

# PRIMARY CARE PARAMEDIC PROGRAM

2027 PROGRAM  
REGISTRATION BOOKLET





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# ADMISSION REQUIREMENTS

- Highschool Diploma with one senior credit in the following: English; and Chemistry, Physics or Biology
- Medical Terminology (see page 6 for more details)
- Six (6) Credits of a post-secondary Anatomy & Physiology (including lab component) completed within five (5) years of admission of the PCP Program (see A&P information on page 7)
- Basic Life Support level CPR current within 12 months
- Standard/Intermediate First Aid, current within 12 months
- Up-to-date immunizations - within 12 months of program application (Hepatitis B, MMR, Pertussis, Polio, Tetanus, Diphtheria, Varicella, Influenza, Tuberculosis) - see page 19 for further details
- Clear Criminal Record with Vulnerable Sector Check within 6 months
- Adult Abuse Registry Check within 6 months
- Child Abuse Registry Checks within 6 months

**\*\*Checks that are not clear are subject to review and consultation with the College of Paramedics of Manitoba regarding suitability for registration\*\***

- Completion of the Paramedic Fitness Assessment conducted at Elite Safety Services Inc. (within 90 days of program commencement)
- Proof of a negative drug & alcohol screening (completed at Elite Safety Services Inc. in conjunction with the Paramedic Fitness Assessment)
- Valid Driver's License; Class 4
- Driver's Abstract (within 6 months of application) - Must be suitable to Elite Safety Services Inc. standards
- All applicants must meet the English language proficiency requirement specific to the Primary Care Paramedic program (see requirements on page 9)

It is recommended that students start the application process well in advance. Please allow 3-6 weeks to complete the Criminal Record with Vulnerable Sector, Adult & Child Abuse registry checks and immunization requirements.

All admission requirements must be completed prior to your application acceptance into the program (see page 11 for further details).

# MEDICAL TERMINOLOGY

Elite Safety Services Inc. requires that potential students for their Primary Care Paramedic (PCP) program successfully complete a Medical Terminology course. Applications to the PCP program will not be accepted until the applicant provides proof of completion of a Medical Terminology course.

Approved Medical Terminology courses:

- Medical Terminology courses from approved post-secondary institutions (RRC Polytech, Robertson College, UCN, University of Winnipeg, ACC) are all accepted.
- The courses offered by the Canadian Red Cross and St. John Ambulance are also accepted.
- If you took a course that does not appear on this list, contact Elite Safety Services Inc. with the information from the course that you took. The approval may either be on a case-by-case basis or the course may be added to the approved list.

# ANATOMY & PHYSIOLOGY

Paramedic Program applicants must successfully complete a 6-credit hour Human Anatomy and Physiology (A&P) Course with a lab component. Applications to the PCP program will not be accepted until the applicant provides proof of completion of the A&P course.

Some courses are offered as a single 6-credit hour course while others are listed as two separate 3-credit hour courses. In the case you have taken two separate courses, both anatomy and physiology must be completed before the application will be processed. The course must have been completed no more than 5 years prior to application date.

The education agencies that offer approved courses, as of October 10, 2023 are as follows:

## Red River College Polytechnic

- HEAL-1006 or ZOOL-1071 Human Anatomy and Physiology 1 (3 credits) and HEAL-2070 or ZOOL-1072 Human Anatomy and Physiology 2 (3 credits). Both courses must be completed at the same institution.

## Assiniboine Community College

- SCIE-0005 Anatomy and Physiology 1 and SCIE-0006 Anatomy and Physiology 2 (total 6 credits for both courses). Both courses must be completed at the same institution.
- SCIE-0005 Anatomy and Physiology 1 and SCIE-0006 Anatomy and Physiology 2 (total 12 credits for both courses). Both courses are required to meet requirements.

## Brandon University

- 15.171 Human Anatomy/Physiology 1 (3 credits) and 15.172 Human Anatomy/Physiology 2 (3 credits). Both courses must be completed at the same institution.

## Canadian Mennonite University

- Anatomy – BIOL-1360 or BIOL-1361 Anatomy of the Human Body (3 credits)
- Physiology – BIOL-1370 or BIOL-1371 Physiology of the Human Body (3 credits)
- Courses can be completed either at the same institution or matched with courses taken at a different institution.

## Athabasca University

- Biology (BIOL) 230 (6 Credits)

# ANATOMY & PHYSIOLOGY

## Universite de Saint Boniface

- Anatomy – BIOL-1415 or BIOL-1411 Laboratoire d'Anatomie du Corps Humain (3 credits)
- Physiology – BIOL-1417 or BIOL-1413 Laboratoire d'Physiologie du Corps Humain (3 credits)
- Courses can be completed either at the same institution or matched with courses taken at a different institution.

