

PERSONNEL LICENCE APPLICATION  
Air 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:  M  F  
Please print YYYY MM DD

Telephone: \_\_\_\_\_  
Area code Primary Number Area code Alternate Number

**TYPE OF LICENCE REQUESTED:**

- Aeromedical Attendant - Nurse  Aeromedical Attendant – Paramedic

**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, 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

**SEND COMPLETED APPLICATION FORM AND DOCUMENTS TO:**

Personnel Licensing  
MHSAL, Emergency Medical Services  
1680 Ellice Avenue, Unit 7  
Winnipeg MB R3H 0Z2

For additional information call **204-945-5300**

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, 1<sup>st</sup> 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](http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html)

#### **Canadian Aerospace Medicine and Aeromedical Transport Association (CAMATA)**

Provide **original** and current CAMATA certificate

#### **Basic Cardiac Life Support (BCLS)**

Provide **original** and current BCLS certificate

#### **Advance Cardiac Life Support (ACLS)**

Provide **original** and current ACLS certificate

#### **Basic Trauma Life Support or Trauma Nursing Core Curriculum (PHTLS or ITLS also accepted)**

Provide **original** and current certificate of one of the above

### **SECTION B – requirements specific to category of licence classification**

#### Aeromedical Attendant - Nurse

##### **Registered nurse**

Provide a copy of your registration indicating your CRNM registration number and expiry date.

##### **Critical Care or emergency nursing course or two years related experience**

Provide proof of completion of one of the following:

- Critical care Course
- Emergency Nursing Course
- Two years related experience – include employer, contact name & phone number.

#### Aeromedical Attendant - ACP

##### **Technician – Advanced Care Paramedic (ACP)**

Copy of your current and valid Technician-Advanced Care Paramedic (ACP) licence