



PRIMARY CARE PARAMEDIC

Feb 2017

Information and Application Package



Mission Statement:

To educate and graduate participants with the necessary knowledge, skills, professional attitude, and behavior to provide the highest quality of care to patients in the pre-hospital setting.

GENERAL INFORMATION

Welcome to the AET Paramedic Academy Inc.

The AET Paramedic Academy Inc. and partners offer training in many different areas of pre-hospital care and is pleased to offer this latest training program. The Primary Care Paramedic (PCP) Program meets or exceeds the National Occupational Competency Profile (NOCP) requirements of the Paramedic Association of Canada and the Emergency Medical Assistants Licensing Board of British Columbia.

Primary Care Paramedic Profession

Primary Care Paramedics are an essential part of the health care team, and respond to emergency medical and trauma related situations on a daily basis. PCPs generate a treatment plan for their patients by following a controlled patient assessment model, and providing interventions for life-threatening injuries and conditions. PCPs can also work for the health authorities in the hospital emergency rooms, or they can be found working in the industry sector for companies requiring the knowledge and skills of a paramedic.

The salary for a PCP can vary greatly depending on whether you work for a public or private ambulance service, a health authority or in an industrial setting. The average wage range a PCP can expect is approximately \$20.00 - \$30.00 per hour.

Primary Care Paramedic Program

The PCP Program is the second level of paramedic training. The program providing the skills and knowledge required to practice as a Primary Care Paramedic. The program focuses on the skills required to assess and manage patients in a pre-hospital care environment. It delivers a strong foundation in anatomy, physiology, pathophysiology and pharmacology to strengthen the decision-making and treatment actions required to care for critically ill or injured patients in a pre-hospital setting.

Upon successful completion of the PCP Program you will be able to:

- Demonstrate mastery of the PCP patient assessment model.
- Demonstrate mastery of PCP paramedic skills.
- Demonstrate mastery of PCP procedures and protocols.
- Demonstrate mastery of PCP assessment, interventions, treatments and management of medical and trauma calls.
- Demonstrate the clinical decision-making and leadership skills necessary to manage medical and trauma calls.

The full-time classroom portion of the PCP Program is run over a four to eight month period. It is coordinated as alternating between one week classroom, followed by a week of independent study. Three to four weeks is recommended prior to the program start date for completion of the pre-course study component.

The part-time PCP Program consists of workshops (each comprised of two classroom days), plus clinical and preceptorship time. Self-directed study makes up a large component of this program. The course content, learning outcomes, clinical and preceptorships timelines are the same for either delivery option.

Prior to acceptance into the program, prospective students must meet all admission requirements. AET Paramedic Academy may request, at its sole discretion, a personal interview with any prospective candidate. This interview will consist of a face-to-face interview, a written assessment and practical skills check based on an EMR level of knowledge and guidelines. Course registration is ongoing and subsequent classes will be scheduled based on enrollment waitlists. ***Prospective students are accepted into the PCP Program at the sole discretion of AET Paramedic Academy Inc.***

Successful graduates will receive Primary Care Paramedic Certification from the AET Paramedic Academy Inc and partners. Certified graduates are eligible to apply for paramedic licensure within British Columbia through the Emergency Medical Assistant Licensing Branch.

Participation in the Primary Care Paramedic Program will require home access to a computer with Internet capabilities and webcam.

Clinicals

The PCP Program requires students to successfully complete clinical components (organized by AET) in hospitals and/or ambulance practicum settings. These sessions are facilitated and supervised by experienced clinicians who integrate classroom and simulation skills into real world patient care situations.

Evaluation

Throughout the program, students will receive ongoing feedback on their performance within the program. Students will be required to maintain a minimum grade of 70% throughout all aspects of the program. This will encompass quizzes, assignments, clinicals, skill stations, simulations, formal block exams and practicum placements.

Student Handbook

The Academy has a Student Handbook that outlines information, policies and procedures during the PCP Program. This manual is supplied and reviewed with all registered students in the program.

PTIB

The AET Paramedic Academy is registered with the Private Training Institutions Branch (of BC).

APPLICATION PROCESS

The application process requires the submission of all paperwork confirming the mandatory prerequisites are met. The onus is on each individual applying to the PCP Program to ensure that the package is complete with all required documentation attached.

