



**EMERGENCY RESPONSE TRAINING**



**OFA LEVEL-3**

**IN-BC-JURISDICTION**

**APPLICATION PACKAGE**



**WORK SAFE BC**



# OFA LEVEL-3 IN-BC-JURISDICTION APPLICATION DECLARATIONS

**INITIAL EACH BOX BELOW TO ACKNOWLEDGE THE FOLLOWING:**

I acknowledge that following three consecutive years of NUOFA 3 certification I must attend and successfully complete an NUOFA 3 Review & Evaluation Course to maintain my NUOFA 3 certification.

I acknowledge that my NUOFA 3 certification must be current for me to attend an NUOFA 3 Review & Evaluation Course. I understand that to maintain my NUOFA 3 certification I must attend an NUOFA 3 Annual Skills Update Course (ASU) **yearly** and that failure to do so invalidates my NUOFA 3 certification.

I acknowledge that the expiry date of the Occupational First Aid Level-3 certificate to be issued will coincide with the expiry date of my NUOFA 3 certification and that to maintain my Occupational First Aid Level-3 certificate I **must** maintain my NUOFA 3 certification in all respects.

I acknowledge that failure to maintain my NUOFA 3 certification invalidates my Occupational First Aid Level-3 certificate.

I acknowledge that I have been strongly advised by PEAK to thoroughly read and comprehend the 'Home Study Package for Out-of-Jurisdiction Advanced First Aid' provided by WorkSafe BC.

**I CONFIRM THAT THE INFORMATION AND ALL SUPPORTING DOCUMENTATION THAT I HAVE PROVIDED IN SUPPORT OF THIS APPLICATION IS COMPLETE, TRUE AND ACCURATE TO THE VERY BEST OF MY KNOWLEDGE.**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## OFA LEVEL-3 IN-BC-JURISDICTION CERTIFICATE APPLICATION

| APPLICANT'S PERSONAL DATA |                 |                  |                   |
|---------------------------|-----------------|------------------|-------------------|
| FIRST NAME                | LAST NAME       | DATE OF BIRTH    |                   |
|                           |                 | dd               | mm yy             |
| TELEPHONE NUMBERS         | MAILING ADDRESS |                  |                   |
| CELL (____) _____         |                 |                  |                   |
| WORK (____) _____         | CITY / TOWN     | PROVINCE / STATE | POSTAL / ZIP CODE |
| HOME (____) _____         | E-MAIL          |                  |                   |

| APPLICANT'S CHECKLIST    |   |
|--------------------------|---|
| <input type="checkbox"/> | COMPLETED APPLICATION   |
| <input type="checkbox"/> | COMPLETED AND SIGNED APPLICATION DECLARATION (PAGE 2)                 |
| <input type="checkbox"/> | COMPLETED AND SIGNED MEDICAL SELF-DECLARATION OF FITNESS (PAGE 3 & 4) |
| <input type="checkbox"/> | ATTACHED PHOTOCOPY OF DRIVER'S LICENSE OR PASSPORT (REQUIRED)         |

### PEAK USE

| EXAMINATION RESULTS  |                               |                               |   |
|----------------------|-------------------------------|-------------------------------|---|
| PRACTICAL EVALUATION | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | WRITTEN EVALUATION  |
|                      | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | OVERALL RESULT  |
|                      |                               |                               | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |

| ADMINISTRATION CHECKLIST   | CERTIFICATE   |
|--|---|
| <input type="checkbox"/> CONFIRMED COMPLETION & ACCURACY OF APPLICATION<br><input type="checkbox"/> CONFIRMED COMPLETION & ACCURACY OF DECLARATIONS<br><input type="checkbox"/> CONFIRMED APPLICANT'S IDENTITY<br><input type="checkbox"/> ISSUED AN OFA LEVEL-3 CERTIFICATE | DATE CERTIFICATE ISSUED<br><div style="text-align: center;">dd   mm   yy</div> CERTIFICATE NUMBER ISSUED<br># _____ |

**NOTES:**

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