



**College of Paramedics
of Manitoba**

Protecting public interest through
regulatory excellence in paramedicine

collegeparamb.ca

College of Paramedics of Manitoba

Self-Service Guide: Manitoba Graduate

May 2021

Home — College of Paramedics — X +

https://collegeparamb.ca

College of Paramedics of Manitoba

College Website

Find a Paramedic | Registrant Portal | **New Applicant Portal**

Search...

About us | Becoming Registered | Currently Registered | Professional Practice | Professional Conduct | Public | Contact Us

Program for Continuing Competency - Due June 30, 2021

Let's get started >>

Due to a further delay in the availability of the documentation tools to be installed in the Registrant portal, the deadline for PCC document submission is now Wednesday June 30, 2021. Please read the submission requirements found [here](#)

April 2021 Newsletter and Notice of the Annual General Meeting (AGM)

The April 2021 Newsletter is now posted. Please also find the Notice of the Annual General Meeting (AGM). ...

Next screen will appear below ... **** You should provide your E-mail and Password that you created in the College of Paramedics Account Registration ** Do you remember your security questions???** Please see next screen ...



College of Paramedics of Manitoba

Applicant Portal

Sign In **Forgot Password**

[New User? Apply now](#)

Powered by Thentia Regulate

Two-Stage Authentication: Security Question

To continue, please provide the correct answer to the following security question below.

In what city were you born?

Answer *

Submit

Powered by Thentia Regulate



- Your security answers are **Case Sensitive**, so PLEASE **remember** if you capitalize an answer in the security questions you provided!

- You must take note of your answers (**case sensitive**, REMEMBER) and should not be shared to anyone!



Application Type

Manitoba Graduate



Click Start New Application

College of Paramedics of Manitoba

Registration and Exam Application

Welcome

Invoices & Receipts

Password Reset

Welcome

Follow the step-by-step instructions to complete your application for membership or to write a licensing exam. Our main website at www.collegeparamb.ca has more detailed information to assist with your application.

Your application information is listed below.

#	Application Type	Application Status	Submitted Date
No applications have been started.			

Start New Application

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Different types of applications



Manitoba Graduate



Registered/Graduate From Another Province



Exam



Internationally Educated Paramedic

After identifying the type of application ... (you can select the application in the next screenshot below ...)

The screenshot shows the 'Application Type' selection screen. On the left is a navigation menu with 12 items, where 'Application Type: Manitoba Graduate' is selected. The main content area has a heading 'Application Type' and a sub-heading 'Select the appropriate category type below.' There are three main options, each with a 'Select this Application >' button: 'Manitoba Graduate', 'Registered/Graduate From Another Province', and 'Internationally Educated Paramedic'. Each option includes a note about transition transfer applications. The 'Exam' option is also present. A red box highlights the 'Select this Application >' button for 'Manitoba Graduate', and a red arrow points from this button to the 'Manitoba Graduate' option in the navigation menu. A blue arrow points from a red button icon to the 'Select this Application >' button for 'Manitoba Graduate'. A graduation cap icon is visible in the background.

The screenshot shows the 'Sub-Register Level (Registration Level)' selection screen. The navigation menu on the left now shows 'Sub-Register Level (Registration Level)' as the selected option. The main content area has a heading 'Sub-Register Level (Registration Level)' and a sub-heading 'All information with a * is required information.' There is a dropdown menu for 'Registration level being applied for' with a magnifying glass icon over it. Below the dropdown is a list of options: 'Emergency Medical Responder (EMR)', 'Primary Care Paramedic (PCP)', 'Advanced Care Paramedic (ACP)', and 'Critical Care Paramedic (CCP)'. A 'Save & Continue >' button is visible on the right. A red arrow points from the 'Sub-Register Level (Registration Level)' option in the navigation menu to the 'Sub-Register Level (Registration Level)' heading. A blue arrow points from the magnifying glass icon to the dropdown menu.

(please make sure that you will provide the necessary information in the fields * required)

2nd Step Sub-Register Level (Registration Level)

This is pre-populated based on what registration level you are applying for. Choose one in the drop down menu below:

Registration level being applied for *

Select ...

Select ...

Emergency Medical Responder (EMR)

Primary Care Paramedic (PCP)

Advanced Care Paramedic (ACP)

< Previous

Click on

For this example, we will select - Emergency Medical Responder (EMR) highlighted in yellow

Registration level being applied for *

Emergency Medical Responder (EMR)

< Previous

Always **SAVE** your work !!!

Save & Continue >

3rd Step Membership Class

College of Paramedics of Manitoba

Registration and Exam Application

Welcome

Invoices & Receipts

Password Reset

Application Type: Manitoba Graduate

Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)

3 Membership Class

1 Personal Information

2 Citizenship & Language

3 Education Information

4 Entry To Practice Exam

5 Employment Information

6 Other Jurisdictions

7 Professional Liability Insurance

8 Background Check

9 Supporting Documents

10 Declarations

11 Payment

12 Submitted

Membership Class

The following are the definitions of each membership class in the College of Paramedics of Manitoba General Regulation, 2.2(2).

- Full - A member who is eligible to be issued a certificate of practice.
- Temporary - A member who is eligible to be issued a certificate of practice for an authorized restricted purpose and a time-limited period.
- Retired - A member who is not currently eligible for a certificate of practice and who does not intend to become engaged in the practice of paramedicine at a later date.

Note: All information with a * is required information.

Membership class being applied for *

Select ...

Select ...

Full

Temporary

Retired

< Previous

Save & Continue >

Always **SAVE** your work !!!

(please make sure that you will provide the necessary information in the fields * required)

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4th Step Personal Information

College of Paramedics of Manitoba | Mailingator

https://cpmb.uat.thentiacloud.net/webs/cpmb/application/#/...

College of Paramedics of Manitoba

Registration and Exam Application

(Please make sure that you provide the necessary information in required fields.)

Personal Information

Note: All information with a * is required information.

First Name *
Last Name *
Middle Name
Common Name
Date of Birth *
Gender *
Street Address 1 *
Street Address 2
City *
Country *
Province / State *
Postal Code / Zip Code *
Primary Phone *
Mobile Phone
Primary E-mail *

paramedics1@mailinator.com

Save & Continue >

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College of Paramedics of Manitoba | Mailingator

https://cpmb.uat.thentiacloud.net/webs/cpmb/application/#/step-p...

College of Paramedics of Manitoba

Registration and Exam Application

Note: All information with a * is required information.

There were some errors handling your submission.

There were some errors handling your submission.

