course syllabus to your application.

### ***Section 3. – EMS Related Training Verification***

- Please be ready to append a copy of your continuing medical education training certificates as part of your submission.

### ***Section 4. – Scope of Practice Verification / Validation***

- Please indicate if you have received formal training in the instruments, procedures and pharmacological agents used by Canadian paramedics and indicate if currently use such instruments, procedures, and medications in your current practice. Please append a copy of current practice guidelines/protocols.

### ***Section 5. – Authorization, Attestations and Declaration***

- Initial the authorization and attestation statements and sign and complete the declarations.



## Section 1. – General Information

Name:

Address:

Phone Number:

Email Address:

Please indicate if you can speak, read, and write in the following languages - English                      French

Please answer all questions.

- Questions 1-8 will require you to append/attach required documents to your submission.
- Question 9-20 you must provide a written explanation if you provide an affirmative (YES) answer.

Please use a separate sheet if necessary. Information provided is confidential to PANB. If you are unclear or unsure about any of these questions, please contact PANB for further clarification.

Questions	YES	NO
1. Are you a Canadian Citizen, a landed immigrant and/or the holder of a Canadian work or permanent residency permit? <b>(Attach a copy of your passport, and if applicable immigration, permanent residency and/or work permit documents)</b>		
2. Are you currently or have you previously worked as an Emergency Medical Service (EMS) provider? <b>(Please detail how many years you have been working as a practicing EMS provider, provide the names, address, and contact information for your current or most recent (EMS) employer and append three (3) professional references to your application, one of which must be a current or previous supervisor/manager)</b>		
3. Are you currently a registered / licensed EMS provider? <b>(If YES, please append a list of all regulatory agency with whom you are or were affiliated with and provide the address, and contact information for each agency)</b>		
4. Have you previously successfully completed an entry-to-practice examination related to your most current EMS credential and/or for the purpose of professional registration/licensure with an EMS/Paramedicine regulatory agency in any jurisdiction? <b>(If YES, please provide the name and contact information for the regulatory agency who required the examination)</b>		



<b>Questions Continued</b>	<b>YES</b>	<b>NO</b>
5. Are you currently registered/licensed to practice (any other profession) with any regulatory agency? <b>(If YES, please append a listing which details the name, address, and contact information for each agency)</b>		
6. As a regulated EMS professional, have you, in the last year, participated in a continuing education/competence program? <b>(If YES, please provide details regarding the activities undertaken and the time spent on each activity)</b>		
7. Do you currently hold a driver's license which enable you to legally operate a passenger and emergency vehicle in Canada or New Brunswick? <b>(If YES, please provide a copy of your driver's license)</b>		
8. Do you currently hold personal health professional liability insurance? <b>(If YES, please provide a copy of your insurance certificate along with information regarding your liability insurance provider, the type of coverage provided and the amount of coverage)</b>		
9. Have you ever practised as an EMS provider or paramedic without a licence/registration, when such license/registration was required?		
10. Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction?		
11. At the present time, are there any regulatory investigations, reviews or proceedings taking place in any jurisdiction concerning your practice of paramedicine or any other profession?		
12. Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction?		
13. Have you ever voluntarily surrendered your professional licence/registration in any jurisdiction?		
14. Has your professional license/registration ever lapsed and been reinstated in any jurisdiction?		
15. Have you ever been subject to practice conditions, limitations, or restrictions which were imposed by a regulatory agency?		
16. Has your professional registration/license, as an EMS provider or in any other profession, ever been suspended, revoked, or cancelled?		
17. Have you previously been subject of civil legal claim(s) related to your health professional practice?		
18. Have you ever been fired/dismissed from health professional employment?		
19. Have you ever been charged or convicted of a criminal offence, in Canada or in any other jurisdiction?		
20. Do you currently have and/or suffer from any physical, psychological, or medical condition (any ailment, addiction to drugs/alcohol or blood borne disease) which could affect your ability to practice paramedicine safely and competently?		



