



## PRIMARY CARE PARAMEDIC APPLICATION CHECK LIST

This Document Must Be Returned to Portage College (Please Print Clearly)

Date: \_\_\_\_\_

<b>Name (Last, First, M.I.):</b>		<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	
<b>Mailing Address:</b>				
<b>City:</b>		<b>Province:</b>	<b>Postal Code:</b>	
<b>Telephone:</b>		<b>Work:</b>	<b>Cell:</b>	

**I have provided proof of completion of the following prerequisites (please check  what you have provided):**

- Age Requirement: minimum age of 18
- Application for Admission form and Application Fee (form provided in this package or Apply on line at [www.portagecollege.ca](http://www.portagecollege.ca))
- Application Fee (needs to be paid before an application can be processed)
- Official High School Transcripts or Equivalent; Or CAAT D Testing with a 6 Stanine in Math & English and achieve a minimum of 60% on Biology 30 challenge exam
- The following educational admission requirements:
  - Biology 30 with a Minimum of 60%
  - English 30 or 30-1 with Minimum of 60% OR English 33 or 30-2 with a Minimum of 70%
  - Math 20 Pure or Math 20-1 with Minimum 50% OR Math 20-2 with Minimum of 60%
  - Chemistry 30 strongly recommended
- Photocopy of CPR Certificate for Health Care Provider (issued within one year of course start date)
- Photocopy of Standard First Aid Certification (issued within one year of course start date); or Medical First Responder Certificate; or Emergency Medical Responder Certificate
- Photocopy of current Class 4 Alberta driver's license (to operate ambulance). ***If you are unable to provide the Class 4 driver's license, a signed Portage College Waiver form is required (enclosed).***
- Completed and signed Health Status Form (enclosed)
- Signed Immunization and Placement Disclosure Waiver (enclosed)
- Current and signed Immunization Record (enclosed form)
- Signed Police Information Check and Vulnerable Sector Search Waiver (enclosed)
- Police Information Check and Vulnerable Sector Search (***dated 2 months prior to program start date***)
- ESL – All students whose first language is not English must provide proof of testing, see [website for details](#).

**PLEASE RETURN ALL REQUIRED DOCUMENTS TO A STUDENT ADVISOR**

Email: [studentadvisor@portagecollege.ca](mailto:studentadvisor@portagecollege.ca)

Fax: 780-623-5519 Attention: Student Advisor

Mail: Student Advisor  
Portage College Student Services  
Box 417  
Lac La Biche AB, T0A 2C0

If you have any questions call: 780-623-5579 or toll free 1-866-623-5551 ext. 5579

- NOTE:
1. All pre-requisites must be provided before June 30. Students whose first language is not English must meet screening requirements. Please speak with an advisor to clarify.
  2. Students admitted into the program must also meet all practicum pre-requisites prior to any clinical placements. For further clarification regarding these pre-requisites students may visit the Alberta Health Website at [www.albertahealthservices.ca](http://www.albertahealthservices.ca) and look under careers/students/student placement requirements. Students are also encouraged to call 780-623-6690 and ask to speak with Program Faculty.

## HEALTH STATUS FORM for Health Career Programs

The personal information collected on this form will be used to determine your eligibility for admission to a Health Career Program at Portage College. It is collected under the authority of the Colleges Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected under the latter Act. If you have any questions about the collection of this information, please contact Student Services at 780-623-5580.

<b>Name:</b>				
<b>Mailing Address:</b>				
<b>City:</b>		<b>Province:</b>	<b>Postal Code:</b>	
<b>Telephone:</b>		<b>Work:</b>	<b>Cell:</b>	

The Health Career programs at Portage College are both physically and academically challenging. As a student in our program, you need to be in good physical and emotional health in order to be successful in the program and to ensure patient safety while on clinical/ambulance placements.

