

INSTRUCTIONS FOR UPGRADE OF ALL AIR AMBULANCE PILOT LICENCE APPLICATIONS

Upgrade of Licence

To upgrade an Air Ambulance Pilot Licence, personnel must, submit to MH, Emergency Medical Services a written application for upgrade.

How do I apply for a upgrade of my licence? You must complete an upgrade application form and send it, along with all required documentation, to MH, Emergency Medical Services, 1680 Ellice Avenue, Unit 7, Winnipeg MB R3H 0Z2. You may request a form be sent to you by contacting the Branch via the EMS website <http://www.gov.mb.ca/health/ems/index.html> or call (204) 945-5300.

What are the requirements? The information below describes the upgrade application process and requirements for each classification of licence.

UPGRADE APPLICATION FORM - The original application form must be completed, signed and sent along with the required documents to MH - Emergency Medical Services. Retain a copy of the application form for your records. There is no fee for applying for a renewal of your licence at this time.

IDENTIFYING INFORMATION - The name you write on your application form should be the name you use in your employment. Your licence will be in this name. Please provide all previous names by which you were known to allow to proper processing of your application. The documents that are part of your application may not have been issued in your current name.

UPGRADE REQUIREMENTS FOR AIR AMBULANCE PILOT - It is required that you provide an original copy of a valid Airline Transport Pilot's Licence; PPC / PCC; and current certification in and BCLS.

EDUCATIONAL QUALIFICATIONS – In order to process your application a copy of an official document confirming proof of current certification must accompany the application.

APPROVED EDUCATION PROGRAMS AND EQUIVALENCY – If the program has not been approved by MH, additional information will be required to determine if the program is equivalent to the approved courses.

<u>Licence Classification</u>	<u>Educational Requirements</u>	<u>Approved Educational Programs</u>
Air Ambulance Pilot – Captain	Valid Airline Transport Pilot's Licence / BCLS	St. John Ambulance Canadian Red Cross Life Saving Society Standard First Aid Crite Care Emergency Rescue Response Services Southern Manitoba Academy of Response Training

CRIMINAL RECORDS / CHILD ABUSE - Complete A or B of the Criminal Records and Child Abuse Registry Check Declaration portion of the application.

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.

**MANITOBA HEALTH
EMERGENCY MEDICAL SERVICES
PERSONNEL LICENCE UPGRADE APPLICATION**



**Manitoba Health Emergency Medical Services Branch is not responsible for contacting candidates to obtain missing information.
Ensure your application is complete and legible. Incomplete applications will be returned.**

Name: _____
Surname (Please Print) Given Name(s) Second Given Name

Mailing Address: _____
Street or PO Box Number

City/Town Province Country Postal Code

Email Address _____ Birthdate: ____/____/____ Sex:
(Please Print) YYYY MM DD M F

Telephone: _____
Area code Primary Number Area code Alternate Number

Please indicate if your name, mailing address, and email address may be shared with the Paramedic Association of Manitoba. Yes No

CURRENT - Licence Classification currently held (check applicable box) <input type="checkbox"/> Air Ambulance Pilot First Officer Licence Number: _____
UPGRADE - Licence Classification Requesting Upgrade to (check applicable box) <input type="checkbox"/> Air Ambulance Pilot Captain

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

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 (MH) to determine suitability for a licence provided by the Emergency Medical Services Branch of MH. 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, 1st Floor, 300 Carlton, Winnipeg, MB R3B 3M9 or telephone (204) 786-7237.

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**

REQUIREMENTS FOR UPGRADE

AIR AMBULANCE PILOT

Requirements for Air Ambulance Pilot

Type of pilot Licence being upgraded to

Airline Transport Pilot Licence

Licence Number _____

Medical category _____

Expiry Date _____

Instrument rating _____

Expiry Date _____

Total Flight Time _____

To maintain current status of your Manitoba Health Air Ambulance Pilot Licence, updated copies of Transport Canada Licence and Medical Certificate must be sent to Personnel Licensing, Manitoba Health Emergency Medical Services.

Manitoba Health Emergency Medical Services retains the right to examine a Manitoba Health Licensed Air Ambulance Pilot's Logbooks to verify that they meet Regulation 22 (c)

If operators have multiple aircraft types, validity must be verified on each type

Aircraft Type _____

Pilot Proficiency Check (PPC) Expiry Date _____

Pilot Competency Check Expiry Date _____

Aircraft Type _____

Pilot Proficiency Check (PPC) Expiry Date _____

Pilot Competency Check Expiry Date _____

Name of Educational Institution & Address <i>(name, street, city/town, province/country, postal code)</i>	Date of Graduation <i>Year / Month / Day</i>	Language of Instruction
Basic Cardiac Life Support (BCLS)	____/____/____	<input type="checkbox"/> English <input type="checkbox"/> French