



July 2025

*Advanced Care
Paramedic (ACP)
Program*

Potential FMR/EMR Student:

RE: First Medical Responder and Emergency Medical Responder Program

*Primary Care
Paramedic (PCP)
Program*

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.

*EMR and FMR
Programs*

The course is scheduled to begin on **Wednesday, September 24th, 2025, 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 Calgary.

*Basic Life Support
(CPR)*

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 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.

*Programs- Needs
Assessment and
Training*

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 additional 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.

*Advanced High-
Fidelity Simulator
Driving Program*

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

*Basic and
Advanced Airway
Programs*

EMR graduates are qualified to write the COPR exam to obtain provincial registration and are also eligible to proceed with the selection process for our Primary Care Paramedic Program.

*Pediatric
Emergency
Assessment,
Recognition and
Stabilization*

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

*Geriatrics for
Emergency
Medical Services*

- 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)

*Prehospital
Trauma Life
Support*

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

*Tactical
Emergency
Casualty Care*

- 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
- CLEAR Security Clearance Check within 90 days of application (Must include Vulnerable sector)

*Pediatric
Advanced Life
Support*

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.

*Advanced
Cardiovascular
Life Support*



*Advanced Care
Paramedic (ACP)
Program*

*Primary Care
Paramedic (PCP)
Program*

*EMR and FMR
Programs*

*Basic Life Support
(CPR)*

*Programs- Needs
Assessment and
Training*

*Advanced High-
Fidelity Simulator
Driving Program*

*Basic and
Advanced Airway
Programs*

*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*

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.

You may contact the office via email at the following address: melody@pmawebiste.net

Our complete mailing address is:

Professional Medical Associates
112, 11420 – 27th Street SE
Calgary, Alberta, T2Z 3R6

Please mail or email your applications with required documentation to the office.

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

Sincerely,
Professional Medical Associates

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

JH/mv



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

- ☐ First Medical Responder (FMR/EMR1)*
☐ Emergency Medical Responder+
☐ EMR Refresher Program*
☐ Primary Care Paramedic+
☐ PCP Refresher Program*
☐ Advanced Care Paramedic+

- ☐ PCP or ☐ ACP Refresher Program*
☐ Fundamentals of Airway - Basic*
☐ Difficult Airway Course - Advanced*
☐ BLS for Health Care Professional (CPR)*
☐ ACLS* or ☐ PALS* for DDS
☐ Other (specify): _____

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

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: _____