

Medavie HealthEd - Moncton Campus

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Emergency Medical Technology Services Inc. is a wholly owned subsidiary of Medavie Health Services Inc. and operates under the name of Medavie HealthEd (collectively, the "**College**" and/or "**college**"). A contract is to be completed by all students enrolling in a Paramedicine Program offered by Medavie HealthEd. The contract sets out program details, with the terms and conditions of enrollment. The contract must be signed by the applicant and by an authorized member of the Medavie HealthEd staff prior to the program start date. Medavie HealthEd is required to provide to the student, prior to the signing of a contract, 1) an outline of the content of the program; 2) a breakdown of the duration of the program by subject; 3) a program cost breakdown and payment schedule and; 4) a copy of the institution's policies, rules and regulations, and a copy of the tuition refund policy. All sections of this contract must be completed. Once signed a copy must be put in the student file and the original provided to the student within five days of commencing the program.

Section 01: Applicant Information

Name of

Student: ~Student.FirstName~ ~Student.MiddleName~ ~Student.LastName~

Residential #: ~Student.Phone~

Cellphone #: ~Student.MobilePhone~

Email: ~Student.Email~ (Different from private career college's student email address.)

Education/Experience:

Public School

attended/location: ~Student.EducationHighSchoolName~,

Post-secondary

education: ~Student.EducationPostSecondaryOne~

Student Registration #: ~Student.ID~

Residential Address:

~Student.Address~

SIN: ~Student.SIN~

Date of Birth: ~Student.DateOfBirth~

Note: Student applicants are required to provide verification of prerequisites and such verification is to be placed in the applicant's student file.

Name of standardized test: N/A

Results: N/A

Contact Person

In case of an emergency, the school should contact:

Emergency 1
Contact

Emergency 1
Address One

Emergency 1
Address Two

Emergency 1
City

Emergency 1
Province / State

Emergency 1
Country (2
Letters)

Emergency 1 PC /
ZIP

Emergency 1
Phone

Family Physician Information:

Doctor

Doctor Contact
Number

Does the applicant have any disabilities which will restrict their participation in being able to complete this program?

Physical/Learning
Disability

Physical/Learning
Disability
Explanation

Does the applicant have any medical conditions or allergies which will restrict their participation in being able to complete this program?

Medical
Conditions

Medical
Conditions
Explanation

Section 02: Program Information

Program Name		Program hours vary based upon ambulance service placement schedules.
Program Hours		
Program Start Date		Program Admission Prerequisite: Grade 12 diploma or GED with 1 science at the grade 11 or 12 level and 1 math at the grade 11 or 12 level, Drivers Abstract, Medical and Immunization record, Criminal Record Check with Vulnerable Sector Search, Eligible for Class 4 Drivers license (See – Policy No 2-20)
Program Expected End Date		

Section 03: Terms and Conditions

Fees

Description	Rate	Qty	Taxes	Total
EMT Tuition	\$4,119.51	1.00		\$4,119.51
EMT Textbooks	\$553.96	1.00		\$553.96
Other	\$343.32	1.00		\$343.32
Student Protection Fees (1% of tuition)	\$42.20	1.00		\$42.20
EMT Technology Fees	\$129.66	1.00		\$129.66
Registration Fee (Non-refundable)	\$100.00	1.00		\$100.00
			TOTAL	\$5,288.65

In New Brunswick, Medavie HealthEd must remit the Student Protection Fee to the corporation within fifteen (15) business days of the program commencement date. After this period the student protection fee is non-refundable.

Additional expenses: Students may be required to complete their hospital and/or ambulance clinical rotations outside the immediate area of their campus and potentially in another province. Any, and all costs, incurred by the student for hospital and/or ambulance clinical rotations will be his/her responsibility. Students are responsible for costs incurred to upgrade their Driver's license and PC-PAT certification.

Equipment Students Use During Program:

Regular ambulance and Emergency Department Equipment (**See Appendix B**)

Payment Plan

Due Date	Description	Amount
September 18, 2023	Seat Confirmation Fee	\$100.00
September 18, 2023	First Payment	\$5,188.65
TOTAL		\$5,288.65

College Rules and Policies

Privacy and Distribution: Any information contained in a student's file and other information relating to the student or their file, including information derived therefrom, shall be subject to the privacy and distribution policy. No disclosure of such information shall be made to any individual other than the student without the prior written consent of the student. For greater certainty, the written consent of the student is required prior to the disclosure of any student information to the student's parent or guardian, including a parent or guardian party to this contract.

