



**Paramedic Recruitment Package**

**2020**



Dear Candidate,

We are pleased that you are entering the PCP recruitment process with Muskoka Paramedic Services. The recruitment package provides the documentation required by MPS in addition to the respective deadlines.

	<b>Deadline</b>	<b>Submission</b>
<b>Resume/Cover letter</b> (see job posting)	February 19 <sup>th</sup>	Online via <a href="https://www.surveymonkey.com/r/2020MPSPCP">https://www.surveymonkey.com/r/2020MPSPCP</a>
<b>Recruitment intake survey</b> <b>Driver's abstract</b>	February 19 <sup>th</sup>	Online via <a href="https://www.surveymonkey.com/r/2020MPSPCP">https://www.surveymonkey.com/r/2020MPSPCP</a>
<b>Immunizations</b> <b>Communicable disease declaration</b> <b>Class F driver's license</b> <b>College PCP diploma</b> <b>AEMCA</b> (or confirmation of registration for February exam) <b>Signed contract requirements</b> <b>Current valid CPR</b> <b>Supplementary course certificates</b> (i.e. R2MR etc.)	February 28 <sup>th</sup>	In person at:  <b>Muskoka Paramedic Services Headquarters</b> 225 Taylor Rd. Bracebridge, ON  or By Email to:  <a href="mailto:mps@muskoka.on.ca">mps@muskoka.on.ca</a>
<b>References</b>		Upon Request
<b>Criminal Reference Check</b> (with vulnerable sector screening)		Upon Request

The following dates are scheduled for recruitment. You will only be notified if you successful in moving forward in the process. Please note that all recruitment sessions will take place at MPS Headquarters and all notifications will be made by e-mail.

### **Tentative Testing Dates**

**Stage 1 – March 10<sup>th</sup> 2020**

**Stage 2 – March 25<sup>th</sup> 2020**



## RECORD OF IMMUNIZATION

Paramedic Name:

<b>Disease</b>	<b>Schedule</b>	<b>Date of Vaccination or date of immunity confirmed by lab report</b>	<b>Physician Signature</b>
Tetanus/ Diphtheria	Primary series of (3 doses) if unimmunized. Tetanus/ Diphtheria (TD) booster every 10 years		
Polio	Primary Series (3 doses) if unimmunized or unknown polio immunization history		
Pertussis	1 single dose of (Tdap) vaccine regardless of age if not previously received in adulthood		
Vaccilla (chickenpox)	2 doses if no evidence of immunity		
Measles	2 doses if no evidence of immunity		
Mumps	2 doses if no evidence of immunity		
Rubella	1 single dose if no evidence of immunity		
Hepatitis B	2-4 age appropriate doses and serologic testing within 1-6 months after completing series		

I, hereby, certify the above information to be factual to the best of my knowledge.

**Physician Name:**

**Address/Stamp**

**Signature and Date:**

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## Communicable Disease Declaration

I, \_\_\_\_\_ (*name – printed*) certify that, to the best of my knowledge, am free of all the diseases listed in the table below.

**Table 1 – Part B**

### Reportable Communicable Diseases under O. Reg. 559/91: SPECIFICATION OF REPORTABLE DISEASES

<ul style="list-style-type: none"> <li>Acquired Immunodeficiency Syndrome (AIDS)</li> <li>Acute Flaccid Paralysis</li> <li>Amebiasis</li> <li>Anthrax</li> <li>Botulism</li> <li>Brucellosis</li> <li>Campylobacter enteritis</li> <li>Chancroid</li> <li>Chickenpox (Varicella)</li> <li>Chlamydia trachomatis infections</li> <li>Cholera</li> <li><i>Clostridium difficile</i> associated disease (CDAD) outbreaks in public hospitals</li> <li>Creutzfeldt-Jakob Disease, all types</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li>Diphtheria</li> <li>Encephalitis, including,               <ul style="list-style-type: none"> <li>i. Primary, viral</li> <li>ii. Post-infectious</li> <li>iii. Vaccine-related</li> <li>iv. Subacute sclerosing panencephalitis</li> <li>v. Unspecified</li> </ul> </li> <li>Food poisoning, all causes</li> <li>Gastroenteritis, institutional outbreaks</li> <li>Giardiasis, except asymptomatic cases</li> <li>Gonorrhoea</li> <li>Group A Streptococcal disease, invasive</li> <li>Group B Streptococcal disease, neonatal</li> <li>Haemophilus influenzae b disease, invasive</li> <li>Hantavirus pulmonary syndrome</li> <li>Hemorrhagic fevers, including,               <ul style="list-style-type: none"> <li>i. Ebola virus disease</li> <li>ii. Marburg virus disease</li> <li>iii. Other viral causes</li> </ul> </li> <li>Hepatitis, viral,               <ul style="list-style-type: none"> <li>i. Hepatitis A</li> <li>ii. Hepatitis B</li> <li>iii. Hepatitis C</li> </ul> </li> <li>Influenza</li> <li>Lassa Fever</li> <li>Legionellosis</li> </ul>	<ul style="list-style-type: none"> <li>Leprosy</li> <li>Listeriosis</li> <li>Lyme Disease</li> <li>Malaria</li> <li>Measles</li> <li>Meningitis, acute,               <ul style="list-style-type: none"> <li>i. bacterial</li> <li>ii. viral</li> <li>iii. other</li> </ul> </li> <li>Meningococcal disease, invasive</li> <li>Mumps</li> <li>Ophthalmia neonatorum</li> <li>Paralytic Shellfish Poisoning</li> <li>Paratyphoid Fever</li> <li>Pertussis (Whooping Cough)</li> <li>Plague</li> <li>Pneumococcal disease, invasive</li> <li>Poliomyelitis, acute</li> <li>Psittacosis/Ornithosis</li> <li>Q Fever</li> <li>Rabies</li> <li>Respiratory infection outbreaks in institutions</li> <li>Rubella</li> <li>Rubella, congenital syndrome</li> <li>Salmonellosis</li> <li>Severe Acute Respiratory Syndrome (SARS)</li> <li>Shigellosis</li> <li>Smallpox</li> <li>Syphilis</li> <li>Tetanus</li> <li>Trichinosis</li> <li>Tuberculosis</li> <li>Tularemia</li> <li>Typhoid Fever</li> <li>Verotoxin-producing <i>E. coli</i> infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)</li> <li>West Nile Virus Illness</li> <li>Yellow Fever</li> <li>Yersiniosis</li> </ul>		
<p><b>Signature:</b></p>		<p><b>Date:</b></p>	



## Summer 2020 PCP Contract Requirements

The contract term is from April 2020 – October 2020 with the possibility of extension or promotion to permanent part-time

The Contract Employee must provide a minimum of fourteen (14) days of availability per month, including two (2) weekends per month

The Contract Employee must provide a minimum of two (2) holiday weekends (as indicated below) of availability inclusive of day and night shifts for the duration of the summer:

May 15<sup>th</sup> – May 18<sup>nd</sup>  
June 26<sup>th</sup> – July 2<sup>nd</sup>  
July 31<sup>st</sup> – August 4<sup>th</sup>  
Sept 4<sup>th</sup> – Sept 8<sup>th</sup>

The Contract Employee will be scheduled as per the Collective Agreement 13.09

- There are no regularly scheduled hours of work but Contract Employees may be pre-scheduled shifts or called in for shifts
- Paid consistently with regular employees
- May refuse up to and including two (2) shifts per month for which they have provided availability

I understand and agree to comply with the above noted terms should I be offered a part time contract position with Muskoka Paramedic Services.

Name: \_\_\_\_\_ Date: \_\_\_\_\_