**Student Declaration:**

- I am aware that a good state of health is required to participate in the lab and clinical/ambulance placement courses in the program.
- I have no outstanding conditions/illnesses that would prevent progress in the program and/or jeopardize patient safety.
- I understand that if my health status is a concern to program staff, a medical clearance will be required to enroll/continue in laboratory and/or the clinical/ambulance placements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Statement:**

To the best of my knowledge, this applicant can perform the duties of a Health Care Provider, not limited to but including the following:

- Lifting and moving immobile clients or heavy items
- Lifting and carrying a loaded stretcher with a partner and appropriate equipment
- Maneuvering in a confined space
- Working with hazardous materials and exposure to communicable diseases
- Working under conditions that may include evenings, nights or extended shifts
- Performing fine motor skills
- Operating medical equipment and/or an emergency vehicle, and
- Managing stressful and traumatic situations

There are no medical or physical conditions that will inhibit this applicant from performing these duties.

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Physician's Signature: \_\_\_\_\_  
Year      Month      Day

**Advisor to date and sign once copy of waiver provided to the Program Area**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Discussed with Student: \_\_\_\_\_

Follow-up required: \_\_\_\_\_

Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information collected on this form will be used to determine your eligibility for admission to a Health Career program at Portage College. It is collected under the authority of the Colleges Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected under the latter Act. If you have any questions about the collection of this information, please contact Student Services at 780-623-5580

**An Immunization Record is required prior to practicum in any Health Career program. To complete this form, please contact your local Public Health Clinic for an appointment; be sure to bring this form and any immunization records you may have with you.**

RECOMMENDATIONS: See the document of Standard for Immunization of Post-Secondary health Care Students and Students in Other High- Risk Occupational Programs. Alberta Health Services Province-wide Immunization program standards and Quality. Revised October 30, 2013 (Same requirements that is being asked of health care workers in facilities is being placed on the health care student for clinical placements. If non-compliance of recommendations is taken by the student they may put themselves at risk of the facilities refusing placement.)

<b>Name</b> (Last, First):		<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b> D/M/Y	
<b>Mailing Address:</b>				
<b>City:</b>	<b>Province:</b>		<b>Postal Code:</b>	
<b>Telephone Home:</b>	<b>Work:</b>		<b>Cell:</b>	

- **Diphtheria/ Tetanus** History of a complete primary series of 3 doses. If needed a reinforcing dose within past 10 years.
- **Varicella** History of confirmed disease or confirmed serological evidence. For students with negative serological evidence or undetermined varicella history will require 2 doses of Varicella vaccine with a minimum interval of 6 weeks between.
- **Measles/Mumps/Rubella** History of MMR 2 doses after 12 months of age.  
Students born in 1970 or later- History of 2 doses of Measles vaccine, 2 doses of Mumps vaccine, 1 dose of Rubella vaccine after 12 months of age.  
Students born Prior to 1970- History of 1 dose of Measles vaccine, 1 dose of Mumps vaccine, 1 dose of Rubella vaccine after 12 months of age.
- **Pertussis** History of a documented dose of acellular pertussis vaccine (dTap). Or 1 dose of dTap since last documented dose of Tetanus/Diphtheria vaccine.
- **Tuberculosis (TST)** History of a single baseline tuberculin skin test performed and read 48-72 hours later by a qualified provider. Students with a history of active TB or positive TST should have a chest X-ray through their family physician.
- **Hepatitis B** History of primary series of 3 doses of HBV spaced at 0, 1, and 6 months. An alternative adolescent schedule of 2 doses of 1.0 ml of HBV on day 0 and 6 months later is acceptable.
- **Influenza** Yearly vaccine
- **Polio** Due to the low risk of exposure to polio in Alberta and Canada for post-secondary student placements, post-secondary institutions are not expected to assess healthcare students for polio immunization. Once these students enter the workforce they will be assessed by Workplace Health and Safety staff for polio risk

based on exposure at the clinical site where they will be employed and offered appropriate vaccine at that time.

