



*Advanced Care  
Paramedic (ACP)  
Program*

September 11, 2020

Dear Potential Student:

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

**RE: Primary Care Paramedic Program**

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. Classes are scheduled to commence on **Friday November 6<sup>th</sup>, 2020 in Calgary and Wednesday November 11<sup>th</sup>, 2020 in St. Albert. Both programs will run on a 4 day on 4 day off rotation.**

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

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 3 testing sessions in Calgary and St. Albert.

*Educational  
Seminars and  
Workshops*

**October 15<sup>th</sup>, 16<sup>th</sup> and 17<sup>th</sup>, 2020 in our Calgary office (#112, 11420 – 27<sup>th</sup> Street SE)  
Deadline for applications – October 12<sup>th</sup>, 2020**

**October 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup>, 2020 in our St. Albert office (#101, 265 Carleton Drive)  
Deadline for applications – October 16<sup>th</sup>, 2020**

*Training  
Assessment,  
& Consulting*

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.

*Interactive  
Multi-Media*

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.

*Advanced High-  
Fidelity Simulator  
Driving Programs*

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.

*On-site Program  
Delivery  
Specialists*

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*

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.

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

.../2 over

As the course is inclusive of the expanded scope of practice as well as additional certification courses (PHTLS, PEPP, 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)
- 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 12<sup>th</sup>, 2020 for Calgary Campus**

**October 16<sup>th</sup>, 2020 for St. Albert Campus**

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): _____
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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: \_\_\_\_\_