



**ESA • EMR**

**Emergency Medical Responder - Refresher (EMR Ref) Course  
Application Checklist - Include this page with your application.**

**Applicant:** \_\_\_\_\_  
Last Name First Name Middle Name

**Course Code:** EMR Ref \_\_\_\_\_  
(YYMM)

<b>ESA Use</b>	<b>Student Checklist - Include the following with your application.</b>
<input type="checkbox"/>	<input type="checkbox"/> A. Proof of age (minimum 18 years). A driver's license is acceptable.
<input type="checkbox"/>	B. Plus <u>one</u> of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> EMR Alberta College of Paramedics Practice Permit *</li> <li><input type="checkbox"/> EMR Certificate or Transcript **</li> <li><input type="checkbox"/> Approval from the ESA Registrar</li> </ul>

\*Current within 3 years preceding the first day of the EMR Refresher.

\*\*Graduation date within 3 years preceding the first day of the EMR Refresher.

If you are an EMR graduate with a Certificate / Transcript or Alberta College of Paramedics Practice Permit dated more than 3 years preceding the EMR Refresher, you can take an EMR Refresher Course to improve your knowledge and skills, however, you will not receive an EMR Refresher Certificate upon completion unless you comply with the above prerequisites.

**ESA Use Only**

Date application received: \_\_\_\_\_ Date application processed, fee paid: \_\_\_\_\_

Date email sent to applicant: \_\_\_\_\_ Processed by: \_\_\_\_\_ App2023-v1.0



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ESA. THE BEST ARE READY.

## **Emergency Medical Responder - Refresher (EMR Ref) Course Application Package**

Please ensure you read all of the instructions carefully before submitting your application for an EMR 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 an EMR Refresher Course**

You will be advised by email of your acceptance into an EMR 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**

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

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



**ESA-EMR**

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**Emergency Medical Responder - Refresher (EMR 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.**





**ESA-EMR**

**Emergency Medical Responder - Refresher (EMR 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 EMR Refresher Course.

Payment amount: \$875.00

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-Transfer:** Set up the e-transfer through your bank using the ESA email address: [e-transfers@ESAcanda.com](mailto:e-transfers@ESAcanda.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.*