

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



**Manitoba Health & Healthy Living (MHHL) 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) 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

License Classification Currently Held: (Check applicable box)

- Technician
- Technician-Paramedic
- Technician-Advanced Paramedic

License No. \_\_\_\_\_

- 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 Manitoba Health 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, 1<sup>st</sup> 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

## REQUIREMENTS FOR RENEWAL STRETCHER ATTENDANT

- Education** – Satisfactory completion of an approved standard first aid and cardio-pulmonary resuscitation program (minimum 16 hours) is required within the 12 months immediately preceding the application for renewal of license. See instructions for details on approved education/training programs. Provide **original** document of successful completion from the training program along with this application form. The **original** document will be returned to you.

Complete the following information:

Name of Educational Institution & Address <i>(name, street, city/town, province/country, postal code)</i>	Date of Certification <i>Year / Month / Day</i>	Expiry Date <i>Year / Month / Day</i>
Standard First Aid	____ / ____ / ____	____ / ____ / ____
Cardiopulmonary Resuscitation Course	____ / ____ / ____	____ / ____ / ____

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.

**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 OF ALL STRETCHER ATTENDANT APPLICATIONS

### **Renewal 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.

**How do I apply for a renewal of my license?** You must complete a renewal 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 application process and requirements.

**RENEWAL 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.

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

<b><u>License Classification</u></b>	<b><u>Educational Requirements</u></b>	<b><u>Approved Educational Programs</u></b>
Stretcher Attendant	Standard First Aid / BCLS (Basic Cardiac Life Support) minimum 16 hour program	St. John Ambulance Canadian Red Cross Life Saving Society Standard First Aid Certi Care Emergency Rescue Response Services Southern Manitoba Academy of Response Training

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

**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.