



PCP Restriction Removal and Practice Endorsement Program

*Advanced Care
Paramedic (ACP)
Program*

The program includes all didactic material and practical sessions for the Primary Care Paramedic to have the following restrictions lifted and/or endorsements added to their practice permit.

*Primary Care
Paramedic (PCP),
EMR and FMR
Programs*

- Insertion of iGel® airway device;
- Conduct peripheral venipuncture;
- Conduct intraosseous needle insertion;
- Monitor blood and/or blood products;
- Monitor Peripherally Inserted Central Catheter (PICC) lines;
- Administration of ibuprofen;
- Administration of diphenhydramine;
- Administration of dimenhydrinate;
- Administration of acetaminophen;
- Administration of 2/3 - 1/3 intravenous (IV) solution;
- Administration of parenteral nutrition;
- Administration of seasonal flu vaccines;
- Assessment of core temperature.

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

*Educational
Seminars and
Workshops*

*Training
Assessment,
& Consulting*

*Interactive
Multi-Media*

The hybrid program provides the didactic material in a convenient online format that is self-paced. On successful completion of the examinations, with a score of at least 80%, the participant will attend a 1-day session to do the practical components of the program.

*Advanced High-
Fidelity Simulator
Driving Programs*

The cost of the entire PCP enhancement program is \$375.00. On completion of the in-class portion a letter and certificate will be provided to the participant for submission to the Alberta College of Paramedics.

*On-site Program
Delivery
Specialists*

To register, contact the office at (780) 460-8410 or complete the attached application and email to pma_coned@promedics.org. On receipt, a PayPal invoice will be generated that will allow online access and a listing of available in-class dates.

*Paramedical and
EMS staffing*

Special Offer

Registrants can also register for the Fundamentals of Airway Management program at a reduced cost of \$150.00. The program is a full-day of in-class lecture, unique EMS airway stations and eBook version of the Manual of Emergency Airway Management (4th edition).

*Pediatric Education
for Prehospital
Professionals,
Geriatric Education
for Emergency
Medical Services,
PHLS, TECC,
PAL and ACLS*



PROGRAM APPLICATION FORM

Application for: (check one)

EMT-Paramedic Program - CMA Advanced Care Paramedic

Educational Seminars and Workshops

EMT- CMA Primary Care Paramedic and EMR Programs

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

Training Assessment, & Consulting

Interactive Multi-Media

High-Fidelity Simulator/Driving Programs

On-site Program Delivery Specialists

Paramedical and EMS staffing

Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services, PHALS, TECC, PALS and ACLS

<input type="checkbox"/> First Medical Responder (FMR/EMR1)* <input type="checkbox"/> Emergency Medical Responder+ <input type="checkbox"/> EMR Refresher Program* <input type="checkbox"/> Primary Care Paramedic (EMT)+ <input type="checkbox"/> PCP (EMT) Refresher Program* <input type="checkbox"/> Advanced Care Paramedic (EMT-P)+	<input type="checkbox"/> ACP (EMT-P) Refresher Program* <input type="checkbox"/> Fundamentals of Airway - Basic* <input type="checkbox"/> Difficult Airway Course - Advanced* <input type="checkbox"/> BLS for Health Care Professional (CPR)* <input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS <input type="checkbox"/> Other (specify): _____
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LEGAL 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: \$ _____ MC Visa Debit Cash Chq # Other 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, FEES WILL NOT BE REFUNDED.

***FOR EMR, PCP AND ACP PROGRAMS - TUITION REFUNDS OF LICENSED PROGRAMS ARE GUIDED BY THE PRIVATE VOCATIONAL TRAINING REGULATION AS OUTLINED ON EXECUTION OF STUDENT CONTRACT.**

SIGNATURE: _____ DATE: _____