



**EMR**  
**Application Package**  
**&**  
**Program Information**

# EMERGENCY MEDICAL RESPONDER

## Application Checklist

Application for \_\_\_\_\_  
Surname First Name Middle Name

Please submit application package in the order listed below:

- Application for Admission form
- Current Standard First Aid with Level "C" C.P.R. (*within 6 months*)
- Student Agreement form (*signed by applicant*)
- Tuition Contract (*signed both pages*)
- Photocopy of Driver's License or Picture Identification
- Two letters of character reference
- Resume

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Application package will be returned if not complete

\_\_\_\_\_  
Applicant's Signature Date

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Please forward your completed Application for Admission, application fee, this page and supporting documents to:

This information is being collected under the authority of Section 33 of the Freedom of Information and Protection of Privacy Act. This information is used for the sole purpose of operating programs and activities at Flatline Response Inc., which includes but is not limited to, research, registration, awards, tax receipts, statistics, if applicable, permission to collect fees and information on behalf of the organization and facility future contact. If you have any question please contact the Registrar at 1, 3855 – 64 Avenue SE, Calgary, Alberta (403) 571-7655. Or [ems@flatlineresponse.com](mailto:ems@flatlineresponse.com)

Program: \_\_\_\_\_

Program Location \_\_\_\_\_

Registration Date: \_\_\_\_\_

Course Number \_\_\_\_\_

**Personal Information**

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH		
		♂ Male ♀ Female	MONTH	DAY	YEAR
ADDRESS		CITY/PROV			
POSTCODE		Email:			
HOME PHONE		WORK PHONE		ALTERNATE PHONE	

**Statistical Information**

<p><b>Marital Status</b></p> <p>€ Married</p> <p>€ Common Law</p> <p>€ Single</p> <p>€ Divorced/Separated</p> <p><b>In the past year I was</b></p> <p>€ Student</p> <p>€ Employed</p> <p>€ Unemployed</p> <p>€ Other</p>	<p><b>General &amp; Post Secondary Education</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>Highest Education Achieved</b></td> <td style="width: 33%;"><b>Highest Level Achieved</b></td> </tr> <tr> <td>€ Graduate Grade 12</td> <td>€ Applied</td> </tr> <tr> <td>€ Public College</td> <td>€ Journeyman</td> </tr> <tr> <td>€ Vocational College</td> <td>€ Bachelor</td> </tr> <tr> <td>€ University</td> <td>€ Certificate</td> </tr> <tr> <td>€ Technical Institute</td> <td>€ Diploma ___ Yrs</td> </tr> <tr> <td>€ Other</td> <td></td> </tr> </table> <p>Name of Institution _____ Attendance _____</p> <p>Location (City/Prov/Country) _____ From _____ To _____</p>	<b>Highest Education Achieved</b>	<b>Highest Level Achieved</b>	€ Graduate Grade 12	€ Applied	€ Public College	€ Journeyman	€ Vocational College	€ Bachelor	€ University	€ Certificate	€ Technical Institute	€ Diploma ___ Yrs	€ Other	
<b>Highest Education Achieved</b>	<b>Highest Level Achieved</b>														
€ Graduate Grade 12	€ Applied														
€ Public College	€ Journeyman														
€ Vocational College	€ Bachelor														
€ University	€ Certificate														
€ Technical Institute	€ Diploma ___ Yrs														
€ Other															

**Medical Education**

Program	Level	Certification Date	Name of Institution
First Aid			
CPR			
Advanced First Aid			
Emergency Medical Responder Previous/Other Province			
Other			



**Payment Information**

<b>Program Fees \$925.00    Cash, Certified Cheque, Money Order or Bank Draft    made payable to Flatline Response Inc.</b>	
Program Costs _____ Deposit _____ Balance _____	I understand that: The deposit and administration fees are non-refundable There is no refund on pre-issued course materials The program dates may be changed due to lack of enrollment Balance of fees must be paid by close of program registration

Date Signed \_\_\_\_\_

Applicants Signature \_\_\_\_\_

<p><b>INTERNAL OFFICE USE ONLY</b></p> <p>EMR Pre-Requisites</p> <ul style="list-style-type: none"><li>€ Standard First Aid Card</li><li>€ C.P.R. Card (within 6 mos)</li><li>€ Birth Certificate</li><li>€ Medical Statement</li></ul>
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## Emergency Medical Responder

### PERSONAL INFORMATION

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Surname	First Name	Middle Name
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Birth Date (mm/dd/yyyy)	Social Insurance Number	Gender	Where/from whom did you hear about Flatline?
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Permanent Address: Street/Avenue/Box Number

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City	Province	Postal Code
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Home Telephone	Alternate Telephone	Fax	E-mail Address
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Emergency Contact Person	Relationship	Day Telephone	Evening Telephone
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### REGISTRATION INFORMATION (Please indicate which course you are applying for.)