Force Majeure: Except as provided by the Private Career Colleges Act & Private Career College Operational Regulations, the College shall not be liable or responsible to the student, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement (except for any obligations to make payments to the other party hereunder), when and to the extent such failure or delay is caused by or results from acts beyond the impacted party's ("Impacted Party") reasonable control, including, without limitation, the following force majeure events ("Force Majeure Event(s)": (a) acts of God; (b) flood, fire, earthquake, tsunami, epidemics, pandemics, including the 2019 novel coronavirus pandemic (COVID-19), or explosion; (c) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest; (d) government order or law; (e) actions, embargoes, or blockades in effect on or after the date of this Agreement; (f) action by any governmental authority; (g) national or regional emergency; (h) strikes, labour stoppages or slowdowns, or other industrial disturbances; (i) shortage of adequate power or transportation facilities; and (j) other similar events beyond the reasonable control of the Impacted Party. The student has the right to withdraw from the program at any time, including on the happening of a Force Majeure Event, in which case the Tuition Refund Policy of the College shall apply.

Program Completion Requirements

This section refers to attendance, passing marks and work terms, etc as described in the Policy and Procedures Manual, which is provided to each student electronically through the Learning Management System platform.

College Rules and Policies (electronic version)

Program Completion Requirements

Safety/Emergency Procedures Manual (electronic version)

International Students

Section 04: Declaration - Private Career College

We hereby certify that:

1. The student has been, prior to signing this contract, provided with;
 - a. An outline of the content of the program (See Program Profile)
 - b. A breakdown of the duration of the program by subject
 - c. A program cost breakdown
 - d. A copy of the college's policies, rules and regulations
 - e. A copy of the Tuition Refund Policy (See Appendix A)
 - f. Historical employment / placement statistics
 - g. A copy of the competencies they will obtain (See Program Profile).
 - h. Furthermore, they have been provided with a minimum of one day to review these documents prior to signing this contract.
 2. This contract has been fully explained to the applicant and the applicant has acknowledged full understanding of all terms, conditions, policies, rules, and regulations associated with the fulfillment of all contractual obligations of both parties.
 3. The student has been advised that they are not guaranteed employment upon completing of the program requirements. Furthermore, we have provided the student with the employment statistics related to Paramedicine.
 4. The student has been advised that potential employers should be approached in regard to the value of the program the student is attending; as the value of the program is determined by potential employers, not the government.
 5. The student has been advised financial assistance in the form of a loan may be available and it is their responsibility to repay the loan, as determined by the lender. The government is not responsible to repay the loan.
 6. We understand, and have advised the student, that the provincial regulator will undertake periodic audits of student files to ensure that all student contracts meet the requirements of the provincial regulations.
 7. We understand, and have advised the student, that Accreditation Canada will undertake periodic audits of student files during the accreditation process with the purpose of ensuring that all student documentation is being maintained, as per the schools policies and procedures. This will include personal and confidential information.
 8. We understand this contract is subject to the regulations that have been established by the provincial regulator of Private Post-Secondary Education.
 9. A student having graduated from the program will receive their certificate/diploma no later than 30 days following the registered end date.
 10. The student has been advised that all fees must be paid in full prior to graduation.
 11. The applicant has been advised our Primary Care Paramedicine Program is accredited by the Accreditation Canada, and that it does meet the current requirements of the provincial regulator.
 12. The applicant has been advised of the requirements to complete the ambulance and hospital practicum learning experiences and that they are responsible to ensure all documentation is completed appropriately.
 13. The applicant has been made aware of, has read, and agrees to Policy No 6 - 60 Official Languages.
 14. The applicant has been advised that they may be required to complete hospital and/or ambulance practicum learning experiences in another part of the province and/or in another province; any and all costs incurred by the student for hospital and/or ambulance practicum learning experiences will be his/her responsibility.
- The applicant has been advised that the course schedule is subject to change.

