



ESA • EMT

Emergency Medical Technician (EMT) /
Primary Care Paramedic (PCP)
Application Package

ESA. THE BEST ARE READY.



ESA Emergency Medical Technician / Primary Care Paramedic (EMT/PCP) Program Application Package

Please ensure you read all of the instructions completely before submitting your application for the Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program. All sections of the application must be completed.

Acceptance into an EMT/PCP Program

ESA currently accepts a maximum of 18 students for each EMT/PCP Program.

Acceptance is based on the results of a competition including an interview, EMR level exam and an EMR level written scenario.

Questions? Call 780-416-8822 or e-mail info@ESAcanada.com

Submit your 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**

Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program

Application Package - Part One

Application Checklist - Include this page with your application.

Applicant: _____

Surname

First Name

Middle Name

Course Code: _____

ESA Use	Student Checklist
<input type="checkbox"/>	<input type="checkbox"/> Have you completed the Waiver Form?
<input type="checkbox"/>	<input type="checkbox"/> Have you completed the EMT/PCP Application Form?
	Have you included the following with your application? See instructions on the following pages for details.
<input type="checkbox"/>	<input type="checkbox"/> A. Clear Security Clearance
<input type="checkbox"/>	<input type="checkbox"/> B. Updated Immunization Records
	<input type="checkbox"/> MMR - measles, mumps and rubella <input type="checkbox"/> Polio
	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella (Chicken Pox)
	<input type="checkbox"/> Tetanus/diphtheria <input type="checkbox"/> Seasonal Influenza (optional)
	<input type="checkbox"/> Mantoux/tuberculosis screening.
<input type="checkbox"/>	<input type="checkbox"/> C. Proof of age
<input type="checkbox"/>	<input type="checkbox"/> D. Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education
<input type="checkbox"/>	<input type="checkbox"/> E. Driver's License
<input type="checkbox"/>	<input type="checkbox"/> F. Basic Rescuer - CPR Level C or Health Care Provider
<input type="checkbox"/>	<input type="checkbox"/> G. EMR Transcript or EMR Certificate
<input type="checkbox"/>	<input type="checkbox"/> H. Registered EMR - Permanent Number with the Alberta College of Paramedics
<input type="checkbox"/>	<input type="checkbox"/> I. Driver's Abstract
<input type="checkbox"/>	<input type="checkbox"/> J. Medical Exam Form
<input type="checkbox"/>	<input type="checkbox"/> K. EMT Program Graduate Report
<input type="checkbox"/>	<input type="checkbox"/> L. Written Assignment Interview Form
<input type="checkbox"/>	<input type="checkbox"/> M. Completed EMS Industry Research Assignments (2 essays)
<input type="checkbox"/>	<input type="checkbox"/> N. Resume
<input type="checkbox"/>	<input type="checkbox"/> O. Two letters of character reference
<input type="checkbox"/>	P. 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: www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation .
<input type="checkbox"/>	<input type="checkbox"/> Q. Alberta Student Number

ESA Use Only

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

Date email sent to applicant: _____ Processed by: _____ App 1303 V19

Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program Application Package - Part Two Instructions and Details for Completing the EMT Prerequisites

A. Security Clearance from your local policing agency (e.g. city police or RCMP detachment) - dated within 90 days of submission to ESA confirming that a search based on your name and birth date showed a **clear record** with no criminal convictions or record of Criminal Charges and/or Disposition(s) in the Federal and/or Provincial Court Systems. The clearance must clearly state that a Vulnerable Sector Check has been performed. **Please allow sufficient time to order a security clearance, as it may take 4 to 6 weeks to process. Please note: A security clearance 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) and seasonal influenza (optional).

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 called DTap and is a combination of tetanus and diphtheria. 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)

- Tuberculosis (TB) screening is **not provided in schools**. This can be done at Travellers Health Services 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. Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education, or acceptance as a mature student

To apply as a mature student, you must be at least 21 years of age by the start date of the program and have completed Grade 12 Academic English with a minimum grade of 65 (or equivalent), and provide the following:

- Official transcripts of last formal high school or post-secondary education
- A personal letter from you that:
 - Outlines life and work experience since the last period of full-time study
 - Clearly summarizes your educational goals and your motivation to succeed in the Emergency Services Industry
 - Acknowledges that you understand that future employers may require a high school diploma as a prerequisite to employment
- Any other relevant documents (e.g., results of any upgrading courses, SAT scores, etc.)

