



October 2008

*EMT-Paramedic
Program - CMA
Advanced Care
Paramedic*

Dear Potential EMT-Paramedic Student:

*Educational
Seminars and
Workshops*

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

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

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. Programs will be held from our St. Albert office. The program is tentatively scheduled to commence in **December 2008 or January 2009**.

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

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 the following dates for testing:

November 17 and 18, 2008 in our St. Albert office (#200, 398 St. Albert Road)

*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. The total cost of the program will be between \$18,500 and \$19,500 depending on class size, employer support and costs for certifications. Various options for payment plans are available.

*Interactive
Multi-Media*

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:

*National Academy
of Professional
Driving Programs*

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

*On-site Program
Delivery
Specialists*

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:

*Paramedical and
EMS staffing*

- 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)
- completion of gap training (mandatory)

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

... over

- 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:

- 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)

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

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

****Applications must be received by November 14, 2008 to be scheduled for the testing process.**

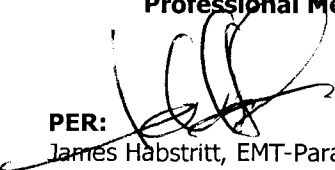
Flexible delivery will allow students to continue employment. Our "commitment to educational excellence" focuses on producing graduates with maximum employability. Our goal, as with all our programs, is to provide current practitioners the opportunity to upgrade their skills and knowledge while continuing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

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.

Sincerely,

Professional Medical Associates

PER:


James Habstritt, EMT-Paramedic, 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
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*EMT-A - CMA
Primary Care
Paramedic (Level
1) and EMR
Programs*

*First Aid, CPR
and AED
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*Training
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*Interactive
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*National Academy
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*On-site Program
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*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 Section 12(1) Program <input type="checkbox"/> EMD	<input type="checkbox"/> EMT-P CMA Level ACP <input type="checkbox"/> EMT-P Refresher Program <input type="checkbox"/> Standard First Aid <input type="checkbox"/> Emergency First Aid <input type="checkbox"/> Basic Rescuer CPR <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: \$ _____ <i>MC Visa Debit Cash Chq # Other</i> Authorization # _____ Security # _____ Invoice or PO# _____	COURSE CODE: _____ START DATE: _____	CONFIRMATION LETTER: Sent or P/U (SB) (CP) (MC) (KF) Date: _____ COMMENTS: _____
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***Please Note - Upon commencement of any program, tuitions will not be refunded.**

SIGNATURE: _____ Date: _____