



EMT-Paramedic
Program - CMA
Advanced Care
Paramedic

September 1, 2017

Dear Potential Student,

Educational
Seminars and
Workshops

RE: Emergency Medical Technician (CMA PCP) Program

EMT - CMA
Primary Care
Paramedic and
EMR Programs

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. The EMT program will be held from our St. Albert office, tentatively scheduled to commence on **October 23rd, 2017**. The delivery of the program will be on a part time schedule.

As applications start coming in, you will be contacted by mail or phone with a time for the written exams, scenario testing and interview. Based on the demand for this program, we have scheduled 1 session for testing.

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

October 13th, 2017 in our St. Albert office (#101, 265 Carleton Drive)

Deadline for applications – October 6th, 2017

To assist students in determining the total costs while comparing various programs, our programs which 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 program fees are \$9,250.00.

Training
Assessment,
& Consulting

The selection process is comprised of:

Interactive
Multi-Media

- 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.

National Academy
of Professional
Driving Programs

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.

On-site Program
Delivery
Specialists

Completed applications to be returned, with necessary documentation to:

Professional Medical Associates

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

Paramedical and
EMS staffing

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.

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 6th, 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

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 #	

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:

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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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: _____