First Name * Michael
Last Name * Jordan
Middle Name
Common Name
Date of Birth * 07/10/2000
Gender * Male
Street Address 1 *
Street Address 2
City *
Country * Canada
Province / State * Manitoba
Postal Code / Zip Code * R3E 2M9
Primary Phone * This field is required.
Mobile Phone
Primary E-mail * paramedics1@mailinator.com

Save & Continue >

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If information in required fields is missing, you cannot proceed to the next step.

Always SAVE your work !!!

5th Step Citizenship & Language

This screenshot shows the 'Citizenship & Language' step of the registration process. The left sidebar lists steps 1 through 15, with step 5, 'Citizenship & Language', highlighted in yellow. A red arrow points from this sidebar item to the form. The form contains the following elements:

- Header:** 'Citizenship & Language' with a magnifying glass icon and a yellow callout box: '(Please ensure you answer all required questions)'. A blue arrow points from this callout to the form questions.
- Note:** 'All information with a * is required information.'
- Questions:**
 - 'Are you a Canadian Citizen? *' with radio buttons for 'Yes' (selected) and 'No'.
 - 'Is your first language English? *' with radio buttons for 'Yes' (selected) and 'No'.
- Buttons:** '< Previous' and 'Save & Continue >'. A red pushpin icon is placed over the 'Save & Continue' button.
- Annotations:** A green circular button with 'YES' and a checkmark is positioned below the questions. A blue starburst callout says 'Always SAVE your work !!!' with an arrow pointing to the 'Save & Continue' button.

This screenshot shows the 'Citizenship & Language' step for non-citizens. The left sidebar is identical to the previous screenshot, with step 5 highlighted. The form contains the following elements:

- Header:** 'Citizenship & Language' with a magnifying glass icon and a yellow callout box: '* If you are not a Canadian Citizen, you need to provide proof of eligibility to work in Canada, please upload your Permanent Residency Card or Work Visa*'. A blue arrow points from this callout to the 'Upload Files' button.
- Note:** 'All information with a * is required information.'
- Questions:**
 - 'Are you a Canadian Citizen? *' with radio buttons for 'Yes' and 'No' (selected).
 - 'Please provide proof of eligibility to work in Canada such as a Permanent Residency Card or a Work Visa. *' with an 'Upload Files' button.
 - 'Is your first language English? *' with radio buttons for 'Yes' and 'No' (selected).
 - 'Was your paramedicine education delivered in English? *' with radio buttons for 'Yes' and 'No' (selected).
- Buttons:** '< Previous' and 'Save & Continue >'. A red 'Upload' button is placed over the 'Upload Files' button.
- Annotations:** Two red 3D blocks with 'NO' are positioned to the right of the form. A blue arrow points from these blocks to the 'Upload Files' button. A yellow callout box at the bottom says 'I acknowledge I may be required to provide English Proficiency examination results which will be determined by the registrar upon assessment of my application. *'. A blue arrow points from this callout to the 'I acknowledge' checkbox. A cartoon character with a yellow face and a hand pointing says 'Don't FORGET!' with an arrow pointing to the 'I acknowledge' checkbox.

6th Step Education Information

College of Paramedics of Manitoba

If you forgot to attach your education information you cannot proceed to the next step.

There were some errors handling your submission.
• You are required to provide appropriate educational credentials for Emergency Medical Responder (EMR).

Education Institution	Course	Level of Education	Graduation Date
No records have been added. Click + Add New to add record.			
+ Add New			

Education Information

Please provide the details of all relevant educational programs that you have completed. You must provide the appropriate education for the sub-register level you are applying for. Although the college does not have an Intermediate Care sub-register level, **you can provide your Intermediate Care certificate** to receive a notation on your certificate of registration.

Education Institution	Course	Level of Education	Graduation Date
No records have been added. Click + Add New to add record.			
+ Add New			

< Previous

Save & Continue >

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When you click + Add New ... you will be prompted to the next screen ...

College of Paramedics of Manitoba

(Please ensure you answer all required questions)

Education Information - New

Note: All information with a * is required information.

Date of Completion *

Level of Education *

Name of Educational Institution *

Program Name / Course Name *

Upload a copy of your education certificate provided by the issuing authority. *

Upload Files

Select...

Emergency Medical Responder (EMR)

Primary Care Paramedic (PCP)

Advanced Care Paramedic (ACP)

Critical Care Paramedic (CCP)

Intermediate Care Paramedic (ICP) - Additional Training

Select..

Select..

BC Emergency Health Services Critical Care Transport Program

Canada Red Cross

College of the North Atlantic

Criti Care EMS, Inc.

Justice Institute of British Columbia

Upload

< Cancel & Back

Save & Back >

Always **SAVE** your work !!!

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If you forgot to upload your certificate ... you can **edit or delete** and then add information. Note: If you require Intermediate Care notation, provide your **Intermediate Care Certificate** (PCP-IC Verification Form dated prior to November 30, 2020 from a Manitoba employer) to receive a **notation** on your certificate of practice.

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

Application Type: Manitoba Graduate
Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
Membership Class: Full

Personal Information
Citizenship & Language
6. Education Information
7. Entry To Practice Exam
8. Employment Information
9. Other Jurisdictions
10. Professional Liability Insurance
11. Background Check
12. Supporting Documents
13. Declarations
14. Payment
15. Submitted

Education Information

Please provide the details of all relevant educational programs that you have completed. You must provide the appropriate education for the sub-register level you are applying for.

Although the college does not have an Intermediate Care sub-register level, you can provide your Intermediate Care certificate to receive a notation on your certificate of registration.

Education Institution	Course	Level of Education	Graduation Date	
xxxxxxxxxx	EMR	Emergency Medical Responder (EMR)	02/04/2021	Edit Delete

[+ Add New](#)

[< Previous](#) [Save & Continue >](#)

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College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

Application Type: Manitoba Graduate
Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
Membership Class: Full

Personal Information
Citizenship & Language
6. Education Information
7. Entry To Practice Exam
8. Employment Information
9. Other Jurisdictions
10. Professional Liability Insurance
11. Background Check
12. Supporting Documents
13. Declarations
14. Payment
15. Submitted

Education Information - Edit

Note: All information with a * is required information.

