

MANITOBA HEALTH
EMERGENCY MEDICAL SERVICES
LICENCE HOLDER APPLICATION



Identifying Information

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 LICENCE REQUESTED:

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

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. It will be used by Manitoba Health 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:

Manitoba Health, Emergency Medical Services
1680 Ellice Avenue, Unit 7, Winnipeg, MB R3H 0Z2
For additional information call (204) 945-5300

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 STRETCHER TRANSPORTATION SERVICE LICENCE APPLICATION
Complete Identifying Information and this section to apply for a Stretcher Transportation Service Licence

As per Stretcher Transportation Service 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); or
- ☐ Names and addresses of the owner (Regulation Section 3(2)(b); or
- ☐ 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 stretcher transportation system Regulation Section 3(2)(c)

Please provide copies of the following:

- ☐ List of all Stretcher personnel and licence numbers – Review/revise list included with this package.
- ☐ Liability Insurance Policy (Regulation Section 14) - Certificate of Insurance which summarizes the coverage's, and is signed by the broker as the Authorized Representative for the insurer.
- ☐ Guidelines for reporting of critical incidents and occurrences (Regulation Section 18 (1))
- ☐ A copy of written agreement(s) with Regional Health Authority(s) Regulation Section 6
- ☐ Annual safety inspection report for every stretcher transportation vehicle by an agent authorized by the Vehicle Standards and Inspections Section of the Department of Transportation and Government Services (Regulation Section 8(1) and current MPIC registration for each vehicle

Please attest to the following:

- ☐ Attestation / Declaration that the service provider has an infection control program in place. (Regulation Section 13)

I hereby declare that I have established and implemented an infection control program that meets the minimum standard as outlined in the Manitoba Health Emergency Treatment Guidelines.

Signature

Date (yyyy/mm/dd)

**INSTRUCTIONS FOR STRETCHER TRANSPORTATION
SERVICE 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, Emergency Medical Services. 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 Stretcher Transportation Service 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 Stretcher Transportation Service 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.