



ESA • PCP

Application Package - Primary Care Paramedic

Submit to: Emergency Services Academy Ltd.

2nd Floor, 161 Broadway Boulevard

Sherwood Park AB T8H 2A8

Questions? Call (780) 416-8822 or email: applications@ESAcanda.com

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Primary Care Paramedic (PCP) Program Application Package

Please ensure you read all of the instructions carefully before submitting your application for the Primary Care Paramedic (PCP) Program. All sections of the application must be completed and submitted in the order of the checklist, page 3 of the application.

Submit your complete application by:

- E-mail to applications@ESAcanda.com
if submitting by email, it must contain no more than three separate attachments to the email in pdf format only.
- Mail, courier or deliver it in person to:
Emergency Services Academy Ltd.
2nd Floor, 161 Broadway Boulevard
Sherwood Park AB T8H 2A8

Acceptance into the PCP Program

ESA accepts a maximum of up to 30 students for each PCP Program.

Acceptance is based on the results of a competition including the following:

- interview with an ESA Program Coordinator or Designate (50%)
- EMR level written exam (25%)
- EMR level skill station (25%)

The PCP competition consists of two stages:

Stage 1 - Applicant Exam

- All applicants who submit a complete application will receive a Confirmation of Application email.
- Two exam date options will be provided via the Confirmation of Application email and applicants will book their preferred exam date via the link provided. Refer to the ESA website for competition dates for PCP Programs.
- Applicants who score 60% or higher on the applicant exam will continue to Stage 2 of the competition.
- Applicants who score under 60% will not advance to the next stage and may re-apply for the next available PCP Program.
- All applicants will be advised of their exam mark via email within one to two business days after the last exam date.

Stage 2 - Interview / Skill Station

- Applicants who achieved 60% or higher on the competition exam will advance in the competition and book their interview / EMR level skill station via the scheduling link provided with their exam mark email.
- Applicants will be advised of their competition status via email within one to two business days once all interview / skill stations are complete.

Questions? Call 780-416-8822 or e-mail applications@ESAcanda.com

ESA Use Only Date application received: _____ Date application processed, fee paid: _____

Date email sent to applicant: _____ Processed by: _____ ESAPCPApp 2024-v1.0



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Primary Care Paramedic (PCP) Program

Application Package - Part Two

Instructions and Details for Completing and Submitting the PCP Prerequisites

- A. Obtain a **Clear Police Information Check (PIC)** and a **Vulnerable Sector Search (VSS)** from your local policing agency (e.g. city police or RCMP detachment) - dated within 90 days of submission to ESA.**
- A **Police Information Check (PIC)** is a detailed criminal and police history, or a confirmation of the absence of any information, based on the personal information provided to the police agency when requesting the check.
 - A **Vulnerable Sector Search (VSS)** includes a PIC plus a search of pardoned offences of a specified nature (sexual and certain other offences against the person). A VSS is required if you will be in a position of trust or authority with patients or clients of AHS.

Please allow sufficient time to order a a PIC and VSS, as they may take 4 to 6 weeks to process.

The PIC and VSS MUST be clear in order to continue with this application.

- B. Updated immunization records** indicating vaccinations against measles, mumps and rubella (MMR), hepatitis B and tetanus/diphtheria, mantoux/tuberculosis screening, polio, varicella (chicken pox).

MMR - Mumps, Measles and Rubella

- This vaccination is typically given at 12 months and again between the ages of 4 and 6.

Hepatitis B

- As of 1981 this three shot series has been provided to children in grade 5. There is an initial vaccination, a second one four weeks later and the third five months after the second. Once a person has had the three vaccination series, they are considered to be immune for life.
- The hepatitis B vaccinations must be started at time of application, and all three steps must be completed before students will be allowed to continue to practicums.

Tetanus (within 10 years)

- This vaccination is included in DTap (a combination of tetanus, diphtheria and pertussis). It is typically provided between the ages of 4 and 6 and then again in grade 9. After that, a tetanus shot is recommended every ten years.

