



# PRE-ENTRY ASSESSMENT NUCLEAR MEDICINE, DIPLOMA

School of Health Sciences  
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

This pre-entry assessment is a requirement for Nuclear Medicine, Diploma. This assessment does not constitute acceptance into the program.

The department will evaluate and send this information back to you for any further explanation needed and feedback on any upgrading or other requirements needed for entry. Please use proper English, grammar and punctuation.

When you decide to apply, you must save this form on your computer and submit along with your online application with any supporting documentation and requirements. NO fee is charged until you officially apply.

**Complete this form and save it as a pdf and email it to: [leanna\\_wong@bcit.ca](mailto:leanna_wong@bcit.ca)**

Your BCIT ID Number	Legal First Name (given name)	Legal Last Name (family name)
Email		Phone

**PLEASE SEE ALL NUCLEAR MEDICINE ENTRANCE REQUIREMENTS: [bcit.ca/programs/nuclear-medicine-diploma-full-time-6700diplt/#entry](http://bcit.ca/programs/nuclear-medicine-diploma-full-time-6700diplt/#entry)**

### ENTRANCE REQUIREMENTS CHECKLIST:

Do you have the following:

**73% minimum or equivalent in:**

- English 12
- Math 12 or Pre-Calculus 12
- Biology 12 or ATPH 12
- Chemistry 12
- Physics 11
- Post-secondary experience an asset, but not required

### REASONS FOR SELECTING PROGRAM

Discuss the reason(s) you applied to this program and what knowledge, skills and abilities you hope to gain by completing the program.

## ACADEMIC & PROFESSIONAL EXPERIENCE

Do you have any relevant experience? If yes, what type of experience do you have? (Select all that apply)

- Employment (full-time or part-time)
- Post-Secondary education
- Volunteer experience, general
- Volunteer experience in related health care field
- Experience with patient care or customer service

Provide details of your academic, volunteer or work experience relevant to this program of study below. Include key activities/duties and specific examples of your involvement with patient care or customer service.

## PERSONAL STRENGTHS

In detail, describe three personal strengths. Discuss how you developed each of these strengths, and how these strengths will contribute to your success in the program and/or as a Nuclear Medicine Technologist.

## ADDITIONAL INFORMATION

Briefly describe any personal achievements and/or additional information you would like the Admissions Committee to know in considering your application.

### DEPARTMENT USE ONLY

Recommended to apply     Yes     No

Approved By

Signature

Date (DD/MMM/YYYY)

### PRIVACY NOTICE

BCIT collects personal information that you chose to provide through this questionnaire under the authority of section 26 of the Freedom of Information and Protection of Privacy Act (RSBC. 1996, c. 165) and the College and Institute Act, (RSBC. 1996, c.52).

Your personal information is used to assess your eligibility for admission, registration, decisions on your academic status and for other BCIT purposes that are directly related and consistent with BCIT's mandate and its programs and the administration and operation of BCIT pursuant to the College and Institute Act and other applicable legislation.

Some of this personal information may also be disclosed to the BCIT Student Association, the BCIT Alumni Association and the BCIT Foundation. For individuals who are granted awards, BCIT release personal information to award donors and funding agencies. Information on admission, enrollment and academic achievement is disclosed and used for statistical and program research and evaluation purposes by BCIT, other post-secondary educational institutions (in such cases, individual identities are not disclosed) and as required by provincial and federal government authorities or authorized by law.

Questions about the collection, use and disclosure of personal information by BCIT may be directed to the Associate Director, Privacy, 3700 Willingdon Ave., Burnaby, BC V5A 3H2; Tel: 604.432.8508, email: Cynthia\_Kent@bcit.ca

By completing and submitting this questionnaire with your application for admission to BCIT, you consent to the collection, use and disclosure of your personal information as described above.