



EHS Medical First Responder Application

Please download this document and complete the below information to allow MFR Services to process your application. When completed, email this document to mfr.registry@emci.ca with the electronic copy of your St. John Ambulance, Canadian Red Cross or Rescue7 Medical First Responder certificate attached to the email.

1. Name:

Last Name:

First Name:

Middle Name:

2. Birth Date (MM/DD/YYYY):

3. Mailing Address:

4. City:

5. Postal Code:

6. Home Phone:

7. Cell/Work Phone:

8. Email:



9. Agency/ Fire Department:

10. Please insert your paramedic ID if applicable:

I hereby confirm that the information provided on this application is true. I acknowledge that I am responsible to maintain my registration. I am aware of the EHS MFR Services Program Documents, including No. 12010.00 as it pertains to patient confidentiality, and agree to work within the guidelines described therein. I understand that my EHS MFR tag is the property of EHS Emergency Health Services.