Mandatory requirements for consideration of admission into the PCP Program and eligibility to continue in program include:

- Minimum 16 years of age by course completion (19 years suggested).
- Current Emergency Medical Responder Certificate (Recommended) or Occupational First Aid: Level III or equivalent
- Current CPR Level C-Pro or HCP certificate
- Canadian Grade 12 diploma (or equivalent)
- Satisfactory criminal record check (see requirements following)
- Current immunizations (see requirements following)
- Two confidential letters of recommendation confirming suitability for paramedical work

16 Years of Age

All applicants to the PCP Program in British Columbia must be 16 years of age or older by the completion of the program as required by the Emergency Medical Assistants Board policy. The EMALB policy states:

Minimum Age Requirement

The Emergency Medical Assistants Licensing Board has the following policy in place for the registration of emergency medical assistants under the age of 19:

- *No Emergency Medical Assistant licences will be issued to applicants under the age of 16;*
- *All licence holders 16, 17 or 18 years old must be supervised by a fully licensed emergency medical assistant of the same level or higher who is at least 19 years old. This term and condition is removed when a licence holder turns 19.*

This policy is in place to ensure public safety and the safety of young individuals working as emergency medical assistants.

Emergency Medical Responder Certificate (Recommended)

The Emergency Medical Responder (EMR) certification course is an entry-level medical responder course that will prepare individuals for employment in a variety of pre-hospital, industrial and first responder settings. The EMR course is designed to provide participants with the basic knowledge and skills to be able to manage any medical and trauma related emergency. The EMR course offered by the *Academy of Emergency Training* includes the CPR –HCP level and meets one of the mandatory requirements for admission to the Primary Care Paramedic Program. Students who have successfully taken their EMR with AET will receive a \$250 credit towards PCP tuition.

Confirm with the Academy that any course you are going to take or currently have will meet these requirements. There are programs existing that use the name of EMR, etc... that have not been assessed and approved by BC regulatory agencies.

Cardiopulmonary Resuscitation (CPR) Level ‘C-Pro’ or “HCP” Certificate

This course provides an overview of Emergency Medical Services, 911 activation, basic anatomy and physiology, signs and symptoms of heart and stroke conditions, legal rights and responsibilities, healthy lifestyles, risk factors, awareness of defibrillation, one and two-person CPR, AED use, artificial respiration for infants, children, and adults, choking emergencies and the recovery position. The Academy of Emergency Training programs follow Heart and Stroke Foundation of Canada guidelines. Applicants must provide documentation that they successfully completed this course within the last year.

Confirm with the Academy that any course you are going to take or currently have will meet these requirements. There are programs existing that use the generic CPR course name, etc... that have not been assessed and approved by the Academy.

Canadian Grade 12 Diploma or Equivalent

All applicants must have as a minimum a Canadian grade 12 diploma or equivalent. Mature students can be accepted into the PCP Program. A mature student is defined as being at least 19 years of age and can demonstrate appropriate knowledge, skills and other attributes for success in the PCP program while meeting all other program admission requirements.

Criminal Record Check (CRC)

A Criminal Record Check must be submitted as part of the application process. This check must not reveal any previous criminal convictions that would disallow employment or preceptorship as a paramedic in British Columbia. This requirement, as outlined by BCEHS, mandates that all precepted students must be able to work with children and vulnerable adults, without risk. A CRC can be obtained by contacting your local RCMP or municipal police department. The CRC should be current and validated within 90 days of the application. The CRC will be forwarded to the AET Paramedic Academy Inc. You must advise the Academy if you have any changes regarding criminal charges or convictions after you have submitted the Criminal Record Check and/or during your program.

A copy of the receipt issued for the payment of the Criminal Record Check (issued by the police agency) can be submitted with the application but a completed CRC permitting engagement with children and vulnerable adults must be received prior to clinical or preceptorship time.

Immunizations

As a student participating in the PCP Program, you may be exposed to different diseases and illnesses. For this reason, all participants need to be current with common immunizations. Common immunizations include: Diphtheria, Tetanus, Measles, Polio and Rubella. The Tetanus Booster (within the last ten years) is required, and we recommend that each participant obtain Hepatitis B (HBV) and Influenza immunizations. Contact your family doctor or public health unit for more information about immunizations. A copy of your immunization record should be submitted with your application.

BCEHS and/or Health Authorities may require additional or seasonal vaccinations at their sole discretion. All AET faculty and students are required to comply with their immunization directives to access clinical and preceptorship sites. These requirements are beyond the control of AET Paramedic Academy.

Note

Any costs associated with the application and selection process are the sole responsibility of the applicant. The AET Paramedic Academy Inc will not reimburse applicants for any expenses. It is also each applicant's responsibility to ensure that they have met all the required pre-requisites and that they have provided photocopies of all documentation.

