Advanced Care Paramedic (ACP)  
Theory Examination Information and Application Package 2014

Please retain this package for reference purposes. Any questions about the information contained in this package should be directed to the Manager of Education and Patient Care Standards (EPCS), Emergency Health Services Branch (EHSB).

Note: Calculators, cell phones, Personal Data Assistants (PDAs), books and writing materials (excluding highlighters) will not be allowed in to the examination room. A pencil and eraser will be provided at the exam site for your use. You do not need to bring your own. Should you choose to utilize a highlighter, please bring your own.

Application packages can be obtained from and must be returned to:

Ministry of Health and Long-Term Care (MOHLTC)  
Emergency Health Services Branch  
Education and Patient Care Standards  
5700 Yonge Street, 6th Floor  
Toronto ON  M2M 4K5  
Telephone: 416 327-7820  
Toll free:  1 800 461-6431

Completing the Application Form

Application forms must be completed fully and be printed clearly in ink.

Session Information

On the Application Form check (✓) the examination session of your choice and make note of the dates that apply to your session.

Examination Schedule and Sites:

<table>
<thead>
<tr>
<th>Session</th>
<th>Exam Date</th>
<th>Applications accepted as of</th>
<th>Deadlines for submissions</th>
<th>Potential Sites*</th>
</tr>
</thead>
</table>

*These examination sites may be used depending on the number of candidates.

If you are a New Candidate check the appropriate box and continue down to the Applicant Information section.

If you are a Repeat Candidate check the appropriate box, provide your Advanced Care Paramedic (ACP) file number and your Advanced Emergency Medical Care Assistant (AEMCA) certificate numbers where indicated. Where indicated enter the year and month (e.g. 2006/06) of each previous ACP examination taken. Your AEMCA number can be found on your AEMCA/EMCA certificate, at the bottom left hand side. Do not include your EHS ID number.

Applications received after the deadline date will not be accepted.

Forms sent in by fax will not be accepted.
Applicant Information

Print clearly your name, address and telephone number where indicated. Provide an alternate telephone number such as a mobile or work number if applicable. You can provide your email address to assist with communication regarding your application and examination information as required.

Please note that the name that appears on your certificate will be exactly as you have recorded it on your ACP application form (your full name, including your middle name(s) and/or initial(s)).

Training Program Information

College or Training Institution

Print the name of your College or Training Institution. Please include your campus location if applicable.

Program Completion Date

Enter the date that you completed or expect to complete all requirements of your ACP training program.

Examination Component(s)

Language

The ACP Theory Examination is available in both English and French. Please clearly indicate what language you would prefer directly on the application form.

Individuals who choose to write the ACP Theory Examination in French will have access to an English copy as well.

Location

Please indicate your first and second examination site choice(s) on the application form. Please note that the examination sites used are dependent on the number candidates that register for that site location. Every effort will be made to accommodate your preference, however please note that you may not be guaranteed your first choice. You will be notified of your site location by mail.

Special Needs

Applicants with special test-taking needs must indicate so on their application form. EPCS cannot accommodate late requests for special needs. If the request is granted, semi-private accommodations will be provided, as well as up to 30% additional writing time for each part of the exam.

Official confirmation of the candidate’s special learning needs must be documented by their College or Training Institution’s Special Needs Office or documented in a current letter from a doctor specializing in learning disabilities. All documentation must accompany the application form in order for the applicant’s request to be considered.

Requirements for Eligibility

1. Please ensure that the registration fee of $50.00 payable to the Minister of Finance by certified cheque or money order is enclosed with the completed Application Form. Cash or personal cheques will not be accepted.

2. Proof of successful completion of an approved Advanced Care Paramedic training program is required. Applicants need to either:
   - ensure that their College or Training Institution has provided EPCS with an official letter on letterhead which includes the date and signature of the Program Coordinator confirming successful program completion, or
   - provide an official transcript bearing the College seal and registrar’s signature from an Ontario College or Training Institution showing them as a graduate of an approved program.
3. Proof of successful completion of an approved remedial course is required by candidates who have been unsuccessful three (3) times at the ACP Theory Examination or by candidates who have not successfully completed the ACP Theory Examination within twenty-four (24) months post graduation. Please see the Eligibility Policy below for further details.

Proof of graduation must be received by EPCS no later than two (2) weeks prior to the examination date.

