



ESA. THE BEST ARE READY.

ESA•PCP

Primary Care Paramedic - Refresher Course (PCP Ref) Application Package

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

You will be advised by email of your acceptance into a PCP 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@ESAcana.com

Submit your complete application by:

E-mail to info@ESAcana.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**

EMERGENCY SERVICES ACADEMY LTD.

2nd Floor, 161 Broadway Boulevard • Sherwood Park, AB T8H 2A8
P. 780.416.8822 • www.ESAcana.com





ESA•PCP

ESA. THE BEST ARE READY.

**Primary Care Paramedic - Refresher Course (PCP Ref) Course
Application Checklist - Include this page with your application.**

Applicant:

Last Name

First Name

Middle Name

Course Code: **PCP Ref** _____
(YYYY-MM)

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 a PCP Refresher Course at ESA for personal reasons (such as to improve your skills or gain additional practice). You will not receive a PCP Refresher Certificate upon completion of the course at ESA unless you comply with one of the above B or C prerequisites.

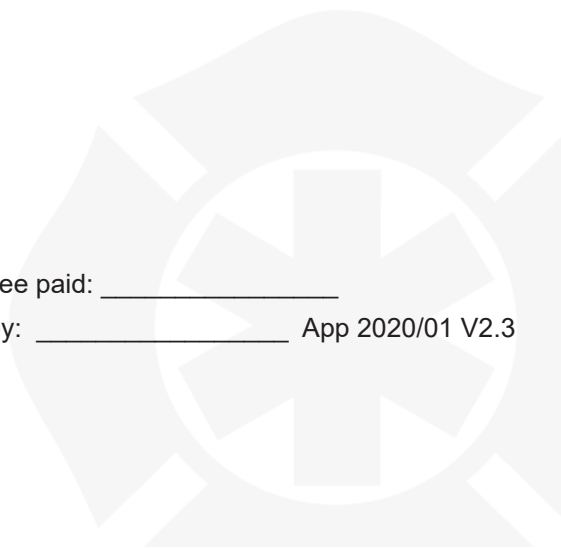
ESA Use Only

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

Date email sent to applicant: _____ Processed by: _____ App 2020/01 V2.3

EMERGENCY SERVICES ACADEMY LTD.

2nd Floor, 161 Broadway Boulevard • Sherwood Park, AB T8H 2A8
P. 780.416.8822 • www.ESAcanda.com





ESA•PCP

ESA. THE BEST ARE READY.

**Primary Care Paramedic - Refresher Course (PCP Ref) Course
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:** _____

Consent may be withdrawn at any time.

EMERGENCY SERVICES ACADEMY LTD.

2nd Floor, 161 Broadway Boulevard • Sherwood Park, AB T8H 2A8
P. 780.416.8822 • www.ESAcanda.com





ESA•PCP

ESA. THE BEST ARE READY.

**Primary Care Paramedic - Refresher Course (PCP 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: **Primary Care Paramedic - Refresher (PCP Ref)**

Please list the following information for the session you want to take. Refer to www.ESAcanda.com for current Course Codes and Dates.

Course Code: _____ Start Date: _____

EMERGENCY SERVICES ACADEMY LTD.

2nd Floor, 161 Broadway Boulevard • Sherwood Park, AB T8H 2A8
P. 780.416.8822 • www.ESAcanda.com



ESA•PCP

ESA. THE BEST ARE READY.

**Primary Care Paramedic - Refresher (PCP 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 PCP 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@ESAcana.com.
Send an email to 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.*

EMERGENCY SERVICES ACADEMY LTD.

2nd Floor, 161 Broadway Boulevard • Sherwood Park, AB T8H 2A8
P. 780.416.8822 • www.ESAcana.com