

***Return to: EMS Director- Manitoba Health, Seniors & Active Living  
Unit #7-1680 Ellice, Wpg. MB R3H 0Z2***

**\*Note:** Only graduates from Red River College Paramedicine – Primary Care Paramedic who graduated after **June 2016** will be eligible. Individuals who have previously received the initiative are not eligible.

**Part 4 Applicant's Information Release**

I consent to allow the release of information from my PCP educational institution for the purpose of ensuring I am eligible for the return of service financial initiative.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 5 Applicant's 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- Applicant must enter into an agreement with their employer to work for a minimum of 1 year and complete 1000 hours of direct service. **Effective April 1, 2019 – March 31, 2020**
- The financial initiative is taxable
- The length of employment and accumulation of direct service hours worked may be transferred to another eligible employer with notification to EMS Branch
- Previous recipients of this initiative may not re-apply
- Re-payment of this financial initiative is mandatory if the applicant prior to completing their one year of service and 1000 hours of direct service
  - chooses to resign, or
  - leaves the province, or
  - transfers to a service that is not eligible under the program

**Part 6 RHA Information – to be completed by the EMS Manager (This part of the application must be completed by the EMS Manager or by individuals who have signing authority for the RHA and the EMS Branch has been notified of such.)**

The primary base of employment for the above noted applicant (as of application date) will be:

\_\_\_\_\_ Base Community \_\_\_\_\_ Site Address \_\_\_\_\_ EFT

**If the applicant is working in more than one site please provide a letter of explanation.**

As the **EMS Manager**, \_\_\_\_\_ for the Regional Health Authority of  
Please print

\_\_\_\_\_ I confirm the above noted applicant is eligible for this financial incentive based on the criteria and conditions established in the 2018/2019 EMS Rural and Northern Return of Service Initiative Procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**EMS Manager**