

MEDIC DEPARTMENT QUALIFICATIONS

PERM	IITTEE REQUIREMENTS
	Valid WHMIS certificate
	IATSE 856 Intro Course: Ready, Set, Go
	Advanced First Aid Certificate with $CPR-BLS$ Level . $60-120$ hours or better certificate course (i.e.
	Emergency Medical Responder/Primary Care Paramedic course)
Ц	Minimum 2 year Advanced First Aid/First Responder/Emergency Medical Responder experience with a volunteer or paid organization and a letter of reference stating your experience level from the organization or employer.
	\$50 processing fee
_	250 processing ree
INTRO	O TO DEPT:
	Do you have a valid Manitoba Driver's License? YES NO
MEME	BERSHIP REQUIREMENTS
	60+ days work experience in the Medic Department
	Minimum Advance First Aid certificate with CPR- BLS Level 60hrs or greater from a recognized accredited training
_	provider as per Workplace Safety and Health Manitoba.
	Must have current Professional Liability Insurance with proof provided. Practicing as a current Medical First
	Responder from a recognized agency.
	Emergency Medical Responder (EMR) Certificate from either Elite Safety Service or Criti Care EMS Academy.
	Must have a current Professional Liability insurance
	Primary Care Paramedic (PCP) from Red River College Polytech (RRC) or Criti Care EMS Academy. Must have a
	current Professional Liability insurance.
	Emergency Medical Responder (EMR), Primary Care Paramedic (PCP), Intermediate Care Paramedic (ICP),
_	Advance Care Paramedic (ACP) must be licensed through College of Paramedic of Manitoba (CPMB)
	Minimum 2 year Advanced First Aid/First Responder/Emergency Medical Responder experience with a volunteer
	or paid organization and a letter of reference stating your experience level from the organization or employer
	Collective Agreement Course Letters of recommendation from 3 IATSE 856 members. All letters of recommendation must be from members
	within the Medic Department
	within the Medic Department
Name:	
•	that the information I have disclosed is true. I understand that ANY misrepresentations will jeopardize my potential ee or Membership status.
	ce of Membership status.
Signatur	p.