



*Advanced Care
Paramedic (ACP)
Program*

September 28, 2018

Dear Potential EMR Student:

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

RE: Emergency Medical Responder Program

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

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.

The next course is scheduled to begin on **Thursday November 1st, 2018 at 1800h** The course will be held from 1800h – 2200h, 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*

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.

*Interactive
Multi-Media*

Our address in Calgary is #112, 11420 – 27th, 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 – 27th Street SE
Calgary, Alberta, T2Z 3R6

*Advanced High-
Fidelity Simulator
Driving Programs*

You may also contact the office via email at the following address: melody@pmawebsite.net.

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

*On-site Program
Delivery
Specialists*

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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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: _____