



ADVANCED CARE PARAMEDIC (ACP) PROGRAM

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: (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)				



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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 _____



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APPLICATION CHECKLIST

Original Transcript – Grade 12 Graduation (Ordered)	<input type="checkbox"/>
If you do not have a high school transcript but are at least 25 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"/>
Photocopy of current ITLS or PHTLS Card (Enclosed)	<input type="checkbox"/>
Photocopy of current CPR for Healthcare Providers (HCP) Certificate (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.