

**MANITOBA HEALTH & HEALTHY LIVING
EMERGENCY MEDICAL SERVICES
APPLICATION – LICENCE HOLDER**



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:

☐ Initial Licence

☐ Renewal Licence

- ☐ Land System
☐ Land System - Dispatch Centre
☐ Land System - Medical First Response
☐ Air System
☐ Stretcher Transportation Services

- ☐ RHA Service
☐ Non-RHA Service

- ☐ Corporation
☐ Partnership
☐ 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 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 & Healthy Living (MHHL) to determine suitability for a license provided by the Emergency Medical Services (EMS) Branch of MHHL. 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, MHHL, 1st Floor, 300 Carlton, Winnipeg, MB R3B 3M9 or telephone (204) 786-7237.

SEND COMPLETED APPLICATION FORM AND DOCUMENTS TO:

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

For MHHL Use Only

Application complete: ☐ Yes ☐ No

Licence Type: ☐ Land ☐ Dispatch ☐ Med F.R ☐ Air ☐ Stretcher

Initial Application: _____

Provisional Licence Issued: _____

Terms of Provisional: _____

Date Received: _____

Licence Denied: _____

Renewal Application: _____

Expiry Date: _____

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 Services 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
- ☐ Name and address 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:

- ☐ Liability Insurance Policy *Regulation Section 14*
- ☐ Written agreement(s) with Regional Health Authority(s) *Regulation Section 6*
- ☐ Guidelines for reporting of occurrences *Regulation Section 18(1)*
- ☐ Annual safety inspection report for every stretcher transportation vehicle from an agent authorized by the Vehicle Standards and Inspections Section of the Department of Transportation and Government Services *Regulation Section 8(1)*

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 LICENCE APPLICATION

STRETCHER TRANSPORTATION SERVICE LICENCE – This license authorizes a licence holder to provide non-urgent transportation of individuals via ground transportation.

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 of his/her current licence.

APPLICATION FORM – Read each statement carefully and provide the information requested. The identifying information portion of the form must be completed, signed and the **original** form, along with the required documents, sent to MHHL, Emergency Medical Services. Retain a copy of the application form for your records.

IDENTIFYING INFORMATION – The name you print on your 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 LICENSE 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 other applicable boxes.

REQUIREMENTS FOR STRETCHER TRANSPORTATION SERVICE LICENCE APPLICATION - Ensure that you have attached all required documentation as requested.