

Registration and Application for issuing Occupational First Aid Certification to EMA License Holders

Instructions:

Please complete this registration form. The form must be signed and dated.

Please Print

Surname:		Given Names in Full:	
Mailing Address:		Date of Birth: Month ____ Day ____ Year ____	
City:	Province:	Postal Code:	Work Phone #:
E-mail Address:			Home Phone #:

Employer:		Occupation:	
Employer Address:			
City:	Province:	Postal Code:	

EMA License Information

License Level:	Province issue in:
License Number:	Issue Date: Expiry Date:

Please sign to indicate that you, the applicant,

Agree to abide by the principles of first aid and the terms and conditions of certification as outlined in the Occupational First Aid Reference and Training Manual and Occupational Health and Safety Regulation (OHSR) as stated on the reverse of this document; and

Agree to read and complete the Occupational First Aid Out of Jurisdiction Jurisprudence Package issued by the agency prior to working as a designated first aid attendant on a worksite in British Columbia.

Applicants Signature: _____ Date: _____

The Justice Institute of British Columbia respects your privacy. Personal information that you provide is collected pursuant to federal and provincial privacy legislation. It is collected for the purpose of administering WorkSafeBC Occupational First Aid certification, ~~and~~ for the purpose of statistical reporting. Personal information is reported to Statistics Canada under the legal authority

[/privacy](#) _____ or contact the Office of the Registrar.

I hereby authorize the Justice Institute of British Columbia to release information from my application to WorkSafeBC.

Applicants Signature: _____ Date: _____

Terms and Conditions of Certification

The attendant must:

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