



**EMERGENCY HEALTH SERVICES  
MFR SERVICES**

**PROVINCE OF NOVA SCOTIA**  
239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2  
Tel (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 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.**