Date of Completion * 02/04/2021

Level of Education * Emergency Medical Responder (EMR)

Name of Educational Institution * OTHER

Other Institution Name * xxxxxxxxxxxx

Program Name / Course Name * EMR

[Upload](#) Upload a copy of your education certificate provided by the issuing authority. [Upload Files](#)

[< Cancel & Back](#) [Save & Back >](#)

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7th Step Entry to Practice Exam

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- 7 Entry To Practice Exam**
- Employment Information
- Other Jurisdictions
- Professional Liability Insurance
- Background Check
- Supporting Documents
- Declarations
- Payment
- Submitted

Entry To Practice Exam

Please provide the following regarding completion of the Entry to Practice Exam.

No Yes All information with a * is required information.

Name of Registration Level being applied for: Emergency Medical Responder (EMR)

Have you successfully completed the Entry to Practice Exam? * Yes No

< Previous Save & Continue >

If you answered 'No', you are not eligible for this application at this time. Please proceed with an exam application.

If you answered 'Yes'

Have you successfully completed the Entry to Practice Exam? * Yes No

Exam Completion Date *

Upload your certificate indicating successful proof of completion of the exam. *

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Always SAVE your work !!!

8th Step Employment Information

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- 8 Employment Information**
- Other Jurisdictions
- Professional Liability Insurance
- Background Check
- Supporting Documents
- Declarations
- Payment
- Submitted

Employment Information

Provide all current employers.

Do you have an employment offer pending registration? Yes No

No You are required to update your employment information in the registrant portal immediately once hired.

Employer	Employment Type	Service Type	Start Date	End Date	Primary
No records have been added. Click + Add New to add record.					

+ Add New

< Previous Save & Continue >

Note: If you answered 'No', you are required to update your employment information in the registrant portal immediately once hired.

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Always SAVE your work !!!

College of Paramedics of Manitoba | # - Michael Jordan | Logout

Registration and Exam Application

Welcome

Invoices & Receipts

Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- 8 Employment Information**
- 9 Other Jurisdictions
- 10 Professional Liability Insurance
- 11 Background Check
- 12 Supporting Documents
- 13 Declarations
- 14 Payment
- 15 Submitted

Employment Information

There were some errors handling your submission.

- At least one employment record is required.

Provide all current employers.

Do you have an employment offer pending registration? Yes No

Employer	Employment Type	Service Type	Start Date	End Date	Primary	
Winnipeg Fire Paramedic Service	Full Time	Fire	01/20/2021	N/A	Yes	Edit Delete

[+ Add New](#)

[< Previous](#) [Save & Continue >](#)

YES
 NO
 MAYBE

Always **SAVE** your work !!!

** If you have an employment offer pending registration, you are required to enter it.

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College of Paramedics of Manitoba | #30121 - Michael Jordan | Logout

Registration and Exam Application

Welcome

Invoices & Receipts

Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- 8 Employment Information**
- 9 Other Jurisdictions
- 10 Professional Liability Insurance
- 11 Background Check
- 12 Supporting Documents
- 13 Declarations
- 14 Payment
- 15 Submitted

Employment Information - New

Note: All information with a * is required information.

Employment Type *

Service Type *

Employer *

Start Date *

End Date

Primary Employment? * Yes No

[< Cancel & Back](#) [Save & Back >](#)

(Please ensure you answer all required * questions)

Always **SAVE** your work !!!

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- 8 Employment Information
- 9 Other Jurisdictions
- 10 Professional Liability Insurance
- 11 Background Check
- 12 Supporting Documents
- 13 Declarations
- 14 Payment
- 15 Submitted

Provide all current employers.
Do you have an employment offer pending registration? Yes No

Employer	Employment Type	Service Type	Start Date	End Date	Primary	
Winnipeg Fire Paramedic Service	Full Time	Fire	01/20/2021	N/A	Yes	Edit Delete

Employment Information - Edit

Note: All information with a * is required information.

Employment Type *

Service Type *

Employer *

Start Date *

End Date

Primary Employment? * Yes No

[Cancel & Back](#) [Save & Back](#)

Always **SAVE** your work !!!

9th Step Other Jurisdictions

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- Employment Information
- 9 Other Jurisdictions
- 10 Professional Liability Insurance
- 11 Background Check
- 12 Supporting Documents
- 13 Declarations
- 14 Payment
- 15 Submitted

(If you do not have any registration in other jurisdiction – click save & continue)

Registration in Other Jurisdictions Information

Please provide the details of all other Paramedic and healthcare registrations you have ever held, including those that have lapsed/expired.

Registration Type	Registration Level	Registration Number	Country	Province / State	Expiration Date
No records have been added. Click + Add New to add record.					

[Add New](#)

[Previous](#) [Save & Continue](#)

Always **SAVE** your work !!!

Powered by Thentia Regulate

College of Paramedics of Manitoba

Registration and Exam Application

If you do have any registration in other jurisdiction – click **+ Add New**

Registration in Other Jurisdiction - New *(Please ensure you answer all required * questions)*

Note: All information with a * is required information.

Registration Type * Other

Specify Registration Type * [Text Field]

Registration Number * [Text Field]

Country * Select...

Province/State [Text Field]

Issue Date * [Text Field]

Expiration Date * [Text Field]

This registration does not expire.

I acknowledge a verification of registration/letter of good standing must be sent from the regulator directly to the College of Paramedics of Manitoba.

acknowledge

Always SAVE your work !!!

< Cancel & Back **Save & Back**

COPR Labour Mobility Form??? – see below ↓ next page

College of Paramedics of Manitoba

Registration and Exam Application

Registration in Other Jurisdictions Information

Please provide the details of all other Paramedic and healthcare registrations you have ever held, including those that have lapsed/expired.

Registration Type	Registration Level	Registration Number	Country	Province / State	Expiration Date	
Paramedic License	Emergency Medical Responder (EMR)	3254365	Canada	Manitoba	03/31/2021	Edit Delete

