



September 2023

Dear Potential ACP Student:

RE: Advanced Care Paramedic Program

Thank you for your interest in the ACP program from Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the ACP program. Programs will be held from both our Calgary and St. Albert offices. Both programs are tentatively scheduled to commence in **July 2024**.

As applications start coming in, you will be contacted by email or phone with a time for the written exams as well as scenario testing and interview. We have scheduled testing for – **January 20th & 21st, 2024**.

Testing will be done in either the St. Albert office - #101, 265 Carleton Drive St. Albert, AB T8N 4J9 or Calgary office - #112, 11420 – 27th Street SE, Calgary, AB T2Z 3R6 respectively.

Deadline for applications January 15th, 2024

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 is between \$25,500 and \$26,500 there are various options for payment plans if needed.

The selection process is comprised of:

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

It should be noted that applications can not proceed to the next stage without a cheque or money order for **\$125.00** for the cost of assessment and testing. When returning the application for selection, include the following from the check list:

- ___ application form (mandatory)
- ___ personal resume (mandatory)
- ___ photocopy of Alberta College of Paramedics Permit (mandatory)
- ___ photocopy of BCLS – HCP (mandatory)
- ___ CLEAR security clearance check (must include vulnerable sector check) (mandatory) within 90 days of application
- ___ assessment fee of \$125.00 payable to Professional Medical Associates (mandatory)
- ___ copy of your driver’s license

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EMT - Paramedic Program - CMA Advanced Care Paramedic

EMT - CMA Primary Care Paramedic and EMR Programs

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

Educational Seminars and Workshops

Training Assessment, & Consulting

Interactive Multi-Media

Advanced Driving Simulation Program

On-site Program Delivery Specialists

Paramedical and EMS staffing

Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services

ITLS and ACLS



EMT - Paramedic Program - CMA Advanced Care Paramedic

- Copy of results from Alberta College of Paramedics/ COPR PCP Provincial Examination (mandatory)
- Official transcripts from a recognized PCP program (mandatory)

EMT - CMA Primary Care Paramedic and EMR Programs

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

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

Completed applications can be submitted, with all necessary documentation via email to melanie@pmawebiste.net or mailed to:

Professional Medical Associates

#101, 265 Carleton Drive
St. Albert, AB T8N 4J9

Educational Seminars and Workshops

Training Assessment, & Consulting

Interactive Multi-Media

Advanced Driving Simulation Program

On-site Program Delivery Specialists

Paramedical and EMS staffing

Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services


ITLS and ACLS

****Applications must be received by: January 15th, 2024 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. You can also contact us through e-mail at melanie@pmawebiste.net.

Sincerely,
Professional Medical Associates

PER: 
James Habstritt, ACP, B.H.Sc.
Program Director

JH/mv
Encl.



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: _____