ESA•EMT

Emergency Medical Technician - Refresher Course (EMT Ref)
Application Package

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

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, full payment of fees, the completed checklist page and supporting documents to:

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

Acceptance into an EMT Refresher Course

You will be advised by email of your acceptance into an EMT Refresher Course 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.

If the course is cancelled due to insufficient applications, all fees will be refunded.

Questions? Call 780-416-8822 or e-mail info@ESAcanada.com

Submit your complete application by

E-mail to 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•EMT

Emergency Medical Technician - Refresher Course (EMT Ref) Course
Application Checklist - Include this page with your application.

Applicant: _____
Last Name First Name Middle Name

Course Code: **EMT Ref** _____
(YYMM)

ESA Use	Student Checklist - Include the following with your application.
☐	☐ A. Proof of age (minimum 18 years). A driver's license is acceptable.
☐	☐ B. Student must provide a photocopy of a Certificate of Successful Completion or transcript from either an Alberta College of Paramedics Approved EMT/PCP Program or a Canadian Medical Association Accredited EMT/PCP Program. The certificate or transcript must include a graduation date stating that the program was completed within the preceding three years. **OR**
☐	☐ C. Registration with the Alberta College of Paramedics (ACP) as an EMT/PCP within the preceding three years.

If you are an EMT/PCP but do not have a certificate or registration within the preceding three years, you can take an EMT Refresher Course at ESA for personal reasons (such as to improve your skills or gain additional practice). You will not receive an EMT Refresher Certificate upon completion of the course at ESA unless you comply with one of the above B or C prerequisites.

ESA Use Only

Date application received: _____ Date application processed, fee paid: _____

Date email sent to applicant: _____ Processed by: _____ App 1709 V2

ESA•EMT

Emergency Medical Technician - Refresher Course (EMT Ref)
Application Form - Page One

Personal Information

Last Name | First Name (Legal) | Middle Name

Former Surname | Also Known As | Date of Birth (YYYYMMDD)

Gender ☐ Male ☐ Female ☐ Unspecified

Phone Number (Home) | Phone Number (Cell) | Email Address - Mandatory

Mailing Address (Street/Avenue/Box Number)

City | Province | Postal Code

Emergency Contact Person | Relationship | Telephone

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 ☐ Other

Please provide details of how you learned about ESA: _____

_____

Registration Information

Course: **Emergency Medical Technician - Refresher (EMT Ref)**

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

Course Code: _____ **Start Date:** _____

ESA•EMT

Emergency Medical Technician - Refresher (EMT Ref) Course
Application Form - Page Two

Payment

Are you being sponsored for this program by a business or organization?

□ Yes □ No If Yes, please provide details, including a contact name and email address:

_____

_____

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 Payment for total course fees for the EMT Refresher Course.

Payment amount: $_____

Method of Payment:

☐ Cash ☐ Cheque/Money Order ☐ Debit ☐ E-Transfer ☐ VISA ☐ MasterCard ☐ American Express

For 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 program, I agree to comply with all rules and regulations of **Emergency Services Academy Ltd.**

_____ _____
Applicant's Signature **Date**

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.