The requirement to provide proof of successful completion of an approved ACP program does not apply to ACP program graduates who have been previously registered for the ACP Theory Examination or applicants who successfully completed the MOHLTC Standard Advanced Care Paramedic Equivalency Process.

Signature

Review your application form to ensure that all of the required fields have been completed and all printed information is legible. Please read, sign and date the application. Applications must be submitted to EPCS with an original signature, in ink.

Eligibility Policy

Eligibility to write the MOHLTC ACP Theory Examination is provisional based on the following three (3) conditions:

1. **Qualifications**
   - must hold MOHLTC Advanced Emergency Medical Care Assistant (AEMCA) certification, and
   - must have successfully completed an approved Advanced Care Paramedic training program offered in Ontario or have successfully completed the MOHLTC Standard Advanced Care Paramedic Equivalency Process

2. **Number of attempts at the examination**
   Eligibility is limited to a maximum of four (4) attempts at the examination. However, after three (3) unsuccessful attempts at the exam, the candidate must renew their eligibility by completing a remedial program through an approved ACP training program. Candidates requiring a remedial program can either:
   - Complete a formal program of remediation as arranged by an approved College/Training Institution, or
   - Re-take a portion of a College/Training Institution program (requires pre-approval from EPCS),

Candidates who have renewed their eligibility through a remedial program are limited to one (1) further attempt at the examination.

Candidates who have been unsuccessful after four (4) attempts at the ACP Theory Examination would need to re-graduate from an approved ACP program in order to re-establish eligibility.

3. **Time elapsed since graduation**
   Eligibility gained by either completing an ACP program, or by receiving equivalency status, is limited to twenty-four (24) months. Candidates who have not successfully completed the ACP Theory Examination within twenty-four (24) months must enroll in a remedial program in order to renew their eligibility.

The remedial program should include a practical component that meets the terminal objectives of the current, approved ACP program. If the remedial does not include this practical component, candidates will be required to undertake provincial testing in conjunction with the ACP Theory Examination.

*Please note the following, which apply to both conditions (2 & 3) as listed above:*

- Proof of remedial training should accompany the completed application form. However, if the remedial program will not be completed until after the deadline for applications, please call EPCS for direction at 416 327-7820.
**Reporting Changes**

Changes in candidate information (address, telephone number, name changes, etc.) will **not** be taken over the phone. Applicants are required to send a letter to this office including the following:

1. Name
2. Old address / old name
3. New address / new name
4. ACP file number if known (e.g. 00-12345)
5. Signature

**Confirmation of Exam Registration**

Letters acknowledging receipt of applications and fees, as well as registration confirmation, date, time and place of the examination, will be mailed to candidates once EPCS has confirmed the candidate’s eligibility (i.e. receipt of registration fee, official proof of successful completion of an approved ACP training program, etc).

Notification Letters will be issued approximately two (2) weeks after the deadline date for applications.

**Advanced Care Paramedic Medical Directives**

Some questions on the ACP Theory examination may relate to controlled acts or other advanced medical procedures. Questions for the exam have been constructed based on the most current medical directives for Advanced Care Paramedics, listed in Appendices 1 and 2 in the *Advanced Life Support Patient Care Standards*.

You may wish to contact your College or Training Institution to obtain a copy of the Advanced Life Support Patient Care Standards for review. This document is also available for download at [www.ambulance-transition.com](http://www.ambulance-transition.com) in the “Library” section.

**Requests for Withdrawals and Refunds**

Applicants who are not eligible to write the ACP Theory Examination, or choose to withdraw from the examination, may apply for a partial refund. The onus is on the applicant to fill out and submit the ACP Theory Examination Withdrawal and Refund Application form. Please note that the registration fee **cannot** be held over to a subsequent examination round. The refund cheque will be mailed directly to you. The refund is calculated from the day the withdrawal form is received by EPCS.

- A refund of $25.00 is calculated from $50.00 registration fee minus $25.00 administration fee.
- A refund of $15.00 is calculated from $50.00 registration fee minus $25.00 administration fee and $10.00 late fee.
- No refund is issued if the form is received more than 8 days after the examination date.

