

AEROMEDICAL THEORY COURSE REGISTRATION FORM

Please provide the following information. Please print legibly.

APPLICATION DATA

- Aeromedical applicants are required to submit a copy of the AEMCA certificate
- General Interest no other documents required

STUDENT INFORMATION

First Name:		Last Name:	Social Insurance Number: <small>For receipt purposes only in Canada</small>
Street/Unit #:	Street Address:		
City:	Province/ State:	Postal Code/Zip Code:	
Country:	E-mail Address:	Primary Phone No.:	
Current Employer: <small>(If employed in EMS)</small>	Base Hospital: <small>(For Ontario only, if employed in EMS)</small>	Medical Director: <small>(For Ontario only, if employed in EMS)</small>	

PAYMENT INFORMATION

- If you are paying by certified cheque or money order, make it payable to Ornge. Mail to the address below.
- You may use this link to make the payment: [Ornge online payment](#)
Click on Payment Reference - select 'other'; fill in the information sections.
In the Invoice/Order no. field and comment section please type 'Aeromedical course'

online invoice receipt number:

Please mail or submit your registration form and payment to: EducationTraining@ornge.ca
Ornge Education and Training, 5310 Explorer Drive, Mississauga, ON L4W 5H8

APPLICATION SIGNATURE

By signing this application I verify that the information in this application is true and that the submission of false information could result in the refusal of admission or expulsion from an education program.

Verify all the information above is correct and save a copy for your records.

SIGNATURE

DATE (DD/MMM/YYYY)