



**ESA • EMR**

**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)**

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## **Emergency Medical Responder (EMR) Application Package - As of January 1, 2019**

This application package for EMR reflects changes required by the Alberta College of Paramedics regarding entry requirements, program length, program revisions and a driving component.

Details are listed on our website: [www.ESAcanda.com](http://www.ESAcanda.com).

Please ensure you read all of the instructions carefully before submitting your application for an EMR Program. All sections of the application must be completed.

If you are applying as a **mature student**, please submit an advance inquiry to ESA before submitting a complete application.

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, the completed checklist page, supporting documents (including Alberta Enrolment Contract which is a separate download from the website) and payment to:

**Emergency Services Academy Ltd.  
2<sup>nd</sup> Floor, 161 Broadway Boulevard  
Sherwood Park AB T8H 2A8**

### **Acceptance into an EMR Program**

You will be advised by email of your acceptance into an EMR Program at ESA pending the receipt of a complete and acceptable application by ESA. Program maximum is 24 students. If the program you apply for is fully registered, you will be offered the opportunity to apply for an alternate EMR Program.

**Questions? Call 780-416-8822 or e-mail [info@ESAcanda.com](mailto:info@ESAcanda.com)**

**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.  
2<sup>nd</sup> 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: \_\_\_\_\_ EMR APP 2019 V1.3





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### **Mature Students**

Mature Students may be accepted into an Emergency Medical Responder Program at ESA.

If you do not meet the education requirements (Transcripts of Grade 12 High School Diploma/ GED/ equivalent or post-secondary education including English 30, Math 10 and Biology 30), forward an advance inquiry to ESA summarizing your education and work experience. Include the following details in your inquiry:

- Formal education completed
- Degrees, diplomas, certifications, courses or other relevant training
- A transcript that includes your highest level of education completed in Math, English and Sciences
- Work experience
- Current occupation

Forward your inquiry to [info@ESAcanda.com](mailto:info@ESAcanda.com) for review by the Registrar. You will be advised if you may proceed with an application to an EMR Program as a mature student.



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## **Emergency Medical Responder (EMR) Program Alberta Student Enrolment Contract**

The Alberta Student Enrolment Contract is a form required by the Private Career Colleges Branch, Alberta Advanced Education.

**Please review the contract before completing and signing it.**

Your computer program may allow you to use this as a fillable pdf. You will need to click on some of the fields as the tabbing between fields does not always work.

**Do not change any of the information preloaded by ESA.**

<b>EMR Course Code</b>	<b>Delivery Mode</b>	<b>Start Date of Session</b>	<b>End Date of Session</b>
EMR 1902	Full-time	February 4, 2019	March 1, 2019
EMR 1903	Part-time	March 2, 2019	May 26, 2019
EMR 1905	Full-time	May 13, 2019	June 7, 2019
EMR 1906	Full-time	June 10, 2019	July 6, 2019
EMR 1907	Full-time	July 8, 2019	August 2, 2019
EMR 1909	Part-time	September 21, 2019	December 8, 2019
EMR 1911	Full-time	November 18, 2019	December 13, 2019

**If you add information, please print the form before closing. It will not save the information you added.**

If you submit your application by fax or email, please mail or deliver an **original contract** (with original signatures) to ESA. The original contract with your original signature is needed before you can attend classes.



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## Emergency Medical Responder (EMR) Program Student Waiver/Consent Forms

I, \_\_\_\_\_, understand that I may be required to perform invasive procedures on classmates during the didactic portion of the EMR Program. 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 EMR Program include testing Blood Glucose Levels. Risks include but are not limited to; needle stick injuries, bruising and pain.

I, \_\_\_\_\_, understand that in order to **work as an EMR 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 class 5 driver's license, GDL removed;
- maintain annual CPR certification.

