



**Mission:** To inspire lifelong learning and leadership through experience, excellence and innovation.  
**Vision:** Transforming the future through innovative learning.  
**Values:** We value learner success, integrity, respect, community, excellence and innovation.



## 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](mailto: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><b>1. An official final high school transcript.</b> This will be used to confirm completion of the academic requirements. If you are missing or deficient in a course(s), ask about our <a href="#">special admission</a> process.          A minimum of <b>50%</b> in:</p> <ul style="list-style-type: none"> <li>• English Language Arts 30-1 or 30-2</li> <li>• Math 20-3</li> </ul> <p>A minimum of <b>60%</b> in:</p> <ul style="list-style-type: none"> <li>• Biology 30</li> </ul>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p><b>2. Proof of an unrestricted Alberta Class 5 or equivalent Driver's License.</b> If you have a Graduated Driver's License (GDL), you may apply to the program, but must have an unrestricted Class 5 license to be accepted into the program.</p>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p><b>3. Proof of airbrake endorsement.</b> 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><b>4. Completed Emergency Training Medical Release Form.</b> The form can be found on the <a href="#">program requirements</a> page on our website and must be completed within one year of your program start date.</p>	<input type="checkbox"/> Yes, enclose a copy <input type="checkbox"/> No, Completion Date: _____
<p><b>5. Proof of CPR-C or Basic Life Support (BLS)</b> 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><b>6. Proof of Advanced First Aid (AFA) or Emergency Medical Responder (EMR)</b> valid to the program end date.  <i>*AFA must be on the <a href="#">Alberta Approved First Aid Training Agencies</a> 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](mailto:FOIP@lakelandcollege.ca)).