

# PRIMARY CARE PARAMEDIC PROGRAM APPLICATION CHECKLIST

NAME: \_\_\_\_\_  
 STUDENT NUMBER: \_\_\_\_\_

**APPLY ONLINE:**

<https://apply.assiniboine.net>

**THIS IS A COMPETITIVE ENTRY PROGRAM**

Please see [assiniboine.net/pcp](https://www.assiniboine.net/pcp) for more information about the program.

**Dauphin, MB – Parkland Campus** (January 2027)

**STEP ONE:** *All step one requirements must be submitted at the time of application to be considered complete.*

<input type="checkbox"/> <b>Apply Online</b> pay \$95 Application Fee (non-refundable) and upload the items below:		
<input type="checkbox"/> <b>EITHER</b> , an original official High School Transcript showing a complete Grade 12 including the following:		
<input type="checkbox"/> English 40S or equivalent – minimum 60% required		
<input type="checkbox"/> Pre-Calculus, Applied, or Essential Mathematics 40S or equivalent – minimum 60% required		
<input type="checkbox"/> Biology 30S and 40S or equivalent – minimum 60% required		
<input type="checkbox"/> <b>OR</b> Chemistry 40S or equivalent – minimum 60% required		
<input type="checkbox"/> <b>AND/OR</b> , I am currently at high school or upgrading at an adult learning centre; an original official High School Transcript of marks to date & a letter from my school confirming my enrolment is enclosed. <small>(official final transcript is required 30 days prior to program start date)</small>		
<input type="checkbox"/> Official College/University Transcript, if applicable. (Applicants must be in good academic standing at their current institution.)		
<input type="checkbox"/> Completed Letter of Intent.		
<input type="checkbox"/> Valid Manitoba Class 5 Driver's License (or higher).		
<input type="checkbox"/> 18 years of age by the program start date.		
<input type="checkbox"/> Proof of English Language Proficiency, if applicable; see <a href="http://www.assiniboine.net/elp">http://www.assiniboine.net/elp</a> for details.		
<input type="checkbox"/> Photocopy of Valid Permanent Resident Card, if applicable. (Both sides are required.)		

OFFICE USE ONLY	
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

**STEP TWO:** *Not required until selected for acceptance, additional information will be provided.*

<ul style="list-style-type: none"> <li>Immunizations (the form will be provided with acceptance). A list of immunizations can be found on the webpage. <a href="https://assiniboine.net/programs/primary-care-paramedic">https://assiniboine.net/programs/primary-care-paramedic</a></li> </ul>		
<ul style="list-style-type: none"> <li>Photocopy of Current Criminal Record Vulnerable Sector Check (Must be current within 6 months of application.) <b>Must be obtained from your local police/RCMP detachment.</b> <span style="float: right;"><small>*For applicants under 18, waived until 18<sup>th</sup> birthday*</small></span></li> </ul>		
<ul style="list-style-type: none"> <li>Photocopy of Current Child Abuse Registry Check (Must be current within 6 months of application.) <a href="http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html">www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html</a> <span style="float: right;"><small>*Waived for applicants who reside outside Manitoba*</small></span></li> </ul>		
<ul style="list-style-type: none"> <li>Photocopy of Current Adult Abuse Registry Check (Must be current within 6 months of application.) <a href="http://www.gov.mb.ca/fs/pwd/adult_abuse_registry.html">www.gov.mb.ca/fs/pwd/adult_abuse_registry.html</a> <span style="float: right;"><small>*Waived for applicants who reside outside Manitoba*</small></span></li> </ul>		

Y	N
Y	N
Y	N
Y	N

This form is available in alternate formats. Please contact [accessibility@assiniboine.net](mailto:accessibility@assiniboine.net) or 204.725.8700 (ext. 6052).

**OFFICE USE ONLY:** May 2026 ~ requirements subject to change, please refer to [assiniboine.net/pcp](https://www.assiniboine.net/pcp) for most up-to-date checklist.

APP STATUS:

Completed Application:  
 YES   
 NO

Received by: \_\_\_\_\_

Date/Time Received