



December 15, 2009

*EMT-Paramedic  
Program - CMA  
Advanced Care  
Paramedic*

Dear Potential Student:

**RE: Emergency Medical Technician Refresher Program**

*Educational  
Seminars and  
Workshops*

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

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

The EMT Refresher consists of 5 sessions held over 5 days with pre-course reading assignments and exercises. The next scheduled course is slated for:

<b>Monday January 11, 2010</b>	(09:00 - 17:00)
<b>Tuesday January 12, 2010</b>	(09:00 - 17:00)
<b>Wednesday January 13, 2010</b>	(09:00 - 17:00)
<b>Thursday January 14, 2010</b>	(09:00 - 17:00)
<b>Friday January 15, 2010</b>	(09:00 - 17:00)

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

This program will include the new scope of practice, GAP training such as intermediate airway and symptom relief medication information.

*Training  
Assessment,  
& Consulting*

The course will be running from our office in St. Albert, Alberta, located at:  
#200, 398 St. Albert Road  
St. Albert, Alberta  
T8N 5J9  
(780) 460-8410

*Interactive  
Multi-Media*

The cost of the course is \$995.00 and includes the refresher manual, study exercises and handouts, and all practical sessions. If you require a textbook, there is an additional charge of \$180.00 (including GST). The textbook and workbook used for this program is the Mosby's EMT - 3<sup>rd</sup> Edition Intermediate Textbook and Workbook.

*National Academy  
of Professional  
Driving Programs*

Payment can be made now, with VISA, Mastercard, personal cheque, purchase order or money order returned to the office. Once we have received payment, a more detailed outline and pre-course material package will be sent to you with exact times and dates for your information.

*On-site Program  
Delivery  
Specialists*

Thank you again for your interest, and we look forward to seeing you at our next course. The number at the office is (780) 460-8410, or you may reach us via facsimile at (780) 460-8277. You can also visit us on the web at [www.promedics.org](http://www.promedics.org).

Sincerely,  
**Professional Medical Associates**

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

*Paramedical and  
EMS staffing*

JH/sf  
Encl.

*Pediatric Education  
for Prehospital  
Professionals,  
Geriatric Education  
for Emergency  
Medical Services,  
BTLs, 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): _____
--	--

<b>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> _____ <small>MC Visa Debit Cash Chq # Other</small> <b>Authorization #</b> _____ <b>Security #</b> _____ <b>Invoice or PO#</b> _____	<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> _____
---	---	---

**\*Please Note - Upon commencement of program, tuition will not be refunded.**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_