

**MANITOBA HEALTH & HEALTHY LIVING
EMERGENCY MEDICAL SERVICES
PERSONNEL LICENSE RENEWAL APPLICATION**



Identifying Information

Name: _____
Surname (Please Print) Given Name(s) Second Given Name

Mailing Address: _____
Street or PO Box Number

City/Town Province Country Postal Code

Email Address _____ Birthdate: ____/____/____ Sex:
(Please Print) YYYY MM DD M F

Telephone No.: () _____ () _____
Primary Extension Alternate Extension

Please indicate if your name, mailing address, and email address may be shared with the Paramedic Association of Manitoba. Yes No

Renewal

License Classification Currently Held (check applicable box)

- Technician
- Technician-Paramedic
- Technician-Advanced Paramedic

License Number: _____

- Aeromedical Attendant
- Air Ambulance Pilot Captain
- Air Ambulance Pilot First Officer
- Stretcher Attendant

DECLARATION:

To the best of my knowledge I, the applicant, declare that I have read and understood the instructions and that all the information given on this application is true and I understand that any false or misleading information may cause my license to be suspended.

Signature of Applicant

Date

The personal information which you are requested to provide is being collected under the authority of the legislation *The Emergency Medical Response and Stretcher Transportation Act* under the jurisdiction of the Minister of Health. It will be used by MHHL to determine suitability for a license provided by the Emergency Medical Services Branch of MHHL. The information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* and may only be disclosed for verification purposes (44(1)(j)) or as otherwise authorized in the legislation. If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator, MHHL, 1st Floor, 300 Carlton, Winnipeg, MB R3B 3M9 or telephone (204) 786-7237.

SEND COMPLETED APPLICATION FORM AND DOCUMENTS TO:

Personnel Licensing
MHHL, Emergency Medical Services
1680 Ellice Avenue, Unit 7
Winnipeg MB R3H 0Z2
For additional information call (204) 945-5300

REQUIREMENTS FOR RENEWAL AEROMEDICAL PERSONNEL

IF YOU ARE A REGISTERED NURSE - COMPLETE PART A & C & E
 IF YOU ARE AN ADVANCED CARE PARAMEDIC - COMPLETE PART B & C & E
 IF YOU ARE AN AIR AMBULANCE PILOT - COMPLETE PART D & E

Part A : Requirements for Registered Nurses

- Nursing Registration** – It is required that you maintain a valid registration with the College of Registered Nurses of Manitoba. Provide a copy of your registration and complete the following information:

Registered Nurse
 College of Registered Nurses of Manitoba (CRNM) Membership No: _____ Expiry Date: _____

Part B : Requirements for Advanced Care Paramedic

- Advanced Care Paramedic** – It is required that you maintain a valid license as a Manitoba Technician–Advanced Paramedic. Provide a copy of your license and complete the following.

License#: _____
 Expiry Date: _____

Part C: *The following section is to be completed by all Aeromedical Attendants*

- Education** – Provide proof of current certification in the following:

Name of Educational Institution & Address <i>(name, street, city/town, province/country, postal code)</i>	Date of Re-certification <i>Year / Month / Day</i>	Language of Instruction
<u>Basic Cardiac Life Support (BCLS)</u>	____/____/____	<input type="checkbox"/> English <input type="checkbox"/> French
<u>Advance Cardiac Life Support (ACLS)</u>	____/____/____	<input type="checkbox"/> English <input type="checkbox"/> French
<u>Basic Trauma Life Support (BTLS) or Trauma Nursing Core Curriculum (TNCC)</u>	____/____/____	<input type="checkbox"/> English <input type="checkbox"/> French

PART D: REQUIREMENTS FOR AIR AMBULANCE PILOT

Renewal of License Air Ambulance Pilot

To renew your license complete the "Identifying Information"; and Part D & E

Type of pilot license held (check appropriate box)

<input type="checkbox"/> Airline Transport Pilot License	License Number _____
<input type="checkbox"/> Commercial Transport Pilot License	License Number _____
Medical category _____	Expiry Date _____
Instrument rating _____	Expiry Date _____
Total Flight Time _____	

To maintain current status of your Manitoba Health Air Ambulance Pilot License, updated copies of Transport Canada License and Medical Certificate must be sent to Personnel Licensing, Manitoba Health Emergency Medical Services.

Manitoba Health Emergency Medical Services retains the right to examine a Manitoba Health Licensed Air Ambulance Pilot's Logbooks to verify that they meet Regulation 22 (c)

If operators have multiple aircraft types, validity must be verified on each type

Aircraft Type _____	<input type="checkbox"/> Pilot Proficiency Check (PPC) Expiry Date _____	<input type="checkbox"/> Pilot Competency Check Expiry Date _____
Aircraft Type _____	<input type="checkbox"/> Pilot Proficiency Check (PPC) Expiry Date _____	<input type="checkbox"/> Pilot Competency Check Expiry Date _____

Name of Educational Institution & Address <i>(name, street, city/town, province/country, postal code)</i>	Date of Re-certification <i>Year / Month / Day</i>	Language of Instruction
Basic Cardiac Life Support (BCLS)	____/____/____	<input type="checkbox"/> English <input type="checkbox"/> French

Part E: To Be Completed by all Aeromedical Personnel

Criminal Record Check – complete A or B below

- A. DECLARATION:** To the best of my knowledge I, the applicant, declare that I have not been charged or convicted of an offence under *The Criminal Code, Controlled Drugs and Substances Act* or *The Food and Drugs Act* within the past three years.

