



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

February 17, 2011

Dear Potential Student:

RE: Emergency Medical Technician Refresher Program

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

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

Monday April 18, 2011	(09:00 - 16:30)
Tuesday April 19, 2011	(09:00 - 16:30)
Wednesday April 20, 2011	(09:00 - 16:30)
Thursday April 21, 2011	(09:00 - 16:30)
Friday April 22, 2011	(09:00 - 16:30)

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

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

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 - 3rd Edition Intermediate Textbook & Workbook.

Payment can be made now, with Cash, Debit, 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.

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.

Sincerely,
Professional Medical Associates


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

JH/sf
Encl.



PROGRAM APPLICATION FORM

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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

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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: _____