

APPLICATION FOR OCCUPATIONAL FIRST AID 3 CERTIFICATION

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Name:	
Address:	City:	Province:	Postal Code:
Phone Number:	Cell Number:	E-mail Address:	
Date of Birth: YYMMDD	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	JIBC Student ID (if known): PEN Number (if known):	
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International <input type="checkbox"/> Permanent Resident			
Do you identify as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered yes, do you identify as <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	
Are you Status or Non Status? <input type="checkbox"/> Status <input type="checkbox"/> Non Status			

PAYMENT METHOD	
Application Fee: \$70 Application will not be processed until payment (non-refundable) is received.	
<input type="checkbox"/> MC <input type="checkbox"/> VISA Credit Card Number: _____ Name on Credit Card: _____ Expiry Date (MM/YY): _____ CVV: _____	<input type="checkbox"/> Cheque <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Office Use Only (PAID STAMP)</div>

APPLICATION REQUIREMENTS (to be submitted with payment information)
<input type="checkbox"/> OFA3 Registration & Application for Issuing Occupational First Aid Certification <input type="checkbox"/> OFA3 Out of Jurisdiction jurisprudence package – completed <input type="checkbox"/> Copy of Identification (driver’s license, etc.) <input type="checkbox"/> EMA Paramedic License or letter issued by the EMA Licensing Board <input type="checkbox"/> EMR <input type="checkbox"/> PCP <input type="checkbox"/> ACP License # _____ License Expiry Date _____ <input type="checkbox"/> OFA Statement of Fitness

FOR HSD OFFICE USE ONLY:	
<input type="checkbox"/> Send EMALB License Validity Email	License Valid, not in shortfall from EMLAB <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Verification of ID (in person, ID Validation Form, Facetime, WhatsApp)	
Program Manager Sign Off:	
Name _____	Signature _____
	Date _____
OFA Certification Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No OFA3 Card #: _____ Copy of Card attached <input type="checkbox"/>	Date OFA Certification Issued: _____ Expiry Date: _____