



ESA-EMR

Application Package – Emergency Medical Responder

Submit to:

Emergency Services Academy Ltd.

2nd Floor, 161 Broadway Boulevard, Sherwood Park AB T8H 2A8

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

ESA. THE BEST ARE READY.



Emergency Medical Responder (EMR) Application Package

This application package for EMR reflects changes required by the Alberta College of Paramedics regarding entry requirements, program length, and program revisions.

Details are listed on our website: www.ESAcanda.com.

Please ensure you read all of the instructions carefully before submitting your application for an EMR Program. 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.

Your complete application, the completed checklist page, supporting documents (including Alberta Enrolment Contract which is a separate download from the website) and payment may be submitted to ESA by one of the following options:

Mail / Courier / in person:

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

E-mail: applications@ESAcanda.com

Fax: 780-449-4787

Acceptance into an EMR Program

You will be advised by email of your acceptance into an EMR Program at ESA pending the receipt of a complete and acceptable application by ESA. Program maximum is 24 students. If the program you apply for is fully registered, you will be offered the opportunity to apply for an alternate EMR Program.

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

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

Date email sent to applicant: _____ Processed by: _____ ESAEMRAp2025-v5.0



Emergency Medical Responder (EMR) Program Application Checklist

Include this page with your application.

Applicant:

Last Name

First Name

Middle Name

Course Code: _____

| ESA Use | Student Checklist | | | | | | |
|--|---|--|--|-------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Have you completed the Waiver and Consent Forms? | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Have you completed the EMR Application Form? | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Have you completed and signed the Alberta Student Enrolment Contract. This contract is a separate download from the ESA website. Details for completing this contract follow. | | | | | | |
| | Please include the following prerequisites listed below with your application, in order of this checklist. | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> B. Driver's License - Minimum age 18. Class 5 (with GDL is acceptable) (include photocopy) | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> C. Education - Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education (include photocopies). Transcripts must include: <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> English 30 or</td> <td><input type="checkbox"/> Equivalent English 30-1, 30-2</td> </tr> <tr> <td><input type="checkbox"/> Math 10 or</td> <td><input type="checkbox"/> Equivalent Math 20-1, 20-2</td> </tr> <tr> <td><input type="checkbox"/> Biology 30 or</td> <td><input type="checkbox"/> Equivalent</td> </tr> </table> <input type="checkbox"/> or pre-approval from ESA for application as a mature student. Please refer to page 4 of this application for the Indigenous and Mature Applicant Policy. To request a Mature Student Application Form, applications@ESAcanda.com . | <input type="checkbox"/> English 30 or | <input type="checkbox"/> Equivalent English 30-1, 30-2 | <input type="checkbox"/> Math 10 or | <input type="checkbox"/> Equivalent Math 20-1, 20-2 | <input type="checkbox"/> Biology 30 or | <input type="checkbox"/> Equivalent |
| <input type="checkbox"/> English 30 or | <input type="checkbox"/> Equivalent English 30-1, 30-2 | | | | | | |
| <input type="checkbox"/> Math 10 or | <input type="checkbox"/> Equivalent Math 20-1, 20-2 | | | | | | |
| <input type="checkbox"/> Biology 30 or | <input type="checkbox"/> Equivalent | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> D. CPR- BLS Provider or CPR Level C or Health Care Provider. Dated within one year as of the first day of the program. (include photocopy) | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> E. Standard First Aid Certificate. Dated within three years as of the first day of the program (include photocopy) | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> F. Do you require Special 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.esacanda.com/student-services#academic-accommodation | | | | | | |

Indigenous and Mature Applicant Policy- EMR

EMR students require a solid foundation of knowledge including Math, English and Biology. If an Indigenous or Mature applicant does not meet one or more of the EMR Program academic requirements, the following considerations may be given:

- The English 30 requirement may be waived- if the applicant successfully completed any level of high school English.
- The Math 10 requirement may be waived- if the applicant successfully completed any level of high school Math.
- The Biology 30 requirement may be waived- if the applicant successfully completed Science 20 or 24 or Biology 20 or Physics 20 or Chemistry 20.

Post Secondary Education resulting in a certificate, diploma or degree may also be considered as meeting the EMR Program academic requirements.

