



ESA • PCP

Application Package - Primary Care Paramedic

Submit to: Emergency Services Academy Ltd.

2nd Floor, 161 Broadway Boulevard

Sherwood Park AB T8H 2A8

Questions? Call (780) 416-8822 or email: applications@ESAcanda.com

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Primary Care Paramedic (PCP) Application Package

Please ensure you read all of the instructions carefully before submitting your application for the Primary Care Paramedic (PCP) Program. All sections of the application must be completed and submitted in the order of the checklist, page 3 of the application.

Submit your complete application by:

- E-mail to applications@ESAcanda.com
if submitting by email, it must contain no more than three separate attachments to the email in pdf format only.
- Mail, courier or deliver it in person to:
Emergency Services Academy Ltd.
2nd Floor, 161 Broadway Boulevard
Sherwood Park AB T8H 2A8

Acceptance into the PCP Program

ESA accepts a maximum of up to 30 students for each PCP Program.

Acceptance is based on the results of a competition including the following:

- interview with an ESA Program Coordinator or Designate (50%)
- EMR level written exam (25%)
- EMR level skill station (25%)

The PCP competition consists of two stages:

Stage 1 - Applicant Exam

- All applicants who submit a complete application will receive a Confirmation of Application email.
- Two exam date options will be provided via the Confirmation of Application email and applicants will book their preferred exam date via the link provided. Refer to the ESA website for competition dates for PCP Programs.
- Applicants who score 60% or higher on the applicant exam will continue to Stage 2 of the competition.
- Applicants who score under 60% will not advance to the next stage and may re-apply for the next available PCP Program.
- All applicants will be advised of their exam mark via email within one to two business days after the last exam date.

Stage 2 - Interview / Skill Station

- Applicants who achieved 60% or higher on the competition exam will advance in the competition and book their interview / EMR level skill station via the scheduling link provided with their exam mark email.
- Applicants will be advised of their competition status via email within one to two business days once all interview / skill stations are complete.

Questions? Call (780) 416-8822 or e-mail applications@ESAcanda.com

ESA Use Only Date application received: _____

Date application processed, fee paid: _____

Date email sent to applicant: _____

Processed by: _____ ESAPCPApp 2025 v4.0



**Primary Care Paramedic (PCP)
Application Package - Part One
Application Checklist - Include this page with your application**

Applicant:

Surname

First Name

Middle Name

Course Code:

ESA	Student Checklist
<input type="checkbox"/>	<input type="checkbox"/> Have you completed the Waiver, Consent and Acknowledgement Forms?
<input type="checkbox"/>	<input type="checkbox"/> Have you completed the PCP Application Form?
	Have you included the following with your application (in order of the checklist). See instructions on the following pages for details.
<input type="checkbox"/>	<input type="checkbox"/> A. A Clear Police Information Check (PIC) and Vulnerable Sector Search (VSS)
<input type="checkbox"/>	<input type="checkbox"/> B. Updated Immunization Records
	<input type="checkbox"/> DTaP - Tetanus/diphtheria/pertussis <input type="checkbox"/> MMR - measles, mumps and rubella
	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> *Mantoux/tuberculosis screening (optional)
<input type="checkbox"/>	<input type="checkbox"/> C. Proof of age - minimum 18 years of age
<input type="checkbox"/>	<input type="checkbox"/> D. High School Diploma, GED/equivalent or post-secondary education equivalent to or above a grade 12 level as evidenced by transcripts, OR pre-approval from ESA for application as a mature student.
<input type="checkbox"/>	<input type="checkbox"/> E. Driver's License - minimum Class 5 (with GDL is acceptable) (include photocopy)
<input type="checkbox"/>	<input type="checkbox"/> F. Basic Rescuer - Level C or Health Care Provider - dated within one year as of first day of classes.
<input type="checkbox"/>	<input type="checkbox"/> G. One of the following: <ul style="list-style-type: none">• Current Emergency Medical Responder (EMR) Alberta College of Paramedics' Practice Permit• Emergency Medical Responder (EMR) Certificate or Transcript *• Emergency Medical Responder (EMR) Refresher Certificate or Transcript *• Medical First Responder (MFR) Certificate or Transcript *• Advanced First Aid (AFA) Certificate *• Proof of employment as an Emergency Medical Responder (EMR) **
<input type="checkbox"/>	<input type="checkbox"/> H. Driver's Abstract <input type="checkbox"/> I. Medical Exam Form
<input type="checkbox"/>	<input type="checkbox"/> J. PCP Program Graduate Report <input type="checkbox"/> K. Written Assignment Interview Form
<input type="checkbox"/>	<input type="checkbox"/> L. Completed EMS Industry Research Assignment 1 and 2
<input type="checkbox"/>	<input type="checkbox"/> M. Resume
<input type="checkbox"/>	<input type="checkbox"/> N. Two Letters of Recommendation
<input type="checkbox"/>	<input type="checkbox"/> O. Do you require Academic Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit the required documentation with your application package. Refer to our website: https://www.esacanada.com/student-services#academic-accommodation
<input type="checkbox"/>	<input type="checkbox"/> P. Alberta Student Number

