### Form A: New Program Recognition Submission

This form is to be used in situations where a new Health Care Assistant (HCA) program is being proposed (i.e., for an institution that has no history of delivering a recognized HCA education program). Refer to *Section IX Program Recognition Compliance Reporting* of the [HCA Program Recognition Guide (2023)](https://www.choose2care.ca/wp-content/uploads/2023/07/HCA-Program-Recognition-Guide_2023.pdf) as you complete. Please complete this submission to demonstrate the new HCA program will be delivered in alignment with provincial standards.

Prior to submitting a Form A: New Program Recognition Submission, applicants must submit Notice of Intent (with attachments).

Once ready to submit a completed form (with attachments), email [Education@cachwr.bc.ca](mailto:Education@cachwr.bc.ca) and a file share link will be provided for submission upload.

***Important Note*:** All information on Form A must be completed and supporting evidence provided. Where there are deficiencies, the Registry will notify the program. The program will have ONE opportunity for resubmission. After that point, should the program have continued deficiencies / be unable to demonstrate alignment with provincial standards, it will be required to wait one calendar year to reapply (new NOI and new Form A Submission).

**Submission on [submitted date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Program Contact Information**

Name of educational institution: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title of new HCA program: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Website: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program contact person (e.g. Department Head):

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Postal code: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Physical Infrastructure and Lab Equipment (Standard 1.1)**

\*Please attach a floor plan and photographs of this location (classroom space and lab space for HCA program use). [***Attachment 1: Floor Plan/Photographs]***

\*Please attach a list of learning / teaching resources that will be available to HCA program faculty and students at this location. (i.e. learning resources, LCD projectors, computers, printers, etc.) ***[Attachment 2: Resources List]***

\*Please attach a completed lab equipment inventory checklist ***[Attachment 3: Lab Equipment Checklist]***

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| Does the lab space for the program have plumbing for a sink (hot and cold running water)? |
| How many beds will the lab space comfortably accommodate (with room for students / faculty to circulate freely around each bed area)? |
| How will the program ensure students have sufficient access to a dedicated laboratory space, fully equipped with minimum equipment / supplies? (Note: scheduling of a minimum of 78 out of 120 hours for Personal Care & Assistance course and 2 hours/week of supervised open lab time) |

**3. Instructional Support / Program Delivery Coordination & Oversight (Standards 2.1 and 2.2)**

\*Please attach an organizational chart and job descriptions and resumes for the team members (i.e., Department Head, HCA Program Lead/Coordinator, HCA Instructor(s) and Practice Education Coordinator) who will be responsible for ongoing curriculum development and program coordination, instruction and quality assurance oversight at this location. [***Attachment 4: Organizational Chart, Job Descriptions and Resumes]***

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| Who, at the site-based level, will ensure that the HCA program curriculum is being delivered in accordance with minimum standards? (i.e., HCA Program Lead/Coordinator) Please confirm this individual has appropriate health care experience and credentialing. |
| Who will be responsible for securing and organizing HCA practice education placements? |
| Who will be responsible for hiring / orienting HCA Program Personnel (e.g., HCA Program Lead/Coordinator, HCA Instructor(s), HCA Practice Education Coordinator, etc.) for the first intake? |
| If relevant, please describe the onboarding plan (i.e., transition of responsibility for meeting HCA program standards from the SME Program Developer to HCA Program Lead/Coordinator) |

**4. HCA Program Entry Policies (Standard 3.1)**

[***Attachment 5: HCA Program Entry Policies and Procedures, Practice Education Policies and Procedures and confirmation of Criminal Records Review Program (CCRP) Organization Registration and Enrollment]***

What processes will be used to confirm students have met the program entry requirements?

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| Will the program be admitting international students? If yes, please submit international student policies and procedures and comment on the items on the International Students Checklist (HCA Program Recognition Guide, *Section XXIV*) will be met. |

If not required for program entry, what processes will be used to confirm students meet any additional requirements prior to their first practice experience (Immunizations, CRC, First Aid, CPR, WHMIS, Foodsafe Level 1)

***Important Note:*** Following HCA program approval, the program will need to apply for an account with the Health Sciences Placement Network (HSPnet). Evidence of an HSPnet account must be provided to the Registry upon request. The Registry will also request a sample of the credential and transcript awarded to HCA program graduates for cross-validation purposes.

**5. HCA Program Information & Curriculum Submission (Standard 4.1)**

🞎 Provide a **Health Care Assistant Program Outline** (Overview of the program, program learning outcomes, admission requirements, overall program length, individual course descriptions/length, delivery schedule information, delivery method explanation, etc. as relevant). This document will be used to inform the public about the program and will form the basis for any information posted online on the institution’s website about the program. [***Attachment 6: Program Outline]***

🞎 Provide a **Course Outline** for each course. The following information, at a minimum, must also be outlined:

* Course Description
* Course Prerequisites
* Required Course Materials
* Course Hours / Duration
* Course Learning Outcomes
* Course Content
* Course Delivery Methods
* Course Evaluation (Required Assessments and Weighted Breakdown)
* Assignment Descriptions / Evaluation Criteria (Description and Core Criteria, i.e. Rubric)
* Course Completion Requirements

🞎 Provide a **Course Schedule / Calendar** for the full program and each course within the program **–** outlining how the HCA Provincial Curriculum course content has been logically sequenced for delivery into sessions. For each session, outline the content that will be covered, the required readings, including specific chapters as well as hyperlinks to relevant internet resources / online documents. Assessment due dates should be reflected in the course schedule as well. This schedule will demonstrate how the course is delivered. For example, if the course is 30 hours in length, the Course Schedule will reflect the delivery of 30 hours of course time, separated into sessions as it will be delivered. For example, 30 hours could be delivered in 10 sessions, of 3 hours each. Alternately, it may be scheduled as 6 sessions, of 5 hours each.

Some programs may choose to integrate the Course Outline and Course Schedule into one document and entitle it the ‘Course Syllabus”. Alternately, some programs may prepare a detailed Course Manual for each course with readings, activities, etc. as well as requisite course information.

Curriculum Documents supplied must be provided in Word Format.

[***Attachment 7: Curriculum Submission – Zip documents into a Folder]***

**6. Practice Education Information (Standard 4.2)**

\*Please provide all policies and procedures for practice education experiences; ideally this information will be compiled into Practice Education Handbooks that guide each placement. Please see *Appendix 6: Practice Education Requirements* in the HCA Program Recognition Guide for further information.

***[Attachment 8: Practice Education Policies and Procedures]***

\*Please provide a list of partner sites and affiliation agreements. Evidence that at least two (2) sites for each type of placements must be supplied (two [2] placement sites for Multi-Level/Complex Care and two [2] placement sites for Community Placement) within the vicinity of the program.It is important for the institution to effectively demonstrate its ability to secure required placement experiences for the proposed number of students that will be admitted to the program.

***[Attachment 9: List of Partner Sites and Affiliation Agreements]***

**7. Partner Consultation: (Standard 5.1, 5.2, 5.3)**

Recognized BC HCA programs are required to organize a Program Advisory Committee (PAC) to provide relevant and meaningful feedback to the program on an ongoing basis. \*Please attach Terms of Reference and a list of three external representatives which may include employers, practice education partners and practitioners (include name, title and organization). [***Attachment 10: PAC Terms of Reference]***

What processes will be used to gather feedback on the program from key stakeholders? (i.e., students, instructors, practice experience partners, employers and program graduates).[***Attachment 11: Feedback Tools / Mechanisms]***

*What is the process to make improvements / changes to the program where required?*