

Paramedic Association of Newfoundland and Labrador Registration Package

Mission Statement

“To improve patient care in Newfoundland and Labrador.”

Mandates

- To inform members of current issues, trends and practices affecting Emergency Medical Services.
- To improve patient care by establishing quality control within the industry; by promoting continuing education for all members and by lobbying for the adoption of advanced skills.
- To provide a forum to promote communication and networking with other EMS professionals in the province.
- To promote the field of pre-hospital care to the general public as a significant component of the health care system.

Registration Procedure

Please fill out the registration form attached and return it to the address provided. Include fees, as indicated, in the form of a cheque or money order made payable to: Paramedic Association of Newfoundland & Labrador.

Registration Fees

- **PANL Full Membership \$20.00***
 - EMS providers who are currently registered with Emergency Health Services Newfoundland & Labrador at the EMR I, EMR II, EMD, P-I, P-II, PCP, or ACP level. A valid EHSNL registration number must be provided.
- **PANL Student Membership \$15.00***
 - This includes EMR II, PCP and ACP students. Students will be non-voting members but will obtain the other benefits of membership. Upon completion of their training, students will be granted full member status once they register with EHSNL.
- **PANL Associate Membership \$20.00***
 - Provided to individuals who are not registered with EHSNL but would like to join and support the PANL. This may include allied health professionals etc. This is a non-voting membership.

***\$10.00 from each registration fee entitles membership in the Paramedic Association of Canada**

Please send completed forms with payment to:

**Paramedic Association of Newfoundland & Labrador
P.O. Box 8533
St. John's, NL A1B 3N9**

info@panl.ca

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Registration Package**

Membership Type	Full Membership _____	Student Membership _____	Associate Membership _____
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Demographics		
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Phone Number	Date of Birth (mm/dd/yyyy)	Age
_____	_____	_____
Sex	Mailing Address	
_____	_____	
City/Town	Province	Postal Code
_____	_____	_____
E-mail Address	EHSNL ID	
_____	_____	

EMS Information (check those that apply)	
EMR I _____	EMR II _____ EMD _____ Paramedic I _____ Paramedic II _____
Primary Care Paramedic _____	Advanced Care Paramedic _____
Years Experience in EMS _____	Current Service _____

I Certify the above information to be true and accurate	
_____	_____
Signature	Date

Please send completed forms with payment to:

**Paramedic Association of Newfoundland & Labrador
54 Scott's Rd South
CBS, NL
A1X 6L7**

paramedicassociation@hotmail.com

Office Use		
_____	_____	_____
Date Payment Received	Enrollment Date	Enrolled By