



**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 Website: 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.**