



ESA. THE BEST ARE READY.

ESA•EMR

Emergency Medical Responder - Refresher (EMR Ref) Course Application Package

Please ensure you read all of the instructions carefully before submitting your application for an EMR 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 EMR Refresher Course

You will be advised by email of your acceptance into an EMR 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

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 - Refresher (EMR Ref) Course
Application Checklist - Include this page with your application.****Applicant:**_____
Last Name_____
First Name_____
Middle Name**Course Code:****EMR Ref** _____
(YYMM)

ESA Use	Student Checklist - Include 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"/>	B. Plus <u>one</u> of the following: <input type="checkbox"/> EMR ACP Practice Permit * <input type="checkbox"/> EMR Certificate or Transcript ** <input type="checkbox"/> Approval from the ESA Registrar

*Current within 3 years preceding the first day of the EMR Refresher.

**Graduation date within 3 years preceding the first day of the EMR Refresher.

If you are an EMR graduate with a Certificate / Transcript or ACP Practice Permit dated more than 3 years preceding the EMR Refresher, you can take an EMR Refresher Course to improve your knowledge and skills, however, you will not receive an EMR Refresher Certificate upon completion unless you comply with the above prerequisites.

**ESA•EMR****Emergency Medical Responder - Refresher (EMR Ref) Course
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

Phone Number (Home)	Phone Number (Cell)	Email Address - Mandatory
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Mailing Address (Street/Avenue/Box Number)

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 ☐ Facebook Adv ☐ Other

Please provide details of how you learned about ESA: _____

Registration InformationCourse: **Emergency Medical Responder - Refresher (EMR Ref)**

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

Course Code: _____ Start Date: _____

**ESA•EMR****Emergency Medical Responder - Refresher (EMR 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 EMR 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: _____

For INTERAC e-Transfer: Set up the e-transfer through your bank using the ESA email address: e-transfers@ESAcanda.com.
Send an email to e-transfers@ESAcanda.com with the answer to your security question.

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.*