



Saskatchewan
Health Authority

Medical First Responder Program Application



November 2019

Version – former Cypress Health Region

PLEASE RETURN TO:

SASKATCHEWAN HEALTH AUTHORITY MEDICAL FIRST RESPONDER PROGRAM

1350 ALBERT ST – REGINA, SK S4R 2R7

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Requirements

<p>Becoming a new Medical First Responder:</p> <ul style="list-style-type: none"> ✓ Be 18 years of age or older. ✓ Complete this application form. ✓ Submit a current Criminal Record Check with Vulnerable Sector with this application form. <ul style="list-style-type: none"> ○ Positive Criminal Record Checks must have a Declaration of Criminal Record attached as well ✓ Successfully complete a Medical First Responder Course. ✓ Apply to Sask Health to become a Registered Medical First Responder. ✓ Complete the Saskatchewan Health Authority orientation 	<p>Existing Medical First Responders or Paramedics:</p> <ul style="list-style-type: none"> ✓ Be 18 years of age or older. ✓ Complete this application form. ✓ Submit a current Criminal Record Check with Vulnerable Sector with this application form. <ul style="list-style-type: none"> ○ Positive Criminal Record Checks must have a Declaration of Criminal Record attached as well ✓ Submit Training Records with this application form <ul style="list-style-type: none"> ○ Valid First Responder training card or Saskatchewan College of Paramedics license for paramedics (EMR-CCP) ○ Valid BLS – Health Care Provider ✓ Apply to Sask Health to become a Registered Medical First Responder (Paramedics do not need to register with Sask Health as they are licensed with SCoP) ✓ Complete the Saskatchewan Health Authority orientation
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Applicant Information

First Name:	Last Name:
Date of Birth (YYYY/MM/DD):	
Mailing Address:	
City/Town:	Postal Code:
Home Phone:	Home Email:
Cell Phone:	Cell Phone Provider:
Work Phone:	Work Email:
Where do you currently reside? (Be specific – land location, street address, town, GPS location, etc.):	

Emergency Contact Information

First Name:	Last Name:
City/Town:	Postal Code:
Home Phone:	Cell Phone:
Relationship to Applicant:	

Work History

Please list current and previous positions, most current first – attach additional information if necessary.

<i>Employer:</i>	<i>Supervisor:</i>
<i>Position:</i>	<i>Department:</i>
<i>Location:</i>	<i>Work Phone:</i>
<i>Start Date:</i>	<i>End Date:</i>
<i>Brief Description of Position:</i>	
<i>Reason for Leaving:</i>	

<i>Employer:</i>	<i>Supervisor:</i>
<i>Position:</i>	<i>Department:</i>
<i>Location:</i>	<i>Work Phone:</i>
<i>Start Date:</i>	<i>End Date:</i>
<i>Brief Description of Position:</i>	
<i>Reason for Leaving:</i>	

May we contact the supervisors/employers listed above?

YES

NO

With Prior Notice

If not, indicate which one(s) you do not wish us to contact:

Have you ever been employed in the Saskatchewan Health Authority?

YES NO

If yes, where & when:



Certifications & Training

Check all that apply	Certification/Training	Expiry Date
	Valid Driver's License (Class ____)	
	Standard First Aid Certification*	
	Cardiopulmonary Resuscitation (CPR Level ____)*	
	WHIMIS Training*	
	First Responder Training Certificate (Red Cross or St Johns)*	
	Registration Number: _____ (if applicable)*	
Other Valid Certificates or Training:		

*if you checked yes, please provide a copy of your certificate if you are able to.

What exposure have you had to emergency service work, personnel or emergency service situations?

Why do you want to become a First Responder?

Please list your past and present participation in community activities and/or organizations (names and dates).

Understanding of On Going Requirements

All Medical First Responders are required to complete the following to stay registered with Sask Health and active with the Saskatchewan Health Authority:

- ✓ Must complete all mandatory training requirements in a two year registration term to renew Medical First Responder registration with Sask Health. Does not apply to paramedics.

Yearly	Minimum Once in Two Years
<ul style="list-style-type: none"> ✓ CPR – BLS Health Care Provider ✓ EpiPen training review <i>(if applicable to your area)</i> 	<ul style="list-style-type: none"> ✓ Patient Assessment ✓ Mechanical Aids to Breathing (including oxygen) ✓ Spinal Immobilization ✓ Review of medical and trauma emergencies

- ✓ Must complete the following requirements in a two year registration term to stay active as Medical First Responder within the Saskatchewan Health Authority.

Yearly	Minimum Once in Two Years
<ul style="list-style-type: none"> ✓ Attend one education session.* ✓ Complete any online education assigned.* ✓ Complete at minimum one kit check. ✓ Paramedics must forward their SCoP license annually 	<ul style="list-style-type: none"> ✓ Complete mask fit testing <i>(once every two yrs.)</i> ✓ Complete online WHIMIS training <i>(once every two yrs.)</i>

**does not apply to paramedics as they complete their own education.*

- ✓ Must notify the local Medical First Responder Coordinator for your area of any changes to any of the following in a timely manner:
 - ✓ Name Changes
 - ✓ Address
 - ✓ Phone numbers
 - ✓ Email address
 - ✓ Ability to respond to calls
- ✓ Must act in accordance with any policies or direction set out by the Saskatchewan Health Authority.
- ✓ Must act in a professional manner when responding to calls as you are a representative of the Saskatchewan Health Authority. Failure to do so will lead to dismissal from the Medical First Responder program.
- ✓ Must keep any information or patient information obtained on calls confidential at all times. You will have to sign a Confidentiality Agreement with the Saskatchewan Health Authority during your orientation, failure to follow this agreement will likely lead to immediate dismissal from the Medical First Responder Program.
- ✓ There is no obligation for Medical First Responders to respond to calls when they come in, if you are unable to respond or have plans that is ok.

