

## PARAMEDIC ADDITIONAL CERTIFICATION REQUEST FORM

Please tick the appropriate box for this certification request

□ PCP IV Certification with IV auxiliary directives □ PCP IV Certification

- 1. Paramedic: Complete Part A and Part B. Submit form to your service
- 2. Paramedic Service: Complete Part C and Part D

2. Faramedic Service. Complete Fart C and Fart D		
3. Submit to CPER electronically <u>education@c</u>	per.ca	
PART A: Paramedic Information		
First Name:	Last Name:	
OASIS #:	City: Province:	
Address:	Postal Code:	
Email:	Home Phone:	
☐ New Certification ☐ Cross Certificat	tion	
Education completed by: (college or BH)	Date education completed:	
PART B: Paramedic Consent		
I hereby authorize the release of the information described in this form:		
Name: EHS No.:	Signature:	
PART C: Auxiliary Directives Requested		
Procedure List PCP IV		
Autonomous PCP IV incl. D50W		
Diphenhydrinate (Gravol)		
Diphenhydrinate (Gravol)		
Diphenhydramine (Benadryl)	Service Rep Name:	
Diphenhydramine (Benadryl)  PART D: Certification Request	Service Rep Name:	

CENTRE FOR PARAMEDIC EDUCATION AND RESEARCH USE ONLY Recommend for Certification		
Name:	Title:	
Signature:	Date:	
Date Received:	Certification Letter Issued Date:	
Request Type:	Filed Date:	