To be considered for admission as a Mature applicant, the applicant must be 20 years of age or older by the first day of the program in which admission is requested.

Indigenous and Mature applications must be reviewed and approved by the ESA Registrar.



Emergency Medical Responder (EMR) Program Student Waiver/Consent Forms

☐ I, _____, understand that I may be required to perform invasive procedures on classmates during the didactic portion of the EMR Program. 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 EMR Program include testing Blood Glucose Levels, drawing of medications and handling of Sharps. 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 Medical Responder (EMR) Program Student Waiver/Consent Forms

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

- ☐ write the 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 class 5 driver's license;
- ☐ maintain annual CPR certification.

I, _____, understand that in order to **work as an EMR in Alberta**, I may need to:

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

Please initial each of the boxes on this page to show that you understand and agree with each of the requirements.

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



**Emergency Medical Responder (EMR)
Student Waiver/Consent Forms**

EMR Equipment Requirements

I, _____, understand additional equipment and associated costs are required for the EMR Program beyond that supplied by ESA.

Required Equipment - Students are required to have the following equipment and supplies for the EMR program at ESA:

- ☐ Access to a Computer - EMR students must have access to a computer before the program for pre-study and during the EMR program for assignments, chapter review and chapter quizzes. A computer is not required in class although a tablet or laptop is optional and permitted.
- ☐ Stethoscope - Littman Class III recommended. Lower priced stethoscopes are acceptable.
- ☐ Safety Glasses
- ☐ Penlight
- ☐ Watch - to take vital signs

Suggested Equipment:

- ☐ Universal Shears



ESA-EMR

Emergency Medical Responder (EMR) Student Waiver/Consent Forms

Acknowledgement Form - Additional Fees and Expenses

Post Graduate Costs

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

The Canadian Organization of Paramedic Regulators ("COPR") Emergency Medical Responder 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 EMR exam is \$550.00 plus applicable taxes.

To practice as an EMR in Alberta, EMR 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 boxes on this page to show that you understand and acknowledge the additional fees which may be incurred for the EMR Program.

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

**Emergency Medical Responder (EMR)****EMR Program Graduate Report****Based on Report from Private Vocational Training, Alberta Innovation and Advanced Education****Graduate Report**

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

Date Prepared: April 30, 2025

Institution: Emergency Services Academy Ltd.**Licensed Program: Emergency Medical Responder**

1. Graduation Rate: 54.17% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

| | |
|--|-----------|
| - in full time training related employment | 11 |
| - in part time training related employment | 11 |
| - in not training related employment | 12 |
| - unemployed | 3 |
| - continuing to higher education | 51 |
| - in special circumstances | 0 |
| - unable to locate student | 0 |
| Total Job Placement | 22 |

3. Job Placement Rate: 59.46%

Please note:

Emergency Medical Responder (EMR) training is not only a valuable introduction to emergency care, it's also a common prerequisite for many advanced healthcare and public safety programs, such as paramedicine and firefighting. Many of our EMR graduates continue on to higher education.

Job opportunities for licensed EMRs include event medical coverage, industrial safety, and patient transport services. Whether you're looking to start your career or prepare for further education, EMR training opens multiple pathways in emergency response and health services.

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

Applicant's Name (please print)

Signature

Date

**Emergency Medical Responder (EMR)
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 ☐ Neither, I identify as: _____ Pronouns: _____Tshirt Size ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Alberta Student Number

Social Insurance Number (SIN)

Phone Number (Home)

Phone Number (Cell)

Email Address

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 so we can follow up with a thank you:

Registration InformationProgram: **Emergency Medical Responder**

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

Course Code: _____ Start Date: _____ End Date: _____



Emergency Medical Responder (EMR) 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 a first payment with this application:

First payment for 2025 EMR programs - **\$2,350.00** which includes Administration Fee (\$125.00) + Program Materials Fee (\$1,725.00) + Registration Fee (\$500.00 credited to tuition). This payment must be submitted with the application to ESA.

Second payment for 2025 EMR programs - **\$2,500.00**, Balance of Tuition Fees, due at the mandatory orientation at ESA. You will receive an invoice for this payment.

The two Payments are payable to Emergency Services Academy Ltd. Please complete the 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@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.*