



APPENDIX A - Form

College of Paramedics of Manitoba

Confirmation of Enrollment and Request for Exemption from the Program of Continuing Competency

Student Information:

Name: _____

Student ID: _____

Program Enrolled: _____

Institution: _____

Enrollment Start Date: _____

Expected Graduation Date: _____

Certification by Educator:

I hereby certify that the above-named student is currently enrolled in the specified education program and in good standing.

Educator's Name: _____

Position: _____

Institution: _____

Signature: _____

Date: _____

Student Acknowledgment:

Based on the program of study I am undertaking; I request exemption from the PCC for the year(s) of _____. I acknowledge that this exemption is valid only while I am actively enrolled in the program, and should I fail to complete it I may be required to complete the PCC.

Student's Signature: _____

Date: _____

Approval by College of Paramedics of Manitoba:

This exemption is approved for the above-named student for the specified duration of their enrollment in the education program.

Authorization Signature: _____

Date: _____