



*Advanced Care
Paramedic (ACP)
Program*

March 18, 2026

Dear Potential Student:

*Primary Care
Paramedic (PCP)
Program*

RE: Primary Care Paramedic Program

*EMR and FMR
Programs*

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 July 3rd, 2026 for St. Albert and Sunday July 5th, 2026 for Calgary. Both programs will primarily run on a 3 days on, 5 days off rotation.**

*Basic Life Support
(CPR)*

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.

*Programs- Needs
Assessment and
Training*

Written exams, scenarios, and in-person interviews for our St. Albert campus (#101, 265 Carleton Drive) will be on May 20th, 2026.

Deadline for applications – May 15th, 2026

*Advanced High-
Fidelity Simulator
Driving Program*

Written exams, scenarios, and in-person interviews for our Calgary campus (#112, 11420 – 27th Street SE) will be on May 21st, 2026.

Deadline for applications – May 15th, 2026

*Basic and
Advanced Airway
Programs*

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 \$13,450.00.

*Pediatric
Emergency
Assessment,
Recognition and
Stabilization*

The selection process is comprised of:

*Geriatrics for
Emergency
Medical Services*

- a 200-question multiple-choice and short answer examination,
- aptitude examinations,
- one medical or trauma scenario, and
- a personal interview.

*Prehospital
Trauma Life
Support*

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.

*Tactical
Emergency
Casualty Care*

Professional Medical Associates

**101, 265 Carleton Drive,
St. Albert, AB T8N 4J9**

*Pediatric
Advanced Life
Support*

*Advanced
Cardiovascular
Life Support*

.../2 over



Advanced Care
Paramedic (ACP)
Program

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.

Primary Care
Paramedic (PCP)
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:

EMR and FMR
Programs

- 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)

Basic Life Support
(CPR)

Programs- Needs
Assessment and
Training

Advanced High-
Fidelity Simulator
Driving Program

Basic and
Advanced Airway
Programs

APPLICATIONS MUST BE RECEIVED BY:

May 15th, 2026 for Calgary Campus

May 15th, 2026 for St. Albert Campus

Pediatric
Emergency
Assessment,
Recognition and
Stabilization

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

Geriatrics for
Emergency
Medical Services

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.

Prehospital
Trauma Life
Support

Sincerely,
Professional Medical Associates

Tactical
Emergency
Casualty Care

Per: 
James Habstritt, ACP, B.H.Sc.
Program Director

Pediatric
Advanced Life
Support

JH/mv

Advanced
Cardiovascular
Life Support



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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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: _____
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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: _____