**ESA-PCP****Primary Care Paramedic (PCP)****Application Package - Part Two****Instructions and Details for Completing and Submitting the PCP Prerequisites**

- A. Obtain a **Clear Police Information Check (PIC)** and a **Vulnerable Sector Search (VSS)** from your local policing agency (e.g. city police or RCMP detachment) - dated within 90 days of submission to ESA.**
- A **Police Information Check (PIC)** is a detailed criminal and police history, or a confirmation of the absence of any information, based on the personal information provided to the police agency when requesting the check.
 - A **Vulnerable Sector Search (VSS)** includes a PIC plus a search of pardoned offences of a specified nature (sexual and certain other offences against the person). A VSS is required if you will be in a position of trust or authority with patients or clients of AHS.

Please allow sufficient time to order a a PIC and VSS, as they may take 4 to 6 weeks to process.

The PIC and VSS MUST be clear in order to continue with this application.

- B. Updated immunization records** indicating vaccinations against measles, mumps and rubella (MMR), hepatitis B and tetanus/diphtheria, mantoux/tuberculosis screening, polio, varicella (chicken pox).

MMR - Mumps, Measles and Rubella

- This vaccination is typically given at 12 months and again between the ages of 4 and 6.

Hepatitis B

- As of 1981 this three shot series has been provided to children in grade 5. There is an initial vaccination, a second one four weeks later and the third five months after the second. Once a person has had the three vaccination series, they are considered to be immune for life.
- The hepatitis B vaccinations must be started at time of application, and all three steps must be completed before students will be allowed to continue to practicums.

Tetanus (within 10 years)

- This vaccination is included in DTap (a combination of tetanus, diphtheria and pertussis). It is typically provided between the ages of 4 and 6 and then again in grade 9. After that, a tetanus shot is recommended every ten years.

***Mantoux / Tuberculosis (TB) Screening** (within one year) - the TB Screening is optional to include with your application. If you are accepted into the PCP program, it is a mandatory immunization, and records must be provided to ESA before the end of the didactic portion of the program.

- Tuberculosis (TB) screening is **not provided in schools**. This can be done at Atlas Immunizations, a private clinic for a fee. The screening is a two part process. In the first part, a fine needle injects a small amount of a harmless test substance under the first layer of skin on the forearm. The second part of the test is done two or three days later. You must go back to have your reaction to the injection measured.
- Parts one and two must be completed at the time the application is submitted to ESA.
- Please note: Mantoux / Tuberculosis screening results are typically issued **on a separate record and must be requested by applicant. Please allow sufficient time for receiving TB records - this process could take 4 to 6 weeks.**

- C. Proof of age** (minimum 18 years). A Driver's License is acceptable.
- D. High School Diploma, GED/equivalent or post-secondary education equivalent to or above a grade 12 level** as evidenced by transcripts. Students may be accepted into the PCP Program at ESA who have not met