Emergency Medical Responder      Course Start Date: \_\_\_\_\_

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### 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 **Flatline Response Inc.**

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Applicant's Signature	Date
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The collection of this personal information is necessary for operating and administering the services of the FRI Registry and will be protected under the provisions of the *Alberta Freedom of Information and Protection of Privacy Act*.



## **EMERGENCY MEDICAL RESPONDER**

### **COURSE INFORMATION**

#### **PROGRAM OVERVIEW**

Flatline Response Prehospital programs focus all aspects of emergency care.

This program focuses on the aspects of prehospital emergency care. It includes items such as patient assessment and care, professional communication with other prehospital professionals and hospital staff, and the required procedures for proper charting and recording.

Graduates of this program are eligible to challenge the registration exams administered by the Alberta College of Paramedics. Successful completion of the registration exams means that the student can become a registered member of Alberta College of Paramedics.

This program is also competency based. This means that students must assume a greater responsibility for their own learning. The student has to be well motivated and organized in meeting the objectives of the program in the designated time frame. Students are assessed by observing their performance in conditions similar to those in an occupational setting. Those items you learn and practice in the class days and from the modules are things that a good EMR must have a working knowledge and understanding of in order to provide the proper and effective patient care.

Instructors for the course are personnel who are currently registered members, in good standing, with the Alberta College of Paramedics. Instructors will have at least 1 year of experience, currently certified as an Instructor in Emergency Medical Responder, First Aid and/or C.P.R., or equivalent teaching experience. Guest lecturers, with expertise in specific areas (i.e. law enforcement, extrication, etc.), may also be utilized during the program.

#### **PREREQUISITIES**

1. Minimum age - 18 years old.
2. *If registered* – Provide copy of Current Alberta College of Paramedics registration
3. Standard First Aid and C.P.R. certification at the Basic Rescuer (Level C) qualification within the past 6 months
4. A high level of reading comprehension, and written and oral communication skills.



## COURSE COSTS

Basic Tuition for the program is \$925.00 plus GST. Tuition covers the cost of the delivery of the program, textbook and required materials.. It does not cover the costs associated with:

- ◆ additional study resources – recommended reading, uniforms, additional programs
- ◆ obtaining a medical statement,
- ◆ any required immunizations,
- ◆ testing fees for the Alberta College of Paramedics

Acceptance into the program is based upon a successful completion of the pre-selection requirements and proof of all prerequisites.

## Tuition

Program Tuition \$925.00

Includes

Text Books & Resource Materials

*Please note that Tuition, Fees and scheduling are subject to change without notice*

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## COURSE DELIVERY METHODS

### SELF STUDY

Students will be expected to:

- ◆ Read the course materials
- ◆ Complete all assignments, and exams
- ◆ Complete the Student Workbook
- ◆ Actively participate in all classroom activities

### COMPUTER EXAMINATIONS

The computer is used to issue, mark and keep a record of the student's exams and progress. Students do not require any computer knowledge, as the interaction is very simple.

### PRACTICAL LABS AND SKILL TESTING

Students must attend the class days during which they will be taught and evaluated on practical skills; these class days are scheduled during weekdays, some evening and weekends at the Learning Center. Students will be required to meet all required competencies successfully

The student will be tested in a scenario format, in simulated trauma and medical situations. Students are expected to demonstrate skills of assessment, decision-making, and treatment.

### GRADING

Grading is based on successful completion of the program:

1. 50 question Supervised Theory Domain Exam for each of the Theory Domains, Three
2. A 100 question Supervised Theory Domain Final Exam based on all Theory Domains,
3. Testing of the learned practical skills at various skill stations,
4. Successful completion of both a medical and trauma practical test scenario,
5. Successful completion of all required competencies based on both the National and the Alberta Competency Profiles

A grade of not less than 80% for each of the Theory exams and not less than 80% for each of the practical scenarios is required for successful completion of the program.



## DRESS CODE

Students will be required to be appropriately dressed – dark trousers, shirts with suitable footwear. .Good grooming: - neat and clean hair - no jewelry other than wedding bands and/or watch - no heavy perfumes etc. - short, clean fingernails

## SUPERVISED EXAMS AND CLASS DAYS

Students must have successfully completed the supervised exams for in order to attend related class days. Upon successful completion of Final Exam, the student is eligible to proceed to the final scenario practical testing.

