



President Tim Jenkins Charlottetown 566-6172 (W)	Vice President Rod MacDonald East River 676-2276	Secretary/Treasure Gordon MacFadyen Summerside 436-3969
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COURSE LOCATION: PEIFFA Fire School

COURSE OFFERED: Medical First Responder – *Recertification*(Certification must be current +/- 30 days)

DATE: March 19, 20, 21 (Start times – Friday 6:30PM/Saturday & Sunday 8AM)

TUITION PER PERSON: \$0.00 + GST Book included ****\$100 fee for no shows****

COURSE MAXIMUM: 12

(Department's that are members of the PEIFFA Medical First Responder Program have first option on course seats.)

FIRE DEPARTMENTS:

1. NAME OF CONTACT PERSON: _____ PHONE: _____
FIREFIGHTERS NAME: _____ OCCUPATION: _____
NUMBER OF YEARS EXPERIENCE: _____
2. NAME OF CONTACT PERSON: _____ PHONE: _____
FIREFIGHTERS NAME: _____ OCCUPATION: _____
NUMBER OF YEARS EXPERIENCE: _____
3. IF SPACE AVAILABLE DO YOU WANT TO SEND AN ADDITIONAL FIREFIGHTER YES_NO

REQUIREMENT:

I NOTE: Section 45.19 of part45 (Personal Protection Equipment) of the P.E.I. Occupational Health and Safety Act states:
Every employer shall ensure every employee required to use a respirator shall be clean shaven where the respirator seals with the face.
Fire School must be in compliance and will not make any exceptions to this Act

II NOTE:

CLOSING DATE: March 12th, 2010
MAKE CHEQUE PAYABLE TO: P.E.I. Firefighters Association
P.O. Box 1173
Charlottetown, PE
C1A 7M8
E-mail Miles at info@peiffa.com

Office use:
Date received:
Cheque #:
Date Replied: