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Program Admission Requirements - Document Submission Form

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?

❑ New Westminster ❑ Kelowna ❑ Victoria ❑ Chilliwack

❑ Other (please specify) _____ Please check our website for other available locations.

Application for Re-admission
Have you have previously been registered in the PCP Program ❑ Yes ❑ No
If Yes, please indicate at which course including audited courses you wish to re-enter: Course PARA- _____ Please refer to www.jibc.ca/pcp under the **Information for Returning Students** tab for re-entry fees.

PLEASE CHECK THAT THE FOLLOWING DOCUMENTS ARE ATTACHED:

Mandatory Prerequisites

Photocopy of EMR License, Emergency Medical Responder Certificate or OFA 3 (or equivalent)	❑
Photocopy of current CPR for Healthcare Provider (HCP) Certification	❑
Completed Immunization Checklist Form	❑

Optional for Bonus Points

Photocopy of JIBC Emergency Medical Responder Certificate	❑
Letter of reference from volunteer organization (minimum of 3 months service)	❑
Transcript showing Grade 12 science course (biology, chemistry or physics) min grade C	❑

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 Primary Care Paramedic Program.

X _____   _____
             Signature of Applicant   Date

_____
             Print Name

Failure to submit all documents required, may result in delays in the processing of your application. Please note we are unable to return any documents. Please contact us at pcp@jibc.ca with any questions.

Forward your document submission package **to be received by application deadline** to:

Admissions
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster, B.C.V3L 5T4
Email: admissions@jibc.ca