JIBC School of Health Sciences

EMERGENCY MEDICAL RESPONDER

PARAMEDIC ACADEMY

Contract Course Registration Form

PLEASE NOTE | THE INFORMATION AND NAME DENOTED ON THIS FORM WILL BE USED FOR OFFICIAL TRANSCRIPTS AND CERTIFICATIONS

Have you previously attended JIBC? ☐ Yes ☐ No Student Number (if known) _____

Surname	First Name	Middle Initial	Previous Name

Address	City and Province/State and Country	Postal Code/Zip Code

Home Phone	Business Phone	Cellular Phone	Date of Birth (YYYY/MM/DD)

E-Mail - PLEASE PRINT CLEARLY - Important information is provided prior to the course start date via email, please provide a currently accessible email address.

☐ Please check this box if you do not want to receive future mailings about JIBC programs

Gender: ☐ Male ☐ Female **Citizen Status:** ☐ Canadian ☐ Permanent Resident/Landed Immigrant ☐ International Student ☐ Visitor/Other Visa

If you wish to declare that you are an Aboriginal person, please specify:

☐ Status Indian/First Nations ☐ Non-Status Indian/First Nations ☐ Métis ☐ Inuit

Disabilities or Special Requirements: _____

Course Information

Course Number (check one)	☐ Emergency Medical Responder -(EMR100) ☐ EMR - Accelerated (EMR120) - **MUST MEET PREREQUISITES**		
Location		Client Name | Sponsoring Organization	
Course Dates		Administrative Contact Name	
Tuition	$ ☐ N/A	Administrative Contact Phone Number	

Payment Information

☐ Cash (in person only)* ☐ Debit Card (in person only)* ☐ Requesting Funding Letter ☐ Money Order or Cheque (Payable to JIBC)

☐ VISA ☐ MasterCard ☐ American Express ☐ **NOT APPLICABLE** - INVOICE REQUEST or CONTRACT AGREEMENT

Credit Card Number _____ Credit Card Expiry Date: ____ Month ____ Year

Cardholder's Name _____ Cardholder's Signature: _____

By completing this registration package and making payment for an EMR course, you acknowledge that you have read this information package and agree to the terms and conditions of the Transfer, Withdrawal and Refund guidelines (Page 3 of the EMR Information and Registration Package). Please contact us for further details.

Send your completed registration package to the ₪. / {ÔK22f 2ᴛ I Ŝl·ťűK {Ôi$ŷÔŜăΣ 2₪ ÖßÔ] úKŜ ч9Y'l·ʎf C2₪Y'ч ú2 ăŜyŘ ʎú ŘЖ$ÔÚfè ú2 ŜY'₪ Ɣ ƨlōÔ%Ôl·

JIBC School of Health Sciences - EMR Program - 715 McBride Blvd, New Westminster, BC, V3L 5T4

Tel: 604.528.5864 | Fax: 604.528.5715 | Email: emr@jibc.ca | Student Services: 1.877.528.5591

Print Form

Email Form