BCIT Cardiac Sciences:

We wish to confirm that practicum site, __________________________________________________________
will accept Ms./Mr. ____________________________, applicant to the Electrophysiology Technology Program at BCIT, for a clinical practicum (5.5 months in duration) in the electrophysiology lab potential for the period of _______________ to _________________.

To maximize their learning and exposure, we assure that Ms./Mr. ______________________________:

- Will be provided exposure to and learning opportunities that cover off and enhance competencies and skills as outlined in the Electrophysiology Technology program;
- Shall be given meaningful tasks, projects and work assignments that will utilize as well as enhance his/her competencies and skills outlined in the Electrophysiology Technology program

___________________________________________
Signature of Authorized Signatory

___________________________________________
Name and Designation

___________________________________________
Date