



Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program Application Package

Application Recommendations

Your Application

- Time sensitive documents must meet the time requirements listed. For example, the medical report has to be completed within the past six months.
- Documents that require a signature must be signed.
- Review your application checklist to ensure that you are submitting all required documents.
- An incomplete application will only be partially processed. An interview will not be scheduled until a complete application is received.
- Submit your complete application to ESA by the application deadline.

Competition

The application process for the EMT/PCP Program is a competition. You will be advised by telephone, email or letter of the schedule for your interview and EMR level theory exam.

ESA accepts a maximum of 24 students for each EMT/PCP Program.

Prepare for the competition:

- Prepare yourself for a job interview. You will be asked such questions as:
 - What are your strong points? What are your weak points?
 - What makes you feel that you would be a good EMT?
 - Why are you interested in emergency medical training?
 - How do you deal with stress?

Dress for the interview. Be clean and well groomed. A first impression does make a lasting impression.

Study for the EMR exam. Take an EMR Refresher Course if needed.

Go to a local EMS service. Talk to EMRs, EMTs and EMT-Ps. Ask questions. Ask for suggestions for success in the competition.

If you have any further questions, please call ESA at (780) 416-8822.



Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Application Checklist

Applicant

Surname

First Name

Middle Name

- Email address
- Application form including non-refundable application fee of \$100.00
- Proof of age (minimum 18 years)
- Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education*
- Driver's License (minimum Class 5)*
- Basic Rescuer - CPR Level C or Health Care Provider (Heart & Stroke Foundation, St. John's Ambulance or Red Cross). Dated within one year, current on first day of EMT*
- EMR Transcripts and EMR Certificate*
- Registered EMR with the Alberta College of Paramedics OR EMR temporary ACP number and proof of registration for the next ACP examination*
- Current Alberta Driver's Abstract* - dated within 3 months of program commencement; maximum 6 demerits
- Security Clearance (Original) from your local policing agency (e.g. city police or RCMP detachment) - dated within 6 months of program commencement confirming that a search based on your name and birth date showed a clear record with no criminal convictions or record of Criminal Charges and/or Disposition(s) in the Federal and/or Provincial Court Systems. The clearance must clearly state that a Vulnerable Sector Check has been performed.
If you have criminal convictions or record of criminal charges and/or Disposition(s) (unclear security clearance), an Original Summary of Convictions must be submitted to ESA. The Summary of Convictions must provide the date of the conviction, the nature of the conviction, and the resultant disposition. The Summary of Convictions may be obtained locally, or you may have to request the documents from Ottawa; this involves a finger print check. Please note the process can take from 4 to 6 months. The Summary of Convictions documentation must be included with your application and meet ESA's competition closing requirements.
If you have an unclear security clearance (May or May Not Exist), ESA requires a letter from the RCMP which specifies the date of the complaint/conviction, the nature of the complaint/conviction and the resultant disposition. In addition, ESA requires that you provide a written summary of the circumstances surrounding the complaint/conviction(s).
The application and submitted clearance information will be reviewed by the Registrar to determine eligibility to continue in the EMT competition.
- Medical Exam Form signed by physician (Original) - dated within 6 months of program commencement
- Updated immunization records indicating vaccination against measles, mumps, rubella (MMR), hepatitis B, tetanus/diphtheria (within 10 years) and mantoux/tuberculosis screening (within one year). The hepatitis B vaccinations must be started at time of application, and all three steps must be completed before students will be allowed to continue to practicums.*
- EMT Program Graduate Report - applicant's signature indicating information was received and read
- Written Assignment Interview Form -- signed by the EMT or EMT-P who was interviewed
- Completed EMS Industry Research Assignments
- Resume
- Two letters of character reference
- 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.**

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

Please forward your completed Application for Admission, \$100.00 application fee,
this completed checklist page and supporting documents to:

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



Emergency Services Academy Ltd.
Application for Admission - Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)

Personal Information		
Surname	Legal First Name	Middle Name
Birth Date (mm/dd/yyyy)	Gender	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: _____
Academic Accommodation: Do you require Academic Accommodation? ____ Yes ____ No

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 www.esacanada.com or call (780) 416-8822.
Include the Application Fee of \$100.00 for the EMT/PCP Program. This fee is non-refundable. 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 Emergency Services Academy Ltd.
_____ Applicant's Signature
_____ Date
<i>The collection of this personal information is necessary for operating and administering the services of the ESA Registry. All personal information will be protected under the provisions of the Alberta Freedom of Information and Protection of Privacy Act.</i>



EMT Program Graduate Report Based on Statistics Reported to Private Institutions, Alberta Adult Education, 2010

School: Emergency Services Academy Ltd.

