



Saskatchewan  
**Health Authority**

# Medical First Responder Program Application



SHA MANAGER/COORDINATOR – PLEASE SCAN AND RETURN TO:

E: [LEONA.MESSMER@SASKHEALTHAUTHORITY.CA](mailto:LEONA.MESSMER@SASKHEALTHAUTHORITY.CA)



## Requirements

### Becoming a new Medical First Responder:

#### Prerequisites:

- Be 18 years of age or older.
- Complete this application form.
- A letter of support from the medical first responder Lead in the area of where you want to serve.
- Submit a current Criminal Record Check with Vulnerable Sector with this application form.
  - Positive Criminal Record Checks must have a Declaration of Criminal Record attached as well
- Valid Health Care Provider CPR-BLS or equivalent

#### Training:

- Successfully complete a Medical First Responder Course through Red Cross or St Johns Ambulance.

#### Registration/Orientation:

- Apply to Sask Health to become a Registered Medical First Responder.
- Complete the Saskatchewan Health Authority orientation

### Existing Medical First Responders or Paramedics, Doctors, RN's/LPN's:

- Complete this application form.
- A letter of support from the medical first responder Lead in the area of where you want to serve.
- Submit a current Criminal Record Check with Vulnerable Sector with this application form.
  - Positive Criminal Record Checks must have a Declaration of Criminal Record attached as well
- Submit Training Records with this application form
  - Valid First Responder training card (Red Cross or St Johns Ambulance)
  - Submit your current licensing certificate (Healthcare Professional)
  - Health Care Provider CPR-BLS or equivalent

#### Training:

- Successfully complete supplemental training

#### Registration/Orientation:

- Apply to Sask Health to become a Registered Medical First Responder
- Complete the Saskatchewan Health Authority orientation

## Applicant Information

I would like to join the local MFR group in or near:

First Name:

Last Name:

Date of Birth (YYYY/MM/DD):

Mailing Address:

Street Address/Land Location/Other:

City/Town:

Postal Code:

Email:

Home Phone:

Cell Phone:

Cell Phone Provider:

Type of First Responder:

Regular First Responder

Fire Department Medical First Responder



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.

Employer:	Supervisor:
Position:	Department:
Location:	Work Phone:
Start Date:	End Date:
Reason for Leaving:	

Employer:	Supervisor:
Position:	Department:
Location:	Work Phone:
Start Date:	End Date:
Reason for Leaving:	

May we contact the supervisors/employers listed above?  YES  NO  with Prior Notice  
If no, indicate which one(s) you do not wish us to contact:

Have you ever been employed in the Saskatchewan Health Authority or previous Health Region?  YES  NO  
If yes, where & when:



## References

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

Name	Occupation	Address	Contact Numbers
1.			
2.			
3.			

## Certifications & Training –

Certification/Training	Check Yes or No	Expiry Date
Valid Driver's License (Class ____ )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standard First Aid Certification*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cardiopulmonary Resuscitation (CPR Level ____ )*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WHIMIS Training*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Responder Training Certificate (Red Cross or St Johns)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAVE (Workplace Assessment Violence Education)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TLR (Transfer, Lifting & Repositioning)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FIT N95 Respirator (size: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Registration Number: _____ (if applicable)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Valid Certificates or Training:		

\*if you checked yes, please provide a copy of your certificate.



## **Tell Us about Yourself**

1. Please list your past and present participation in community activities and/or organizations (names and dates).
  
  
  
  
  
  
  
  
  
  
2. What exposure have you had to emergency service work, personnel or emergency service situations?
  
  
  
  
  
  
  
  
  
  
3. Why do you want to be come a Medical First Responder?



Understanding of On Going Requirements

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

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

Table with 2 columns: Yearly and Minimum Once in Two Years. Yearly includes BLS and EpiPen training. Minimum Once in Two Years includes Patient Assessment, Mechanical Aids, Spinal Immobilization, and Review of medical and trauma emergencies.

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

Table with 2 columns: Yearly and Minimum Once in Two Years. Yearly includes SHA education, kit check, and license forwarding. Minimum Once in Two Years includes N95 mask fit testing, PPE Training, WHMIS training, and SHA Safety WebEx.

\*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.
Must keep any information or patient information obtained on calls confidential at all times.
There is no obligation for Medical First Responders to respond to calls when they come in, if you are unable to respond, have plans, or do not feel safe responding 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

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? <b>YES / NO</b>	Criminal Record Check Positive? <b>YES / NO</b>
Date of Criminal Record Check (must be within 3 months):	If yes, is Declaration of Criminal Record completed? <b>YES / NO</b>
MFR Team Lead Acceptance (if applicable): <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted	EMS Service Representative Acceptance (if applicable): <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted
SHA MFR Coordinator/Manager Acceptance: <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted	
SHA MFR Coordinator/Manager Signature	Date

All MFR Program Application Forms must be approved and signed by the SHA MFR Coordinator/Manager for applicants to continue into the MFR Program.