

 BC Care Aide & Community Health Worker Registry	Renfrew Centre 300 - 2889 East 12th Avenue Vancouver, BC V5M 4T5 www.cachwr.bc.ca	Toll Free Phone: 1-833-725-1699 Toll Free Fax: 1-877-494-3222 Email: info@cachwr.bc.ca
---	---	---

Health Care Assistant¹ (or equivalent) Out of Province Practice Hours Verification Form

To qualify for the Graduate of a HCA Program in Canada (outside of BC) Expedited Registration Pathway, your previous or current out of province employer(s) must verify you have completed a minimum of 450 hours of relevant work experience in the previous year and/or a minimum of 1125 hours of relevant work experience in the past three (3) years.

If your previous or current out of province employer cannot confirm the minimum hour requirements, you must ensure additional HCA Practice Hour Verification forms are completed and submitted from additional out of province employers to the Registry.

The BC Care Aide & Community Health Worker Registry (the Registry) will use the information you provide in this form to assess your application for registration.

To avoid delays in the application process, make sure you complete all information in **Part A** and then provide the form to your previous or current out of province employer (may be completed by HR / Non Clinical Personnel). The employer is to complete **Part B** of the form, then email the completed form directly to the Registry at info@cachwr.bc.ca.

Part A: Section for completion by the Applicant

Part A - Applicant Information		
First Name	Middle Name or Initial	Last Name
Street Address		
City	Province	Applicant Postal Code
Phone Number	Email Address	
Part A - Employer Information		
Employer Name		Applicant's Clinical Supervisor/Manager Name
Facility / Site Name		

¹ Examples of Health Care Assistant occupation and/or education program names in other Canadian provinces and territories: Health Care Aide (Alberta and Manitoba), Continuing Care Assistant (Saskatchewan), Personal Support Worker (Ontario, New Brunswick and Northwest Territories), Home and Continuing Care Worker (Nunavut), Continuing Care Assistant (Nova Scotia), Resident Care Worker (PEI), Home Support Worker / Personal Care Attendant (Newfoundland & Labrador)

Employer Street Address		
Employer City	Employer Province	Employer Postal Code
Employer Phone Number	Employer Email Address	
Employment Type / Setting:		
<input type="checkbox"/> Long-Term Care <input type="checkbox"/> Home Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Community Support <input type="checkbox"/> Acute Care <input type="checkbox"/> Other _____		
Part A - Applicant Consent and Declaration		
<p>I give consent to all current and previous employers to release information regarding my employment history, my conduct, my fitness to practice, and my competence as a Health Care Assistant (or equivalent) to the BC Care Aide & Community Health Worker Registry (the Registry) to be used solely for the purpose of assessing eligibility for registration in British Columbia. I grant my consent to release information for both the HCA Practice Hours Verification Form and the HCA Competency Reference Form completed by my current and previous employers.</p> <p>I declare that the information I have provided on this form is true and accurate. I understand that falsification of this document, or the submission of any falsified documents to the Registry, will be cause for the Registry to withhold registration, revoke registration or take other appropriate action.</p> <p>Applicant Signature: _____ Date: _____</p> <p><input type="checkbox"/> Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.</p>		

Part B: Section for completion by the Employer (may be completed by HR / Non Clinical Personnel)

The individual above has applied for registration with the BC Care Aide & Community Health Worker Registry (the Registry). To help determine if the applicant meets the requirements for registration, we require your assistance by completing the questions below. To avoid delay, all sections of this form must be completed.

If there are any questions and to return this completed form, please contact the BC Care Aide & Community Health Worker Registry. Email: info@cachwr.bc.ca

Part B – Employment Verification	
Dates Employed From (Month / Day / Year)	Date Employed To (Month / Day / Year)
Job Title	Status
	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Department(s) Employed in:	

Primary Language spoken in the workplace:	Primary Language used for documentation:	
Health Care Assistant (or equivalent) practice hours worked in current year (if applicable) and previous three (3) full years		
Hours must include actual practice hours worked (not vacation, LTD/Sick Leave, paid/unpaid leave, etc. *Please provide hours for each calendar year of employment (January 1 – December 31)		
Year Worked	Hours	Notes (if applicable)
During their employment was this individual ever disciplined on the grounds of client abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not currently working, did this individual leave the position in good standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B- Employer Representative Information & Declaration		
First Name	Middle Name or Initial	Last Name
Title	Designation (if applicable)	Registration Number (if applicable)
Phone Number	Email Address	
I declare that the information I have provided on this form on behalf of _____ (Employer Name) is true and accurate.		
Employer Representative Signature: _____ Date: _____		
<input type="checkbox"/> Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.		

After completing and signing this document, please email the completed form to the Registry at info@cachwr.bc.ca