## University College of the North

- Anatomy – BIO.1400 (IUS.UM) Anatomy of the Human Body (3 credits)
- Physiology – BIOL-1412 Physiology of the Human Body (3 credits)
- Courses can be completed either at the same institution or matched with courses taken at a different institution.

## University of Manitoba

- Anatomy – BIOL-1410 Anatomy of the Human Body (3 credits)
- Physiology – BIOL 2410 Human Physiology 1 (3 credits) and BIOL 2420 Human Physiology 2 (3 credits) – with these courses, completion of both 2410 and 2420 is required.
- Courses can be completed either at the same institution or matched with courses taken at a different institution.

## University of Winnipeg

- BIOL-1112 Human Anatomy and Physiology (6 credits)

## Providence University and College

- BIOL-235.15 Human Anatomy, Histology, Physiology and Lab (6 credits)

This list is regularly updated, some courses that no longer meet the approval criteria are removed while others from an approved post-secondary education provider can be added.

If a course was previously approved but has been removed from the list, contact Elite Safety Services Inc. to discuss the removal. In most cases, if you completed the course while it was on the approved list, or were in the process of completing the course while it was on the approved list, it will still be accepted for meeting the pre-requisite.

If you took a course that does not appear on this list, contact Elite Safety Services Inc. with the information from the course that you took. The approval may either be on a case-by-case basis or the course may be added to the approved list.

Discussion regarding these two circumstances is always done on a case-by-case basis and requires that you contact Elite Safety Services Inc. to discuss your situation. Applications with one of these two scenarios that has not been previously discussed with staff at Elite Safety Services Inc. will not be accepted.

# ENGLISH LANGUAGE PROFICIENCY

I successfully completed 3 years of full-time high school (secondary) education in Canada, the United States, or an ELR exempt country where English was the language of instruction?

YES



You meet English language requirements. Submit your transcripts for review

NO

Submit proof of meeting one of these ELR options

International Language Testing System (IELTS) Academic version with an overall score of 7.0 and meets the minimum sub-scores of:

- Listening: 7.0
- Reading: 6.5
- Writing: 6.5
- Speaking: 7.0

CELBAN must meet minimum sub-scores of:

- Listening: 9
- Reading: 8
- Writing: 7
- Speaking: 8

If your transcripts are from the USA or an ELR exempt country (see page 10), we will require an International Credentials Assessment Fee of \$50.00 to be paid before your transcripts will be reviewed.

# ENGLISH LANGUAGE PROFICIENCY

## Approved ELR Exempt Countries

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Antigua and Barbuda</li><li>• Australia</li><li>• The Bahamas</li><li>• Barbados</li><li>• Belize</li><li>• Dominica</li><li>• Ghana</li><li>• Grenada</li><li>• Guyana</li><li>• Jamaica</li><li>• Kenya</li><li>• Ireland</li><li>• New Zealand</li><li>• Nigeria</li><li>• St. Kitts and Nevis</li><li>• St. Lucia, St. Vincent and the Grenadines</li><li>• Trinidad and Tobago</li></ul> | <p>The United Kingdom &amp; British Overseas Territories</p> <ul style="list-style-type: none"><li>• Akrotiri and Dhekelia</li><li>• Anguilla</li><li>• Ascension Island</li><li>• Bermuda</li><li>• British Antarctic Territory</li><li>• British Indian Ocean Territory</li><li>• British Virgin Islands</li><li>• Cayman Islands</li><li>• Falkland Islands</li><li>• Gibraltar</li><li>• Montserrat</li><li>• Pitcairn, Henderson, Ducie and Oeno Islands</li><li>• Saint Helena</li><li>• South Georgia and the South Sandwich Islands</li><li>• Tristan da Cunha</li><li>• Turks and Caicos Islands</li></ul> | <p>US Overseas Territories</p> <ul style="list-style-type: none"><li>• American Samoa</li><li>• Bajo Nuevo Bank</li><li>• Baker Island</li><li>• Guam</li><li>• Howland Island</li><li>• Jarvis Island</li><li>• Johnston Atoll</li><li>• Kingman Reef</li><li>• Midway Islands</li><li>• Navassa Island</li><li>• Northern Mariana Islands</li><li>• Palmyra Atoll</li><li>• Puerto Rico</li><li>• Serranilla Bank</li><li>• U.S. Virgin Islands</li><li>• Wake Island</li></ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# PROGRAM FEE SCHEDULE

