



Advanced Care
Paramedic (ACP)
Program

October 1st, 2018

Dear Potential Student,

Primary Care
Paramedic (PCP),
EMR and FMR
Programs

RE: Emergency Medical Technician - Primary Care Paramedic Program

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

Thank you for your interest in the Primary Care Paramedic Program, currently accredited by Accreditation Canada from 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, scheduled to commence on **January 4th, 2019 in St. Albert and January 8th, 2019 in Calgary. Both campuses will run a full-time program, 4 days on, 4 days off rotation.**

Educational
Seminars and
Workshops

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 testing sessions in both the St. Albert and Calgary locations.

**November 26th, 2018 in our St. Albert office (#101, 265 Carleton Drive)
Deadline for applications – November 19th, 2018**

Training
Assessment,
& Consulting

**November 30th, 2018 in our Calgary office (#112, 11420 – 27th Street SE)
Deadline for applications – November 23rd, 2018**

Interactive
Multi-Media

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 \$9,650.00.

Advanced High-
Fidelity Simulator
Driving Programs

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.

On-site Program
Delivery
Specialists

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:

Professional Medical Associates

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

Paramedical and
EMS staffing

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

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.

.../2 over

As the course is inclusive of the expanded scope of practice as well as additional certification courses (PHTLS, PEPP, GEMS, AMLS), (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)
- 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 (if applicable)
- photocopy of valid drivers license (mandatory)
- 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:

November 19th, 2018 for St. Albert Campus AND

November 23rd, 2018 for Calgary Campus

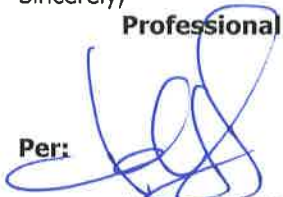
The selection process takes into account experience as an EMR, other education and most importantly, employment opportunities as an EMT.

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)

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: _____