

EMPLOYER DECLARATION

To: Ms. Maggie Ma, Administrator

UBC Certificate Course in Laboratory Quality Management

Department of Pathology and Laboratory Medicine

G401 2211 Wesbrook Mall

Vancouver BC Canada V6T2B5

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, RT diploma or equivalent) and has worked in laboratory medicine for at least 3 years.

Signature

Name (please print)

Organization

---

Address

---

Tel:

Email:

---