



**EMERGENCY RESPONSE TRAINING**



**OFA LEVEL-3**

**OUT-OF-BC-JURISDICTION**

**APPLICATION PACKAGE**



**WORK SAFE BC**

# OFA LEVEL-3 OUT-OF-BC-JURISDICTION CERTIFICATE APPLICATION

In compliance with the 'Trade, Investment and Labour Mobility Agreement' (TILMA) established between BC and Alberta and the 'Agreement on Internal Trade' (AIT) WorkSafe BC implemented a process for accepting the certification of workers (in this case first aid) certified in other Canadian jurisdictions. One of the purposes of TILMA and AIT is to eliminate or reduce measures that restrict labour mobility in Canada. Labour mobility occurs when certified workers from other jurisdictions are recognized without any additional training, experience, examinations or assessments. As an NUOEC 3 Certified Provider you are entitled in accordance with the labour mobility agreements (TILMA & AIT) to receive, upon application and confirmation of application, an Occupational First Aid Level-3 Out-of-BC Jurisdiction Certificate issued by **PEAK** a registered first aid training agency on behalf of WorkSafe BC. Completion and submission of this application is confirmation that as a current NUOFA 3 certificate holder, issued by **PEAK** outside of the jurisdiction of BC, you hereby apply to for an Out-of-BC Jurisdiction Occupational First Aid Level-3 certificate.

### APPLICANT'S PERSONAL DATA

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

### 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

#### NUOFA 3 CERTIFICATION INFORMATION

EXPIRY DATE	dd	mm	yy	CERTIFICATE NUMBER # _____	ORIGINATING JURISDICTION	<input type="checkbox"/> HRSDC	<input type="checkbox"/> AB
-------------	----	----	----	----------------------------	--------------------------	--------------------------------	-----------------------------

<b>PEAK ADMINISTRATION CHECKLIST</b>	<b>OOJ CERTIFICATE</b>
--------------------------------------	------------------------

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>CONFIRMED COMPLETION &amp; ACCURACY OF APPLICATION &amp; DECLARATIONS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CONFIRMED APPLICANT'S IDENTITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CONFIRMED VALIDITY OF NUOFA 3 CERTIFICATE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CONFIRMED EXPIRY DATE OF NUOFA 3 CERTIFICATE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>ISSUED AN OFA LEVEL-3 OUT-OF-BC JURISDICTION CERTIFICATE</td> </tr> </table>	<input type="checkbox"/>	CONFIRMED COMPLETION & ACCURACY OF APPLICATION & DECLARATIONS	<input type="checkbox"/>	CONFIRMED APPLICANT'S IDENTITY	<input type="checkbox"/>	CONFIRMED VALIDITY OF NUOFA 3 CERTIFICATE	<input type="checkbox"/>	CONFIRMED EXPIRY DATE OF NUOFA 3 CERTIFICATE	<input type="checkbox"/>	ISSUED AN OFA LEVEL-3 OUT-OF-BC JURISDICTION CERTIFICATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; background-color: #cccccc;">DATE CERTIFICATE ISSUED</td> </tr> <tr> <td style="text-align: center;">dd   mm   yy</td> </tr> <tr> <td style="text-align: center; background-color: #cccccc;">OFA LEVEL-3 CERTIFICATE NUMBER ISSUED</td> </tr> <tr> <td style="text-align: center;"># _____</td> </tr> </table>	DATE CERTIFICATE ISSUED	dd   mm   yy	OFA LEVEL-3 CERTIFICATE NUMBER ISSUED	# _____
<input type="checkbox"/>	CONFIRMED COMPLETION & ACCURACY OF APPLICATION & DECLARATIONS														
<input type="checkbox"/>	CONFIRMED APPLICANT'S IDENTITY														
<input type="checkbox"/>	CONFIRMED VALIDITY OF NUOFA 3 CERTIFICATE														
<input type="checkbox"/>	CONFIRMED EXPIRY DATE OF NUOFA 3 CERTIFICATE														
<input type="checkbox"/>	ISSUED AN OFA LEVEL-3 OUT-OF-BC JURISDICTION CERTIFICATE														
DATE CERTIFICATE ISSUED															
dd   mm   yy															
OFA LEVEL-3 CERTIFICATE NUMBER ISSUED															
# _____															

**NOTES:**



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

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 BEST OF MY KNOWLEDGE.**

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_