Ontario Ministry of Health

AEMCA Examination Application

Instructions

The Emergency Health Regulatory and Accountability Branch (EHRAB) is authorized to collect personal information contained on this form by virtue of it being necessary for proper administration of a lawfully authorized activity, that is, to determine the applicant's qualifications for approval to undertake the Advanced Emergency Medical Care Assistant (AEMCA) examination. The AEMCA examination is authorized under Part III of Ontario Regulation 257/00 made under the *Ambulance Act*. For information concerning this collection contact: Manager, Certification and Patient Care Standards (CPCS), EHRAB, Ministry of Health (MOH), 5700 Yonge Street, 6th Floor, Toronto ON M2M 4K5, CertificationExams@ontario.ca

You will not be able to complete this form using a device with a Mac Operating System, smartphone or tablet. You must first save the form and open this **saved** version using Adobe Acrobat Reader to complete the form. If these steps are not followed you will not be able to complete your payment and your application will not be submitted.

Each box below must be checked to confirm you have read each statement before continuing *

☐ It is the candidate's responsibility to read, comply with and fulfill all stipulated requirements within this Application form prior to established deadlines in order to ensure eligibility to challenge the examination.

☐ Application fields that are marked with an asterisk (*) are mandatory.

Any questions about the content of this Application form should be directed to CPCS at CertificationExams@ontario.ca

Click "**Continue**" below to begin.

Office Use Only	
Attempts	-
Re-graduation	-
French	-
SLN	-

Applicant Information

Please note that the name that appears on correspondence and your certificate will be exactly as you have recorded it on this Application form [your full name, including your middle name(s) and/or initial(s)].

Last Name *	First Name *	Middle Name/Initial

Address

Country * ☑ Canada ☐ U.S.A. ☐ International

Postal Code * (if necessary, continue to select the Postal Code Lookup button until your correct address is shown)

Unit Number	Street Number *	Street Name *	Street Type *
Street Direction	**PO Box**	**City/Town ***	**Province ***
			ON
Unit Number	**Street Number ***	**Street Name ***	**PO Box**

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City/Town *	State *	Zip Code *

Address line 1 (Delivery address) *

Address line 2 (Municipality name, state or province, and postal or ZIP Code) *

Country *

Telephone Number *	Alternate Telephone Number	Email Address *
		Confirm Email Address *

Session

Select from the list of available sessions and make note of the dates that apply to your session.

What Session do you want to write? *

Session	Exam Date	Deadlines for submissions
☐ Winter	February 11, 2026	Extended to January 6, 2026 at 23:59
☐ Summer	June 10, 2026	April 17, 2026
☐ Fall	October 7, 2026	August 14, 2026

Training Program Information

Select the name of your College or Training Institution or “Standard Paramedic Equivalency” as applicable.

Name of College or Training Institution *

Program Completion

Your College or Training Institution must provide CPCS, with proof of successful completion of an approved paramedic training program. Program completion letters do not apply to applicants who are applying for their second or third attempt at the exam or applicants who successfully completed the MOH Standard Paramedic Equivalency Process who are applying for their first attempt.

For the Summer exam session, CPCS must receive program completion letters from your college or training institution no later than three weeks before the exam date.

For the Winter and Fall exam sessions, CPCS must receive program completion letters from your college or training institution no later than two weeks before the exam date.

Enter the date that you completed or expect to complete all requirements of your paramedic program.

- If you completed the MOH Standard Paramedic Equivalency process, enter the date from your result letter (the submission of a program completion letter is not applicable).
- If you have not successfully completed the examination within 24 months of your Program Completion Date, you will need to re-graduate from an approved paramedic program in order to renew your eligibility.

Program Completion Date (yyyy/mm/dd) * This Date should be changed for every exam session; please check change event of session CB

Please contact CPCS if you have any questions regarding your eligibility status.

AEMCA Information

AEMCA File Number

If this is the first time you are applying to the AEMCA exam, you are a New Applicant and you will not have been assigned an AEMCA File Number. Select "No" to the question below.

If you have previously applied for the exam, for example:

- you are applying for your second or third attempt;
- you withdrew from the last session you were registered for; or
- you did not attend the last session you were registered for,

your AEMCA file number can be found on correspondence from our office (e.g. 00-12345).

If you cannot locate your AEMCA File Number, please contact us at CertificationExams@ontario.ca.

Do you have an AEMCA File Number? *

☐Yes ☐No

AEMCA File Number *

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Number of Attempts at the Examination

Eligibility is limited to a maximum of three attempts at the examination. Candidates who have been unsuccessful after three attempts at the examination would need to re-graduate from an approved paramedic program in order to renew their eligibility.

Please contact CPCS if you have any questions regarding your eligibility status.

Have you written the AEMCA Exam before? *

☐Yes ☐No

How many previous attempts have you had at the AEMCA examination? *

Remedial

A remedial program can either be a formal program of remediation delivered by an approved College or Training Institution, or a portion of a College or Training Institution program which would require pre-approval from CPCS. CPCS will follow up with your College or Training Institution directly to obtain proof of completion of remedial.

Have you/will you complete remedial no later than two (2) weeks before the exam date? *

☐Yes ☐No

Name of College or Training Institution offering Remedial *

Re-graduation

Your program completion date is greater than 24 months or you have attempted the examination three times and need to renew your eligibility. Candidates who have renewed their eligibility are eligible for three further attempts at the examination within 24 months of re-graduating.

