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|---|--------------|----------------------------------|---|---------------------|--|
| <b>Program Document No.:</b> 12008.00   |              | <b>Subject:</b> MFR Registration |   | <b>Type:</b> Policy |  |
| <b>Effective Date:</b>  | June 4, 2004 | <b>Revision Date 01:</b>         | October 12, 2004  |                     |  |
| <b>Approval Date:</b>   | May 14, 2004 | <b>Revision Date 02:</b>         | November 23, 2005   |                     |  |
| <b>Review Date:</b>   | February     | <b>Revision Date 03:</b>         | February 23, 2006   |                     |  |
| <b>Replaces:</b>  | None         | <b>Revision Date 04:</b>         | July 1, 2006  |                     |  |
|   |              | <b>Revision Date 05:</b>         | September 26, 2006  |                     |  |
|   |              | <b>Revision Date 06:</b>         | July 24, 2007   |                     |  |
|   |              | <b>Revision Date 07:</b>         | October 29, 2008  |                     |  |
|   |              | <b>Revision Date 08:</b>         | February 5, 2009  |                     |  |
|   |              | <b>Revision Date 09:</b>         | March 22, 2010  |                     |  |
|   |              | <b>Revision Date 10:</b>         | June 23, 2010   |                     |  |
| <b>Signature of Director, EHS Provincial Programs:</b><br><i>original signed by Derek LeBlanc</i> |              |                                  | <b>Signature of Manager, EHS MFR Services:</b><br><i>original signed by Robert Boudreau</i> |                     |  |

**1.0 Purpose:**

- 1.1 To provide the medical first responders with standardized registration and training programs.

**2.0 Procedure:**

- 2.1 Medical first responders must complete MFR training through one of the EHS approved Medical First Responder training agencies - St. John Ambulance or Canadian Red Cross.
- 2.2 Anyone who is 19 years of age or older, has successfully completed MFR training by an EHS approved MFR training agency, is a current resident of Nova Scotia, and is associated with an EHS MFR response agency (listed in the CAD at the EHS Communications Centre) can make application for his/her EHS MFR tag by completing the *“Medical First Responder Registration/Re-registration Application”* form or contacting the EHS MFR Registrar at (902) 832-4685 or by email to mfr.registry@emci.ca.
- 2.3 Within the first 12 months of EHS sponsorship, fully sponsored MFR agencies are entitled to receive training costs reimbursed to the EHS MFR agency at a maximum rate of \$150 per person, to a maximum of \$1,500.

Each consecutive year, a fully sponsored EHS MFR agency is entitled to receive reimbursement for MFR training of two (2) persons at a maximum rate of \$150/person.

Cheques can only be issued to those agencies who supply an invoice that is marked “paid” when they apply for either their initial reimbursement or their annual reimbursement.

- 2.4 EHS MFR tags remain the property of EHS Emergency Health Services.

**3.0 MFR Agency Training Reimbursement Request Form attached.**



## MFR AGENCY TRAINING REIMBURSEMENT REQUEST FORM

Per Program Document 12008.00, Section 2.3:

Within the first 12 months of EHS sponsorship, fully sponsored EHS MFR agencies are entitled to receive training costs reimbursed to the EHS MFR agency at a maximum rate of \$150 per person, to a maximum of \$1,500.

Each consecutive year, a fully sponsored EHS MFR agency is entitled to receive reimbursement for MFR training of two (2) persons at a maximum rate of \$150/person.

Cheques can only be issued to those agencies who supply an invoice that is marked "paid" when they apply for either their initial reimbursement or their annual reimbursement.

**PLEASE PRINT**

Fire Department/MFR Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Training provider:      St. John Ambulance       Canadian Red Cross

Date and location of training: \_\_\_\_\_

Total claim: \$ \_\_\_\_\_ Paid invoice/receipt attached:

Submitted by: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

*Note: Payment of this claim will be issued to the Fire Department or MFR Agency.*

Submit completed form to:      Manager  
EHS MFR Services  
239 Brownlow Avenue, Suite 300  
Dartmouth, NS B3B 2B2  
Fax: (902) 832-8602

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Date processed to Finance: \_\_\_\_\_