



Emergency Services Academy Ltd.
Emergency Medical Technician (EMT)
APPLICATION PACKAGE

Please print the following seven pages
which comprise the Application Package
for the EMT Program at ESA.

**ESA EMERGENCY MEDICAL TECHNICIAN (EMT) PROGRAM
APPLICATION RECOMMENDATIONS**

The application process for the EMT Program at ESA is fairly straight forward, but you may find the following suggestions helpful:

Your Application

- * Make sure that any time sensitive documents meet the time requirements listed. For example, the medical report has to be completed within the past three months.
- * Make sure that any documents that require a signature have been signed.
- * Review your application checklist to ensure that you are submitting all required documents. If anything is missing, provide an explanation as to why it is missing and when we can expect to receive it. Otherwise your application will not be considered complete and it will not be processed.
- * Be sure that your application reaches ESA by the deadline date.

Competition

The application process for the EMT Program is a competition. You will be advised by telephone, email or letter of the schedule for your interview and EMR level theory exam. ESA currently accepts a maximum of 6 to 18 students for each EMT Program, based on the competition results.

Be ready for the competition:

- * Prepare yourself for a job interview. You will be asked such questions as:
- * What are your strong points? What are your weak points?
- * What makes you feel that you would be a good EMT?
- * Why are you interested in emergency medical training?
- * How do you deal with stress?

Dress for the interview. Be clean and well groomed. A first impression does make a lasting impression.

Study for the EMR exam. Take an EMR Refresher Course if needed.

Go to a local ambulance service. Talk to EMRs and EMTs. Ask questions. Ask for suggestions to assist you in the competition.

Applicants are advised to submit applications well in advance of the application deadlines, as a limited number of students are accepted into the EMT Program at ESA. Some consideration will be given to early applicants.

If you have any further questions, please call ESA at (780) 416-8822.



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APPLICATION CHECKLIST

Applicant _____

Surname

First Name

Middle Name

- Application form (include non-refundable application fee of \$100.00). Application must include an email address. Free email available on Google (gmail) and Hotmail.
- Proof of age (minimum 18 years)
- Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education*
- Driver's License (minimum Class 5)*
- CPR - Heart & Stroke Health Care Provider Level C, St. John's Ambulance Level B, or equivalent (Within one year, current on first day of EMT)*
- EMR Transcripts and EMR Certificate*
- Registered EMR with the Alberta College of Paramedics OR EMR temporary ACP number and proof of registration for the next ACP examination*
- Current Alberta Driver's Abstract* - dated within 3 months of program commencement; maximum 6 demerits
- Security Clearance (Original) - dated within 3 months of program commencement
- Medical Exam Form signed by physician (Original) - dated within 3 months of program commencement
- Updated immunization records including proof of vaccination against measles, mumps, rubella (MMR), Hepatitis B, and mantoux screening*
- Written Assignment Interview Form (signed by EMT or EMT-P who was interviewed)
- Completed EMS Industry Research Assignments
- Resume
- Two letters of character reference

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

Note: All documents submitted become the property of ESA and will not be returned to the applicant. Applicants with a diagnosed learning disability must provide appropriate documentation as part of their application.

Please forward your completed Application for Admission, \$100.00 application fee, 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.

Emergency Medical Technician (EMT)

STUDENT AGREEMENT

I, _____ confirm that:

1. I am over eighteen (18) years of age.
2. All the information included as part of my application is true and accurate to the best of my knowledge.
3. I am in good health and have:
 - No infectious diseases
 - No back problems or medical conditions that would interfere with or prevent my lifting or carrying a stretcher with an adult patient
 - No uncontrolled epilepsy or other convulsive disease
 - No other medical conditions that would interfere with the performance of EMT duties or student activities
4. I understand a clear security clearance is required for entrance into the clinical segment of practicum sites. I agree to provide this with my application package. I also agree to allow the security clearance to be viewed by Emergency Services Academy Ltd. staff and/or clinical agencies as necessary. I understand the security clearance must be less than three (3) months old at the time I enter the clinical site. I understand that once submitted this document becomes the property of ESA and cannot be returned to me.
5. I understand that hospital and ambulance practicum placements are to be arranged by ESA and that practicum placements not coordinated as such will not be accepted as part of my clinical practicum. I agree to travel anywhere within the province of Alberta to complete my practicum obligations and I understand that the costs for such travel, including room and board, are my own responsibility.
6. I understand that all Program Fees are due and payable on the first day of class. Examination results, official transcripts, certificates, and other information and services will be withheld if I have an outstanding account related to any purchases at the end of the EMT Program.
7. I agree to allow Emergency Services Academy Ltd. to release copies of my marks and information on my student progress to clinical sites involved in practicum placements. I agree to be interviewed by a representative(s) from the clinical sites prior to acceptance into my practicum.
8. I understand that even if I am employed by an ambulance service or hospital, I may not be allowed to attend my practicums at that location. I also understand that any previous experience which I may have in the health care field, will not be credited toward my clinical practicums and that I am willing to undertake all portions of the clinical segment of the program.

9. I understand that to receive a certificate, I must complete the entire program within the time allotted by Emergency Services Academy Ltd., or I may be requested to withdraw and consequently fail the program. I understand that poor attendance during either the didactic and/or clinical segments of the program may lead to failure of the program. I agree that should I fail to perform at an acceptable level during either the didactic component or clinical practicums, I may be requested to withdraw from the program and consequently fail the program.

10. I agree that Emergency Services Academy Ltd., the ambulance service, inter-hospital transfer and the hospital at which I complete my clinical training shall not be held liable for any illness or injury that I may sustain during the EMT program.

11. I understand that all information regarding patients is to be held in the strictest confidence and a breach of such confidence will result in immediate expulsion from Emergency Services Academy Ltd. and failure of the EMT program.

EMT Applicant's Signature

Date



Emergency Services Academy Ltd.
Emergency Medical Technician (EMT)
APPLICANT MEDICAL EXAMINATION FORM

Name: _____ Date of Birth: _____

Address: _____

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 Melitus			
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:

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. There are no medical or physical conditions that will inhibit this EMT Applicant from:

- 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

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

D. EMT 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 Applicant's Signature

Date



Emergency Services Academy Ltd.
Emergency Medical Technician (EMT)

WRITTEN ASSIGNMENT

The following written assignment, which includes two essays, must be completed by all individuals applying for the Emergency Medical Technician Program at Emergency Services Academy Ltd. This exercise is designed to ensure that applicants research the ambulance industry before their training begins.

Part I – Interview and Essay

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

Please have the EMT 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. On behalf of Emergency Services Academy Ltd., we thank you for taking some of your time to assist this applicant.

Part II – Personal Response

On a separate sheet, write a second essay on what character assets you can bring to an EMT course. Be as specific as possible.

Both essays and this form must accompany your application for admission.