



June 2022

*EMT - Paramedic
Program - CMA
Advanced Care
Paramedic*

Potential FMR Student:

RE: First Medical Responder Program

*EMT - CMA
Primary Care
Paramedic
and EMR,
Programs*

Thank you for your interest in our FMR course. The courses are filled on a first-come, first-serve basis, and we are currently accepting registrations for the next available course.

The course is scheduled to begin on **Tuesday, September 6, 2022 at 1800h**. The course will be held from 1800h - 2200h and includes 3 weekend sessions comprised of a Friday night and full days Saturday and Sunday.

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

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

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 apply to our Primary Care Paramedic Program.

*Educational
Seminars and
Workshops*

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.

*Training
Assessment,
& Consulting*

Our complete mailing address is:

Professional Medical Associates
101, 265 Carleton Drive
St. Albert, Alberta, T8N 4J9

*Interactive
Multi-Media*

Please mail or email your applications to the office.

*Advanced Driving
Simulation
Program*

You may also contact the office via email at the following address: melody@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*

JH/mc

*ACLS, PALS and
PHLS*



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: _____