



**Program Selection**

Which program are you applying for?

- Primary Care Paramedicine (PCP)
- Advanced Care Paramedicine (ACP)
- Fulltime Program
- Extension Program

Note: For the PRAP and PRRP programs a referral letter must be supplied by Emergency Health Services of Nova Scotia for these programs outlining the requirements of the applicant.

Preferred Location: \_\_\_\_\_

- Provincial Reciprocity Attainment Program (PRAP)
- Provincial Refresher Registration Program (PRRP)

**Paramedic Registration** ACP, PRAP and PRRP applicants only

Province of Registration

Registration Level  PCP (or equivalent)

Note: Applicants are required to provide proof of registration. This may be in the form of official provincial documentation or copies of Provincial ID Tag (Both sides)

ICP (or equivalent)

Years of Service

EMD

**Continuing Education**

	Provider	Instructor	Last Date Completed		Provider	Instructor	Last Date Completed
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	ACLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>
Emergency First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	PALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>
Standard First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	PHTLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>
Advanced First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	BTLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>
Marine First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	NRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>
Wilderness First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>
First Responder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>

\_\_\_\_\_ Please indicate

**Application Fee** Non-Refundable

Refer to the application fee requirements in the Academic Calendar. Include the application fee with your application.

- Cash
- Money Order
- Bank Draft
- Cheque

Please make cheque or money order payable to the **Maritime School of Paramedicine**.

**Supporting Documentation**

All applicants are required to provide the following documentation for their application to be considered.

- Resume  
*A current copy of the applicant's resume highlighting work, community, recreation and extra curricular experiences and skills*

Photocopies of the following valid certificates must accompany this application

- Official Transcript of Marks from High School (or equivalent)  
*Transcripts should be mailed directly from the institution to the Maritime School of Paramedicine, or be contained in a sealed envelope from the institution.*
- Official Transcripts of Marks from any Post Secondary Degree or Diploma  
*Transcripts should be mailed directly from the institution to the Maritime School of Paramedicine, or be contained in a sealed envelope from the institution.*
- Drivers License  
*A photocopy of a current provincial driver's license. Students must be eligible for a Nova Scotia Class 4 license by the start date of the program they are applying for. Eligibility requirements may be obtained from the Registry of Motor Vehicles.*

## Supporting Documentation

Driver's Abstract

*A current copy of the applicant's driver's abstract (within the last 6 months) may be obtained from the Registry of Motor Vehicles.*

Criminal Record Check

*A current copy (within the last 6 months) may be obtained from your local police or RCMP detachment.*

Two Reference Forms

*Maybe obtained from the Maritime School of Paramedicine or downloaded from the website.*

Medical Form

*Completed by physician or public health official.*

Immunization Record

*Completed by physician or public health official. This is necessary to secure clinical placements throughout the program.*

PCP applicants must also provide the following information:

Copy of Current First Aid and CPR certification

*First Aid must be Emergency level or higher and CPR must be one-person adult rescuer or higher.*

ACP, PRAP and PRRP applicants must also provide the following:

Confirmation of Registration as an Active Paramedic

*A copy of **both sides** of the provincial ID tag for Nova Scotia Paramedics or equivalent in other Provinces. Official documentation from the provincial registration body may also be accepted.*

## Declaration

I hereby certify that all of the above information and all supporting documentation is complete and correct. I authorize the Maritime School of Paramedicine to verify any information provided as part of this application. I understand that withholding information or providing false information in this application and/or any supporting documentation may be considered grounds for non-acceptance, or after acceptance, grounds for dismissal. I agree to follow and be bound by the regulations of the Maritime School of Paramedicine, including any revisions, deletions or additions made to them in the future. If admitted I agree to pay all associated fees with my enrolment and the program.

DD	MM	YYYY

\_\_\_\_\_  
Signature

Date

Completed application forms, fees and all supporting documentation (ie. Transcripts) should be forwarded to the following address (via fax or regular mail) prior to the deadlines listed in the Academic Calendar:

The Maritime School of Paramedicine  
 Attention: Application Committee  
 88 Slayter Street  
 Dartmouth, Nova Scotia  
 Canada  
 B3A 2A6

All submitted documents become the property of the Maritime School of Paramedicine and cannot be returned or distributed to other institutions. Please allow at least 3 to 4 weeks for processing prior to calling the institution. To verify the status of your application, please call (902) 464-5288 or email admissions@msop.ca. Possession of the minimum requirements for each program does not guarantee admission into the program and students must attend one of the seat competitions prior to admission selections being made. Acceptance into many of the programs is limited due to the number of spaces available.