



September 1, 2017

*EMT-Paramedic  
Program - CMA  
Advanced Care  
Paramedic*

Potential EMR Student:

*Educational  
Seminars and  
Workshops*

**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. 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 **Monday October 30<sup>th</sup>, 2017**. The course will then move to Tuesday nights starting November 7<sup>th</sup>, 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.

*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.

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.

*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

*National Academy  
of Professional  
Driving Programs*

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

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

*On-site Program  
Delivery  
Specialists*

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

Sincerely,  
Professional Medical Associates

*Paramedical and  
EMS staffing*

PER:  
  
James Habstritt, EMT-Paramedic  
Program Director

JH/sf

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



# 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*

<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>	

*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:**

<b>AMOUNT PAID: \$</b> _____ MC   Visa   Debit   Cash   Chq #   Other <b>Authorization #</b> _____ <b>Security #</b> _____ <b>Invoice or PO#</b> _____	<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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*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: \_\_\_\_\_