



Advanced Care
Paramedic (ACP)
Program

July 10, 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 **Sunday October 18th, 2026 for St. Albert and Monday October 19th, 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 September 3rd, 2026.

Deadline for applications – Friday August 28th, 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 September 4th, 2026.

Deadline for applications – Friday August 28th, 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 \$13,950.00.

Pediatric
Emergency
Assessment,
Recognition and
Stabilization

The selection process is comprised of:

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

Geriatrics for
Emergency
Medical Services

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.

Prehospital
Trauma Life
Support

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*

*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*

- ___ 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)

APPLICATIONS MUST BE RECEIVED BY:

August 28th, 2026 for Calgary Campus
August 28th, 2026 for St. Albert Campus

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

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.

Sincerely,

Professional Medical Associates

Per:


James Habstritt, ACP, B.H.Sc.
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

☐ First Medical Responder (FMR/EMR1)*

☐ Emergency Medical Responder+

☐ EMR Refresher Program*

☐ Primary Care Paramedic+

☐ PCP Refresher Program*

☐ Advanced Care Paramedic+

☐ PCP or ☐ ACP Refresher Program*

☐ Fundamentals of Airway - Basic*

☐ Difficult Airway Course - Advanced*

☐ BLS for Health Care Professional (CPR)*

☐ ACLS* or ☐ PALS* for DDS

☐ 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:

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: _____