



**ADVANCED CARE PARAMEDIC (ACP) PROGRAM**

**Applicant Information Form – September 2020 Intake**

<b>Applicant Information</b>			
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"/> Victoria Please check our website for available locations.			
<b>Primary Care Paramedic Qualification</b>			
PCP Program completed date _____ Institute or College completed _____			
Years of Experience _____			
Licence No. _____			
Estimated number of patient contacts in previous year: _____			
<b>Details of Patient Contact - last three years</b>			
Please describe the volume and types of professional patient contact you have had in the past three years. These may include ambulance calls and/or experiences in clinical settings.			



## ADVANCED CARE PARAMEDIC (ACP) PROGRAM

Required Courses - 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				
STAT-1100 Statistics				
PSYC-1100 Introduction to Psychology				
Post-Secondary Education				
Institution	Program Name	Level Achieved (Degree, Diploma, Certificate)	Date Completed	

Employment Data			
<b>Current Employer</b>			
Position Title			
Address		City, Prov.	
Date Employed From		Date Employed To	
Job Duties			



## ADVANCED CARE PARAMEDIC (ACP) PROGRAM

Employment Data Continued			
<b>Previous Employer</b>			
Position Title			
Address		City, Prov.	
Date Employed From		Date Employed To	
Job Duties			

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

**PLEASE CHECK THAT THE FOLLOWING DOCUMENTS ARE ATTACHED:**

Original Transcript - English 12 / English 12 First Peoples (Grade C)	<input type="checkbox"/>
Original Transcript –Grade 12 Graduation. If you do not have a high school transcript but are at least 25 years old, please notify <a href="mailto:admissions@jibc.ca">admissions@jibc.ca</a> that you are applying as a mature student	<input type="checkbox"/>
Photocopy of PCP Licence	<input type="checkbox"/>
Copy of IV Insertion license endorsement or certification	<input type="checkbox"/>
Photocopy of current CPR for Healthcare Providers (HCP) Certificate	<input type="checkbox"/>
Original post-secondary transcripts	<input type="checkbox"/>
Reference letter from volunteer organization if applicable	<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](mailto:acp@jibc.ca) with any questions.**