

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 Aeromedical Theory examination as part of the certification as an Air Ambulance Flight Paramedic. 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																																									
<input type="checkbox"/>	Winter	Mar. 18, 2009	Jan. 12, 2009	Feb. 13, 2009	Toronto, Sudbury, Kingston, Moosonee, Kenora, Thunder Bay																																									
<input type="checkbox"/>	Summer	Jul. 15, 2009	May 11, 2009	Jun. 12, 2009																																										
<input type="checkbox"/>	Fall	Nov. 18, 2009	Sept. 14, 2009	Oct. 16, 2009																																										
<input type="checkbox"/> New Candidate <input type="checkbox"/> Repeat Candidate																																														
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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	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Distance Education	Date/Expected date of graduation
		yyyy mm

Examination Component(s)		
Language	Location	Special Needs
<input type="checkbox"/> English <input type="checkbox"/> French	First Choice Second Choice	<input type="checkbox"/> Yes (supporting documents must be enclosed) <input type="checkbox"/> No

Documents Submitted	
<input type="checkbox"/> Certified cheque or money order payable to the Minister of Finance in the amount of \$50.00 . <input type="checkbox"/> Proof of successful completion of an approved Aerophysiology Training Program. <input type="checkbox"/> 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, 6 th 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 Aeromedical examination process. The information will be kept confidential and is for internal use of the Training Institution only.	
Signature	Date (yyyy/mm/dd)