



PCP PROGRAM APPLICATION

WESTERN INSTITUTE OF EMERGENCY EDUCATION INC.

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Vermilion, AB T9X 1X8

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Primary Care Paramedic (PCP) Application Package

The Western Institute of Emergency Education (WIEE) is focused on delivering comfortable, relaxed, and non-intimidating educational experiences. We understand that everyone comes from different experiences and back grounds, and our goal is to make sure we recognize each of our customers needs. Our staff and instructors come from diverse backgrounds.

If you are looking to become a Primary Care Paramedic (PCP) or to start a career that will require you to respond to trauma or medical emergencies. Edmonton and area students training for work in health care, public safety, and fire protection services will all benefit from the PCP course offered by the Western Institute of Emergency Education.

Why the WIEE PCP Program?

Our PCP Program is an excellent start to your EMS career. The WIEE PCP course provides the next step in your foundational knowledge and skills required to advance on to other programs like the Advanced Care Paramedic and others in the emergency services industry.

During the program, you will have the chance to put your skills to the test through simulations of real-life experiences. To enhance your critical thinking abilities, you will discuss solutions to emergency situations in your group. You will also see examples in video form, receive training from our qualified instructors, and receive the textbooks and materials containing all the theory you will need to pass the course.

- **No application fee!**
- High Alberta College of Paramedics exam success rate
- Student loans and RESP options
- No deposit required

Accreditation

The WIEE Primary Care Paramedic program is approved by the Alberta College of Paramedics and licensed by the Alberta Advanced Education under the Private Vocational Act.



Our Instructors

Our instructors come from an extensive EMS and fire service background. They can provide the best preparation for any student looking to take on the challenges of this career.

Our Class Sizes

We keep our class sizes small. We have many years of experience in teaching and training. This has taught us that small class sizes allow for more one on one with our students and create a calm, comfortable environment for our students to learn.

What You Will Learn During Your PCP Training

Throughout our PCP course, you will learn how to respond to different types of emergencies and how to keep patients relaxed and comfortable. You will learn how to assist higher-level medical providers, both upon the arrival at the scene of an emergency and during transportation to a hospital. Just some of the topics you will cover include:

- How to conduct a primary assessment
- Identifying signs of cardiac arrest
- Performing CPR, AED, and airway ventilation
- Use of pharmacology in medical and trauma emergencies.
- Control of bleeding
- Substance abuse
- Thermal stress
- Pediatrics and geriatrics Emergencies
- Labor and delivery
- Reaching, moving, and lifting
- Mental Health/Psychological First Aid
- Principles of Driving and Emergency Vehicle Operations
- IV Initiation
- Med Administration
- Anatomy and Physiology

Passing the PCP Course

PCP students need to attend the entire course, receive a passing score on the written exam, participate in the skills assessments, and complete the practicum components.

- 16 Hours in a long term care
- 16 hours in an operating room
- 50 hours in a Emergency Department
- 190 hours of ground ambulance combined with air ambulance



PCP Program Application Process

Complete the PCP Application Package and submit with proof of all program prerequisites. The most up-to-date version of this package is available online at www.EmergencyEd.ca. Submit your completed application form using one of the following methods.

Drop off

Drop off your application at one of our campuses:

Head Office & Education Centre
#103, 5208-46 Avenue
Vermilion, AB T9X 1X8

Education Centre & Office
#232, 2755 Broadmoor Boulevard
Sherwood Park, AB T8H 2W7

Alberta Training Centre
#106, 7326-10 Street NE
Calgary, AB T2E 8W1

Mail

Mail or courier your application to:

Head Office & Education Centre
#103, 5208-46 Avenue
Vermilion, AB T9X 1X8

Email

Email your application to Admissions@Emergencyed.ca

Need Help?

If you have any questions, contact us at info@emergencyed.ca or +1 (780) 643-6163

"Emergency Education for the beginner, the expert, and the public. Professional training by the professionals for the professionals. "



PCP Program Requirements

Competed Application Package including:

- Application Checklist
- Application Form
- Acknowledgement Form
- Two Character Reference Forms or Letters*
- Signed Medical Examination Form from a registered and license physician

Additional Prerequisites

- Minimum 18 years old (by program start date)
- Current Drivers License (minimum Class 5)
- **Proof of Education (provide one):**
 - High School Diploma, GED/Equivalent
 - Postsecondary education with proof of transcripts
 - Approval from WIEE to apply as a mature student (contact the Program Registrar)
- **Current Immunization Records** including having current, full vaccines for:**
 - Diphtheria, Tetanus, Pertussis (DTaP) (within 10 years)
 - Hepatitis B (full series of 3 shots)
 - Mantoux/Tuberculosis Screening (within 1 year)
 - Measles, Mumps, Rubella (MMR) (full series)
- **Proof of First Aid/Medical Training (provide ONE):**
 - Current Emergency Medical Responder (EMR) (Alberta College of Paramedics Approved) with Transcripts
 - Medical First Responder (MFR)
 - Advanced First Aid (AFA)

If you receive **conditional acceptance** into the program, you must also submit at your own expense:

- A satisfactory Police Information Check with Vulnerable Sector Search (also known as a Security Check or Criminal Record Check)

**Your references must be from a person of good standing within your community who has personally known you for 3 years or more(see Reference Form for details). WIEE can support you in finding a suitable person within your community to provide this letter. A form including what information needs to be included in the letter is in this application package. A letter containing the same information is also acceptable.*

***You can apply for the program with proof of starting vaccination series, but must have the full series of vaccine shots before the program start date.*



PCP Application Checklist

Applicant's Full Name _____

Your application package must include the following completed forms and documentation.

Include this checklist with your application.

For Applicant	For use of WIEE Office
Application Forms (attached)	
<input type="checkbox"/> Application Information	<input type="checkbox"/>
<input type="checkbox"/> Acknowledgement	<input type="checkbox"/>
<input type="checkbox"/> Reference #1 (form or letter)	<input type="checkbox"/>
<input type="checkbox"/> Reference Form #2 (form or letter)	<input type="checkbox"/>
<input type="checkbox"/> Medical Examination Form (within 6 months)	<input type="checkbox"/>
Additional Documentation	
<input type="checkbox"/> Proof of Age (18 years old by Program Start Date)	<input type="checkbox"/>
<input type="checkbox"/> Class 5 Driver's License	<input type="checkbox"/>
<input type="checkbox"/> Proof of Education (provide ONE)	<input type="checkbox"/>
<input type="checkbox"/> High School Diploma or GED or Post-Secondary Diploma	<input type="checkbox"/>
<input type="checkbox"/> General Educational Development (GED) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Application as a Mature Student (confirm with office)	<input type="checkbox"/>
<input type="checkbox"/> Proof of Immunization (Must be completed prior to start of the Program)	<input type="checkbox"/>
<input type="checkbox"/> DTaP (within 10 years)	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis B (full vaccine series)	<input type="checkbox"/>
<input type="checkbox"/> Mantoux/Tuberculosis Screening (within 1 year)	<input type="checkbox"/>
<input type="checkbox"/> MMR (full vaccine series)	<input type="checkbox"/>
<input type="checkbox"/> Proof of Medical Training (provide ONE)	<input type="checkbox"/>
<input type="checkbox"/> Advanced First Aid (AFA) within 6 months	<input type="checkbox"/>
<input type="checkbox"/> Medical First Responder (MFR) within 6 months	<input type="checkbox"/>
<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/>



PCP Applicant Information

Personal Information*

Last Name	First Name	Middle Name
Date of Birth (DD/MMM/YYYY)	Alberta Student Number (ASN)**	Social Insurance Number (SIN)
Email Address	Cell Phone #	Home Phone #
Address	City, Province	Postal Code
Emergency Contact Name	Relationship	Phone #

Registration Information

Primary Care Paramedic (PCP)

Program Name	Program Start Date (DD/MMM/YYYY)	Campus (Sherwood Park)
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I hereby declare that the information given in this application is true, correct, and complete. If accepted into the WIEE PCP Program, I agree to comply with the WIEE Student Code of Conduct and student policies.

