



Applicant Information Form – 2024 Intake

Applicant Information			
Last Name	First Name	Middle Name	
Mailing Address			
City	Province	Country	Postal Code
Home Phone	Cell Phone	Email	
Which JIBC campus would you prefer to attend?			
<input type="checkbox"/> New Westminster <input type="checkbox"/> Kelowna <input type="checkbox"/> Victoria			
(regional cohorts are dependent on meeting minimum enrolment)			
Primary Care Paramedic Qualification			
PCP Program Graduation Date _____			
Institute or College Completed _____			
Years of Experience _____			
Licence No. _____			
Number of patient contacts in previous two years: _____			
Primary Care Paramedic Employment			
Current Employer			
Position Title _____			
Address _____		City, Prov. _____	
Date Employed From _____		Date Employed To _____	
Previous Employer			
Position Title _____			
Address _____		City, Prov. _____	
Date Employed From _____		Date Employed To _____	



Diploma in Health Sciences (EMS) Qualification

Program Graduation Date _____

OR If JIBC Diploma in Health Sciences is NOT completed – please give information on course completions: (This section is not required if Diploma has been completed). Original transcripts are required if courses not taken at JIBC.

	Institution	Course Name	Course Number	Date Completed
ENGL-1100 - Academic Writing (3 credits)				
BIOL-2203 - Human Anatomy and Physiology (3 credits)				
HLSC-2214 - Pathophysiology (3 credits)				
HLSC-2215 - Principles of Pharmacology (3 credits)				
HLSC-2216 Professional Practice: Evidence-based Practice (1.5 credits)				
CRES-1150 Theoretical Foundations of Dispute Resolution (1.5 credits)				
STAT-1100 Statistics (3 credits)				
PSYC-1100 Introduction to Psychology (3 credits)				
RESM-2100 Research Methods (3 credits)				
ETHS-1100 Applied Ethics (3 credits)				
HLSC-2299 Capstone Project (3 credits)				



ADVANCED CARE PARAMEDIC (ACP) PROGRAM

Post-Secondary Education			
Institution	Program Name	Level Achieved (Degree, Diploma, Certificate)	Date Completed

Volunteer Experience – within last 2 years (must be supported by a reference letter)	
Community/Volunteer Experience	_____
Date Volunteered From	_____ Date Volunteered To _____



APPLICATION CHECKLIST

Original Transcript – Grade 12 Graduation (Ordered)	
If you do not have a high school transcript but are at least 21 years old, please notify admissions@jibc.ca that you are applying as a mature student	<input type="checkbox"/>
Photocopy of PCP Licence (Enclosed)	<input type="checkbox"/>
Photocopy of IV Insertion license endorsement or certification (Enclosed)	<input type="checkbox"/>
Original, official post-secondary transcripts (Ordered)	<input type="checkbox"/>
Reference letter from volunteer organization if applicable (Enclosed)	<input type="checkbox"/>

I declare that all statements made in this application are true and correct and I understand that any misrepresentation of material facts herein may cause forfeiture of my rights to successfully complete the Advanced Care Paramedic Program.

X _____

Signature of Applicant

_____ Date

Incomplete applications will be returned. All questions must be answered in full and all required documents must be attached. Please contact us at acp@jibc.ca with any questions.