Ontario

Ministry of Health and Long-Term Care

Emergency Health Services Branch

ACP Theory Examination Application 2009

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) 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 application 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.**

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

Session Information

✓	Session	Exam Date	Applications accepted as of	Deadlines for submissions	Potential Sites
☐	**Winter**	Jan. 21, 2009	Nov. 17, 2008	Dec. 19, 2008	Niagara, Toronto, Sudbury, Ottawa, London
☐	**Spring**	Apr. 22, 2009	Feb. 16, 2009	Mar. 20, 2009	
☐	**Summer**	Jul. 22, 2009	May 18, 2009	Jun. 19, 2009	
☐	**Fall**	Oct. 21, 2009	Aug. 17, 2009	Sept. 18, 2009	

☐ **New Candidate** ☐ **Repeat Candidate**

ACP file number	AEMCA file number	Date(s) of previous exams taken:
0 0 -	0 0 -	yyyy mm yyyy mm yyyy mm

Applicant Information

Surname	First Name	Middle Name

Address – Street Number, Street Name	Telephone ( ) -

City	Province	Postal Code

Eligibility Information

College or Training Institution		Date/Expected date of graduation
	☐ Full Time ☐ Part Time ☐ Distance Education	yyyy mm

Examination Component(s)

Language	Location	Special Needs
☐ English	First Choice	☐ Yes (supporting documents must be enclosed)
☐ French	Second Choice	☐ No

Documents Submitted

☐ **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.

☐ Proof of successful completion of an approved Remedial Course, if applicable.

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

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 examination process. The information will be kept confidential and is for internal use of the Training Institution only.

Signature	Date (yyyy/mm/dd)

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