



ESA • EMR

**Emergency Medical Responder - Entry to Practice (EMR ETP) Course
Application Checklist - Include this page with your application.**

Applicant: _____
Last Name First Name Middle Name

Course Code: EMR ETP _____
(YYMM)

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. Photocopy of EMR Certificate indicating successful completion of an EMR Program
<input type="checkbox"/>	<input type="checkbox"/> C. If you are a graduate of the ESA EMR Program and unsuccessful on your first attempt at the COPR exam, provide a copy of your COPR examination results.

ESA Use Only

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

Date email sent to applicant: _____ Processed by: _____ App 2022/10 v2.0



ESA-EMR

ESA. THE BEST ARE READY.

Emergency Medical Responder - Entry to Practice (EMR ETP) Exam Prep Course Application Package

Please ensure you read all of the instructions carefully before submitting your application for an EMR ETP 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.
2nd Floor, 161 Broadway Boulevard
Sherwood Park AB T8H 2A8**

Acceptance into an EMR ETP Prep Course

You will be advised by email of your acceptance into an EMR ETP Exam Prep 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@ESAcanada.com

Submit your complete application by

E-mail to applications@ESAcanada.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****Emergency Medical Responder - Entry to Practice (ETP) Course
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: _____

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 _____

How did you learn about ESA?

Please provide details of how you learned about ESA: _____

Registration InformationCourse: **Emergency Medical Responder - Entry to Practice (EMR ETP)**

Please list the following information for the session you want to register for:

Course Code: _____ **Start Date:** _____Will this be your first attempt at the Canadian Organization of Paramedic Regulators (COPR) exam? Yes NoAre you a graduate of the ESA EMR Program, unsuccessful in your first attempt at the COPR exam, and applying for this course as a complimentary course? Yes No



ESA-EMR

ESA. THE BEST ARE READY.

**Emergency Medical Responder - Entry to Practice Exam Prep Course (EMR ETP)
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 Payment for total course fees for the EMR ETP Exam Prep Course. Payment amount: \$_____

If you are applying as a graduate of the ESA EMR Program for a complimentary ESA EMR ETP Exam Course, please contact ESA regarding fees.

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.
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.*