



*Advanced Care
Paramedic (ACP)
Program*

September 28, 2018

Potential EMR Student:

RE: Emergency Medical Responder Program

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

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

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.

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.

*Educational
Seminars and
Workshops*

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.

*Training
Assessment,
& Consulting*

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.

*Interactive
Multi-Media*

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

*Advanced High-
Fidelity Simulator
Driving Programs*

You may also contact the office via email at the following address: shelley@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,
Professional Medical Associates

*Paramedical and
EMS staffing*

PER:

James Habstritt, EMT-Paramedic
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: _____