



March 2019

*AdvancedCare
Paramedic(ACP)
Program*

To DDS ACLS Provider:

RE: ACLS and PALS Update for DDS, April 6 and 7, 2019

*PrimaryCare
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 ACLS and PALS renewals for DDS through Professional Medical Associates. The cost of each program is \$325.00, inclusive of the ACLS course tuition, Heart and Stroke registration fee and lunch. There have been no changes to the manuals, but they can be purchased separately if necessary.

*Educational
Seminars and
Workshops*

PALS will be **April 6, 2019** and ACLS will be **April 7, 2019**. If necessary, we could also arrange a BCLS renewal for the Friday evening and the cost will depend on the number of participants. Upon registration, a complete package will be forwarded to you with a detailed map and other information to assist you in nearby accommodations, etc.

*Training
Assessment,
& Consulting*

Prerequisites

Current CPR course **MUST** be the BLS for Healthcare Providers course from the Canadian Heart and Stroke 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 acsl4dds@promedics.org. To register for ACLS or PALS, 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,

Per: 
Professional Medical Associates

James Habstritt, BHSc, EMT-Paramedic
Program Director

JH/

*Paramedical and
EMS Staffing*

PLEASE NOTE:
Professional Medical
Associates has moved to our
NEW offices at #101 – 265
Carleton Drive, St. Albert,
Alberta. Phone numbers
remain the same

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



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: _____