

EMERGENCY SERVICES TECHNOLOGY PROGRAM CHECKLIST

Applicant Name: _____ Phone number: _____

Please submit this completed form and all admission documents to:
 Lakeland College, Admissions, 5707 College Drive, Vermilion, AB T9X 1K5
 OR email to admissions@lakelandcollege.ca
 OR fax to 780 853 8594

Specialization: MEDICAL

Admission Requirements:

Please check Yes or No below. If No, please indicate the date it will be completed. Copies of each completed requirement should be sent in alongside this form.

<p>1. An official final high school transcript. This will be used to confirm completion of the academic requirements. If you are missing or deficient in a course(s), ask about our special admission process. A minimum of 50% in:</p> <ul style="list-style-type: none"> English Language Arts 30-1 or 30-2 Math 20-3 <p>A minimum of 60% in:</p> <ul style="list-style-type: none"> Biology 30 	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p>2. Proof of a valid unrestricted Alberta Class 5 or equivalent driver's licence (with GDL is acceptable). <i>*Drivers must have no more than five demerit points to operate a Lakeland College vehicle</i></p>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p>3. Proof of airbrake endorsement. Submit a copy of the driver's licence or temporary licence which reflects airbrake endorsement <i>*If your province has both a written and practical test, <u>both</u> must be completed</i></p>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p>4. Completed Medical Fitness & Risk Disclosure Package. The package includes an applicant declaration of understanding and consent (Form A) and a physician medical clearance (Form B) that must be completed within 1 year of program start date.</p>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p>5. Proof of CPR-C or Basic Life Support (BLS) valid to the program start date and remain current throughout training.</p>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p>6. Proof of Advanced First Aid (AFA) or Emergency Medical Responder (EMR) valid to the program end date. <i>*AFA must be on the Alberta Approved First Aid Training Agencies list. *An EMR certificate/transcript must indicate a graduation date within 12 months prior to the program start date.</i></p>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____

Declaration:

I understand that besides rigorous strength and endurance tests, employers have varying minimum physical requirements which may include the following:

- Uncorrected visual acuity of 20/30 (corrective eye surgery must have been performed at least one year prior to hiring)
- Color blindness evaluation
- No more than 30 decibel hearing loss in either ear
- No fear of confined spaces (Claustrophobia)
- No fear of heights (Acrophobia)

I do not have:

- Back problems that would prevent me from lifting, carrying, and/or wearing tools and equipment that weigh a minimum of 70 kg
- Any infectious diseases
- Uncontrolled epilepsy or other convulsive disorders

I understand that a clear criminal record search will be required before I participate in any practicum and that a criminal record may adversely affect my employability.

I understand that I must be at least 18 years of age prior to the start date of the program.

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. If admitted, I agree to comply with all rules and regulations of Lakeland College. I have read and understand all the above statements.

Applicant's Signature: _____ Date: _____

Lakeland College complies with the Freedom of Information and Protection of Privacy Act of Alberta. Information collected on this form is collected under the authority of Section 33(c) of the Act for the administration of the Emergency Services Technology Program. This information is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (780-853-8524; FOIP@lakelandcollege.ca).