MANITOBA HEALTH EMERGENCY MEDICAL SERVICES LICENCE HOLDER APPLICATION



Identifying Information

		Date:		
(Please P	rint)			
Legal Name of Licence Holder Applicant:				
Owner:				
Contact Name:	<u> </u>	<u> </u>		
Surname	Given Nam	ne(s)	Second Given Name	
Mailing Address:Street or PO Box Number				
GUEEL OF FOLLOWING				
City/Town	Province	Country	Postal Code	
Telephone No.: () Primary Extension	()			
		Alternate	Extension	
Email Address(Please	Fax Number:			
(F IEast	Print)			
TYPE OF EMERGENCY MEDICAL RESPON	ISE SYSTEM LICEN	NCE REQUESTED:		
□ Land System		RHA Service		
☐ Land System☐ Land System☐ Land System☐ Land System - Dispatch Cel	ntra	□ Non-RHA Sei		
☐ Initial Licence ☐ Land System - Dispatch Cel				
☐ Renewal Licence ☐ Air System	1100p 2	☐ Corporation		
Stretcher Transportation Sel	rvices	☐ Corporation ☐ Partnership		
		Other type of	f 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 licence to be suspended.				
		2 Annling		
Date The personal information which you are requested to provide is being collect.	dor the authority of t	Signature of Applicant		
The personal information which you are requested to provide is being collected under the authority of the legislation <i>The Emergency Medical Response</i> and <i>Stretcher Transportation Act</i> under the jurisdiction of the Minister of Health. It will be used by Manitoba Health to determine suitability for a licence provided by the Emergency Medical Services Branch of Manitoba Health. 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, Manitoba Health, 1 st Floor, 300 Carlton, Winnipeg, MB R3B 3M9 or telephone (204) 786-7237.				
SEND COMPLETED APPLICATION	ON FORM AND DOCU	JMENTS TO:		
Manitoba Health, Emergency Medical Services 1680 Ellice Avenue, Unit 7, Winnipeg, MB R3H 0Z2 For additional information call (204) 945-5300				
For Manitoba Health Use Only				
Application complete: ☐ Yes ☐ No Licence Type: ☐ Land ☐ Dispatch ☐ Med F.R ☐ Air ☐ Stretch	Date Received:			
Licence Type: Land Dispatch Med F.R Air Stretcher Licence Denied: Initial Application: Renewal Application: Expiry Date:				
Provisional Licence Issued :				

REQUIREMENTS FOR EMERGENCY MEDICAL RESPONSE SYSTEM LICENCE - AIR Complete Identifying Information and this section to apply for an Air Medical Response System Licence

As	per Air Emergency Medical Response System Regulation Section 2, please provide a list of:
	Names and addresses of the Directors and Officers of the Corporation (if incorporated under <i>The Corporations Act</i>) Regulation Section $2(2)(c)$
	Names and addresses of all the general partners (if a partnership) Regulation Section 2(2)(d)
	All municipal and mailing addresses of all the premises from which the applicant proposes to operate the air medical response system Regulation Section 2(2)(e)
Ple	ase provide copies of the following:
	Air Operator Certificate issued by Transport Canada Regulation Section 2(2)(a)
	Liability Insurance Policy Regulation Section 12 - <u>Certificate of Insurance</u> which summarizes the coverages, and is signed by the broker as the Authorized Representative for the insurer.
	Agreement Medical Director Regulation Section 5
	The aeromedical policy and procedure manual Regulation Section $2(2)(g)$ – For licence renewal you are required to only submit those policies and procedures that have been changed, deleted or newly created since the previous years renewal application
	List of all aeromedical attendants and air ambulance pilots currently employed with your service and their licence numbers Regulation 2(2)(h)) – Review/revise list included in this package
	List of approved transfers of function for aeromedical attendants - ACP Regulation Section 8 – Review/revise list included with this package
	Guidelines for reporting of critical incidents and occurrences Regulation Section 18(2)
	Most recent annual report if available Regulation 2(2)(h))
	Current tariff schedule Regulation 2(2)(h))
	Summary of key operational statistical information for last calendar year (e.g. call volume; # of patients transported by code; number of patient pick ups in each community; number of transports by agency responsible for payment such as FNIHB, NPTP and WCB; etc.) $Regulation 2(2)(h)$
Ple	ase also provide the following:
	Renewal Licence Application, a cheque in the amount of $$1,000.00$ payable to "Minister of Finance" for the application fee must be provided. Regulation Section $4(2)(b)$
Ple	ase attest to the following:
	Attestation / Declaration that the service provider has an infection control program in place. Regulation Section 10(g)
	I hereby declare that I have established and implemented an infection control program.
	Signature of Licence Holder Date (yyyy/mm/dd)
	Attestation / Declaration that the service provider has a Transport Canada approved company operations manual Regulation Section 2(2)(b))-
	I hereby declare that I have an approved Transport Canada company operations manual that reflects my current operations.
	Signature of Licence Holder Date (yyyy/mm/dd)

INSTRUCTIONS FOR LICENCE APPLICATION

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 Manitoba Health, Emergency Medical Services Branch. Retain a copy of the application form for your records.

IDENTIFYING INFORMATION – The name you print on your licence holder 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 LICENCE REQUESTED – Put a check mark $\sqrt{}$ into the box beside either Initial Licence or Renewal Licence and beside the licence that you are applying for. Please check all other applicable boxes.

REQUIREMENTS FOR AIR MEDICAL RESPONSE SYSTEM LICENCE APPLICATION (page 2) - Ensure that all required documentation is attached as requested on page 2 of the licence holder application and forward to the EMS Branch.

EXPIRY AND RENEWAL OF LICENCE – To renew an Air Medical Response System Licence, a licence holder must submit a renewal application at least 90 days prior to the expiry date of their current licence