

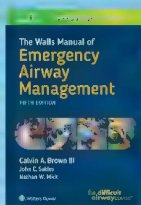


# the difficult airway course™ EMS

[theairwaysite.com](http://theairwaysite.com)

## The Definitive EMS Airway Course

- **Learn the full range of airway management** techniques — including use of extraglottic devices, medication-assisted intubation, video laryngoscopy & other advanced imaging devices, and cricothyrotomy.
- **Work with experienced faculty** who know the unique challenges facing EMS providers.
- **Use all of the airway devices** in small group sessions.
- **Practice decision making and airway techniques** in Code Airway™ stations.
- **Face the most challenging patient scenarios** in a no-risk environment. These include elevated ICP, pulmonary edema, status asthmaticus, foreign body in the airway, direct airway trauma, multiple trauma with shock, and many more.
- **Meet your continuing education requirements.** This two-day course is approved by CAPCE and ASTNA.
- **Receive the definitive airway textbook**, *The Walls Manual of Emergency Airway Management* by Calvin A. Brown, MD John C. Sakles, MD and Nathan W. Mick, MD



**Date:** Jan 31 & Feb 1, 2026 - 0830h

### Location:

Professional Medical Associates - Calgary  
Suite #112, 11420 - 27 Street SE  
Calgary, AB T2Z 3R6  
(403) 547-9709  
[dac@promedics.org](mailto:dac@promedics.org)

### Didactic and hands-on training in crucial airway topics:

- Difficult and failed airway management
- Video laryngoscopy and other advanced imaging devices
- Medication-assisted intubation (including RSI and RSA)
- Pediatric airway management
- Endotracheal tube introducers (bougie)
- Surgical cricothyrotomy
- Extraglottic devices
- Capnography
- Ventilator management
- CPAP and BiPAP
- Digital and nasal intubation



### For Registration and Course Information:

Course Tuition - \$395.00 - includes e-book version of Manual of Emergency Airway Management. For registration, contact the office at (403) 547-9709 or download application form from the website - [www.promedics.org/dac](http://www.promedics.org/dac) or email - [dac@promedics.org](mailto:dac@promedics.org)

**COURSES OFFERED THROUGHOUT THE WORLD**  
**Evidence-based. Comprehensive. Hands-On.**



## 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)*<br><input type="checkbox"/> Emergency Medical Responder+<br><input type="checkbox"/> EMR Refresher Program*<br><input type="checkbox"/> Primary Care Paramedic+<br><input type="checkbox"/> PCP Refresher Program*<br><input type="checkbox"/> Advanced Care Paramedic+ | <input type="checkbox"/> PCP or <input type="checkbox"/> ACP Refresher Program*<br><input type="checkbox"/> Fundamentals of Airway - Basic*<br><input type="checkbox"/> Difficult Airway Course - Advanced*<br><input type="checkbox"/> BLS for Health Care Professional (CPR)*<br><input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS<br><input type="checkbox"/> 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: \_\_\_\_\_