ESA•PCP

Primary Care Paramedic - ACP Exam Prep Course (PCP ACP)
Application Package

Please ensure you read all of the instructions carefully before submitting your application for a PCP (or 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.**
> **2nd Floor, 161 Broadway Boulevard**
> **Sherwood Park AB T8H 2A8**

ESA offers a complimentary PCP ACP Prep Course to graduates of the ESA 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 PCP ACP Exam Prep Course

You will be advised by email of your acceptance into an PCP 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•PCP

Primary Care Paramedic - ACP Exam Prep (PCP ACP) Course
Application Checklist - Include this page with your application.

Applicant: _____
Last Name   First Name   Middle Name

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

ESA Use	Student Checklist - Include the following with your application.
☐	☐ A. Proof of age. A driver's license is acceptable.
☐	☐ B. Photocopy of EMT/PCP certificate indicating successful completion of an EMT/PCP program.
☐	☐ C. If you are a graduate of the ESA 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 2020/01 - V4.4

EMERGENCY SERVICES ACADEMY LTD.

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

ESA•PCP

Primary Care Paramedic - ACP Exam Prep (PCP ACP) 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.

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Primary Care Paramedic - ACP Exam Prep (PCP ACP) Course
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   ☐ Facebook Adv   ☐ Other

Please provide details of how you learned about ESA: _____

_____

Registration Information

Course: **Primary Care Paramedic - ACP Exam Prep (PCP 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 PCP 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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Primary Care Paramedic - ACP Exam Prep (PCP 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:

_____

_____

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 ACP Exam Prep Course. Payment amount: $_____

If you are applying as a graduate of the ESA 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@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.