New HCA Program Recognition & Notice of Intent (NOI)

The information outlined here is provided as a preliminary overview of the process and requirements for new program recognition. The Notice of Intent (NOI) document can also be found on the next page.

Key Resources

The following documents are to be used to support development of program and course material in alignment with provincial standards:

Health Care Assistant Program: Provincial Curriculum, Provincial Curriculum, 2015: Ministry of Advanced Education  http://solr.bccampus.ca:8001/bcc/items/e4e61b7e-6615-436e-9cf1-ce808dce5c63/1/


Other documents on the Registry Educator page https://www.cachwr.bc.ca/Educators.aspx and Resource page https://www.cachwr.bc.ca/About-the-Registry/Resources.aspx should also be reviewed closely.

New Program Recognition Steps:

1. Completion / Submission of a Notice of Intent (see next page). This document is to be completed, scanned and returned via email.

2. Once the NOI is received, the Registry will contact the Program Contact to set up a meeting to discuss the new program recognition process. Educational institutions are expected to engage an appropriately qualified Subject Matter Expert (SME) to support program development in alignment with provincial standards. The SME should meet the Instructor Minimum Qualifications (see page 48 of the HCA Program Recognition Guide  https://www.cachwr.bc.ca/getattachment/Educators/HCA-Program-Recognition-Guide2015.pdf.aspx) and should have experience in developing curriculum and prior involvement in Nursing / HCA Program delivery and instruction.

3. Registration for an online educator account at  https://www.cachwr.bc.ca/Application/Educator-Registration.aspx

4. Once the online Educator account has been approved, completion / submission of an online HCA Application. The HCA Application outlines basic program details and information.

5. New Programs are also required to submit information confirming their ability to deliver the program to provincial standards prior to recognition. Please see Form A: New HCA Program Recognition Submission.

6. A site visit may be necessary prior to adding the institution to the Recognized HCA Programs list

7. After graduating a cohort of students, the program will submit a Compliance Report and the Registry will complete a Compliance Site Assessment to validate that recognition standards are being met. Based on the outcome of Registry Compliance Assessment, the program will then be awarded full recognition, interim recognition (with conditions) or recognition status withdrawn.
Notice of Intent (NOI) – New BC Health Care Assistant Program

The NOI confirms that an educational institution is proposing to follow the Health Care Assistant (HCA) Provincial Curriculum (2015). The program should include a minimum of 475 hours of course theory and laboratory, as well as 270 hours of applied practice experiences, for a total of 745 HCA program hours. Submission of a completed NOI communicates the institution’s intent to deliver a program in alignment with provincial standards.

1. Name of educational institution: _____________________________________________________

2. Title of program: _________________________________________________________________

3. Website: _________________________________________________________________

4. Program’s contact person: (e.g. Department Head)

   Name___________________________________ Title___________________________________
   Address __________________________________________________________________________
   Telephone __________________ Fax ______________________
   Email_______________________________

5. Program Site Address __________________________________________________________
   Site Contact Person (if different from above) _________________________________________
   Telephone __________________ Fax ______________________
   Email_______________________________

6. Total program hours _______ Total program weeks _______

7. Total theory / lab hours _______ Total theory/lab weeks _______

8. Total practice education experience hours ______ Total practice education weeks _______

9. Maximum number of students per intake ______

10. Desired program start date _______________________

11. Other information the program would like to share about its proposed new HCA program:

   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

Signature by an Administrator* or equivalent at the educational institution (i.e. Dean or Owner/President)

On behalf of the above named educational institution, I confirm the accuracy of information provided on the NOI:

Name___________________________________ Title___________________________________

Signature _______________________________ Date _______________________________

RETURN COMPLETED FORM TO THE BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY,
EMAIL SCANNED COPY TO: Education@cachwr.bc.ca