



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

National Academy
of Professional
Driving Programs

On-site Program
Delivery
Specialists

Paramedical and
EMS staffing

Pediatric Education
for Prehospital
Professionals,
Geriatric Education
for Emergency
Medical Services,
BTLs, and ACLS

September 1, 2017

Dear Potential EMR Student:

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.

The next course is scheduled to begin on **Wednesday October 25th, 2017**. The course will be held from 1800h - 2200 h, 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.

The course will be held in our office in Calgary. The cost of the course is \$1,785.00 including GST and includes the costs of the manual, course textbook, study exercises and handouts. Payment can be made with Cheque, Visa, Mastercard, Debit, or Money order returned to the office. No cash please.

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

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

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

You may also contact the office via email at the following address: melody@promedics.org.

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

Sincerely,

PER: Professional Medical Associates

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

JH/sf



PROGRAM APPLICATION FORM

Application for: (check one)

<input type="checkbox"/> Emergency Medical Responder* <input type="checkbox"/> EMR Refresher Program* <input type="checkbox"/> EMT (CMA Primary Care Paramedic)+ <input type="checkbox"/> EMT Refresher Program* <input type="checkbox"/> EMT-P (CMA Advanced Care Paramedic)+ <input type="checkbox"/> EMT-P Refresher Program*	<input type="checkbox"/> EMD (Emergency Medical Dispatch)* <input type="checkbox"/> Standard First Aid* <input type="checkbox"/> Emergency First Aid* <input type="checkbox"/> CPR for Health Care Professional (HCP)* <input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS <input type="checkbox"/> Other (specify): _____
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EMT-Paramedic Program - CMA Advanced Care Paramedic

Educational Seminars and Workshops

EMT - CMA Primary Care Paramedic and EMR Programs

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 #	

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

Training Assessment, & Consulting

Interactive Multi-Media

High-Fidelity Simulator Driving Programs

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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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

PLEASE NOTE - UPON COMMENCEMENT OF SESSION, FEES WILL NOT BE REFUNDED.

***FOR EMT AND EMT-P PROGRAMS, TUITION REFUNDS OF LICENSED PROGRAMS ARE GUIDED BY THE PRIVATE VOCATIONAL TRAINING REGULATION AS OUTLINED ON EXECUTION OF STUDENT CONTRACT.**

SIGNATURE: _____ DATE: _____