

Application Package – PCP Entry to Practice ESA•PCP Exam Prep

Submit to:

**Emergency Services Academy Ltd.** 

2<sup>nd</sup> Floor, 161 Broadway Boulevard, Sherwood Park AB T8H 2A8 Questions? Call 780-416-8822 or email applications@ESAcanada.com



## Primary Care Paramedic – Entry to Practice Prep Course (PCP ETP) Application Package

Please ensure you read all the instructions carefully before submitting your application for a PCP ETP Exam Prep course. All sections of the application must be completed.

All documents submitted become the property of ESA. If you are accepted into the course, 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.

## ESA offers a complimentary PCP ETP Exam Prep course to graduates of the ESA PCP Program who were unsuccessful on their first attempt of the COPR Exam.

- Fees will be waived once. The offer is valid within one year of graduation from the ESA PCP Program.
- Provide ESA with a copy of your COPR examination results and a completed application.

You will be advised by email of your acceptance into a PCP ETP Exam Prep course at ESA pending the receipt of a complete and acceptable application by ESA. The course maximum is 24 students. If the course you apply for is fully registered, you will be offered the opportunity to apply for another course.

Please forward your complete application, the completed checklist page, supporting documents and payment to:

E-mail to applications@ESAcanada.com

Fax to 780-449-4787, or

Mail, courier or deliver it in person to:

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

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Primary Care Paramedic – Entry to Practice Prep (PCP ETP)
Application Checklist - Include this page with your application.

Applicant:					
l	_ast Name	First Name	Middle Name		
Course Code:(YYMM)					
ESA Use	Student Check	klist			
Please include the following prerequisites, with the application form and payment.					
	A.	Proof of Age (include photocopy of dri	ver's license or birth certificate)		
	□ B.	Photocopy of PCP certificate indicating program.	g successful completion of a PCP		
	C.		Program and were unsuccessful on your ation of Paramedic Regulators (COPR) exam results.		
DSA Use Only					
Date applicati	on received:	Date application	Date application processed; fee paid:		
Date email se	nt to applicant:	Processed by:	PCP ETP Exam Prep 2023/10 v4.0		



## Primary Care Paramedic – Entry to Practice Prep (PCP ETP) Application Form – Page One

Personal Information				
Last Name	First Name (Legal)	Middle Name		
Former Surname	Also Known As	Date of Birth (YYYYMMDD)		
Gender  Male  Fema	le Neither, I identify as:	Pronouns:		
Social Insurance Number (SIN	<u>)</u>			
Phone Number (home)	Phone Number (cell)	Email Address – Mandatory		
Mailing Address (Street/Avenue	e/Box Number)			
City	Province	Postal Code		
Emergency Contact Person	Relationship	Telephone		
	you learned about ESA. If a referral is an follow up with a thank you and refe	s from a former or current ESA student, please erral fee.		
Registration Information				
Is this your first attempt at the	COPR exam?			
OR, is this your: 2 <sup>nd</sup> atten	npt 3rd attempt			
Are you a graduate of the ESA for this course as a complimen		first attempt at the COPR exam, and applying		



## Primary Care Paramedic – Entry to Practice Prep (PCP ETP) Application Form – Page Two

Payment Details:					
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 <a href="www.ESAcanada.com">www.ESAcanada.com</a> or call (780) 416-8822.					
Include payment for total course fees for the PCP ETP Exam Prep Course. Payment amount: \$275.00					
If you are applying as a graduate of the ESA PCP Program for a complimentary ESA PCP ETP Exam Prep course, please contact ESA regarding fees.					
Method of Payment:					
☐ Cash ☐ Cheque ☐ Debit ☐ E-Transfer ☐ Visa ☐ MasterCard ☐ American Express					
For Credit Card Use:					
Name of Cardholder: Cardholder's Signature:					
For Interac e-Transfers use the ESA email address: e-transfers@ESAcanada.com.					
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 <b>Emergency Services Academy Ltd.</b>					
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.					