



**ESA • EMT**

## **Application Package – EMT ACP Prep Course**

**Submit to:**

**Emergency Services Academy Ltd.**

2nd Floor, 161 Broadway Boulevard

Sherwood Park AB T8H 2A8

**ESA. THE BEST ARE READY.**



**ESA•EMT**

ESA. THE BEST ARE READY.

## **Emergency Medical Technician - ACP Exam Prep Course (EMT ACP) Application Package**

Please ensure you read all of the instructions carefully before submitting your application for an EMT 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.  
2<sup>nd</sup> Floor, 161 Broadway Boulevard  
Sherwood Park AB T8H 2A8**

**ESA offers a complimentary EMT ACP Prep Course to graduates of the ESA EMT/PCP 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 EMT/PCP Program.
- Provide ESA with a copy of your ACP examination results and a completed application.

### **Acceptance into an EMT ACP Exam Prep Course**

You will be advised by email of your acceptance into an EMT 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@ESAcanda.com](mailto:info@ESAcanda.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@ESAcanda.com](mailto:info@ESAcanda.com).**

**ESA•EMT****Emergency Medical Technician - ACP Exam Prep (EMT ACP) Course  
Application Checklist - Include this page with your application.****Applicant:**\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name\_\_\_\_\_  
Middle Name**Course Code:****EMT ACP** \_\_\_\_\_  
(YYMM)

ESA Use	Student Checklist - Include the following with your application.
<input type="checkbox"/>	<input type="checkbox"/> A. Proof of age. A driver's license is acceptable.
<input type="checkbox"/>	<input type="checkbox"/> B. Photocopy of EMT certificate indicating successful completion of an EMT program.
<input type="checkbox"/>	<input type="checkbox"/> C. If you are a graduate of the ESA EMT/PCP 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 V4.1

**ESA•EMT****Emergency Medical Technician - ACP Exam Prep (EMT ACP) 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 Open House  
☐ 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 Information**Course: **Emergency Medical Technician - ACP Exam Prep (EMT 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 ☐ NoIf this is your second attempt, are you repeating the written exam? ☐ Yes ☐ No The practical? ☐ Yes ☐ NoAre you a graduate of the ESA EMT Program, unsuccessful in your first attempt at the Alberta College of Paramedics exam, and applying for this course as a complimentary course? ☐ Yes ☐ No



## Emergency Medical Technician - ACP Exam Prep (EMT ACP) 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:

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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 Payment for total course fees for the EMT ACP Exam Prep Course. Payment amount: \$\_\_\_\_\_

**If you are applying as a graduate of the ESA EMT/PCP 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

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