



October 2011

*EMT-Paramedic
Program - CMA
Advanced Care
Paramedic*

To DDS PALS Provider:

RE: Pediatric Advanced Life Support (PALS) for DDS, November 26 and 27, 2011

*Educational
Seminars and
Workshops*

First and foremost, if you receive duplicate copies of this email, or you have recently updated, please accept my apology. We are working to update the database to limit duplicate emails and not contact those that are current.

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

Please find the information regarding the next Pediatric Advanced Life Support Course for DDS through Professional Medical Associates. The PALS program will be the new standards, and will include a new student manual. The cost of the program is \$495.00, inclusive of the PALS course tuition, the pre-course material and the PALS manual as well as lunch both days.

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

We have scheduled the next PALS for DDS program for November 26 and 27, 2011 in the PMA offices in St. Albert. Upon registration, a complete package will be forwarded to you with a detailed map and other information to assist you in nearby accommodations, etc.

*Training
Assessment,
& Consulting*

Prerequisites

Current CPR course **MUST** be the BLS for Healthcare Providers course from the Canadian Heart and Stoke Foundation – please bring proof of current status for the first day of the program. For those that do not have a current BLS for HCP card, we may be offering the CPR update before the PALS program, so please contact the office. Please also bring your ADA&C card as we need to include your registration number on the course roster.

*Interactive
Multi-Media*

*National Academy
of Professional
Driving Programs*

Should we be able to offer any further assistance, please feel free to contact us through email at acls4dds@promedics.org. To register for PALS, please contact the offices of Professional Medical Associates at (780) 460-8410 or toll-free (800) 665-6836. We look forward to providing this program for you and we wish you every success.

*On-site Program
Delivery
Specialists*

Yours sincerely,

*Paramedical and
EMS staffing*

Per: 
Professional Medical Associates

James Habstritt, BHSc, EMT-Paramedic
Program Director
JH/

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



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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SURNAME		FIRST NAME/MIDDLE INITIAL	
ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	
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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: _____