



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)

Advanced Care Paramedic (ACP) Program

Primary Care Paramedic (PCP) Program

EMR and FMR Programs

CPR and First Aid

Programs- Needs Assessment and Training

Advanced High-Fidelity Simulator Driving Program

On-site Program Delivery Specialists

Pediatric Emergency Assessment, Recognition and Stabilization

Geriatrics for Emergency Medical Services

Prehospital Trauma Life Support

Tactical Emergency Casualty Care

Pediatric Advanced Life Support

Advanced Cardiovascular Life Support

<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+ <input type="checkbox"/> PCP Refresher Program* <input type="checkbox"/> Advanced Care Paramedic+	<input type="checkbox"/> PCP or <input type="checkbox"/> ACP 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: \$ _____ <small>MC Visa Debit Cash Chq # Other</small> Authorization # _____ Security # _____ Invoice or PO# _____	COURSE CODE: _____ START DATE: _____	CONFIRMATION LETTER: Sent or P/U (MC) (MV) 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: _____