

**MANITOBA HEALTH  
EMERGENCY MEDICAL SERVICES  
LICENCE HOLDER APPLICATION**



**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:**

<input type="checkbox"/> Initial Licence  <input type="checkbox"/> Renewal Licence	<input type="checkbox"/> Land System <input type="checkbox"/> Land System - Dispatch Centre <input type="checkbox"/> Land System - Medical First Response <input type="checkbox"/> Air System <input type="checkbox"/> Stretcher Transportation Services	<input type="checkbox"/> RHA Service <input type="checkbox"/> Non-RHA Service  <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other type of entity
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**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.

\_\_\_\_\_  
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 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<sup>st</sup> Floor, 300 Carlton, Winnipeg, MB R3B 3M9 or telephone (204) 786-7237.

**SEND COMPLETED APPLICATION FORM AND DOCUMENTS 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____
Licence Type: <input type="checkbox"/> Land <input type="checkbox"/> Dispatch <input type="checkbox"/> Med F.R <input type="checkbox"/> Air <input type="checkbox"/> Stretcher	Licence Denied: _____
Initial Application: _____	Renewal Application: _____
Provisional Licence Issued: _____	Expiry Date: _____
Terms of Provisional: _____	Fee Received: _____

**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 *The Corporations Act*) *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)*

**Please provide copies of the following:**

- Air Operator Certificate issued by Transport Canada *Regulation Section 2(2)(a)*
- Liability Insurance Policy *Regulation Section 12*
- 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))*

**Please also provide the following:**

- Initial Licence Application, a cheque in the amount of \$3,000.00 payable to “Minister of Finance” for the application fee must be provided. *Regulation Section 2(3)*

**Please 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)*

**Please acknowledge / agree to the following:**

- Acknowledgement / Agreement that the service provider understands and agrees that commencing January 1, 2012, the Medical Transportation Coordination Centre (MTCC) shall be solely responsible for dispatching and triaging all basic air ambulance calls within Manitoba. In addition to complying with *The Emergency Medical Response and Stretcher Transportation Act* and the *Air Emergency Medical Response System Regulation* (both as amended from time to time), the service provider shall also comply with all MTCC processes, protocols and policies which pertain to the basic air ambulance industry; including advising MTCC of the ongoing availability and status of all of its air ambulance aircraft.

That the service provider acknowledges and agrees that it shall only be paid for calls with a MTCC-issued authorization or call number, and that Manitoba Health shall be entitled, in its sole discretion, to alter the MTCC dispatch/triage system as it deems appropriate from time to time and the service provider shall comply with any and all such alterations.

That the service provider agrees to provide and maintain GPS tracking capability compatible with MTCC's tracking system in each of its licensed air ambulance aircraft no later than December 31, 2011.

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*Signature of Licence Holder*

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*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 ✓ 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 (page2 & 3)** - Ensure that all required documentation is attached as requested on page 2 & 3 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