



*Advanced Care  
Paramedic (ACP)  
Program*

May 7, 2018

Dear Potential EMR Student:

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

**RE: Emergency Medical Responder Program**

Thank you for your interest in our EMR course. Please find enclosed some information regarding the next available course, as well as an application form. Courses are filled on a first-come, first-served basis, and we are currently accepting registrations for the next available course.

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

The next course is scheduled to begin on **June 5th, 2018 at 1800h for orientation with regular classes commencing on Wednesday June 20th, 2018**. The course will be held from 1800h – 2200h, (with the exception of the orientation) and includes 2 – 3 weekend sessions comprised of a Friday night and full days Saturday and Sunday and other weekend(s) comprised of Saturday and Sunday.

*Educational  
Seminars and  
Workshops*

The course will be run from our office in Calgary. The cost of the course is \$1,985.00 including GST and includes the costs of the manual, course textbook, study exercises and handouts.

*Training  
Assessment,  
& Consulting*

In order to register, please contact the office via email or phone and a deposit of \$250.00 and execution of the student contract will be required. Balance of \$1,735.00 is due at orientation.

*Interactive  
Multi-Media*

The Emergency Medical Responder program includes a driving program including both didactic time, as well as a high-fidelity driving simulator, and includes a CPR - Health Care Provider update for all students.

*Advanced High-  
Fidelity Simulator  
Driving Programs*

Our address in Calgary is #112, 11420 – 27<sup>th</sup>, SE, Calgary, AB, telephone (403) 547-9709, or you may reach us via facsimile at (403) 258-0198. Please return your application form and payment to:

**Professional Medical Associates**  
112, 11420 – 27<sup>th</sup> Street SE  
Calgary, Alberta, T2Z 3R6

You may also contact the office via email at the following address: [melody@pmawebsite.net](mailto:melody@pmawebsite.net).

*On-site Program  
Delivery  
Specialists*

Thank you again for your interest, and we look forward to seeing you at our next course.

Sincerely,

**PER: Professional Medical Associates**

*Paramedical and  
EMS Staffing*

James Habstritt, EMT-Paramedic, B.H.Sc.  
Program Director

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

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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<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> _____
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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: \_\_\_\_\_