



May 3<sup>rd</sup>, 2018

*AdvancedCare  
Paramedic(ACP)  
Program*

Potential EMR Student:

**RE: Emergency Medical Responder Program**

*PrimaryCare  
Paramedic(PCP),  
EMRandFMR  
Programs*

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.

*FirstAid,CPR  
and MFR  
Programs-Needs  
Assessmentand  
Training*

The next course is scheduled to begin on **June 6<sup>th</sup>, 2018 at 1800h for orientation with regular classes commencing on Tuesday June 19<sup>th</sup>, 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  
Seminarsand  
Workshops*

The course will be run from our office in St. Albert. 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.

*AdvancedHigh-  
FidelitySimulator  
DrivingPrograms*

Please contact the office if you require more information or specific details. Enclosed with the application form, payment can be made with Cash, Cheque, Visa, MasterCard, Debit or Money order returned to the office.

Our complete mailing address is:

**Professional Medical Associates**

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

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

*On-siteProgram  
Delivery  
Specialists*

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

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

*Paramedical and  
EMSstaffing*

Sincerely,  
Professional Medical Associates

*PediatricEducation  
forPrehospital  
Professionals,  
GeriatricEducation  
forEmergency  
MedicalServices,  
PHALS,TECC,  
PALSandACLS*

PER:   
James Habstritt, EMT-Paramedic  
Program Director

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: \_\_\_\_\_