## Section 2. – Education Verification

Please provide information regarding your most applicable (highest) academic and professional paramedicine education:

Name of Institution:

Address:

Phone Number:

Registrar Office Contact Person Email Address:

Institution Website Address:

Name of Program:

Years:

Start Date

Graduation Date

Credential awarded: Certificate      Diploma      Degree      Graduate (Master's) Degree

Language of instruction: English      French      Other

Regarding your program's classroom teaching method: 100% On-site      Remote On-line      Combination on-site & remote

Please provide the following additional information:

Questions	YES	NO
1. Did the program include both hospital/clinical and EMS/ambulance practicum? <b>(If YES, please provide details regarding the length of time spent in hospital/clinical and EMS/ambulance practicum)</b>		
2. During your practicums (both hospital/clinical and/or EMS/ambulance) were you supervised and evaluated by a preceptor? <b>(If YES, please provide details regarding the evaluation methodology and, if possible, attach a copy of your evaluations)</b>		
3. Have you ever been suspended, required to withdraw, been expelled, or penalized by a post-secondary institution for any type of academic misconduct? <b>(If YES, please provide details of the circumstances)</b>		



### Education Validation

Regarding your most applicable (highest) health professional education, please validate if the following required paramedicine educational subjects / EMS competency areas were part of your course of study.

Every element answered in the affirmative (YES) must include an academic reference to a course which must be substantiated by an attached education course curriculum, syllabus and/or transcript. Educational references such as articles, textbooks, presentation material or handouts along with continuing medical training **must not / cannot** be referenced.

#### Example #1:

Anatomy and Physiology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Anatomy 101</i>
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		YES	NO	Course Reference
<b>A</b>	Medical Terminology			
	Anatomy and Physiology			
	Pathophysiology			
	Pharmacology			
	Canadian and Provincial Governing Legislation			
	Ambulance Equipment			
	Instrumentation			
	EMS and Healthcare			
	EMS Resources			
	Critical Incident Stress Management			
	Medical-Legal			

<b>B</b>	Identification and Resolution of Occupational Hazards			
	Safe Work Environment			
	Personal Protection Equipment			
	Scene Safety			
	Safe Lifting and Moving Techniques			
	Extrication Principles			
	Infection Prevention and Control			
	Workplace Hazardous Material Information Systems-WHMIS			
	Transportation of Dangerous Goods-TDG			
	Safe Vehicle Operations			



	<b>Educational Subjects / EMS Competency Areas</b>	<b>YES</b>	<b>NO</b>	<b>Course Reference</b>
	Effective Communication			
	Assessment and Situation Control			
	Operation of Remote Communication Devices			
	Medical Dispatch Systems			
	Patient Rights			
	Patient With Special Needs			
	Cultural Diversity and Equity			
	Professional Documentation and Reporting			
<b>C</b>	Primary Survey Assessment			
	History Gathering			
	Secondary Survey Assessment			
	Obstetrical Assessment			
	Neonatal Assessment			
	Pediatric Assessment			
	Geriatric Assessment			
	Psychological / Behavioral Assessment			
	Neurological Assessment			
	Respiratory Assessment			
	Cardiovascular Assessment			
	Gastrointestinal Assessment			
	Genitourinary Assessment			
	Integumentary Assessment			
	Musculoskeletal Assessment			
<b>D</b>	Principles of Effective Decision Making			
	Care Consent and Refusal			
	Care of Neurologic Conditions			
	Care of Respiratory Conditions			
	Care of Cardiovascular Conditions			
	Care for Gastrointestinal Conditions			
	Care for Genitourinary Conditions			
	Care for Musculoskeletal Conditions			



<b>Educational Subjects / EMS Competency Areas</b>	<b>YES</b>	<b>NO</b>	<b>Course Reference</b>
Care for Endocrine Conditions			
Care for Immune Disorders			
Care for Poisoning and Overdose			
Care for Extreme Temperature (warm)			
Care for Extreme Temperature (cold)			
Care for Behavioral Crisis			
Care for Gynecological Emergencies			
Care for Obstetrical Patients / Emergencies			
Care for Pediatric Illnesses			
Care for Neonatal Patients			
Care for Geriatric Illnesses and Patients			
Care for Special Needs Population Group			
Managing Multiple Casualty Incident (MCI)			

<b>E</b> Basic Airway Management			
Oxygen Therapy			
Intermediate Airway Management			
Advanced Airway Management			
Mechanical Patient Ventilation and Monitoring			
Cardiopulmonary Resuscitation			
Defibrillation, Cardioversion and Pacing			
Hemorrhage Control			
Bandaging and Wound Care			
Spinal Motion Restriction and Immobilization			
Splinting			
Intravenous and Intraosseous Therapy			
Urinary Output Monitoring			
Emergency Surgical Procedures			
Pharmacological Therapy			
Laboratory Blood Analysis and Interpretation			
Diagnostic Imaging Interpretation			



