



*EMT-Paramedic  
Program - CMA  
Advanced Care  
Paramedic*

September 1, 2017

Dear Potential Student,

**RE: Emergency Medical Technician (CMA PCP) Program**

*Educational  
Seminars and  
Workshops*

Thank you for your interest in the EMT program, currently accredited by the Canadian Medical Association as a Primary Care Paramedic, from Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the EMT program. This EMT program will be held from our Calgary office, tentatively scheduled to commence on **November 3<sup>rd</sup>, 2017**. The program will run on a full 3 days on 5 days off schedule.

*EMT - CMA  
Primary Care  
Paramedic and  
EMR Programs*

As applications start coming in, you will be contacted by email or phone with a time for the written exams, scenario testing and interview.

**October 12<sup>th</sup>, 2017 in our Calgary office (#112, 11420 – 27<sup>th</sup> Street SE)**

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

**Deadline for applications – October 6<sup>th</sup>, 2017**

To assist students in determining the total costs while comparing various programs, our programs are inclusive of all texts, lab fees and student packages, rather than a tuition price with the student responsible to pay additionally for texts, student and learning packages, etc. Various options for payment plans are available. Our current EMT tuition is \$9,250.00.

*Training  
Assessment,  
& Consulting*

The selection process is comprised of:

- a 200 question multiple-choice examination,
- an aptitude examination,
- one medical or trauma scenario, and
- a personal interview, reference and security check,
- multiple mini interviews.

*Interactive  
Multi-Media*

It should be noted that applications will not proceed to the next stage without a cheque or money order for **\$95.00** for the cost of assessment and testing.

*National Academy  
of Professional  
Driving Programs*

Completed applications can be returned, with necessary documentation to:

*On-site Program  
Delivery  
Specialists*

**Professional Medical Associates**

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

Selection for available positions is based on a number of factors, with employability and ability to successfully complete the program being most important. We also look at both educational and work experience, and current employment at the EMR level offers substantial benefits to gaining entrance into the program.

*Paramedical and  
EMS staffing*

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

.../2 over

As the course is inclusive of the expanded scope of practice as well as additional certification courses (PHTLS, PEPP, GEMS), (1) applicants must possess registration as an EMR with the Alberta College of Paramedics (before practicum), (2) BCLS within the previous 12 months, and (3) a resume including current or former health/ EMS related employment, volunteer experience and education. Applicants are to provide documentation of the listed requirements from the check list:

- application form (mandatory)
- personal resume (mandatory)
- certificate/transcript from EMR program (mandatory for those not completing PMA program)
- CLEAR** security clearance check dated within 90 days of application  
(must include vulnerable sector check) (mandatory)
- photocopy of Alberta College of Paramedics practice permit (registration required to proceed to practicums, must be eligible for registration on commencement of program)
- photocopy of valid drivers license (mandatory)
- photocopy of BCLS within 12 months (mandatory)
- copy of results from ACP EMR Registration Examination
- assessment fee of **\$95.00** payable to **Professional Medical Associates** (mandatory)
- letters of reference of EMS/Health related employers (if applicable)
- letters of sponsorship or recommendation from current EMS/Health related employers (if applicable)
- letter detailing ability to complete practicum with current employer (if applicable)

**APPLICATIONS MUST BE RECEIVED IN THE ST. ALBERT OFFICE BY:**

**October 6<sup>th</sup>, 2017**

The selection process takes into account experience as an EMR, other education and most importantly, employment opportunities as an EMT.

Thank you again for your interest, and we look forward to seeing you at our next selection sitting. The number at the office is (780) 460-8410, or you may reach us via facsimile at (780) 460-8277.

Sincerely,

**Professional Medical Associates**

Per: 

James Habstritt, EMT-P, B.H.Sc.  
*Program Director*

JH/sf

Encl.



# 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: \_\_\_\_\_