



*AdvancedCare  
Paramedic(ACP)  
Program*

May 22, 2020

*PrimaryCare  
Paramedic(PCP),  
EMR and FMR  
Programs*

Dear Potential FMR Student:

**RE: First Medical Responder Program**

*First Aid, CPR  
and MFR*

Thank you for your interest in our FMR course. Please find enclosed some information regarding the next available course, as well as an application form. Courses are filled on a first-come, first-served basis, and we are currently accepting registrations for the next available course.

*Programs-Needs  
Assessment and  
Training*

The next course is scheduled to begin on **Wednesday July 8<sup>th</sup>, 2020 at 1800h**. The course will be held from 1800h – 2200h, and includes 2 weekend sessions comprised of a Friday night and full days Saturday and Sunday and 1 weekend comprised of Saturday and Sunday.

*Educational  
Seminars and  
Workshops*

The course will be run from our office in Calgary. The cost of the course is \$2,185.00 including GST and includes the costs of the manual, course textbook, study exercises and handouts.

*Training  
Assessment,  
& Consulting*

The First 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. Graduates are eligible to continue to complete the new Emergency Medical Responder Program, or may chose to apply to the PCP Program.

*Interactive  
Multi-Media*

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.

*Advanced High-  
Fidelity Simulator  
Driving Programs*

Our complete mailing address is:

**Professional Medical Associates**  
112, 11420 – 27<sup>th</sup> Street SE  
Calgary, Alberta, T2Z 3R6

*On-site Program  
Delivery  
Specialists*

You may also contact the office via email at the following address: [melody@pmawebsite.net](mailto:melody@pmawebsite.net).

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

*Paramedical and  
EMS staffing*

Sincerely,

**PER: Professional Medical Associates**

*Pediatric Education  
for Prehospital  
Professionals,  
Geriatric Education  
for Emergency  
Medical Services,  
PHALS, TECC,  
PALS and ACLS*

  
James Habstritt, EMT-Paramedic, B.H.Sc.  
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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<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>	

**FOR OFFICE USE ONLY:**

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