



May 6, 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*

The course is scheduled to begin on **Tuesday, July 7th, 2026, at 1800h**. It will be held at our Calgary office and will run for approximately 12 weeks from the start date. Classes will follow the schedule below:

*Basic Life Support
(CPR)*

*Programs- Needs
Assessment and
Training*

Tuesdays and Wednesdays: 1800h – 2200h
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*

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.

*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*

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: melody@pmawebsite.net

Our complete mailing address is:

Professional Medical Associates
112, 11420 – 27th Street SE
Calgary, Alberta, T2Z 3R6

Please mail or email your applications with required documentation 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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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: _____