

## Aeromedical Theory Examination Application Package Fall 2011

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, 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  
Emergency Health Services Branch  
Education and Patient Care Standards  
5700 Yonge Street, 6<sup>th</sup> Floor  
Toronto ON M2M 4K5

Telephone: 416 327-7820  
Toll free: 1 800 461-6431

### **Examination Registration Information - Completing the 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:

Session	Exam Date	Applications accepted as of	Deadlines for submissions	Potential Sites*
Fall	Nov. 16, 2011	Sep. 12, 2011	Oct. 14, 2011	Kenora, Kingston, Moosonee, Sudbury, Thunder Bay, Toronto

***\*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 Aeromedical file number and your Advanced Emergency Medical Care Assistant (AEMCA) certificate number where indicated. Where indicated enter the year and month (e.g. 2006/06) of each previous Aeromedical 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 home phone number where indicated. Provide an alternate phone 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 Aeromedical application form (your full name, including your middle name(s) and/or initial(s)).

## Eligibility Information

### ***College or Training Institution***

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

### ***Date/Expected Date of graduation***

Enter the date that you graduated from your College or Training Institution's approved Aerophysiology training program or the date that you expect to complete the program and graduate.

## Examination Component(s)

### ***Language***

The Aeromedical 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 Aeromedical 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. EHSB 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.

## Documents Submitted

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.**

Proof of successful completion of an approved Aerophysiology training program is required. Applicants need to either:

- ensure that their College or Training Institution has provided a letter bearing an official seal and original signature of the Head of Health Sciences or Program Coordinator confirming graduation, 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.

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

The requirement to provide proof of successful completion of an approved Aerophysiology program does not apply to Aerophysiology program graduates who have been previously registered for the Aeromedical Theory Examination.

Proof of successful completion of an approved remedial course is required by candidates who have been unsuccessful three (3) times at the Aeromedical Theory Examination or by candidates who have not successfully completed the Aeromedical Theory Examination within twenty-four (24) months post graduation. Please see the Eligibility Policy below for further details.

## **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 EHSB with an original signature, in ink.

## **Eligibility Policy**

Eligibility to write the MOHLTC Aeromedical Theory Examination is provisional based on the following conditions:

### **1. Qualifications**

- qualifications of a Primary Care Paramedic as defined in Ontario Regulation 257/00, **and**
- successful completion of an approved Aerophysiology training program offered in Ontario.

### **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 Aerophysiology 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 EHSB).

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 Aeromedical Theory Examination would need to re-graduate from an approved Aerophysiology program in order to re-establish eligibility.

### **3. Time elapsed since graduation**

Eligibility gained by completing an Aerophysiology program is limited to twenty-four (24) months. Candidates who have not successfully completed the Aeromedical Theory Examination within twenty-four (24) months must enroll in a remedial program in order to renew their eligibility.

***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 EHSB for direction at 416 327-7820.

**Reporting Changes**

Changes in candidate information (address, phone 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. Aeromedical file number if known (e.g. 00-01234)
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 EHSB has received proof of successful completion of an approved Paramedic training program or an approved remedial course as applicable.

**Requests for Withdrawals and Refunds**

Applicants who are not eligible to write the Aeromedical 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 Aeromedical 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 EHSB.

- 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 that 8 days after the examination date.

<b>Refund Structure</b>			
	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>Fall</b>	Anytime prior to Nov. 2, 2011	Between Nov. 2 – Nov. 24, 2011	After Nov. 25, 2011

**Notification of Results**

Candidates will be notified by EHSB of their examination results no later than six (6) weeks after the examination date.

Candidates who are unsuccessful will be sent an application package for the next examination as well as an Aeromedical Study Guide with sample questions along with their results.

## **Examination Review**

All unsuccessful candidates of the Aeromedical 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 EHSB 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 EHSB and include a certified cheque or money order payable to the Minister of Finance. Please forward your letter and administration fee to EHSB 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 Aeromedical application form (your full name, including your middle name(s) and/or initial(s)).

## **Reciprocity**

Paramedics who wish to seek verification of their Ontario PCP or ACP registration must submit the appropriate form from a paramedic regulator with the applicant's signature. The administrative fee for processing each request is \$15.00 which must be received in the form of a money order or certified cheque payable to the Minister of Finance.

In the absence of an official verification form, applicants will need to submit a written request authorizing EHSB to release information to the paramedic regulator. The following information must be included in the letter:

1. name
2. address
3. home phone number
4. alternate phone number (as applicable)
5. email address
6. file number (e.g. 00-01234)
7. name of the individual/organization, province, territory or state requesting the information
8. original signature

The administrative fee for processing each letter is \$15.00 which must be received in the form of a money order or certified cheque payable to the Minister of Finance.

In addition to the verification request you must provide proof of employment history which should include the last two (2) years with an Ontario certified ambulance operator and proof of current certification from a regional base hospital. If you cannot provide employment history and/or proof of current certification please explain this in writing and forward your letter to the address located on the first page of this document.