



ESA • EMT

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.



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

Please ensure you read all of the instructions carefully before submitting your application for the Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program. All sections of the application must be completed.

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**

Acceptance into an EMT/PCP Program

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

Acceptance is based on the results of a competition including:

- an interview with an ESA Program Coordinator or Instructor (50%)
- an EMR level written exam (25%)
- and an EMR level verbal scenario (25%)

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

Submit your complete application by:

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Mail, courier or deliver it in person to:

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**ESA•EMT****Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program****Application Package - Part One****Application Checklist - Include this page with your application****Applicant:**

Surname

First Name

Middle Name

Course Code:

ESA	Student Checklist
☐	☐ Have you completed the Waiver, Consent and Acknowledgement Forms?
☐	☐ Have you completed the EMT/PCP Application Form?
	Have you included the following with your application? See instructions on the following pages for details.
☐	☐ A. Clear Security Clearance with a Vulnerable Sector Check
☐	☐ B. Updated Immunization Records
	☐ MMR - measles, mumps and rubella ☐ Polio
	☐ Hepatitis B ☐ Varicella (Chicken Pox)
	☐ DTaP - Tetanus/diphtheria/pertussis ☐ Seasonal Influenza (optional)
	☐ Mantoux/tuberculosis screening.
☐	☐ C. Proof of age - minimum 18 years of age
☐	☐ D. High School Diploma, GED/equivalent or post-secondary education equivalent to or above a grade 12 level as evidenced by transcripts, OR pre-approval from ESA for application as a mature student.
☐	☐ E. Class 5 Driver's License - minimum Class 5 GDL
☐	☐ F. Basic Rescuer - Level C or Health Care Provider - dated within one year as of first day of classes.
☐	☐ G. One of the following: • EMR Certificate or Transcript • ESA EMR Refresher Certificate or Transcript • MFR Certificate or Transcript • Proof of employment as an EMR
☐	☐ H. Driver's Abstract ☐ I. Medical Exam Form
☐	☐ J. EMT/PCP Program Graduate Report ☐ K. Written Assignment Interview Form
☐	☐ L. Completed EMS Industry Research Assignments (2 essays)
☐	☐ M. Resume
☐	☐ N. Two letters of character reference
☐	O. 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 .
☐	☐ P. Alberta Student Number

ESA Use Only Date application received: _____ Date application processed, fee paid: _____

Date email sent to applicant: _____ Processed by: _____ App 1802, V35.4



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**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program
Application Package - Part Two
Instructions and Details for Completing the EMT Prerequisites**

- A. Security Clearance** from your local policing agency (e.g. city police or RCMP detachment) - dated within 90 days of submission to ESA 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. **Please allow sufficient time to order a security clearance, as it may take 4 to 6 weeks to process. Please note: A security clearance MUST be clear in order to continue with this application.**
- B. Updated immunization records** indicating vaccinations against measles, mumps and rubella (MMR), hepatitis B and tetanus/diphtheria, mantoux/tuberculosis screening, polio, varicella (chicken pox) and seasonal influenza (optional).

MMR - Mumps, Measles and Rubella

- This vaccination is typically given at 12 months and again between the ages of 4 and 6.

Hepatitis B

- As of 1981 this three shot series has been provided to children in grade 5. There is an initial vaccination, a second one four weeks later and the third five months after the second. Once a person has had the three vaccination series, they are considered to be immune for life.
- 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.

Tetanus (within 10 years)

- This vaccination is included in DTap (a combination of tetanus, diphtheria and pertussis). It is typically provided between the ages of 4 and 6 and then again in grade 9. After that, a tetanus shot is recommended every ten years.

Mantoux / Tuberculosis (TB) Screening (within one year)

- Tuberculosis (TB) screening is **not provided in schools**. This can be done at Travellers Health Services for a fee. The screening is a two part process. In the first part, a fine needle injects a small amount of a harmless test substance under the first layer of skin on the forearm. The second part of the test is done two or three days later. You must go back to have your reaction to the injection measured.
- Parts one and two must be completed at the time the application is submitted to ESA.
- Please note: Mantoux / Tuberculosis screening results are typically issued **on a separate record and must be requested by applicant. Please allow sufficient time for receiving TB records - this process could take 4 to 6 weeks.**

- C. Proof of age** (minimum 18 years). A Driver's License is acceptable.
- D. High School Diploma, GED/equivalent or post-secondary education equivalent to or above a grade 12 level** as evidenced by transcripts. Students may be accepted into the EMT/PCP Program at ESA who have not met this requirement for existing education. You must contact ESA in advance of submitting this application and provide details of your education and work experience.
- E. Class 5 Driver's License** - minimum Class 5 GDL
- F. Basic Rescuer - CPR Level C or Health Care Provider.** Dated within one year of first day of classes. Search online for a Basic Rescuer course offered in your area. One recommendation is the Heart and Stroke course.