### Refund Structure

<table>
<thead>
<tr>
<th></th>
<th>Refund Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anytime prior to 14 days before</td>
</tr>
<tr>
<td></td>
<td>the exam date</td>
</tr>
<tr>
<td>$25.00</td>
<td>Refund</td>
</tr>
<tr>
<td>Winter</td>
<td>Anytime prior to Jan. 1, 2014</td>
</tr>
<tr>
<td></td>
<td>Between Jan. 1 – Jan. 23, 2014</td>
</tr>
<tr>
<td></td>
<td>After Jan. 24, 2014</td>
</tr>
<tr>
<td>Spring</td>
<td>Anytime prior to Feb. 1, 2014</td>
</tr>
<tr>
<td></td>
<td>Between Feb. 1 – Feb. 24, 2014</td>
</tr>
<tr>
<td></td>
<td>After Feb. 25, 2014</td>
</tr>
<tr>
<td>Summer</td>
<td>Anytime prior to Apr. 1, 2014</td>
</tr>
<tr>
<td></td>
<td>Between Apr. 1 – Apr. 24, 2014</td>
</tr>
<tr>
<td></td>
<td>After Apr. 25, 2014</td>
</tr>
<tr>
<td>Fall</td>
<td>Anytime prior to Sep. 1, 2014</td>
</tr>
<tr>
<td></td>
<td>Between Sep. 1 – Sep. 30, 2014</td>
</tr>
<tr>
<td></td>
<td>After Sep. 31, 2014</td>
</tr>
</tbody>
</table>
Notification of Results
Candidates will be notified by EPCS of their examination results no later than three (3) weeks after the examination date.
Candidates who are unsuccessful will be sent an application package for the next examination as well as an ACP Study Guide with sample questions along with their results.

Examination Review
All unsuccessful candidates of the ACP Theory Examination will receive a Feedback Report along with their Results Letter. This report identifies question types where improvement is required. This information is provided at no cost to the candidate, and will be useful should individuals choose to undertake remedial study.

Certificates
Certificates will be sent by courier to successful candidates. If you have a change in address or phone number please notify EPCS in writing as soon as possible to ensure proper receipt of your certificate.
A replacement of your original certificate (if it is ever lost or damaged) can be obtained for a fee of $25.00 or a replacement photocopy can be obtained for $15.00. Please make your request in writing to EPCS and include a certified cheque or money order payable to the Minister of Finance. Please forward your letter and administration fee to EPCS at the address on the first page of this document.
Please note that the name that appears on your certificate will be exactly as you have recorded it on your ACP application form (your full name, including your middle name(s) and/or initial(s)).

Verification of Ontario Registration
Paramedics seeking employment in another province or jurisdiction and require verification of their PCP or ACP registration must submit a formal request to the Ministry. Most provinces have an official verification of registration form which the applicant submits to their regulatory body for completion. In the absence of an official verification form applicants will need to submit a written request authorizing EPCS to release this information. The administrative fee for processing each request is $15.00 which must be provided in the form of a money order or certified cheque payable to the Minister of Finance. The form or letter must have the applicant’s original signature. If submitting a request in the form of a letter, include the following information:
- name
- address
- telephone number
- file number (e.g. 00-12345)
- name of the individual/organization, province, territory or state requesting the information
- signature

If you have been employed with an Ontario certified ambulance operator/service within the last 2 (two) years please provide proof of employment on official company letterhead and proof of current certification from an Ontario regional base hospital, also on official letterhead.
If you have not been employed with an Ontario certified ambulance operator/service or have not worked in Ontario for more than 2 years please explain this in writing.
Forward all information including fee to the address located on the first page of this document.
The Emergency Health Services Branch is authorized to collect personal information contained on this form by virtue of it being necessary for proper administration of a lawfully authorized activity, that is, to determine the applicant’s qualifications for approval to undertake the Advanced Care Paramedic (ACP) Theory examination for certification as an ACP. The examination is authorized under Part III of Regulation 257/00 made under the Ambulance Act. For information concerning this collection contact: Manager, Education and Patient Care Standards, Emergency Health Services Branch, Ministry of Health and Long-Term Care, 5700 Yonge Street, 6th Floor, Toronto ON M2M 4K5, Tel: 416 327-7820.

