



**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.
<input type="checkbox"/>	<input type="checkbox"/> A. Proof of age (minimum 18 years). A driver's license is acceptable.
<input type="checkbox"/>	<input type="checkbox"/> B. Student must provide a photocopy of a Certificate of Successful Completion or transcript from either an Alberta College of Paramedics Approved PCP Program or Accreditation Canada Accredited PCP Program. The certificate or transcript must include a graduation date stating that the program was completed within the preceding three years. <b>OR</b>
<input type="checkbox"/>	<input type="checkbox"/> C. Registration with the Alberta College of Paramedics as a PCP within the preceding three years.

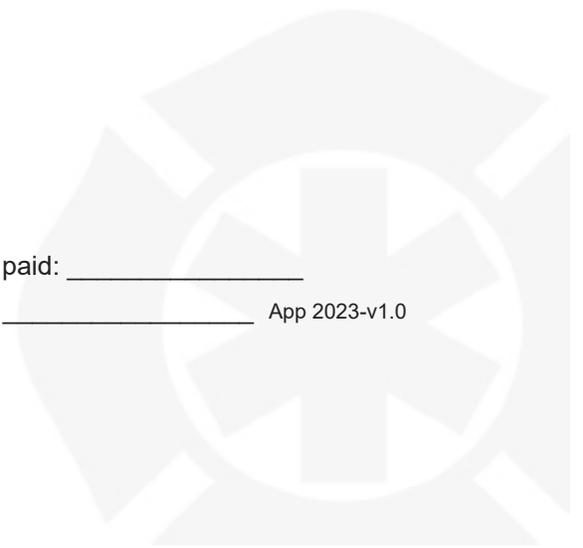
If you are a PCP but do not have a certificate or registration within the preceding three years, you can take a PCP Refresher Course at ESA for personal reasons (such as to improve your skills or gain additional practice). You will not receive a PCP Refresher Certificate upon completion of the course 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 2023-v1.0

**EMERGENCY SERVICES ACADEMY LTD.**

2nd Floor, 161 Broadway Boulevard • Sherwood Park, AB T8H 2A8  
P. 780.416.8822 • [www.ESAcanda.com](http://www.ESAcanda.com)





**ESA•PCP**

ESA. THE BEST ARE READY.

## **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.  
2<sup>nd</sup> 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 [applications@ESAcanda.com](mailto:applications@ESAcanda.com)**

**Submit your complete application by:**

**E-mail to [applications@ESAcanda.com](mailto:applications@ESAcanda.com)**

**Fax to 780-449-4787, or**

**Mail, courier or deliver it in person to:**

**Emergency Services Academy Ltd.  
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**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.**

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**Primary Care Paramedic - Refresher Course (PCP Ref)  
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"/> Neither, I identify as: _____ Pronouns: _____		
Social Insurance Number (SIN) _____		
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> _____ _____		

**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](http://www.ESAcanda.com) for current Course Codes and Dates.

Course Code: \_\_\_\_\_

Start Date: \_\_\_\_\_

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## 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](http://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](mailto:e-transfers@ESAcana.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.*

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