	<b>Educational Subjects / EMS Competency Areas</b>	<b>YES</b>	<b>NO</b>	<b>Course Reference</b>
<b>F</b>	Working Knowledge of Rotary Wing EMS Transport			
	Working Knowledge of Fixed Wing EMS Transport			
	Working Knowledge of Marine EMS Transport			
<b>G</b>	Canadian National Occupational Competency Profile			
	Knowledge of Code of Ethic and Standards of Practice			
	Knowledge of Regulatory Requirements			
	Knowledge of Continuing Education / Competence			
	Knowledge of Personal Well-Being			
	Multi-Disciplinary Team Practice			
	Leadership			
<b>H</b>	Conveying patient on an EMS stretcher			
	Safe EMS stretcher loading and unloading			
	Conveying patient using an EMS stair chair			
	Performing spinal immobilization with a longboard			
	Applying a bilateral femur traction splint			
	Extrication using a Kendricks Extrication Device			
	Conveying a patient using Scoop stretcher			
	Conveying pediatrics using stretcher mounted restraints device			

**IMPORTANT**

1. Along with your most relevant academic course transcripts, curriculum / course syllabus, please append to your application a copy of your relevant and related academic credential(s) (this includes all your certificates, diploma and/or degrees obtained from post-secondary educational institutions and related to your EMS practice)
2. If required, your educational institution, may forward us a copy of your course transcript. This can be transmitted directly to us via mail or email at the same address where you will be forwarding your application and other documents:

**Via Mail:**

Paramedic Association of New Brunswick  
289 Main St.  
Fredericton, New Brunswick  
E3A 1C9

**OR**

**Via Email:**

Email @: info@panb.ca



### Section 3. – EMS Related Training Verification

Using the information provided below, please identify if you currently possess the following EMS related training certificates. Any affirmative selection (YES) will require you to append a copy of each certificate to your application.

EMS Related Training Certificates	YES	NO
Cardiopulmonary Resuscitation (CPR) – From an ILCOR affiliated organization listed below: <ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• European Resuscitation Council (ERC)</li> <li>• Heart and Stroke Foundation of Canada (HSFC)</li> <li>• Australian and New Zealand Committee on Resuscitation (ANZCOR)</li> <li>• Australian Resuscitation Council</li> <li>• New Zealand Resuscitation Council</li> <li>• Resuscitation Councils of Southern Africa (RCSA)</li> <li>• Inter American Heart Foundation (IAHF)</li> <li>• Resuscitation Council of Asia (RCA)</li> </ul>		
Cardiopulmonary Resuscitation (CPR) <b>Instructor</b> – ILCOR certified		
Advanced Cardiac Life Support (ACLS) – From ILCOR affiliated organization		
Advanced Cardiac Life Support (ACLS) <b>Instructor</b> – ILCOR certified		
Pediatric Advanced Life Support (PALS) – From ILCOR affiliated organization		
Pediatric Advanced Life Support (PALS) <b>Instructor</b> – ILCOR certified		
Neonatal Resuscitation (NRP) – From ILCOR affiliated organization		
Neonatal Resuscitation (NRP) <b>Instructor</b> – ILCOR certified		
Pediatric Education for Prehospital Professionals (PEPP)		
Advanced Trauma Life Support (ATLS)		
International Trauma Life Support (ITLS)		
International Trauma Life Support (ITLS) <b>Instructor</b>		
Prehospital Trauma Life Support (PHTLS)		
Prehospital Trauma Life Support (PHTLS) <b>Instructor</b> – NAEMT certified		
Advanced Medical Life Support (AMLS)		
Advanced Medical Life Support (AMLS) <b>Instructor</b> – NAEMT certified		

\*In the case that you hold additional other relevant EMS training certificates, please append a copy of them to your application.



## Section 4. – Scope of Practice Verification / Validation

Please validate the medical and pharmacological interventions which you are entitled to independently practice as part of your paramedical employment. Answering any questions in the affirmative (YES) will require you to provide a reference to your corresponding EMS practice guidelines / protocols which are to be appended to your application.