STUDENT CONTACT - MONCTON CAMPUS



John Ferguson, President

Staff, Title

Signature

June 9, 2025

Date

Section 05: Declaration - Student Applicant

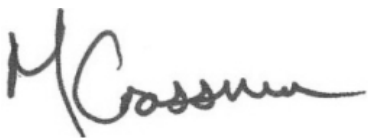
I hereby certify that:

1. I have been, prior to signing this contract, provided with:
 - a. An outline of the content of the program (See Program Profile)
 - b. A breakdown of the duration of the program by subject
 - c. A program cost breakdown
 - d. A copy of the college's policies, rules and regulations
 - e. A copy of Tuition Refund Policy (See Appendix A)
 - f. Historical employment / placement statistics and
 - g. A copy of the competencies they will obtain (See Program Profile).
 - h. Furthermore, they have been provided with a minimum of one day to review these documents prior to signing this contract.
2. I fully understand and agree to the terms, conditions, policies, rules and regulations of Medavie HealthEd which are described in the body of this contract, or as attached annexes to this contract.
3. I understand that by signing this contract I have not been guaranteed employment upon completing of the program requirements. However, I have been provided with the employment statistics related to Paramedicine.
4. I have been advised that I should contact potential employers in regard to the value of the program I am attending; as the value of the program is determined by potential employers, not the government.
5. I have been advised financial assistance in the form of a loan may be available and it is my responsibility to repay the loan, as determined by the lender. The government is not responsible to repay the loan.
6. I understand the Provincial Regulator of Post Secondary Education will undertake periodic audits of student files with the purpose of ensuring that all student contracts meet the requirements of the provincial regulations.
7. I understand that Accreditation Canada will undertake periodic audits of my student file during the accreditation process with the purpose of ensuring that all student documentation is being maintained, as per the schools policies and procedures. This will include personal and confidential information.
8. I understand this contract is subject to the regulations that have been established by the provincial regulator of Private Post-Secondary Education.
9. I have been advised that provided I graduate from the program I will receive my certificate/diploma no later than 30 days following the courses registered end date.
10. I have been advised that all fees must be paid in full prior to graduation.
11. I have been advised that the Primary Care Paramedicine Program is accredited by Accreditation Canada, and that it does meet the current requirements for the provincial regulator of Paramedicine.
12. I have been advised of the requirements to complete the ambulance and hospital practicum learning experiences and accept responsibility for completing all documentation appropriately.
13. I have been made aware of, read, and agree to Policy No 6 - 60 Official Languages.
14. I have been advised that I may be required to complete hospital and/or ambulance practicum learning experiences in another part of the province and/or in another province; any and all costs incurred during the hospital and/or ambulance practicum learning experiences will be my responsibility.
15. I have been advised that the course schedule is subject to change.
16. ***I understand that elements of my learning may be interrupted as a result of factors outside the control of the College including, but not limited to, a Force Majeure Event. As such there may be restrictions from external partners such as ambulance operators or health care institutions that prevent me from completing the intended clinical experiences. The College reserves the right to deliver alternative experiences, or reschedule these learning experiences such that there may be delays in completing the program. I understand I have the right to withdraw from the program at any time and will refer to the Tuition Refund Policy of the College and apply for the appropriate refund based on time attended.***

Section 06: Proof of Execution - Mutual Assent

Note: Once signed and dated, all amendments to this contract must: conform to the *Private Career Colleges Act & Private Career College Operational Regulations*, be signed and dated by both parties or authorized agents, and be approved by the Director or an inspector (Pursuant to s.46(3) of *Private Career College Operational Regulations*).

Signatures

<hr/> <p>Student Name</p>	<hr/> <p>Student Signature</p>	<p>June 9, 2025</p> <hr/> <p>Date</p>
<p>Matthew Crossman , President</p> <hr/> <p>Staff, Title</p>	 <hr/> <p>Signature</p>	<p>June 9, 2025</p> <hr/> <p>Date</p>

Appendix A: Tuition Refund Policy

Refunds will be issued in accordance with the Private Occupational Training Act.

