



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

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.
2nd 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@ESAcanda.com

Submit your complete application by:

E-mail to info@ESAcanda.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
☐	☐ Have you completed the Waiver and Consent Forms?
☐	☐ Have you completed the EMR Application Form?
☐	☐ Have you completed and signed the Alberta Student Enrolment Contract. This contract is a separate download from the ESA website. Details for completing this contract follow.
	Have you included the following with your application?
☐	☐ A. Proof of age (minimum 18 years). A Driver's License is acceptable.
☐	☐ B. Education - Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education (include photocopies) ☐ or pre-approval from ESA for application as a mature student.
☐	☐ C. Basic Rescuer - CPR Level C or Health Care Provider (Heart & Stroke Foundation, St. John's Ambulance or Red Cross). Dated within one year as of the first day of classes (include photocopy).
☐	☐ D. Standard First Aid Certificate . Dated within the preceding three years as of the first day of classes. (include photocopy)
☐	E. Do you require Special Academic Accommodations? ☐ Yes ☐ No If yes, you must submit the required documentation with your application package. Refer to our website: www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation .
☐	☐ F. Acknowledgement Form for Students Not Seeking Employment . 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 V33.4



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 Student Enrolment Contract

The Alberta Student 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. You will need to click on some of the fields as the tabbing between fields does not always work.

Do not change any of the information preloaded by ESA.

EMR Course Code	Delivery Mode	Start Date of Session	End Date of Session
EMR 1711A	Full-time	November 6, 2017	November 30, 2017
EMR 1711C	Full-time	November 27, 2017	December 21, 2017

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

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 Exam Fees \$800.00

ACP EMR Registration / Annual Renewal \$525.00

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:** _____

**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 ☐ Male ☐ Female ☐ Unspecified	Tshirt Size ☐ XS ☐ S ☐ M ☐ L ☐ 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 Information Session
☐ Referral from a friend/neighbor/someone working in emergency response ☐ Referral from a former or current ESA student
☐ Radio ☐ Printed advertisement ☐ Large outdoor sign ☐ Other

Please provide details of how you learned about ESA. If a referral from a former or current ESA student, please provide their full name so we can follow up with a thank you:

Registration Information

Program: **Emergency Medical Responder**

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

Course Code: _____ Start Date: _____

