



**EMT Refresher  
Application Package  
&  
Program Information**



## ***General Program Information***

The EMT Refresher Program at Flatline Response focuses on a review of emergency care. This refresher program is a theory and skill only program and does not include a practicum component. This program is designed to review and reinforce the skills and knowledge each student acquired during their EMT Training.

EMT's are required to have a strong foundation in medical terminology and anatomy, physiology. These important concepts provide a foundation for development of critical thinking, decision making and treatment plans. A competent clinician is one who is able to perform a skill to a satisfactory standard. Competency-based training for health professionals is training based upon the participant's ability to demonstrate attainment or competency of skills performed under certain conditions to specific standards.

Competencies to be achieved in an Alberta based program are outline by both the NOCP National Occupational Competency Profile and the AOCP – Alberta Occupational Competency Profile.

## ***Program Evaluation & Certification***

Students will be evaluated on performance in classroom. The passing grade for all exams is 80% and all skill items are pass/fail. Feedback will be provided by instructors as you review and practice skills. You will be formally evaluated with a written exams, skill stations, and a scenario.

Successful graduates of this program will receive Emergency Medical Technician Refresher Program Certificate from Flatline Response Inc,

All EMS Exams are scheduled by the Registrars' office. Final course exams will be scheduled 3 - 5 days after skill classes are completed. Rewrite exams are scheduled a few days after the first write. This link will take you to the [Exam Protocols](#) on the Flatline Website.

## ***Program Materials***

You will be required to review your materials from your previous program. Textbooks are not provided as part of the tuition for Refresher programs. The cost of additional textbooks, uniforms, and optional materials will be the responsibility of each student.

## ***Attire***

Appropriate attire is required for all class days.

- Minimal jewellery/piercings
- Long Pants,
- Closed toed shoes/boots
- Shirts/t-shirts –

no sleeveless shirts, no tank tops, skirts, shorts, crops, or sandals.

Please bring your textbooks, a notebook, pens, pencils etc. . There will be lunch and breaks. There are a number of places for lunch close by. There is a lunch room with a fridge and microwave for student use. This link will take you to facility information. [GENERAL PROGRAM INFORMATION](#)

## Course Schedules

Schedules are posted on the Flatline Website [www.flatlineresponse.com](http://www.flatlineresponse.com). This program requires a minimum of 6 students to run and schedules will be adjusted to meet this requirement and the schedule may change as late as 48 hours before course start date.

We will make every effort to notify the student of any changes, and all updates will be posted to the website. Please be sure that you check the website and your email for any updates.

## Skill Classes

Skill classes include a review of theory and skills as per the competency profiles. Students must review their theory and participate in all classroom activities to be successful. Practice is key to honing these skills and time is allotted for student independent practice. Students are not required to remain after class for this time but are encouraged to participate.

## Tuition & Fees

Tuition fees must accompany your application package. T2202 Tax Receipts will be issued in February.

Program Tuition **	\$ 1,795.00
Uniform & Equipment	\$ 250.00 - \$500.00

## Requirements for Admission - Mandatory

- ❑ Application for Admission form
- ❑ Current Health Care Provider C.P.R. (*within 6 months*)
- ❑ Copy of EMT Certificate \*\*
- ❑ Copy/Proof of last ACP Registration (if applicable) \*\*

\*\* Students who have never registered with ACP and certificate was issued more than 3 years ago will not be accepted in the refresher program and will be required to apply for the full EMT/PCP program

\*\* Students who were previously registered with ACP but have not been registered with ACP in the last 3 years will not be accepted into the refresher program. Proof of last registration year will be required.

## APPLICATION PROCESS

All applicants are required to submit a complete “Application Package” with all supporting documentation and tuition. It is up to each student to ensure that the package is complete and all mandatory pre-requisites have been met. Application forms, transcripts and other supporting documentation submitted become the property of the College. The College will take appropriate action against individuals submitting falsified or tampered documents.

It is the responsibility of the applicant to notify the College of changes to personal information or to update their personal information. Correspondence that is returned undeliverable may result in the application being withdrawn.



**EMERGENCY MEDICAL TECHNICIAN**

**Application Checklist**

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

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

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

Please submit application package in the order listed below:

- Application for Admission form
- Current Health Care Provider C.P.R. (*within 6 months*)
- Copy of EMT Certificate \*\*
- Copy/Proof of last ACP Registration (if applicable) \*\*

\*\* Students who have never registered with ACP and certificate was issued more than 3 years ago will not be accepted in the refresher program and will be required to apply for the full EMT/PCP program

\*\* Students who were previously registered with ACP but have not been registered with ACP in the last 3 years will not be accepted into the refresher program. Proof of last registration year will be required.

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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 T2C 2V5 (403) 571-7655.



Program: EMT Refresher

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

**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><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Common Law</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced/Separated</p> <p><b>In the past year I was</b></p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other</p>	<p><b>General &amp; Post Secondary Education</b></p> <p><b>Highest Education Achieved</b></p> <p><input type="checkbox"/> Graduate Grade 12</p> <p><input type="checkbox"/> Public College</p> <p><input type="checkbox"/> Vocational College</p> <p><input type="checkbox"/> University</p> <p><input type="checkbox"/> Technical Institute</p> <p><input type="checkbox"/> Other</p> <p>Name of Institution _____</p> <p>Location (City/Prov/Country) _____</p>	<p><b>Highest Level Achieved</b></p> <p><input type="checkbox"/> Applied</p> <p><input type="checkbox"/> Journeyman</p> <p><input type="checkbox"/> Bachelor</p> <p><input type="checkbox"/> Certificate</p> <p><input type="checkbox"/> Diploma ___ Yrs</p> <p>Attendance</p> <p>From _____</p> <p>To _____</p>
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**Medical Education**

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

**Payment Information**

<p><b>Program Fees \$1,795.00 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 \$150.00 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>

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

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



**Emergency Medical Technician**

**GENERAL INFORMATION**

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

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

Have you attempted the ACP Provincial Registration Exam                      YES                      NO

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

What were your results?

Are you current registered as an EMR or higher with ACP                      YES                      NO

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

Why are you taking this Refresher program?

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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.**

\_\_\_\_\_  
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*.