- 1) A contract with a Medavie HealthEd or with an agent, representative or salesperson of Medavie HealthEd in relation to its paramedic programs, for a student or prospective student, is rescinded when the person who entered into the contract has:
- a) served written notice of rescission of the contract on the other party to the contract within five days after the day on which the contract was entered into, or
 - b) served written notice of rescission of the contract on the other party to the contract within ninety days after the day on which the contract was entered into and
 - (i) Medavie HealthEd, its agent, representative or salesperson with whom the contract was made is not registered under the Act,
 - (ii) the paramedic training program has not commenced or has not been provided within the time specified in the contract, if that time is less than ninety days, or
 - (iii) Medavie HealthEd, its agent, representative or salesperson with whom the contract was made has failed to comply with any of the terms, conditions or restrictions to which the certificate of registration of Medavie HealthEd, its agent, representative or salesperson is subject.

“Written notice of rescission” as described above may be served by personal delivery or by sending it by registered mail to the address shown in the contract or certificate of registration. When notice is sent by registered mail, delivery is deemed to be at the time of mailing.

The “written notice of rescission”, as described above, is sufficient if it indicates to a reasonable person an intention to rescind the contract.

- 2) When a contract is rescinded based on point number 1 above, Medavie HealthEd shall, except as provided in point number 4 below, refund the money received under or in relation to the contract to the payer within ten days after notice of rescission has been delivered in accordance with this section.
- 3) When a contract is rescinded, Medavie HealthEd will be entitled to compensation for services, books and materials supplied, and for instruction or tuition fees given based upon one of the following:
- a) when the contract is rescinded through written notice of rescission of the contract on the other party to the contract within five days after the day on which the contract was entered into, Medavie HealthEd is entitled to the return of books and materials issued to the student;
 - b) when the contract is rescinded through written notice of rescission of the contract on the other party to the contract within ninety days after the day on which the contract was entered into and Medavie HealthEd, its agent, representative or salesperson with whom the contract was made is not registered under the Act or Medavie HealthEd, its agent, representative or salesperson with whom the contract was made has failed to comply with any of the terms, conditions or restrictions to which the certificate of registration of Medavie HealthEd, its agent, representative or salesperson is subject, Medavie HealthEd is entitled to a return of books and materials provided and other compensation at the discretion of the Minister; and
 - c) when the contract is rescinded through written notice of rescission of the contract on the other party to the contract within ninety days after the day on which the contract was entered into and the paramedic training program has not commenced or has not been provided within the time specified in the contract, if that time is less than ninety days, Medavie HealthEd is entitled to a return of books and materials provided.

STUDENT CONTACT - MONCTON CAMPUS

4) When instruction has actually commenced and the student has voluntarily withdrawn/been dismissed from the occupational program, in the first quarter of the program, Medavie HealthEd is entitled to the following:

a) Compensation for any used materials, books, software programs etc. issued to the student for their utilization while enrolled in our programming.

b) A daily administrative fee that is based upon the number of days they were enrolled within the program, unless the student withdraws within the first 5 days of the program. The daily administrative fee for the first quarter will be calculated by taking the overall tuition for the program and dividing it by the total number of days for the program.

5) When instruction has actually commenced and the student has voluntarily withdrawn/been dismissed from the occupational program, in the second or subsequent quarter(s) of the program, Medavie HealthEd is entitled to the following:

a) Compensation for any used materials, books, software programs etc. issued to the student for their utilization while enrolled in our programming.

The entire tuition for the second or subsequent quarters, on the first day the new quarter has begun, provided the previous quarter(s) have been fully completed. This will include any time the student has not attended classes and/or any time the student has not advised our institution of their withdrawal.

Appendix B: Equipment List

List of Major Equipment Utilized

Intubation Head
KED
IV Arm
Spinal Board
Geriatric Manikin
Spine Board Straps (3 straps and 1 spider)
Adult CPR Manikin
Head ImmobilizersBase, Blocks and 2 Straps
ALS Mannequin
CCollar (one size + set of 6 collars)
Child CPR Manikin
Add A Splints
Child ALS Manikin
Traction Splint
Baby Mannequin
Zoll Defibrillator 3 Lead
Baby ALS Mannequin
MRX Defibrillator
OBS Mannequin
LP 12
Stretcher
Pulse Oximeter
Stair Chair
Trauma Kit
Battery Suction
Obstetrical Kit
PediPack
IV Kit
CPR Board
Drug Kit
Simulators
Airway Kit
Automated External Defibrillator

Consent to Release Information

I understand that Medavie HealthEd has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Medavie HealthEd to release some of my personal information to certain individuals or agencies.

