



September 2025

Dear Potential ACP Student:

## **RE: Advanced Care Paramedic Program**

Thank you for your interest in the ACP program at Professional Medical Associates. This letter will confirm details regarding the dates of the next selection process for the ACP program. The ACP Program will be offered at both our St. Albert and Calgary locations, with both programs tentatively scheduled to begin in **June 2026**.

As applications are received, you will be contacted by email or phone with a time for the written exams, scenario testing, and interview.

**Written exams, scenarios, and in-person interviews for our St. Albert campus (#101, 265 Carleton Drive St. Albert, AB T8N 4J9) will be on January 16<sup>th</sup>, 2026.**

**Written exams, scenarios, and in-person interviews for our Calgary campus (#112, 11420 – 27<sup>th</sup> Street SE, Calgary, AB T2Z 3R6) will be on January 23<sup>rd</sup>, 2026.**

### **Deadline for applications – January 9<sup>th</sup>, 2026**

To assist students in determining total costs while comparing various programs, our programs are inclusive of all texts, lab fees and student packages. The total cost of the program is between \$25,500 and \$27,000, there are various options for payment plans if needed.

The selection process is comprised of:

- a 200 question multiple-choice examination,
- one scenario, aptitude test, ECG examination, short answer examination and
- a personal interview, reference and security check.

It should be noted that applications can not proceed to the next stage without a cheque or money order for **\$125.00** for the cost of assessment and testing. When returning the application for selection, include the following from the check list:

- ☐ application form (mandatory)
- ☐ personal resume (mandatory)
- ☐ photocopy of Alberta College of Paramedics Permit (mandatory)
- ☐ photocopy of BCLS – HCP (mandatory)
- ☐ CLEAR security clearance check (must include vulnerable sector check) (mandatory) within 90 days of application
- ☐ assessment fee of \$125.00 payable to Professional Medical Associates (mandatory)
- ☐ copy of your driver's license

... over

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



Advanced Care  
Paramedic (ACP)  
Program

- \_\_\_ Copy of results from Alberta College of Paramedics/ COPR PCP Provincial Examination (mandatory)
- \_\_\_ Official transcripts from a recognized PCP program (mandatory)

Primary Care  
Paramedic (PCP)  
Program

Additional information to support your application in the selection process includes the following:

EMR and FMR  
Programs

- \_\_\_ Letters of reference and support from EMS related employers
- \_\_\_ Letters of support from ALS practitioners (at least 2)
- \_\_\_ Letters of recommendation from your current EMS employer

Basic Life Support  
(CPR)

Completed applications can be submitted, with all necessary documentation via email to [melanie@pmawebiste.net](mailto:melanie@pmawebiste.net) or mailed to:

Programs- Needs  
Assessment and  
Training

**Professional Medical Associates**

#101, 265 Carleton Drive  
St. Albert, AB T8N 4J9

Advanced High-  
Fidelity Simulator  
Driving Program

**\*\*Applications must be received by: January 9<sup>th</sup>, 2026  
to be scheduled for the testing process\*\*.**

Basic and  
Advanced Airway  
Programs

Flexible delivery will allow students to continue employment. Our "commitment to educational excellence" focuses on producing graduates with maximum employability. Our goal, as with all our programs, is to provide current practitioners the opportunity to upgrade their skills and knowledge while continuing in their EMS careers.

Pediatric  
Emergency  
Assessment,  
Recognition and  
Stabilization

Thank you again for your interest, and we look forward to seeing you in our next program. The number at the office is (780) 460-8410. You can also contact us through e-mail at [\*\*melanie@pmawebiste.net\*\*](mailto:melanie@pmawebiste.net)

Geriatrics for  
Emergency  
Medical Services

Sincerely,  
**Professional Medical Associates**

Prehospital  
Trauma Life  
Support

PER:   
James Habstritt, ACP, B.H.Sc.  
Program Director

Tactical  
Emergency  
Casualty Care

JH/mc  
Encl.

Pediatric  
Advanced Life  
Support

Advanced  
Cardiovascular  
Life Support



## 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:
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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: \_\_\_\_\_