October 2019

Advanced Care Paramedic (ACP) Program

To DDS ACLS Provider:

RE: Advanced Cardiac Life Support (ACLS) Update for DDS, December 8, 2019

Primary Care Paramedic (PCP), EMR and FMR Programs

First and foremost, if you receive duplicate copies of this email, or you have recently updated, please accept my apology. We are working to update the database to limit duplicate emails and not contact those that are current.

First Aid, CPR and MFR Programs - Needs Assessment and Training

Please find the information regarding the next Advanced Cardiac Life Support Course for DDS through Professional Medical Associates. The cost of the program is $450.00, if replacement manuals are required there will be an additional cost of $75.00. The fee include the Heart and Stroke registration and lunch.

Educational Seminars and Workshops

We have scheduled the next ACLS for DDS program for December 8, 2019 in our PMA offices in St. Albert. Upon registration, a complete package will be forwarded to you.

Prerequisites

Training Assessment, & Consulting

Current CPR course **MUST** be the BLS for Healthcare Providers course from the Canadian Heart and Stoke Foundation – please bring proof of current status for the first day of the program as well as your HSF ID number. For those that do not have a current (within the previous 12 months) BLS for HCP card, we can run CPR, prior to ACLS. On registration, you will also need to provide your HSF ID # from Heart and Stroke that is printed on your CPR card.

Interactive Multi-Media

Advanced High-Fidelity Simulator Driving Programs

Should we be able to offer any further assistance, please feel free to contact us through email at acls4dds@promedics.org. To register for ACLS, please contact the offices of Professional Medical Associates at (780) 460-8410 or toll-free (800) 665-6836. We look forward to providing this program for you and we wish you every success.

On-site Program Delivery Specialists

Yours sincerely,

Paramedical and EMS staffing

Per:
Professional Medical Associates
James Habstritt, ACP, BHSc
Program Director
JH/sf

Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services, PHTLS, TECC, PALS and ACLS

EMT-Paramedic Program - CMA Advanced Care Paramedic

Educational Seminars and Workshops

EMT - CMA Primary Care Paramedic and EMR Programs

First Aid, CPR and AED Programs - Needs Assessment and Training

Training Assessment, & Consulting

Interactive Multi-Media

High-Fidelity Simulator Driving Programs

On-site Program Delivery Specialists

Paramedical and EMS staffing

Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services PHTLS, TECC, PALS and ACLS

PROGRAM APPLICATION FORM

Application for: (check one)

☐ First Medical Responder (FMR/EMR1)*	☐ ACP (EMT-P) Refresher Program*
☐ Emergency Medical Responder+	☐ Fundamentals of Airway - Basic*
☐ EMR Refresher Program*	☐ Difficult Airway Course - Advanced*
☐ Primary Care Paramedic (EMT)+	☐ BLS for Health Care Professional (CPR)*
☐ PCP (EMT) Refresher Program*	☐ ACLS* or ☐ PALS* for DDS
☐ Advanced Care Paramedic (EMT-P) +	☐ Other (specify): ______________

LEGAL SURNAME	FIRST NAME/MIDDLE INITIAL	
ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
( )	( )	( )
PHONE (HOME)	PHONE (BUSINESS)	PHONE (MOBILE)
DATE OF BIRTH (MM/DD/YY)	DRIVER'S LICENCE #	EMPLOYER/POSITION
PREVIOUS EMS TRAINING INSTITUTION (If Applicable)		GRADUATION DATE
EMAIL ADDRESS		ACP REGISTRATION #

FOR OFFICE USE ONLY:

AMOUNT PAID: $ ________ *MC Visa Debit Cash Chq # Other* *Authorization # ____________*	*COURSE CODE:*	*CONFIRMATION LETTTER:* ***Sent** or **P/U** (SF) (MC)* ***Date:***
Security # __________ *Invoice or PO# ____________*	*START DATE:*	*COMMENTS:*

PLEASE NOTE - UPON COMMENCEMENT OF PROGRAM, FEES WILL NOT BE REFUNDED.

+FOR EMR, PCP AND ACP PROGRAMS - TUITION REFUNDS OF LICENSED PROGRAMS ARE GUIDED BY THE PRIVATE VOCATIONAL TRAINING REGULATION AS OUTLINED ON EXECUTION OF STUDENT CONTRACT.

SIGNATURE: ______________________________ DATE: ______________

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