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## **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 an EMT/PCP Program. 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 for a year.

Please forward your completed Application Package, \$100.00 application fee,  
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**

## **Emergency Medical Technician/Primary Care Paramedic (EMT/PCP) Competition**

ESA accepts a maximum of 24 students for each EMT/PCP Program, based on the results of a competition. Classes may be capped at 12 or 18 students. ESA reserves the right to refuse an application.

The ESA EMT/PCP competition has three components:

1. Each applicant who submits a complete application must write an EMR level theory examination.
  - ESA will send an email advising that the application has been processed, listing the time and location of the exam, and including a receipt for payment of the application fee.
2. An interview with the ESA Program Coordinator or designate.
3. An EMR level scenario (verbal) with the EMS Program Coordinator or designate.

Applicants who complete the competition will be advised by email of their status and if they have been admitted into the EMT/PCP Program at ESA.

The email sent to applicants admitted into the EMT/PCP Program at ESA will include information about the EMT/PCP Orientation.

If you have any further questions, please call ESA at 780.416.8822.



**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

ESA Use	Student Checklist	Application for Course Code: _____
<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 or application as a Mature Student	
<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 - 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: <a href="http://www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation">www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation</a> .	
<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: \_\_\_\_\_

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**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 current vaccinations against:

- MMR - Mumps, Measles and Rubella
- Hepatitis B
- Tetanus
- Mantoux / Tuberculosis (TB) Screening
- Polio
- Varicella (chicken pox)
- Seasonal influenza (optional)

For more information about immunizations and/or immunization records, please contact Health Link Alberta.

Telephone: Edmonton: (780) 408-5465 or Toll Free in Alberta (1-866) 408-5465

Online: <https://myhealth.alberta.ca>.

**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 application 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 provide the following:

- 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 - GDL. Provide a photocopy.

Further information is available online:

[www.transportation.alberta.ca/Content/docType47/Production/graduateddriverlic.pdf](http://www.transportation.alberta.ca/Content/docType47/Production/graduateddriverlic.pdf).

EMT graduates will need to have a Class 4 license to work as an EMT or Fire Fighter.

**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** - with the Alberta College of Paramedics

**I. Current Driver's Abstract** - dated within 6 months of program commencement; maximum 6 demerits



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- 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](http://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](mailto: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**

<b>Personal Information</b>			
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

<b>Registration Information</b>
Program: _____ Start Date: _____

<b>Payment</b>
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 <a href="http://www.esacanada.com">www.esacanada.com</a> 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: _____

<b>Declaration</b>
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 <b>Emergency Services Academy Ltd.</b>
_____ <b>Applicant's Signature</b>
_____ <b>Date</b>
<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

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**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:

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

### 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**



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**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:** \_\_\_\_\_