

AET Paramedic Academy Inc. Paramedic Education Programs

Primary Care Paramedic

Application Form

Your Application **MUST** include the following:

<ul style="list-style-type: none"><input type="checkbox"/> Completed student application form Signed by the applicant on:<ul style="list-style-type: none"><input type="checkbox"/> Page 6<input type="checkbox"/> Page 7<input type="checkbox"/> Completed <i>Paramedic Medical Certificate of Fitness</i><input type="checkbox"/> Receipt for payment of <i>Criminal Record Check</i><input type="checkbox"/> \$85.00 application fee<input type="checkbox"/> <u>Sealed envelope</u> containing recommendation letters (2) (from pages 9 and 11 of the application package)	<p>Photocopies of:</p> <ul style="list-style-type: none"><input type="checkbox"/> EMR certificate (or equivalent)<input type="checkbox"/> CPR C-Pro or HCP<input type="checkbox"/> Immunization records<input type="checkbox"/> Grade 12, GED or equivalent
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Failure to complete the application in full may result in delays in the processing of your application or its denial.

Primary Care Paramedic Program – Application for Admission

Application must be accompanied by a \$85 non-refundable fee payable to *AET Paramedic Academy*.

Return Completed form to:

AET Paramedic Academy Inc.
Paramedic Education Programs
#125 – 4010 Regent St.
Burnaby, British Columbia V5C-6N1

Please read the instructions carefully and type or print in ink.

I am applying for: Full-time Program Part-time Program

Starting in:

Location:

I Biographical Information

Legal Name: _____
Last First Middle Maiden Preferred

Social Insurance Number _____ Gender: Male Female

Date of Birth (m/d/yr) _____ Place of Birth _____
City Province or State Country

How Did You Learn About This Program? _____

II Citizenship Information

Choose ONE option below

- Canadian Citizen
 Canadian Permanent Resident

Country of Citizenship _____
Please attach a photocopy of your Permanent Resident Status to the upper right corner of this form

- Non-CDN Citizen / Non-CDN Permanent Resident

Country of Citizenship _____
Visa Type (If applicable) _____

III Contact Information

Paramedic Education Programs will send all correspondence to your mailing address.

Permanent (Home) Address

Mail Address

Same As Permanent Address

Street Address _____

Street Address _____

City Province Postal _____

City Province Postal _____

Canada _____

Canada _____

Country Telephone Number _____

Country Telephone Number _____

Email Address _____

Cellular Phone Number _____

IV Emergency Contact Information

Emergency Contact Person

Emergency Contact Person

Relationship

Relationship

Street Address

Street Address

City Province Postal

City Province Postal

Primary Telephone Alternative Telephone

Primary Telephone Alternative Telephone

V Educational History

Graduating High School City Province or State Graduating Year

Have you previously applied to the AET Paramedic Education Programs? Yes No If so, what year? ____

In chronological order, please list any Colleges and Universities you have attended or from which you will be receiving credit. Use section XII if additional space is needed.

Dates of Attendance Institution Name Province or State Degree Received

Dates of Attendance Institution Name Province or State Degree Received

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Were you ever required to leave any college or denied re-admission for any reason? Yes No

If so, please explain fully.

V Educational History (Continued)

List below all courses in which you are presently enrolled and those courses you plan to complete **during** the remainder of the paramedic program. Use section XII if additional space is needed.

Term	Course Number	Course Name	Credit Hours	Institution Name

VI Employment History

In chronological order, please list all employment for the last 5 years, or since your high school graduation. Use additional paper if necessary. Please explain any period not covered by employment or college attendance in section XII.

Dates of Employment	Employer's Name	City	Province or State	Title

VII Residency

Do you have MSP coverage in British Columbia? Yes No

VIII Medical Experience

List all health care experience in which your responsibilities included direct patient contact (Example: OFA, lifeguard, etc.).

1	_____	_____	_____	_____
	Agency	Your Position	Supervisor's Name	Contact Phone Number
	_____	_____	_____	_____
	Number of Weeks	Avg. Hours Per Week	Avg. Patient Contacts per Month	
2	_____	_____	_____	_____
	Agency	Your Position	Supervisor's Name	Contact Phone Number
	_____	_____	_____	_____
	Number of Weeks	Avg. Hours Per Week	Avg. Patient Contacts per Month	

IX References

Identify two individuals (not related to you), whom you have requested to submit reference forms in support of your application.

1	_____	_____	_____	_____
	Name	Occupation	Reason for Selection	
	_____	_____	_____	_____
	Street Address	City	Province or State	Postal
2	_____	_____	_____	_____
	Name	Occupation	Reason for Selection	
	_____	_____	_____	_____
	Street Address	City	Province or State	Postal

X Certification & Authorization

Have you ever been convicted, absolute or conditionally discharged or are currently charged under any Federal or Provincial enactment? Yes No

Have you ever been found not guilty by reason of insanity, mental disease, defect, etc. in any proceeding in which you were charged under any Federal or Provincial enactment? Yes No

If the answer to either of the questions above is "yes" please indicate in section XIII the crime involved, any sentence imposed, and the year(s), province and country in which the legal proceedings took place.

SHOULD THE ANSWER TO EITHER OF THE ABOVE QUESTIONS BECOME "YES" BETWEEN SUBMISSION OF THIS APPLICATION AND AN ACCEPTED APPLICANT'S ENROLLMENT AT AET, THE INDIVIDUAL MUST INFORM THE DIRECTOR OF THE PARAMEDIC EDUCATION PROGRAM.

