

**Applicant Information Form - 2022**

<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 (regional cohorts are dependent on meeting minimum enrolment) Please check our website for available locations.			
<b>Primary Care Paramedic Qualification</b>			
PCP Program Graduation Date _____			
Institute or College Completed _____			
Years of Experience _____			
Licence No. _____			
Number of patient contacts in previous two years: _____			
<b>Primary Care Paramedic Employment</b>			
<b>Current Employer</b>			
Position Title _____			
Address _____		City, Prov. _____	
Date Employed From _____		Date Employed To _____	
<b>Previous Employer</b>			
Position Title _____			
Address _____		City, Prov. _____	
Date Employed From _____		Date Employed To _____	



**ADVANCED CARE PARAMEDIC (ACP) PROGRAM**

---

<b>Diploma in Health Sciences (EMS) Qualification</b>	
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)				



**ADVANCED CARE PARAMEDIC (ACP) PROGRAM**

---

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

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

**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 <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 (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](mailto:acp@jibc.ca) with any questions.**