### Example #1 (Medical Interventions):

Medical Interventions	YES	NO	Guideline/Protocol Reference
Oximetry Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Page 13 of Protocol</i>

### Example #2 (Pharmacological Interventions):

Pharmacological Intervention	Adult		Pediatric		Guideline/Protocol Reference
	YES	NO	YES	NO	
Narcotic Antagonist – Treatment of Poisoning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Page 13 (adlt) and 15 (peds)</i>

Medical Interventions	YES	NO	Guideline/Protocol Reference
Oximetry Testing			
Glucometer Testing			
Cardiac Monitoring and Interpretation (4 Leads)			
Cardiac Monitoring and Interpretation (12, 15 and 18 Leads)			
End-Tidal CO2 Monitoring			
End-Tidal CO2 Waveform Interpretation			
Venous Puncture for Purpose of Blood Sampling			
Arterial Puncture for Arterial Blood Gas Sampling			
Non-invasive Temperature Monitoring			
Invasive Core Temperature Monitoring			
Arterial Line Access and Pressure Monitoring			
Central Venous Line Access			
Arterial Blood Sampling Via Arterial Line			
Pulmonary Artery Catheter Monitoring and Removal			
Intra-aortic Balloon Pump Monitoring			
Oropharyngeal Airway Suctioning			
Ventilation with PEEP			



<b>Medical Interventions</b>	<b>YES</b>	<b>NO</b>	<b>Guideline/Protocol Reference</b>
Oral Airway Insertion			
Nasal Airway Insertion			
King Tube Airway Insertion			
Combitube Airway Insertion			
Laryngeal Mask Airway Insertion			
Oral Endotracheal Tube Insertion - Laryngoscopy			
Oral Endotracheal Tube Insertion – Video laryngoscopy			
Nasal Endotracheal Tube Insertion - Blind			
Nasal Endotracheal Tube Insertion – McGill Forceps Assisted			
Procedural Airway Mgt. - Medication Aided Intubation			
Procedural Airway Mgt. - Rapid Sequence Induction Intubation			
Procedural Sedation – Paralysis and Sedation Management			
Deep Tracheal Suction			
Foreign Body Removal – McGill Aided			
CPAP Ventilation			
Mechanical Patient Ventilation and Monitoring			
Cardiopulmonary Resuscitation (CPR)			
Mechanically Aided CPR			
Automated or Semi-Automated Defibrillation			
Manual Defibrillation			
External Hemorrhage Control			
Wound Packing			
Bandaging and Wound Care			
Spinal Motion Restriction / Immobilization			
Splinting			
Procedural Sedation – Pain Management			
Initiating Intravenous Therapy			
Initiating Intraosseous Therapy			
Cardioversion (Synchronized and Unsynchronized)			
External Cardiac Pacing			
Invasive Cardiac Pacing			
Intravenous and Intraosseous Medication Infusions			
Urinary Catheterization			



<b>Medical Interventions</b>	<b>YES</b>	<b>NO</b>	<b>Guideline/Protocol Reference</b>
Orogastric Tube Insertion			
Nasogastric Tube Insertion			
Emergency Thoracentesis			
Chest Tube Monitoring			
Medication Infusion Monitoring			
Blood Product Infusion Monitoring			
Emergency Cricothyroidotomy			
Emergency Childbirth Management			
Manual Uterine Massage			
Umbilical Line Cannulation			
Tracheostomy Care/Suction and Emergency Reinsertion			
Transport Isolette Preparation and Management			

Medication Administration Via Topical Route			
Medication Administration Via Oral / Buccal Route			
Medication Administration Via Inhalation			
Medication Administration Via Sublingual Route			
Medication Administration Via Subcutaneous Route			
Medication Administration Via Intramuscular Route			
Medication Administration Via Intranasal Route			
Medication Administration Via Intravenous Route			
Medication Administration Via Endotracheal Route			
Medication Administration Via Intraosseous Route			
Medication Administration Via Trans/Intradermal Route			
Medication Administration Via Endotracheal Route			
Medication Administration Via Infusion Pump			
Immunization Administration			



