

# Health

## British Columbia Application for EMA Licence

### PART A: Application Information

B.C. EMA Licence Number (if applicable)

Last Name\*

First Name (Full Name)\*

Middle Name

Street Address or PO Box\*

Town/City\*

Province/State\*

Postal Code/Zip Code\*

Country

Phone Number\*

Alternate Phone Number

Date of Birth (YYYY-MM-DD)\*

Age\*

Gender\*

Male  Female

Email Address\* (separate multiple email addresses with a semi colon ;)

Previous Name(s) if applicable

Have you ever held an EMA licence in BC?\*

Yes  No

### PART B: Licence Requested

I am applying for:

I hereby apply for a licence to practice at the

level\*.

\* By completing this application for licence form I hereby relinquish all previous licenses issued to me by the EMA Licensing Board, effective the issue date of my new licence.

### PART C: Employment Information if applicable, are you currently employed?

Employment information is only required to be completed for all the employers for whom you plan to use your EMA licence.

Please choose at least one employer from the drop down lists

If you are not employed please choose "Not Employed" and if your employer does not appear on the list

**please choose "Other" and add the employer below.**

Employer 1	Employer	▼
Employer 2	Employer	▼
Employer 3	Employer	▼

## [Add an employer](#)

## PART D: Photograph Attachment

A photograph is a mandatory requirement for all licensees licensed at the EMR, PCP, ITT, ACP, and CCP levels. If you are a first responder photos are optional at this time.

### Photograph Requirements:

- The photo must be saved in the .jpeg format
- Eyes must be open and clearly visible. Glasses, including tinted ones with prescription, may be worn as long as the eyes are clearly visible. Sunglasses are unacceptable.
- Photo must show a full front view of the face with both edges of the face showing clearly. The face and shoulders must be centered in the photo and squared to the camera.
- The image must be clear, sharp and in focus.
- Photos should be taken against a plain, uniform, white or light-coloured background.
- Hats or head coverings are not permitted except when worn for religious reasons and only if the full facial features are clearly visible.
- Colour photos are required.
- Photos must have been taken within the last 12 months.

Choose File No file chosen

*Personal information on this form is collected by the EMA Licensing Board under the authority of the Freedom of Information and Protection of Privacy Act Section 26(c) Emergency Health Services Act (section 6) and the Emergency Medical Assistant Regulation. This information will be used to issue an EMA licence and maintain a permanent register of licensed EMA's. If you have any questions about the collection of this information contact our office at PO Box 9625 Stn Prov Govt, Victoria B.C., V8W 9P1, phone 250 952-1211. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only in accordance with that Act.*

Please ensure you have provided a valid email address. If your submission is successful, you will receive a copy of this submission form via email immediately. If you do not receive a copy of this submission form via email your submission was not successful and you will need to resubmit the form.

Submit Form Reset Form

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