



**CARDIOLOGY TECHNOLOGISTS ASSOCIATION OF B.C.**

P.O. Box 2575, Station Terminal., Vancouver, B.C. V6B 3W8

24 Hour Toll-free Voice & Fax Line 1-866-280-6535

Dear applicant:

The CTABC has received your correspondence indicating your wish to become a student member.

1. Please enter your full name on the line below and forward this form to the Program/Clinical Coordinator of the Cardiology Technology program you are enrolled in, to have it completed and returned to you.
2. Please upload this form to your student membership application on the CTABC website.

Your Name:

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**CARDIOLOGY TECHNOLOGY PROGRAM/CLINICAL COORDINATOR:**

Please complete this form to verify that the student named above is enrolled in the CSCT recognized program in cardiology technology **and** return it to the student.

This is to certify, that (student's name)

Is enrolled in the program (title):

As of (date): mm/dd/yyyy

At: (Education Facility):

Program/Clinical Coordinator's Name

Program/Clinical Coordinator's Signature

Date of signature:

Thank you for your cooperation.

*Registrar, CTABC*

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**CTABC OFFICE USE ONLY:**

Received \_\_\_\_\_, Registration # \_\_\_\_\_, Enrolled date \_\_\_\_\_