

PERSONNEL LICENCE RENEWAL /RECLASSIFICATION 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:    
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 can be shared with the Paramedic Association of Manitoba.  Yes  No

**Renewal/Reclassification**

<p><b>Licence Number:</b> _____</p> <p>Request (check only one box):</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Reclassification</p>	<p><b>Please check appropriate box/boxes(requested classification):</b></p> <p><input type="checkbox"/> Aeromedical Attendant</p> <p><input type="checkbox"/> Air Ambulance Pilot - Captain</p> <p><input type="checkbox"/> Air Ambulance Pilot First Officer</p>
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**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, Healthy, Seniors & Active Living (MHSAL) to determine suitability for a licence provided by the Emergency Medical Services Branch of MHSAL. 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.

## All Sections Must Be Completed

**Section 1: Criminal Record Check** (check one of the following boxes):

- A. To the best of my knowledge I, the applicant, declare that I have not been charged or convicted of an offense under *The Criminal Code, Controlled Drugs and Substances Act* or *The Food and Drugs Act* within the past three years.
- B. Within the past three years, I, the applicant, have been charged/convicted of an offence under *The Criminal Code, the Controlled Drugs and Substances Act* or *The Food and Drugs Act*.

If applicable identify the charge(s) / conviction(s) for offense(s): \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
*Date of Charge* *Date of Conviction*

**Section 2: Child Abuse Registry Check** (check one of the following boxes):

- A. To the best of my knowledge I, the applicant, declare that, within the last three years, I have not been found guilty or pleaded guilty to an offence involving the abuse of a child in a court either inside or outside of Manitoba; or have had family court find that a child be "in need of protection" due to abuse as a result of my actions; or that a Child and Family Service agency's Child Abuse Committee has reviewed a case in which they formed an opinion that I had abused a child.
- B. Within the past three years, I, the applicant, have been found in a criminal or family court proceeding to have abused a child, and my name has been placed on the Manitoba Family Services and Housing registry.

If applicable identify the offense(s): \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
*Date of Charge* *Date of Conviction*

**Section 3: Disciplinary Action**

Complete this information if, within the past three years, you have had your licence cancelled, suspended, restricted or subjected to individual terms and conditions by any regulatory authority or health profession in any jurisdiction.

Name and Address of Organization \_\_\_\_\_

Reason for Disciplinary Action \_\_\_\_\_

Nature of the Disciplinary Action \_\_\_\_\_ Date \_\_\_\_\_

Terms of Conditions \_\_\_\_\_

Will you grant the MHSAL, Emergency Medical Services Branch the right to contact the above for further clarification if necessary?  Yes  No

*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.*

**Section 4: DECLARATION**

**To the best of my knowledge I the applicant DECLARE that information given in SECTIONS 1, 2 and 3 above are true and I understand that any false or misleading information may cause my licence to be suspended.**

\_\_\_\_\_ \_\_\_\_\_  
*Signature of Applicant* *Date*

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

## SECTION A

### 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.

- Complete Section 1, 2, 3 on the second page of the application:
  - check off the applicable box in each of sections 1 and 2
  - complete section 3 if within the past three years you have had your licence cancelled, suspended, restricted or subjected to individual terms and conditions by any regulatory authority or health profession in any jurisdiction
  - sign the declaration in Section 4
- Retain a copy of the application form for your records.

## SECTION B – required to submit the appropriate items as identified below

### RENEWAL

#### ***Aeromedical Attendant – Nurse or ACP***

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

Provide copy of your BCLS certificate

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

Provide copy of your ACLS certificate

##### **Registered nurse**

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

**OR**

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

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

#### ***Air Ambulance Pilot Captain or First Officer***

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

Provide copy of your BCLS certificate

##### **Valid Air Licence**

Provide a copy of your current Airline Transport OR Commercial Pilot's licence

### RECLASSIFICATION

#### ***Air Ambulance First Officer to Captain***

It is required that you maintain a valid and current Airline Transport Licence, be endorsed for multi-engine instrument flight; have a valid pilot proficiency check on the type of aircraft to be flown; and have a minimum of 500 hours multi-engine pilot-in-command experience

##### **Current Airline Transport licence**

Provide an **original** and current Airline Transport Licence (APTL)

##### **Proof of minimum of 500 hours multi-engine pilot-in-command experience**

Provide proof of a minimum of 500 hours multi-engine pilot-in-command experience