



**APPLICANT ACKNOWLEDGEMENT  
OF PROGRAM REQUIREMENTS**

MLB1

**Admissions**

SW1, Room 1331  
3700 Willingdon Avenue  
Burnaby, BC V5G 3H2  
Tel 604-432-8419 • Fax 604-431-6917

**This form is part of the student application package and requires applicant's signature and return for program acceptance.**

I agree to participate in classroom/laboratory/clinical exercises that impart necessary knowledge and skills for practice in the field if accepted into the BCIT Medical Laboratory Program,

I understand that my training may include performance of invasive exercises, on myself and others, such as:

- Venipuncture (blood collection from peripheral veins)
- Finger puncture (blood sampling from capillaries)
- Throat swab collection for bacteriological culture

and non-invasive exercises such as:

- Urine collection for bacteriological culture

I understand that these exercises will be explained and supervised by a BCIT staff member or other assigned, qualified personnel.

I further understand that, as part of my training, I will be assigned a clinical training site by BCIT. I will have the opportunity to express my preference as to location for this training, and BCIT will attempt to accommodate my request. HOWEVER, I do understand that I may be assigned to any available clinical site in the province of British Columbia. I also understand that during my clinical training, my training site may schedule me on shifts other than day shifts.

I understand that the training for, and practice of, Medical Laboratory Science is often physically and mentally demanding.

I understand that, once I have been provisionally accepted, I will be required to complete an immunization form. The British Columbia Health Authorities require students to be fully immunized before going out to their clinical practicum. I understand that failure to complete this form will prevent me from attending the Medical Laboratory Science program. The Immunization form is available for my review on the Medical Laboratory Science web site.

I know of no reason why I cannot fulfill the above requirements.

Name (Print)	Signature	Student Number if known	Date
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Return this form with your completed application to BCIT Admissions Department.