

EMPLOYER DECLARATION

To Be Completed By Employer and Returned with Application Form

To: Ms. Maggie Ma, Administrator
UBC Certificate Course in Laboratory Quality Management
Department of Pathology and Laboratory Medicine
Room 366 C Floor 2733 Heather Street
Vancouver BC V5Z 3J5
Facsimile: (604) 875-5257

Re: Application of _____

Date: _____

As the employer or authorized agent of the employer, I confirm that the above named possesses the course requirements (i.e. BSc, BMLSc, MD, PhD, or RT diploma) and has worked in laboratory medicine for at least 3 years.

Signature

Name (please print)

Address

Note: if self employed, form may be signed by applicant.



Department of Pathology and Laboratory Medicine
 Room 366 C Floor 2733 Heather Street
 Vancouver, BC Canada V5Z 3J5
 Ph: 604 875 4111 Ext: 67488 Fax: 604 875 5257
 ubcpolqm@gmail.com

Program Office of Laboratory Quality Management
 2010 Application
 Certificate Course in Laboratory Quality Management

Course start date: January 13, 2010

Name (first, last):	
Address:	
City/Prov:	
Postal code:	
Phone (home):	
Phone (work):	
Fax:	
e-mail:	

Payment Options:

- \$1600.00 CDN Cheque/Money Order (payable to Department of Pathology)*
- Visa Mastercard Amount authorized: \$1600.00 CDN
- Card number _____ Expiry _____
- Cardholder signature: _____

*Note: For those deciding to deregister within 14 days of course commencement, funds will be returned, less cost of textbooks and administration fee.

Supporting documentation (only one required):

- Employer declaration/reference letter
- Copy (ies) of educational credential(s)