

INSTRUCTIONS FOR ALL INITIAL LICENCE APPLICATIONS

APPLICATION FORM – The application form must be completed, signed and the **original** form, along with the required documents, sent to Manitoba Health (MH), Emergency Medical Services (EMS) 1680 Ellice Avenue, Unit 7, Winnipeg MB R3H 0Z2. Retain a copy of the application form for your records. There is no fee for applying for a licence at this time.

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

PROOF OF AGE – Include a copy of identification that has your date of birth (e.g. driver's licence, valid passport, birth certificate)

PROOF OF CRIMINAL RECORDS CHECK – All applicants must provide the **original** and current (dated no more than 60 days before submitting this application) Criminal Record Check including the Vulnerable Sector Screening.

PROOF OF CHILD ABUSE REGISTRY CHECK – All applicants must provide the **original** and current (dated no more than 60 days before submitting this application) Child Abuse Registry Check. This document is available through application in person at Provincial Services, #102 – 144 Garry Street, Winnipeg MB R3C 1G1; (204) 945-6967 or toll free 1-800-282-8069. The application and information are available on the MB Family Services & Housing website www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html.

EDUCATIONAL QUALIFICATIONS (applicable to classification of licence applying for) – In order to process your application the **original** course completion certificate or transcript from the educational institution confirming graduation or successful completion of the identified training/education within 12 months immediately preceding the application must be submitted. The **original** may accompany the application or be sent directly to MH, EMS from the educational institution. The **original** document will be returned to you.

EMS LICENCE HELD WITHIN ANOTHER JURISDICTION OF CANADA - Refer to <http://www.gov.mb.ca/health/ems/licensing2.html> Complete an application, attach a copy of your current EMS Licence in addition to the above information and send to the address as noted above under Application Form. Provide a "Licence Registration Verification" form to your current licensing agency <http://www.gov.mb.ca/health/ems/forms/lrv.pdf>.

<u>Licence Classification</u>	<u>Educational Requirements</u>	<u>Approved Educational Programs</u>
Technician or Technician – MFR	EMR (Emergency Medical Responder)	Manitoba Emergency Services College Red River College Emergency Rescue Response Services Southern Manitoba Academy of Response Training ARHA EMTech Criti Care
Technician - Dispatch	EMR (Emergency Medical Responder) Call taking & dispatch education program approved by the minister	See above International Academy of Emergency Dispatch
Technician–Paramedic	PCP (Primary Care Paramedic)	CMA Accredited Program
Technician–Advanced Paramedic	ACP (Advanced Care Paramedic)	CMA Accredited Program
Stretcher Attendant	Standard First Aid / BCLS (Basic Cardiac Life Support) minimum 16 hour program EMR or PCP certificates (CMA Accredited) are accepted in place of Standard First Aid	St. John Ambulance Canadian Red Cross Life Saving Society Standard First Aid Criti Care Emergency Rescue Response Services Southern Manitoba Academy of Response Training
Aeromedical Attendant <ul style="list-style-type: none"> ▪ Registered Nurse ▪ Advanced Paramedic 	Nursing Diploma & CCC or ENC or 2 years exp CAMATA / BCLS / ACLS / BTLS or TNCC ACP / CAMATA / BCLS / ACLS / BTLS	ACP - CMA Accredited Program
Air Ambulance Pilot <ul style="list-style-type: none"> ▪ Captain and First Officer 	ATPL / Commercial Licence / Aviation Crew Aeromedical Training Program / BCLS	MH Aviation Crew Aeromedical Training Program Southern Manitoba Academy of Response Training

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

REQUIREMENTS SPECIFIC TO AEROMEDICAL ATTENDANT – Applicants applying for this classification fall into one of two categories:

- Registered Nurse** - It is required that you maintain a valid registration with the College of Registered Nurses of Manitoba. Provide a copy of your registration plus official documents confirming successful completion of a recognized critical care course **OR** an emergency nursing course **OR** verification of at least two (2) years of related nursing experience
- Technician–Advanced Paramedic Licence** – It is required that you maintain a valid MH Technician–Advanced Paramedic Licence.

