

CHANGE OF PERSONAL INFORMATION

Please use a laptop or personal computer containing Adobe software to complete the form electronically.
 Phones or handheld devices may have software incompatibility. Photographs of documentation are not accepted.

UPDATED INFORMATION <i>(please print)</i>		
Surname:	First Name:	Initial:
Maiden Name:	Gender:	NLPR #:
Civic Address:	PO Box #:	
Town/City:	Province:	Postal Code:
Primary Phone #:	Secondary Phone #:	
Email:		

FOR NAME CHANGE ONLY: *(please check item submitted as legal proof of name change)*

- | | |
|---|--|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Divorce Decree |

The personal information requested in this form is collected under the authority of section 61(a)(c) of the Access to Information and Protection of Privacy Act, 2015 for the purpose of regulation information with NLPR operated by the Department of Health and Community Services. If you have questions concerning the collection, use, and disclosure of your personal information, please contact the Department at healthinfo@gov.nl.ca.

OPT-IN/OPT-OUT CONSENT

The Canadian Anti-Spam Law (CASL) is part of federal legislation designed to reduce the amount of email delivered without the consent of the recipient. This legislation affects NLPR sending commercial electronic messages or emails that encourage participation in a commercial activity or transaction.

Please confirm your consent in receiving commercial electronic communications surrounding Paramedicine sent to NLPR for distribution.

- ☐ YES, I do give consent
 ☐ NO, I do not give consent

Paramedicine providers who choose to opt-out from receiving commercial electronic communications will continue to receive electronic notifications pertaining to their professional responsibilities as a provider with NLPR.

PROVIDER VERIFICATION

By signing this form as the provider, I attest all the personal information listed above to be true:

Provider Signature: _____ Date: _____
 (DD-MONTH-YYYY)