



EMT-Paramedic
Program - CMA
Advanced Care
Paramedic

Educational
Seminars and
Workshops

EMT-A - CMA
Primary Care
Paramedic (Level
I) and EMR
Programs

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

Training
Assessment,
& Consulting

Interactive
Multi-Media

National Academy
of Professional
Driving Programs

On-site Program
Delivery
Specialists

Paramedical and
EMS staffing

Pediatric Education
for Prehospital
Professionals,
Geriatric Education
for Emergency
Medical Services,
BCLS, and ACLS

January 2010

Dear Potential Student:

RE: Emergency Medical Dispatcher Course

Thank you for your interest in our EMD course. The courses are filled on a first-come, first-served basis, and we are currently accepting registrations for the next available courses. The following information pertains to the upcoming EMD courses to be held at our St. Albert campus.

The next scheduled courses are slated for **Saturday February 6th and Sunday February 7th, 2010** or **Saturday February 27th and Sunday February 28th, 2010** from our St. Albert campus. The programs run from 0800 - 2000h on both days, as opposed to running a 3 day program from 0800 - 1630.

The cost of the course is \$425.00 including GST, if your registration is received ten days prior to the course (**before January 27th and February 17th, 2010** or \$475.00 including GST, if received less than ten days prior to the course. The cost of the program includes all materials required for the course.

Payment can be made with Cheque, Cash, Visa, MasterCard, Debit, Purchase order, or Money order. Please contact the office if you require more information or specific details. Please submit your complete application to the following:

Professional Medical Associates

200, 398 St. Albert Road
St. Albert, AB T8N 5J9
Phone: 780-460-8410
Facsimile: 780-460-8277

Thank you for your interest, and we look forward to hearing from you.

Sincerely,

Professional Medical Associates

James Habstritt, EMT-Paramedic, B.H.Sc.
Program Director

JH/sf



PROGRAM APPLICATION FORM

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Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services, BCLS, and ACLS

Application for: (check one)

<input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/> EMR Refresher Program <input type="checkbox"/> EMT (CMA Level PCP) <input type="checkbox"/> EMT Refresher Program <input type="checkbox"/> EMT-P (CMA Level ACP) <input type="checkbox"/> EMT-P Refresher Program	<input type="checkbox"/> EMD <input type="checkbox"/> Standard First Aid <input type="checkbox"/> Emergency First Aid <input type="checkbox"/> Basic Rescuer CPR (Level C) <input type="checkbox"/> CPR for Health Care Professionals (CPR-HCP) <input type="checkbox"/> Other (specify): _____
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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: \$ _____ <small>MC Visa Debit Cash Chq # Other</small> 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, tuition will not be refunded.**

SIGNATURE: _____ Date: _____