



Health and Healthy Living

Emergency Medical Services

Unit 7 – 1680 Ellice Avenue, Winnipeg, Manitoba R3H 0Z2

T 204 945-5300 F 204 948-2531

www.manitoba.ca

Verification of Employment/Sponsorship

Upon successful completion of the Provincial examination you must provide verification of employment/sponsorship prior to being issued a license to practice. Please check the applicable category.

Employment

Sponsorship (Medical First Response)

I, the undersigned, hereby confirm that

Name: _____
Last Name (Please Print) First Name (Please Print)

is actively employed/sponsored with

Legal Name of License Holder (Please Print)

Contact Name (Please Print)

Mailing Address (Please Print)

City Province Postal Code

Telephone () _____ Extension: _____ Telephone () _____ Extension: _____

Fax: () _____

Signature
Licensed Service Holder or Designate

Name (Print)

Effective Date of Employment/Sponsorship (YYYY/MM/DD)

Note: Employers/sponsors may be contacted by Personnel Licensing, Manitoba Health Emergency Medical Services Branch to verify the information that you provide.