+ Add New

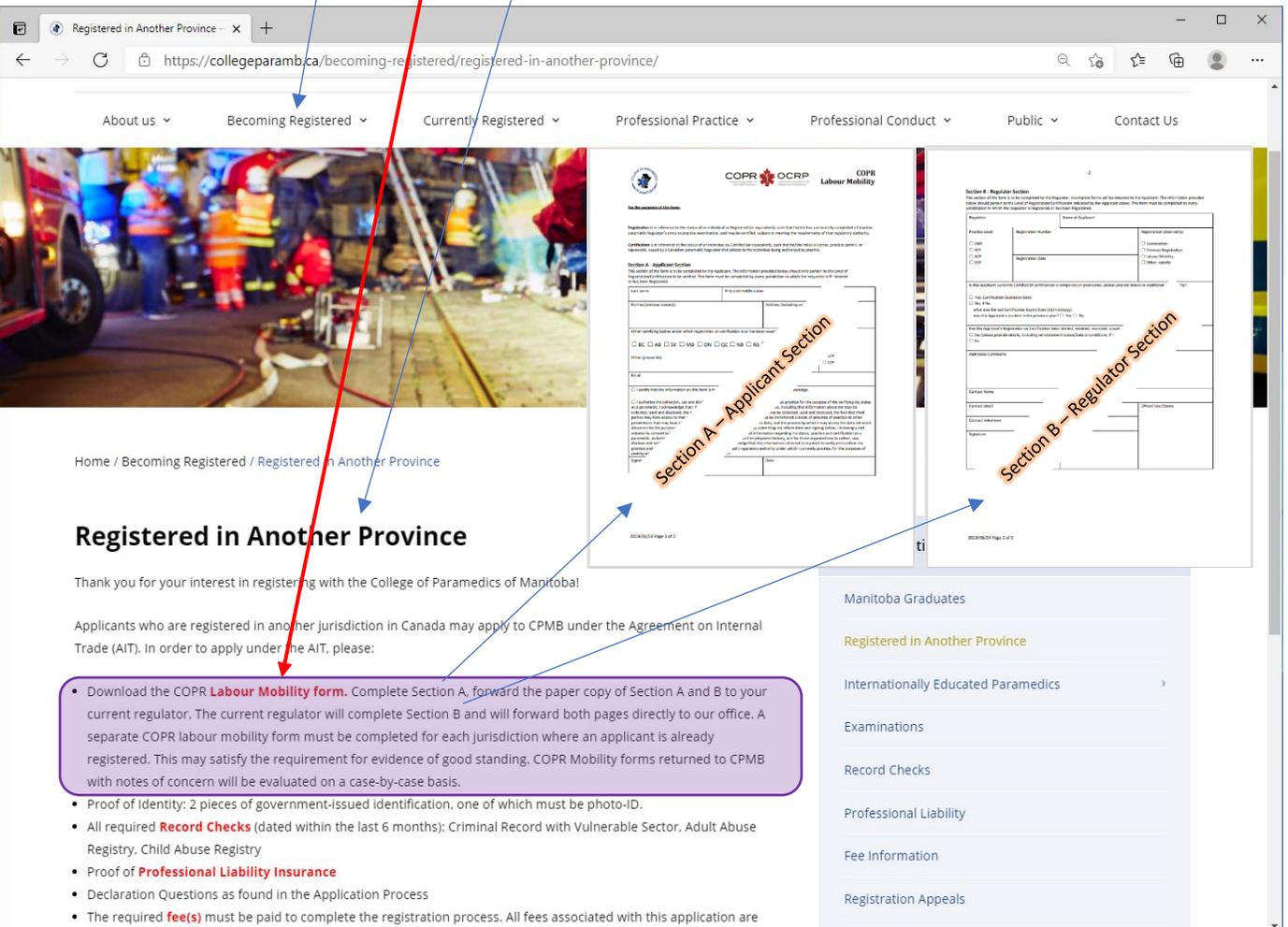
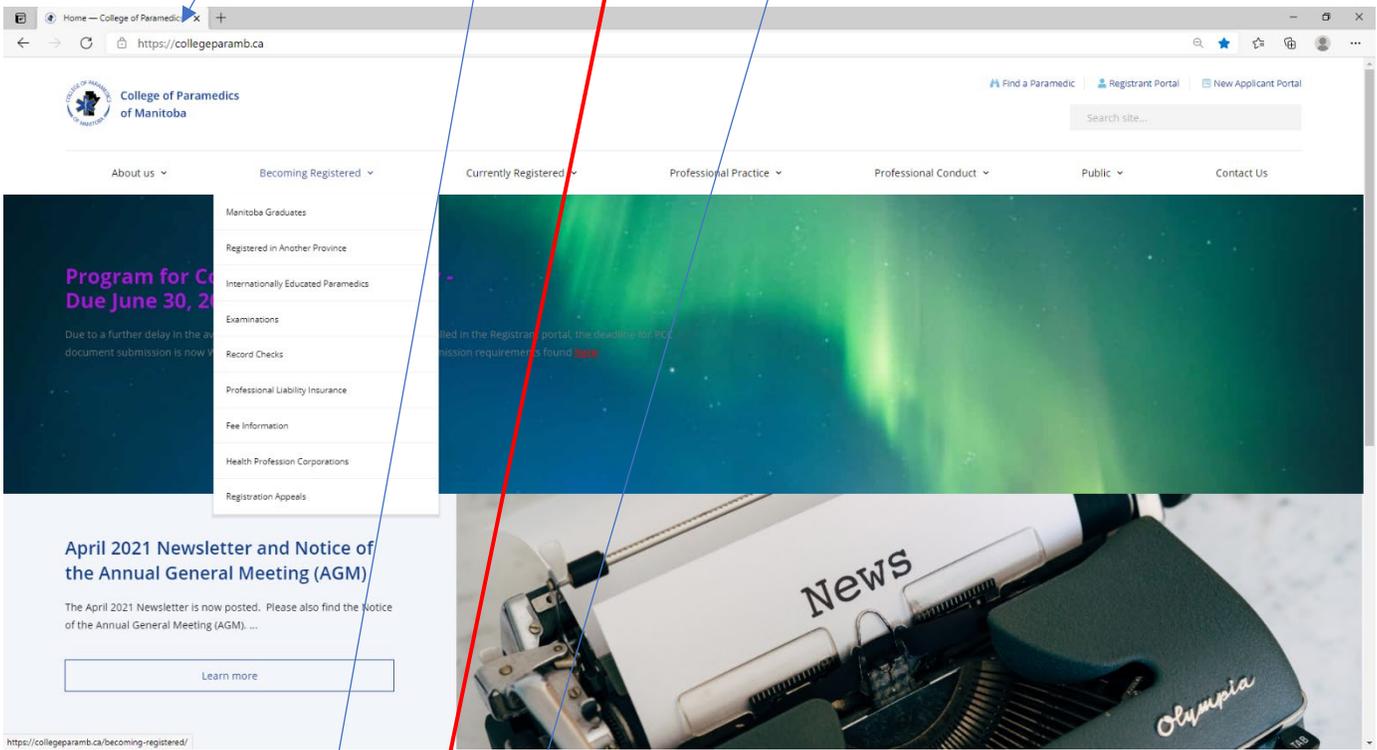
< Previous **Save & Continue**

You can add (more information), edit, or delete (existing information).

