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 Medial Services

Prehospital Trauma Life Support

Tactical Emergency Casualty Care

Pediatric Advanced Life Support

Advanced Cardiovascular Life Support

September 24, 2025

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. The Primary Care Paramedic Programs will be held from both our St. Albert and Calgary offices. Classes are scheduled to commence on **Friday February 20th, 2026 for St. Albert and Sunday February 22nd, 2026 for Calgary. Both programs will primarily run on a 2 days on, 6 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, scenarios, and in-person interviews for our St. Albert campus (#101, 265 Carleton Drive) **will be on January 10th, 2026.**
Deadline for applications – January 2nd, 2026

Written exams, scenarios, and in-person interviews for our Calgary campus (#112, 11420 – 27th Street SE) **will be on January 10th, 2026.**
Deadline for applications – January 2nd, 2026

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 $12,450.00.

The selection process is comprised of:
- a 200-question multiple-choice and short answer examination,
- aptitude examinations,
- one medical or trauma scenario, and
- a personal interview.

It should be noted that applications will not proceed to the next stage without a cheque or money order for **$125.00** for the cost of assessment and testing.

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

.../2 over

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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.

As the course is inclusive of the expanded scope of practice as well as additional certification courses (Fundamentals of Airway Management, AMLS, 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 with their application:

__ application form (mandatory)
__ personal resume (mandatory)
__ high school transcript OR GED (mandatory)
__ certificate/transcript from an Alberta College of Paramedics approved 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 EMR Registration Examination (if applicable)
__ assessment fee of **$125.00** payable to **Professional Medical Associates** (mandatory)
__ letters of reference of EMS/Health related employers (if applicable)

APPLICATIONS MUST BE RECEIVED BY:

January 2nd, 2026 for Calgary Campus
January 2nd, 2026 for St. Albert Campus

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

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

Thank you again for your interest, and we look forward to seeing you at our next selection sitting. The number at the St. Albert office is (780) 460-8410 and (403) 547-9709 at the Calgary Office.

Sincerely,
Professional Medical Associates

Per:

James Habstritt, ACP, B.H.Sc.
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 Medial Services

Prehospital Trauma Life Support

Tactical Emergency Casualty Care

Pediatric Advanced Life Support

Advanced Cardiovascular Life Support

◯ First Medical Responder (FMR/EMR1)*	◯ PCP or ◯ ACP Refresher Program*
◯ Emergency Medical Responder+	◯ Fundamentals of Airway - Basic*
◯ EMR Refresher Program*	◯ Difficult Airway Course - Advanced*
◯ Primary Care Paramedic+	◯ BLS for Health Care Professional (CPR)*
◯ PCP Refresher Program*	◯ ACLS* or ◯ PALS* for DDS
◯ Advanced Care Paramedic+	◯ 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:*	*CONFIRMATION LETTTER:* ***Sent*** *or* ***P/U*** *(MC) (MV)* ***Date:***
	START 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: _____