



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@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•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 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? |
| <input type="checkbox"/> | <input type="checkbox"/> A. Proof of age (minimum 18 years). A Driver's License is acceptable. |
| <input type="checkbox"/> | <input type="checkbox"/> B. Education - 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. 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). |
| <input type="checkbox"/> | <input type="checkbox"/> D. Standard First Aid Certificate . 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: www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation . |

ESA Use Only

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

Date email sent to applicant: _____ Processed by: _____ App 1807 V34.2



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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 1807A | Full-time | July 3, 2018 | July 26, 2018 |
| EMR 1807B | Full-time | July 30, 2018 | August 23, 2018 |
| EMR 1809 | Part-time | September 8, 2018 | November 4, 2018 |
| EMR 1810 | Full-time | October 29, 2018 | November 22, 2018 |
| EMR 1811 | Full-time | November 26, 2018 | December 20, 2018 |

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 deliver 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****EMR Equipment Requirements**

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

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

I, _____, understand that there are additional fees required in order to be employed as an EMR. These fees are not paid to ESA.

- ☐ Registration and examination fees are paid to provincial registration bodies. In Alberta, fees are paid to the Alberta College of Paramedics (ACP). Fees as of 2018 are:

| | |
|------------------------------------|-----------------|
| ACP Application Fee | \$100.00 |
| ACP EMR Exam Fee | \$800.00 |
| ACP Annual Registration Fee | \$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, 2017 - March 31, 2018

Date Prepared: July 23, 2018

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

1. Graduation Rate: 73% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

| | |
|--|----|
| - in full time training related employment | 13 |
| - in part time training related employment | 18 |
| - in not training related employment | 57 |
| - unemployed | 1 |
| - continuing to higher education | 77 |
| - in special circumstances | 3 |
| - unable to locate student | 10 |

TOTAL Graduates**179**

3. Job Placement Rate: 35%

Please note:

A number of graduates did not have 90 days to find employment.

EMR is typically used as a prerequisite for Higher Education rather than employment.

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 |
|-----------|--------------------|-------------|

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

| | | |
|---|--|------------------------|
| 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 |
|---|--|------------------------|

| | | |
|---------------------|---------------------|---------------------------|
| 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 Information Session
☐ 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. 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: _____



Emergency Medical Responder (EMR) Application Form - Page Two

Name of Cardholder: _____ Cardholder's Signature: _____

EMERGENCY SERVICES ACADEMY LTD.