



February 2024

Dear Potential Student:

**RE: Primary Care Paramedic Program**

Thank you for your interest in the Primary Care Paramedic Program offered by Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the Primary Care Paramedic Program. These Primary Care Paramedic Programs will be held from both our St. Albert and Calgary offices. Classes are scheduled to commence on **Wednesday June 12<sup>th</sup>, 2024 for St. Albert and Friday June 14<sup>th</sup>, 2024 for Calgary. Both programs will run on a 4 days on, 4 days off rotation.**

As applications start coming in, you will be contacted by email or phone with a time for the written exams, scenario testing and interview. Based on the demand for this program, we have scheduled the following testing sessions in Calgary and St. Albert.

**Written exams for our St. Albert campus (#101, 265 Carleton Drive) will be May 10<sup>th</sup>, 2024. Online interviews and scenarios will be on May 11<sup>th</sup> or 12<sup>th</sup>, 2024. Deadline for applications – May 3<sup>rd</sup>, 2024**

**Written exams for our Calgary campus (#112, 11420 – 27<sup>th</sup> Street SE) will be May 10<sup>th</sup>, 2024. Online interviews and scenarios will be on May 11<sup>th</sup> or 12<sup>th</sup>, 2024. Deadline for applications – May 3<sup>rd</sup>, 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. Various options for payment plans are available. Our current program fees are \$10,450.00.

The selection process is comprised of:

- a 200 question multiple-choice examination,
- aptitude examinations,
- one medical or trauma scenario, and
- a personal interview, reference and a clear security check.

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.

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

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*EMT - Paramedic  
Program - CMA  
Advanced Care  
Paramedic*

*EMT - CMA  
Primary Care  
Paramedic  
and EMT  
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*

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.

*EMT - CMA Primary Care Paramedic and EMR Programs*

As the course is inclusive of the expanded scope of practice as well as additional certification courses (PHTLS, PEARS, GEMS), (1) applicants must possess BLS (CPR) within the previous 12 months, and (2) a resume including current or former health/EMS related employment, volunteer experience and education. Applicants are to provide documentation of the listed requirements from the check list:

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

- application form (mandatory)
- personal resume (mandatory)
- high school transcript OR GED (mandatory)
- certificate/transcript from FMR/EMR program (mandatory for those not completing PMA program)
- CLEAR** security clearance check dated within 90 days of application (must include vulnerable sector check) (mandatory)
- photocopy of valid driver's license (mandatory) NON GDL
- photocopy of BLS (CPR) within 12 months (mandatory)
- photocopy of Alberta College of Paramedics Practice Permit (if applicable)
- copy of results from ACP EMR Registration Examination (if applicable)
- assessment fee of **\$95.00** payable to **Professional Medical Associates** (mandatory)
- letters of reference of EMS/Health related employers (if applicable)

*Educational Seminars and Workshops*

**APPLICATIONS MUST BE RECEIVED BY:**

*Training Assessment, & Consulting*

**May 3<sup>rd</sup>, 2024 for Calgary Campus**  
**May 3<sup>rd</sup>, 2024 for St. Albert Campus**

*Interactive Multi-Media*

**We are asking that you either mail or email (melanie@pmawebsite.net) your applications. Please DO NOT drop off in person.**

*Advanced Driving Simulation Program*

The selection process takes into account experience as an FMR/EMR, other education and most importantly, employment opportunities as an PCP.

*On-site Program Delivery Specialists*

Thank you again for your interest, and we look forward to seeing you at our next selection sitting. The number at the office is (780) 460-8410.

*Paramedical and EMS staffing*

Sincerely,  
**Professional Medical Associates**

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

**Per:**   
James Habstitt, ACP, B.H.Sc.  
Program Director

JH/mv

*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): _____
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<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> _____
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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: \_\_\_\_\_