

Application Package Professional Fire Fighter - NFPA Individual Module

Submit to:

ESA•FIRE

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

Questions? Call (780) 416-8822 or e-mail applications@ESAcanada.com



Professional Fire Fighter - NFPA Individual Module Application Package

Please ensure you read all of the instructions carefully before submitting your application for the Professional Fire Fighter - NFPA Individual Module.

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, the completed checklist, prerequisites, and payment to:

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

Acceptance into the Professional Fire Fighter - NFPA Individual Module Course

You will be advised by email of your acceptance into the Professional Fire Fighter - NFPA Individual Module course at ESA pending the receipt of a complete and acceptable application by ESA. If the course you apply for is fully registered, you will be offered the opportunity to apply for an alternate course.

Questions? Call (780) 416-8822 or e-mail applications@ESAcanada.com

Submit your complete application by:

E-mail: applications@ESAcanada.com

Fax to: (780) 449-4787, or

Mail, courier or deliver in person to: Emergency Services Academy Ltd. 2nd Floor, 161 Broadway Boulevard Sherwood Park AB T8H 2A8

ESA Use only:		
Date application received:	Date application processed, fees paid:	
Date e-mail sent to applicant:	Processed by:	NFPA Individual Module 2024/v01



Professional Fire Fighter - NFPA Individual Module Application Checklist - Page One

Applic	ant		
		Surname First Name Middle Name	
Applic	ation	n for the NFPA Individual Module: Course Code:	
ESA			
Use	Stu	udent Checklist	
Profe	ssior	nal Fire Fighter - NFPA 1001 Level I Fire Fighter	
		Proof of Age, minimum of 18 years of age	
		NFPA 1072 Awareness & Operations	
		Class 5 Driver's License and Airbrake Endorsement	
		Current Driver's Abstract	
		Standard First Aid with CPR C or more advanced qualifications	
		ICS 1-100 Online Course	
		Fit Testing Record (Scott Model Mask)	
	ssior	nal Fire Fighter - NFPA 1001 Level II Fire Fighter	
		Proof of Age, minimum of 18 years of age	
		NFPA 1072 Awareness & Operations	
		NFPA 1001 Level I	
		Class 5 Driver's License and Airbrake Endorsement	
		Current Driver's Abstract	
		Standard First Aid with CPR C or more advanced qualifications	
		ICS 1-100 Online Course	
		Fit Testing Record (Scott Model Mask)	
Profe	ssior	nal Fire Fighter - NFPA 1002 Driver Operator	
		Proof of Age, minimum of 18 years of age	
		NFPA 1001 Level I	
		Class 5 Driver's License and Airbrake Endorsement	
		Current Driver's Abstract	
		Standard First Aid with CPR C or more advanced qualifications	
		ICS 1-100 Online Course	



Professional Fire Fighter - NFPA Individual Module Application Checklist - Page Two

Applio	cant			
		Surname	First Name	Middle Name
Applic	ation	for the NFPA Individual Modu	ile: Course Code:	
ESA				
Use	Stu	dent Checklist		
Profe	ession	nal Fire Fighter - NFPA 1140	Wildland	
		Proof of Age, minimum of 18 y		
		Standard First Aid with CPR C	or more advanced qualifications	
		ICS 1-100 Online Course		
		nal Fire Fighter - NFPA 470 H	<u> </u>	
		Proof of Age, minimum of 18 y	ears of age	
	<u> </u>	NFPA 1072 Awareness		
	<u> </u>		or more advanced qualifications	
		ICS 1-100 Online Course		
Profe	ession	nal Fire Fighter - NFPA 470 H	lazmat Awareness & Operations	
			or more advanced qualifications	
		ICS 1-100 Online Course		
Inst	ructio	ns and Details for completing t	he Professional Fire Fighter - NFPA I	ndividual Module
□ Ci □ Si	es I-10 he Proirs request	rd First Aid with CPR C or more ore Advanced Qualifications refer Advanced First Aid Medical First Responder Emergency Medical Respo Primary Care Paramedic Advanced Care Paramedic Online Course - Technical and ofessional Fire Fighter Program, h uires that all students complete the	six months of program commencement advanced qualifications s to one of the following: nder Corporate Services, Municipal Affairs, has updated their NFPA 1001 Level I & I are ICS 1-100 online course prior to the complete. There is a \$25.00 fee to entire the complete.	which is the accrediting body I prerequisites. Municipal 1001 program. The online rol in the course. Please click



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Personal Information					
Last Name	First Name (Legal)	Middle Name			
Former Surname	Preferred Name	Date of Birth (YYYYMMDD)			
Gender: ☐ Male ☐ Female ☐	Neither, I identify as:	Pronouns:			
Tshirt Size ☐ XS ☐ S ☐ M	□ L □ XL □ XXL				
Alberta Student Number	Soc	cial Insurance Number (SIN)			
Phone Number (Cell)	Phone Number (Home)	E-mail 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. If a referral from a former or current ESA student, please provide their full name so we can follow up with a thank you.					
Student Funding					
Are you being sponsored for this course by a business or organization?					
□ Yes □ No If Yes, please provide details, including a contact name and email address:					



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Registraton Information				
Please list the following information for the Professional Fire Fighter - NFPA Individual Module course you would like to enrol in. Refer to www.ESAcanada.com for current Course Codes and Dates.				
□ NFPA 1001 Level I, Course Code:				
□ NFPA 1001 Level II, Course Code:				
□ NFPA 1002 Driver Operator, Course Code				
□ NFPA 1140 Wildland, Course Code:				
□ NFPA 470 Hazmat Operations Course Code:				
Payment Details				
Include payment for total course fees for the applicable NFPA Individual Module:				
Payment amount \$				
Method of Payment:				
□ Cash □ Cheque/Money Order □ Debit □ E-Transfer □ VISA □ MasterCard □ American Express				
For Credit Card Use:				
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.				
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.				

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