

**MANITOBA HEALTH SENIORS AND ACTIVE LIVING
EMERGENCY MEDICAL SERVICES
LICENCE HOLDER APPLICATION**



EMS Service Name

Date: _____

(Please Print)

Legal Name of Licence Holder Applicant: _____

Owner: _____

Contact Name: _____
Surname Given Name(s) Second Given Name

Mailing Address: _____
Street or PO Box Number

City/Town Province Country Postal Code

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

Email Address _____ Fax Number: _____ / _____ / _____
(Please Print)

TYPE OF EMERGENCY MEDICAL RESPONSE SYSTEM LICENSE REQUESTED:

<input type="checkbox"/> Initial Licence <input type="checkbox"/> Renewal Licence	<input type="checkbox"/> Land System <input type="checkbox"/> Land System - Medical First Response <input type="checkbox"/> Land System- Onsite Service <input type="checkbox"/> Air System <input type="checkbox"/> Stretcher Transportation Services <input type="checkbox"/> Dispatch Centre	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other type of entity
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DECLARATION:

I hereby certify that, to the best of my knowledge, the information provided on this application is true and I understand that any false or misleading information may cause my licence to be suspended.

Date

Signature of Applicant

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 Seniors and Active Living (MHSAL). It will be used by MHSAL to determine suitability for a licence provided by the Licensing and Compliance Branch of MHSAL. 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:

Manitoba Health, Seniors, and Active Living
 300 Carlton Avenue, Winnipeg, MB R3B 3M9
 For additional information call (204) 788-6481

For Manitoba Health Use Only

Application complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____
Licence Type: <input type="checkbox"/> Land <input type="checkbox"/> Dispatch <input type="checkbox"/> Med F.R <input type="checkbox"/> Air <input type="checkbox"/> Stretcher	Licence Denied: _____
Initial Application: _____	Renewal Application: _____
Provisional Licence Issued: _____	Expiry Date: _____
Terms of Provisional: _____	Fee Received: _____

REQUIREMENTS FOR EMERGENCY MEDICAL RESPONSE SYSTEM LICENCE - LAND
Complete Identifying Information and this section to apply for a Land System Licence

As per Land Regulation Section 3, please provide a list of:

- Names and addresses of the Directors and Officers of the Corporation (if incorporated under *The Corporations Act*) (*Regulation Section 3(2)(a)*) Please include current organizational chart and Listing of Board of Directors.
- Names and addresses of all the general partners (if a partnership) (*Regulation Section 3(2)(b)*)
- All municipal and mailing addresses of all the premises from which the applicant proposes to operate the land system (*Regulation Section 3(2)(c)*)

Please provide copies of the following:

- Liability Insurance Policy (*Regulation Section 20*)
- Agreement with Medical Director (*Regulation Section 6(1)(a)*) – Please provide a current and valid agreement signed by the current RHA CEO
- Memorandum of Agreement for each operational Medical First Response agency or On Site EMS Agency - Please provide a copy of a current and valid MOA for each MFR or On Site EMS agency signed by the current Shared Health designated signing authority
- Guidelines for reporting of critical incidents and occurrences (*Regulation Section 24*) - Please provide a copy of the policy if revisions to reflect the amalgamation of regions has occurred
- If not a Shared Health service, copy of all written agreement(s) with Shared Health regarding provision of health services (*Regulation Section 12*) – Please provide current and valid agreements signed by Shared Health designated signing authority
- Agreement(s) with other licence holders who agree to provide land emergency medical services in the event the licence holder is temporarily unable to do so (continuity of service (aka Mutual Aid Agreements)) (*Regulation Section 14*)
- Safety inspection report by an agent authorized by the Vehicle Standards and Inspections Section Manitoba Public Insurance and current MPIC registration (*Regulation Section 17(1)(c)*) (**Not required for ambulance vehicles owned by VEMA. Applies to all non VEMA fleet vehicles including supervisor vehicles**)
- Evidence for each EMS service location listed, of the percentage of time that location is staffed and available for response. Where out of service time exceeds 10%, a plan to achieve a “less than 10% out of service status”. (*Regulation section 5, 13(1)*)
- Copy of secure storage policy for medications or equipment that could pose a threat to the public (*Regulation section 19*)
- Copy of your Patient Care Report retention, and secure storage policies and practices. (*Regulation section 22(2c)*)
- Copy of your agreement with a licensed dispatch center, or confirmation that your service operates a licensed dispatch center (*Regulation section 10*)
- A copy of service infection control program in place that meets the minimum standard (currently Infection control program approved by RHA of service specific to EMS operations). (*Regulation Section 18*) or for Shared Health/RHA operated EMS services, an attestation to compliance with RHA/Manitoba infection control standards.

Please attest to the following:

- Attestation / Declaration that the service provider has an infection control program in place. (*Regulation Section 18*)

I hereby declare that I have established and implemented an infection control program that meets the minimum standard as outlined by Shared Health.

Date

Signature

INSTRUCTIONS FOR LAND SYSTEM LICENCE APPLICATION

- **Application Form**– Read each statement carefully and provide the information that is requested. The identifying information portion of the form must be completed, signed and the **original** form, along with the required documents, sent to Manitoba Health Seniors and Active Living, Licensing and Compliance Branch. Retain a copy of the application form for your records.
- **Identifying Information** – The name you print on your licence holder application form must be the **legal name** of your service. Your licence will be issued in this name. Please provide the name of the primary contact for the service.
- **Check Off Type of Licence Requested** – Put a check mark into the box beside either Initial Licence or Renewal Licence and beside the licence that you are applying for. Please check all other applicable boxes.
- **Requirements for Land System Licence Application** - Ensure that you have attached all required documentation to your application as described on page 2 of licence holder application.
- **Expiry and Renewal of Licence** – To renew a Land System Licence, a licence holder must submit a renewal application at least 90 days prior to the expiry date on the service provider's current licence.