



September 2021

To DDS ACLS Provider:

*EMT - Paramedic
Program - CMA
Advanced Care
Paramedic*

*EMT - CMA
Primary Care
Paramedic
and EMR
Programs*

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

*Educational
Seminars and
Workshops*

*Training
Assessment,
& Consulting*

*Interactive
Multi-Media*

*Advanced Driving
Simulation
Program*

*On-site Program
Delivery
Specialists*

*Paramedical and
EMS staffing*

*Pediatric Education
for Prehospital
Professionals,
Geriatric Education
for Emergency
Medical Services*

*ACLS, PALS and
PHTLS*

RE: Advanced Cardiac Life Support (ACLS) Update for DDS, October 24th, 2021

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.

Please find the information regarding the next Advanced Cardiac Life Support Course for DDS through Professional Medical Associates. With COVID hopefully slowing, though still looking to minimize potential exposure, we are going to do the update as a hybrid where you will do the learning stations online (Part 1) and then attend at the office for a few hours for the Part 2 skills evaluation. The cost of the online session is \$46.95, payable to Heart and Stroke and available through their website

https://cpr.heartandstroke.ca/s/article/ACLS-Interim-Training-Self-Directed?language=en_US

The cost of Day 2 is \$300.00, payable to PMA, including Heart and Stroke registration.

Prerequisites

Current CPR course **MUST** be the BLS for Healthcare Providers course from the Canadian Heart and Stroke Foundation. On registration, you will need to provide your HSF ID # from Heart and Stroke that is printed on your CPR card to be eligible.

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.

Yours sincerely,

Per: Professional Medical Associates

James Habstritt, ACP, BHSc
Program Director
JH/sf



PROGRAM APPLICATION FORM

Application for: (check one)

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, PHALS, TECC, PALS and ACLS

<input type="checkbox"/> First Medical Responder (FMR/EMR1)* <input type="checkbox"/> Emergency Medical Responder+ <input type="checkbox"/> EMR Refresher Program* <input type="checkbox"/> Primary Care Paramedic (EMT)+ <input type="checkbox"/> PCP (EMT) Refresher Program* <input type="checkbox"/> Advanced Care Paramedic (EMT-P)+	<input type="checkbox"/> ACP (EMT-P) Refresher Program* <input type="checkbox"/> Fundamentals of Airway - Basic* <input type="checkbox"/> Difficult Airway Course - Advanced* <input type="checkbox"/> BLS for Health Care Professional (CPR)* <input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS <input type="checkbox"/> Other (specify): _____
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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 # _____ Security # _____ Invoice or PO# _____	COURSE CODE: _____ START DATE: _____	CONFIRMATION LETTER: Sent or P/U (SF) (MC) Date: _____ COMMENTS: _____
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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: _____