

## JIBC APPLICATION FOR OCCUPATIONAL FIRST AID CERTIFICATION LEVEL 2 OR LEVEL 3

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Name:	
Address:	City	Province:	Postal Code:
Phone Number:	Cell Number:	E-mail Address:	
Date of Birth: YYMMDD	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	JIBC Student ID (if known): PEN Number (if known):	
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International <input type="checkbox"/> Permanent Resident			
Do you identify as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered yes, do you identify as: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	
Are you <input type="checkbox"/> Status or <input type="checkbox"/> Non-Status?			

REQUIRED DOCUMENTS	Please email the below documents to <a href="mailto:emr@jibc.ca">emr@jibc.ca</a>
<ul style="list-style-type: none"> <li>Registration &amp; Application for Issuing Occupational First Aid Certification</li> <li>Out of Jurisdiction jurisprudence package (Exercises 1-3, pages 7-26)</li> <li>Copy of Identification (driver's license, etc.)</li> <li>Verification of ID (in person, ID Validation Form, Facetime, WhatsApp, Zoom)</li> <li>EMALB License (card or letter)</li> <li>OFA Statement of Fitness</li> <li>EMALB License Valid Letter (not in shortfall)</li> </ul>	

PAYMENT METHOD	
<b>Application Fee: \$70</b> Application will not be processed until payment (non-refundable) is received.	
<input type="checkbox"/> MC <input type="checkbox"/> VISA	<input type="checkbox"/> Cheque
Credit Card Number:	
Name on Credit Card:	
Expiry Date (MM/YY):	CVV: