



EMT-Paramedic
Program - CMA
Advanced Care
Paramedic

February 17, 2011

Educational
Seminars and
Workshops

Dear Potential Student,

RE: Emergency Medical Responder Refresher Program

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

Thank you for your interest in the EMR Refresher program, offered by Professional Medical Associates.

The EMR Refresher Program consists of 4 sessions held over four consecutive days, with pre-course reading assignments and exercises.

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

The next available program will be held from our St. Albert campus, and the dates have been selected as the following:

Monday, April 04 2011	(10:00 – 16:30)
Tuesday, April 05 2011	(10:00 – 16:30)
Wednesday, April 06 2011	(10:00 - 16:30)
Thursday, April 07 2011	(10:00 – 16:30)

Training
Assessment,
& Consulting

This program will include the new scope of practice such as traction splints, glucose testing, as well as symptom relief information.

Interactive
Multi-Media

The cost of the course is \$575.00 and includes the refresher manual, study exercises and handouts, and all practical sessions. If you require a textbook there is an additional \$90.00 charge, including GST. The text used for this program is The Emergency Care and Transportation of The Sick and Injured - 10th edition.

National Academy
of Professional
Driving Programs

Payment can be made with cash, debit, VISA, MasterCard, Debit, personal cheque, money order or purchase order returned to the office with the enclosed application form. Once you have registered, a confirmation package will be sent out with the pre-course manual.

On-site Program
Delivery
Specialists

The number at the office is (780) 460-8410, toll free at 1-800-665-6836, or you may reach us via facsimile at (780) 460-8277. You can also visit us on the web at www.promedics.org.

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

Sincerely,
Professional Medical Associates

Paramedical and
EMS staffing

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

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

JH/sf
Encl.



PROGRAM APPLICATION FORM

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

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: _____