



CARDIAC RHYTHM DEVICE TECHNOLOGY PRACTICUM CONFIRMATION

BCIT Cardiac Sciences:

We confirm that practicum site, _____

will accept _____, an applicant to the BCIT Cardiac

Rhythm Device Technology Program, for a 625-hour clinical practicum commencing:

_____ (month/day/year).

To achieve the competencies of our program, we confirm the student will be able to participate in the following procedures (type X beside the procedure):

____ Pacemaker patient follow-up

____ ICD patient follow-up

____ CRT patient follow-up

____ Lead testing during pacemaker or ICD implant

Signature of Authorized Signatory

Name and Designation

Date