I, \_\_\_\_\_, understand that in order to **work as an EMR in Alberta**, I may need to:

- provide a copy of a Grade 12 High School Diploma or GED to an employer;

I, \_\_\_\_\_, understand that the Driving Component (Corequisite) will be taught by industry leaders, Canadian Traffic Education Centre (CTEC). All driving component fees will be paid directly to CTEC by the student. The student will be responsible for registration and payment of fees to CTEC. Successful completion of the ESA EMR Program requires successful completion of the 40 hour Professional Driving Course. Both components (EMR Program and APDOC) must be successfully completed within 6 months in order to receive an EMR Program Certificate and Transcript from ESA.

**Please initial each of the above boxes to show that you understand and agree with each of the above requirements.**

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



## ESA • EMR

### Emergency Medical Responder (EMR) Student Waiver/Consent Forms

#### EMR Equipment Requirements

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

**Required Equipment** - Students are required to have the following equipment and supplies for the EMR program at ESA:

- Access to a Computer - EMR students must have access to a computer before the program for pre-study and during the EMR program for assignments, chapter review and chapter quizzes. A computer is not required in class although a tablet such as an iPad or a laptop is optional and permitted.
- Stethoscope - Littman Classic II recommended. Lower priced stethoscopes are acceptable.
- Safety glasses

#### Optional Equipment:

- A watch
- A mini maglight
- Universal shears

#### Post Graduate Costs

I, \_\_\_\_\_, understand that there are additional fees required in order to be employed as an EMR. These fees are not paid to ESA.

- Registration and examination fees are paid to provincial registration bodies. In Alberta, fees are paid to the Alberta College of Paramedics (ACP). Fees as of 2018 are:

<b>ACP Application Fee</b>	<b>\$100.00</b>
<b>ACP EMR Exam Fee</b>	<b>\$800.00</b>
<b>ACP Annual Registration Fee</b>	<b>\$525.00</b>

Please initial each of the above boxes to show that you understand and agree with the additional equipment requirements/options and post graduate costs.

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



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**Emergency Medical Responder (EMR)**

**EMR Program Graduate Report**

**Based on Report from Private Vocational Training, Alberta Innovation and Advanced Education**

**Graduate Report**

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

Date Prepared: July 23, 2018

**Institution: Emergency Services Academy Ltd.**

**Licensed Program: Emergency Medical Responder**

1. Graduation Rate: 73% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- in full time training related employment	13
- in part time training related employment	18
- in not training related employment	57
- unemployed	1
- continuing to higher education	77
- in special circumstances	3
- unable to locate student	10

**TOTAL Graduates**

**179**

3. Job Placement Rate: 35%

**Please note:**

EMR is typically used as a prerequisite for Higher Education rather than employment.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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**Emergency Medical Responder (EMR)  
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
<b>How did you learn about ESA?</b> <input type="checkbox"/> Internet search <input type="checkbox"/> Social Media <input type="checkbox"/> Knew ESA website <input type="checkbox"/> ESA Information Session <input type="checkbox"/> Referral from a friend/neighbor/someone working in emergency response <input type="checkbox"/> Referral from a former or current ESA student <input type="checkbox"/> Radio <input type="checkbox"/> Printed advertisement <input type="checkbox"/> 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 we can follow up with a thank you: _____ _____		

<b>Registration Information</b>
Program: <b>Emergency Medical Responder</b>
Please list the following information for the session you want to register for:
Course Code: _____ Start Date: _____



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**Emergency Medical Responder (EMR)  
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.ESAcanda.com](http://www.ESAcanda.com) or call (780) 416-8822.

**Include first payment of \$1,175.00.**

This payment covers Administration Fee (\$125.00) + Program Materials Fee (\$550.00) + Registration Fee (\$500.00 credited to tuition) for a total payment of \$1,175.00.

Registration Fee is credited towards Tuition.

**Second payment of \$1,900.00 due first day of classes.**

This payment covers the balance of Tuition Fees (\$1,900.00). You will receive an invoice for this payment.

**TOTAL of 2 Payments to ESA is \$3,075.00. This does NOT include fees for the driving component of the EMR 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 (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@ESAcanda.com](mailto:e-transfers@ESAcanda.com). Send an email to [e-transfers@ESAcanda.com](mailto: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.*