Pharmacological Interventions	Adult		Pediatric		Guideline/Protocol Reference
	YES	NO	YES	NO	
Antipyretic – Treatment of pyrexia (via oral admin.)					
Analgesic – Treatment of Pain (via oral admin.)					
Gaseous Analgesic – Treatment of Pain (via inhaled admin.)					
Gaseous Analgesic – Procedural Sedation					
Antianginal – Acute Coronary Syndrome (ACS) (sublingual admin.)					
Antianginal – Treatment of Pulmonary Edema					
Antianginal – ACS or Pulmonary Edema (infusion admin.)					
Narcotic Analgesic – Treatment of Headache					
Narcotic Analgesic – Treatment of Pain					
Narcotic Analgesic – Procedural Sedation / Maintenance					
Narcotic Analgesic – Treatment of Acute Coronary Syndrome					
Narcotic Antagonist – Treatment of Poisoning					
Cardiac Antiarrhythmic – Treatment of Supraventricular Tach.					
Cardiac Antiarrhythmic – Treatment of Ventricular Fibrillation					
Cardiac Antiarrhythmic – Treatment of Ventricular Tach.					
Anticholinergic – Treatment of Bradycardia and Heart Block					
Anticholinergic – Treatment of Poisoning					
Anticholinergic – Treatment of Bronchospasm					
Calcium Salt – Treatment of Cardiac Disturbances					
Calcium Salt – Treatment of Poisoning					
Antiplatelet - Reperfusion Therapy					
Corticosteroids – Treatment of Anaphylaxis					
Corticosteroids – Treatment of Bronchospasm					
Antiemetic – Treatment of Nausea and Vomiting					
Antiemetic – Treatment of Headache					
Antihistamine – Treatment of Allergic Reaction / Anaphylaxis					
Antihistamine – Treatment of Extrapyrmidal Reaction					
Antihistamine – Treatment of Dystonic Reaction					
Caloric Agent – Treatment of hypoglycemia (oral admin.)					
Caloric Agent – Treatment of hypoglycemia (IV admin.)					
Anticoagulant - Reperfusion Therapy					
Anticoagulant – Preventive and Treatment of Thromboembolisms					
Sympathomimetic - Treatment of Cardiac Arrest					



Pharmacological Intervention	Adult		Pediatric		Guideline/Protocol Reference
	YES	NO	YES	NO	
Sympathomimetic – Treatment of Bradycardia					
Sympathomimetic - Treatment of Anaphylaxis					
Sympathomimetic - Treatment of Bronchospasm					
Sympathomimetic – Treatment (via infusion therapy)					
Sympathomimetic – Treatment of Shock					
Sympathomimetic – Treatment of Poisoning					
Hormone – Treatment of Hypoglycemic					
Hormone – Treatment of Poisoning					
Hormone – Treatment of Anaphylaxis					
Antipsychotic – Treatment of Disruptive Behavior / Delirium					
Antidote – Treatment of Cyanide Poisoning					
Antidote Charcoal – Treatment of Ingested Poisons (oral / gastric admin.)					
Non-Steroidal Anti-Inflammatory – Treatment of Headache					
Dissociative Anesthetic - Advanced Airway Management					
Dissociative Anesthetic - Sedation Maintenance					
Dissociative Anesthetic – Treatment of Pain					
Hypoglycemic Agent – Treatment of Poisoning					
Hypoglycemic Agent – Treatment of Diabetic Emergency					
Hypoglycemic Agent – Treatment of Hyperkalemia					
Antihypertensive Agent – Treatment of Pre-Eclampsia and Eclampsia					
Antihypertensive Agent – Treatment of Stroke					
Dissociative Anesthetic - Procedural Sedation					
Electrolyte Agent - Treatment of Bronchospasm					
Electrolyte Agent - Treatment of Pre-Eclampsia / Eclampsia					
Electrolyte Agent - Treatment of Cardiac Arrhythmias					
Electrolyte Agent – Treatment of Poisoning					
Electrolyte Agent – Treatment of Seizure					
Electrolyte Agent – Treatment of Cardiac Arrest					
Electrolyte Agent – Treatment of Hyperkalemia					
Benzodiazepine – Treatment of Anxiety					
Benzodiazepine – Treatment of Alcohol Withdrawal / Delirium					
Benzodiazepine – Treatment of Seizures					
Benzodiazepine – Procedural Sedation					



