



June 26, 2017

*EMT-Paramedic
Program - CMA
Advanced Care
Paramedic*

Potential EMR Student:

RE: Emergency Medical Responder Program

*Educational
Seminars and
Workshops*

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. The courses are filled on a first-come, first-serve basis, and we are currently accepting registrations for the next available course.

*EMT - CMA
Primary Care
Paramedic and
EMR Programs*

The next course is scheduled to begin on **Tuesday August 8th, 2017**. The course will be held from 1800h - 2200 h, and includes one weekend session comprised of a Friday night and full days Saturday and Sunday and one weekend comprised of Saturday and Sunday. The final examination for the course will be approximately 11 – 13 weeks from the commencement of the program.

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

The course will be run from our office in St. Albert. The cost of the course is \$1,785.00 including GST and includes the costs of the manual, course textbook, study exercises and handouts.

*Training
Assessment,
& Consulting*

The Emergency Medical Responder program also 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 complete mailing address is:

Professional Medical Associates

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

*High-Fidelity
Simulator/Driving
Programs*

(780) 460-8410, or via facsimile (780) 460-8277

*On-site Program
Delivery
Specialists*

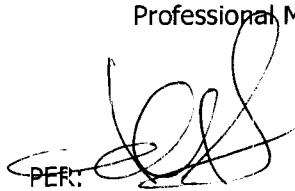
You may also contact the office via email at the following address: shelley@promedics.org.

*Paramedical and
EMS staffing*

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

Sincerely,
Professional Medical Associates

*Pediatric Education
for Prehospital
Professionals
Genetic Education
for Emergency
Medical Services,
PHLS, PECC
EALS and ACLS*

PER: 
James Habstritt, EMT-Paramedic
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, PHYLs, 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: _____