Applicant's Signature	Date (DD/MMM/YYYY)
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*The collection of personal information in this application package is necessary for the processing and administration of this application and WIEE operations. All personal information is retained and protected under the Alberta Freedom of Information and Protection of Privacy Act.

**An Alberta Student Number (ASN) is a unique number given to all Alberta students. You can look up your ASN or apply for an ASN on the [Alberta Education Learner Registry](#).



PCP Applicant Acknowledgement

Applicant Name

Alberta Student #

Working PCP Requirements Acknowledgement

I acknowledge that to legally work as a Primary Care Paramedic (PCP) in Alberta, I will be required to:

Applicant's Initials

- Pass the Canadian Organization of Paramedic Regulators (COPR) PCP Examination
- Register with the Alberta College of Paramedics
- Provide a Police Information Check with Vulnerable Sector
- Provide proof of up-to-date immunizations
- Maintain a valid Class 5 Alberta Driver's License (maximum 6 demerits)
- Maintain Cardiopulmonary Resuscitation (CPR) certification (annual)
- Provide High School or GED Diploma (depending on employer requirements)

Additional Equipment Acknowledgment

I acknowledge that I am responsible for obtaining additional equipment that are required to safely complete the PCP program. This equipment includes, but may not be limited to:

Applicant's Initials

- A Tablet Computer (that meets [CompTracker requirements](#))
- Protective Eyewear (CSA Approved)
- Black Steel-Toed Safety Boots (CSA Approved)
- Penlight
- Universal Shears
- Stethoscope (such as Litman Classic III)

I understand that some safety equipment needed for my practicum placement is available from WIEE with payment of a refundable deposit fee.

Fee Acknowledgement

Practicum Expenses

I acknowledge d that my PCP practicum site may be located anywhere in the province of Alberta. I understand that I am responsible for any expenses incurred during the practicum placement include travel, accommodation, and living expenses.

Applicant's Initials

COPR PCP Exam Fee

I acknowledge that passing the Canadian Organization of Paramedic Regulators (COPR) PCP Examination is required to be a practicing PCP in the province of Alberta.

Applicant's Initials

I have read the [COPR Examination Handbook available on their website](#).
I understand the fee for each attempt of this examination is \$650.00 CAN.

ACP Membership Dues

I acknowledge that that to practice as a PCP in the province of Alberta that I must be registered with the Alberta College of Paramedics and have an active permit.

Applicant's Initials

I understand that to be registered and permitted, I will need to pay membership dues and a permit fee. Information about their [fees is available on their website](#).

Declaration

I hereby declare that I understand the additional fees, expenses, and equipment that may be incurred during the completion of the WIEE PCP Program.

Applicant Signature

Date (DD/MMM/YYYY)



PCP Applicant Reference #1

Applicant Name

All applicants to the Western Institute of Emergency Education (WIEE) Primary Care Paramedic (PCP) Program must provide two-character references. The reference cannot be a family member. Please complete this form on behalf of the applicant.

Reference Personal Information

Name of Reference

Time Applicant Known to Reference

Email Address

Cell Phone #

Home Phone #

Address

City, Province

Postal Code

Relationship to Applicant

What is your relationship to the applicant?

- Recent Employer, Company Name:
- Recent Instructor, Educational Institute:
- Person in Emergency Services (Fire, Medical, Police) who has known applicant at least 3 years
- A Professional (Health, Engineer Legal, Education) who has known applicant at least 3 years
- Any other person who has known applicant at least 3 years (max one reference per applicant)

Describe your relationship to the applicant in detail.

Character Reference

Describe the applicant's character and experience. Why you think they are a good candidate to be a Primary Care Paramedic? Do you they have the capacity to perform well in emergency situations? Attach another page, if necessary.

