



essentials of advanced airway management

From the creators of The Difficult Airway Course™

theairwaysite.com

ADA&C Approved

Optimizing Airway Management

without medication

Adult and Pediatric Airway Management

NEW
8-hour
Advanced
Course

- **Learn critical airway management techniques** — including use of video laryngoscopy and other advanced imaging devices, extraglottic devices, and cricothyrotomy.
- **Learn a simple approach** to airway assessment.
- **Work with experienced faculty** who know the unique challenges facing EMS providers.
- **Use proven 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.
- **Meet your continuing education requirements.** This one-day course is approved by CAPCE.

Date: February 22, 2026

Location: 0830 – 1630h

Professional Medical Associates

#101, 265 Carleton Drive

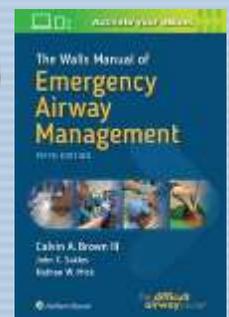
St. Albert, AB T8N 4J9

(780) 460-8410

dac@promedics.org

Didactic and hands-on training in crucial airway topics:

- Difficult and failed airway management
- Video laryngoscopy and other advanced imaging devices
- Pediatric airway management
- Endotracheal tube introducers (bougie)
- Surgical cricothyrotomy
- Extraglottic devices
- CPAP and BiPAP
- Confirmation with capnography



For Registration and Course Information:

Contact St. Albert Office - (780) 460 - 8410 or email attached application to dac@promedics.org.

Course tuition - \$555.00 including e-book version of textbook.

COURSES OFFERED THROUGHOUT THE WORLD

Evidence-based. Advanced. 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

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