



September 2026

Advanced Care
Paramedic (ACP)
Program

Dear Potential ACP Student:

RE: Advanced Care Paramedic Program

Primary Care
Paramedic (PCP)
Program

Thank you for your interest in the ACP program at Professional Medical Associates. This letter will confirm details regarding the dates of the next selection process for the ACP program. The ACP Program will be offered at both our St. Albert and Calgary locations, with both programs tentatively scheduled to begin in **June/July 2027**.

EMR and FMR
Programs

As applications are received, you will be contacted by email or phone with a time for the written exams, scenario testing, and interview.

Basic Life Support
(CPR)

Written exams, scenarios, and in-person interviews for our St. Albert campus (#101, 265 Carleton Drive St. Albert, AB T8N 4J9) will be on January 15th, 2027.

Programs- Needs
Assessment and
Training

Written exams, scenarios, and in-person interviews for our Calgary campus (#112, 11420 – 27th Street SE, Calgary, AB T2Z 3R6) will be on January 19th, 2027.

Advanced High-
Fidelity Simulator
Driving Program

Deadline for applications – January 8th, 2027

Basic and
Advanced Airway
Programs

To assist students in determining total costs while comparing various programs, our programs are inclusive of all texts, lab fees and student packages. The total cost of the program is between \$27,000 and \$29,000, there are various options for payment plans if needed.

Pediatric
Emergency
Assessment,
Recognition and
Stabilization

The selection process is comprised of:

- a 200 question multiple-choice examination,
- one scenario, aptitude test, ECG examination, short answer examination and
- a personal interview, reference and security check.

Geriatrics for
Emergency
Medical Services

It should be noted that applications can not proceed to the next stage without a cheque or money order for **\$125.00** for the cost of assessment and testing. When returning the application for selection, include the following from the check list:

- ___ application form (mandatory)
- ___ personal resume (mandatory)
- ___ photocopy of Alberta College of Paramedics Permit (mandatory)
- ___ photocopy of BCLS – HCP (mandatory)
- ___ CLEAR security clearance check (must include vulnerable sector check) (mandatory) within 90 days of application
- ___ assessment fee of \$125.00 payable to Professional Medical Associates (mandatory)
- ___ copy of your driver's license

... over

Prehospital
Trauma Life
Support

Tactical
Emergency
Casualty Care

Pediatric
Advanced Life
Support

Advanced
Cardiovascular
Life Support



*Advanced Care
Paramedic (ACP)
Program*

- ☐ Copy of results from Alberta College of Paramedics/ COPR PCP Provincial Examination (mandatory)
- ☐ Official transcripts from a recognized PCP program (mandatory)

*Primary Care
Paramedic (PCP)
Program*

Additional information to support your application in the selection process includes the following:

*EMR and FMR
Programs*

- ☐ Letters of reference and support from EMS related employers
- ☐ Letters of support from ALS practitioners (at least 2)
- ☐ Letters of recommendation from your current EMS employer

*Basic Life Support
(CPR)*

Completed applications can be submitted, with all necessary documentation via email to melanie@pmawebiste.net or mailed to:

*Programs- Needs
Assessment and
Training*

Professional Medical Associates

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

*Advanced High-
Fidelity Simulator
Driving Program*

****Applications must be received by: January 8th, 2027
to be scheduled for the testing process**.**

*Basic and
Advanced Airway
Programs*

Flexible delivery will allow students to continue employment. Our "commitment to educational excellence" focuses on producing graduates with maximum employability. Our goal, as with all our programs, is to provide current practitioners the opportunity to upgrade their skills and knowledge while continuing in their EMS careers.

*Pediatric
Emergency
Assessment,
Recognition and
Stabilization*

Thank you again for your interest, and we look forward to seeing you in our next program. The number at the office is (780) 460-8410. You can also contact us through e-mail at [**melanie@pmawebiste.net**](mailto:melanie@pmawebiste.net)

*Geriatrics for
Emergency
Medical Services*

Sincerely,
Professional Medical Associates

*Prehospital
Trauma Life
Support*

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

*Tactical
Emergency
Casualty Care*

JH/mc
Encl.

*Pediatric
Advanced Life
Support*

*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 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)*	☐ PCP or ☐ ACP Refresher Program*
☐ Emergency Medical Responder+	☐ Fundamentals of Airway - Basic*
☐ EMR Refresher Program*	☐ Difficult Airway Course - Advanced*
☐ Primary Care Paramedic+	☐ BLS for Health Care Professional (CPR)*
☐ PCP Refresher Program*	☐ ACLS* or ☐ PALS* for DDS
☐ Advanced Care Paramedic+	☐ 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: _____