



October 23, 2018

Advanced Care
Paramedic (ACP)
Program

Dear Potential ACP Student,

Advanced Care Paramedic Program (ACP)

Primary Care
Paramedic (PCP),
EMR and FMR
Programs

Thank you for your interest in the Professional Medical Associates ACP program, currently accredited by 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 **June 2019**.

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

As applications start coming in, you will be contacted by email or phone with a time for the written exams, scenario testing and interview process. We have scheduled one day per location for testing:

February 14th, 2019 in our St. Albert office, #101, 265 Carleton Drive St. Albert, AB T8N 4J9
Deadline for applications February 8th, 2019

February 20th, 2019 in our Calgary office, #112, 11420 – 27th Street SE, Calgary, AB T2Z 3R6
Deadline for applications February 11th, 2019

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

The selection process is comprised of:

- a 200 question multiple-choice examination,
- one scenario
- 2 aptitude tests
- MMI's,
- ECG and short answer examination
- a personal interview, reference and security check.

Interactive
Multi-Media

Advanced High-
Fidelity Simulator
Driving Programs

It should be noted that applications can not proceed to the next stage without payment of **\$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 documenting a minimum of 1-year PCP experience (mandatory)
- ___ photocopy of Alberta College of Paramedics card (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)

Paramedical and
EMS staffing

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

... over

- Copy of results from the Alberta College of Paramedics PCP Provincial Examination (mandatory)
- Official transcripts from a recognized PCP program (mandatory)
- Copy of current driver's license (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 years)

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

Professional Medical Associates

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

Applications must be received by:

February 8th, 2019 for St. Albert

February 11th, 2019 for Calgary

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. 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): _____
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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: _____