ESA•EMT

Emergency Medical Technician - Refresher Course (EMT Ref)
Application Package

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

You will be advised by email of your acceptance into an EMT 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, or**
>
> **Mail, courier or deliver it in person to:**
>
> > **Emergency Services Academy Ltd.**
> > **2nd Floor, 161 Broadway Boulevard**
> > **Sherwood Park AB T8H 2A8**

ESA•EMT

**Emergency Medical Technician - Refresher Course (EMT Ref) Course
Application Checklist - Include this page with your application.**

Applicant: _____

Last Name   First Name   Middle Name

Course Code: **EMT Ref _____**

(YYMM)

ESA Use	Student Checklist - Include the following with your application.
☐	☐ A. Proof of age (minimum 18 years). A driver's license is acceptable.
☐	☐ B. Student must provide a photocopy of a Certificate of Successful Completion or transcript from either an Alberta College of Paramedics Approved EMT/PCP Program or a Canadian Medical Association Accredited EMT/PCP Program. The certificate or transcript must include a graduation date stating that the program was completed within the preceding three years. **OR**
☐	☐ C. Registration with the Alberta College of Paramedics (ACP) as an EMT/PCP within the preceding three years.

If you are an EMT/PCP but do not have a certificate or registration within the preceding three years, you can take an EMT Refresher Course at ESA for personal reasons (such as to improve your skills or gain additional practice). You will not receive an EMT Refresher Certificate upon completion of the course at ESA unless you comply with one of the above B or C prerequisites.

ESA Use Only

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

Date email sent to applicant: _____   Processed by: _____   App 1812 V2.1

EMERGENCY SERVICES ACADEMY LTD.

ESA•EMT

**Emergency Medical Technician - Refresher Course (EMT Ref)
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 Open House
☐ 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: _____

_____

Registration Information

Course: **Emergency Medical Technician - Refresher (EMT Ref)**

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

Course Code: _____   Start Date: _____

Emergency Medical Technician - Refresher (EMT 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 EMT 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 (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.