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- E. Driver's License** - minimum Class 5 (with GDL is acceptable)
- F. Basic Rescuer - CPR Level C or Health Care Provider.** Dated within one year of first day of classes. Search online for a Basic Rescuer course offered in your area. One recommendation is the Heart and Stroke course.
- G. One of the following:**
- Current **EMR Alberta College of Paramedics' Practice Permit**
 - **Emergency Medical Responder (EMR) Transcript or EMR Certificate ***
 - **EMR Refresher Certificate ***
 - **Medical First Responder (MFR) Certificate or Transcript ***
 - **Advanced First Aid (AFA) Certificate ***
 - **Proof of Employment as an EMR ****
- * Graduation date within 12 months preceding the first day of the ESA PCP program. Photocopies are acceptable. MFR and AFA must be a minimum 80 hour program.
- **Proof of employment must indicate that the applicant has worked as an EMR within 12 months preceding the first day of the PCP program.
- H. Current Driver's Abstract** - dated within 6 months of program commencement; maximum 6 demerits
- I. Medical Exam Form** completed and signed by physician - dated within 6 months of program commencement
- J. PCP Program Graduate Report** - applicant's signature indicating information was received
- K. Written Assignment Interview Form** - signed by the PCP (Primary Care Paramedic) or ACP (advanced Care Paramedic) who was interviewed, Page 17 of the application form
- L. Completed EMS Industry Research Assignments**, located in this application package on Pages 16 - 18
- Assignment 1 - Interview a Paramedic
 - Assignment 2 - PCP Personal Response
- M. Resume**
- N. Two Letters of Recommendation** using the ESA form which is part of this package, Pages 19 - 22
- O. Academic Accommodation** - ESA provides Academic Accommodation to students, where appropriate. A request for same must be submitted as part of the application process to ESA. Refer to our website <https://www.esacanada.com/student-services#academic-accommodation> for more information.
- P. Alberta Student Number** - to be entered in the Personal Information section of the application form
- PCP students must have an Alberta Student Number (ASN). The ASN is the single unique identifier for all Alberta learners.
 - You will have an ASN if you have attended a school or public Post-Secondary institution in Alberta.
 - For assistance with an ASN, go online to the Alberta Education **Learner Registry**: <https://learnerregistry.ae.alberta.ca/home/startlookup>



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**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgment 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 sign and date to show you understand and acknowledge that invasive procedures are performed in the Primary Care Paramedic Program.

Applicant's signature: _____ **Date:** _____

Consent may be withdrawn at any time.



**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgment Form**

I, _____, understand that in order **to work** as a PCP in Alberta, I will be required to:

- ☐ write a Canadian Organization of Paramedic Regulators (“COPR”) examination;
- ☐ register with the Alberta College of Paramedics;
- ☐ provide a security clearance;
- ☐ provide proof of all required immunizations;
- ☐ hold a valid Class 5 Alberta Operator’s driver’s license and no more than six (6) demerits;
- ☐ maintain annual CPR certification.

I, _____, understand that in order to **work** as a PCP, I may need to:

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

Please initial each of the above boxes to show that you understand and acknowledge each of the above requirements.

Applicant’s signature: _____ **Date:** _____



**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgement Form - Equipment**

I, _____, understand additional equipment and associated costs are required for the PCP Program beyond that supplied by ESA. This includes the following:

PCP Required Equipment

- ☐ An Apple iPad or Android tablet. Check requirements online:
www.studentlogbook.com/requirements
- ☐ Stethoscope - Littman Classic III recommended
- ☐ Penlight
- ☐ Universal shears
- ☐ Protective eye wear
- ☐ Safety boots - black, steel toe and shank, CSA approved, zipper preferred
- ☐ Watch - to take vital signs

Please initial each of the above boxes to show that you understand and acknowledge the additional equipment requirements.

Applicant's signature: _____ **Date:** _____



**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgement Form - Additional Fees and Expenses**

I, _____, understand additional fees and expenses may be incurred beyond the PCP Program fees paid to ESA, as follows:

Practicum Expenses

- ☐ PCP practicum sites can be located anywhere in Alberta. Students are responsible for any expenses incurred during practicums, including travel costs, meals and accommodation.
- ☐ PCP students will be required to schedule and pay for a Qualitative and Quantitative Fit Testing for N95 Masks prior to practicum commencement. Cost is approximately \$45.00 to \$55.00.

Post Graduate Costs

The Canadian Organization of Paramedic Regulators ("COPR") Primary Care Paramedic Entry to Practice Examinations are used in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador.