Licensed Program: Emergency Medical Technician

Report Date: 15-Apr-10

Reporting Period: April 1, 2009 to March 31, 2010

1. Graduation Rate: 92.1% (of the students enrolled, successfully completed)

2. Job Placement Information:

# of Graduates in full time training related employment	28
# of Graduates in part time training related employment	8
# of Graduates in non- training related employment	1
# of Graduates unemployed	1
# of Graduates continuing to higher education	2
# of Graduates in special circumstances precluding job search	0
# of Graduates school was unable to locate	2

TOTAL Graduates 42

Job Placement Rate 90.0%

Job Placement Rate for Advertising Purposes 94.7%

I, _____, confirm that this graduate report was made available to me prior to enrollment.

Student's Signature

Date



**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Applicant Medical Examination Form**

Name: _____ Date of Birth: _____

Address: _____

A. Medical History

Medical Condition (1 = Never / 2 = Past / 3 = Current)	1	2	3
Psychiatric / Mental Disorders			
Alcohol / Drug Addiction			
Neurological Diseases			
Diseases of the Senses			
Chronic Respiratory Diseases			
Diabetes Mellitus			
Permanent Clinical Impairment			
Other Significant Illness			

To your knowledge, is this patient taking any drugs that will cause impairment? Yes No

What is this patient's fitness level? High Medium Low

B. Physical Examination (Y = Yes / N = No)

Is there any abnormality of:

Hearing (Conversation)		
Central Nervous System		
Coordination / Muscle Control		
Spine		
Neck and Extremities		
Heart		
Vascular System		
Respiratory System		
Abdomen		
Hematopoietic System		
Urine		
Blood Pressure		
Other Significant Illnesses		



C. Physician's Statement

To the best of my knowledge, this applicant can perform the duties of an Emergency Medical Technician/ Primary Care Paramedic. There are no medical or physical conditions that will inhibit this EMT/PCP Applicant from:

- Lifting and carrying, with a partner, a stretcher loaded to 75 kg
- Maneuvering in a confined space
- Operating an emergency vehicle
- Managing stressful and traumatic situations

Date of Medical Examination (MM/DD/YY):
Physician's Name:
Physician's Address:
Physician's Signature:

D. EMT/PCP Applicant's Statement

I certify that the information reflected in this report is correct to the best of my knowledge. I authorize the release of this information and any further medical data not stated hereon that an examining physician may wish to submit for the confidential use by the Program Medical Director and / or the Registrar of Emergency Services Academy Ltd.

EMT/PCP Applicant's Signature

Date



Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Applicant Assignment

The following written assignment, which includes two essays, must be completed by all individuals applying for the Emergency Medical Technician/Primary Care Paramedic Program at Emergency Services Academy Ltd. This exercise is designed to ensure that applicants research the emergency services industry prior to applying for the program.

Part I – Interview and Essay

1. Interview an Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) or Paramedic (EMT-P) who is currently practicing in the field.
2. Base your interview on the questions listed below and submit an essay summarizing the results of your interview.
 - What are the roles and responsibilities of an EMT/PCP?
 - What are the daily routines of an EMT/PCP (medical and non-medical)?
 - What types of hours of work or shift schedules should be expected?
 - What are the career opportunities for an EMT/PCP?
 - What is the typical starting salary for a graduate EMT/PCP?
 - What type of stress should be expected with this kind of job?
 - How are urban and rural services different in each of the above areas?
 - Are all ambulance services the same?
 - What are the similarities and differences between an EMR, EMT/PCP, and an EMT-P? (Compare education, training, scope of practice, responsibilities, etc.)
 - What is the Alberta College of Paramedics (ACP)?

Please have the EMT/PCP or EMT-P whom you have interviewed complete the following information:

Name: _____ ACP Registration No.: _____

Signature: _____ Date: _____

The above name and signature are to ensure the exercise was completed and will not be used for any other purpose beyond supporting an application to ESA. On behalf of Emergency Services Academy Ltd., thank you for taking time to assist this applicant.

Part II – Personal Response

Write a second essay on what character assets you will bring to the EMT/PCP Program and to your career as an emergency services professional. Be as specific as possible.

Both essays and this form must accompany your application for admission.