Saskatchewan Health

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Regina, Sask. S4S 6X6
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First Responder Application & Facilitator Report

Level of Application	Application	Certificate	HPC "C"
First Responder	☐	☐	☐

The following sections must be completed.

Type of Application	Service Type	RHA
☐ New Registration ☐ Information Change ☐ Registration Renewal ☐ Inactive Status (Please remove from health region roster.)	☐ First Response ☐ Fire Department	_____ _____ Regional Health Authority Saskatchewan Health registers first responders that respond for the Health Region only. First responders that are first responders due to employment are not registered.

Surname | Given Name | Initial | Mr. / Ms

Address | Registry Number

Town / City | Province | Birthdate

Postal Code | Home Telephone ( ) - | Work Telephone ( ) -

Date: _____ **Signature:** _____

Facilitator's Continuing Education Report

Mandatory Components	Date Completed	Facilitator's Signature
Cardio-Pulmonary Resuscitation – Level "C"		
Mechanical Aids to Breathing (Including Oxygen)		
Patient Assessment		
Spinal Immobilization		
Review of medical and trauma emergencies		

Final Verification

As the Health Region First Responder Contact, I confirm that the above information is correct and true to the best of my knowledge.

Signature:	Date:
Print Name:	Telephone:( ) -

Please retain a photocopy of this form for your records.