- ☐ I have reviewed the COPR Entry to Practice Examination Handbook available on the COPR website, <https://copr.ca/examinations-emr-pcp-acp/information-and-application-process/>. The fee for each attempt of the PCP exam is \$650.00 plus applicable taxes.

To practice as a PCP in Alberta, PCP practitioners must be registered with the Alberta College of Paramedics and hold an active permit.

- ☐ I understand that Alberta College of Paramedics' member dues are required to complete registration and issue a practice permit. The dues are charged on a pro-rated schedule, depending on when the permit is issued. Fee information is available on <https://abparamedics.com/registration-exams/registration-fees-and-requirements/>

Please initial each of the above boxes to show that you understand and acknowledge the additional fees which may be incurred for the PCP Program.

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**Primary Care Paramedic (PCP)
Application Package - Part Four
Application Form - Page One**

Personal Information

Last Name	First Name (Legal)	Middle Name
Former Surname	Preferred Name	Date of Birth (YYYYMMDD)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, I identify as: _____		Pronouns: _____
Tshirt Size <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Alberta Student Number _____		Social Insurance Number (SIN) _____
Phone Number (Cell)	Phone Number (Home)	Email Address - Mandatory
Mailing Address (Street/Avenue/Box Number)		
City	Province	Postal Code
Emergency Contact Person	Relationship	Telephone

How did you learn about ESA? Please provide details of how you learned about ESA. If a referral from a former or current ESA student, please provide their full name email and/or telephone number so that we can follow up with a thank you.

Registration Information

Program: **Primary Care Paramedic (PCP)**

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: _____ End Date: _____



**Primary Care Paramedic (PCP)
Application Package - Part Four
Application Form - Page Two**

Payment

Are you applying for Student Funding for this program or are you being sponsored 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 the Administration Fee of \$125.00 (non-refundable) with this application for the PCP Program.

Method of Payment:

☐ Cash ☐ Cheque/Money Order ☐ Debit ☐ E-Transfer ☐ VISA ☐ MasterCard ☐ American Express

For Credit Card Use:

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 /

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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.
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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**Primary Care Paramedic (PCP)
Application Package - Part Five
PCP Program Graduate Report**

Based on Report from Alberta Advanced Education and Technology

Graduate Report

Reporting Period: April 1, 2024 - March 31, 2025

Date Prepared: April 30, 2025

**Institution: Emergency Services Academy Ltd.
Licensed Program: Primary Care Paramedic**

1. Graduation Rate: 77.50% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- full time training related employment	41
- part time training related employment	10
- not training related employment	5
- unemployed	1
- pursued higher education	1
- special circumstances	1
- unable to locate student	0

Total Job Placement	51
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3. Job Placement Rate: 89.47%

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

Applicant's Name (please print)

Signature

Date

**ESA-PCP**

**Primary Care Paramedic (PCP)
Application Package - Part Six
Applicant Medical Examination Form - Page One**

Confidential Medical Assessment for Primary Care Paramedic Training Program Admission

Section 1: Applicant Information

Full Legal Name: _____

Date of Birth (YYYY-MM-DD): _____ / _____ / _____

Primary Address: _____

City/Town: _____ Prov/Territory: _____ Postal Code: _____

Phone Number: (_____) _____ - _____ Email: _____

Emergency Contact:

Name: _____

Relationship: _____ Phone Number: (_____) _____ - _____

Section 2: Applicant Acknowledgment

I authorize the licensed healthcare provider named in the Medical Examination form to conduct a fitness-for-duty assessment. I understand that only a general determination of my medical fitness will be shared with the training institution, and that my personal medical information remains confidential and protected under applicable privacy laws.

I acknowledge that both physical and mental readiness are essential to my safety and success in this program.

Signature

Date (YYYY-MM-DD): _____ / _____ / _____



**Primary Care Paramedic (PCP)
Application Package - Part Six
Applicant Medical Examination Form - Page Two**

Section 3: Medical Fitness Assessment Summary - (To be completed by a licensed healthcare provider. No diagnostic details should be disclosed to the college).

The applicant is being considered for admission to a physically and mentally demanding Primary Care Paramedic training program. Successful completion of the program requires sustained physical effort, cognitive clarity under pressure, emotional resilience, and safe judgment in high-stress environments.

