



## EMERGENCY MEDICAL RESPONDER (EMR) APPLICATION

THE WESTERN INSTITUTE OF EMERGENCY EDUCATION  
Suit 232 2755 Broadmoor Blvd  
Sherwood Park, AB  
T8H 2W7

**Inquiries: Call 780-643-6163 or e-mail [EMR@emergencyed.ca](mailto:EMR@emergencyed.ca)**

The Western Institute of Emergency Education EMR Application



# The Western Institute of Emergency Education EMR Program

## Student Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Dates requested: \_\_\_\_\_ Full Time/Part Time: \_\_\_\_\_ Location: \_\_\_\_\_

Program Applied for: \_\_\_\_\_

### EMR Education Requirements

Completed the EMR Application Form

**Driver's License - Minimum age 18. Class 5 minimum. (GDL Accepted)**

**Education** - Transcripts of Grade 12 High School Diploma/GED/equivalent or post secondary education (include photocopies). **As of January 1, 2019**, this must include:

English 30 or  Math 10 or  Biology 30 or

Equivalent English 30-1, 30-2  Equivalent Math 20-1, 20-1  Equivalent

**CPR- BLS Provider or CPR Level C or Health Care Provider.** Dated within one year as of the first day of the program. (include photocopy)

**Standard First Aid Certificate.** Dated within three years as of the first day of the program. (include photocopy)

Check here if you are applying as a

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WIEE ADMIN USE ONLY**

Date application received: \_\_\_\_\_ Date application processed, fee paid: \_\_\_\_\_  
Date email sent to applicant: \_\_\_\_\_ Processed by: \_\_\_\_\_