

# Training Approval Application

## Licensing and Compliance Branch



Applicants must submit completed forms to LCB at [EMSLicensing@gov.mb.ca](mailto:EMSLicensing@gov.mb.ca). Please allow a minimum of two weeks for review.

Course approval will be reconsidered every five (5) years to ensure course content and teaching methods are current and meeting or exceeding best practice. LCB will contact and request updated material from the applicant who submitted the approved course.

Any significant changes to an approved course must be reported to Licensing and Compliance to ensure the altered course still meets regulatory requirements.

**The information you provide 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 or as otherwise authorized in the legislation.** If you have any questions about the collection of personal or proprietary information, please contact the Access and Privacy Coordinator, Manitoba Health, Seniors and Long-Term Care in writing to 1st Floor, 300 Carlton St, Winnipeg, MB, R3B 3M9 or by phone at 204-786-7237.

Applicants will be contacted by email with the approval status decision. For more information, please contact LCB at [EMSLicensing@gov.mb.ca](mailto:EMSLicensing@gov.mb.ca).

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**Type of Training Course (please select one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Standard-level first aid            | <input type="checkbox"/> Aeromedical training              |
| <input type="checkbox"/> Advanced-level first aid            | <input type="checkbox"/> Aeromedical specialist training   |
| <input type="checkbox"/> Basic cardiopulmonary resuscitation | <input type="checkbox"/> Call taking and dispatch training |
| <input type="checkbox"/> Other                               |  |

**Submission Purpose (please select one)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Application for course approval | <input type="checkbox"/> Reconsideration | <input type="checkbox"/> Notification of change(s) to approved course |
|--|--|---|

Course Title \_\_\_\_\_

Content Owner \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Primary                      Extension                      Alternate                      Extension

Email Address \_\_\_\_\_

Applicant Name \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Primary                      Extension                      Alternate                      Extension

Email Address \_\_\_\_\_

## Application Documentation

The following information is required with your application:

Assessment Criteria	Information Required for Submission
<b>1. Course Content</b>	Provide course curriculum which includes at minimum: <ul style="list-style-type: none"> <li>• Topics listed in the <i>Training Content Requirements</i> for the relevant course</li> <li>• Number of hours of classroom, lab, examination, and remediation (must total at least 70 hours)</li> </ul>
<b>2. Course Outline</b>	Lesson plans for each topic including but not limited to: <ul style="list-style-type: none"> <li>• Itinerary</li> <li>• Learning objectives</li> <li>• Student-to-instructor ratio</li> <li>• Learning exercises</li> <li>• Case simulations</li> </ul>
<b>3. Course Support</b>	Study aids such as: <ul style="list-style-type: none"> <li>• Textbook(s)</li> <li>• Study manual(s)</li> <li>• Reference cards, etc</li> </ul>
<b>4. Instructor Certification</b>	Required for instructor status: <ul style="list-style-type: none"> <li>• Prerequisites</li> <li>• Training</li> <li>• Maintenance of competency/currency</li> </ul>
<b>5. Instructor Support</b>	Presentation aids such as: <ul style="list-style-type: none"> <li>• Videos</li> <li>• Slide presentations</li> <li>• Posters</li> <li>• Reference source(s)</li> <li>• Instructor manual</li> </ul>
<b>6. Learning Aids</b>	Equipment to support learning such as: <ul style="list-style-type: none"> <li>• Mannequins</li> <li>• Simulated medication administration aids (ie: salbutamol aero chamber, epinephrine auto-injector, etc.)</li> <li>• Personal protective equipment (ie: gloves, etc.)</li> <li>• Semi-automatic external defibrillator</li> <li>• Oxygen therapy equipment</li> <li>• Medical treatment devices (ie: bag-valve mask resuscitator, tourniquets, dressings, splints, etc.)</li> </ul>

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<b>7. Student Support</b>	<p>Description of mechanisms used to identify students at risk of failure such as:</p> <ul style="list-style-type: none"> <li>• Alternative teaching techniques</li> <li>• Mentoring, etc.</li> </ul>
<b>8. Evaluation Tools</b>	<p>Tools to evaluate and record student performance such as:</p> <ul style="list-style-type: none"> <li>• Skill checklists,</li> <li>• Knowledge examination process,</li> <li>• Minimum grade standards for successful completion</li> </ul>
<b>9. Remediation</b>	<p>Brief description of remediation including:</p> <ul style="list-style-type: none"> <li>• Grade standards at which remediation is offered</li> <li>• Timeframe in which remediation is provided</li> <li>• Minimum grade standards for successful remediation</li> </ul>
<b>10. Certification Period</b>	<p>Time period for which course certification is valid.</p> <ul style="list-style-type: none"> <li>• Must not exceed three (3) years.</li> </ul>
<b>11. Recertification</b>	<p>Brief description of recertification or continuing competency process including:</p> <ul style="list-style-type: none"> <li>• Minimum grade standards for successful renewal</li> <li>• Learning objectives of continuing competency process</li> <li>• Method by which continuing competency learning objectives are determined</li> </ul>
<b>12. Quality Assurance</b>	<p>Describe tools used to evaluate effectiveness of course delivery and learning retention such as:</p> <ul style="list-style-type: none"> <li>• Student feedback surveys,</li> <li>• Instructor feedback surveys</li> <li>• Program advisory committee, etc.</li> </ul>
<b>13. Medical Direction</b>	<p>Identify medical director or committee providing direction including:</p> <ul style="list-style-type: none"> <li>• Name(s),</li> <li>• Title(s),</li> <li>• Relevant experience(s),</li> <li>• Term of position</li> </ul>

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**Send completed forms and documents to:**

Manitoba Health, Seniors and Long-Term Care  
Licensing and Compliance  
3<sup>rd</sup> floor - 300 Carlton St, Winnipeg, MB R3B 3M9  
or  
Email: [EMSLicensing@gov.mb.ca](mailto:EMSLicensing@gov.mb.ca)

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