



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-MED-030</b>
<b>TITLE:</b>	<b>EMERGENCY MEDICAL SERVICES (EMS) TRAINING CENTRE CERTIFICATION APPLICATION</b>	

<b>1. APPLICATION TYPE</b>		
<input type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Facility Address		
<b>2. REQUESTED TRAINING LEVEL</b>		
<input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> AED <input type="checkbox"/> Refresher		
<b>3. TRAINING CENTRE INFORMATION</b>		
Name of the Training Centre:		Telephone No.:
Address (main location and postal number):		Fax No.:
Email Address:		
<b>4. INSTRUCTOR(S):</b>		
List the certified EMS Instructor employed at this facility. A resume or curriculum vitae, current CPR certification, current EMT licensure and current Instructor certification approval must be on file with your center for our review. All requested information must be attached to this application for any instructor seeking certification approval.		
<b>Name</b>	<b>License Number</b>	<b>Teaching Level</b>
<b>5. VERIFICATION OF ATTENDANCE</b> (Describe your plan for verifying attendance at each session of the activity)		
<b>6. KNOWLEDGE AND SKILLS VERIFICATION</b>		
- Describe your plan for providing a reasonably secure, closed book, written examination of an appropriate length for the content domain. What percentage of the exam items must be answered correctly to earn a passing score?		
- Describe your plan for providing a skills verification test. How will you determine a passing score on this test?		



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<b>7. PERSONNEL IN CHARGE CONTACT DETAILS (Focal Point)</b>	
NAME:	Office Telephone No.:
Facsimile No.:	Email Address:
Mobile No.:	
<b>8. DECLARATION</b>	
I, _____, as the Manager of the Emergency Medical Services discipline of (Name of Training Centre) _____ agree that all training Provided by this training centre will be conducted in direct compliance with all administrative rules, regulations, policies and guidelines established by the CAMA.	
Signature (Manager) _____ Date: _____	
<b>9- CAMA ACTION (For CAMA Use Only)</b>	
<b>9-1 AEROMEDICAL INSPECTOR ASSIGNED TO THIS APPLICATION</b>	
<input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	
REMARKS:	
NAME OF AEROMEDICAL INSPECTOR: _____	
SIGNATURE: _____	DATE: _____
<b>9-2 AEROMEDICAL MANAGER / D.G. OF PEL &amp; EXAMINATION</b>	
<input type="checkbox"/> REJECT <input type="checkbox"/> APPROVE	
NAME OF AEROMEDICAL MANAGER / D.G. OF PEL & EXAMINATION: _____	
SIGNATURE: _____	DATE: _____



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<b>FIRST AID TRAINING FACILITY REQUIREMENTS</b>
<p><b>1.</b> Training Facility Classrooms number/size of classrooms adequate for purpose blackboards and screens must be available lighting, heating cooling and ventilation must meet minimum standards</p>
<p><b>2.</b> Equipment which should be available within the facility include the followings:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CPR Prompt Manikins: Easy to use, clean and carry. CPR Prompt manikins are designed specifically for CPR and AED training with the anatomical features desirable for instruction. By offering professional level quality at an affordable price, instructors are able to deliver hands-on, one-to-one training in CPR, AED use, and the Heimlich manoeuvres to increase lifesaving skills and retention</li> <li><input type="checkbox"/> CPR Barrier Devices which minimize the risk of exposure</li> <li><input type="checkbox"/> AEDs and Training Units</li> <li><input type="checkbox"/> First Aid Kits and Supplies</li> <li><input type="checkbox"/> First Aid Training Video or DVD</li> <li><input type="checkbox"/> CPR/First Aid Student Workbook which is <b>Designed for Training and Quick Reference</b> and must be:                         <ul style="list-style-type: none"> <li><b>i.</b> Easy-to-use</li> <li><b>ii.</b> Signs, symptoms &amp; treatment are easily identified</li> <li><b>iii.</b> Topic heading on outer margin for easy look up</li> <li><b>iv.</b> Just the right amount of information – not too much, not too little.</li> </ul> </li> <li><input type="checkbox"/> Emergency Patient Assessment Sheet</li> <li><input type="checkbox"/> Examination outline and Marking and certification for the student</li> </ul>
<p><b>3.</b> You must maintain a record of participants’ attendance for a minimum of five years</p>

<b>CHECKLIST</b>
<b>1.</b> A letter of support from the EMS manager for the training centre.
<b>2.</b> Include as an attachment a copy of the course certificate for this activity. (The certificate should contain the following information: Name of Course Instructor, Student’s name, Activity title, Date(s) of activity, Location of activity, Name and signature of the Manager)
<b>3.</b> Instructor Qualifications - submit a CV or resume for each Instructor.
<b>4.</b> Post Activity Evaluation Process. Include as an attachment a copy of the evaluation instrument(s) you will use to assess participant evaluation of your activity.
<b>5.</b> Copy of Fees Receipt should be submitted with Initial and/or renewal applications