<input type="radio"/> <b>Influenza Vaccine</b>	Date:			
<input type="radio"/> <b>Tuberculin Skin Test (TST)</b>	Date:	Result:	mm	<input type="radio"/> tve <input type="radio"/> ve
	Date of X:ray if TB positive:			
<input type="radio"/> <b>Diphtheria/Tetanus</b>	Date 1:	Date 2:	Date 3:	Date: Reinforcing dose
<input type="radio"/> <b>Hepatitis B Vaccine</b>	Date 1:	Date 2:	Date 3:	
<input type="radio"/> <b>Hepatitis B Post Serology</b>	Date:			
<i>To determine Baseline Immunity 1-6 months after completion of series or time of assessment</i>				
<input type="radio"/> <b>Rubella Titer</b>	Date:	Result:		
<i>If without documentation of vaccine or without serological evidence of measles immunity</i>				
<input type="radio"/> <b>Rubella</b>	Date:			
<input type="radio"/> <b>Mumps</b>	Date 1:	Date 2:		
<input type="radio"/> <b>Measles</b>	Date 1:	Date 2:		
<input type="radio"/> <b>M.M.R.</b>	Date 1:	Date 2:		
<input type="radio"/> <b>History of Varicella (chicken pox)</b>	Yes:	No:	Uncertain:	
<input type="radio"/> <b>Varicella IgG Titer</b>	Date:	Result:		
<i>If any questions or doubt of past history or with vaccine history</i>				
<input type="radio"/> <b>Varicella Vaccine</b>	Date 1:	Date 2:		
<input type="radio"/> <b>Pertussis</b>	Date:			
<input type="radio"/> <b>Polio</b>	Date 1:	Date 2:	Date 3:	

\_\_\_\_\_  
Public Health Nurse (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Public Health Clinic and Address  
Immunization Record Form (updated Jan 2021)

\_\_\_\_\_  
Telephone  
To be filed in Student's File

## Immunization and Placement Disclosure Waiver Form Health Career Program Admission

This Document Must Be Returned to Portage College (Please Print Clearly)

To participate in the placement component of your program, you must meet the immunization standards established for Alberta health care workers under the Public Health Act. A complete immunization record is an admission requirement to ensure these standards have been met.

**I am aware that there are placement course(s) and/or sessions in the program.**

**I understand that;**

- *I am expected to travel for placements and am responsible for all placement costs.*
- Submission of a complete immunization record will be required before I will be able to participate in any placement courses.
- Submission of a complete immunization record is a requirement of the health service organization hosting the placement students from Portage College and that the health service organization may decline any students without an immunization record.
- While on placement, I am governed by the guidelines and policies of the health service organization in which the placement is taking place.

Full disclosure of any issues related to completion of scheduled placement hours must be discussed with a Student Advisor and/or Program Coordinator prior to registration (i.e. religious holidays, childcare issues, etc.).

**I understand that not providing a complete immunization record or having issues that may prevent completion of placement within scheduled timelines;**

- may prevent me from participating in the placement course in the program
- may prevent me from meeting program requirements and obtaining my certificate or diploma
- may prevent me from obtaining a license to practice
- may prevent me from obtaining employment

**I am aware that, if I am denied access to a placement site by a health service organization for immunization reasons, the College will be unable to provide placement training and I will be withdrawn from the program.**

**I am aware that, if I am withdrawn from the program;**

- my academic transcript will show that I was required to withdraw from the program
- any refund of tuition will be subject to the tuition refund policy

**PLEASE CHECK ONE OF THE FOLLOWING;**

- NO**, I do not have any issues related to immunization or scheduled placement completion
- YES**, I do have issues related to immunization or scheduled placement completion

**If YES, the above information has been discussed with me; I enter a Health Career program with a full understanding of the possible consequence of lack of immunization records or issues that may impact completion of scheduled placement.**

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**I have discussed the above information with this student.**

\_\_\_\_\_  
Program Representative or Designate (please print)

\_\_\_\_\_  
Program Representative Signature

\_\_\_\_\_  
Date

**Advisor to date and sign once copy of waiver provided to the Program Area**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RE: Police Information Check and Vulnerable Sector Search and Waiver Form**

Dear Student,

Since your program requires you to complete a placement, it is necessary for you to provide, at your own expense, a recent Police Information Check with Vulnerable Sector Search and a signed Police Information Check and Vulnerable Sector Search Waiver form (dated 2 months prior to program start date). All forms must be on your file prior to the commencement of your studies.

