ITLS - International Trauma Life Support Provider - Basic or Advanced Application Package

Please ensure you read all of the instructions carefully before submitting your application for an ITLS 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, the completed checklist page, supporting documents and full payment of fees to:

Emergency Services Academy Ltd.
2nd Floor, 161 Broadway Boulevard
Sherwood Park AB T8H 2A8

Acceptance into an ITLS Course

You will be advised by e-mail of your acceptance into an ITLS Course at ESA pending the receipt of a complete and acceptable application by ESA. A maximum of 24 students will be accepted for an ITLS course.

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.

**ITLS - International Trauma Life Support Provider - Basic or Advanced
Application Checklist**

Applicant: _____
Last Name   First Name   Middle Name

Course Code: **ITLS - Basic** _____   **OR**   **ITLS - Advanced** _____
                                    (YYMM)   **(YYMM)**

Student Checklist - Include this checklist page with your application.

☐   Copy of certification or registration as a healthcare professional such as a
- Medical First Responder (MFR),
- Emergency Medical Responder (EMR) ,
- Emergency Medical Technician / Primary Care Paramedic (EMT/PCP), or
- other allied health care professional.

ESA Use Only

Date application received: _____   Date application processed, fee paid: _____
Date email sent to applicant: _____   Processed by: _____ App 2020 - V3.1

ESA•EMT

ITLS - International Trauma Life Support Provider - Basic OR Advanced
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   Social Insurance Number (SIN) _____

Phone Number (Home)   Phone Number (Cell)   E-mail 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 Info Session
❑ Referral from a friend/neighbor/someone working in emergency response   ❑ Referral from a former or current ESA student
❑ Radio   ❑ Newspaper advertisement   ❑ Online advertisement   ❑ Facebook advertisement   ❑ Other

Please provide additional information and details of how you learned about ESA: _____

_____

Registration Information

Course: **ITLS - International Trauma Life Support Provider - Basic OR Advanced**

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

❑   **ITLS - Basic Course Code: _____**   **OR**   ❑ **ITLS - Advanced Course Code: _____**
(YYMM)   **(YYMM)**

ITLS - International Trauma Life Support Provider - Basic OR Advanced 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 ITLS - International Trauma Life Support Provider - Basic OR Advanced Course.

Payment amount: **ITLS - Basic $500.00   OR   ITLS - Advanced $595.00.**   Fees include GST.

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-Transfers** use the ESA email address: e-transfers@esacanada.com. e-Transfers to ESA
are automatic deposit.

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.