

<b>PART A: PARAMEDIC INFORMATION</b>		<i>To be completed by the paramedic</i>
First Name:		
Last Name:		
EHS #:		
Base Hospital currently certified at:		

<b>PART B: RELEASE OF INFORMATION AUTHORIZATION</b>	<i>To be completed by the paramedic</i>
I authorize the release of information to the Southwest Ontario Regional Base Hospital Program from other Base Hospitals regarding my certification status as a paramedic.	
Paramedic Signature: _____ Date: _____	

<b>PART C: CURRENT CERTIFICATION INFORMATION</b>			<i>To be completed by Base Hospital</i>
Base Hospital:			
Level of Certification:	<input type="checkbox"/> Primary Care Paramedic <input type="checkbox"/> Advanced Care Paramedic		
Initial Cert Date:	Last Annual Cert:	Expiry Date:	
Has this paramedic been deactivated/decertified by a Medical Director for issues surrounding their Paramedic Certification: Yes    No If yes, reason:			

<b>PART D: CURRENT AUXILIARY DIRECTIVES CERTIFICATION</b>				<i>To be completed by Base Hospital</i>
List of directives:	Date Certified	List of directives:	Date Certified	
12 Lead Interpretation		Minor Abrasions (Special Event)		
Cardiogenic Shock		Minor Allergic Reaction (Special Event)		
Continuous Positive Airway Pressure		Musculoskeletal Pain (Special Event)		
Electronic Control Device Probe Removal		Headache (Special Event)		
IV Access and Fluid Admin		Adult Intraosseous Access		
Nausea and Vomiting		Central Venous Access Device		
Supraglottic Airway		Cricothyrotomy		
Manual Defibrillation		Procedural Sedation		
AOM Emergency Child Birth		Nasotracheal Intubation		

<b>PART E: BASE HOSPITAL CONFIRMATION</b>		<i>To be completed by Base Hospital</i>
Name:		
Title:		
Email:		
Signature: _____		Date: _____