



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.
www.sct.org.nz Email: info@sct.org.nz

Verification Form for application to Certification of Cardiac Physiologists training programme

This form is to be completed by the hiring manager on behalf of the applicant to the SCT training program.

Hiring managers name: _____

Hiring managers title: _____

Hiring managers address: _____

Hiring managers phone: _____

Hiring managers email: _____

My employee _____ (name) is employed as a
_____ (job title).

Their start date in this position was _____.

Their FTE is _____

They are/will be enrolled in the MTEX year 1 course in the year _____.

They are/will be enrolled in the MTEX year 2 course in the year _____.

A copy of their job description must be attached with this form.

I confirm that the above information is a correct and true record

_____ signature

_____ Date

Please email this form to education.sct@gmail.com or post this form back to the above address.