



Criti Care

200 Osborne Street North
Winnipeg, MB, Canada
R3C 1V4
204-989-3671

EMERGENCY MEDICAL RESPONDER PROGRAM

APPLICATION FORM

SEPTEMBER 9th, 2025 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 print):

SURNAME

GIVEN NAMES

BIRTHDATE (Day/Month/Year)

SOCIAL INSURANCE NUMBER (required for T2202 Tax Form)

MAILING ADDRESS AND CONTACT INFORMATION:

MAILING ADDRESS (# AND STREET OR BOX NUMBER)

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, Firefighter, etc.) SPECIFY (may attach separate sheet)

Program _____ Date _____

Program _____ Date _____

THIS APPLICATION IS FOR THE SEPTEMBER 2025 COHORT -

COURSE START DATE: **September 9th, 2025**

COURSE COMPLETION: Estimated **May 28th, 2026** (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 (6 classes) - 9:00 am – 4:00 pm
(October 25, November 15, 2025, January 10, February 7, March 7, April 11, 2026).

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
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**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"



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APPLICATION CHECKLIST EMR PROGRAM

- Application Form: *Completed in full and returned to Critt Care EMS*
- Application Fee, Textbook & Supplies total cost of \$500.00 *CHEQUE or MONEY ORDER (payable to Critt 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)
 - <https://www.mpi.mb.ca/Pages/types-of-licences.aspx>
 - 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.
 - Available through WPS at 245 Smith Street (main entrance off Graham Avenue), <https://www.winnipeg.ca/police/services/online-record-checks> 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.
 - <https://web.gov.mb.ca/AbuseRegistry>
- Clear Adult Abuse Registry Check **(Original Copy)** Dated within 12 months of Application. Available on 1st floor at 777 Portage Avenue, Winnipeg.
 - <https://web.gov.mb.ca/AbuseRegistry>
- Current certification for BLS level CPR and First Aid (Emergency, Standard or Advanced First Aid) certification issue date within one year of applying.
- Immunization Form - Please see the form provided (must be signed and dated by Physician or Healthcare Facility)
- Optional: copy of documentation supporting any indicated training or experience (e.g. Post-Secondary Courses, Firefighter training, etc).

Please note that an applicant must be 18 years of age before entering the EMR Program.

**CRITI CARE EMS – PARAMEDIC ACADEMY APPLICATION
IMMUNIZATION VERIFICATION**

Applicant's Name (please print) _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Date of Birth (dd/mm/yy) _____/_____/_____

Verification of either inoculation for the following OR laboratory testing confirming the presence of antibodies specific to the following diseases that would render appropriate immunity:

- MMR (Measles, Mumps, Rubella)
- Tdap Adult Dose (Tetanus, Diphtheria and Pertussis)
- VARICELLA (Chicken Pox)
- INFLUENZA
- POLIO
- HBV (Hepatitis B Vaccine) OR Hepatitis A & B Vaccine Combination

➤ Initial Injection Date: _____

➤ 1 Month Follow Up Dose Date: _____

➤ 5 – 6 Month Final Booster Date: _____

TUBERCULOSIS:

Confirmation of either a Mantoux skin test or a negative chest x-ray.

- Negative 2 Step PPD (Mantoux) skin test for Tuberculosis
- Negative Chest X-ray for Tuberculosis (developed < 1 year ago)

Physician's Name
(or other designated Healthcare Professional)

Signature

Date of Affirmation

Name of Facility/Clinic



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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 transcripts if applicable
- 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 First Aid and BLS CPR (dated within 12 months of application)
- Confirmation of Immunizations
- Canadian Citizen or Permanent Resident
- 18 years of age before entering the EMR Program



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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
Gov. Manitoba Education & Training - Training Completion Fund:	\$18.00
TOTAL TUITION COST:	\$4118.00

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 5 th , 2025	\$3618.00

TOTAL TUITION PAID BY SEPTEMBER 5th, 2025: \$4118.00

2. Time Payment Option

Amount due at time of applying	\$500.00
Amount due by September 5 th , 2025	\$1809.00
Amount due by October 14 th , 2025	\$1809.00

TOTAL TUITION PAID BY OCTOBER 14th, 2025: \$4118.00

PAYMENT METHOD:

Payment may be made by Cheque, Money Order or Cash (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: <https://umanitoba.ca/community/sport-recreation/recreation-services/occupational-testing> for additional information about the physical testing.