Reference Signature

Date (DD/MMM/YYYY)



PCP Applicant Reference #2

Applicant Name

This will be completed once accepted and prior to the start of your intake. All applicants to the Western Institute of Emergency Education (WIEE) Primary Care Paramedic (PCP) Program must provide two-character references. The reference cannot be a family member. Please complete this form on behalf of the applicant.

Reference Personal Information

Name of Reference

Time Applicant Known to Reference

Email Address

Cell Phone #

Home Phone #

Address

City, Province

Postal Code

Relationship to Applicant

What is your relationship to the applicant?

- Recent Employer, Company Name:
- Recent Instructor, Educational Institute:
- Person in Emergency Services (Fire, Medical, Police) who has known applicant at least 2 years
- A Professional (Health, Engineer Legal, Education) who has known applicant at least 2 years
- Any other person who has known applicant at least 2 years (max one reference per applicant)

Describe your relationship to the applicant in detail.

Character Reference

Describe the applicant's character and experience. Why you think they are a good candidate to be a Primary Care Paramedic? Do you they have the capacity to perform well in emergency situations?

Attach another page, if necessary.

Reference Signature

Date (DD/MMM/YYYY)





PCP Applicant Medical Examination

Applicant Name _____

This medical examination must be completed by a registerer and licensed physician.

Medical History				
Medical Issues	Details	Never	Previously	Currently
Alcohol or Drug Addiction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Respiratory Diseases		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impairment of the Senses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Diseases		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Clinical Impairment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric /Mental Disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Medical Issues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination				
Medical Issues	Details	No	Yes	
Abdomen		<input type="checkbox"/>	<input type="checkbox"/>	
Blood Pressure		<input type="checkbox"/>	<input type="checkbox"/>	
Central Nervous System		<input type="checkbox"/>	<input type="checkbox"/>	
Coordination/Muscle Control		<input type="checkbox"/>	<input type="checkbox"/>	
Hearing		<input type="checkbox"/>	<input type="checkbox"/>	
Heart		<input type="checkbox"/>	<input type="checkbox"/>	
Hematopoietic System		<input type="checkbox"/>	<input type="checkbox"/>	
Neck and Extremities		<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory System		<input type="checkbox"/>	<input type="checkbox"/>	
Spine		<input type="checkbox"/>	<input type="checkbox"/>	
Urine		<input type="checkbox"/>	<input type="checkbox"/>	
Vascular System		<input type="checkbox"/>	<input type="checkbox"/>	
Other Medical Issues		<input type="checkbox"/>	<input type="checkbox"/>	
Medications		No	Yes	
Is the applicant taking any medications that may impair the mental or physical ability to perform the duties of a Primary Care Physician?		<input type="checkbox"/>	<input type="checkbox"/>	
Physical Fitness		Low	Medium	High
Rate the applicant's level of physical fitness:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Health				

Based on the information gathered in this medical examination, I believe that the applicant will be able to perform typical duties of a Primary Care Paramedic including:

- Lift and carry a patient on a stretcher (75 kg) with a partner
- Maneuver in confined spaces
- Operate an emergency vehicle
- Manage stressful and traumatic situations

Include any other relevant observations:

**Physician Personal Information**

Name of Physician

Date of Medical Exam (DD,MMM,YYYY)

Address

City, Province

Postal Code

Physician Signature

Date (DD/MMM/YYYY)

Declaration

I hereby declare that the information given in this report is true, correct, and complete. I grant permission to the Western Institute of Emergency Education (WIEE) to review this medical information and authorize the release of additional medical information not included on this form that the Physician may choose to release confidentially to the WIEE Registrar for the purpose of this application.

Applicant's Signature

Date (DD/MMM/YYYY)

The collection of personal information in this application package is necessary for the processing and administration of this application and WIEE operations. All personal and medical information is retained and protected under the Alberta Freedom of Information and Protection of Privacy Act.