EMERGENCY MEDICAL RESPONDER
Entry to Practice Exam Registration

Manitoba Health, Seniors and Active Living

PERSONAL INFORMATION

Surname	Given Name	Middle Initial
Mailing address	**City/Town**	**Province**

Postal Code	Primary phone number	Alternate phone number

Date of birth (year/month/day)	Email Address	☐ Male ☐ Female

EMS EDUCATION

Name of Educational Institute	Date of Completion (year/month/day)

Attach proof of course completion and competency skill sign off from one of the following agencies (dated within 6 months of application):

- Manitoba Emergency Services College EMR - T program
- Southern Manitoba Academy for Response Training (S.M.A.R.T.) EMR program
- Prairie Mountain Health EMR
- Criti Care Inc. EMR program

Submit the completed application form to the Emergency Medical Services Branch:

- Email to emergserv@gov.mb.ca (scanned application and proof of course completion)
  OR
- Drop off or mail to the Emergency Medical Services Branch, Unit #7 1680 Ellice Avenue, Winnipeg MB R3H 0Z2

Fax applications will not be accepted.

Incomplete applications will be returned.

Office Use Only

Written exam	1st	☐P ☐ F Date:_____	2nd	☐P ☐ F Date:_____	3rd	☐P ☐ F Date:_____

Approved Completion:_____ **Date Certificate Issued:**_____