|                                                                                                                                                                            |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Registration Fees</b><br>Non-refundable - due at time of registration                                                                                                   | <b>\$250.00</b>                               |
| <b>Tuition Incl 0.5% TCF Fee</b><br>\$14,125.00 + \$70.63                                                                                                                  | <b>\$14,195.63</b>                            |
| <b>Additional Program Certificates</b><br>(EPIC, BLS, Mental Health First Aid, Cultural Competency)<br>**Additional program certificates provided throughout the program** | <b>\$375.00</b>                               |
| <b>EMCE Competency Tracking App Access</b>                                                                                                                                 | <b>\$250.00</b>                               |
| <b>Uniforms</b><br>Jacket, polo shirts (2), t-shirts (2), sweater, tactical pants (2), toque, gloves, name tag                                                             | <b>\$1225.00</b>                              |
| <b>Personal Protective Equipment</b><br>3m respirator (with fit test), cartridges, goggles, face shields, gowns, gloves, disinfectant wipes                                | <b>\$250.00</b>                               |
| <b>Total</b>                                                                                                                                                               | <b>\$16,545.63</b><br>(plus applicable taxes) |

# PROGRAM MATERIALS & REQUIREMENTS

## Required Materials

\*Students must have all required materials purchased and present for the first class session\*

- Nancy Caroline's Emergency Care in the Streets (Canadian Edition), 8th Edition (ISBN:9781284196641) – Premier package NOT required.
- Pharmacology Review – A Comprehensive Reference Guide, Medical Creations (ISBN-13: 978-1734741315)
- ECG Workout: Exercises in Arrhythmia Interpretation (ISBN-13: 978-1975174545)
- Stethoscope
- CSA Approved, Black, Steel or Composite Toe Boots
- Student Accident Insurance - students are required to provide proof of personal Accident Insurance with a minimum coverage of: accidental death, dismemberment & fractures. This must be maintained for the duration of the program
- Laptop Computer or Tablet

Recommended provider:

Student Accident Insurance Advisor:  
Teagan Kliever  
Guild Insurance - Souris Branch  
(204) 578-5697  
tkliever@guild.ca

## Recommended Materials

- ECG Pocketcards (ISBN-13: 978-1591034896)
- Prehospital History Taking, 3rd Edition (ISBN-13: 978-0-9699826-2-3)
- EKG/ECG Interpretation, Medical Creations (ISBN-13: 978-1734741353)
- EKG/ECG Interpretation Workbook, Medical Creations (ISBN-13: 978-1958323038)

# APPLICATION CHECKLIST

- Signed Application Checklist
- Application Form: Completed in full
- Current Basic Life Support Level CPR
- Intermediate/Standard First Aid Certificate
- Copy of your valid Manitoba Class 4 Driver's License (Class 3, 2 & 1 driver's license will also be accepted)
- Criminal Record Check with Vulnerable Sector within 6 months of Application
- Adult Abuse Registry Check within 6 months of Application (Original Copy)
- Child Abuse Registry Check within 6 months of Application (Original Copy)
- Completed Immunization Form – All fees associated with immunizations to be covered by the student
- Official Highschool Transcript
- Proof of English Language Requirements (if required)
- Medical Terminology Certificate or proof of completion via official transcript
- Anatomy & Physiology Certificate(s) or proof of completion via official transcript

All documents must be submitted in-person to Elite Safety Services Inc. by scheduled appointment only. Walk-in submissions will not be accepted.

At the time of your appointment, all documents will be reviewed by the Training Coordinator.

Should any information be missing or need further review, you will be required to book an additional appointment. All program seats will be reserved on a "first come, first serve" basis. Once all documents are completed in full, a \$250.00 deposit will be collected to reserve your seat in the program. Seats will not be confirmed until all documents are submitted and the deposit has been collected.

Appointments can be made by calling 1-877-726-9101 or via email to [training@elitesafetyservices.ca](mailto:training@elitesafetyservices.ca)

I, \_\_\_\_\_ understand the requirements of my application requirements listed above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# APPLICATION FORM

Name

Full Name

Email

example@mail.com

Date of Birth

Day

Month

Year

Phone Number

Address

Street Address

City

Province

Postal / Zip Code

Have you ever applied to our Primary Care Paramedic Program in the past?

☐

Yes

☐

No

## Emergency Contact Information

Name

Full Name

Phone Number

Relationship to Student

### OFFICE USE

Date Recieved

Time Recieved

am/pm

Deposit Pain in Full?

