

Aeromedical Examination Information and Application Package

2023
version 1.0

Emergency Health Regulatory and Accountability Branch
Ministry of Health

To all users of this publication:

The information contained in this standard has been carefully compiled and is believed to be accurate at date of publication.

For further information, please contact:

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Ministry of Health
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Document Control

| Version Number | Date of Issue | Brief Description of Change |
|----------------|---------------|-----------------------------|
| 1.0 | December 2020 | Dates for 2021 |
| 1.0 | November 2021 | Dates for 2022 |
| 1.0 | November 2022 | Dates for 2023 |

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Aeromedical Examination Information and Application Package

2023

General

Please retain this package for reference purposes. Any questions about the information contained in this package should be directed to the Manager, Certification and Patient Care Standards (CPCS), Emergency Health Regulatory and Accountability Branch (EHRAB).

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 Locations

| Session | Exam Date | Deadlines for Submissions | Exam Location* |
|---------|------------------|---------------------------|---|
| Winter | March 8, 2023 | January 13, 2023 | Kenora, Ottawa, Sudbury, Thunder Bay, Toronto |
| Summer | June 28, 2023 | May 5, 2023 | |
| Fall | November 8, 2023 | September 15, 2023 | |

These locations 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 numbers 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.

Applicant Information

Clearly print your name, address and telephone number where indicated. Provide an alternate telephone number such as a mobile or work number if applicable. 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 correspondence and certificate will be exactly as you have recorded it on your Application form (your full name, including your middle name(s) and/or initial(s)).

Training Program Information

Training Institution

Print the name of your training institution. Please include your campus name if applicable.

Program Completion Date

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

Examination Component(s)

Location

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

Special Considerations

1. The Aeromedical Examination is available in English and if required, in French. Please indicate if you require a French version of the examination by checking the box under this section on the Application form. Applicants requesting a French copy of the examination will also be provided an English copy.
2. Please indicate if you have a special learning need by checking the box under this section on the Application form. If the request is granted, semi-private accommodations will be provided, as well as up to 30% additional writing time for the examination. Official confirmation of the candidate's special learning need must be current documentation from their 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. CPCS cannot accommodate late requests for special learning needs.

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. Fees must be in Canadian funds.

Cash or personal cheques will not be accepted.

2. Proof of successful completion of an approved Aeromedical training program is required for first time graduates and applicants who have re-graduated from the program. Applicants must ensure that their training institution has provided CPCS with an official letter on letterhead which includes the date and signature of the Program Coordinator confirming successful program completion. Proof of graduation must be received by CPCS no later than two weeks prior to the examination date.

The requirement to provide proof of successful completion of an approved Aeromedical program does not apply to applicants who are within their number of allowable attempts under the Eligibility policy.

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 CPCS with an original signature, in ink.

Application Policies

Eligibility

Eligibility to write the Aeromedical Examination is based on the following three conditions:

Qualifications

The candidate must:

- hold Advanced Emergency Medical Care Assistant (AEMCA) certification; **and**
- must have successfully completed an approved Aeromedical training program offered in Ontario.

Number of attempts at the examination

Eligibility is limited to a maximum of three attempts at the examination. Candidates who have been unsuccessful after three attempts at the examination would need to re-graduate from an approved Aeromedical training program in order to renew their eligibility. Candidates who have renewed their eligibility are eligible for three further attempts at the examination within 24 months of re-graduating.

Time elapsed since graduation

Eligibility gained by completing an Aeromedical training program is limited to 24 months. Candidates who have not successfully completed the examination within 24 months of their program completion date would need to re-graduate from an approved Aeromedical training program in order to renew their eligibility. Candidates who have

renewed their eligibility are eligible for three further attempts at the examination within 24 months of re-graduating.

Please contact CPCS if you have any questions regarding your eligibility status. Candidates who completed their first attempt prior to 2019 may be eligible for additional considerations.

Confirmation of Exam Registration

Notification Letters to confirm registration date, time and place of the examination, will be issued to candidates once CPCS has confirmed the candidate's eligibility (i.e. receipt of registration fee, official proof of successful completion of an approved Aeromedical training program, etc.). Notification Letters will be issued to eligible candidates approximately two weeks before the examination date.

If at any point after registering at your examination location on the day of the exam, you cannot complete the examination, you will be considered withdrawn from the examination and it will be counted as an attempt at the exam. You may complete the Aeromedical Examination Withdrawal and Refund Application form to apply for a partial refund.

Requests for Withdrawals and Refunds

Applicants who are not eligible to write the Aeromedical Examination, or choose to withdraw from the examination, may complete the Aeromedical Examination Withdrawal and Refund Application form to apply for a partial refund. Your registration fee **cannot** be held over to a subsequent examination attempt. The refund is calculated from the day the withdrawal form is received by CPCS. The refund cheque will be mailed directly to you.

