



February 2024

*EMT - Paramedic
Program - CMA
Advanced Care
Paramedic*

Dear Potential Student:

RE: Primary Care Paramedic Program

*EMT - CMA
Primary Care
Paramedic
and EMT
Programs*

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 **Monday September 16th, 2024 for St. Albert and Wednesday September 18th, 2024 for Calgary. Both programs will run on a 4 days on, 4 days off rotation.**

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

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 August 13th, 2024. Online interviews and scenarios will be on August 14th or 15th, 2024. Deadline for applications – August 8th, 2024

*Educational
Seminars and
Workshops*

Written exams for our Calgary campus (#112, 11420 – 27th Street SE) will be August 13th, 2024. Online interviews and scenarios will be on August 14th or 15th, 2024. Deadline for applications – August 8th, 2024

*Training
Assessment,
& Consulting*

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.

*Interactive
Multi-Media*

*Advanced Driving
Simulation
Program*

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.

*On-site Program
Delivery
Specialists*

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.

*Paramedical and
EMS staffing*

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

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

ITLS and ACLS

.../2 over



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

**August 8th, 2024 for Calgary Campus
August 8th, 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 Habstritt, 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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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: _____