



ADVANCED CARE PARAMEDIC (ACP) PROGRAM

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? <input type="checkbox"/> New Westminster <input type="checkbox"/> Kelowna <input type="checkbox"/> Victoria Please check our website for available locations.			
Primary Care Paramedic Qualification			
PCP Program completed date _____ Institute or College completed _____			
Years of Experience _____			
Licence No. _____			
Estimated number of patient contacts in previous year: _____			
Details of Patient Contact - last three years			
Please describe the volume and types of professional patient contact you have had in the past three years. These may include ambulance calls and/or experiences in clinical settings.			
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Prerequisite Courses - Original transcripts are required if courses not taken at JIBC				
Required Courses	Institution	Course Name	Course Number	Date Completed
ENGL-1100 - Academic Writing (3 credits)				
HLSC-2215 – Pharmacology (3 credits)				
BIOL-2203 - Human Anatomy and Physiology (3 credits)				
HLSC-2214 - Pathophysiology (3 credits)				
Post-Secondary Education				
Institution	Program Name	Level Achieved (Degree, Diploma, Certificate)	Date Completed	
Employment Data				
Current Employer				
Position Title				
Address		City, Prov.		
Date Employed From		Date Employed To		
Job Duties				
Previous Employer				
Position Title				
Address		City, Prov.		
Date Employed From		Date Employed To		
Job Duties				
Continue to next page →				



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Volunteer Experience – within last 2 years (must be supported by a reference letter for bonus point)	
Community/Volunteer Experience	_____
Date Volunteered From	_____ Date Volunteered To _____

PLEASE CHECK THAT THE FOLLOWING DOCUMENTS ARE ATTACHED:

Photocopy of PCP Licence	<input type="checkbox"/>
Copy of IV Insertion license endorsement or certification	<input type="checkbox"/>
Photocopy of current BLS for Healthcare Providers (HCP) Certificate	<input type="checkbox"/>
Original post-secondary transcripts	<input type="checkbox"/>
Reference letter from volunteer organization if applicable	<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.