Application Submission

Once your application is complete and you have compiled copies of all of the necessary paperwork, your application package can be submitted by mail, in person or by courier to:

AET Paramedic Academy Inc.
Paramedic Programs - PCP
#14 - 1225 East Keith Road, North Van,
BC, V7J-1J3

If you have any questions or concerns, please feel free to contact the Academy at (604)922-2249 or info@firstaid.ca

FEES

Fees (Non-refundable)

PCP Application Fee	\$ 85.00
Deposit after Successful Pre-Screening and Student acceptance into program	\$ 250.00

Program Fees

Tuition Fee	\$ 6,500.00
Clinical, HSPnet, N95 Fit Testing & Associated Fees	\$ 400.00
Digital Books and materials	\$ 400.00
Uniform, Equipment	\$ 300.00

Additional Fees

Learner Services Fee	\$ 100.00
Total	\$ 8,035

Note

All fees are subject to change without notice. All fees are subject to applicable taxes. There is a non-refundable 2.5% convenience charge on all credit card payments.

The application fee for the PCP Program is \$85.00 (plus tax). Payment may be made by cheque, money order, Visa, MasterCard or cash and must accompany your registration. Cheques must be made payable to the AET Paramedic Academy Inc. If your application documentation is faxed, it will not be processed until the application fee has been processed. Please note that the application fee is nonrefundable. A \$45.00 service fee will be charged for all NSF cheques and the program application will not be considered until the application and service fees are paid.

Program Tuition

The tuition fee includes all program costs associated with the PCP Program but does not include the costs for textbooks, uniforms, or any additional fees associated with applying to the Program. A \$250.00 non-refundable **deposit must be paid within five working days of an acceptance offer into a specific program.** The balance is due a minimum of **30 days** prior to the first day of class. Students will not be permitted to complete examinations with outstanding fees owed.

Upon receipt of the course deposit, students will receive an AET Paramedic Academy Inc Student Contract, which confirms all fees paid with course terms and conditions. Students must return a signed copy to AET and final authorization by AET confirms acceptance into the specific dated PCP program.

BCEHS Clinical

The on car preceptship is an opportunity to demonstrate adequate NOCP competencies. You must complete a minimum of 10 precepting shifts. More time may be required to complete competencies based on call volume, types of calls and/or performance. You will be notified if more time is required. **All preceptorship must be successfully completed within one year of course start date.**

Students can be placed anywhere within their geographical training region for their precepting shifts. There are no assurances that the students will be placed in their preferred communities. Students must be prepared to accept the financial cost of travel and living expenses associated with their precepting shifts. It is the student's responsibility to provide appropriate arrangements for travel to each of their clinical and practicum sites. Students who cancel shifts assigned through BCEHS may find shift assignment reduced by BCEHS.

All preceptorships are offered through and at the sole discretion of BCEHS, and AET has no direct involvement on space location, availability, timing or frequency of shifts.

Course Textbooks

AET provides some resource texts and online learning modules in digital formats to assist students in the PCP program as part of their program fees. AET provides a list of suggested additional course textbooks that students may wish to purchase new or used from various retailers or borrow from past students. These additional texts or any other manuals are not included in course fees.

Learner Services Fee

As part of a commitment to improving the quality of services for our students, AET charges a Learner Services Fee (LSF) of \$100. For more information contact the Academy at (604) 922-2249.

Uniform

Students are expected to be in uniform during the PCP program. Once accepted into the program, applicants will receive information about sizing and placing orders for their uniforms. Students are required to purchase their own uniform pants and workboots.

FIT Testing

Students are required to minimize their risk of acquiring respiratory disease or illness during clinical and Precepting sessions. BCEHS and WorkSafe BC require PCP students to receive N95 Particulate Respirator mask training and successful fitting. The policies of BCEHS/WSBC may require students to be clean-shaven at all times during clinical and Precepting sessions when donning of N95 masks may be required during patient care.

Program Withdrawal/Exit

The application fee (\$85.00), deposit (\$250.00) and any credit card convenience charges are non-refundable under any circumstances. The remainder of the tuition portion will be refunded if written notice of withdrawal is submitted to the AET Paramedic Academy as per the refund policy of the Student Contract. Administrative charges will be applied in all cases. Refunds are prorated as course progresses per government regulations.

Notification Process and Re-application

The Academy will notify successful applicants of their admission into the program after completing the screening process. The screening process will be valid for successful applicants for six months from the date of the notification letter.

Unsuccessful applicants or those who do not enter a program within six months will be required to repeat the screening process if they wish to be considered for a future program. Enrollment into subsequent classes will be on a first come first served basis. Acceptance into the Primary Care Paramedic Program should not be considered a guarantee of future employment.