I, ~Student.FirstName~ ~Student.LastName~, authorize Medavie HealthEd to share the following specific information with:

Requested Clinical and Practicum locations

Funding Agencies

The required information may be shared either in person, by phone, by fax, by mail, or by e-mail as needed. I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared: Practicum Placement Agreements that may include CRC/VSC, medical form, immunization records, driver's license and abstract, if required. Funding agencies may require attendance records, academic performance, or current status in the program.

Why I want my info shared (purpose): In order to place students in clinical and practicum sites.

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Medavie HealthEd.

I understand:

That I do not have to sign a release form. I do not have to allow Medavie HealthEd to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Medavie HealthEd to release information about me in the future, I will need to sign another written, time-limited release.

Initial Here:

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Medavie HealthEd.

Initial Here:

That Medavie HealthEd and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

Initial Here:

This release expires one year from the signing date. I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

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Student Name

Student Signature

June 9, 2025
Date

Student Confidentiality Agreement

According to Medavie HealthEd Policy No 9-130 Confidentiality Agreement, all persons having access to documentation or patient information pertaining to diagnoses, treatment or personal affairs are to exercise strict confidentiality. This applies to information in written, verbal or electronic form, including the use of iPad's by students.

All information regarding patients in or out of hospital that you have access to as a student in the Medavie HealthEd program is strictly confidential. At no time are you to discuss a patient in any context with friends, families, neighbours or other health care team members. The only exception is with your preceptor to assist your learning.

Aside from the sharing of information by those caring for the patient, there are only three ways in which information may be released:

1. Upon written authorization of the patient.
2. Upon request of the Minister of Health and Community Services.
3. Upon court order.

Misuse of any health information shall be considered a serious offence and persons violating these directions can expect disciplinary action to be taken, in accordance with Policy 4-20 Disciplinary Action.

PLEDGE OF CONFIDENTIALITY

I have read the above Confidentiality Policy of Medavie HealthEd – and, as a condition of my clinical/practicum placement, agree to be bound by this said policy.

Student Name

Student Signature

June 9, 2025

Date

License to Operate an Ambulance Release of Responsibility Waiver

LICENSE TO OPERATE AN AMBULANCE RELEASE OF RESPONSIBILITY WAIVER

I, ~Student.FirstName~ ~Student.LastName~, in signing this document, acknowledge that I have been advised, by Medavie HealthEd employees, that for the purposes of attending the Paramedicine program, I should be in possession of a driver's license that permits me to operate an ambulance.

Please follow the directions below ;

I am eligible to obtain a driver's license during the first 5 months of my enrollment at Medavie HealthEd that would permit me to operate an ambulance and request the assistance of Medavie HealthEd in obtaining said license. I would like to be afforded the opportunity to obtain license to operate an ambulance during my enrollment at Medavie HealthEd. I also realize this opportunity will only be afforded based on the availability of resources at Medavie HealthEd.

Initial Here:

I am not eligible to obtain a driver's license that would permit me to operate an ambulance during the first 5 months of my enrollment at Medavie HealthEd and accept that I will not be afforded the opportunity to complete the ambulance driving component of the paramedic training program I am attending.

Initial Here:

Furthermore, I acknowledge that it is my responsibility to seek further information regarding my employability in the field of Paramedicine. I have been advised by Medavie HealthEd employees that I am restricting my career opportunities by attending this program without a license that permits me to operate an ambulance and will not hold Medavie HealthEd, its' management or employees responsible for my future career opportunities.

Initial Here:

Criminal Record Check & Vulnerable Sectors Release of Responsibility

I ~Student.FirstName~ ~Student.LastName~, acknowledge that it is my responsibility to obtain and provide a Criminal Record Check and Vulnerable Sectors Search to the college for review.