Students should plan to allow for plenty of practice. Students who are unsuccessful often find that **INADEQUATE PRACTICE** and **STUDY TIME** contributed to a failure and students are unable to provide appropriate patient care or are unsure of their skills and perform them poorly.

## Accreditation

All Flatline Response Inc. prehospital programs are approved by the Alberta College of Paramedics and Flatline is currently scheduled for the Canadian Medical Association (CMA) Accreditation site visit.

The collection of this personal information is necessary for operating and administering the services of the FRI Registry and will be protected under the provisions of the *Alberta Freedom of Information and Protection of Privacy Act*.

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## APPLICATION FOR ENROLMENT AND CONTRACT OF TUITION

\_\_\_\_\_  
Name of Applicant Telephone

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Program Name Prerequisites (Attach transcripts, references, etc.)

\_\_\_\_\_  
Length Start Date End Date

\_\_\_\_\_  
Tuition Fee (including \$150.00 non-refundable registration fee) Other fees (please specify)

\_\_\_\_\_  
Total Cost to Student Amount Received Financing Charges

\_\_\_\_\_  
Method of Payment

**The applicant understands that:**

- a. By taking the above program there is no guarantee of employment after successful completion of the program.
- b. A signed copy of this contract will be provided to you at the time you sign or within 7 days of signing.
- c. If you are under 16 years of age, Flatline Response Inc. must obtain written approval of the Director, Private Vocational Schools, before you can take this program.
- d. You should ask potential employers whether this program provides worthwhile job training. Employers determine the value of this program, not the Government.
- e. Financial assistance may be available from the Government. If any loans are made to you, it is solely your responsibility to repay the loans.
- f. Information should be provided from this school on the number of former students who found training related employment. You should consider this information before you sign this contract.
- g. Sections 16 to 25 of Alberta Regulation 66/94 (set out on the back) apply to this school and deal with retention and repayment of fees in the event of cancellation by you or the school. Among other things, these sections provide that you are entitled to a complete refund (including the registration fee) if you cancel this contract, in writing, within 4 days of signing the contract.
- h. Flatline Response Inc. is required by law to report to the Director of Private Vocational Schools on how many of its student's graduate and how many obtain employment. Your name, and phone number and your employer's name and phone number form part of this report. The Director, or his designate, may call you to verify this information.

\_\_\_\_\_  
(Signature of Student) (Date)

\_\_\_\_\_  
(Please Print Name)

Flatline Response Inc. agrees to deliver the above referenced training and will refund tuition fees as required by the Director, Private Vocational Schools, if the Director is of the opinion that the program has not been delivered as licensed.

\_\_\_\_\_  
(Signature of School representative) (Date)

\_\_\_\_\_  
(Please Print Name) (Position)

A student who quits or stops taking a program of instruction may be entitled to a refund of tuition only if the student terminates this contract in writing. The termination of this contract and the amount of refund are governed by the Private Vocational Schools Regulation.

**THE PRIVATE VOCATIONALSCHOOLS ACT – RETENTION AND REPAYMENT OF FEES** (Extract – Albert Regulation 66/94)

**TERMINATION OF STUDENT CONTRACT**

- 16 (1) A student or a licensee may terminate a student contract by giving written notice to the other party.
- (2) A student who wishes to terminate a student contract must
- (a) give the written notice to a person who works for the licensee at the business address of the licensee set out in the student contract or to the instructor of the vocational training, or
  - (b) send the written notice by certified mail to the mailing address of the licensee set out in the student contract.
- (3) A licensee who wishes to terminate a student contract must
- (a) give written notice to the student, or
  - (b) send the written notice by certified mail to the mailing address of the student set out in the student contract.
- (4) A student contract is terminated,
- (a) if the written notice to terminate is given to a person under subsection (2)(a) or (3)(a), when the person receives the notice, or
  - (b) if the written notice is sent by certified mail, 7 days after the notice is mailed.

**REGISTRATION FEE**

- 17 (1) Subject to subsection (2), a licensee may require a student to pay a registration fee before the student’s vocational training has commenced.
- (2) A licensee must not require or accept payment of a registration fee in respect of a person until that person has signed a student contract.
- (3) The maximum registration fee is \$150.
- (4) A licensee who receives a registration fee must credit the fee to unpaid tuition if the student commences to vocational training.
- (5) A licensee must not require or accept payment of any amount for tuition before the vocational training commences except for a registration fee.

**COOLING OFF PERIOD**

18 Notwithstanding any other provision in this Regulation, if a student terminates a student contract on or before the 4<sup>th</sup> day after signing the contract, the licensee must refund any tuition or other fees paid by or on behalf of the student.

