



---

## MEDIC DEPARTMENT QUALIFICATIONS

---

### PERMITTEE 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)
- 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

### INTRO TO DEPT:

<input type="checkbox"/> Do you have a valid Manitoba Driver's License?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

### MEMBERSHIP 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
- Current Collective Agreement Course
- Letters of recommendation from 3 IATSE 856 members. All letters of recommendation must be from members within the Medic Department

Name: \_\_\_\_\_

I certify that the information I have disclosed is true. I understand that ANY misrepresentations will jeopardize my potential Permittee or Membership status.

Signature: \_\_\_\_\_