



**ESA-EMR**

## **Application Package – Submit to:**

**Emergency Services Academy Ltd.**

2nd Floor, 161 Broadway Boulevard, Sherwood Park AB T8H 2A8

**Questions? Call 780-416-8822 or e-mail [info@ESAcanda.com](mailto:info@ESAcanda.com)**

ESA. THE BEST ARE READY.



## **ESA•EMR**

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

Please ensure you read all of the instructions carefully before submitting your application for an EMR Program. All sections of the application must be completed.

If you are applying as a **mature student**, please submit an advance inquiry to ESA before submitting a complete application.

All documents submitted become the property of ESA. If you are accepted into the program, original documents will not be returned to you; if you are not accepted, you may request the return of your application and ESA will keep a copy on file.

Please forward your complete application, the completed checklist page, supporting documents (including Alberta Enrolment Contract which is a separate download from the website) and payment to:

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

### **Acceptance into an EMR Program**

You will be advised by email of your acceptance into an EMR Program at ESA pending the receipt of a complete and acceptable application by ESA. Classes are capped at 24 students. If the class you apply for is fully registered, you will be offered a place in another class.

The email regarding acceptance will include information about the E-Learning program used for EMR.

**Questions? Call 780-416-8822 or e-mail [info@ESAcanada.com](mailto:info@ESAcanada.com)**

**Submit your complete application by:**

**E-mail to [info@ESAcanada.com](mailto:info@ESAcanada.com)**

**Fax to 780-449-4787, or**

**Mail, courier or deliver it in person to:**

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

**ESA•EMR****Emergency Medical Responder (EMR) Program****Application Checklist - Include this page with your application.****Applicant:**

Last Name

First Name

Middle Name

**Course Code:**

ESA Use	Student Checklist
<input type="checkbox"/>	<input type="checkbox"/> Have you completed the Waiver and Consent Forms?
<input type="checkbox"/>	<input type="checkbox"/> Have you completed the EMR Application Form?
<input type="checkbox"/>	<input type="checkbox"/> Have you completed and signed the Alberta Enrolment Contract. This contract is a separate download from the ESA website. Details for completing this contract are on the following page.
	Have you included the following with your application?
<input type="checkbox"/>	<input type="checkbox"/> A. <b>Proof of age</b> (minimum 18 years). A Driver's License is acceptable.
<input type="checkbox"/>	<input type="checkbox"/> B. <b>Education</b> - Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education (include photocopies) <input type="checkbox"/> or pre-approval from ESA for application as a mature student.
<input type="checkbox"/>	<input type="checkbox"/> C. <b>Basic Rescuer - CPR Level C or Health Care Provider</b> (Heart & Stroke Foundation, St. John's Ambulance or Red Cross). Dated within one year as of the first day of classes (include photocopy).
<input type="checkbox"/>	<input type="checkbox"/> D. <b>Standard First Aid Certificate</b> . Dated within the preceding three years as of the first day of classes. (include photocopy)
<input type="checkbox"/>	E. Do you require Special Academic Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit the required documentation with your application package. Refer to our website: <a href="http://www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation">www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation</a> .
<input type="checkbox"/>	<input type="checkbox"/> F. <b>Acknowledgement Form for Students Not Seeking Employment</b> . Please complete this form if you are applying for the EMR program for personal interest or to update existing skills rather than for the purpose of seeking employment.

**ESA Use Only**

Date application received: \_\_\_\_\_ Date application processed, fee paid: \_\_\_\_\_

Date email sent to applicant: \_\_\_\_\_ Processed by: \_\_\_\_\_ App 1706 V33.1



## ESA-EMR

### Mature Students

Mature Students may be accepted into an Emergency Medical Responder Program at ESA.

If you do not meet the requirement for existing education (a High School Diploma verified by transcripts, GED or post-secondary education which is equivalent to or above a grade 12 level), forward an advance inquiry to ESA summarizing your education and work experience before submitting a complete application package. Include the following details in your inquiry:

- ☐ Formal education completed
- ☐ Degrees, diplomas, certifications, courses or other relevant training
- ☐ Work experience
- ☐ Current occupation

Your inquiry will be reviewed by the Registrar of ESA. You will be advised if you can proceed with an application to an Emergency Medical Responder Program at ESA as a mature student.



## Emergency Medical Responder (EMR) Program Alberta Enrolment Contract

The Alberta Enrolment Contract is a form required by the Private Career Colleges Branch, Alberta Advanced Education.

**Please review the contract before completing and signing it.**

Your computer program may allow you to use this as a fillable pdf. If so, please be sure to complete the information required on the first and second pages. You will need to click on some of the fields as the tabbing between fields does not always work.

**If you add information, please print the form before closing. It will not save the information you added.**

**Do not change any of the information preloaded by ESA.**

**Use these dates in Part B: Program Information on the first page:**

EMR Course Code	Delivery Mode	Start Date of Session	End Date of Session
EMR 1707	Full-time	July 10, 2017	August 3, 2017
EMR 1708	Full-time	August 8, 2017	August 31, 2017
EMR 1709	Part-time	September 9, 2017	November 5, 2017
EMR 1711A	Full-time	November 6, 2017	November 30, 2017
EMR 1711B	Part-time	TBA	TBA
EMR 1711C	Full-time	November 27, 2017	December 21, 2017

On the second page, please complete and sign the Signature of Student section and have a witness complete and sign the Signature of Witness section. Your witness should not be a member of your family.

If you submit your application by fax or email, please mail or bring an original contract (with original signatures) to ESA. The original contract with your original signature is needed before you can attend classes.