- 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 | | |
|---------------|--|---|--------------------------------------|
| | More than 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 |
| | \$25.00 Refund | \$15.00 Refund | No Refund |
| Winter | February 21 | February 22 – March 16 | March 17 |
| Summer | June 13 | June 14 – July 6 | July 7 |
| Fall | October 24 | October 25 – November 16 | November 17 |

Examination Results

Candidates will be notified by CPCS of their examination results no later than three weeks after the examination date.

Candidates who are unsuccessful will be sent information to apply for the next examination and a Feedback Report along with their Results Letter. The Feedback Report identifies question types where improvement is required.

Please do not call the office for results. In order to treat all candidates fairly, examination results will not be released over the telephone, in person or to prospective employers.

Reporting Changes

Changes to candidate information (address, telephone number, name changes, etc.) will **not** be taken over the phone. Applicants are required to write or email CPCS and include the following:

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

Contact

For more information contact:

Emergency Health Regulatory and Accountability Branch
Ministry of Health
5700 Yonge Street, 6th Floor
Toronto, ON M2M 4K5

Telephone: 416-327-7900

Toll free: 1-800-461-6431

Email: CertificationExams@ontario.ca



The Emergency Health Regulatory and Accountability 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 patient care examination for certification as flight paramedic. The examination is authorized under Part III of Ontario Regulation 257/00 made under the *Ambulance Act*. For information concerning this collection contact: Manager, Certification and Patient Care Standards, Emergency Health Regulatory and Accountability Branch, Ministry of Health, 5700 Yonge Street, 6th Floor, Toronto ON M2M 4K5, Tel: 416 327-7900

- 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.
- 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:

| ✓ | Session | Exam Date | Deadlines for submissions | Exam Locations |
|--------------------------|---------|------------------|---------------------------|--|
| <input type="checkbox"/> | Winter | March 8, 2023 | January 13, 2023 | Kenora, Ottawa, Sudbury, Thunder Bay, Toronto |
| <input type="checkbox"/> | Summer | June 28, 2023 | May 5, 2023 | |
| <input type="checkbox"/> | Fall | November 8, 2023 | September 15, 2023 | |

New Candidate Repeat Candidate

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

Application Information

| | | | | | | | | | | | |
|--------------------------|--|-------------|--|-----------------------------------|--|-----------|--|----------------|--------------|--|--|
| Last Name* | | | | First Name* | | | | Middle Name | | | |
| 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 Training Institution* | | | | Campus (if applicable) | | | | Program Completion Date* | | | |
| | | | | | | | | yyyy | | mm | |

Examination Component(s)

| | | | | | | | | | | | |
|------------------|--|--|--|--|--|---|--|--|--|--|--|
| Location* | | | | | | Special Considerations | | | | | |
| First Choice* | | | | | | <input type="checkbox"/> French exam required <input type="checkbox"/> Special Learning Needs accommodation request (supporting documents must be enclosed) | | | | | |
| Second Choice | | | | | | | | | | | |

Requirements for Eligibility

| | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|--|--|--|
| <input type="checkbox"/> Certified cheque or money order in Canadian funds payable to the Minister of Finance in the amount of \$50.00* | | | | | | Completed form must be mailed to: Ministry of Health Emergency Health Regulatory and Accountability Branch Certification and Patient Care Standards 5700 Yonge Street, 6th Floor Toronto ON M2M 4K5 | | | | | |
| <input type="checkbox"/> Proof of successful completion of an approved Aeromedical Training Program. (must be sent directly from your training institution, see Requirements for Eligibility for more details) | | | | | | | | | | | |

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 Regulatory and Accountability Branch, Ministry of Health, and my Training Institution to exchange information pertaining to the Aeromedical 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 Regulatory and Accountability 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 patient care examination for certification as flight paramedic. The examination is authorized under Part III of Ontario Regulation 257/00 made under the *Ambulance Act*. For information concerning this collection contact: Manager, Certification and Patient Care Standards, Emergency Health Regulatory and Accountability Branch, Ministry of Health, 5700 Yonge Street, 6th Floor, Toronto ON M2M 4K5, Tel: 416 327-7900

Completed form must be mailed to:

Ministry of Health
Emergency Health Regulatory and Accountability Branch
Certification and Patient Care Standards
5700 Yonge Street, 6th Floor
Toronto ON M2M 4K5
CertificationExams@ontario.ca

| Aeromedical File Number | | | | | | |
|-------------------------|---|---|--|--|--|--|
| 0 | 0 | - | | | | |

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

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* |
|-----------------------|--------------------------------|----------------|

| | |
|--|------------------------|
| Name of College or Training Institution* | Campus (if applicable) |
|--|------------------------|

Reason for Withdrawal*

did not graduate from program
 other

| | |
|------------|--------------------|
| Signature* | Date (yyyy/mm/dd)* |
|------------|--------------------|

| | Refund Structure | | |
|---------------|--|---|--------------------------------------|
| | More than 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 |
| | \$25.00 Refund | \$15.00 Refund | No Refund |
| Winter | February 21 | February 22 – March 16 | March 17 |
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