Pharmacological Intervention	Adult		Pediatric		Guideline/Protocol Reference
	YES	NO	YES	NO	
Benzodiazepine – Treatment of Poisoning					
Local Anesthetic - Local Procedural Pain Management					
Local Anesthetic – Treatment of Corneal / Eye Pain					
Beta-Blocker – Treatment of Cardiac Arrhythmias					
Oxytocic – Treatment of Post-Partum Hemorrhage					
Corticosteroid – Treatment of Anaphylaxis					
Corticosteroid – Treatment of Bronchospasm					
Corticosteroid – Treatment of Shock					
Non-Depolarizing Neuromuscular Block – Procedural Paralysis					
Sympathomimetic Bronchodilator – Treatment of Bronchospasms					
Depolarizing Neuromuscular Block – Procedural Paralysis					
Alkalinizing Agent – Treatment of Cardiac Arrest					
Alkalinizing Agent – Treatment of Poisoning					
Alkalinizing Agent – Treatment of Bradycardia / Heart Block					
Fibrinolytic Agent – Reperfusion Therapy					
Antifibrinolytic Agent – Hemorrhage Treatment (IV admin.)					
Penicillin Antibiotic – Treatment of Sepsis					
Cephalosporin Antibiotic – Treatment of Sepsis					
Cephalosporin Antibiotic – Treatment of GI Bleed					
Tricyclic Glycopeptide Antibiotic – Treatment of Sepsis					
Histamine H1 Antagonist – Treatment of Poisoning					
Serum Antidote – Treatment of Digitalis Poisoning					
Calcium Channel Antagonist – Treatment of Cardiac Arrhythmias					
Diuretic – Treatment of Pulmonary Edema					
Osmotic Diuretic – Treatment of Head Injury					
Proton Pump Inhibitor – Treatment of GI Bleed					
Anticonvulsant – Treatment of Seizure					
General Anesthetic – Procedural Sedation					
General Anesthetic – Treatment of Poisoning Hypertension					
Vitamin B Complex – Treatment of Diabetic Emergencies					
Vitamin B Complex – Treatment of Ethanol and Alcohol Poisoning					
Vitamin K – Treatment of Life-Threatening Hemorrhage					
Blood and Blood Products – Treatment of Shock and Oxygen Carrying					



## Section 5. – Authorization, Attestations and Declaration

### Authorizations and Attestations

I am applying for professional registration with the Paramedic Association of New Brunswick (“PANB”) under the *Paramedic Act of New Brunswick* (the “Act”) and the Bylaws and Rules made under the Act. In consideration of PANB’s processing of my application, by my initial and name below, I authorize PANB to make reasonable and lawful enquiries about me, including enquiries seeking confidential or personal information (in documentary form or otherwise) from any regulatory authority, hospital, EMS organization, educational program, institution or law enforcement agency (collectively, the “Registration-Related Information”), and to then consider and use the Registration-Related Information, all for the sole purpose of determining my professional registration eligibility in New Brunswick.

I have read and understood PANB’s Standards of Practice and policy documents, including the Code of Ethic, which provincially guides the professional delivery of competent and ethical patient-centred care. I understand that I am responsible for applying these standards and policies in my practice.

I acknowledge and understand that to practise safely, I must be both competent and fit to practise. Competent – in that I have the requisite knowledge, skills, abilities, and experience. Fit to practise – in that I am not impaired by some physical, medical (ailment, addiction or blood borne disease) or psychological condition that affects my professional abilities to provide every patient safe and competent care/service. Furthermore, I understand my professional responsibilities to immediately report to both my employer and PANB if at any time I feel incompetent and/or become unfit to practice.

I further understand that PANB may take disciplinary action against me, including action to suspend and/or revoke my registration, if I have, by omission or commission, knowingly given false or misleading information while completing this registration application.

I am aware of the Act, the PANB Bylaws and Rules and do solemnly declare that I will uphold the honour and dignity of the profession and adhere to the *Paramedic Act of New Brunswick, and the PANB Bylaws and Rules*.

I, \_\_\_\_\_, declare that the answers in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if it were made under oath and by virtue of the *Canada Evidence Act*. Signed at the city of \_\_\_\_\_, in \_\_\_\_\_, on this \_\_\_\_\_.



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

## Verification of Registration

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

<b>Instructions:</b>	Complete this section and send to each regulatory agency with whom your are currently or were previously registered/licensed in any profession including paramedicine. Print and complete multiple forms, as required.		
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 agency

<b>Instructions:</b>	Please assist us by completing and providing the information below and then mail or email directly to: The Paramedic Association of New Brunswick or <a href="mailto:info@panb.ca">info@panb.ca</a> 298 Main Street, Fredericton, NB E3A 1C9		
Name of Licensing Agency:			
Name of Registrant:			
Level/Category of License Granted or Title:			
Initial Registration Date in Jurisdiction:	Registration Number:	Expiry Date of Registration	
Did this person have to sit an entry-to-practice examination with your agency?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this person still registered with your organization?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Was this person required to comply with regulatory continuing education/competence requirements?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this person's and/or their practice under review and/or investigation with your agency?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Has this person's registration/license ever been denied, revoked, suspended and/or restricted? <i>If yes, please indicate reason and detail on the reverse side or attach a separate letter which provides further information</i>			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If the registration/license was revoked, suspended, or restricted has it been reinstated and/or have restrictions been removed? <i>If yes, please provide the reinstatement date and/or date that suspension and/or restrictions were removed:</i>			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Contact Name:	Agency Seal		
Title:			
Date:			
Signature:			



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[www.panb.ca](http://www.panb.ca)