



EMT-Paramedic October 24, 2011

Program - CMA

Advanced Care Paramedic Dear Potential Student,

**RE: Emergency Medical Technician (CMA PCP) Program**

Educational Seminars and Workshops

Thank you for your interest in the EMT program, currently accredited by the Canadian Medical Association as a Primary Care Paramedic, from Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the EMT program. This EMT program will be held from our Calgary office, tentatively scheduled to commence in **January 2012**.

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 time for the written exams, scenario testing and interview. You will only need to attend one of the days. Based on the demand for this program, we have scheduled three sessions for testing.

**November 29<sup>th</sup> & 30<sup>th</sup>, and December 1<sup>st</sup>, 2011 in our Calgary office:**

(#1, 7317 – 12<sup>th</sup> Street SE)

**Deadline for applications – November 25, 2011**

First Aid, CPR and AED

Programs - Needs

Assessment and

Training

It is suggested that all applicants be available for either of the 3 days, to ensure they are available to compete for the available openings in the EMT program.

Training

Assessment,

& Consulting

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. Various options for payment plans are available. Our current EMT tuition is \$6,250.00.

Interactive

Multi-Media

The selection process is comprised of:

- a 150 question multiple-choice examination,
- an aptitude examination,
- one medical or trauma scenario, and
- a personal interview, reference and security check.

National Academy

of Professional

Driving Programs

It should be noted that applications will not proceed to the next stage without a cheque or money order for **\$95.00** for the cost of assessment and testing.

On-site Program

Delivery

Specialists

Completed applications can be returned, with necessary documentation to:

**Professional Medical Associates**

Suite 200, 398 St. Albert Road,

St. Albert, AB T8N 5J9

Paramedical and

EMS staffing

Selection for available positions is based on a number of factors, with employability and ability to successfully complete the program being most important. We also look at both educational and work experience, and current employment at the EMR level offers substantial benefits to gaining entrance into the program.

Pediatric Education

for Prehospital

Professionals,

Geriatric Education

for Emergency

Medical Services,

BCLS and ACLS

.../2 over

As our course is an EMT program inclusive of the expanded scope of practice as well as additional certification courses (ITLS, NAPD, PEPP, GEMS), (1) applicants must possess current registration as an EMR with the Alberta College of Paramedics, (2) BCLS within the previous 12 months, and (3) a resume detailing current or former EMS related employment and education. Applicants are to return documentation of the listed requirements with the application form included in this package. When returning the application for selection, include the following from the check list:

- application form (mandatory)
- personal resume (mandatory)
- copy of current drivers license (mandatory)
- certificate/transcript from EMR program (mandatory)
- security clearance check (must include vulnerable sector check) (mandatory)
- photocopy of Alberta College of Paramedics card (registration required to proceed to practicums, must be eligible for registration on commencement of program)
- photocopy of BCLS - Level 'C' (mandatory)
- assessment fee of **\$95.00** payable to **Professional Medical Associates** (mandatory)
- letters of reference of EMS related employers (if applicable)
- letters of sponsorship or recommendation from current EMS employers (if applicable)
- letter detailing ability to complete practicum with current employer (if applicable)

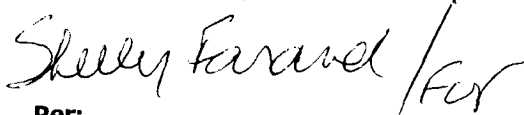
**APPLICATIONS MUST BE RECEIVED IN THE ST ALBERT OFFICE BY November 25, 2011.**

The selection process takes into account experience as an EMR, other education and most importantly, employment opportunities as an EMT.

Thank you again for your interest, and we look forward to seeing you at our next selection sitting. The number at the office is (403) 547-9709, 1-800-665-6836, or you may reach us via facsimile at (780) 460-8277.

Sincerely,

**Professional Medical Associates**

Handwritten signature of Shelly Farnard in cursive script, with the initials 'SF' written below the signature.

**Per:**

James Habstritt, EMT-P, B.H.Sc.  
*Program Director*

JH/sf

Encl.



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

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