Powered by **Thenia Regulate**

You can find / download the **COPR Labour Mobility Form** on the website -

<https://collegeparamb.ca/becoming-registered/registered-in-another-province/>



10th Step

Professional Liability Insurance

The screenshot shows the 'Professional Liability Insurance' step of the registration process. A red box highlights the instruction: "Please provide your professional liability insurance details including a copy of your certificate of professional liability insurance. Liability Insurance is not required if applying as Non Practicing or Retired." Below this is a table with columns for Insurance Provider, Policy Number, Issue Date, Expiration Date, and Coverage Amount. A red arrow points from the instruction box to the table. A blue arrow points from the '+ Add New' button to the table. A pink error message at the bottom states: "There were some errors handling your submission. You are required to provide at least one insurance that is current." The left sidebar shows the navigation menu with '10 Professional Liability Insurance' selected.

The screenshot shows the 'Professional Liability Insurance - New' form. A yellow box at the top says "(Please ensure you answer all required * questions)". A blue starburst graphic says "Always SAVE your work !!!". A blue arrow points from the starburst to the form fields. A red arrow points from the starburst to the 'Upload' button. A blue arrow points from the starburst to the 'Coverage Amount' field, which has a red box around it and a note: "This amount must be at least \$5,000,000" and "Coverage Amount 5 M". A red arrow points from the starburst to the 'Upload Insurance Certificate' field, which has a red box around it and a note: "This field is required." and "Certificate_20210216_Professional-Liability-Insurance.jpeg". A red arrow points from the starburst to the 'Save & Back' button. A yellow box at the bottom says "You need to upload your Professional Liability Insurance Certificate". The left sidebar shows the navigation menu with '10 Professional Liability Insurance' selected.



The document that you will provide / upload is the **“Certificate of Professional Liability Insurance”** and not the payment receipt or the policy itself. The college **cannot** approve your application without seeing the full certificate showing your **name and address; policy period with a start and expiry date (very important)** and showing **\$5,000,000 coverage per claim**. Please note that coverage should be entered with no comma's (5000000) meaning you type number '5' + 6 zeros ('000000').

PARAMEDIC ASSOCIATION OF MANITOBA

Paramedic Association of Manitoba
500 Century Street Unit 200
Winnipeg, MB, R2H 0T4 (204) 786-6661

Payment Receipt

Insured:

☹️☹️☹️

With Respect To:

Product: Professional Liability Insurance - Paramedics Association of Manitoba
Policy #: PAM-02207986-001
Coverage period: November 17, 2020 - January 1, 2022

Gross Premium	\$78.00
Fees	\$5.00
Tax	\$5.81
Total Paid	\$88.81

RECEIPT

RECEIPT NO: 18136
DATE: January 4, 2021

FROM: Paramedic Association of Manitoba

☹️☹️☹️

DESCRIPTION	AMOUNT
Fees - \$170.00 PARAMEDIC - Full Membership WITH INSURANCE Nov 1 2020 - Dec 31 2021	\$170.00
Discount - \$75.33 I paid my \$170.00 2020/2021 PAM membership valid to June 30, 2021	-\$75.33
Extra Costs - \$30.00 Late Fee	\$30.00
Total	\$124.67
Total Paid	\$124.67

FORMS AND ENDORSEMENTS ATTACHED HERETO:

- Abuse and Molestation (Claims Made Form) - Limit: \$50,000 any one claim / \$100,000 in the aggregate - Deductible: \$500
- Legal Expense and Criminal Prosecution Reimbursement Endorsement (Canada) - Limit: \$50,000 any one claim / \$100,000 in the aggregate - Deductible: \$500
- Supplementary Payments - Loss of Earnings (Claims Made Form) - Maximum of \$500 per person for each day on which attendance is required subject to a maximum of \$2,500 any one claim and \$2,500 in the aggregate - Deductible: \$500
- Medical Therapy and Counseling (Claims Made Form) - Limit: \$50,000 any one claim / \$250,000 in the aggregate - Deductible: \$500
- Breach of Professional Confidentiality Extension (Claims Made Form) - Limit: \$5,000,000 any one claim / \$5,000,000 in the aggregate - Deductible: \$500
- Statutory Conditions - AB, BC and MB
- Costs In Addition/Amendment Clause (Applicable to Quebec Province Jurisdiction only)
- Committee, Advisory Board and Professional Association Activities Exclusion
- Professional Liability (Errors & Omissions for Dispatchers and Call Takers) - NOT COVERED
- Definition of Insured
- COVID 19 (Corona Virus Disease) Coverage - Limit: \$1,000,000 any one claim / \$1,000,000 in the annual aggregate - Deductible \$500
- Non-Stacking Limit Endorsement

Miller Thomson - Legal Hotline Questions: call 1-800-387-4452
For B.C. Insureds: Dolden Wallace Folick - Legal Hotline Questions: call 1-844-295-8259

INSURE IN CANADA RISK
For purposes of the Insurance Companies Act (Canada), this Canadian Policy was issued in the course of Lloyd's Underwriters' insurance business in Canada.

IDENTIFICATION OF INSURER / ACTION AGAINST INSURER
This insurance has been effected in accordance with the authorization granted to the Coverholder by the Underwriting Members of the Syndicates whose definitive numbers and proportions are shown in the Table attached to Agreement No. B1100061700321000 (hereinafter referred to as "the Insurers"). The Insurers shall be liable hereunder each for his own part and not one for another in proportion to the several sums that each of them has subscribed to the said Agreement.

In any action to enforce the obligations of the Insurers they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Insurers as if they had each been individually named as defendant. Service of legal proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is 1155 rue Metcalfe, Suite 2220, Montreal, Quebec H3B 2V6.

NOTICE
Any notice to the Underwriters may be validly given to the Coverholder.

LIST OF SUBSCRIBING COMPANIES
IN CONSIDERATION OF THE INSURED having paid or agreed to pay to each of the INSURERS named in the List of Subscribing Companies forming part hereof, or to INSURERS whose names are substituted therefore or added thereto by endorsement, hereinafter called "THE INSURERS", the Premium set against its name in the List of Subscribing Companies (attached hereto).

