



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

STUDENT ENROLLMENT VERIFICATION

Dear applicant:

In order to obtain a student membership in the Cardiology Technology Association of British Columbia, (CTABC), you must first be enrolled into a Cardiology Technology Program approved by the Canadian Society of Cardiology Technologists (CSCT).

Please print your full name on the line below and *mail, fax* or submit this form to the Clinical Coordinator of your Cardiology Technology Program:

Your Name (please print) _____

Clinical Coordinator:

Please complete this form to verify that the student named above is enrolled in a CSCT recognized program in Cardiology Technology .

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

Is enrolled in the Cardiology Technology program as of (date): _____

Clinical Coordinator's Name

Clinical Coordinator's Signature

Date of signature: _____

Thank you for your cooperation.

Registrar, CTABC

CTABC OFFICE USE ONLY:

Received _____, Registration # _____, Enrolled date _____, Exam date _____