



*EMT - Paramedic
Program - CMA
Advanced Care
Paramedic*

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

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

*Educational
Seminars and
Workshops*

*Training
Assessment,
& Consulting*

*Interactive
Multi-Media*

*Advanced Driving
Simulation
Program*

*On-site Program
Delivery
Specialists*

*Paramedical and
EMS staffing*

*Pediatric Education
for Prehospital
Professionals,
Geriatric Education
for Emergency
Medical Services*

*ACLS, PALS and
PHILS*

September 3, 2021

Dear Potential Student:

RE: Primary Care Paramedic Program

Thank you for your interest in the Primary Care Paramedic Program offered by Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the Primary Care Paramedic Program. These Primary Care Paramedic Programs will be held from both our St. Albert and Calgary offices. Classes are scheduled to commence on **Thursday October 28th, 2021 in Calgary and Wednesday November 3rd, 2021 in St. Albert. Both programs will run on a 4 day on 4 day off rotation.**

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 the following testing sessions in Calgary and St. Albert.

**Written exams for our Calgary campus (#112, 11420 – 27th Street SE) will be October 9th, 2021 followed by online scenarios on October 10th and online interviews on October 11th, 2021.
Deadline for applications – October 7th, 2021**

**Written exams for our St. Albert campus (#101, 265 Carleton Drive) will be October 15th, 2021 followed by online scenarios October 16th and online interviews on October 17th, 2021
Deadline for applications – October 13th, 2021**

In compliance with the new AHS protocols regarding Covid-19 vaccines requiring ALL staff, students and volunteers be vaccinated, please provide your Proof of Covid-19 vaccine with your application form. This is necessary to ensure all students can be placed on a practicum.

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 program fees are \$9,950.00.

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.

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.

Completed applications (for both locations) to be returned with necessary documentation to (including your Covid-19 proof of vaccinations) to:

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

.../2 over

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.

As the course is inclusive of the expanded scope of practice as well as additional certification courses (PHTLS, PEARS, GEMS), (1) applicants must possess BCLS within the previous 12 months, and (2) 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)
- ___ high school transcript OR GED
- ___ certificate/transcript from FMR/ EMR program (mandatory for those not completing PMA program)
- ___ proof of Covid-19 vaccinations
- ___ **CLEAR** security clearance check dated within 90 days of application
(must include vulnerable sector check) (mandatory)
- ___ photocopy of Alberta College of Paramedics Practice Permit (if applicable)
- ___ photocopy of valid driver's license (mandatory) NON GDL
- ___ photocopy of BCLS within 12 months (mandatory)
- ___ copy of results from ACP EMR Registration Examination (if applicable)
- ___ 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 7th, 2021 for Calgary Campus
October 13th, 2021 for St. Albert Campus

Due to COVID 19 we are asking that you either mail or email your applications. Please DO NOT drop off in person.

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

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, ACP, B.H.Sc.
Program Director

JH/sf

Encl.



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): _____ |
|--|--|

| | | | |
|--|---------------------------|----------------------------------|---------------------------|
| 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: _____ |
|---|---|---|

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: _____