Initial Here:

I acknowledge that if I have a criminal conviction on my record, it may preclude me from entering the program.

Initial Here:

Furthermore, I acknowledge that if I am afforded the opportunity to attend the program with a criminal conviction, it is my responsibility to seek further information regarding my employability in the field of Paramedicine. I have been advised by Medavie HealthEd employees that I am restricting my career opportunities by attending this program with a known criminal conviction and will not hold Medavie HealthEd, its' management or employees responsible for my future career opportunities.

Initial Here:

Release of Promotional Products

According to Medavie HealthEd Policy No 9-131 Release of Promotional Products, any photographs, video or audio recordings of events related to the Medavie HealthEd and its staff, students and/or Medavie Health Services may be used in anyway to promote or enhance Medavie HealthEd. This could include, but is not limited to, promotional slides, posters, appearances on the internet, and/or to enhance presentations. This also applies to assignments and projects completed in written, verbal or electronic form. Misuse of any of the above items shall be considered a serious offense and persons violating these directions can expect disciplinary action to be taken.

Please choose one of the following;

Initial Here:

Application Process – PCP & ACP

Effective Date: 01 Aug 2012

Revision/Review Date: 23 Sept 2021

Approved by: President Medavie HealthEd

Processus d'application PSP & PSA

Date d'entrée en vigueur: 01 août 2012

Date de révision/revue: 23 sept 2021

Approuvée par: President Medavie HealthEd

POLICY

Each student who wishes to participate in a program is responsible for submitting a completed application form to the Institution.. Proof of all pre-requisite documentation must be included with the application. All applicants will be considered.

Application forms for the program are available via our website at www.medaviehealthed.com.

Note: Applications are primarily to be completed on line; however, applicants without access to a computer may obtain an application package by contacting the institution directly.

Unless there are extenuating circumstances, once a student is accepted to a program, they will only be permitted to defer their acceptance to a subsequent program once. Should they wish to defer their acceptance a second time, they may be required to re-apply to the program as a new applicant.

If a student does not successfully complete the program for any reason, a new application must be submitted with appropriate documentation of pre-requisites before the student can be enrolled in another program. (See Policy 2-11 - Reapplication Process)

Pending extenuating circumstances, Medavie HealthEd will not accept a program application from an applicant who has either unsuccessfully applied to

POLITIQUE

Chaque étudiant désirant participer à un programme est responsable de présenter à l'école une demande d'inscription dûment remplie. Les pièces justificatives de tous les prérequis doivent être fournies avec la demande d'inscription. Toutes les demandes seront prises en considération.

Les demandes d'inscription au programme voulu sont disponibles sur notre site Web à www.medaviehealthed.com.

Nota : Les demandes d'inscription doivent d'abord être remplies en ligne, toutefois, les candidats sans accès à un ordinateur peuvent obtenir une trousse d'inscription en communiquant directement avec l'école.

À moins de circonstances exceptionnelles, une fois qu'ils sont acceptés au sein d'un programme, les étudiants ne sont autorisés qu'à une seule reprise à reporter leur acceptation pour l'appliquer à un programme ultérieur. S'ils souhaitent reporter leur acceptation une deuxième fois, ils pourraient être tenus de présenter une nouvelle demande d'admission au programme.

Si un étudiant ne termine pas son programme d'études pour quelques raisons que ce soit, il doit présenter une nouvelle demande d'inscription avec les documents pertinents sur les prérequis avant d'être inscrit dans un autre programme. (Voir la Politique 2-11 – Remplir une nouvelle demande d'inscription)

En l'absence de circonstances atténuantes, Medavie ÉduSanté n'acceptera pas une demande d'inscription provenant d'une personne qui a vu sa demande

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successful in completing the same d'inscription refusée ou qui a échoué à terminer le
Medavie HealthEd program a total of three (3) même programme de Medavie ÉduSanté à trois (3)
previous times. reprises au total.

PROCEDURE

Generally, an applicant to Medavie HealthEd will be directed to the website where the applicant may begin the online application process.

PROCÉDURE

Un candidat désirant suivre un programme à Medavie ÉduSanté sera normalement invité à consulter le site Web où il pourra commencer le processus d'inscription en ligne.

