



February 2024

*EMT - Paramedic  
Program - CMA  
Advanced Care  
Paramedic*

Potential FMR/EMR Student:

**RE: First Medical Responder and Emergency Medical Responder Program**

*EMT - CMA  
Primary Care  
Paramedic  
and EMR  
Programs*

Thank you for your interest in our FMR/EMR course. The EMR and FMR courses will run concurrently with one another to fulfill the needs of those who wish to complete the PCP pre-requisite (FMR), as well as those who wish to complete their EMR. The FMR/EMR course is filled on a first-come, first-serve basis, and we are currently accepting registrations for the next available course.

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

The course is scheduled to begin on **Wednesday, April 17<sup>th</sup>, 2024, at 1800h**. The course will be held from 1800h - 2200h and includes 3 weekend sessions comprised of a Friday night and full days Saturday and Sunday. Those registered for the full EMR program will be required to attend 2 or 3 additional weekends. The course will be run from our office in St. Albert.

*Educational  
Seminars and  
Workshops*

The cost of the First Medical Responder program is \$2,185.00 inclusive of GST. The tuition includes the cost of the manual, course textbook, study exercises and handouts. The FMR program includes a driving program consisting of didactic time as well as a high-fidelity driving simulator, PDIC and PHTLS certificates, and a CPR - Health Care Provider update for all students.

*Training  
Assessment,  
& Consulting*

The cost of the Emergency Medical Responder program is an additional fee of \$1,400.00 encompassing additional components required for graduation as an EMR. The costs cover a clinical placement, a uniform, full R2MR program, and APDOC program. The total tuition of the EMR program is \$3,585.00 including GST.

*Interactive  
Multi-Media*

FMR graduates are eligible to continue to the selection process for our Primary Care Paramedic Program.

*Advanced Driving  
Simulation  
Program*

EMR graduates are eligible to write the COPR exam and gain provincial registration.

*On-site Program  
Delivery  
Specialists*

For those wishing to complete the **FMR** program the following pre-requisites are required upon application:

- Minimum 18 Years of Age
- Current BLS Provider, CPR Level C or Health Care Provider (Heart and Stroke Preferred)

*Paramedical and  
EMS staffing*

For those wishing to complete the **EMR** program the following additional pre-requisites are required upon application:

- Grade 12 High School Diploma/GED/ that must include - English 30-1 or 30-2 - Math 10 Pure OR Math 20-1 or Math 20 Applied OR Math 20-2 - Biology 30 or equivalent
- Driver's License- Class 5 minimum, non-GDL
- Criminal Record Check (Vulnerable sector)

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

Mature students (considered out of school for a minimum of 5 years) may also be considered for the full EMR program and you can contact the office to discuss the mature student qualifications.

*ITLS and ACLS*



Please contact the office if you require more information or specific details. Enclosed with the application form, payment can be made with Cash, Cheque, Visa, MasterCard, Debit or Money order returned to the office.

*EMT - Paramedic  
Program - CMA  
Advanced Care  
Paramedic*

You may contact the office via email at the following address: [melanie@pmawebsite.net](mailto:melanie@pmawebsite.net)

*EMT - CMA  
Primary Care  
Paramedic  
and EMR  
Programs*

Our complete mailing address is:

**Professional Medical Associates**  
101, 265 Carleton Drive  
St. Albert, Alberta, T8N 4J9

**Please mail or email your applications to the office.**

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

Thank you again for your interest, and we look forward to seeing you at our next course.

*Educational  
Seminars and  
Workshops*

Sincerely,  
Professional Medical Associates

*Training  
Assessment,  
& Consulting*

PER:   
James Habstritt, BNSc, Advanced Care Paramedic  
Program Director

JH/mv

*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*



# 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): _____
--	--

<b>LEGAL SURNAME</b>		<b>FIRST NAME/MIDDLE INITIAL</b>	
<b>ADDRESS</b>			
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	
(   )	(   )	(   )	
<b>PHONE (HOME)</b>	<b>PHONE (BUSINESS)</b>	<b>PHONE (MOBILE)</b>	
<b>DATE OF BIRTH (MM/DD/YY)</b>	<b>DRIVER'S LICENCE #</b>	<b>EMPLOYER/POSITION</b>	
<b>PREVIOUS EMS TRAINING INSTITUTION (If Applicable)</b>		<b>GRADUATION DATE</b>	
<b>EMAIL ADDRESS</b>		<b>ACP REGISTRATION #</b>	

**FOR OFFICE USE ONLY:**

<b>AMOUNT PAID: \$</b> _____ <small>MC   Visa   Debit   Cash   Chq #   Other</small> <b>Authorization #</b> _____ <b>Security #</b> _____ <b>Invoice or PO#</b> _____	<b>COURSE CODE:</b> _____  <b>START DATE:</b> _____	<b>CONFIRMATION LETTER:</b> <b>Sent or P/U (MC) (MV)</b> <b>Date:</b> _____ <b>COMMENTS:</b> _____
---	---	---

**\*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: \_\_\_\_\_