



January 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 & Thursdays: 18:00–22:00**  
**Every second weekend: Fri 18:00–22:00; Sat–Sun 08:30–16:30**  
*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:

- 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)

*Tactical  
Emergency  
Casualty Care*

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

- 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*

*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*

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*

<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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<b>LEGAL SURNAME</b>		<b>FIRST NAME/MIDDLE INITIAL</b>	
<b>ADDRESS</b>			
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	
(   )	(   )	(   )	
<b>PHONE (HOME)</b>	<b>PHONE (BUSINESS)</b>	<b>PHONE (MOBILE)</b>	
<b>DATE OF BIRTH (MM/DD/YY)</b>		<b>DRIVER'S LICENCE #</b>	<b>EMPLOYER/POSITION</b>
<b>PREVIOUS EMS TRAINING INSTITUTION (If Applicable)</b>			<b>GRADUATION DATE</b>
<b>EMAIL ADDRESS</b>			<b>ACP REGISTRATION #</b>

**FOR OFFICE USE ONLY:**

<b>AMOUNT PAID: \$</b> _____ <small>MC   Visa   Debit   Cash   Chq #   Other</small> <b>Authorization #</b> _____ <b>Security #</b> _____ <b>Invoice or PO#</b> _____	<b>COURSE CODE:</b> _____  <b>START DATE:</b> _____	<b>CONFIRMATION LETTER:</b> <b>Sent or P/U (MC) (MV)</b> <b>Date:</b> _____ <b>COMMENTS:</b> _____
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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: \_\_\_\_\_