



October 26, 2020

*EMT - Paramedic
Program - CMA
Advanced Care
Paramedic*

Dear Potential ACP Student:

RE: Advanced Care Paramedic Program

*EMT - CMA
Primary Care
Paramedic
and EMR
Programs*

Thank you for your interest in the ACP program from Professional Medical Associates, accredited by the Accreditation Canada. 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 2021**.

As applications start coming in, you will be contacted by mail or phone with a time for the written exams as well as a time and login information for the online scenario testing and interview. We have scheduled two days for testing:

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

February 18th, 2021 in our St. Albert office is the written component and the interviews and scenario will be done online on February 19th. The written portion will be done in the office - #101, 265 Carleton Drive St. Albert, AB T8N 4J9

Deadline for applications February 14th, 2021

*Educational
Seminars and
Workshops*

February 18th, 2021 will be online for the interviews and scenarios and February 19th will be in the Calgary office to complete the written component. The written portion will be done in the office - #112, 11420 - 27th Street SE, Calgary, AB T2Z 3R6

Deadline for applications February 14th, 2021

*Training
Assessment,
& Consulting*

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 \$24,500 and \$25,500 there are various options for payment plans if needed.

*Interactive
Multi-Media*

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:

*Advanced Driving
Simulation
Program*

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

*On-site Program
Delivery
Specialists*

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:

*Paramedical and
EMS staffing*

- 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

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

*ACLS, PALS and
PHTLS*

... over

- __ 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

#101, 265 Carleton Drive
St. Albert, AB T8N 4J9

****Applications must be received by: February 14th, 2021**
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 (780) 460-8410, or via facsimile at (780) 460-8277. You can also contact us through e-mail at shelley@pmawebsite.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): _____
--	--

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: _____
---	---	---

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: _____