



SCHOOL OF
HEALTH SCIENCES

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