Please evaluate whether the applicant has any current medical, psychological, or physical conditions that would limit their ability to participate safely and effectively.

General Medical Assessment

Please evaluate the following systems and indicate whether each is within acceptable limits for strenuous training and emergency simulation environments:

System or Function	Within Normal Limits	Notes (if applicable)
Cardiovascular	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Musculoskeletal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neurological	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision (corrected if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing (aided if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental and Emotional readiness	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Mental wellness is essential to safely engage in Primary Care Paramedic training. Applicants should be free from conditions that may impair their ability to think clearly, respond to emergencies, or cope with intense stress. Do not include diagnostic details—only indicate whether the applicant is medically and psychologically fit for duty.

Current Medications, if relevant to fitness for duty (Only list medications that may affect physical or cognitive ability during training):

Medication	Purpose	Notes



Primary Care Paramedic (PCP)
Application Package - Part Six
Applicant Medical Examination Form - Page Three

Section 4: Medical Provider Certification

I confirm that I have conducted a medical assessment of the applicant and that the findings are as follows:

- ☐ The applicant is **medically fit** to participate in Primary Care Paramedic training without restrictions.
- ☐ The applicant is **fit with temporary or permanent restrictions** (please specify):

- ☐ The applicant is **not medically fit** for participation at this time.

I understand that this form may be used by a post-secondary institution to confirm medical clearance for participation in a Primary Care Paramedic training program. I have not disclosed any diagnostic or sensitive health information.

Name of Provider (Print): _____

Professional Title: _____

License/Registration # _____ Phone Number: (____) _____ - _____

Phone Number: (____) _____ - _____ Email: _____

Signature

Date (YYYY-MM-DD): _____ / _____ / _____



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**Primary Care Paramedic (PCP)
Application Package - Part Seven
Applicant Assignments - Page One**

The following two assignments must be completed by individuals applying for the Primary Care Paramedic Program at Emergency Services Academy Ltd. The purpose of the assignments is to promote informed decision-making by encouraging applicants to research the emergency services profession prior to admission.

Assignment 1 – Interview a Paramedic

Interview a Primary Care Paramedic (PCP) or Advanced Care Paramedic (ACP) who is currently practicing in the field. Base your interview on the questions listed below and summarize the results of your interview.

General

- What are the roles and responsibilities of a PCP?
- What are the daily routines of a PCP (medical and non-medical)?
- What types of hours of work or shift schedules should be expected?
- What are the career opportunities for a PCP?
- What is the typical starting salary for a graduate PCP? What type of stress should be expected with this kind of job?
- How are urban and rural services different in each of the above areas?
- Are all ambulance services the same?
- What are the similarities and differences between an EMR, PCP and an ACP? (Compare education, training, scope of practice, responsibilities, etc.).
- What is the Alberta College of Paramedics?
- What is COPR?

Professional Insight & Critical Thinking

- Can you describe a particularly memorable or challenging call you've responded to, and what you learned from it?
- How do you handle situations involving ethical dilemmas in the field?
- What are some of the most common misconceptions people have about the paramedic profession?



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**Primary Care Paramedic (PCP)
Application Package - Part Seven
Applicant Assignments - Page Two**

Training and Skills

- What skills (medical or non-medical) do you use most frequently on the job?
- How important is continuous education and training in your role?
- What advice would you give to someone preparing for the Primary Care Paramedic program?

Teamwork and Communication

- How do you coordinate with other first responders such as firefighters, police, and hospital staff?
- Can you describe a time when effective teamwork made a significant difference during a call?

Well-being and Coping

- What coping strategies or support systems do you use to manage the emotional demands of the job?
- How do you maintain a healthy work-life balance?

Future of the Profession

- How do you see the role of paramedics evolving in the next 5–10 years?
- What innovations or changes in the field have had the biggest impact on your work recently?

Please have the Paramedic you interviewed complete the following:

Name: _____

Alberta College of Paramedics Registration No.: _____ Date: _____

The above ACP or PCP name and registration number are to ensure the exercise was completed and will not be used for any other purpose beyond supporting an application to ESA. On behalf of Emergency Services Academy Ltd., thank you for taking time to assist this applicant.

Note: Both Assignment 1 and Assignment 2 must be submitted along with your application for admission.



