

**PERSONNEL LICENCE APPLICATION
Land Emergency Medical Response**

Name (please print): _____
Surname Given Name(s) Second Given Name

Mailing Address: _____
Street or PO Box Number

City/Town Province Country Postal Code

Email Address _____ Birth Date: ____/____/____ Gender:
Please print YYYY MM DD M F

Telephone: _____
Area code Primary Number Area code Alternate Number

Please indicate if your name, licence classification, mailing address, and email address may be shared with the Paramedic Association of Manitoba. Yes No

TYPE OF LICENCE REQUESTED: (check appropriate box(s))	
<input type="checkbox"/> Technician – Emergency Medical Responder (EMR)	<input type="checkbox"/> Dispatch
<input type="checkbox"/> Technician – Primary Care Paramedic (PCP)	<input type="checkbox"/> Medical First Response
<input type="checkbox"/> Technician – Advanced Care Paramedic (ACP)	

Disciplinary Action: Have you ever had your registration/licence cancelled, suspended, restricted or subjected to individual terms and conditions by any regulatory authority or health profession in any jurisdiction. Yes No

If **yes** provide a supplementary note detailing the following: Name and address of organization, reason for disciplinary action, nature of the disciplinary action, and terms of conditions.

Personnel that are involved in a criminal or child abuse situation which results in a charge and / or conviction must immediately notify the EMS Branch.

DECLARATION:

To the best of my knowledge I, the applicant, declare that I have read and understood the instructions and that all the information given on this application is true and I understand that any false or misleading information may cause my licence to be suspended.

Signature of Applicant Date

<p>SEND COMPLETED APPLICATION FORM AND DOCUMENTS TO:</p> <p>Personnel Licensing MHSAL Emergency Medical Services 1680 Ellice Avenue, Unit 7 Winnipeg MB R3H 0Z2</p> <p>For additional information call: 204- 945-5300</p>

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, Seniors & Active Living (MHSAL) to determine suitability for a licence provided by the Emergency Medical Services Branch. 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, MHSAL, 1st Floor, 300 Carlton, Winnipeg, MB R3B 3M9 or telephone (204) 786-7237.

**Ensure your application is complete and legible.
Incomplete applications will be returned.**

SECTION A – required to submit all items

Application Form

The application form must be completed, signed and the **original** form, along with the required documents, sent to MHSAL, Emergency Medical Services (EMS) 1680 Ellice Avenue, Unit 7, Winnipeg MB R3H 0Z2.

- Retain a copy of the application form for your records. All original documents will be returned to the applicant.
- There is no fee for applying for a licence at this time.
- The name written on the application form should be your legal name. Please provide all previous names by which you were known to allow for proper processing of the application in the event documents that form part of the application are not issued in your current name.

Proof of Age

Include a clear copy of identification that has a date of birth (e.g. driver's licence, valid passport, birth certificate).

Proof of Criminal Record Check

All applicants must provide the **original** and current (dated no more than 60 days before submitting this application) Criminal Record Check including the Vulnerable Sector Screening.

Proof of Child Abuse Registry Check

All applicants must provide the **original** and current (dated no more than 60 days before submitting this application) Manitoba Child Abuse Registry Check. This document is available through application in person at Provincial Services, 777 Portage Avenue, Winnipeg MB R3G 0N3; (204) 945-6967 or toll free 1-800-282-8069. The application and information are available on the MB Family Services & Housing website: www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html

Should personnel be involved in an event that results in a charge and/or conviction under either of the above, immediate notification to the EMS Branch is required.

SECTION B – required to submit the appropriate items for your classification

TECHNICIAN-Emergency Medical Responder (EMR)

All applicants must provide an **original** and current (dated no more than one year before submitting this application) Emergency Medical Responder Exam Certificate of Completion.

Please see the EMS web site for detailed information: www.gov.mb.ca/health/ems/licensing/1/1.2.a.html

TECHNICIAN-Primary Care Paramedic (PCP)

Proof of Canadian Organization of Paramedic Regulators (COPR) Examination

All applicants must provide the **original** and current (dated no more than one year before submitting this application) COPR certificate of successful completion at the Primary Care Paramedic level. Please see EMS web site for information to obtain a COPR certificate:

www.gov.mb.ca/health/ems/licensing/2/2.4.a.html

TECHNICIAN-Advanced Care Paramedic (ACP)

Proof of Canadian Organization of Paramedic Regulators (COPR) Examination

All applicants must provide the **original** and current (dated no more than one year before submitting this application) COPR certificate of successful completion at the Advanced Care Paramedic level. Please see EMS web site for information to obtain a COPR certificate:

www.gov.mb.ca/health/ems/licensing/2/2.4.a.html

DISPATCH

Proof of dispatch education

All applicants must provide the **original** and current certificate from the International Academy of Emergency Dispatch program.

EMS PERSONNEL APPLYING THROUGH THE AGREEMENT ON INTERNAL TRADE (AIT)

Proof of Registration/licensure within another jurisdiction of Canada

All applicants must provide a copy of their current, valid EMS Licence.

Licence / Registration Verification form

All applicants must provide a "Verification of Paramedic Registration / Licensure" form to each paramedic regulatory body where registered and/or licensed (both current and previous): www.gov.mb.ca/health/ems/forms/vprl.pdf