



Applicant Information Form – 2026 Intake

Applicant Information			
Last Name	First Name	Middle Name	
Mailing Address			
City	Province	Country	Postal Code
Home Phone	Cell Phone	Email	
Primary Care Paramedic Qualification			
PCP Program Graduation Date _____			
Institute or College Completed _____			
Years of Experience _____			
Licence No. _____			
Number of patient contacts in previous two years: _____			
Primary Care Paramedic Employment			
Current Employer			
Position Title			
Address		City, Prov.	
Date Employed From		Date Employed To	
Previous Employer			
Position Title			
Address		City, Prov.	
Date Employed From		Date Employed To	



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: (This section is 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

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 _____



APPLICATION CHECKLIST

Original Transcript – Grade 12 Graduation (Ordered)	
If you do not have a high school transcript but are at least 21 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 if PCP not taken at JIBC (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.