



## PROVINCIAL RENEWAL

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.

PROVIDER INFORMATION						
Licence Level:	<input type="checkbox"/> CCP	<input type="checkbox"/> ACP	<input type="checkbox"/> PCP	<input type="checkbox"/> EMR	<input type="checkbox"/> MFR	Licence #:
Surname:		First Name:			Initial:	
Maiden Name:		Date of Birth: (DD-MONTH-YYYY)		Gender:		
Civic Address:					PO Box #:	
Town/City:		Province:		Postal Code:		
Primary Phone #:		Secondary Phone #:				
Email:						
Has your Provider Information changed within the licence year? <input type="checkbox"/> Yes <input type="checkbox"/> No						

The personal information collected in this form is 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](mailto:healthinfo@gov.nl.ca).

OPT IN/OPT OUT CONSENT
<p>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.</p> <p>Please confirm your consent in receiving commercial electronic communications surrounding Paramedicine sent to NLPR for distribution.</p> <p><input type="checkbox"/> YES, I do give consent <input type="checkbox"/> NO, I do not give consent</p> <p><i>Paramedicine providers who choose to opt-out from accepting commercial electronic communications will continue to receive electronic notifications pertaining to their professional responsibilities with NLPR.</i></p>

GENERAL EMPLOYMENT INFORMATION	
1. Which organization is your primary employer within the Paramedicine profession?	_____
2. What area within the Paramedicine profession is your primary occupation? (ANSWERS: Provincial Ambulance; Industrial; Other; Out of Province)	_____
3. Which Professional Practice Position Category is associated with your primary occupation within Paramedicine? (ANSWERS: Clinical; Mgmt./Admin.; Teaching; Dispatching; Research; High Fidelity Simulation)	_____
4. What is your employment status with your primary employer? (ANSWERS: Full Time; Part Time; Casual; Extended Leave)	_____
5. If on an extended leave from employment, has it precluded your ability in acquiring professional practice hours for the current two-year term? (If YES, physician direction and/or employment verification letter is necessary for submission)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### DECLARATION OF CONDUCT *(All eleven questions must be answered)*

If the answer is **YES** to any of the following questions (1 thru 7), providers are required to submit detailed information associated with the Declaration as part of their renewal process. Please forward to NLPR any pertinent statements/documentation as necessary.

1.	Have you pleaded guilty, been found guilty or convicted of any offence under any statute whether in Canada or any other jurisdiction within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been found civilly liable for any cause whatsoever within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are there any outstanding civil judgments or any criminal actions against you within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any Committal Order been made against you or at any time have you not obeyed any order of any Court requiring you to do, or abstain from doing, any act within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you experienced a physical, medical or psychological condition that may affect your ability to safely and competently practice in the Paramedicine profession within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there to your knowledge or belief any event, circumstance, condition, or matter not disclosed in your replies to the preceding questions that touches or may concern your conduct, character and reputation and that you know or believe might be considered an impediment to your licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you been denied or had revoked any license or permit in which there is a requirement of proof of good character within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If the answer is <b>YES</b> to any of the following questions (8 thru 11), providers are required to submit a Labour Mobility Form through the regulatory body from the affiliated jurisdiction and/or profession.</p>		
8.	Has there ever been a refusal to your licensure in any jurisdiction outside of Newfoundland and Labrador within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has there ever been a deactivation, revocation, suspension, inactivation or conditions attached to licensure in any jurisdiction outside of Newfoundland and Labrador within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is your conduct or practice as a Paramedicine provider currently under investigation by a professional regulatory body in any jurisdiction outside of Newfoundland and Labrador within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you been disciplined by a professional regulatory body outside of Paramedicine regardless of occupation within the licence year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

An answer of "YES" to any of the preceding questions will not automatically preclude the provider from retaining licensure. There will be consideration of the circumstances surrounding each provider based on severity, relevance, and rehabilitation on a case-by-case basis to determine public safety risk, if applicable.

Providing false information on any portion of the documentation required for renewal may result in the revocation of licensure. Furthermore, **providers who intentionally provide false information shall not be eligible for licensure for a period of ten years.**

I hereby declare that I have read and understand all parts of this renewal application. I further declare the facts contained in this application are true to the best of my knowledge. I further consent to and authorize NLPR to obtain for its purposes and to release to other similar regulatory authorities for their purposes my personal, employment, educational and training records, the results of any criminal search reports and any other related matters. This consent shall remain on file and shall serve as ongoing authorization as NLPR deems necessary at any time.

Signature: \_\_\_\_\_ Licence #: \_\_\_\_\_ Date: \_\_\_\_\_  
 (DD-MONTH-YYYY)