



*Advanced Care  
Paramedic (ACP)  
Program*

February 23<sup>rd</sup>, 2021

Potential FMR Student:

**RE: First Medical Responder Program**

*Primary Care  
Paramedic (PCP),  
EMR and FMR  
Programs*

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. The courses are filled on a first-come, first-serve basis, and we are currently accepting registrations for the next available course.

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

The next course is scheduled to begin on **Tuesday April 6<sup>th</sup>, 2021 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.

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.

*Educational  
Seminars and  
Workshops*

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.

*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

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

*Advanced High-  
Fidelity Simulator  
Driving Programs*

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

*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

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

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: \_\_\_\_\_