



April 1, 2011

*EMT-Paramedic
Program - CMA
Advanced Care
Paramedic*

Dear Potential Student:

**RE: Emergency Medical Technologist-Paramedic
(CMA Advanced Care Paramedic) Program**

*Educational
Seminars and
Workshops*

Thank you for your interest in the EMT-P program, currently accredited by the Canadian Medical Association as an Advanced Care Paramedic, from Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the EMT-P program. We are testing for our St. Albert program. The program is tentatively scheduled to commence in **July 2011**.

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

As applications start coming in, you will be contacted by mail or phone with a schedule for the written exams as well as a time for the scenario testing and interview. You will only need to attend one of the days. Based on the demand for this program, we have scheduled two days for testing:

May 13th & 14th, 2011 in our St. Albert office (#200, 398 St. Albert Road)

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

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. The total cost of the program is \$21,500 and there are various options for payment plans if needed.

*Training
Assessment,
& Consulting*

As with all our programs, we work with our practicum partners as a part of the selection process and sponsorship of prospective employees for provision of ambulance and hospital practicum placements. Students demonstrating an aptitude to succeed, employment opportunity at the ALS level, and a service commitment to clinical education opportunities are given preference in the selection process. The selection process is comprised of:

*Interactive
Multi-Media*

- a 200 question multiple-choice examination,
- one scenario, aptitude test, ECG examination, and
- a personal interview, reference and security check.

*National Academy
of Professional
Driving Programs*

It should be noted that applications can not proceed to the next stage without a cheque or money order for **\$95.00** for the cost of assessment and testing. When returning the application for selection, include the following from the check list:

*On-site Program
Delivery
Specialists*

- ___ application form (mandatory)
- ___ personal resume (mandatory)
- ___ photocopy of Alberta College of Paramedics card (mandatory)
- ___ photocopy of BCLS - Level 'C' (mandatory)
- ___ security clearance check (must include vulnerable sector check) (mandatory)
- ___ assessment fee of \$95.00 payable to Professional Medical Associates (mandatory)

*Paramedical and
EMS staffing*

... over

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



EMT-Paramedic Program - CMA Advanced Care Paramedic

- Copy of results from the Alberta College of Paramedics EMT Provincial Examination (mandatory)
- Official transcripts from a recognized EMT program (mandatory)

Additional information to support your application in the selection process includes the following:

Educational Seminars and Workshops

- Letters of reference and support from EMS related employers
- Letters of support from ALS practitioners (at least 2)
- Letters of recommendation from your current EMS employer
- Letter detailing ability to complete practicum with current ALS employer (if applicable)

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

Completed applications can be submitted, with all necessary documentation to:

Professional Medical Associates
#200, 398 St. Albert Road
St. Albert, Alberta T8N 5J9

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

****Applications must be received by May 6th, 2011 to be scheduled for the testing process.**

Flexible delivery will allow students to continue employment. Our "commitment to educational excellence" focuses on producing graduates with maximum employability. Our goal, as with all our programs, is to provide current practitioners the opportunity to upgrade their skills and knowledge while continuing in their EMS careers.

Training Assessment, & Consulting

Thank you again for your interest, and we look forward to seeing you in our next program. The number at the office is (780) 460-8410, or via facsimile at (780) 460-8277. You can also contact us through e-mail at shelley@promedics.org.

Interactive Multi-Media

Sincerely,
Professional Medical Associates

National Academy of Professional Driving Programs

PER:
James Habstrich, EMT-Paramedic, B.H.Sc.
Program Director

On-site Program Delivery Specialists

JH/sf

End.

Paramedical and EMS staffing

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



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: _____