





Program Document No.: 12008.00		Subject: MFR Registration		Type: Policy	
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		Revision Date 07:	October 29, 2008		
Signature of Director, EHS Provincial Programs: 			Signature of Senior Manager, EHS MFR Services: 		

1.0 Purpose:

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

2.0 Procedure:

- 2.1 Medical first responders must complete MFR training through one of the EHS approved Medical First Responder training agencies - St. John Ambulance or Canadian Red Cross.
- 2.2 Anyone who is 19 years of age or older, has successfully completed MFR training by an EHS approved MFR training agency, is a current resident of Nova Scotia, and is associated with an EHS registered MFR agency can make application for his/her EHS MFR tag by completing the *“Medical First Responder Registration/Re-registration Application”* form or contacting the EHS MFR Registrar at (902) 832-4685 or by email to mfr.registry@emci.ca.
- 2.3 Only new, fully sponsored EHS registered MFR agencies will receive training costs reimbursed to the EHS MFR agency at a maximum rate of \$150.00 per person, to a maximum of \$1,500.

Each consecutive year, a fully sponsored EHS registered MFR agency is entitled to receive reimbursement for MFR training of two (2) persons at a maximum rate of \$150/person.

Cheques can only be issued to those agencies who supply an invoice that is marked “paid” when they apply for either their initial reimbursement or their annual reimbursement.

- 2.4 EHS MFR tags remain the property of EHS Emergency Health Services.



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



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 EHS REGISTERED AGENCY/DEPARTMENT YOU ARE AFFILIATED WITH _____

Registration and Re-registration requirements (please see EHS MFR Program Document Nos. 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-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. A Medical First Responder successfully completing recertification training by an EHS recognized MFR training agency can make application for his/her new EHS MFR tag by completing this form and attaching a copy of the 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 EHS MFR volunteer facilitators. Within the three (3) year EHS MFR registration period, the date which can be found on the front of the EHS MFR tag, a Medical First Responder must attend the six (6) mandatory refresher training sessions. The mandatory refresher training topics are identified in 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 this form.

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

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.

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 EHS Emergency Health Services MFR Services Program Documents 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.**