Selection Process - Instructors

Effective Date: 01 Aug 2012
Revision/Review Date: 15 Feb 2018
Approved by: President Medavie HealthEd

Processus de sélection - Instructeurs

Date d'entrée en vigueur: 01 août 2012
Date de révision/revue: 15 feb 2018
Approuvée par: President Medavie HealthEd

POLICY

1. Instructors for Medavie HealthEd Program shall be selected through an interview process. If possible, instructors shall be selected from existing simulation instructors preferably with a minimum fifty hours logged as a simulation instructor. As well, experience in testing with the Program is an asset.
2. If no simulation instructors are available, or at the discretion of the President, or their designate, an Instructor may be hired outside of existing faculty.
3. If required, the President, or their designate, may waive any of the Instructor requirements to fill the need for additional faculty.
4. An instructor must possess a minimum of two years experience as a paramedic, or other health care provider designation.
5. Lead instructors are required to attend and complete an Adult Education Workshop.
6. All instructors are expected to maintain active registration as a paramedic.
7. The final selection process is at the discretion of the President, or their designate; however that

POLITIQUE

1. La sélection des instructeurs des programmes de Medavie ÉduSanté se fera au moyen d'un processus d'entrevue. Si possible, les instructeurs seront choisis parmi les facilitateurs en simulation déjà en poste, qui possèdent de préférence au moins une cinquantaine d'heures documentées en tant qu'instructeur en laboratoire (ou facilitateur en simulation). En outre, une expérience en tant qu'évaluateur dans le cadre du Programme est un atout.
2. Si nécessaire, le président, ou son représentant, peut renoncer à l'un des critères de sélection pour combler le besoin d'instructeurs supplémentaires.
3. Si aucun instructeur en laboratoire n'est disponible, ou à la discrétion du président, ou de son représentant, un instructeur peut être embauché à l'extérieur du corps professoral existant.
4. Un instructeur doit posséder au moins deux années d'expérience en tant qu'ambulancier paramédic ou doit avoir occupé un poste pendant au moins deux ans comme fournisseur de soins de santé.
5. Tout instructeur principal doit obligatoirement participer à un atelier d'éducation aux adultes.
6. Tous les instructeurs doivent maintenir un statut actif en tant que paramédic.
7. Le processus de sélection finale est à la discrétion du président ou de son représentant; cependant

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cess must meet the requirements as
established by the provincial regulator.

ce processus doit répondre aux exigences établies
par l'organisme de réglementation provinciale.

Class Sizes – Student Supervision

Effective Date: 01 Aug 2012
Revision/Review Date: 15 Feb 2018
Approved by: President Medavie HealthEd

Taille des classes – Supervision des étudiants

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POLICY

To provide guidance on the student to instructor, student to simulation facilitator and student to preceptor ratios.

The total number of students that may be enrolled in the PCP, ACP and CCP programs at anyone one time is based on the following:

1. Two PCP cohorts having a maximum of 36 students/cohort. Provided it has been determined adequate preceptor resources are in place, these cohorts may run simultaneously.
2. Six ACP cohorts having a maximum of 20 students/cohort. Three of these cohorts would be enrolled in the didactic and simulation component, while the other three are in the clinical and practicum components of their program.
3. One CCP cohort having a maximum of 12 students/cohort.

It is the responsibility of the senior managers, in consultation with the President, in order to evaluate the offering of each cohort, they must determine if adequate human resources, equipment and practical sites are available to address the cohorts requirements to obtain competency. If it is determined that there are inadequate resources they will not go forward with the cohort. Setting these limitations will prevent a shortage of instructors, simulation facilitators, training equipment, and preceptors.

POLITIQUE

La présente politique vise à fournir des lignes directrices sur les rapports étudiants-instructeur, étudiants-facilitateur en simulation et étudiants-précepteur.

Le nombre total d'étudiants inscrits aux programmes PSP, PSA et PSC en même temps est fonction des points suivants :

1. Deux (2) cohortes dans le PSP comptant au plus 36 étudiants chacune. Si l'on détermine que les ressources adéquates allouées aux précepteurs sont en place, ces cohortes pourront faire leurs études en même temps.
2. Six (6) cohortes dans le PSA comptant au plus 20 étudiants chacune. Trois de ces cohortes devraient être inscrites dans le volet didactique et de simulation, alors que les trois autres devraient être inscrites dans le volet clinique et le volet stage de leur programme.
3. Une (1) cohorte dans le PSC comptant au plus 12 étudiants.

