



Registration and Application for BC Workplace First Aid Certification (EFA/SFA/MBFA)

Please complete this registration form and submit to the Training Partner. The form must be signed and dated.

Name: _____

Address: _____ City: _____

Province/Territory: _____ Postal Code: _____

Phone: _____

Date of Birth (DD/MM/YYYY): _____

Email: _____

Type of ID Produced: _____

Previous Certificate (if any): _____

Certificate Number: _____

Certificate Expiry Date (DD/MM/YYYY): _____

Please sign to indicate the applicant agrees to share their personal information with WorkSafeBC and to abide by the principles of first aid and the terms and conditions of certification as outlined in the Occupational First Aid Reference and Training Manual, and Occupational First Aid Training Guides, and as stated on the back of this form.

Applicant's Signature: _____ Date (DD/MM/YYYY): _____

Terms and Conditions of Certification

The first aid attendant must follow the principles of first aid treatment as outlined in the WCB of BC's OFA training programs.

The first aid certificate holder must not engage in inappropriate conduct, not restricted to but including:

- Smoking while assessing or treating an injured or ill worker and/or while handling oxygen therapy equipment, or permitting others to do so;
- Allowing an injured or ill worker to be transported by stretcher to a place of medical treatment in a conveyance provided by the employer without being accompanied by a first aid attendant of equal or higher qualifications;
- Conduct that may pose a risk to the health and well-being of other workers or the public;
- Removing themselves from being able to see or hear any summons for first aid at a workplace;
- Abandonment of an injured or ill worker after beginning assessment or treatment;
- Refusal to treat an injured or ill worker at the workplace regardless of the cause or the injury or illness;
- Treating or transporting an injured or ill worker while impaired or under the influence of drugs or alcohol.