## Emergency Medical Responder (EMR) Program Student Waiver/Consent Forms

I, \_\_\_\_\_, understand that I may be required to perform invasive procedures on classmates during the didactic portion of the EMR Program. I may also be required to allow classmates to perform invasive procedures on me.

An invasive procedure is one that penetrates or breaks the skin or enters a body cavity. Examples of invasive procedures performed in the EMR Program include testing Blood Glucose Levels. Risks include but are not limited to; needle stick injuries, bruising and pain.

I, \_\_\_\_\_, understand that in order **to work as an EMR in Alberta**, I will be required to:

- ☐ write an examination and register with the Alberta College of Paramedics (ACP);
- ☐ provide a security clearance;
- ☐ provide proof of all required immunizations;
- ☐ hold a class 4 driver's license;
- ☐ maintain annual CPR certification.

I, \_\_\_\_\_, understand that in order **to work as an EMR**, I may need to:

- ☐ provide a copy of a Grade 12 High School Diploma or GED to an employer;

**Please initial each of the above boxes to show that you understand and agree with each of the above requirements.**

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ESA•EMR

### Emergency Medical Responder (EMR) Student Waiver/Consent Forms

I, \_\_\_\_\_, understand that there is equipment required beyond that supplied by ESA and additional fees beyond the fees paid to ESA, as follows:

#### EMR Equipment

**Required Equipment** - Students are required to have the following equipment and supplies for the EMR Program at ESA:

- ☐ Access to a Computer - EMR students must have access to a computer before classes for pre-study and during the EMR program for lessons and assignments.

A computer is not required in class although a tablet such as an iPad or a laptop is optional and permitted.

- ☐ Stethoscope - Littman Classic II recommended. Lower priced stethoscopes are acceptable.
- ☐ Safety glasses

#### Optional Equipment:

- ☐ A pocket mask
- ☐ A mini maglight
- ☐ Universal shears

#### Post Graduate Costs

- ☐ Registration and examination fees are paid to provincial registration bodies. In Alberta, fees are paid to the Alberta College of Paramedics (ACP).

#### ACP EMR Registration / Renewal

Current fees: \$425.00

Effective October 1, 2016 for 2017 registration year: \$525.00

#### ACP EMR Exam Fees

Current fees: \$647.00

Effective January 1, 2017: \$800.00

**Please initial each of the above boxes to show that you understand and agree with the additional equipment requirements/options and post graduate costs.**

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



ESA-EMR

**Alberta Advanced Education  
Private Vocational Training****Acknowledgment Form for Students Not Seeking Employment**

In Alberta, vocational training programs offered by private institutions are licensed by the Private Career Colleges Branch of the ministry of Advanced Education, in accordance with the *Private Vocational Training Act* and *Regulation*. This Regulation requires institutions to report the graduation rate for all students, and the job placement rates for all graduates of each licensed program offered.

Students may choose to enroll in a licensed program for personal interest or to update existing skills rather than for the purpose of obtaining specific training to lead them directly to employment. In order to ensure the collection of accurate and relevant data with respect to the job placement rate, if you are not seeking employment upon completion of this program, you must sign and complete this form prior to enrolment so that the institution may remove you from the calculation of that rate for this program.

Program Name \_\_\_\_\_

Program Start Date \_\_\_\_\_

Institution Name \_\_\_\_\_

Institution Location \_\_\_\_\_

**I acknowledge that I am not taking this program to prepare for employment upon graduation.**

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Signature of  
Authorized Institution  
Representative \_\_\_\_\_

Date \_\_\_\_\_

November 2015



**Emergency Medical Responder (EMR)****EMR Program Graduate Report****Based on Report from Private Vocational Training, Alberta Innovation and Advanced Education****Graduate Report**

Reporting Period: April 1, 2016 - March 31, 2017

Date Prepared: Jun 22, 2017

**Institution: Emergency Services Academy Ltd.****Licensed Program: Emergency Medical Technician**

1. Graduation Rate: 72% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- in full time training related employment	14
- in part time training related employment	18
- in not training related employment	57
- unemployed	15
- continuing to higher education	52
- in special circumstances	1
- unable to locate student	11

**TOTAL Graduates****168**

3. Job Placement Rate: 28%

This graduate report was made available to me prior to enrollment.

\_\_\_\_\_  
Applicant's Name (please print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**ESA•EMR****Emergency Medical Responder (EMR)  
Application Form - Page One****Personal Information**

Last Name	First Name (Legal)	Middle Name
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Former Surname	Also Known As	Date of Birth (YYYYMMDD)
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Tshirt Size <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Alberta Student Number
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Phone Number (Home)	Phone Number (Cell)	Email Address - Mandatory
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Mailing Address (Street/Avenue/Box Number)		
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City	Province	Postal Code
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Emergency Contact Person	Relationship	Telephone
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**How did you learn about ESA?** ☐ Internet search ☐ Social Media ☐ Knew ESA website ☐ ESA Open House  
☐ Referral from a friend/neighbor/someone working in emergency response ☐ Referral from a former or current ESA student  
☐ Radio ☐ Printed advertisement ☐ myBlueprint ☐ Postcard (Canada Post SnapAd) ☐ Facebook Ad  
☐ Large outdoor sign ☐ Other

Please provide details of how you learned about ESA. If a referral from a former or current ESA student, we need their name please:


**Registration Information**

Program: **Emergency Medical Responder**

Please list the following information for the session you want to register for:

Course Code: _____	Start Date: _____
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