All these requirements are in place to ensure our patients are receiving quality care when they call 911, failure to meet these requirements can/will result in not being registered or possible dismissal from the program. The Saskatchewan Health Authority understands that this is a volunteer service and sometimes work and life can make it difficult to meet some of these requirements. In these situations as long as the Medical First Responder is in regular contact with the Medical First Responder Program Coordinator for their area; the Saskatchewan Health Authority will work with them to come up with a reasonable solution. However breach of confidentiality or poor professionalism will likely lead to dismissal from the Medical First Responder program. If you understand these requirements, please sign and date below.

Applicant Signature

Date



References

Please list three references that can address your abilities, attributes, or could support your role as a Medical First Responder (do not include relatives). Current and previous supervisors preferred.

Table with 4 columns: Name, Occupation, Address, Contact Numbers. Rows 1, 2, 3.

Statement by Applicant

I certify that the facts set forth in this application are complete and true. I understand that if I am accepted, false statements on this application shall be considered sufficient cause for dismissal. I also give permission to the Saskatchewan Health Authority to obtain information regarding my previous employment or educational background.

I understand that I am required to complete and return a valid criminal record check at my own cost with this application prior to being accepted into the Medical First Responder Program with the Saskatchewan Health Authority.

Signature of Applicant

Date

For Office Use Only

Date Application Received

Date Applicant Informed of Decision

Criminal Record Check Completed [] Yes

Date Obtained (must be within 3 months)

Local SHA MFR Coordinator Acceptance: [] Yes [] No

Local SHA MFR Coordinator

Date

SHA EMS Operations Manager Approval: [] Accepted [] Not Accepted

SHA EMS Operations Manager Signature

Date



Applicants Planning to Continue onto the EMR Training Program

This section is for applicants wishing to continue into the Emergency Medical Responder (EMR) program to work EMS in the Saskatchewan Health Authority. Applicants who continue on to take the EMR course and wish to work for a Saskatchewan Health Authority EMS Service will have to meet the following requirements prior to employment:

- Submit an Application & Resume to Saskatchewan Health Authority
Resume MUST have three references, at least one reference must be from a previous supervisor
Clean Criminal Record Check
Class 4 Drivers License
Clean SGI Driver Abstract
Registered as an unrestricted practicing EMR with Saskatchewan College of Paramedics
Copies of all applicable training certificates (i.e. EMR course certificate, CPR card, etc.)
Interview with the EMS Operations Manager for the area you are applying
Successful completion of the EMS Lifting Test

Taking the EMR program does not guarantee employment with the Saskatchewan Health Authority.

To be eligible for employment as an EMR you will need to:

- Complete the two weekend Medical First Responder program (paid by Saskatchewan Health Authority if approved)
Complete the two weekend EMR program (cost of this course is the responsibility of the applicant. Costs can vary, typically approximately \$450-\$750.)*
Write and pass the Saskatchewan College of Paramedics EMR Licensing Exam (cost of exam is responsibility of the applicant, cost is \$500 for each attempt)*
Register with the Saskatchewan College of Paramedics as an EMR (cost of registration is responsibility of the applicant, cost is currently \$500 per year)*

*costs are not controlled by the Saskatchewan Health Authority, all costs are subject to change. This is just to give applicants an idea of costs.

Once all of the above requirements are complete you will be eligible to be employed with the Saskatchewan Health Authority as an EMR.

Please sign and date below confirming you have read and understand the requirements for employment with the Saskatchewan Health Authority, that you have read and understand the requirements to obtain EMR certification to be eligible for employment and the costs associated with, and also that you have read and understand that you will not be guaranteed employment with the Saskatchewan Health Authority by taking the EMR training program.

Applicant Signature

Date

Please only sign if you are intending to continue onto the EMR program, if you only intend to work as a Medical First Responder please leave this page blank.



REQUEST FOR CRIMINAL RECORD CHECK

Date: _____

Applicant Name: _____

Address: _____

Telephone: _____

Please be advised that Saskatchewan Health Authority requires applicants for the Medical First Responder Program training to provide a criminal record and vulnerable section check as part of their initial application, the check must be current within the past three months. It is the applicant's responsibility to obtain the Criminal Record check, to pay for any costs associated with obtaining the Criminal Record check, and to submit it with their application. If the Criminal Record check comes back positive, a Declaration of Criminal Record must be completed as well.

Thank you in advance for your assistance.

Selena Letain

Operations Manager – South West

Emergency Medical Services –Provincial Programs

Saskatchewan Health Authority | 306-526-9945 | selena.letain@saskhealthauthority.ca

The First Responder applicant shall submit this completed form at the local RCMP detachment when they ask to have a criminal record done.