INSURER	SECTION	PERCENTAGE	PREMIUM
Reassurance Pn (RNR1458)	A	40%	\$25.60
Newline Syndicate PVEL 1218)	A	30%	\$19.20
Date Underwriters Partners (DUW 1729)	A	30%	\$19.20
TOTAL PREMIUM DUE:			CAD \$64.00

THE INSURERS SEVERALLY AND NOT JOINTLY agree, each for the Sum(s) Insured or Percentage(s) and for the Coverage(s) Insured set against its name in the List of Subscribing Companies, and always subject to the terms and conditions of this Policy, that if a loss occurs for which insurance is provided by this Policy at any time while it is in force, they will indemnify the INSURED against the loss so caused, the liability of each insurer individually for such loss being limited to that proportion of the loss payable according to the terms and conditions of this Policy which the Sum Insured or the amount corresponding to the Percentage set against its name in the List of Subscribing Companies, or such other sum or percentage as may be substituted therefore by endorsement, bears to the total of the sums insured or of the amounts corresponding to the percentages of the sums insured respectively set against the coverage concerned on the Schedule page(s).

This Policy is made and accepted subject to the foregoing provisions, and to the other provisions, stipulations and conditions contained herein, which are hereby specifically referred to and made a part of this Policy, as well as such other provisions, agreements or conditions as may be endorsed hereon or added hereto.

No term or condition of this Policy shall be deemed to be waived by the Insurers in whole or in part unless the waiver is clearly expressed in writing, signed by the person(s) authorized for that purpose by the Insurers. Neither the Insurers nor the Insured shall be deemed to have waived any term or condition of the Policy by any act relating to the appraisal of the amount of loss or to the delivery and completion of proofs of loss, or to the investigation or adjustment of any claim under the Policy.

IN WITNESS WHEREOF this Policy has been signed as authorized by the Insured, by MedThree Insurance Group Inc. (Operating in British Columbia as MedThree Insurance Managers Inc.)

Date Issued: February 11, 2021

MedThree Insurance Group Inc.
Authorized Representative on behalf of the Insurer

THE INSURANCE CONTRACT CONSISTS OF THE DECLARATIONS PAGE AS WELL AS ALL COVERAGE AGREEMENTS, RIDERS OR ENDORSEMENTS THAT ARE ATTACHED THERETO.

THIS POLICY CONTAINS WORDING WHICH IS OR MAY BE DIFFERENT FROM YOUR PRIOR POLICY.

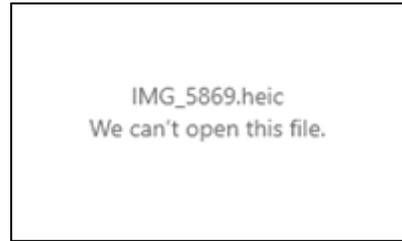
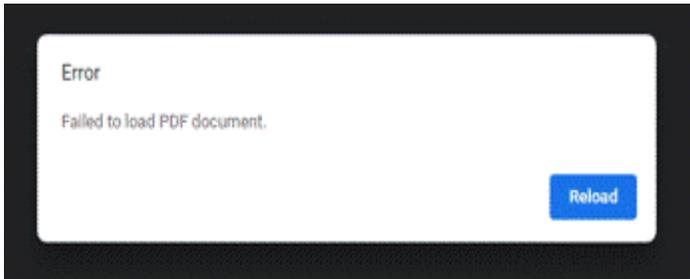
THIS POLICY CONTAINS COVERAGE AGREEMENTS WHICH ARE WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS, AND ONLY COVER CLAIMS THAT ARE FIRST MADE DURING THE PERIOD OF INSURANCE AND REPORTED IN ACCORDANCE WITH THE POLICY TERMS.

PLEASE REVIEW THIS POLICY WORDING CAREFULLY, AND IF INCORRECT, RETURN IT IMMEDIATELY FOR ALTERATION

In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to the Third Party Adjuster whose name and address appears in Item 7 of the schedule.

All inquiries and disputes are to be addressed to the Coverholder.

Liability Insurance file sometimes fails to load. See below sample screen shot message. The College cannot approve your application without the full certificate.



Note: Please ensure the document has uploaded / opening properly ***to avoid delay in the approval*** of your application.

If you have a 'Certificate of Liability Insurance' from Victor Insurance, this is only valid while working for Winnipeg Fire Paramedic Service (WFPS). If you intend to work for any other organization as a paramedic or EMR, please be aware that you will need to take out additional professional liability insurance in your name. If you have any questions, please contact the college at info@collegeparamb.ca.



Victor Canada
500-1400 Blair Towers Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.victorinsurance.ca

Certificate of Insurance

Certificate Number: 237

Issued to:	Members of the City Of Winnipeg Fire Paramedic Service
	Errors and Omissions Insurance Policy SRD562722
1. INSURED MEMBER:	
2. INSURED MEMBER'S Address:	ONLY
3. Policy Period:	from 04 December 2020 to 04 December 2021 at 00:01 a.m. local time at the address shown above without tacit renewal
4. Limits of Liability:	\$5,000,000 per LOSS \$5,000,000 per policy period
5. Deductible:	\$0 per LOSS
6. Position:	Firefighter PCP
	<i>* All amounts shown in CDN dollars</i>

This certificate provides the above INSURED MEMBER with coverage under the aforementioned policy on file with the INSURERS subject to the terms and conditions thereof and the above limits of liability and deductible.

The INSURERS have duly authorized Victor Insurance Managers Inc. to execute and sign this Certificate of Insurance.

Dated: December 15, 2020


David G. Cook, President
Authorized Representative

LLOYD'S



MED **THREE**
INSURANCE GROUP

401 The West Mall, Suite 700, Toronto, ON M9C 5J5

PARAMEDICS ASSOCIATION OF MANITOBA INSURANCE PROGRAM Professional Liability Certificate of Insurance



EFFECTED WITH CERTAIN LLOYD'S UNDERWRITERS
(HEREINAFTER CALLED THE "INSURER") THROUGH LLOYD'S
By Approved Coverholder MedThree Insurance Group Inc.
(operating as MedThree Insurance Managers Inc. in B.C.)
(The Coverholder)

**THIS IS A CLAIMS-MADE MEDICAL MALPRACTICE INSURANCE POLICY.
PLEASE READ CAREFULLY.**

THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE.