☐

YES

☐

NO

Receiving Staff Initials



# IMMUNIZATION FORM

| Immunization & Antibody Records                                                                                                                                                                                                                                                    |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Student Name (print): _____<br>First Initial Last                                                                                                                                                                                                                                  |  |  |  |  |  |
| Date of Birth: ____/____/____ Provincial Health Number: _____<br>MM DD YYYY                                                                                                                                                                                                        |  |  |  |  |  |
| The following Immunizations, based on the requirements listed by Health Canada in the<br>Immunization of Workers: Canadian Immunization Guide for Health Professionals, are<br>required for students enrolling in the Elite Safety Services Inc. Primary Care Paramedic<br>Program |  |  |  |  |  |
| Tetanus, Diphtheria, Pertussis                                                                                                                                                                                                                                                     |  |  |  |  |  |
| TDP Primary Series Date:_____                                                                                                                                                                                                                                                      |  |  |  |  |  |
| TDP Booster (within 10yrs):_____                                                                                                                                                                                                                                                   |  |  |  |  |  |
| Manitoba Health recommends booster for “Adults who are due for a Td booster and have<br>never previously received an Acellular Pertussis Vaccine as an adult                                                                                                                       |  |  |  |  |  |
| Varicella (Chicken Pox)                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Varicella Titer Date:_____ Results: Positive Negative                                                                                                                                                                                                                              |  |  |  |  |  |
| If negative, Varicella Vaccine: Dose 1:_____Dose 2: _____                                                                                                                                                                                                                          |  |  |  |  |  |
| Measles, Mumps, Rubella (MMR) MMR<br>(Required if no documented immunity or prior infection. 2 doses of MMR vaccine)                                                                                                                                                               |  |  |  |  |  |
| Dose 1: _____ Dose 2: _____                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Serology: If no dosing, please provide proof of laboratory confirmed immunity or laboratory<br>confirmed disease                                                                                                                                                                   |  |  |  |  |  |
| Influenza (November-March only)                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Vaccine Date: _____                                                                                                                                                                                                                                                                |  |  |  |  |  |

# IMMUNIZATION FORM

## Hepatitis A & B Vaccine

(Hepatitis A is strongly recommended by Health Canada, but not required)

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ Dose 3: \_\_\_\_\_  
Date Date Date

Serology: Please attach results Specify: A&B B Only

Tuberculosis— Please answer all questions. If yes to any questions, Mantoux testing is not required.

- Is there a history of the disease? ☐ YES ☐ NO Date of diagnosis: \_\_\_\_\_
- Is there a history of BCG Vaccination? ☐ YES ☐ NO Date: \_\_\_\_\_
- Documented positive Mantoux test? ☐ YES ☐ NO Date of test: \_\_\_\_\_

### 2-Step Mantoux Testing (1-week apart)

Test #1 Date: \_\_\_\_\_ Result: \_\_\_\_\_

Test #2 Date: \_\_\_\_\_ Result: \_\_\_\_\_

I certify that the information listed above is accurate and up-to-date.

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

Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

HEALTHCARE  
PROVIDER STAMP

# REQUIRED IMMUNIZATIONS & ANTIBODY TESTING

REQUIRED immunizations for all students participating in practice education environments within the Elite Safety Services Inc. Emergency Medical Responder & Primary Care Paramedic Programs. Students are expected to provide documentation of immunization or demonstrated immunity, as outlined below.

- Tetanus, Diphtheria, Pertussis

Complete primary series of combine tetanus and diphtheria toxoids and booster given in accordance with NACI guidelines. Manitoba Health recommends booster for Adults who are due for a Td booster and have never previously received an Acellular Pertussis Vaccine as an adult. TD boosters are required for adults every 10 years.

- Varicella (Chicken Pox)

Documentation of VZV IgG; or documentation of varicella vaccine, given in accordance with NACI guidelines.

- Measles, Mumps, Rubella (MMR)

Rubella - documentation of rubella-containing vaccine given in accordance with NACI guidelines or documentation of rubella specific IgG.

Measles - documentation of measles-containing vaccine given in accordance with NACI guidelines or documentation of rubella specific IgG.

All healthcare providers, regardless of age, must receive 2 doses of MMR vaccine or provide laboratory evidence of immunity or laboratory confirmed disease.

- Hepatitis A & B Vaccine

Rapid dosing is not recommended, this may take up to 8 months. Titre levels are to be drawn 6 weeks after dose #3, test for surface antibody, not surface antigen.

- Influenza

Annual influenza vaccine is required.

- Tuberculosis

2-step Mantoux testing only, vaccination is not required. If previous 2-step baseline was performed, please include the dates and results. If negative, repeat only 1-step Mantoux if testing not within the past year.

**QUESTIONS?  
CONTACT US.**

Jill Milliken  
Training Coordinator

1-877-726-9101  
[training@elitesafetyservices.ca](mailto:training@elitesafetyservices.ca)

