



HeartSafe Emergency Medical Solutions
PO Box 28132, Victoria BC V9B 6K8
Ph: (250) 385-3223 Fax: (250) 385-3209
www.firstaidforbc.com email heartsafebc@firstaidforbc.com

General Course Information

Welcome to HeartSafe EMS

HeartSafe EMS and Paul Stone look forward to being able to provide you with the highest standard in pre-hospital emergency care training available. Paul has close to 30 years as an Ambulance Paramedic and has 25 years of instruction in the pre-hospital care field which should give you the assurance of a quality instructional experience.

Your success is our success!

Emergency Medical Responder (EMR) Course

The EMR course focuses on the skills and knowledge required to practice as an Emergency Medical Responder on a variety of trauma and medical patients in a pre-hospital care environment. The Emergency Medical Responder (EMR) course as developed by the **Academy of Emergency Training** is designed to meet or exceed the National Occupational Competency Profile (NOCP) requirements of the Paramedic Association of Canada.

Licensing requirements for the EMR vary with each jurisdiction and it is incumbent on the EMR practitioner to know the limitations of his/her license in each jurisdiction that they may work in. Specific EMR advanced protocols may be used only as allowed by a Medical Director and/or local protocols.

Total EMR course length is 15 days inclusive of all evaluations. The EMR course consists of the 10-day WorkSafe BC OFA 3 course plus a five day EMR Skills Module. Upon successful completion students will receive three certificates: **1) the WorkSafe BC OFA Level 3** and **2) a HeartSaver CPR 'C'** and **3) an EMR certificate from the Academy of Emergency Training** (recognized in BC and Alberta).

BC's Emergency Medical Assistant (EMA) Licensing Branch conducts a separate provincial licensing evaluation for EMR students who wish to apply for employment with the BC Ambulance Service. Licensing fees may apply.

The Alberta College of Paramedics also conducts a separate provincial licensing evaluation for EMR students who wish to apply for employment with Ambulance Services in Alberta. Licensing fees may apply.

Also students who are planning on going forward to the **Primary Care Paramedic (PCP)** Program will find the EMR course a good stepping stone towards that goal and may help in making that career decision. Please contact the BC Ambulance Service through their website **www.healthservices.gov.bc.ca/bcas** for further career info.

We will of course assist you in any way we can in providing you direction in this career path.



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Course Prerequisites

Minimum 16 years of age (photocopy of Drivers License required)

You must be able to physically and psychologically perform the tasks of an Emergency Medical Responder (pre-hospital emergency care provider). A Medical Certificate form is included with this information package. The cost associated with having this Medical Certificate completed is the responsibility of the Applicant.

If you have any medical conditions that may hinder your ability to perform the duties of an EMR it would be advisable to have this Medical Certificate completed prior to the course starting. Please advise your Instructor at the start of the course of any medical conditions that may impact your participation in the class or your fellow students. All information will be kept confidential.

We cannot complete the certification process without this Medical Certificate and urge the Applicant to have this completed at the earliest opportunity, though not required prior to the start of the class.

Class Conduct

The applicant agrees to abide by the rules governing conduct in the classroom, exam setting and dismissal of candidates from the training program. Copies of these rules are available from HeartSafe EMS.

Examinations

There are formal practical and written examinations for all of the major course components. All exams are included in the time frame for the course. Your HeartSafe Instructor will outline the scope of these exams during the course itself.

You will be required to produce acceptable picture identification, as per HeartSafe EMS Guidelines, to the Evaluator at the time of evaluation. Candidates who are unable to produce acceptable identification at the time of the exam will have their certificate held by HeartSafe EMS until they produce the identification required.

Failure in any part of the written, oral or practical examinations or failure to complete an evaluation is considered a failure of the whole evaluation. The candidate will be required to sit the evaluation again in its entirety (written and practical), regardless of marks obtained in various segments. Additional fees will apply for re-examination.



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Course Fees

Course fees are due and payable at the time of registration. Please complete and sign the Course Registration form and include a photocopy of your Drivers License.

Total cost for the EMR course is \$1350.00 (Occupational First Aid Level 3 \$715.00 and the EMR Component \$635.00) which includes the course textbooks and exam fees.

We also have an optional Paramedic Anatomy and Physiology on-line course (with textbook) available for a cost of \$75.00. Please contact us for further details.

Payment may be made using our online registration on our website or by cheque, VISA, MasterCard or cash and must accompany your registration. We cannot confirm your registration until payment is received. A \$30.00 service fee will be charged for all NSF cheques.

Please include the registration documentation, as noted below, with your payment.

All courses offered by 588776 BC Ltd. dba HeartSafe Emergency Medical Solutions.

All courses are subject to cancellation if minimum enrollment levels are not met.

Refunds

If the course is cancelled for any reason, students must return the textbooks to HeartSafe EMS in a useable and saleable condition; otherwise a charge of \$200.00 will apply.

Should the course of Instruction be cancelled by HeartSafe EMS, for any reason, a refund of the entire course fee paid (less textbooks as noted above) will be made.

No refund of course fees paid will be made once the course has commenced. HeartSafe EMS may, **at its sole discretion**, apply course fees paid to another course.

Registration Submission

Once your registration form is complete and you have compiled copies of all of the necessary documentation, your registration package consisting of the 1) **Course Registration Sheet** and 2) the **Medical Certificate of Fitness** and 3) a photocopy of your **Driver's Licence** can be submitted by mail to:

HeartSafe EMS PO Box 28132 Victoria BC V9B 6K8

The registration sheets can also be faxed or emailed to our office. If you have any questions please feel free to contact us by phone or email.



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www.emergencymedicalresponder.ca

250-385-3223 Victoria
250-754-3225 Nanaimo
1-877-503-2237 Toll free
250-385-3209 FAX

Emergency Medical Responder Course Registration

Thank you for choosing HeartSafe Emergency Medical Solutions for your first aid training needs. Please complete all the information requested below and return it by FAX, email or mail. We will confirm your registration when the completed form is received. **All classes are subject to minimum registration.*

All courses offered by 588776 BC Ltd. dba HeartSafe Emergency Medical Solutions

Last Name:	First Name:
Home Mailing Address:	
City:	Postal Code:
Home Phone: () 	Work/Cell Phone: ()
e-mail:	

Course	Dates	City
Emergency Medical Responder		

Course Fee Payment:

___ **Cheque or Money Order** (Enclosed) ___ **On-Line Registration Used**

NB. if you have entered all of your payment (credit card) information through the on-line registration system there is no need to enter it here again.

___ **M/C** ___ **VISA** ___ **Amex** **Card #** _____ **Exp.Date :** _____

Name of Cardholder (Please Print): _____

Signature of Cardholder: _____

I, the Applicant, hereby acknowledge and agree to be bound by all the terms and conditions that are contained within the General Course Information and General Admission Requirements as outlined by HeartSafe EMS. In particular I will make myself aware of any licensing restrictions that may apply to my use of the Advanced EMR Protocols and any additional evaluations that may be required by other licensing agencies.

Applicant's Signature: _____ **Date:** _____