EMA Licensing Fees

As a regulatory agency, the EMA Licensing Board may charge its own fees for student licenses and licensing exams in British Columbia. Currently there is no charge for student licenses. Visit their website: www.healthservices.gov.bc.ca/ema/ for the latest details.

Upon successful completion of the PCP program, AET will forward a student's PCP certificate to EMALB for regulatory body acceptance. EMALB will determine all requirements for licensure. This usually involves some sort of evaluation or assessment. Past practice has involved both practical and written examinations by EMALB evaluators. This has been currently phased out except in extenuating circumstances or relicensure.

Currently, EMALB requires new PCP license applicants to successfully register for and complete the COPR PCP national exam (www.copr.ca). This exam is offered four times a year in British Columbia through EMALB.

The AET PCP program collects no fees on behalf of or payable to EMALB. Any and all EMALB fees are a students' responsibility upon completion of the PCP program.

III Education 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, Universities, Vocational/Trade/Technical schools you have attended of from which you will be receiving credit. Use section VIII (Page 13) 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
---------------------	------------------	-------------------	-----------------

Dates of Attendance	Institution Name	Province or State	Degree Received
---------------------	------------------	-------------------	-----------------

Dates of Attendance	Institution Name	Province or State	Degree Received
---------------------	------------------	-------------------	-----------------

Dates of Attendance	Institution Name	Province or State	Degree Received
---------------------	------------------	-------------------	-----------------

IV 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 VIII – pg 13.

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

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

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

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

V Medical Experience

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

1

Agency	Your Position	Supervisor's Name	Contact Phone #
--------	---------------	-------------------	-----------------

Number of Weeks	Avg. Hours per Week	Avg. Patient Contacts per Month
-----------------	---------------------	---------------------------------

2

Agency	Your Position	Supervisor's Name	Contact Phone #
--------	---------------	-------------------	-----------------

Number of Weeks	Avg. Hours per Week	Avg. Patient Contacts per Month
-----------------	---------------------	---------------------------------

VI Certification and 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 VIII 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 EDUCATIONAL PROGRAM.

VII 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:

Criminal Record Check (Include photocopy of payment receipt if CRC has not been completed)

Date of Record Check:

Immunizations (Include photocopies)

Diphtheria

Date:

Tetanus

Date:

Measles

Date:

Polio

Date:

Rubella

Date:

(Optional)

Hepatitis B (HBV)

Date:

Influenza

Date:

STATEMENT OF FITNESS

Answer all of the following questions truthfully regarding any medical conditions. If the answer to any of the following questions is “Yes”, an AET Paramedic Academy Medical Certificate of Fitness, completed by a doctor, must be submitted with your application. Please contact AET Paramedic Academy if you will require this additional form.

Disease Conditions:

Diabetes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Respiratory Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Seizure Disorder	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Heart Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Communicable Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Multiple Sclerosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Have you experienced any problems in the past 12 months related to the overuse and/or addiction to alcohol, recreational or prescription drugs, and/or over-the-counter medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Have you experienced any psychological or emotional episodes which could preclude you from performing the duties of a paramedic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Do you have any visual impairments that would prevent you from assessing a scene from a distance, performing minor wound care, removing small slivers, removing small particles from the eye, and/or assessing a patient for pallor and contusions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Do you have any hearing impairment that would prevent you from hearing the radio, hearing and assessing a patient’s breathing, distinguishing if there is distressed breathing, and/or verbally communicating with a patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Do you have any physical condition that would limit you from carrying 50 lbs., traversing through rough terrain to render first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Is there any other significant medical condition that you have, that may adversely affect your ability to work as a paramedic? Please explain below.

I have answered all of the above questions relating to my medical fitness honestly and truthfully. This is a true reflection of any physical and mental condition that would have a bearing upon my ability to participate in a paramedic training course and/or function in the field of paramedicine.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Name: (Please Print)

Signature:

Date: (YYYY-MM-DD)

VIII 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).

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

X _____
Signature of Applicant

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.
#14 - 1225 East Keith Road, North Van, BC, V7J-1J3
Tel:(604)922-2249
Email: 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.	—	—	—	—
INTEREST & MOTIVATION				
Self-motivated, demonstrates intellectual curiosity, volunteers assistance.	—	—	—	—
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.	—	—	—	—
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: _____

**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.
#14 - 1225 East Keith Road, North Van, BC, V7J-1J3
Tel:(604)922-2249
Email: 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:

- 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.
- 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.	—	—	—	—
INTEREST & MOTIVATION				
Self-motivated, demonstrates intellectual curiosity, volunteers assistance.	—	—	—	—
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.	—	—	—	—
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: _____