- It is the candidate’s responsibility to read and comply with the accompanying Information Package.
- All stipulated requirements must be fulfilled prior to established deadlines in order to ensure eligibility to challenge the examination.
- Facsimile copies will not be accepted.
- Please print clearly and in ink. Fields marked with an asterisk (*) are mandatory

Please check (√) the examination session of your choice and take note of the corresponding dates that apply to your session:

<table>
<thead>
<tr>
<th>Session</th>
<th>Exam Date</th>
<th>Applications accepted as of</th>
<th>Deadlines for submissions</th>
<th>Potential Sites</th>
</tr>
</thead>
</table>

New Candidate  Repeat Candidate

ACP file number | AEMCA file number | Date(s) of previous exams taken: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 0 -</td>
<td>0 0 -</td>
<td>yyyy mm yyyy mm yyyy mm yyyy mm</td>
</tr>
</tbody>
</table>

Application Information

Last Name* | First Name* | Middle Name

Address

Unit No. | Street No.* | Street Name* | PO Box

City/Town* | Province* | Postal Code*

Telephone No.* | Alternate Telephone No.* | Email Address

( ) | ( ) |

Training Program Information

Name of College or Training Institution* | Campus (if applicable) | Program Completion Date*

| yyyy mm |

Examination Component(s)

Language* | Location* | Special Needs*

English | First Choice* | Yes (supporting documents must be enclosed)

French | Second Choice | No

Requirements for Eligibility

- Certified cheque or money order payable to the Minister of Finance in the amount of $50.00.*
- Proof of successful completion of an approved Advanced Care Paramedic Training Program. (see the Information Package for more details)
- Proof of successful completion of an approved Remedial Course, if applicable.

Signature

A. This is to certify that I have read the application package and agree to comply with the policies as described.
B. This is to certify that the information on this form is true, correct and complete to the best of my knowledge.
C. I hereby permit Emergency Health Services Branch, Ministry of Health and Long-Term Care, and my Training Institution to exchange information pertaining to the MOHLTC ACP Theory examination process. The information will be kept confidential and is for internal use of the Training Institution only.

Signature* | Date (yyyy/mm/dd)*
The Emergency Health Services Branch is authorized to collect personal information contained on this form by virtue of it being necessary for proper administration of a lawfully authorized activity, that is, to determine the applicant’s qualifications for approval to undertake the Advanced Care Paramedic (ACP) Theory examination for certification as an ACP. The examination is authorized under Part III of Regulation 257/00 made under the Ambulance Act. For information concerning this collection contact: Manager, Education and Patient Care Standards, Emergency Health Services Branch, Ministry of Health and Long-Term Care, 5700 Yonge Street, 6th Floor, Toronto ON M2M 4K5, Tel: 416 327-7820.

Completed form must be mailed to:
Ministry of Health and Long-Term Care
Emergency Health Services Branch
Education and Patient Care Standards
5700 Yonge Street, 6th Floor
Toronto ON  M2M 4K5

Please print clearly in ink. Fields marked with an asterisk (*) are mandatory.

Application Information

<table>
<thead>
<tr>
<th>Last Name*</th>
<th>First Name*</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit No.</td>
</tr>
<tr>
<td>PO Box</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town*</th>
<th>Province*</th>
<th>Postal Code*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.*</th>
<th>Alternate Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
</table>

Name of College or Training Institution* |

<table>
<thead>
<tr>
<th>Campus (if applicable)</th>
</tr>
</thead>
</table>

Reason for Withdrawal*

- did not graduate from program
- did not complete required remedial training
- other

Signature* Date (yyyy/mm/dd)*

Refund Structure

<table>
<thead>
<tr>
<th>Anytime prior to 14 days before the exam date</th>
<th>Between 14 days before and 8 days after the exam date</th>
<th>More than 8 days after the exam date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25.00 Refund</td>
<td>$15.00 Refund</td>
<td>No Refund</td>
</tr>
</tbody>
</table>

Winter
- Anytime prior to Jan. 1, 2014
- After Jan. 24, 2014

Spring
- Anytime prior to Apr. 2, 2014
- Between Apr. 2 – Apr. 24, 2014
- After Apr. 25, 2014

Summer
- Anytime prior to Jul. 2, 2014
- Between Jul. 2 – Jul. 24, 2014
- After Jul. 25, 2014

Fall
- Anytime prior to Oct. 8, 2014
- Between Oct. 8 – Oct. 30, 2014
- After Oct. 31, 2014