



**EMERGENCY HEALTH SERVICES
MFR SERVICES
PROVINCE OF NOVA SCOTIA**

239 Brownlow Avenue, Suite #300, Dartmouth, NS B3B 2B2
Ph. 902-832-4685 Fax 902-832-8602 e-mail:
mfr.registry@emci.ca



Medical First Responder Registration/Re-registration Application

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

FILL IN ALL BLANKS THAT APPLY

Current Registration # _____ Date of Birth _____ Gender M/F _____

NAME: _____
(LAST) (FIRST) (INITIAL)

HOME MAILING ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

HOME PH. _____ CELL _____ WORK _____

e-mail address _____

For Office Use Only	
Date Rec'd	_____
Expiry Date	_____
Assigned Tag #	_____
Date Tag Sent	_____

NAME OF AGENCY/DEPARTMENT/BUSINESS YOU ARE AFFILIATED WITH _____

Registration and Re-Registration requirements (please see EHS MFR Program Documents 12008.00 & 12015.00)

- For Initial EHS MFR Registration, please attach a copy of your original St. John Ambulance or Canadian Red Cross Medical First Responder certificate.
- For re-registrations:
 - Medical First Responders may complete MFR recertification training through one of the recognized Medical First Responder training agencies: Canadian Red Cross, St. John Ambulance or Halifax Regional Municipality Fire and Emergency. 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 attached form entitled "Medical First Responder Registration/ Re-registration Application"

OR

- 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 through course attendance rosters by EHS MFR Services. When all required training sessions have been completed, the member should complete the attached form entitled "Medical First Responder Registration/Re-registration Application"

Six Mandatory Refresher sessions: AED CPR Primary Survey Vital Signs Triage Airway Management
Current Heart & Stroke Foundation, Red Cross & St. John Ambulance AED and CPR cards will also be accepted. Please submit with your registration.

I hereby confirm that the information provided on this application is complete. I acknowledge that I am responsible to maintain my registration. I am aware of the Emergency Health Services MFR Services Program Documents and agree to work within the guidelines described therein. I understand that my MFR tag is the property of EHS Emergency Health Services.

Signature of Applicant

Date

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