PACEMAKER PRACTICUM CONFIRMATION AND ACCEPTANCE

BCIT Cardiac Sciences:

We wish to confirm that practicum site, ____________________________________ will accept Ms./Mr. __________________________, an applicant to the Advanced Pacemaker Certificate Program at BCIT, for clinical practicum (4.5 – 6 months in duration) in the pacemaker lab/clinic potentially 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 Pacemaker Advanced Certificate program;
- Shall be given meaningful tasks, projects and work assignments that will utilize as well as enhance his competencies and skills as outlined in the Pacemaker Advanced Certificate program;

_______________________________________
Signature of Authorized Signatory

_______________________________________
Name and Designation

_______________________________________
Date