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Primary Care Paramedic (PCP) Application Package - Part Seven Applicant Assignments - Page One

Assignment 2 - PCP Personal Response

Character Assets for the PCP Program and Career in Emergency Services

In the PCP Personal Response, reflect on the personal character traits and strengths that you will contribute to the Primary Care Paramedic (PCP) Program and your future profession in emergency services. Discuss how these attributes have shaped your experiences and how they will support your success in the program and in your career.

Please be as detailed and specific as possible in illustrating your character assets through examples, experiences, or aspirations.

Note: Both Assignment 1 and Assignment 2 must be submitted along with your application for admission.



**Primary Care Paramedic (PCP)
Application Package - Part Eight (1)
Letter of Recommendation for an Applicant - Page One**

Emergency Services Academy (ESA) requires applicants to provide two letters of recommendation to confirm they are of good character and reputation. Please complete the following information on behalf of the applicant.

Applicant's Name: _____

Your Status and Relationship to the Applicant

Note: You cannot be a family member and provide a reference.

Please check the appropriate box:

- ☐ The most recent employer or an instructor from a recently completed educational program
- ☐ A professional (e.g., health professional, lawyer, or teacher) who has known the applicant for at least two years
- ☐ A member of the clergy who has known the applicant for at least two years
- ☐ A peace officer who has known the applicant for at least two years
- ☐ Any other person who has known the applicant for at least five years (only one reference can be from this category)

Information About the Person Providing the Reference

Name: _____ Telephone: _____

Email: _____ Relationship to Applicant: _____

How long have you known the applicant? _____

Character Reference

Please provide your comments about the applicant's character and reputation and explain how you believe they would perform in emergency medical services. You may attach a separate sheet if needed.



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**Primary Care Paramedic (PCP)
Application Package - Part Eight (2)
Letter of Recommendation for an Applicant - Page Two**

Additional Reference Questions

1. Can you speak to the applicant's dependability, punctuality, and work ethic? Please provide an example if possible.

2. How would you describe the applicant's communication skills (verbal and written)?

3. How well does the applicant work with others, especially in high-stress or team-oriented environments?

4. Have you observed the applicant in situations requiring quick thinking or decision-making under pressure? If so, please describe.

5. Do you believe the applicant demonstrates sound judgment and strong ethical standards? Please elaborate.

6. What qualities or experiences make the applicant a good fit for emergency services work?

Signature of Person Providing the Reference: _____ Date: _____



**Primary Care Paramedic (PCP)
Application Package - Part Eight (1)
Letter of Recommendation for an Applicant - Page One**

Emergency Services Academy (ESA) requires applicants to provide two letters of recommendation to confirm they are of good character and reputation. Please complete the following information on behalf of the applicant.

Applicant's Name: _____

Your Status and Relationship to the Applicant

Note: You cannot be a family member and provide a reference.

Please check the appropriate box:

- ☐ The most recent employer or an instructor from a recently completed educational program
- ☐ A professional (e.g., health professional, lawyer, or teacher) who has known the applicant for at least two years
- ☐ A member of the clergy who has known the applicant for at least two years
- ☐ A peace officer who has known the applicant for at least two years
- ☐ Any other person who has known the applicant for at least five years (only one reference can be from this category)

Information About the Person Providing the Reference

Name: _____ Telephone: _____

Email: _____ Relationship to Applicant: _____

How long have you known the applicant? _____

Character Reference

Please provide your comments about the applicant's character and reputation and explain how you believe they would perform in emergency medical services. You may attach a separate sheet if needed.



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**Primary Care Paramedic (PCP)
Application Package - Part Eight (2)
Letter of Recommendation for an Applicant - Page Two**

Additional Reference Questions

1. Can you speak to the applicant's dependability, punctuality, and work ethic? Please provide an example if possible.

2. How would you describe the applicant's communication skills (verbal and written)?

3. How well does the applicant work with others, especially in high-stress or team-oriented environments?

4. Have you observed the applicant in situations requiring quick thinking or decision-making under pressure? If so, please describe.

5. Do you believe the applicant demonstrates sound judgment and strong ethical standards? Please elaborate.

6. What qualities or experiences make the applicant a good fit for emergency services work?

Signature of Person Providing the Reference: _____ Date: _____