



Emergency Services Academy Ltd.
Emergency Medical Responder (EMR)

APPLICATION PACKAGE

APPLICATION CHECKLIST

Applicant _____
Surname First Name Middle Name

Enclose the following prerequisites:

- Transcripts of Grade 12 High School Diploma, GED/equivalent or post secondary education*
- Proof of age* (minimum 18 years). A Driver's License is acceptable.
- Heart & Stroke Foundation Health Care Provider Level C, or equivalent.* This must have been completed within the preceding 12 months.
- Standard First Aid Certificate*. This must be dated within the preceding 3 years.

****Please include photocopies of these documents as part of your application.***

All documents submitted become the property of ESA and will not be returned to the applicant.

List any other relevant courses/certificates or work experience:

Applicants with a diagnosed learning disability
must provide appropriate documentation as part of their application.

Please forward your completed Application for Admission,
\$1,040.00 (total payment of fees),
this checklist page and supporting documents to:

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



EMERGENCY SERVICES ACADEMY LTD.

2nd Floor 161 Broadway Boulevard Sherwood Park AB T8H 2A8

Application for Admission

Personal Information			
Surname	Legal First Name	Middle Name	
Birth Date (mm/dd/yyyy)	Social Insurance Number	Gender	How did you learn about ESA?
Permanent Address (Street/Avenue/Box Number)			
City	Province	Postal Code	
Home Telephone	Alternate Telephone	E-mail Address - Mandatory	
Emergency Contact Person	Relationship	Telephone	

Registration Information	
Program: _____	Start Date: _____

Payment	
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 Application Fee (non-refundable \$100.00) for the EMT and Professional Fire Fighter Programs.	
Include payment for total course fees for the EMR Program and any Accessory Courses (e.g. Ice Rescue, EMR Refresher).	
Payment Amount \$ _____	
<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: _____

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 course, I agree to comply with all rules and regulations of Emergency Services Academy Ltd.	
_____	_____
Applicant's Signature	Date
<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>	