You will find a copy of the Police Information Check and Vulnerable Sector Search Waiver form in this package. Read it carefully, sign it and fax it back to 780-623-6200 or mail it to:

Department of Paramedicine  
Portage College  
Box 417  
LAC LA BICHE AB T0A 2C0

Portage College will not be responsible for students who are unable to complete the program requirements, obtain employment or professional licensing, or become a member of a professional association due to unclear Police Information Checks and Vulnerable Sector Searches. Please contact a Student Advisor at 1-866-623-5551 ext. 5579 for more information.

Sincerely,

Barb Peters  
Placement Learning Facilitator, Paramedic Programs  
Portage College



## Police Information Check and Vulnerable Sector Search Waiver Form for Admission to a Paramedicine Program

Documents Required:

- Police Information Check (PIC – dated 2 months prior to program start date)
- Vulnerable Sector Search (VSS – to be obtained with the PIC)
- Other (please specify) \_\_\_\_\_

I am aware that there are placement course(s) and/or session(s) in the program.

I understand that:

- Submission of a Police Information Check and Vulnerable Sector Search is required by the first day of admission to a Paramedicine Program. It must be dated 2 months prior to program start date.
- Submission of a Police Information Check and Vulnerable Sector Search is a requirement of the agencies hosting the Portage College students for placement.
- Agencies may reject any student with an unclear record.
- Full disclosure to the Program Advisor of any possible legal issues which may or may not mean having a criminal record must be discussed prior to registration.

I understand that an unclear Police Information Check and/or Vulnerable Sector Search:

- May prevent me from participating in the placement course in the program.
- May prevent me from obtaining employment.
- May prevent me from obtaining a practice permit with the Alberta College of Paramedics.
- May prevent me from meeting program requirements and obtaining my credential (certificate or diploma).

I am aware that, if I have an unclear Police Information Check and/or Vulnerable Sector Search, I will have to:

1. Obtain a full Police Information Check and/or Vulnerable Sector Search on my own, at my own expense.
2. Forward the full Police Information Check and/or Vulnerable Sector Search to the Student Advisor prior to registration, or to the Program Coordinator and/or Placement Learning Facilitator after registration.
3. The hosting agency will notify the Program Coordinator and/or Placement Learning Facilitator of its decision. The Program Coordinator and/or Placement Learning Facilitator will discuss the decision with me.
4. Take responsibility to disclose this information to my sponsor prior to registration. By signing this form, I provide consent to the Student Advisor and/or Coordinator to discuss this matter with my sponsor.

I am aware that, if I am not able to receive permission from the hosting agency to participate in the placement course at their location, the College will not provide an alternative placement location and I will be withdrawn from the program.

**I am also aware that, if I am charged or convicted of a criminal offense any time during my enrollment in the program, I am required to self-disclose this to the coordinator of my program.**

I understand that, if I am withdrawn from the program:

- My academic transcript will show that I was required to withdraw from the program.
- Any refund of tuition will be subject to the tuition refund policy.

Please check on of the following:

- NO, I do not have any legal issues that may result in having a criminal record.
- YES, I may have legal issues (past or present) that may result in having a criminal record.

If YES, the above information has been discussed with me; I enter a **Paramedicine Program** with a full understanding of the possible consequences of unclear criminal record and/or background checks.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have discussed the above information with this student.

\_\_\_\_\_  
Program Representative or Designate (please print)

\_\_\_\_\_  
Program Representative Signature

\_\_\_\_\_  
Date

**Advisor to date and sign once copy of waiver provided to the Program Area**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date