



February 22, 2020

*Advanced Care  
Paramedic (ACP)  
Program*

Dear Potential ACP Student:

**RE: Advanced Care Paramedic Program**

*Primary Care  
Paramedic (PCP),  
EMR and FMR  
Programs*

Thank you for your interest in the ACP program, currently accredited by the Accreditation Canada from Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the ACP program. Programs will be held from both our Calgary and St. Albert offices. Both programs are tentatively scheduled to commence in **July 2020**.

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

As applications arrive, you will be contacted by mail or phone with a schedule for the written exams as well as a time for the scenario testing and interview. We have scheduled one additional day for testing:

**Tuesday, April 28<sup>th</sup>, 2020** in our Calgary office, #112, 11420 – 27<sup>th</sup> Street SE, Calgary, AB T2Z 3R6  
**Deadline for applications April 24<sup>th</sup>, 2020**

*Educational  
Seminars and  
Workshops*

To assist students in determining the total costs while comparing various programs, our programs are inclusive of all texts, lab fees and student packages, rather than a tuition price with the student responsible to pay additionally for texts, student and learning packages, etc. The total cost of the program is between \$23,500 and \$24,500 there are various options for payment plans if needed.

*Training  
Assessment,  
& Consulting*

As with all our programs, we work with our practicum partners as a part of the selection process and sponsorship of prospective employees for provision of ambulance and hospital practicum placements. Students demonstrating an aptitude to succeed, employment opportunity at the ALS level, and a service commitment to clinical education opportunities are given preference in the selection process. The selection process is comprised of:

*Interactive  
Multi-Media*

- a 200 question multiple-choice examination,
- one scenario, aptitude test, ECG examination, and
- a personal interview, reference and security check.

*Advanced High-  
Fidelity Simulator  
Driving Programs*

It should be noted that applications can not proceed to the next stage without a cheque or money order for **\$125.00** for the cost of assessment and testing. When returning the application for selection, include the following from the check list:

*On-site Program  
Delivery  
Specialists*

- \_\_\_ application form (mandatory)
- \_\_\_ personal resume (mandatory)
- \_\_\_ photocopy of Alberta College of Paramedics Permit (mandatory)
- \_\_\_ photocopy of BCLS – HCP (mandatory)
- \_\_\_ **CLEAR** security clearance check (must include vulnerable sector check) (mandatory) within 90 days of application
- \_\_\_ assessment fee of \$125.00 payable to Professional Medical Associates (mandatory)
- \_\_\_ copy of your driver's license

*Paramedical and  
EMS staffing*

... over

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

- \_\_\_ Copy of results from the Alberta College of Paramedics PCP Provincial Examination (mandatory)
- \_\_\_ Official transcripts from a recognized PCP program (mandatory)

Additional information to support your application in the selection process includes the following:

- Letters of reference and support from EMS related employers
- Letters of support from ALS practitioners (at least 2)
- Letters of recommendation from your current EMS employer
- Letter detailing ability to complete practicum with current ALS employer (if applicable)

Completed applications can be submitted, with all necessary documentation to:

**Professional Medical Associates**

#112, 11420 – 27 Street SE

Calgary, AB T2Z 3R6

**\*\*Applications must be received by: April 24<sup>th</sup>, 2020**  
to be scheduled for the testing process\*\*.

Flexible delivery will allow students to continue employment. Our "commitment to educational excellence" focuses on producing graduates with maximum employability. Our goal, as with all our programs, is to provide current practitioners the opportunity to upgrade their skills and knowledge while continuing in their EMS careers.

Thank you again for your interest, and we look forward to seeing you in our next program. The number at the office is (403) 547-9709, or via facsimile at (403) 258-0198. You can also contact us through e-mail at [melody@pmawebiste.net](mailto:melody@pmawebiste.net)

Sincerely,

**Professional Medical Associates**



**PER:**  
James Habstritt, ACP, B.H.Sc.  
*Program Director*

JH/sf

Encl.



# 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): _____
--	--

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

**FOR OFFICE USE ONLY:**

<b>AMOUNT PAID: \$</b> _____ MC   Visa   Debit   Cash   Chq #   Other Authorization # _____ Security # _____ Invoice or PO# _____	<b>COURSE CODE:</b> _____ <b>START DATE:</b> _____	<b>CONFIRMATION LETTER:</b> <b>Sent or P/U (SF) (MC)</b> <b>Date:</b> _____ <b>COMMENTS:</b> _____
---	---	--

**\*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: \_\_\_\_\_