

Student Information			To be completed by student
Applicant: Please complete top portion only and forward this form to the employer(s) where you have practiced.			
Last name:	First name:	Student number:	
Mailing address:			
City:	Prov.:	Postal code:	Date of birth:
Home phone:	Business phone:	Mobile phone:	
Registration number:	Email:		

**I have read, understand and agree to the following:**

- Submission of this form is required within 15 days of applying to the Diagnostic Cardiac Sonography - Echocardiography program at RRC Polytech.
- I confirm that the information provided on this form is true, complete and accurate.
- RRC Polytech may contact my employer to verify the information presented herein.

Signature	Date (dd/mm/yy)
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Employer Information			To be completed by employer
Employer: The individual named above has applied to the Diagnostic Cardiac Sonography - Echocardiography program at RRC Polytech. As part of the admissions process, they are required submit proof of hours worked in the area of an approved Health Profession in the last five years. Do not include vacation, sick time or leaves of absence.			
Place of employment:			
Position/responsibility:			
Employment start date:	Employment end date:	<input type="checkbox"/> Full-time	
Mailing address:			
City:	Prov.:	Postal code:	
Business phone:	Fax number:		
Email:			

Name	Position/title
Signature	Date (dd/mm/yy)

For Office Use Only	
Program chair name:	
Signature:	Date:

**RRC Polytech - Student Service Centre**

**Notre Dame Campus**  
 D101-2055 Notre Dame Ave., Winnipeg, MB R3H 0J9  
 P: 204.632.2327 | F: 204.697.0584

**Exchange District Campus**  
 P104-160 Princess St., Winnipeg, MB R3B 1K9  
 P: 204.632.2327 | F: 204.949.9105

**Regional Campuses**  
 For Regional Campus contact info,  
 please visit [rrc.ca/campuses](http://rrc.ca/campuses)