Mantoux / Tuberculosis (TB) Screening (within one year)

- Tuberculosis (TB) screening is **not provided in schools**. This can be done at Atlas Immunizations, a private clinic for a fee. The screening is a two part process. In the first part, a fine needle injects a small amount of a harmless test substance under the first layer of skin on the forearm. The second part of the test is done two or three days later. You must go back to have your reaction to the injection measured.
- Parts one and two must be completed at the time the application is submitted to ESA.
- Please note: Mantoux / Tuberculosis screening results are typically issued **on a separate record and must be requested by applicant. Please allow sufficient time for receiving TB records - this process could take 4 to 6 weeks.**

- C. Proof of age** (minimum 18 years). A Driver's License is acceptable.

- D. High School Diploma, GED/equivalent or post-secondary education equivalent to or above a grade 12 level** as evidenced by transcripts. Students may be accepted into the PCP Program at ESA who have not met this requirement for existing education. You must contact ESA in advance of submitting this application and provide details of your education and work experience.



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- E. Driver's License** - minimum Class 5.
- F. Basic Rescuer - CPR Level C or Health Care Provider.** Dated within one year of first day of classes. Search online for a Basic Rescuer course offered in your area. One recommendation is the Heart and Stroke course.
- G. One of the following:**
- Current **EMR Alberta College of Paramedics' Practice Permit**
 - **Emergency Medical Responder (EMR) Transcript or EMR Certificate ***
 - **EMR Refresher Certificate ***
 - **Medical First Responder (MFR) Certificate or Transcript ***
 - **Advanced First Aid (AFA) Certificate ***
 - **Proof of Employment as an EMR ****
- * Graduation date within 12 months preceding the first day of the ESA PCP program. Photocopies are acceptable. MFR and AFA must be a minimum 80 hour program.
- **Proof of employment must indicate that the applicant has worked as an EMR within 12 months preceding the first day of the PCP program.
- H. Current Driver's Abstract** - dated within 6 months of program commencement; maximum 6 demerits
- I. Medical Exam Form** completed and signed by physician - dated within 6 months of program commencement
- J. PCP Program Graduate Report** - applicant's signature indicating information was received
- K. Written Assignment Interview Form** - signed by the PCP (Primary Care Paramedic) or ACP (advanced Care Paramedic) who was interviewed
- L. Completed EMS Industry Research Assignments** - two essays
- M. Resume**
- N. Two letters of character reference** using the ESA form which is part of this package
- O. 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 <https://www.esacanada.com/student-services#academic-accommodation> for more information.
- P. Alberta Student Number** - to be entered in the Personal Information section of the application form
- 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://learner.registry.ae.alberta.ca>

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.



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**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgment 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 sign and date to show you understand and acknowledge that invasive procedures are performed in the Primary Care Paramedic Program.

Applicant's signature: _____ Date: _____

Consent may be withdrawn at any time.



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**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgment Form**

I, _____, understand that in order **to work** as a PCP in Alberta, I will be required to:

- write a Canadian Organization of Paramedic Regulators (“COPR”) examination;
- register with the Alberta College of Paramedics;
- provide a security clearance;
- provide proof of all required immunizations;
- hold a valid Class 5 Alberta Operator’s driver’s license and no more than six (6) demerits;
- maintain annual CPR certification.

I, _____, understand that in order to **work** as a PCP, I may need to:

- provide a copy of a Grade 12 High School Diploma or GED to an employer.

Please initial each of the above boxes to show that you understand and acknowledge each of the above requirements.

Applicant’s signature: _____ **Date:** _____



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**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgement Form - Equipment**

I, _____, understand additional equipment is required for the PCP Program beyond that supplied by ESA and additional fees and expenses beyond the fees paid to ESA, as follows:

PCP Required Equipment

- An Apple iPad or Android tablet. Check requirements online:
www.studentlogbook.com/requirements
- Stethoscope - Littman Classic III recommended
- Penlight
- Universal shears
- Protective eye wear
- Safety boots - black, steel toe and shank, CSA approved, zipper preferred
- Watch - to take vital signs

Please initial each of the above boxes to show that you understand and acknowledge the additional equipment requirements.

Applicant's signature: _____ Date: _____



**Primary Care Paramedic (PCP)
Program Application Package - Part Three
Acknowledgement Form - Additional Fees and Expenses**

I, _____, understand additional fees and expenses may be incurred beyond the PCP Program fees paid to ESA, as follows:

Practicum Expenses

- PCP practicum sites can be located anywhere in Alberta. Students are responsible for any expenses incurred during practicums, including travel costs, meals and accommodation.
- PCP students will be required to schedule and pay for a Qualitative and Quantitative Fit Testing for N95 Masks prior to practicum commencement. Cost is approximately \$45.00 to \$55.00.

