

INSTRUCTIONS FOR RENEWAL OR UPGRADE OF TECHNICIAN, TECHNICIAN-PARAMEDIC, TECHNICIAN-ADVANCED PARAMEDIC LICENCE APPLICATIONS INCLUDING DISPATCH AND MEDICAL FIRST RESPONSE

RENEWAL / UPGRADE OF LICENCE

How do I apply for a renewal / upgrade of my licence? You must complete a renewal / upgrade application form and send it, along with all required documentation, to Manitoba Health (MH), 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 licence.

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

LICENCE CLASSIFICATIONS - Please check the appropriate boxes (s) that apply to the licence you are renewing. E.G. If you are applying for a Technician – Dispatch licence check both Technician and Dispatch. If you are applying for renewal of a Technician – MFR licence check both Technician and MFR.

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

Requirements Specific to Renewal of Licence

- **EXAMINATIONS** – A provincial re-licensing examination is required for applicants seeking renewal of their licence as Technician, Technician-Paramedic, Technician-Advanced Paramedic and which have not successfully participated in The Alternate Route for Maintenance of Licensure program. These examinations are conducted by MH, Emergency Medical Services. Upon receipt and verification of renewal licence application, you will be provided with information in regards to registration for the provincial licensing examination.
- **ARML** (Alternate Route to Maintenance of Licensure) If you have been participating for three consecutive years in the ARML program and have met the annual requirements of each year, you are eligible for renewal of your licence. Submit your third year ARML Annual Status Report verifying that you have met the minimum mandatory and optional requirements with your application.

Requirements Specific to Upgrade of Licence

- **EXAMINATIONS** – A provincial licensing examination is required for applicants seeking to upgrade their licence to Technician-Paramedic, Technician-Advanced Paramedic. These examinations are conducted by MH, Emergency Medical Services.
- **ACCESS TO PROVINCIAL LICENSING EXAMINATION** - Upon receipt and verification of upgrade licence application, you will be provided with information in regards to registration for the provincial licensing examination.

EDUCATIONAL QUALIFICATIONS – In order to process your application an **original** course completion certificate or transcript of satisfactory completion of an education program(s) (relevant to licence classification) dated no more than 12 months before submitting this application.

<u>Licence Classification</u>	<u>Educational Requirements</u>	<u>Approved Educational Programs</u>
Technician Technician – Dispatch/MFR	EMR (Emergency Medical Responder)	Manitoba Emergency Services College Red River College Emergency Rescue Response Services Southern Manitoba Academy of Response Training EMTech (Assiniboine RHA) Crite Care
Technician-Paramedic Technician-Paramedic – Dispatch/MFR	PCP (Primary Care Paramedic)	CMA Accredited Program
Technician-Advanced Paramedic Technician-Advanced Paramedic – Dispatch/MFR	ACP (Advanced Care Paramedic)	CMA Accredited Program

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.

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 licence cancelled, suspended, restricted or subjected to individual terms and conditions by any regulatory authority or health profession in any jurisdiction.

**MANITOBA HEALTH
EMERGENCY MEDICAL SERVICES
PERSONNEL LICENCE RENEWAL or UPGRADE APPLICATION**



**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

Renewal

Licence Classification Currently Held (check one or more applicable boxes)	Licence Number: _____
<input type="checkbox"/> Technician	<input type="checkbox"/> Dispatch
<input type="checkbox"/> Technician-Paramedic	<input type="checkbox"/> Medical First Response
<input type="checkbox"/> Technician-Advanced Paramedic	

Upgrade

Licence Classification Requesting Upgrade to (check one or more applicable boxes)	
<input type="checkbox"/> Technician-Paramedic	<input type="checkbox"/> Dispatch
<input type="checkbox"/> Technician-Advanced Paramedic	<input type="checkbox"/> Medical First Response

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 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

**REQUIREMENTS FOR RENEWAL OR UPGRADE
TECHNICIAN
TECHNICIAN-PARAMEDIC
TECHNICIAN-ADVANCED PARAMEDIC
DISPATCH AND MEDICAL FIRST RESPONSE**

Renewal of Current Licensure

To renew your licence you are required to successfully complete the provincial re-licensing examination or the alternate route to maintenance of licensure program. Check the appropriate box for the requirement you will be fulfilling:

- Re-Licensing Exam
Upon receipt and verification of your renewal licence application, you will be provided with information in regards to registration for the provincial licensing examination.
- ARML (Alternate Route to Maintenance of Licensure)
Notification of an individual's status within the ARML program is required on an annual basis. Please provide a copy of your ARML Annual Status Report verifying that you have met the minimum mandatory and optional requirements.

List the employment experience in your area of practice since your last licence was issued.

Employer Name & Address	Contact Name & Phone Number	From Date	To Date	Approx. # of Calls

Upgrade to Current Licensure

To upgrade your licence you are required to provide the following information:

- Education** – Provide an original course completion certificate or transcript of satisfactory completion of an educational program(s) or equivalent (relevant to licence classification that you are requesting upgrade to) dated no more than 12 months prior to submitting this application. See instructions for details on approved education/training programs.

Upon receipt and verification of your upgrade licence application, you will be provided with information in regards to registration for the provincial licensing examination.

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 offense 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 licence 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 MH Emergency Medical Services Branch the right to contact the above for further clarification if necessary? Yes No