



November 2026

*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 programs run concurrently to accommodate both students who need the FMR as a prerequisite for the PCP program and those pursuing their full EMR certification. Enrollment is on a first-come, first-served basis, and we are currently accepting registrations for the next available course. Please note that course payment is required to finalize your registration before the first day of class.

*EMR and FMR  
Programs*

*Basic Life Support  
(CPR)*

The course is scheduled to begin on **Wednesday, March 4<sup>th</sup>, 2026, at 1800h**. It will be held at our St. Albert office and will run for approximately 12 weeks from the start date. Classes will follow the schedule below:

*Programs- Needs  
Assessment and  
Training*

**Wednesdays and Thursdays: 1800h – 2200h**

**Saturdays: 0830h – 1630h**

**Every second Sunday: 0830h – 1630h**

**Additional online evening sessions may be added.**

*Advanced High-  
Fidelity Simulator  
Driving Program*

The cost of the First Medical Responder program is \$2,985.00 inclusive of GST. The tuition includes the cost of all manuals, course textbooks, study exercises and handouts. The FMR program includes a driving program consisting of didactic time as well as a high-fidelity driving simulator, TFR certificates, and a CPR - Health Care Provider update for all students.

*Basic and  
Advanced Airway  
Programs*

The cost of the Emergency Medical Responder program is an additional fee of \$2,000.00, which covers the extra components needed for EMR graduation. These include a clinical placement, a uniform, the full R2MR program, PHTLS, and the APDOC program. The total cost for the EMR program is \$4,985.00, including GST.

*Pediatric  
Emergency  
Assessment,  
Recognition and  
Stabilization*

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

*Geriatrics for  
Emergency  
Medical Services*

EMR graduates are also eligible to enter the selection process for our Primary Care Paramedic Program. In addition, they may write the COPR exam, obtain provincial registration, and work as an EMR.

*Prehospital  
Trauma Life  
Support*

For applicants wishing to enroll in the **FMR program**, the following prerequisites must be included with your completed application form:

*Tactical  
Emergency  
Casualty Care*

- Completed application form with current information.
- 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)

*Pediatric  
Advanced Life  
Support*

For applicants wishing to enroll in the **EMR program**, all the above requirements apply, plus the following additional prerequisites:

*Advanced  
Cardiovascular  
Life Support*

- 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)



*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*

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.

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: [melanie@pmawebsite.net](mailto:melanie@pmawebsite.net)

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.**

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: _____
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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: \_\_\_\_\_