Post Graduate Costs

The Canadian Organization of Paramedic Regulators (“COPR”) Primary Care Paramedic Entry to Practice Examinations are used in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador.

- I have reviewed the COPR Entry to Practice Examination Handbook available on the COPR website, <https://copr.ca/examinations-emr-pcp-acp/information-and-application-process/>. The fee for each attempt of the PCP exam is \$650.00 plus applicable taxes.

To practice as a PCP in Alberta, PCP practitioners must be registered with the Alberta College of Paramedics and hold an active permit.

- I understand that Alberta College of Paramedics’ member dues are required to complete registration and issue a practice permit. The dues are charged on a pro-rated schedule, depending on when the permit is issued. Fee information is available on <https://abparamedics.com/registration-exams/registration-fees-and-requirements/>

Please initial each of the above boxes to show that you understand and acknowledge the additional fees which may be incurred for the PCP Program.



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**Primary Care Paramedic (PCP)
Application Package - Part Four
Application Form - Page One**

Personal Information

Last Name			First Name (Legal)			Middle Name		
Former Surname			Preferred Name			Date of Birth (YYYYMMDD)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neither, I identify as: _____						Pronouns: _____		
Tshirt Size <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL								
Alberta Student Number _____				Social Insurance Number (SIN) _____				
Phone Number (Cell)			Phone Number (Home)			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. If a referral from a former or current ESA student, please provide their full name email and/or telephone number so that we can follow up with a thank you.

Registration Information

Program: **Primary Care Paramedic (PCP)**

Please list the following information for the session you want to take. Refer to www.ESAcanda.com for current Course Codes and Dates.

Course Code: _____ Start Date: _____ End Date: _____



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**Primary Care Paramedic (PCP)
Application Package - Part Four
Application Form - Page Two**

Payment

Are you applying for Student Funding for this program or are you being sponsored 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 the Administration Fee of \$125.00 (non-refundable) with this application for the PCP Program.

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@ESACanada.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.*



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**Primary Care Paramedic (PCP)
Application Package - Part Five
PCP Program Graduate Report
Based on Report from Alberta Advanced Education and Technology**

Graduate Report

Reporting Period: April 1, 2022 - March 31, 2023

Date Prepared: April 30, 2023

**Institution: Emergency Services Academy Ltd.
Licensed Program: Primary Care Paramedic**

1. Graduation Rate: 80.82% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- full time training related employment	29
- part time training related employment	13
- not training related employment	15
- unemployed	2
- pursued higher education	0
- special circumstances	1
- unable to locate student	1
Total Job Placement	61

3. Job Placement Rate: 70.00%

This graduate report was made available to me prior to enrollment.

Applicant's Name (please print)

Signature

Date



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**Emergency Medical Technician/Primary Care Paramedic (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		



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C. Physician's Statement

To the best of my knowledge, this applicant can perform the duties of an 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:

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

D. 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.

PCP Applicant's Signature

Date



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**Primary Care Paramedic (PCP)
Application Package - Part Seven
Applicant Assignments**

The following written assignments (two essays), must be completed by all individuals applying for the Primary Care Paramedic Program at Emergency Services Academy Ltd. This is to ensure applicants research the emergency services industry prior to applying for the program.

Assignment 1 – An Essay Based on an Interview with an PCP or Paramedic

1. Interview a Primary Care Paramedic (PCP) or Advanced Care Paramedic (ACP) 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 a PCP?
 - What are the daily routines of a PCP (medical and non-medical)?
 - What types of hours of work or shift schedules should be expected?
 - What are the career opportunities for a PCP?
 - What is the typical starting salary for a graduate 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, PCP and an ACP? (Compare education, training, scope of practice, responsibilities, etc.)
 - What is the Alberta College of Paramedics?

Please have the PCP or ACP whom you have interviewed complete the following information:

Name: _____

Alberta College of Paramedics Registration No.: _____ Date: _____

Signature: _____

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 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.



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**Primary Care Paramedic (PCP)
Application Package - Part Eight (1)
Character Reference for an Applicant**

ESA requires applicants to provide two personal references to 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 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: _____



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**Primary Care Paramedic (PCP)
Application Package - Part Eight (2)
Character Reference for an Applicant**

ESA requires applicants to provide two personal references to 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 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: _____