

## Notice of Intent (NOI)

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 \_\_\_\_\_ Email \_\_\_\_\_
5. Program Site Address \_\_\_\_\_  
Site Contact Person (if different from above) \_\_\_\_\_  
Telephone \_\_\_\_\_ 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. Anticipated Program Start Date: \_\_\_\_\_ / End Date: \_\_\_\_\_

Other information the program would like to share about the proposed 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,  
**COMPLETE AND EMAIL COPY TO:** [Education@cachwr.bc.ca](mailto:Education@cachwr.bc.ca)