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G. One of the following:

- **Emergency Medical Responder (EMR) Transcript or EMR Certificate *** which must be from an ACP approved school - Name and location of school: _____
- **ESA EMR Refresher Certificate ***
- **Medical First Responder (MFR) Certificate or Transcript *** Name and address of training facility: _____
- **Proof of Employment as an EMR ****

* Graduation date of less than 12 months of the first day of the ESA EMT/PCP program. Photocopies are acceptable.

**Proof of employment must indicate that the applicant has worked as an EMR within 12 months preceeding the first day of the EMT/PCP program.

H. Current Driver's Abstract - dated within 6 months of program commencement; maximum 6 demerits

I. Medical Exam Form completed and signed by physician - dated within 6 months of program commencement

J. EMT Program Graduate Report - applicant's signature indicating information was received

K. Written Assignment Interview Form - signed by the EMT/PCP or EMT-P who was interviewed. Include in application.

L. Completed EMS Industry Research Assignments - two essays to be submitted

M. Resume

N. Two letters of character reference using the ESA form which is part of this package. Include in application.

O. Special Academic Accommodation - ESA provides Special Academic Accommodation to students, where appropriate. A request for same must be submitted as part of the application process to ESA. Refer to our website www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation for more information.

P. Alberta Student Number - to be entered in the Personal Information section of the application form
EMT/PCP students must have an Alberta Student Number (ASN).

The Alberta Student Number (ASN) is the single unique identifier for all Alberta learners.

For assistance with an Alberta Student Number, go online to the Alberta Education **Learner Registry**:

<https://extranetapp.learning.gov.ab.ca/LearnerRegistry/forms/>

If you have an Alberta Student Number:

- If you have attended a school or public Post-Secondary institution in Alberta and wish to know your Alberta Student Number (ASN), you can use the **Lookup ASN** on the website listed above.
- If you have registered with an Alberta Kindergarten to Grade 12 school prior to 1972 or you have registered with a public Alberta Post-Secondary Institution prior to 2000 (university, college, technical institute) contact the Help Desk at 780-427-5318 cshelpdesk@gov.ab.ca.

If you do not have an Alberta Student Number:

- If you have recently moved to Alberta or have never registered with a school or Post-Secondary institution in Alberta, and need to have an ASN you can request an ASN by using the **Request ASN Online**. You can also **Print a Copy** of the ASN Request Form and mail or fax it to Alberta Education according to the information found on the bottom of the form. These forms are on the website listed above.



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Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program Application Package - Part Three Consent Form

I, _____, understand that I may be required to perform invasive procedures on classmates during the didactic portion of the EMT/PCP Program and on patients during practicum.

☐ 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 EMT/PCP Program include testing Blood Glucose Levels, Intramuscular Injections, Subcutaneous Injections and Intravenous Therapy. Risks include but are not limited to; needle stick injuries, bruising and pain.

Please initial the above box to show that you understand and consent to the above invasive procedures.

Applicant's signature: _____ **Date:** _____



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Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program Application Package - Part Three Acknowledgment Form

I, _____, understand that in order **to work** as an EMR or an EMT/ PCP 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 valid Class 5 Alberta Operator's driver's license with no more than six (6) demerits;
- ☐ maintain annual CPR certification.

I, _____, understand that in order **to work** as an EMR or an EMT/ PCP, 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 acknowledge each of the above requirements.

Applicant's signature: _____ **Date:** _____



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**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Program Application Package - Part Three
Acknowledgement Form - Equipment**

I, _____, understand additional equipment is required for the EMT/PCP Program beyond that supplied by ESA and additional fees and expenses beyond the fees paid to ESA, as follows:

EMT/PCP Required Equipment

- ☐ An Apple iPad
- ☐ Stethoscope - Littman Classic II recommended
- ☐ Penlight
- ☐ Universal shears
- ☐ Protective eye wear
- ☐ Safety boots - black, steel toe and shank, CSA approved

Ambulance Practicum Helmet and Vest

- ☐ ESA supplies a helmet and vest for students during their EMT/PCP Ambulance Practicum. Students are charged a deposit of \$25.00 which is refunded when the helmet and vest are returned to ESA after completion of their practicum.

