



**Emergency Medical Responder (EMR)
Application Package**

Application Checklist

Applicant _____
Surname First Name Middle Name

Enclose the following prerequisites, a completed application form and payment of fees:

- Email address. Free email addresses are available from Google (gmail) and Hotmail. Correspondence between ESA and students will be sent by email.
- Transcripts of Grade 12 High School Diploma, GED/equivalent or post secondary education*
- Proof of age* (minimum 18 years). A Driver's License is acceptable.
- Basic Rescuer - CPR Level C or Health Care Provider (Heart & Stroke Foundation, St. John's Ambulance or Red Cross)* completed within the preceding 12 months.
- Standard First Aid Certificate* dated within the preceding 3 years.
- If you require Academic Accommodation because of a diagnosed learning disability, please include appropriate documentation in your application.

****Please include photocopies of these documents as part of your application.***

List any other relevant courses/certificates or work experience:

- ESA Application Form - available on the following page.
- Full payment of fees.

You will be advised of your acceptance into an EMR Program pending the receipt of a complete and acceptable application by ESA.

All documents submitted become the property of ESA and will not be returned to the applicant.

Please forward your complete application and full payment of fees to:

**Emergency Services Academy Ltd.
2nd Floor, 161 Broadway Boulevard
Sherwood Park AB T8H 2A8**

