MANDATORY APPLICANT QUESTIONNAIRE
DIGITAL HEALTH ADVANCED CERTIFICATE

Admissions
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

CLEAR FORM

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.

Your BCIT ID Number **A0**	Preferred Name
Legal First Name (given name)	Legal Last Name (family name)

- Submission of this form with your application is mandatory.
- You must save this form to your computer and upload the completed version to your online application.
- The program area will evaluate your answers; please use proper English, grammar and punctuation.

REASONS FOR SELECTING PROGRAM

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

RELATED EXPERIENCE

This section will be used to confirm admission eligibility for applicants applying under Entry Option 2.

1. Describe your current position, employer, and primary area of practice or your most recent workplace experience.
2. Describe your healthcare experience and any experience in roles that support healthcare delivery, administration, policy, research, or education including your job title, employer, start and end dates, and key duties.
3. Describe any other relevant professional experience.

RELATED EDUCATION

In addition to the post-secondary education entrance requirement, describe any additional relevant education completed (e.g., credentials, professional licensure and regulatory designations, continuing education, microcredentials and professional development).

ADDITIONAL INFORMATION

Briefly describe any additional information you would like the program to know in considering your application.