



May 3rd, 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 6th, 2018 at 1800h for orientation with regular classes commencing on Tuesday June 19th, 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.

*On-siteProgram
Delivery
Specialists*

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

*Paramedical and
EMSstaffing*

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

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

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

Sincerely,
Professional Medical Associates

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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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: _____