



**APPLICATION FORM FOR ADMISSION TO AN ORNGE ACADEMY OF TRANSPORT
MEDICINE EDUCATIONAL PROGRAM**

Please provide the following information. Please type or print legibly.

APPLICATION DATA			
Have you been previously enrolled in an Ornge Course? NO <input type="checkbox"/> YES <input type="checkbox"/>			
Select which course you are applying for: Aeromedical <input type="checkbox"/> ACP <input type="checkbox"/> ACP(F) Bridge <input type="checkbox"/> CCP <input type="checkbox"/>			
PERSONAL DATA			
LAST NAME	MIDDLE NAME	FIRST NAME	SIN#

STUDENT INFORMATION			
PERMANENT ADDRESS		MAILING ADDRESS same as permanent address <input type="checkbox"/> or as below until (YR/MO/DY):	
House Number and Street	Apt.	House Number and Street	Apt.
City	Province	City	Province
Country	Postal Code	Country	Postal Code

CONTACT INFORMATION		
Home Phone	Work Phone Number	Cell Phone Number
Emergency Contact		Emergency Contact Number
E-mail Address	Current Employer <i>(If employed in EMS)</i>	
Base Hospital <i>(For Ontario Only, if employed in EMS)</i>		Medical director <i>(For Ontario Only, if employed in EMS)</i>

COMPUTER REQUIREMENT CHECK-LIST (*Aeromedical applicants will only require internet access*)

Web Browser (e.g. Internet Explorer)	<input type="checkbox"/>	Microsoft Office, PowerPoint, Word	<input type="checkbox"/>
Internet Connection (preferably T1, but cable, DSL or ISDN)	<input type="checkbox"/>	Printer Access	<input type="checkbox"/>
Webcam (recommended)	<input type="checkbox"/>	Microphone (optional)	<input type="checkbox"/>

EDUCATION (*NOT REQUIRED for applicants to the Aeromedical Program*)

SCHOOL	PROGRAM (<i>please indicate whether your program was CMA accredited</i>)	COMPLETION/GRADUATION DATE

REQUIRED DOCUMENTS (*photocopies must be attached to completed application*)

Aeromedical applicants are only required to submit a copy of the AEMCA certificate

CREDENTIAL	√	CREDENTIAL	√
AEMCA		Criminal Records Check (<i>within three months</i>)	
Letter of good standing from EMS employer (<i>if employed currently</i>)		Proof of Immunization (<i>see attached list of required immunizations</i>)	
Reference Letter from Base Hospital Medical Director or Program Manager (<i>if employed currently in EMS</i>)		Proof of independent practice. Applying for ACP (Flight) (from PCP) <i>(Minimum of 2000 hours) as a PCP(F) or PCP(L)</i> Applying for ACP (Flight) Bridge Program (from ACP-Land) <i>(Minimum of 2000 hours) as an ACP(L)</i> Applying for CCP (from ACP(F) only) <i>Minimum 2000hours as ACP(F) for CCP.</i> <i>No direct entry to CCP from ACP(L), must take ACP(F) Bridge and complete required hours.</i>	
Non-refundable Application Fee (\$100.00) (<i>part of tuition</i>) Only certified cheques or money order will be accepted please		Basic Rescuer Level C – CPR (<i>current within past year</i>)	

EMS WORK HISTORY

NOT REQUIRED for applicants to the Aeromedical Program

EMPLOYER	POSITION	FT or PT	START DATE	FINISH DATE	REFERENCE CONTACT

LIST OF REQUIRED IMMUNIZATIONS <i>(NOT REQUIRED for applicants to the Aeromedical Program)</i>			
Immunization	√	Immunization	√
Tetanus		Measles	
Diphtheria		Polio	
Hepatitis B		Mumps	
Rubella		Chicken Pox <i>(or documented history of infection)</i>	
Influenza <i>(mandatory for clinical placements, within one year)</i>		2 Step Mantoux <i>(Tuberculin Skin Test, within 3 years)</i>	

3. Application Signature

By signing this application I verify that the information in this application is true and that the submission of false information could result in the refusal of admission or expulsion from an education program.

SIGNATURE

DATE

Ornge Academy of Transport Medicine cannot be responsible for documents/forms that are lost in transit.



APPLICATION FORM CHECK LIST

Applicants must attach a copy of all the required documentation with their application form. The application form must be submitted before the application deadline *(if applicable)*.

- Completed Application Form
- AEMCA Certificate
- AEROMEDICAL PROGRAM ONLY** - Non-refundable Application Fee Tuition \$750.

The following items are NOT required for applicants to the Aeromedical Program:

- Letter from employer stating that the applicant is employed and in good standing *(if employed in EMS)*
- Reference Letter from Base Hospital Medical Director or Program Manger *(if employed in EMS)*
- Proof of the minimum number of required hours of experience *(e.g. letter from employer(s) HR Department)*
- Proof of current immunizations
- Proof of CMA prerequisite course accreditation *(if applicable)*
- Criminal Records Check
- Letter of Intent
- Non-refundable Application Fee \$100 *(part of tuition)*. Only certified cheques or money orders will be accepted

Please make the application fee payable to: Ornge

Submit the application form and cheque or money order to:

**Ornge, Transport Medicine
Attention: Academy of Transport Medicine
5310 Explorer Drive
Mississauga, Ontario
L4W 5H8**

1-800-251-6543, x. 2072
Tel: 647-428-2072 – **direct**
Fax: 647-428-2006