



Three ways to send the completed form:

Fax: (250) 952-1222, Email: keepalicense@gov.bc.ca, Mail: EMA Licensing Branch, PO Box 9625 Stn Prov Govt, Victoria BC V8W 9P1

\*\* Mandatory Fields

Form with fields: Name \*\*, License Number \*\*, Street Address, City, Province, Postal Code, Daytime Phone, Email \*\*

SUMMARY OF ADJUDICATION REQUEST \*\*

Large text area for summary with bullet points and a 'Number of Pages Included' box.

EMALB USE ONLY

EMALB Summary and Decision section with checkboxes for 'Next Steps' and 'Written notification sent to Licensee'.

Personal information on this form is collected by the EMA Licensing Board under the authority of the Emergency and Health Services Act (section 6) and the Emergency Medical Assistant Regulation (sections 2, 3, 2, 5, 6 and 7). This information will be used to issue an EMA licence and maintain a permanent register of licensed EMA's.