



July 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, November 20th, 2024, at 1800h**. The course will be held every Wednesday 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 \$2,485.00 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 \$3,885.00 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
- Driver's License- Class 5 minimum, non-GDL
- 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
- 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

*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, BHSc, 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): _____
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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: _____