



EMT-Paramedic
Program - CMA
Advanced Care
Paramedic

October 24, 2011

Dear Potential EMR Student:

Educational
Seminars and
Workshops

RE: Emergency Medical Responder Program

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

Thank you for your interest in our EMR course. Please find enclosed some information regarding the next available course, as well as an application form. Courses are filled on a first-come, first-served basis, and we are currently accepting registrations for the next available course.

The next course is scheduled to begin **Janaury 17th, 2012**. The course will be held **Tuesday** evenings from 1800h - 2200 h, and includes one weekend session comprised of a Friday night and full days Saturday and Sunday and one weekend comprised of Saturday and Sunday. The final examination for the course will be approximately 11 weeks from the commencement of the program.

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

The course will be held in our office in Calgary. The cost of the course is \$985.00 including GST and includes the costs of the manual, course textbook, study exercises, CPR update and handouts. Please contact the office if you require more information or specific details. Payment can be made with Cheque, Visa, Mastercard, Debit (St. Albert office only) or Money order returned to the office. Once you have registered, a more detailed outline package will be sent with exact times and dates for your information.

Training
Assessment,
& Consulting

Our address in Calgary is #1, 7317 - 12 Street, SE, Calgary, AB, telephone (403) 547-9709, or you may reach us via facsimile at (403) 212-7146. Please return your application form and payment to:

Interactive
Multi-Media

Professional Medical Associates
Mission Hill Professional Centre
Suite 200, 398 St. Albert Road
St. Albert, Alberta, T8N 5J9

National Academy
of Professional
Driving Programs

You may also contact the office via email at the following address: melody@promedics.org.

Thank you again for your interest, and we look forward to seeing you at our next course.

Sincerely,

PER: Professional Medical Associates

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

JH/sf

Paramedical and
EMS staffing

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



PROGRAM APPLICATION FORM

Application for: (check one)

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

<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: _____