Signature of Applicant

Date

- B.** Within the past three years, I, the applicant, have been charged / convicted of an offence under *The Criminal Code, the Controlled Drugs and Substances Act* or *The Food and Drugs Act*.

Date of Charge

Date of Conviction

Individual Charge(s) / Conviction(s) for offense(s) _____

Child Abuse Registry Check – complete A or B below

- A. DECLARATION:** To the best of my knowledge I, the applicant, declare that, within the last three years, I have not been found guilty or pleaded guilty to an offence involving the abuse of a child in a court either inside or outside of Manitoba; or have had family court find that a child be “in need of protection” due to abuse as a result of my actions; or that a Child and Family Service agency’s Child Abuse Committee has reviewed a case in which they formed an opinion that I had abused a child.

Signature of Applicant

Date

- B.** Within the past three years, I, the applicant, have been found in a criminal or family court proceeding to have abused a child, and my name has been placed on the Manitoba Family Services and Housing registry.

Date of Charge(s) / Conviction(s) _____

Explanation _____

Disciplinary Action - Complete this information if, within the past three years, you have had your license cancelled, suspended, restricted or subjected to individual terms and conditions by any regulatory authority or health profession in any jurisdiction

Name and Address of Organization _____

Reason for Disciplinary Action _____

Nature of the Disciplinary Action _____ Date _____

Terms of Conditions _____

Will you grant the MHL Emergency Medical Services Branch the right to contact the above for further clarification if necessary? Yes No

INSTRUCTIONS FOR RENEWAL / UPGRADE OF ALL AEROMEDICAL LICENSE APPLICATIONS

Renewal / Upgrade of License

To renew a license, personnel must, not less than 60 days prior to expiry of their existing license, submit to MHHL, Emergency Medical Services a written application for renewal.

To upgrade an Air Ambulance Pilot license, personnel must, submit to MHHL, Emergency Medical Services a written application for upgrade.

How do I apply for a renewal / upgrade of my license? You must complete a renewal / upgrade application form and send it, along with all required documentation, to MHHL, Emergency Medical Services, 1680 Ellice Avenue, Unit 7, Winnipeg MB R3H 0Z2. You may request a form be sent to you by contacting the Branch via the EMS website <http://www.gov.mb.ca/health/ems/index.html> or call (204) 945-5300.

What are the requirements? The information below describes the renewal / upgrade application process and requirements for each classification of license.

RENEWAL / UPGRADE APPLICATION FORM - The **original** application form must be completed, signed and sent along with the required documents to MHHL - Emergency Medical Services. Retain a copy of the application form for your records. There is no fee for applying for a renewal of your license at this time.

IDENTIFYING INFORMATION - The name you write on your application form should be the name you use in your employment. Your license will be in this name. Please provide all previous names by which you were known to allow to proper processing of your application. The documents that are part of your application may not have been issued in your current name.

REQUIREMENTS SPECIFIC TO AEROMEDICAL ATTENDANT - Applicants applying for renewal fall into one of two categories:

1. **Registered Nurse** - It is required that you maintain a valid registration with the College of Registered Nurses of Manitoba.
2. **Technician-Advanced Paramedic License** - It is required that you maintain a valid Manitoba Health Technician-Advanced Paramedic license.

All Aeromedical Attendants must maintain current certification in BCLS, ACLS and BTLS or TNCC

REQUIREMENTS SPECIFIC TO AIR AMBULANCE PILOT - It is required that you maintain a valid Airline Transport or Commercial Pilot's license and current certification in BCLS.

UPGRADE REQUIREMENTS FOR AIR AMBULANCE PILOT - It is required that you provide an original copy of a valid Airline Transport Pilot's license; PPC / PCC; and current certification in BCLS.

EDUCATIONAL QUALIFICATIONS - In order to process your application a copy of an official document confirming proof of current certification must accompany the application.

APPROVED EDUCATION PROGRAMS AND EQUIVALENCY - If the program has not been approved by MHHL, additional information will be required to determine if the program is equivalent to the approved courses.

License Classification	Educational Requirements	Approved Educational Programs
Aeromedical Attendant-Registered Nurse	CRNM Membership / BCLS / ACLS / BTLS or TNCC	
Aeromedical Attendant-Technician-Advanced Paramedic	Technician Advanced Paramedic License / BCLS / ACLS / BTLS or TNCC	
Air Ambulance Pilot - Captain and First Officer	Valid Airline Transport or Commercial Pilot's License / BCLS/	St. John Ambulance Canadian Red Cross Life Saving Society Standard First Aid Crite Care Emergency Rescue Response Services Southern Manitoba Academy of Response Training

CRIMINAL RECORDS / CHILD ABUSE - Complete A or B of the Criminal Records and Child Abuse Registry Check portion of the application.

DISCIPLINARY ACTION - Complete this information if, within the past three years, you have had your license cancelled, suspended, restricted or subjected to individual terms and conditions by any regulatory authority or health profession in any jurisdiction.