- E. **Driver's License** (minimum Class 5) - photocopy
- F. **Basic Rescuer - CPR Level C or Health Care Provider** (Heart & Stroke Foundation, St. John's Ambulance or Red Cross). Dated within one year.
- G. **EMR Transcripts or EMR Certificate**
- H. **Registered EMR** - Permanent registration number with the Alberta College of Paramedics
- I. **Current Driver's Abstract** - dated within 6 months of program commencement; maximum 6 demerits
- J. **Medical Exam Form** completed and signed by physician - dated within 6 months of program commencement
- K. **EMT Program Graduate Report** - applicant's signature indicating information was received.
- L. **Written Assignment Interview Form** - signed by the EMT or EMT-P who was interviewed
- M. **Completed EMS Industry Research Assignments** - two essays to be submitted
- N. **Resume**
- O. **Two letters of character reference** using the ESA form
- P. **Special Academic Accommodation** - ESA provides Special 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 www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation for more information.
- Q. **Alberta Student Number** - to be entered in the Personal Information section of the application form
EMT/PCP students must have an Alberta Student Number (ASN).
The Alberta Student Number (ASN) is the single unique identifier for all Alberta learners.
For assistance with an Alberta Student Number, go online to the Alberta Education **Learner Registry**:

<https://extranetapp.learning.gov.ab.ca/LearnerRegistry/forms/>

If you have an Alberta Student Number:

- If you have attended a school or public Post-Secondary institution in Alberta and wish to know your Alberta Student Number (ASN), you can use the **Lookup ASN** on the website listed above.
- If you have registered with an Alberta Kindergarten to Grade 12 school prior to 1972 or you have registered with a public Alberta Post-Secondary Institution prior to 2000 (university, college, technical institute) contact the Help Desk at 780-427-5318 cshelpdesk@gov.ab.ca.

If you do not have an Alberta Student Number:

- If you have recently moved to Alberta or have never registered with a school or Post-Secondary institution in Alberta, and need to have an ASN you can request an ASN by using the **Request ASN Online**. You can also **Print a Copy** of the ASN Request Form and mail or fax it to Alberta Education according to the information found on the bottom of the form. These forms are on the website listed above.

**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Program
Application Package - Part Three
Waiver Form**

I, _____, understand that in order to:

- participate in patient contact or in practicum components of the EMT/PCP Program;
- register with a provincial regulatory body such as the Alberta College of Paramedics (ACP);
- work as an EMR or an EMT,

I will be required to:

provide a clear security clearance;

provide proof of all required immunizations;

hold a class 4 driver's license;

be registered with ACP or an equivalent body with a minimum EMR;

maintain annual CPR certification.

I may need to:

provide a copy of a Grade 12 High School Diploma or GED;

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

Applicant's signature: _____

Date: _____

**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Four
Application Form**

Personal Information			
Surname		Legal First Name	Middle Name
Birth Date (mm/dd/yyyy)	Gender	How did you learn about ESA?	Alberta Student Number (Refer to Info Q)
Permanent Address (Street/Avenue/Box Number)			
City		Province	Postal Code
Home & Alternate Telephones		XS S M L XL XXL T-shirt Size	E-mail Address - Mandatory
Emergency Contact Person		Relationship	Telephone

Registration Information
Program: _____ Start Date: _____

Payment
Are you applying for Student Funding for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details: _____
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 Application Fee (non-refundable \$100.00) for the EMT/PCP Program. Method of Payment:
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Credit Card Use: _____ Card Number (will not be kept on file by ESA) _____ Expiry Date _____
Name of Cardholder: _____ Cardholder's Signature: _____

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 course, I agree to comply with all rules and regulations of Emergency Services Academy Ltd.
_____ Applicant's Signature
_____ Date
<i>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.</i>



**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Five
EMT Program Graduate Report
Based on Statistics Reported to Private Institutions, Alberta Adult Education, 2012**

Graduate Report

Reporting Period: Apr 1, 2011 - Mar 31, 2012

Date Prepared: Jun 25, 2012

Institution: Emergency Services Academy Ltd.
Licensed Program: Emergency Medical Technician

1. Graduation Rate: 91% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- in full time training related employment	18
- in part time training related employment	4
- in non- training related employment	8
- not employed	
- continuing to higher education precluding job search	1
- in special circumstances precluding job search	
- institution was unable to locate to ask employment particulars	4

TOTAL Graduates **35**

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

Name of Student (please print)

Signature

Date

**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Six
Applicant Medical Examination Form**

Your Medical Examination is to be completed by a physician.

