



<b>Program Document No.:</b> 12015.00	<b>Subject:</b> MFR Re-registration	<b>Type:</b> Policy
<b>Effective Date:</b>	November 23, 2005	<b>Revision Date 01:</b> July 13, 2006
<b>Approval Date:</b>	November 23, 2005	<b>Revision Date 02:</b> September 27, 2006
<b>Review Date:</b>	February	<b>Revision Date 03:</b> January 2, 2008
<b>Replaces:</b>	None	<b>Revision Date 04:</b> March 6, 2008
<b>Signature of Director, EHS Provincial Programs:</b> 		<b>Signature of Senior Manager, EHS MFR Services:</b> 

**1.0 Purpose:**

- 1.1 To provide the medical first responders with standardized re-registration and refresher training programs.

**2.0 Procedure:**

- 2.1 Medical first responders may complete MFR recertification training through one of the recognized Medical First Responder training agencies: St. John Ambulance or Canadian Red Cross. A medical first responder successfully completing recertification training by a recognized MFR training agency can make application for his/her new EHS MFR tag by completing the "Medical First Responder Registration/ Re-registration Application" form.

**OR**

- 2.2 Medical first responders may attend refresher training sessions authorized by EHS MFR Services and facilitated by EHS registered paramedics who are approved MFR volunteer facilitators. Within the three (3) year MFR registration period, a medical first responder must attend the six (6) mandatory refresher training sessions. The mandatory refresher training topics are identified in the Program Document No. 12014.00 (Essential Competencies MFR). Attendance at these sessions is tracked by EHS MFR Services through course attendance rosters. When all required training sessions have been completed, the member should complete the "Medical First Responder Registration/ Re-registration Application" form.

- 2.2.1 EHS MFRs affiliated with Halifax Regional Fire & Emergency Service may attend in-house refresher training sessions as approved by the EHS Provincial Medical Director. Upon successful completion, supporting documentation of training (i.e. certificate of attendance) and registration form must be submitted prior to the expiration date on his/her current EHS MFR tag. All training must be provided by EHS approved Halifax Regional Fire & Emergency Service personnel.

*MFRs may be required to provide proof of attendance of any refresher training sessions upon request.*

**All completed paperwork (including certificate copies) should be forwarded to:**

EHS MFR Services  
239 Brownlow Avenue, Suite 300  
Dartmouth, NS B3B 2B2  
Fax: (902) 832-8602 Tel: (902) 832-4685  
E-mail: mfr.registry@emci.ca



**EMERGENCY HEALTH SERVICES  
MFR SERVICES**

239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2  
Tel: (902) 832-4685 Fax: (902) 832-8602  
Email: [mfr.registry@emci.ca](mailto:mfr.registry@emci.ca) Website: [www.ehsmfr.ca](http://www.ehsmfr.ca)



**Medical First Responder Registration/Re-registration Application**

**PLEASE PRINT CLEARLY**

Check the appropriate box: First Time Registration  Re-registration Card  Replacement Card  Paramedic

CURRENT REGISTRATION # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER M  F

NAME \_\_\_\_\_  
(LAST) (FIRST) (INITIAL)

**HOME MAILING ADDRESS**

CITY \_\_\_\_\_ PROV NS POSTAL CODE \_\_\_\_\_

TEL: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAME OF EHS RESPONSE AGENCY\* YOU ARE AFFILIATED WITH *(MANDATORY)*

TO VERIFY AFFILIATION WITH ABOVE EHS RESPONSE AGENCY (REQUIRED):

**For Office Use Only**

Date Rec'd: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Assigned Tag #: \_\_\_\_\_

Date Tag Sent: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CHIEF

\_\_\_\_\_  
NAME OF CHIEF (PLEASE PRINT)

\* EHS MFR response agency is listed in the Computer Aided Dispatch (CAD) system at the EHS Communications Centre.

**Please see EHS MFR Program Document Nos. 12008.00 & 12015.00 for Registration and Re-registration requirements.**

For *Initial EHS MFR Registration:*

- Please attach a **copy** of your St. John Ambulance or Canadian Red Cross Medical First Responder certificate.

For *Re-registration:*

- Medical First Responders may complete MFR recertification training through one of the EHS recognized Medical First Responder training agencies - St. John Ambulance or Canadian Red Cross. Please attach a **copy** of your St. John Ambulance or Canadian Red Cross certificate.
- OR**
- Medical First Responders may attend refresher training sessions authorized by EHS MFR Services and facilitated by EHS registered Paramedics who are approved volunteer EHS MFR facilitators. Current Heart & Stroke Foundation, St. John Ambulance & Red Cross AED & CPR cards will also be accepted; submit copy with registration. (*MFRs may be required to provide proof of attendance of any refresher training session upon request.*)

Six mandatory refresher sessions:  AED  CPR  Primary Survey  Vital Signs  Triage  Airway Management

I hereby confirm that the information provided on this application is true. I acknowledge that I am responsible to maintain my registration. I am aware of the EHS MFR Services Program Documents, including No. 12010.00 as it pertains to patient confidentiality, and agree to work within the guidelines described therein. I understand that my EHS MFR tag is the property of EHS Emergency Health Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMPLETED FORM MAY BE RETURNED BY FAX (902-832-8602) OR MAIL TO THE ABOVE ADDRESS.  
YOUR NEW TAG WILL BE PROCESSED AND SENT TO YOU WITHIN 2-3 WEEKS.**