

Supervisor: (Printed name: _____)

Company: _____ Job Title: _____

Email: _____ Phone: _____

Address: _____ Professional Designation: _____

Signature: _____ Date: _____

Trainee: (Printed name: _____)

Signature: _____ Date: _____

Required competencies for AScT and CTech are presented via [Canadian Technology Standards](#).

Required competencies for RFPT, ROWP and CHI are presented in the Schedule A of the [ASTTBC Bylaws](#).