



November 2009

*EMT-Paramedic
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 in our St. Albert office. The program is tentatively scheduled to commence in **December 2009**.

*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 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 three days for testing.

**November 24, 25, & 26, 2009 in our St. Albert office (#200, 398 St. Albert Road)
Deadline for applications – November 20, 2009**

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

It is suggested that all applicants be available for either of the 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.

*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)
- 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 valid drivers license
- 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)

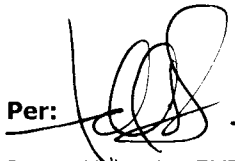
APPLICATIONS MUST BE RECEIVED BY November 20, 2009

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 (800) 665-6836, or you may reach us via facsimile at (780) 460-8277.

Sincerely,

Professional Medical Associates

Per: 

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

JH/sf

Encl.



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): _____
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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: _____