Have you/will you re-graduate from an approved paramedic program no later than three weeks before the exam date? *

☐Yes ☐No

Name of Re-graduation Institution *

Your College or Training Institution must provide CPCS with proof of successful completion of an approved paramedic program. See the Program Completion section for further details on this requirement.

Location

The examination locations used are dependent on the number candidates that register for that location. Every effort will be made to accommodate your preference, however please note that you may not be guaranteed your first choice.

What is your First Site Location choice? *	What is your Second Site Location choice?

Special Considerations

Please indicate if you require a French version of the examination by answering the question below. Applicants requesting a French copy of the examination will also be provided an English copy.

Do you require a French Exam Booklet? *

☐Yes ☐No

Please indicate if you have a special learning need (SLN) by answering the question below. If the request is granted, semi-private accommodations will be provided, as well as up to 30% additional writing time for each part of the examination. Official confirmation of the candidate's special learning need must be current documentation from their College or Training Institution's Special Needs Office or documented in a current letter from a doctor specializing in learning disabilities.

All documentation must be attached in this Application form in order for the applicant's request to be considered. CPCS cannot accommodate late requests for special learning needs.

If you select "Yes", you will then be able to browse, select and attach your SLN documents.

Do you require SLN accommodations? *

☐Yes ☐No

File Attachments *

File Name		Size (MB)	Delete
			☐
	Total Size		
	Number of attachments		

Summary

Review your Application form by clicking the "View Summary" button below to ensure that all of the fields have been completed.

Confirmation of Exam Registration

Notification Letters to confirm registration date, time and place of the examination, will be issued to candidates once CPCS has confirmed the candidate's eligibility (i.e. receipt of registration fee, official proof of successful completion of an approved paramedic program, etc.). Notification Letters will be issued to eligible candidates approximately two weeks before the examination date.

If at any point after registering at your examination location on the day of the exam, you cannot complete the examination, you will be considered withdrawn from the examination and it will be counted as an attempt at the exam.

Examination Questions

Questions on the AEMCA Examination are based on the Primary Care Paramedic Core Medical Directives of the current Advanced Life Support Patient Care Standards and other paramedic practice standards that are "in force" as of the examination date.

A list of paramedic practice standards and their in force dates can be found at:
Paramedic practice documents | ontario.ca

Requests for Withdrawals and Refunds

If you wish to withdraw your registration or defer your exam, please let us know. We can provide a full refund or simply transfer your registration to the next exam session with no penalty fees.

Examination Results

Candidates will be notified by CPCS of their examination results no later than six weeks after the examination date.

Candidates who are unsuccessful will be sent information to apply for the next examination and a Feedback Report along with their Results Letter. The Feedback Report identifies question types where improvement is required.

Please do not call the office for results. In order to treat all candidates fairly, examination results will not be released over the telephone, in person or to prospective employers.

Reporting Changes

Changes in candidate information (address, telephone number, name changes, etc.) will not be taken over the phone. Applicants are required to write or email CPCS and include all relevant details regarding changes.

Ministry of Health
Emergency Health Regulatory and Accountability Branch (EHRAB)
Certification and Patient Care Standards
5700 Yonge Street, 6th Floor
Toronto ON M2M 4K5
CertificationExams@ontario.ca

Consent for Disclosure

By clicking the Submit button below, this will certify that you agree to, and understand, the following:

- I have read and agree to comply with the policies as described within this application form.
- The information on this form is true, correct, and complete to the best of my knowledge.
- I understand the AEMCA is a legislated requirement to become a paramedic in the province of Ontario, pursuant to the O. Reg 257/00 as made under the *Ambulance Act*.
- I understand the ministry will accommodate Special Learning Needs with supporting documentation and that it is my responsibility to request such accommodation at time of application.
- The AEMCA exam may be attempted up to 3 times within a 24-month period of graduating from a recognized Ontario paramedic training program, or when approved by the Ministry of Health.
- Subsequent attempts of the A-EMCA or attempts outside the 24-month period requires re-graduation from a recognized Ontario paramedic training program.
- I permit EHRAB and my college or training institution to exchange information pertaining to the MOH A-EMCA examination process. The information will be kept confidential and is for internal use of the college or training institution only.
- In no case will I be permitted to review my exam once the exam has been written/completed.
- Any review of a completed exam will be conducted at the sole discretion of the Ministry of Health.
- Due to privacy concerns, the Ministry of Health will only correspond with registered exam applicants regarding any re-write policies, re-graduation policies, etc. All inquiries shall be sent to CertificationExams@ontario.ca and contain applicants first and last name and A-EMCA exam registration number.
- The Ontario Public Service is committed to maintaining a respectful workplace. We remind applicants that discriminatory comments, aggressive behaviour, or the use of coarse language will not be tolerated.

After clicking the Submit button, you will be directed to an online payment page to submit your registration fee of $250.00 (in Canadian funds). If you are not re-directed to the online payment page OR, your payment submission does not go through OR you do not receive a confirmation email, and you have complied with the instructions on page 1, your Application form has **not** been submitted successfully and you should contact us.

STOP

Because you selected “No” to remedial, you will need to make arrangements to complete an approved remedial program in order to complete this application form.

Please Exit the form and re-apply when you are able to confirm that the required remedial will be completed.

STOP

Because you selected "No" to re-graduation, you will not be able to continue with this application.

Please make arrangements to re-graduate from an approved paramedic program in order to complete this application form.

Please Exit the form and re-apply when you are able to confirm that the required re-graduation will be completed.