



EMERGENCY MEDICAL RESPONDER PROGRAM

APPLICATION FORM

SEPTEMBER 12, 2023 SESSION

EMR APPLICATIONS WILL BE ACCEPTED UNTIL ALL SEATS ARE FILLED. APPLY EARLY. FOR ANY QUESTIONS REGARDING THE EMR PROGRAM, PLEASE EMAIL info@criticareems.com

NAME (please prin	nt):	GIVEN NAMES		
BIRTHDATE (Day/Month/Year)		SOCIAL INSURANCE NUMBER (required for T2202 Tax Form)		
MAILING ADDRESS	S AND CONTACT INFORMATI	ION:		
MAILING ADDRESS	(# AND STREET OR BOX NUM	MBER)		
CITY	PROVINCE	POSTAL CODE		
CELL PHONE (INCLUDE AREA CODE)		HOME PHONE (INCLUDE AREA CODE)		
E-MAIL ADDRESS				

EDUCATION / PREVIOUS TRAINING:

Highest Level of Education Completed:		
☐ Degree/Diploma (Institution/Program)	if applicable:	
Other training (e.g. Post-Secondary, Fire	fighter, etc.) SPECIFIY (may attach separate sh	eet)
Program	Date	
Program	Date	

THIS APPLICATION IS FOR THE SEPTEMBER 2023 COHORT -

COURSE START DATE: September 12th, 2023

COURSE COMPLETION: Estimated May 30, 2024 (date may change due completion of

required competencies, examinations and course work by individual

students)

COURSE LOCATION: Didactic/simulation: Criti Care EMS Education Centre (200 Osborne

Street North).

CLASS TIME: Part-Time Course:

Every Tuesday & Thursday evening - 6:00 pm - 10:00 pm

Saturday Classes (7 classes) - 9:00 am - 4:00 pm (October 21, November 18, December 9, 2023, January 13, February 10, March 9, April 13, 2024).

Applicants will be enrolled on a first come first serve basis based on information contained in their application form, submitted prerequisites and required documents. Incomplete applications and missing prerequisites may not be considered for enrollment.

All applicants will be notified by email regarding their admission status. Enrolled candidates will receive detailed course information prior to the program start date.

- I understand that my application will not be accepted for processing until the application form has been completed in its entirety.
- Copies of all required documents are enclosed
- Application Fee, Textbooks & Supplies fee is enclosed
- Withdrawal Policy: Withdrawal of application requires written notice forwarded to our office. There is no refund of application fee.

I hereby affirm that all information provided, including this completed application, and all documents tendered in support of my application to be true and correct to the best of my knowledge.

DATE OF APPLICATION	APPLICANT'S SIGNATURE		

APPLICATION MAY BE DROPPED OFF AT OUR LOCATION MONDAY – FRIDAY 9:00 AM-3:30 PM OR SENT BY MAIL TO:

CRITI CARE EMS 200 Osborne Street North Winnipeg, Manitoba R3C 1V4

MARK ENVELOPE "EMR APPLICATION"





APPLICATION CHECKLIST EMR PROGRAM

Application Form: Completed in full and returned to Criti Care EMS
Application Fee, Textbook & Supplies cost of \$500.00 CHEQUE or MONEY ORDER (payable to Criti Care EMS)
Copy of High School Transcript/Diploma or Equivalency Certificate
Copy of your valid Manitoba Class 5 Driver's License (Class 4, 3, 2 or 1 driver's license also accepted) o https://www.mpi.mb.ca/Pages/types-of-licences.aspx o Please note a class 4 license is required for employment by an EMS Service
Clear Criminal Record Background Check through Winnipeg Police Service or RCMP (Original Copy) Dated within 12 months of application (apply early as this check can take 2-3 months) O Available through WPS at 245 Smith Street (main entrance off Graham Avenue) https://www.winnipeg.ca/police/pr/pic.stm or your local RCMP detachment.
Clear Child Abuse Registry Check (Original Copy) Dated within 12 months of Application. Available on 1st floor at 777 Portage Avenue, Winnipeg (apply early as this check can take 2-3 months) http://www.gov.mb.ca/fs/childfam/child abuse registry form.html
Clear Adult Abuse Registry Check (Original Copy) Dated within 12 months of Application. Available on 1st floor at 777 Portage Avenue, Winnipeg (apply early as this check can take 2-3 months) http://www.gov.mb.ca/fs/pwd/adult_abuse_registry.html
Optional: copy of documentation supporting any indicated training or experience (e.g. Post-Secondary Courses, Firefighter training, etc).
Current CPR certification for BLS Provider (formerly known as Basic Life Support for Healthcare Provider) issue date within one year of applying
Current First Aid certification (Emergency First Aid, Standard First Aid or Advanced First) issue date within one year of applying
Immunization Form - Please see the form provided (must be signed and dated by Physician or Healthcare Facility)

