

Land Emergency Medical Response System Licence Application

Legal Name of System: _____

System Owner: _____

System Contact Name: _____

System Mailing Address: _____
Street or PO Box Number

City/Town Province Postal Code

Telephone No.: () _____
Primary Extension () _____
Alternate Extension

Email Address: _____

Please indicate:

Type of Licence	Type of System (check all that apply)
<input type="checkbox"/> Initial Licence	<input type="checkbox"/> Land System - Transport <input type="checkbox"/> Land System - Onsite with Transport
<input type="checkbox"/> Renewal Licence	<input type="checkbox"/> Land System - Non-Transport <input type="checkbox"/> Land System - Onsite with no Transport
	<input type="checkbox"/> Land System - Dispatch

Transport: system includes at least one ambulance that transports patients and is dispatched by a dispatch centre

Non-Transport: system does not transport patients but is dispatched by a dispatch centre

Dispatch: system includes a dispatch centre

Onsite: system provides service to a single location and is not dispatched by a dispatch centre

The information which you are requested to provide is being collected under the authority of The Emergency Medical Response and Stretcher Transportation Act under the jurisdiction of the Minister of Health, Seniors and Long-Term Care (MHSLTC). It will be used by MHSLTC to determine suitability for a licence provided by the Licensing and Compliance Branch of MHSLTC. 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 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, Seniors and Long-Term Care, 1st Floor, 300 Carlton Street, Winnipeg, MB R3B 3M9 or telephone 204-786-7237.

Licence Application Documentation

Please provide the following documents as required by the Land Emergency Medical Response System Regulation (LEMRSR):

- ☐ Names and addresses of the Directors and Officers of the Corporation if incorporated under The Corporations Act (LEMRSR 3(2)(a)) or name and address of owner and names and addresses of all general partners if System is a partnership (LEMRSR 3(2)(b))
- ☐ Organizational chart that includes all EMS positions and reporting lines within the System (LEMRSR 3(2)(f))
- ☐ Evidence of liability insurance for each emergency medical response vehicle in the amount of at least \$2,000,000 in respect of liability arising from bodily injury to or death of any individual being transported in the vehicle, or loss or damage to property, including any special care equipment not normally carried in the emergency medical response vehicle for a particular patient (LEMRSR 3(2)(d), LEMRSR 20(a))
- ☐ Evidence of commercial liability and errors and omissions insurance in the amount of at least \$5,000,000 in respect of liability regarding the provision of lands emergency medical response services ((LEMRSR 3(2)(d), LEMRSR 20(b))
- ☐ Agreement(s) between System and System Medical Director(s) (LEMRSR 8(1))
- ☐ Agreement(s) with Shared Health to provide land emergency response services unless applicant is Shared Health (LEMRSR 12(1), LEMRSR 12(2))
- ☐ Evidence of a quality assurance program for land emergency medical response services being provided (LEMRSR 14.1)
- ☐ Agreement with another licensed system to provide land emergency services if the applicant system is temporarily unable to do so (LEMRSR 14(1))
- ☐ Evidence that each emergency medical response vehicle with Gross Vehicle Weight Rating (GVWR) over 4,500 kg has passed a Periodic Mandatory Vehicle Inspection by an authorized agent within one (1) year of evidence submission (LEMRSR 17(1)) & 3(2)(f)
- ☐ Evidence that each emergency medical response vehicle with GVWR under 4,500 kg has passed a Certificate of Inspection by an authorized agent within one (1) year of evidence submission (LEMSRS 17(1) & 3(2)(f))
- ☐ Current vehicle registration for each vehicle
- ☐ Completed Ambulance, Non-Transport, Dispatch, Onsite-Transport, and/or Onsite Policy Checklist(s) as required
- ☐ Completed Staffing Report Form
- ☐ Completed Station Report Form

Declaration:

- ☐ Attestation / Declaration that the Land Emergency Medical Response System Licence applicant has completed this application representing only true and accurate information, it is representative of the service operations and that no actions, statements or documentation in this application or the provision of services exist contrary to this submission and the legislative or regulatory intent laid out in the Emergency Medical Response and Stretcher Transportation Act and its relevant Regulations.

I hereby declare that I have submitted this application in accordance with the above statement.

Print Name

Signature

Date (yyyy-mm-dd)

Send completed forms and documents to:

Manitoba Health, Seniors and Long-Term Care
300 Carlton Street, Winnipeg, MB R3B 3M9
or
Email ***EMSLicensing@gov.mb.ca***