



**ESA • PCP**

## **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](mailto:info@ESAcanda.com)**



**ESA•PCP**

**ESA. THE BEST ARE READY.**

## **Primary Care Paramedic (PCP) Program Application Package**

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

### **Submit your complete application by:**

- **E-mail to [info@ESAcanada.com](mailto: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 PCP Program**

ESA accepts a maximum of 24 students for each 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](mailto:info@ESAcanada.com)**

### **Submit your complete application by:**

**E-mail to [info@ESAcanada.com](mailto: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 Use Only**    Date application received: \_\_\_\_\_ Date application processed, fee paid: \_\_\_\_\_

Date email sent to applicant: \_\_\_\_\_ Processed by: \_\_\_\_\_ App 1809, V36.3



# ESA•PCP

## Primary Care Paramedic (PCP) Program Application Package - Part One Application Checklist - Include this page with your application

Applicant:

Surname	First Name	Middle Name
---------	------------	-------------

Course Code: \_\_\_\_\_

<b>ESA Student Checklist</b>
<input type="checkbox"/> <input type="checkbox"/> Have you completed the Waiver, Consent and Acknowledgement Forms?
<input type="checkbox"/> <input type="checkbox"/> Have you completed the PCP Application Form?
Have you included the following with your application? See instructions on the following pages for details.
<input type="checkbox"/> <input type="checkbox"/> A. A Clear Police Information Check (PIC) and Vulnerable Sector Search (VSS)
<input type="checkbox"/> B. Updated Immunization Records
<input type="checkbox"/> MMR - measles, mumps and rubella <input type="checkbox"/> Polio
<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella (Chicken Pox)
<input type="checkbox"/> DTaP - Tetanus/diphtheria/pertussis <input type="checkbox"/> Seasonal Influenza (optional)
<input type="checkbox"/> Mantoux/tuberculosis screening.
<input type="checkbox"/> <input type="checkbox"/> C. Proof of age - minimum 18 years of age
<input type="checkbox"/> <input type="checkbox"/> D. High School Diploma, GED/equivalent or post-secondary education equivalent to or above a grade 12 level as evidenced by transcripts, <b>OR</b> pre-approval from ESA for application as a mature student.
<input type="checkbox"/> <input type="checkbox"/> E. Driver's License - minimum Class 5
<input type="checkbox"/> <input type="checkbox"/> F. Basic Rescuer - Level C or Health Care Provider - dated within one year as of first day of classes.
<input type="checkbox"/> <input type="checkbox"/> G. <b>One</b> of the following: <ul style="list-style-type: none"> <li>• Current EMR ACP Practice Permit</li> <li>• EMR Certificate or Transcript</li> <li>• ESA EMR Refresher Certificate or Transcript</li> <li>• MFR Certificate or Transcript</li> <li>• Proof of employment as an EMR</li> </ul>
<input type="checkbox"/> <input type="checkbox"/> H. Driver's Abstract <input type="checkbox"/> I. Medical Exam Form
<input type="checkbox"/> <input type="checkbox"/> J. PCP Program Graduate Report <input type="checkbox"/> K. Written Assignment Interview Form
<input type="checkbox"/> <input type="checkbox"/> L. Completed EMS Industry Research Assignments (2 essays)
<input type="checkbox"/> <input type="checkbox"/> M. Resume
<input type="checkbox"/> <input type="checkbox"/> N. Two letters of character reference
<input type="checkbox"/> O. 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: <a href="http://www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation">www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation</a> .
<input type="checkbox"/> <input type="checkbox"/> P. Alberta Student Number



**ESA-PCP**

ESA. THE BEST ARE READY.

## Primary Care Paramedic (PCP) Program

### Application Package - Part Two

#### Instructions and Details for Completing and Submitting the PCP Prerequisites

- A. Obtain a **Clear Police Information Check (PIC)** and a **Vulnerable Sector Search (VSS)** from your local policing agency (e.g. city police or RCMP detachment) - dated within 90 days of submission to ESA.**
- A **Police Information Check (PIC)** is a detailed criminal and police history, or a confirmation of the absence of any information, based on the personal information provided to the police agency when requesting the check.
  - A **Vulnerable Sector Search (VSS)** includes a PIC plus a search of pardoned offences of a specified nature (sexual and certain other offences against the person). A VSS is required if you will be in a position of trust or authority with patients or clients of AHS.

**Please allow sufficient time to order a a PIC and VSS, as they may take 4 to 6 weeks to process.**

**The PIC and VSS 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 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.

