



# ACP Theory Examination Withdrawal and Refund 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) 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, 6<sup>th</sup> 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, 6<sup>th</sup> Floor  
Toronto ON M2M 4K5

ACP File Number						
0	0	-				

Please print clearly in ink

Applicant Information		
Surname	First Name	Middle Name
Address – Street Number, Street Name		Telephone ( ) -
City	Province	Postal Code
Name of College or Training Institution		

Reason for Withdrawal	
<input type="checkbox"/>	did not graduate from program
<input type="checkbox"/>	did not complete required remedial training
<input type="checkbox"/>	other
Signature	Date (yyyy/mm/dd)

	Refund Structure		
	Anytime prior to 14 days before the exam date	Between 14 days before and 8 days after the exam date	More than 8 days after the exam date
	<b>\$25.00 Refund</b>	<b>\$15.00 Refund</b>	<b>No refund</b>
<b>Winter</b>	Anytime prior to Jan. 7, 2009	Between Jan. 7 – Jan. 29, 2009	After Jan. 29, 2009
<b>Spring</b>	Anytime prior to Apr. 8, 2009	Between Apr. 8 – Apr. 30, 2009	After Apr. 30, 2009
<b>Summer</b>	Anytime prior to Jul. 8, 2009	Between Jul. 8 – Jul. 30, 2009	After Jul. 30, 2009
<b>Fall</b>	Anytime prior to Oct. 7, 2009	Between Oct. 7 – Oct. 29, 2009	After Oct. 29, 2009