SCHEDULE

CERTIFICATE POLICY NUMBER: PAM-02213745-001
Attaching to and forming part of MASTER MEDICAL MALPRACTICE INSURANCE
POLICY NUMBER: M3AH-PAM-1112020

1. Member Name:	
Mailing Address:	
2. Policy Period:	From: February 12, 2021 To: January 1, 2022 (12:01 a.m. Standard time at the Mailing Address of the Named Insured as stated above.)
3. Limit of Liability:	(a) \$5,000,000 Each Claim (b) \$5,000,000 Annual Aggregate
4. Deductible:	\$500 Each Claim
5. Premium:	\$64.00 (100% Minimum Retained Premium)
6. Retroactive Date:	February 12, 2021
7. Notice of Claim To:	Attn: New MedThree Claims International Programs Group 120 Adelaide Street West, Suite 2410, Toronto, ON M5H 1T1 Email: claims@medthreeinsurance.com Telephone: 416-777-4470 844-546-1556 (emergency after-hours)
8. Notices:	MedThree Insurance Group Inc.
9. Service of Suit:	Canada
10. Currency:	Canadian
11. Territorial Limits:	Canada
12. Minimum Limit of Insurance:	Not Applicable
13. Specified Professional Healthcare Services:	Paramediche
14. Broker:	Marsh Canada Limited, 1130 Morrison Dr., Ste. 280, Ottawa, ON K2H9N6 Email: paramedic.service@marsh.com Phone: 1.888.725.5137



11th Step Background Check

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

Application Type: Manitoba Graduate
Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
Membership Class: Full
Personal Information
Citizenship & Language
Education Information
Entry To Practice Exam
Employment Information
Other Jurisdictions
Professional Liability Insurance
11 Background Check
12 Supporting Documents
13 Declarations
14 Payment
15 Submitted

Please see information on Record Checks at [colleparamb.ca / becoming-registered / record-checks](https://colleparamb.ca/becoming-registered/record-checks)

Background Check

As part of this application, you will be required to provide the following Record Checks:

- Criminal Record Check with Vulnerable Sector
- Adult Abuse Registry
- Child Abuse Registry

Background Check Type	Issuing Institution	Issue Date
No records have been added. Click + Add New to add record.		
+ Add New		

< Previous

Save & Continue >

There were some errors handling your submission.
You are required to provide all Record Checks.

or you cannot proceed to the next step ❌

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College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

Application Type: Manitoba Graduate
Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
Membership Class: Full
Personal Information
Citizenship & Language
Education Information
Entry To Practice Exam
Employment Information
Other Jurisdictions
Professional Liability Insurance
11 Background Check
12 Supporting Documents
13 Declarations
14 Payment
15 Submitted

(Please ensure you answer all required questions)

Background Check - New

Note: All information with a * is required information.

Background Check Type *
Issuing Institution *
Issue Date *
Upload Background Check *

Adult Abuse Registry Check
Child Abuse Registry Check
Criminal Record Check with Vulnerable Sector Check

Local Police
Manitoba Department of Families
RCMP

Upload
This field is required.

Cancel & Back

Save & Back >

Always SAVE your work !!!

(Once uploaded, summary of background check type is listed for review)

Background Check Type	Issuing Institution	Issue Date	
Criminal Record Check with Vulnerable Sector Check	RCMP	12/02/2020	Edit Delete
Child Abuse Registry Check	Manitoba Department of Families	01/11/2021	Edit Delete
Adult Abuse Registry Check	Local Police	12/04/2020	Edit Delete

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12th Step Supporting Documents

The screenshot shows the 'Supporting Documents' step of the registration application. The left sidebar lists the application progress, with '12 Supporting Documents' highlighted. The main content area includes a note: 'All information with a * is required information.' Below this, there are instructions to upload two forms of government-issued identification and legal documentation of name change. There are three 'Upload Files' buttons and a red 'Upload' button. A yellow callout box says '(Please ensure you answer all required * questions)'. A red starburst graphic says 'Always SAVE your work !!!'. A red pushpin icon is next to the 'Save & Continue' button. The footer says 'Powered by Thentia Regulate'.

13th Step Declarations

The screenshot shows the 'Declaration Questions' step of the registration application. The left sidebar lists the application progress, with '13 Declarations' highlighted. The main content area includes a note: 'All information with a * is required information.' Below this, there are six questions with radio button options for 'Yes' and 'No'. The questions are: 1. Are you currently or have you ever been registered or held a license with any health profession regulator in Canada...? 2. Have you ever been disciplined by a regulator of paramedicine or any other health profession...? 3. Have you ever been charged or convicted or pleaded guilty to a criminal or regulatory offence...? 4. Have you ever been charged or convicted or pleaded guilty to a charge of careless driving causing death...? 5. Has your name, or any other name you have previously used, ever been entered onto an adult abuse and/or child abuse registry...? 6. Do you have a physical or mental condition/disorder, including an addiction to alcohol or drugs...? A red arrow points from the '13 Declarations' in the sidebar to the first question. The 'Save & Continue' button is at the bottom right. The footer says 'Powered by Thentia Regulate'.

College of Paramedics of Manitoba: x +

https://cpmb.uat.thenticloud.net/webs/cpmb/application/#/step-declaration

College of Paramedics of Manitoba # - Michael Jordan Logout

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- Employment Information
- Other Jurisdictions
- Professional Liability Insurance
- Background Check
- Supporting Documents
- 13 **Declarations**
- 14 Payment
- 15 Submitted

(Please ensure you answer all six (6) required * questions)

Declaration Questions

Note: All information with a * is required information.

There were some errors handling your submission.

- Are you currently or have you ever been registered or held a license with any health profession regulator in Canada (including Manitoba Health Emergency Medical Services Branch) or elsewhere? *
 Yes No
This field is required.
- Have you ever been disciplined by a regulator of paramedicine or any other health profession, in Canada or elsewhere? *
 Yes No
This field is required.
- Have you ever been charged or convicted of or pleaded guilty to a criminal or regulatory offence in Canada or elsewhere? *
 Yes No
This field is required.
- Have you ever been charged or convicted of or pleaded guilty to a charge of careless driving causing death under *The Highway Traffic Act of Manitoba* or similar legislation? *
 Yes No
This field is required.
- Has your name, or any other name you have previously used, ever been entered onto an adult abuse and/or child abuse registry and/or vulnerable sector check? *
 Yes No
This field is required.
- Do you have a physical or mental condition/disorder, including an addiction to alcohol or drugs, that may impair your ability to safely engage in the practice or paramedicine? *
 Yes No
This field is required.

< Previous Save & Continue >

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College of Paramedics of Manitoba: x +

https://cpmb.uat.thenticloud.net/webs/cpmb/application/#/step-declaration

College of Paramedics of Manitoba # - Michael Jordan Logout

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- Employment Information
- Other Jurisdictions
- Professional Liability Insurance
- Background Check
- Supporting Documents
- 13 **Declarations**
- 14 Payment
- 15 Submitted

(If you answered 'No' to all questions, save & continue)

Declaration Questions

Note: All information with a * is required information.

