



**EMR Refresher  
Application Package  
&  
Program Information**



**EMERGENCY MEDICAL RESPONDER**

**Application Checklist**

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

**REGISTRATION INFORMATION (Please indicate which course you are applying for.)**

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

Please submit application package in the order listed below:

- Application for Admission form
- Current Standard First Aid with Health Care Provider C.P.R. (*within 6 months*)
- Copy of EMR Certificate

Application package will be returned if not complete

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

\_\_\_\_\_  
Date

=====

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.



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> <tr> <td><b>Highest Education Achieved</b></td> <td><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 _____</p> <p>Location (City/Prov/Country) _____</p> <p>Attendance</p> <p>From _____</p> <p>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			
Emergency Medical Responder Previous/Other Province			
Other:			

**Payment Information**

<p><b>Program Fees \$665.00 plus GST Cash, Certified Cheque, Money Order or Bank Draft made payable to Flatline Response Inc.</b></p> <p>I understand that program fees include a \$100.00 deposit and administration fee that is non-refundable          There is no refund on pre-issued course materials. The program dates may be changed due to lack of enrollment          All fees must be paid by close of program registration</p>
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Date Signed \_\_\_\_\_

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



**Emergency Medical Responder**

**GENERAL INFORMATION**

When did you complete your EMR Program \_\_\_\_\_

Where did you complete your EMR Program? \_\_\_\_\_

Have you attempted the ACP Provincial Registration Exam            YES            NO

If "Yes" when \_\_\_\_\_

What were your results?

Have you ever been registered at ACP            YES            NO

If "Yes" When? \_\_\_\_\_

Why are you taking this EMR Refresher program?

**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 this course, I agree to comply with all rules and regulations of **Flatline Response Inc.**

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

\_\_\_\_\_  
Date

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*.