

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

FOR MHHL USE ONLY

| | |
|---------------------|-------------------|
| Date Received _____ | License No. _____ |
| | Expiry Date _____ |

**REQUIREMENTS FOR TECHNICIAN
TECHNICIAN - PARAMEDIC
TECHNICIAN - ADVANCED PARAMEDIC**

- 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) 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.
- EMS License held within another jurisdiction of Canada** - Provide all of the above information with the exception of the Education certificate. Provide a copy of your current EMS license. Provide “License Registration Verification” form to your current licensing agency.
- Previous License** – Complete the information below if you have held a license of this kind previously.

| Name of Licensing Agency | License # | From Date | To Date |
|--------------------------|-----------|-----------|---------|
| | | | |
| | | | |

- Previous Employment** – List any employment experience you have had as an EMS Provider since graduation.

| Employer Name & Address | Contact Name & Phone Number | From Date | To Date |
|-------------------------|-----------------------------|-----------|---------|
| | | | |
| | | | |
| | | | |

- 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? Yes No