- Are you currently or have you ever been registered or held a license with any health profession regulator in Canada (including Manitoba Health Emergency Medical Services Branch) or elsewhere? *
 Yes No
- Have you ever been disciplined by a regulator of paramedicine or any other health profession, in Canada or elsewhere? *
 Yes No
- Have you ever been charged or convicted of or pleaded guilty to a criminal or regulatory offence in Canada or elsewhere? *
 Yes No
- Have you ever been charged or convicted of or pleaded guilty to a charge of careless driving causing death under *The Highway Traffic Act of Manitoba* or similar legislation? *
 Yes No
- Has your name, or any other name you have previously used, ever been entered onto an adult abuse and/or child abuse registry and/or vulnerable sector check? *
 Yes No
- Do you have a physical or mental condition/disorder, including an addiction to alcohol or drugs, that may impair your ability to safely engage in the practice or paramedicine? *
 Yes No

< Previous Save & Continue >

Always **SAVE** your work !!!

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Registration and Exam Application

(If you answered **Yes** to any question below, see different requirements per question.)

- Welcome
- Invoices & Receipts
- Password Reset
- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- Employment Information
- Other Jurisdictions
- Professional Liability Insurance
- Background Check
- Supporting Documents
- Declarations**
- 14 Payment
- 15 Submitted

Declaration Questions

Note: All information with a * is required information.

1. Are you currently or have you ever been registered or held a license with any health profession regulator in Canada?

Yes No

Please provide or update the dates of registration for each registration or licensure, with each regulatory body (government agency or regulatory college). *

Registration Type	Registration Level	Registration Number	Country	Issue Date	Expiration Date	
Paramedic License	Emergency Medical Responder (EMR)	3254365	Canada	01/11/2021	03/31/2021	Edit Delete

+ Add New

2. Have you ever been disciplined by a regulator of paramedicine or any other health profession, in Canada or elsewhere? *

Yes No

Please provide the specific details of each incidence of discipline. *

Provide details...

3. Have you ever been charged or convicted of or pleaded guilty to a criminal or regulatory offence in Canada or elsewhere? *

Yes No

Please provide specific details of each charge and/or conviction or guilty pleas as well as the penalty. *

Provide details...

4. Have you ever been charged or convicted of or pleaded guilty to a charge of careless driving causing death under The Highway Traffic Act of Manitoba or similar legislation? *

Yes No

Please provide specific details of each charge and/or conviction or guilty plea as well as the penalty. *

Provide details...

5. Has your name, or any other name you have previously used, ever been entered onto an adult abuse and/or child abuse registry and/or vulnerable sector check? *

Yes No

Please provide specific details of the registry and the circumstances. *

Provide details...

6. Do you have a physical or mental condition/disorder, including an addiction to alcohol or drugs, that may impair your ability to safely engage in the practice or paramedicine? *

Yes No

Please provide specific details. *

Provide details...



< Previous

Save & Continue >

14th Step Payment

College of Paramedics of Manitoba | <https://cpmb.uat.thentiacloud.net/webs/cpmb/application/#/step-payment> | # - Michael Jordan | Logout

Registration and Exam Application

- Welcome
- Invoices & Receipts
- Password Reset
- Application Type: Manitoba Graduate
- Sub-Register Level (Registration Level): Emergency Medical Responder (EMR)
- Membership Class: Full
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- Personal Information
- Citizenship & Language
- Education Information
- Entry To Practice Exam
- Employment Information
- Other Jurisdictions
- Professional Liability Insurance
- Background Check
- Supporting Documents
- Declarations
- 14 Payment**
- 15 Submitted

Application Fee Payment

Fee Information

- The College accepts Visa, Mastercard, Visa Debit and Mastercard Debit for online payment of your outstanding balance.

Item Description	Amount
Application Fee	\$100.00

Method of Payment *

Credit Card

Method of Payment *

Credit Card Payment Option (Please ensure you answer all required * questions)

Enter the required information below. Your fees will be processed immediately and securely online.

Amount Due: \$100.00

Cardholder Name *

Credit Card Number *

Expiration Date *

Security Code (3 digits on back of card) *

Process Payment

Always **SAVE** your work !!!

WE ACCEPT THESE MAJOR CREDIT CARDS



Powered by [Thentia Regulate](#)

If you attempted too many times in entering credit card information ...

There were some errors handling your submission.

- Credit card error: Too many attempts with this credit card. Retry again in two (2) minutes.



Once completed ... please submit your application

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

Submitted

Your application has been successfully submitted to the College of Paramedics of Manitoba (CPMB).
You can view and print your receipt for payment of the application fee by clicking [view receipt](#).

Powered by Thenia Regulate

College of Paramedics of Manitoba

Registration and Exam Application

Welcome
Invoices & Receipts
Password Reset

Invoices & Receipts

Invoice #	Issued Date	Due Date	Amount Paid	Balance Owning	
000215	02/26/2021	N/A	\$100	\$0	Review
000214	02/24/2021	N/A	\$0	\$137.5	Review & Pay

Powered by Thenia Regulate

College of Paramedics of Manitoba

https://cpmb.uat.thentiacloud.net/webs/cpmb/application/#/step-receipts...

Not syncing

College of Paramedics of Manitoba

- Michael Jordan Logout

Registration and Exam Application

Welcome

Invoices & Receipts

Password Reset

[Print](#)

Confirmation of Payment **PAID**

Issued by	Invoice Number
College of Paramedics of Manitoba 610-1445 Portage Avenue Winnipeg, MB R3G 3P4 Telephone: 204-793-3592 E-mail: info@collegeparamb.ca	000215
	Recipient
	Michael Jordan
	Issued Date
	02/26/2021
Item: Application Fee	+ \$100.00
Total:	\$100.00
GST:	\$0.00
Total Amount Paid:	\$100.00
Balance Outstanding:	\$0.00

Powered by [Thentia Regulate](#)

You can always check your invoices & receipts using the menu on the left side.

Want a copy of your receipt? Click Print.

Registration and Exam Application



College of Paramedics
of Manitoba

Confirmation of Payment

PAID

Issued by

College of Paramedics of Manitoba
610-1445 Portage Avenue
Winnipeg, MB R3G 3P4
Telephone: 204-793-3592
E-mail: info@collegeparamb.ca (<mailto:info@collegeparamb.ca>)

Invoice Number

000215

Recipient

Michael Jordan

Issued Date

02/26/2021

Item: Application Fee

+ \$100.00

Total: **\$100.00**

GST: **\$0.00**

Total Amount Paid: **\$100.00**

Balance Outstanding: **\$0.00**

Congratulations

Good Luck!



College of Paramedics
of Manitoba