Name: _____ Date of Birth: _____

Address: _____

A. Medical History

Medical Condition (1 = Never / 2 = Past / 3 = Current)	1	2	3
Psychiatric / Mental Disorders			
Alcohol / Drug Addiction			
Neurological Diseases			
Diseases of the Senses			
Chronic Respiratory Diseases			
Diabetes Mellitus			
Permanent Clinical Impairment			
Other Significant Illness			

To your knowledge, is this patient taking any drugs that will cause impairment? Yes No

What is this patient's fitness level? High Medium Low

B. Physical Examination (Y = Yes / N = No)

Is there any abnormality of:

Yes No

	Yes	No
Hearing (Conversation)		
Central Nervous System		
Coordination / Muscle Control		
Spine		
Neck and Extremities		
Heart		
Vascular System		
Respiratory System		
Abdomen		
Hematopoietic System		
Urine		
Blood Pressure		
Other Significant Illnesses		



C. Physician's Statement

To the best of my knowledge, this applicant can perform the duties of an Emergency Medical Technician/ Primary Care Paramedic, including:

- Lifting and carrying, with a partner, a stretcher loaded to 75 kg
- Maneuvering in a confined space
- Operating an emergency vehicle
- Managing stressful and traumatic situations

Any relevant comments:

Date of Medical Examination (MM/DD/YY):
Physician's Name:
Physician's Address:
Physician's Signature:

D. EMT/PCP Applicant's Statement

I certify that the information reflected in this report is correct to the best of my knowledge. I authorize the release of this information and any further medical data not stated hereon that an examining physician may wish to submit for the confidential use by the Program Medical Director and / or the Registrar of Emergency Services Academy Ltd.

EMT/PCP Applicant's Signature

Date

Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Application Package - Part Seven Applicant Assignments

The following written assignments (two essays), must be completed by all individuals applying for the Emergency Medical Technician/Primary Care Paramedic Program at Emergency Services Academy Ltd. This is to ensure that applicants research the Emergency Services Industry prior to applying for the program.

Assignment I – An Essay Based on an Interview with an EMT/PCP or Paramedic

1. Interview an Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) or Paramedic (EMT-P) who is currently practicing in the field.
2. Base your interview on the questions listed below and submit an essay summarizing the results of your interview.
 - What are the roles and responsibilities of an EMT/PCP?
 - What are the daily routines of an EMT/PCP (medical and non-medical)?
 - What types of hours of work or shift schedules should be expected?
 - What are the career opportunities for an EMT/PCP?
 - What is the typical starting salary for a graduate EMT/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, EMT/PCP, and an EMT-P? (Compare education, training, scope of practice, responsibilities, etc.)
 - What is the Alberta College of Paramedics (ACP)?

Please have the EMT/PCP or EMT-P whom you have interviewed complete the following information:

Name: _____ ACP Registration No.: _____

Signature: _____ Date: _____

The above name and signature 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.

Assignment 2 – An Essay with Your Personal Response

Write a second essay on what character assets you will bring to the EMT/PCP Program and to your career as an emergency services professional. Be as specific as possible.

Both essays and this form must accompany your application for admission.



**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Eight (1)
Character Reference for an Applicant**

ESA requires applicants to provide two personal references that confirm they are of good character and reputation. Please complete the following information on behalf of the applicant.

Applicant's Name: _____

Your current status and relationship to the applicant. Please note that you cannot be a family member and provide a reference.

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

Information about the Person Providing the Reference

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please provide your comments about the applicant's character and reputation and how you feel they would function in emergency medical services. A separate sheet of paper may be attached.

Signature of person providing the reference: _____

Date: _____

**Emergency Medical Technician/Primary Care Paramedic (EMT/PCP)
Application Package - Part Eight (2)
Character Reference for an Applicant**

ESA requires applicants to provide two personal references that confirm they are of good character and reputation. Please complete the following information on behalf of the applicant.

Applicant's Name: _____

Your current status and relationship to the applicant. Please note that you cannot be a family member and provide a reference.

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

Information about the Person Providing the Reference

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please provide your comments about the applicant's character and reputation and how you feel they would function in emergency medical services. A separate sheet of paper may be attached.

Signature of person providing the reference: _____

Date: _____