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## 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)\* 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:

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- ESA Application Form - available on the following page. An EMR application package may also be printed from [www.esacanada.com](http://www.esacanada.com).
- Full payment of fees.

Do you require Academic Accommodations?  Yes  No

If yes, you must submit the required documentation with your application package (refer to <http://www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation> for more information).

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



## Emergency Services Academy Ltd. Application for Admission - Emergency Medical Responder (EMR)

Personal Information		
Surname	Legal First Name	Middle Name
Birth Date (mm/dd/yyyy)	Gender	Tshirt Size
	XS S M L XL	How did you learn about ESA?
Permanent Address (Street/Avenue/Box Number)		
City	Province	Postal Code
Home Telephone	Alternate Telephone	E-mail Address - Mandatory
Emergency Contact Person	Relationship	Telephone

Registration Information
Program: _____ Start Date: _____

Payment
Application and tuition fees are payable to Emergency Services Academy Ltd., and are subject to change. To confirm current fees, please check our website <a href="http://www.esacanada.com">www.esacanada.com</a> or call (780) 416-8822.
Include payment for total course fees for the EMR Program. Payment Amount \$ _____
Method of Payment:
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Credit Card Use: _____
Card Number (will not be kept on file by ESA) _____ Expiry Date _____
Name of Cardholder: _____ Cardholder's Signature: _____

Declaration
I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. If accepted for the above course, I agree to comply with all rules and regulations of <b>Emergency Services Academy Ltd.</b>
_____ Applicant's Signature
_____ Date
<i>The collection of this personal information is necessary for operating and administering the services of the ESA Registry.</i>