All Aeromedical Attendants must complete CAMATA, BCLS, ACLS and BTLS or TNCC

REQUIREMENTS SPECIFIC TO AIR AMBULANCE PILOT – Applicants applying for this classification fall into one of two categories.

- Air Ambulance Pilot – Captain** – It is required that you maintain a valid and current Airline Transport Licence, be endorsed for multi-engine instrument flight; have a valid pilot proficiency check on type of aircraft to be flown; and have a minimum of 500 hours multi-engine pilot-in-command experience
- Air Ambulance Pilot – First Officer** It is required that you maintain a valid and current Commercial Pilot's Licence; have a pilot competency check; and have a minimum of 500 hours total flight time

All Air Ambulance Pilot's must complete Aviation Crew Training and Basic Cardiac Life Support (BCLS) within the two years immediately preceding the application

PROVINCIAL EXAMINATIONS – A provincial licensing examination is required for all applicants seeking licensure as Technician, Technician-Paramedic, and Technician-Advanced Paramedic. They are conducted by EMS Branch. Once your application has been received and processed, confirmation of receipt of appropriate documentation will be provided with examination dates and contact information for exam registration.

PREVIOUS LICENCE – If you have held an emergency medical service licence previously in Manitoba or any other jurisdiction.

PREVIOUS EMPLOYMENT – If applicable, list information regarding any employment experience you have had since graduation as a stretcher attendant or emergency medical service provider in Manitoba or any other jurisdiction.

DISCIPLINARY ACTION – Complete this information if you have ever had your registration/licence cancelled, suspended, restricted or subjected to individual terms and conditions by any health profession/jurisdiction.

REQUIREMENTS FOR RENEWAL OF LICENCE – Technician, Technician–Paramedic, and Technician–Advanced Paramedic must either successfully complete a provincial re-licensing examination or an alternate skills maintenance and evaluation program.

**Manitoba Health Emergency Medical Services Branch is not responsible for contacting candidates to obtain missing information.
Ensure your application is complete and legible. Incomplete applications will be returned.**

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 LICENCE REQUESTED: (check all applicable boxes)

<input type="checkbox"/> Technician	<input type="checkbox"/> Medical First Response	<input type="checkbox"/> Aeromedical Attendant
<input type="checkbox"/> Technician - Paramedic	<input type="checkbox"/> Dispatch	<input type="checkbox"/> Air Ambulance Pilot - Captain
<input type="checkbox"/> Technician - Advanced Paramedic		<input type="checkbox"/> Air Ambulance Pilot - First Officer
		<input type="checkbox"/> 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 licence 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 MH to determine suitability for a licence provided by the Emergency Medical Services Branch of MH. 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, MH, 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 _____ Licence No. _____
 Expiry Date _____

STRETCHER ATTENDANT REQUIREMENTS

- 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 licence classification) 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 licence you are applying for.

Name of Educational Institution & Address <small>(name, street, city/town, province/country, postal code)</small>	Date of Certification <small>Year / Month / Day</small>	Language of Instruction
Standard First Aid (CMA accredited EMR or PCP certificates are accepted)	____ / ____ / ____	<input type="checkbox"/> English <input type="checkbox"/> French
Cardiopulmonary Resuscitation Course	____ / ____ / ____	<input type="checkbox"/> English <input type="checkbox"/> French

- Previous Licence** – Complete the information below if you presently hold or previously have held a Medical Response Provider Licence.

Name of Licensing Agency	Licence #	From Date	To Date

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

Name and Address of Organization _____

Reason for Disciplinary Action _____

Nature of the Disciplinary Action _____ Date _____

Terms of Conditions _____

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

A licensed stretcher-attendant is authorized to provide stretcher transportation services and is not authorized to perform any other EMS-related procedures or functions as per Regulation Section 24.

Note: Verification of annual renewal of standard first aid and cardiopulmonary resuscitation is to be submitted to the branch on an annual basis.