You have completed the Consent for Criminal Record Search form and delivered it to a local Police Department. Yes No

XI Required / Desired Qualifications

Emergency Medical Responder, OFA3, or equivalent (Include photocopy)			
Expiry date		Certificate #	

CPR Level "C-Pro" or "HCP" (Include photocopy)			
Date CPR Card Issued		Expiry Date on Card	

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Criminal Record Check: (Include photocopy of payment receipt)	
Date of Record Check:	

Immunizations (Include photocopies)		
Diphtheria:	Date:	
Tetanus:	Date:	
Measles:	Date:	
Polio:	Date:	
Rubella:	Date:	
(Optional)		
Hepatitis B (HBV):	Date:	
Influenza:	Date:	

MEDICAL INFORMATION					
Do you have any of the following, which may limit or prevent you from performing the duties of a Paramedic during the program?					
Medical Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Color vision impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrective lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lifting restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the above, please provide details:					

DISABILITIES OR SPECIAL REQUIREMENTS (Please describe in detail)

I declare that all statements and information made in this application are true and correct and I understand that any misrepresentation of material facts may result in dismissal from or inability to complete the Primary Care Paramedic Program.

X _____
Signature of Applicant

Date

XII Additional Information

If you completed a section of the application and there was inadequate space, or if the application requests additional information, please supply that information below (example: convictions or current charges, or health care license restriction, suspension, or revocation).

If I supplied additional information at the request of this application, I certify that I have provided complete and accurate statements. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal and referral to the appropriate regulatory body for further investigation. I authorize the release of any information submitted by me in connection with this application to any person, corporation, association or government agency by AET only to verify or explain this information.

Signature

Date

**AET Paramedic Academy Inc.
Paramedic Education Programs**

CONFIDENTIAL RECOMMENDATION FORM

To the Applicant: Please complete the following information and furnish this form along with a self-addressed stamped envelope to the individual who has agreed to provide us with a reference in support of your application. The evaluator will be asked to mail or return the completed form back to you. Please submit the evaluation (still sealed in the envelope in which it was returned to you) along with the rest of your application materials once complete.

Applicant's Last Name, First Name, MI

APPLICANT: Do Not Write Below This Line.

To The Evaluator: The above named Individual is applying for admission to one of the Academy of Emergency Training Inc.'s Paramedic Education Programs. The Program is a rigorous and comprehensive course of full-time study. The academic demands will be considerable and motivation for a health care career is important for success. The student should have unquestioned integrity and be emotionally mature and capable of dealing with patients and the demands of an emergency care provider. Your candid evaluation of the applicant will be of significant value to our committee in its effort to identify and select appropriate students for the program.

We endeavor to maintain the confidentiality of recommendations for these programs.

After completing the evaluation, please seal it in the self-addressed envelope the applicant has provided for you, sign your name across the seal, and return it to the applicant. The applicant will submit your letter to us with his/her application.

Your time and cooperation are very much appreciated.

If you have any questions about the completion of this form, please call our office:

AET Paramedic Academy Inc.
#125 – 4010 Regent St. Bby, BC, V5C-6N1
Tel:(604)922-2249
Fax:(604)922-4049
info@firstaid.ca

Please Type or Print Legibly.

Evaluator's Name	_____	Title	_____
Organization	_____	Phone	_____
Association with Student	_____	Length of Time	_____

Recommendation Based On:

Daily Contact and Observation | Frequent Observation | Infrequent Observation

DIRECTIONS:

1. For each area to be assessed carefully read each statement and place an (X) in the box that most nearly expresses your opinion of each criterion.
2. Comments are requested at the end of the application to help clarify any specific recommendation that is either above or below acceptable. If needed, an additional sheet with comments can be attached or a letter of reference written addressing the items described below.

3 = Exceptional

2 = Acceptable

1 = Unacceptable

U = Unable to Judge

	3	2	1	U
COMMUNICATION				
Communicates <u>written</u> ideas in an effective, organized and grammatically correct manner.	—	—	—	—
Communicates <u>verbal</u> ideas in an effective, organized and grammatically correct manner.	—	—	—	—
Communication is organized and direct. Listens actively and clarifies misunderstandings.	—	—	—	—

ORGANIZATION/WORK HABITS

Recognizes and establishes priorities to meet deadlines. Uses time efficiently.	—	—	—	—
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INTEREST & MOTIVATION

Self-motivated, demonstrates intellectual curiosity, volunteers assistance.	—	—	—	—
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ACCOUNTABILITY

Recognizes and admits to errors, completes assigned tasks.	—	—	—	—
Arrives when expected and begins assigned tasks promptly.	—	—	—	—
Follows instruction carefully.	—	—	—	—
Demonstrates perseverance by voluntarily repeating work if indicated and applying themselves to problems until resolved.	—	—	—	—
Rarely has unplanned, unexplainable absences or tardiness.	—	—	—	—

ADJUSTMENT TO STRESSFUL SITUATIONS

Is able to adjust to working in changing or adverse situations, able to multitask.	—	—	—	—
Accepts constructive criticism, is able to ask for help.	—	—	—	—

DECISION MAKING

Recognizes problems, formulates plan of action, follows through to solution.	—	—	—	—
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INTERPERSONAL SKILLS

Is a good team player.	—	—	—	—
Gives validity to the opinions and rights of others.	—	—	—	—

OVERALL IMPRESSION: (Please check the statement that most nearly expresses your opinion of the applicant).

- Unacceptable candidate
- Marginal; may have difficulty with program
- Acceptable; should be able to complete program satisfactorily
- Shows great potential; recommend enthusiastically

Would you recommend this applicant as a paramedic? Yes _____ No _____ (If no, please comment below)

To your knowledge, has the applicant ever had any emotional or alcohol / substance abuse problems which might interfere with his or her ability to fulfill the duties of a paramedic? Yes_____ No_____

EVALUATOR'S SIGNATURE _____ **DATE** _____

Comments: _____

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EVALUATOR'S SIGNATURE _____ **DATE** _____

Comments: _____