CRITI CARE EMS – PARAMEDIC ACADEMY APPLICATION IMMUNIZATION VERIFICATION

Applicant's Na	me (please print) _					
Mailing Addre	SS					
City		_ Province		_ Postal Code		
Date of Birth (dd/mm/yy)	/	_/	/		
	either inoculation fo following diseases t		_	• •	ming the presence of antibodies	;
MMR (Measles, Mumps, Ru	bella)				
Tdap A	Adult Dose (Tetanus,	Diphtheria a	nd Pertus	ssis)		
☐ VARIC	ELLA (Chicken Pox)					
INFLU	ENZA					
POLIO						
HBV (H	Hepatitis B Vaccine)	OR Hepatitis	A & B Vac	ccine Combination		
>	Initial Injection		Da	te:		
>	1 Month Follow Up	Dose	Da	te:		
>	5 – 6 Month Final E	Booster	Da	te:		
TUBERCULOS Confirmation of	SIS: of either a Mantoux s	skin test or a	negative	chest x-ray.		
Negat	tive 2 Step PPD (Man	itoux) skin te	st for Tub	oerculosis		
Negat	tive Chest X-ray for T	`uberculosis ((develope	ed < 1 year ago)		
Physician's No	ame ignated Healthcare	 Professiona	ıl)	Signature		
Date of Affirm	ation			Name of Facility	//Clinic	





PLEASE RETAIN THE FOLLOWING PAGES FOR YOUR RECORDS

ADMISSIONS POLICY

GENERAL

- Start the application process early. Please allow 2-3 months to complete Criminal Record Check and Child & Adult Abuse Registry Checks.
- All required documents must be received before applicants will be considered entered into the application process.
- Enrollment into the Emergency Medical Responder Program will be based on a candidate's application, submitted prerequisites and documentation. Applicants who have submitted all required documents and meet all prerequisites will be considered for enrollment.
- We will accept Emergency Medical Responder applications until the program is full.
- The Emergency Medical Responder Program is taught at a university level, therefore it is incumbent upon the applicant to understand that the minimum qualifications set out herein reflects the academic background which we believe necessary to complete the program. Successful completion of this program requires meeting a high academic standard coupled with aptitude, diligent study, and effort.

APPLICATION CRITERIA

- High school (please submit a copy of a valid High School Transcript/Diploma or Equivalency Certificate)
- Please also submit any recognized post-secondary education achievements
- Manitoba Class 5 Driver's license (see https://www.mpi.mb.ca/Pages/types-of-licences.aspx)
- Original Copy of Criminal Record Check (dated within 12 months of application)
- Original Copy of Adult & Child Abuse Registry Check (dated within 12 months of application)
- Current certification for BLS Provider (Basic Life Support for Healthcare Provider)
- Current certification for First Aid (Emergency First Aid, Standard First Aid, Advanced First Aid, etc.)
- Confirmation of Immunizations including confirmation of full vaccination for Covid-19 (copy of QR code or record of immunization). See Immunization Verification form below.
- Canadian Citizen or Permanent Resident
- 18 years of age before entering the EMR Program





EMERGENCY MEDICAL RESPONDER PROGRAM TUITION

It is our policy to ensure that each student is aware of all tuition and material costs associated with their studies. The following are the current total program fees for Emergency Medical Responder Program.

Tuition: \$3600.00 **Application Fee:** \$75.00 Textbooks, EMS shirts & Supplies (blood pressure cuff & Stethoscope): \$425.00 TOTAL TUITION COST: \$4100.00

Amount due at time of applying to hold a program seat - \$500.00 (Application Fee, Textbooks & Supplies cost)

PAYMENT OPTIONS:

- 1. Full Payment
- 2. Time Payment

1. Full Payment Option

Amount due at time of applying	\$500.00
Amount due by September 8th, 2023	\$3600.00
TOTAL THITION PAID BY SEPTEMBER 8TH 2023.	\$4100.00

TOTAL TUITION PAID BY SEPTEMBER 81

2. Time Payment Option

\$500.00
\$1800.00
\$1800.00

TOTAL TUITION PAID BY OCTOBER 12TH, 2023: \$4100.00

PAYMENT METHOD:

Payment may be made by <u>Cheque</u>, <u>Money Order or Cash</u> (Please note we do not accept Credit Card or Debit Card)

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Physical Fitness Assessment

ONCE YOU HAVE BEEN ADMITTED INTO THE EMERGENCY MEDICAL RESPONDER PROGRAM, YOU WILL BE REQUIRED TO COMPLETE A PHYSICAL FITNESS ASSESSMENT AT THE UNIVERSITY OF MANITOBA.

Information will be sent out to enrolled EMR students prior to program start date regarding fitness testing registration and dates. The approximate cost for the fitness test is \$140.00 and payable to the University of Manitoba upon registering for the fitness test.

The following is provided for information only:

Paramedic Physical Fitness Assessment

Policy and Procedure:

A Paramedicine Job Related Physical Fitness Assessment is done as part of the Criti Care EMS Emergency Medical Responder Program Enrolment. The testing is done by the University of Manitoba Faculty of Kinesiology and Recreation Management. All students enrolled in the EMR Program must complete the testing and return a copy of the completed testing certificate to Criti Care EMS within 90 days of starting the EMR Program. The testing is done for counseling purposes related to suitability for a career in Paramedicine. The university will provide counseling in any tested area that candidate has not demonstrated satisfactory performance in to allow the candidate to improve their abilities.

Additional Information:

Please go to: http://umanitoba.ca/faculties/kinrec/recreationservices/occupation_paramedic.html for additional information about the physical testing and the scheduling of testing.