**REFUND OF FEES –BEFORE TRAINING COMMENCES**

- 19 (1) If a student terminates a student contract for vocational training before the vocational training has commenced, the licensee is entitled to any registration fee paid by or on behalf of the student.
- (2) If
- (a) a licensee terminates a student contract before the vocational training has commenced, or
  - (b) the vocational training does not commence by the date the training was to have commenced under the student contract,

the licensee must refund any registration fee that was paid by or on behalf of the student.

**REFUND OF FEES – AFTER TRAINING COMMENCES**

- 20 (1) If either party terminates a student contract for a program of instruction after the program of instruction has commenced, the licensee is entitled to the following amounts of tuition:
- (a) when 10% or less of the program of instruction has been provided, 25% of the student’s tuition;
  - (b) when more than 10% but 50% or less of the program of instruction has been provided, 60% of the student’s tuition;
  - (c) when more than 50% of the program of instruction has been provided, 100% of the student’s tuition;
- (2) if a licensee has received tuition in excess of the amount that the licensee is entitled to under subsection (1), the licensee must refund the excess.

**REFUND OF FEES – CORRESPONDENCE COURSES**

- 21 (1) In this section, “cost of a lesson” is the amount obtained by dividing the tuition for a correspondence course by the number of lessons in the course.
- (2) If either party terminates a student contract for a correspondence course after the correspondence course has commenced, the licensee is entitled to
- (a) the cost of lessons that have been supplied, marked and returned to the student by the effective date of the termination, and
  - (b) the lesser of
    - the cost of the lessons that have been supplied but have not been marked and returned to the student by the effective date of the termination, up to a maximum of 3 lessons, and
    - 15% of the cost of the lessons that have not been supplied, marked and returned to the student by the effective date of termination
- (3) If a licensee has received tuition in excess of the amount that the licensee is entitled to under subsection (2), the licensee must refund the excess.

**ABANDONMENT**

- 22 (1) For the purpose of this section, a licensee abandons the provision of vocational training under its license if the licensee stops providing the vocational training before it is complete and
- (a) there are student contracts for the vocational training that have not been terminated, or
  - (b) all student contracts for the vocational training have been terminated and one or more of the contracts were, in the Director’s opinion, terminated by the licensee so that the licensee would not be required to provide the vocational training.
- (2) Notwithstanding section 19 to 21, if the licensee abandons the provisions of vocational training under its license, the licensee must refund all tuition that has been paid in respect of the vocational training.
- (3) This section does not require the refund of tuition in respect of a student whose contract is terminated
- (a) by the student before the licensee abandons the provision of vocational training, or
  - (b) by the licensee before the licensee abandons the provision of vocational training if the termination was made because the student was expelled or for non-payment of fees.

**CANCELLATION OF LICENCE**

- 23 (1) Notwithstanding section 19 to 21, if a licensee’s license is cancelled, the licensee must refund all tuition that has been paid in respect of the vocational training provided under the license
- (2) This section does not require the refund of tuition in respect of a student whose contract is terminated
- (a) by the student before the license is cancelled, or
  - (b) by the licensee before the license is cancelled if the termination was made because the student was expelled or for non-payment of fees.

**FALSE OR MISLEADING INFORMATION**

24 Notwithstanding sections 19 to 21, if in the opinion of the Director, a student was induced to enter into a student contract by false or misleading information provided by the licensee or the licensee’s authorized representative, the licensee must refund all tuition that has been paid by or on behalf of the student.

**PAYMENT OF REFUNDS**

- 25 (1) Subject to subsection (2), a refund of a student’s tuition must be paid to the student.
- (2) If a licensee receives payment of a student’s tuition from a government, agency or a person other than the student, any refund of the student’s tuition must be paid to the government, agency or other person.

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Date Signed

Student’s Signature

## STUDENT AGREEMENT

I, \_\_\_\_\_ confirm:

1. I am over eighteen (18) years of age and all of the information included as part of my application is true and accurate to the best of my knowledge.
2. 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
3. I understand that my tuition fees for this course are due upon acceptance in the program prior to Program Orientation/the first day of class. Examination results, official transcripts, certificates, and other information and services will be withheld if I have an outstanding account.
4. I understand that to receive a certificate, I must complete the entire program within the time allotted by Flatline Response Inc., 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 the didactic component I may be requested to withdraw from the program and consequently fail the program.
5. I agree that Flatline Response Inc shall not be held liable for any illness or injury that I may sustain during the EMT program.
6. 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 and failure of the program.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

I agree to allow Flatline Response Inc. to use photographs and materials I have contributed to within the program on their website and within the school and for information that may be made available to the public within advertising or public information displays.

\_\_\_\_\_  
**EMT Applicant's Signature**

\_\_\_\_\_  
**Date**