ESA•EMR

Application Package – EMR ACP Prep Course

Submit to:

Emergency Services Academy Ltd.
2nd Floor, 161 Broadway Boulevard
Sherwood Park AB T8H 2A8

ESA•EMR

Emergency Medical Responder - ACP Exam Prep Course (EMR ACP)
Application Package

Please ensure you read all of the instructions carefully before submitting your application for an EMR ACP Exam Prep 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

ESA offers a complimentary EMR ACP Prep course to graduates of the ESA EMR Program who were unsuccessful on their first attempt at the Alberta College of Paramedics exam.

- Fees will be waived once. Offer is valid within one year of graduation from the ESA EMR Program.
- Provide ESA with a copy of your ACP examination results and a completed application.

Acceptance into an EMR ACP Exam Prep Course

You will be advised by email of your acceptance into an EMR ACP Exam Prep 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.

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

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

ESA•EMR

Emergency Medical Responder - ACP Exam Prep Course (EMR ACP)
Application Checklist - Include this page with your application.

Applicant: _____
Last Name First Name Middle Name

Course Code: **EMR ACP** _____
(YYMM)

ESA Use	Student Checklist - Include the following with your application.
☐	☐ A. Proof of age. A driver's license is acceptable.
☐	☐ B. Photocopy of EMR certificate indicating successful completion of an EMR program.
☐	☐ C. If you are a graduate of the ESA EMR Program and unsuccessful on your first attempt at the Alberta College of Paramedics exam, provide a copy of your ACP examination results.

ESA Use Only

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

Date email sent to applicant: _____ Processed by: _____ App 1812 V5.1

ESA•EMR

Emergency Medical Responder - ACP Exam Prep Course (EMR ACP)
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

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 ☐ Facebook Adv ☐ Other

Please provide additional details of how you learned about ESA: _____

_____

Registration Information

Course: **Emergency Medical Responder - ACP Exam Prep (EMR ACP)**

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

Course Code: _____ **Start Date:** _____

Will this be your first attempt at the Alberta College of Paramedics exam? ☐ Yes ☐ No

If this is your second attempt, are you repeating the written exam? ☐ Yes ☐ No **The practical?** ☐ Yes ☐ No

Are you a graduate of the ESA EMR Program, unsuccessful in your first attempt at the Alberta College of Paramedics exam, and applying for this course as a complimentary course? ☐ Yes ☐ No

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Emergency Medical Responder - ACP Exam Prep Course (EMR ACP)
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 ACP Exam Prep Course. Payment amount: $_____

If you are applying as a graduate of the ESA EMR Program for a complimentary ESA ACP Exam Course, please contact ESA regarding fees.

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 (MMYY)

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. Send an email to 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.