



**EMT Refresher  
Application Package  
&  
Program Information**



**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

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Application package will be returned if not complete

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Applicant's Signature

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

**Program Fees \$1,795.00 plus GST Cash, Certified Cheque, Money Order or Bank Draft made payable to Flatline Response Inc.**

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

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*.