



**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.
- Heart & Stroke Foundation Health Care Provider Level C, or equivalent.\* This must have been completed within the preceding 12 months.
- Standard First Aid Certificate\*. This must be dated within the preceding 3 years.

***\*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.

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

Applicants with a diagnosed learning disability must provide appropriate documentation as part of their application.

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

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