**ESA-PCP**

- E. Driver's License** - minimum Class 5
- 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.
- G. One of the following:**
- Current **EMR ACP Practice Permit**
  - **Emergency Medical Responder (EMR) Transcript or EMR Certificate \***
  - **ESA EMR Refresher Certificate \***
  - **Medical First Responder (MFR) Certificate or Transcript \***
  - **Proof of Employment as an EMR \*\***
- \* Graduation date of less than 12 months of the first day of the ESA PCP program. Photocopies are acceptable.
- \*\*Proof of employment must indicate that the applicant has worked as an EMR within 12 months preceding the first day of the 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. PCP 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.
- L. Completed EMS Industry Research Assignments** - two essays
- M. Resume**
- N. Two letters of character reference** using the ESA form which is part of this package.
- 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](http://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

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](mailto: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.



**ESA-PCP**

**ESA. THE BEST ARE READY.**

**Primary Care Paramedic (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 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 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:** \_\_\_\_\_



**ESA-PCP**

ESA. THE BEST ARE READY.

**Primary Care Paramedic (PCP)  
Program Application Package - Part Three  
Acknowledgment Form**

I, \_\_\_\_\_, understand that in order **to work** as an EMR or a 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 a 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:** \_\_\_\_\_



**ESA-PCP**

ESA. THE BEST ARE READY.

**Primary Care Paramedic (PCP)  
Program Application Package - Part Three  
Acknowledgement Form - Equipment**

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

**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 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:** \_\_\_\_\_





**Primary Care Paramedic (PCP)  
Program Application Package - Part Three  
Acknowledgement Form - Additional Fees and Expenses**

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

**Practicum Expenses As Required**

- 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:

<b>ACP Application Fee</b>	<b>\$100.00</b>
<b>ACP PCP Exam Fees</b>	<b>\$900.00</b>
<b>ACP Annual Registration</b>	<b>\$525.00</b>

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ESA•PCP**

**Primary Care Paramedic (PCP)  
Application Package - Part Four  
Application Form - Page One**

<b>Personal Information</b>		
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     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: **Primary Care Paramedic (PCP)**

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

**Course Code:** \_\_\_\_\_      **Start Date:** \_\_\_\_\_



**ESA-PCP**

**ESA. THE BEST ARE READY.**

**Primary Care Paramedic (PCP)  
Application Package - Part Four  
Application Form - Page Two**

**Payment**

Are you applying for Student Funding for this program or are you being sponsored 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](http://www.ESACanada.com) or call (780) 416-8822.

Include the Administration Fee of \$125.00 (non-refundable) with this application for the PCP Program.

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@ESACanada.com](mailto:e-transfers@ESACanada.com).  
Send an email to [e-transfers@ESACanada.com](mailto:e-transfers@ESACanada.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.*



**ESA-PCP**

ESA. THE BEST ARE READY.

**Primary Care Paramedic (PCP)  
Application Package - Part Five  
PCP Program Graduate Report  
Based on Report from Alberta Advanced Education and Technology**

**Graduate Report**

Reporting Period: April 1, 2017 - March 31, 2018

Date Prepared: July 23, 2018

**Institution: Emergency Services Academy Ltd.  
Licensed Program: Primary Care Paramedic**

1. Graduation Rate: 81% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- full time training related employment	20
- part time training related employment	30
- not training related employment	22
- unemployed	4
- pursued higher education	1
- special circumstances	0
- unable to locate student	4

**TOTAL Graduates** **81**

---

3. Job Placement Rate: 66%

**Please Note:**

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

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

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**ESA-PCP**

**Emergency Medical Technician/Primary Care Paramedic (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

	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 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:

<b>Date of Medical Examination (MM/DD/YY):</b>
<b>Physician's Name:</b>
<b>Physician's Address:</b>
<b>Physician's Signature:</b>

**D. 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.

\_\_\_\_\_  
**PCP Applicant's Signature**

\_\_\_\_\_  
**Date**



**ESA-PCP**

ESA. THE BEST ARE READY.

**Primary Care Paramedic (PCP)  
Application Package - Part Seven  
Applicant Assignments**

The following written assignments (two essays), must be completed by all individuals applying for the 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 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•PCP**

**ESA. THE BEST ARE READY.**

**Primary Care Paramedic (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-PCP**

**ESA. THE BEST ARE READY.**

**Primary Care Paramedic (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:** \_\_\_\_\_