Il incombe aux gestionnaires principaux, en consultation avec le président, d'évaluer l'offre de chaque cohorte et ainsi déterminer si les ressources humaines, le matériel nécessaire et les endroits offrant des stages sont disponibles pour répondre aux exigences des cohortes aux fins d'acquisition des compétences. Si l'on détermine que les ressources sont insuffisantes, la cohorte ne sera pas constituée. La définition de ces limites permettra d'éviter une pénurie d'instructeurs, de facilitateurs en simulation, de matériel de formation et de précepteurs.

PROCEDURE (PCP)

1. During the class selection process a senior manager, will ensure the Selection Committee identifies no more than the maximum number of students for each PCP, ACP and CCP cohort based upon the limitations described above.
2. During the didactic component of the Primary Care Paramedicine program a senior manager will ensure the student to instructor ratio does not exceed 36:1, on the Advanced Care Program it does not exceed 20:1 and on the CCP program it does not exceed 12:1
3. During the skill simulation component of the program a senior manager, will ensure the student to simulation facilitator ratio does not exceed 12:1 for all programs when applicable.
4. During the scenario simulation component of the program a senior manager, will ensure the student to simulation facilitator ratio does not exceed 6:1 for all programs when applicable.
5. All simulations evaluations, no matter the group size, will be performed on a 1:1 basis.
6. During the hospital clinical and ambulance component of a program the Clinical Co-coordinator, will ensure the student to preceptor ratio does not exceed 1:1. This component of the program requires constant supervision of the student when they are assessing and treating patients. The Clinical Co-coordinator is responsible to remind preceptors that students

PROCÉDURE (PSP)

1. Au cours du processus de sélection d'une classe, un gestionnaire principal veillera à ce que l'équipe de sélection ne choisisse pas plus d'étudiants que le nombre maximal accepté dans chaque cohorte des PSP, PSA et PSC en fonction des limites décrites précédemment.
2. Un gestionnaire principal veillera à ce que les rapports étudiants-instructeur ne dépassent pas les limites suivantes au cours du volet didactique de chacun des programmes : pour le programme d'ambulancier paramédical en soins primaires (PSP), le rapport étudiants-instructeur ne doit pas dépasser 36:1; pour le programme d'ambulancier paramédical en soins avancés (PSA), ce rapport ne doit pas excéder 20:1; et pour le programme d'ambulancier paramédical en soins critiques (PSC), ce rapport ne doit pas excéder 12:1.
3. Durant le volet de simulation des compétences au cours d'un programme, un gestionnaire principal doit s'assurer que le rapport étudiants-facilitateur en simulation n'excède pas 12:1 pour tous les programmes, le cas échéant.
4. Durant le volet de simulation lors des scénarios, un gestionnaire principal doit s'assurer que le rapport étudiants-facilitateur en simulation n'excède pas 6:1 pour tous les programmes, le cas échéant.
5. Toutes les évaluations des simulations se dérouleront suivant un rapport de 1 (un) étudiant pour un (1) facilitateur, peu importe la taille du groupe.
6. Durant le volet clinique en milieu hospitalier et le volet en milieu ambulancier d'un programme, le coordonnateur clinique doit s'assurer que le rapport étudiants-précepteur ne dépasse pas 1:1. Ce volet du programme nécessite que l'étudiant fasse l'objet d'une surveillance constante lorsqu'il examine et traite des patients. Le coordonnateur clinique est responsable de rappeler aux

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clinical setting to master the skills they have developed in the classroom and simulation settings and that the student must be supervised to ensure they can master their Paramedicine skills and procedures.

précepteurs que les étudiants sont en milieu clinique afin de maîtriser les compétences qu'ils ont acquises en classe et en contexte de simulation et qu'une surveillance des étudiants doit être assurée afin qu'ils puissent maîtriser leurs compétences et procédures en soins paramédicaux.

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