

Identifying Information

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

Mailing Address: _____
Street or PO Box Number

City/Town _____ Province _____ Country _____ Postal Code _____

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

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

TYPE OF LICENSE REQUESTED:

<input type="checkbox"/> Technician	<input type="checkbox"/> Aeromedical Attendant
<input type="checkbox"/> Technician - Medical First Response	<input type="checkbox"/> Air Ambulance Pilot - Captain
<input type="checkbox"/> Technician - Dispatch	<input type="checkbox"/> Air Ambulance Pilot - First Officer
<input type="checkbox"/> Technician - Paramedic	<input type="checkbox"/> Stretcher Attendant
<input type="checkbox"/> Technician - Advanced Paramedic	

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 MHL to determine suitability for a license provided by the Emergency Medical Services Branch of Manitoba Health. 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, Manitoba Health, 1st Floor, 300 Carlton, Winnipeg, MB R3B 3M9 or telephone (204) 786-7237.

SEND COMPLETED APPLICATION FORM AND DOCUMENTS TO:

Personnel Licensing
Manitoba Health, Emergency Medical Services
1680 Ellice Avenue, Unit 7
Winnipeg MB R3H 0Z2

For additional information call (204) 945-5300

FOR MANITOBA HEALTH USE ONLY

Date Received _____ License No. _____
Expiry Date _____

REQUIREMENTS FOR AIR AMBULANCE PILOT

- Proof of Age** – Provide documentation along with this application form. Applicants must be a minimum of 18 years of age.
- Proof of Criminal Records Check** – Provide an original document of a criminal records check including the Vulnerable Sector Screening along with this application form. Evidence of a criminal records check from a law enforcement agency is required dated no more than 60 days before submitting this application
- Proof of Child Abuse Registry Check** – Provide an original document along with this application form. Evidence of a child abuse registry check from Family Services and Housing is required dated no more than 60 days before submitting this application.
- Education** – Provide an original document of satisfactory completion of an educational program(s) or equivalent (relevant to license classification) is dated no more than 12 months before submitting this application. See the instructions for details on educational qualifications, required documentation and approved education programs.
- Please complete the following information required as per the license you are applying for.

Type of pilot license held (check appropriate box)

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

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

MHHL Emergency Medical Services retains the right to examine a MHHL 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 Graduation <i>Year / Month / Day</i>	Language of Instruction
Aviation Crew Aeromedical Training Program	____/____/____	<input type="checkbox"/> English <input type="checkbox"/> French
Basic Cardiac Life Support (BCLS)	____/____/____	<input type="checkbox"/> English <input type="checkbox"/> French

- Disciplinary Action** – Complete this information if you have ever had your registration/license cancelled, suspended, restricted or subjected to individual terms and conditions by any health profession/jurisdiction.

Name and Address of Organization _____
Reason for Disciplinary Action _____
Nature of the Disciplinary Action _____ Date _____
Terms of Conditions _____
Will you grant the MHHL Emergency Medical Services Branch the right to contact the above for further clarification if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No