Please initial each of the above boxes to show that you understand and acknowledge the additional equipment requirements.

Applicant's signature: _____ **Date:** _____



**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Program Application Package - Part Three
Acknowledgement Form - Additional Fees and Expenses**

I, _____, understand additional fees and expenses may be incurred beyond the EMT/PCP Program fees paid to ESA, as follows:

Practicum Expenses As Required

- ☐ EMT/PCP practicum sites can be located anywhere in Alberta. Students are responsible for any expenses incurred during practicums, including travel costs, meals and accommodation.

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 fees are listed on the ACP website. Fees effective January, 2018 are:

ACP Application Fee	\$100.00
ACP EMT/PCP Exam Fees	\$900.00
ACP Annual Registration	\$525.00

Please initial each of the above boxes to show that you understand and acknowledge the additional fees which may be incurred for the EMT/PCP Program.

Applicant's signature: _____ **Date:** _____

**ESA•EMT****Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Four
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	Tshirt Size ☐ XS ☐ S ☐ M ☐ L ☐ XL	Alberta Student Number
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 ☐ ESA website ☐ ESA Open House or Information Session
☐ Referral from a friend/neighbor/someone working in emergency response ☐ Referral from a former or current ESA student
☐ Radio ☐ Printed advertisement ☐ Facebook Ad ☐ 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 that we can follow up with a thank you:

Registration Information

Program: **Emergency Medical Technician /Primary Care Paramedic (EMT/PCP)**

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

Course Code: _____ Start Date: _____



**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Four
Application Form - Page Two**

**ESA•EMT****Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)****Application Package - Part Five****EMT Program Graduate Report****Based on Report from Alberta Advanced Education and Technology****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 / Primary Care Paramedic

1. Graduation Rate: 90% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- full time training related employment	17
- part time training related employment	28
- not training related employment	11
- unemployed	5
- pursued higher education	4
- special circumstances	2
- unable to locate student	0

TOTAL Graduates **67**

3. Job Placement Rate: 74%

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

Applicant's Name (please print)

Signature

Date

**ESA•EMT****Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Six
Applicant Medical Examination Form**

Your Medical Examination is to be completed by a physician.

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:

Yes No

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, including:

- ☐ 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

Any relevant comments:

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

**ESA•EMT****Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Seven
Applicant Assignments**

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

Assignment 1 – An Essay Based on an Interview with an EMT/PCP or Paramedic

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.

Assignment 2 – An Essay with Your 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.

**ESA•EMT****Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Eight (1)
Character Reference for an Applicant**

ESA requires applicants to provide two personal references to confirm they are of good character and reputation. Please complete the following information on behalf of the applicant.

Applicant's Name: _____

Your current status and relationship to the applicant. Please note you cannot be a family member and provide a reference.

- ☐ The most recent employer or an instructor at a recently completed education program.
- ☐ A professional (e.g., health professional, lawyer or teacher) who has known the applicant for a minimum of two years.
- ☐ A member of the clergy who has known the applicant for a minimum of two years.
- ☐ A peace officer who has known the applicant for a minimum of two years.
- ☐ Any other person who has known the applicant for a minimum of five years. Only one reference can be from this category.

Information about the Person Providing the Reference

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please provide your comments about the applicant's character and reputation and how you feel they would function in emergency medical services. A separate sheet of paper may be attached.

Signature of person providing the reference: _____

Date: _____

**ESA•EMT****Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Eight (2)
Character Reference for an Applicant**

ESA requires applicants to provide two personal references to confirm they are of good character and reputation. Please complete the following information on behalf of the applicant.

Applicant's Name: _____

Your current status and relationship to the applicant. Please note you cannot be a family member and provide a reference.

- ☐ The most recent employer or an instructor at a recently completed education program.
- ☐ A professional (e.g., health professional, lawyer or teacher) who has known the applicant for a minimum of two years.
- ☐ A member of the clergy who has known the applicant for a minimum of two years.
- ☐ A peace officer who has known the applicant for a minimum of two years.
- ☐ Any other person who has known the applicant for a minimum of five years. Only one reference can be from this category.

Information about the Person Providing the Reference

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please provide your comments about the applicant's character and reputation and how you feel they would function in emergency medical services. A separate sheet of paper may be attached.

Signature of person providing the reference: _____

Date: _____