

**MANITOBA HEALTH & HEALTHY LIVING
EMERGENCY MEDICAL SERVICES
LICENSE HOLDER APPLICATION**



Identifying Information

Date: _____

(Please Print)

Legal Name of License 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 License <input type="checkbox"/> Renewal License	<input type="checkbox"/> Land System <input type="checkbox"/> Land System - Dispatch Centre <input type="checkbox"/> Land System - Medical First Response <input type="checkbox"/> Air System <input type="checkbox"/> Stretcher Transportation Services	<input type="checkbox"/> RHA Service <input type="checkbox"/> Non-RHA Service <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 license 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 license 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: _____
License Type: <input type="checkbox"/> Land <input type="checkbox"/> Dispatch <input type="checkbox"/> Med F.R <input type="checkbox"/> Air <input type="checkbox"/> Stretcher	License Denied: _____
Initial Application: _____	Renewal Application: _____
Provisional License Issued: _____	Expiry Date: _____
Terms of Provisional: _____	Fee Received: _____

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

As per Land Regulation Section 3, please provide:

- Names and addresses of the Directors and Officers of the Corporation (if incorporated under *The Corporations Act*) (*Regulation Section 3(2)(a)*)
- 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:

- Operational Plan (*Regulation Section 3(2)(e)*)
- List of all EMS personnel and license numbers
- List of delegations (*Regulation Section 8(4)(d)*)
- Liability insurance policy (*Regulation Section 20*)
- Request for permission for local medical director, if not under Provincial Medical Director (*Regulation Section 8(1)*)
- Agreement with Medical Director (*Regulation Section 8(2)*)
- Guidelines for reporting of critical incidents and occurrences (*Regulation Section 24* and in preparation for Bill 17)
- If not a Regional Health Authority (RHA), copy of all written agreement(s) with RHA(s) regarding provision of health services within the health region(s) (*Regulation Section 12*)
- Agreement(s) with other license holders who agree to provide land emergency medical services in the event the license holder is temporarily unable to do so (continuity of service) (*Regulation Section 14*)
- Safety inspection report by an agent authorized by the Vehicle Standards and Inspections Section of the Department of Transportation and Government Services (*Regulation Section 17(1)(c)*)

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 in the Manitoba Health Emergency Treatment Guidelines.

Signature

Date (yyyy/mm/dd)

INSTRUCTIONS FOR LAND SYSTEM LICENSE 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 license holder application form must be the legal name of your service. Your license will be issued in this name. Please provide the name of the primary contact for the service.
- **Check Off Type of License Requested** – Put a check mark into the box beside either Initial License or Renewal License and beside the license that you are applying for. Please check all other applicable boxes.
- **Requirements for Land System License Application** - Ensure that you have attached all required documentation to your application as described on page 2 of license holder application.
- **Expiry and Renewal of License** – To renew a Land System License, a license holder must submit a renewal application at least 90 days prior to the expiry date on his/her current license.