

Form B: New Location Submission (Recognized Program)

This form is to be used in situations where an educational institution with a recognized HCA program is planning to deliver the program at a new location, for either one time or repeat delivery. Refer to *Section IX HCA Education Program Standards Compliance Reporting* in the [HCA Program Recognition Guide \(2024\)](#) as you complete.

Please indicate one of the following reasons for form completion:

A one-time funded program delivery

A new campus location for repeat program delivery

Other:

In the case of a One-Time Funded program submission, a completed Form B and evidence is to be submitted at minimum of one (1) month prior to the proposed program start date.

In the case of a new campus location for repeat program delivery, a completed Form B and evidence is to be submitted at minimum of three (3) months prior to the proposed program start date. Please note that a site visit may be required.

Programs are also asked to update location information, partner site information and cohort intake information when completing the Annual Training Profile.

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

Submission on [submitted date]:

1: Program Information

Name of institution:

Title of New HCA program:

Website:

Maximum number of students per intake:

Maximum number of intakes per year:

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

Name:

Title:

Address:

City:

Postal code:

Telephone:

Email:

2: New Location Information

Campus/Site Name:

Address:

Phone Number:

Location Type:

Frequency of Program Offering (i.e 1x only, 1x year, 2x year, etc):

Maximum Number of Students Per Intake:

3. Physical Infrastructure and Lab Equipment:

*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](#)**]

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 in 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 minimum of 2 hours/week of supervised open lab time).

***N.B.** If the program will be delivered in collaboration with an external partner (i.e. classroom and/or lab-based training within a complex care site) please see information about *HCA Program Delivery Partnership*, in Section XX of the [HCA Program Recognition Guide \(2024\)](#).

4. Cohort Delivery Information

Please provide information about how the program will be scheduled for delivery at this location. Which courses will be delivered from this site? **[Attachment 4: Program Delivery Schedule]**

Will more than one HCA cohort be offered at the same time? If so, outline how this will be addressed (i.e. consider scheduling and resource utilization).

***N.B.** If the proposed program will be delivered in a combined delivery format (i.e., online and/or videoconference) and has not been recognized for delivery in such a variation, please submit the applicable form ([Form C2](#)).

5. Instructional Support / Program Delivery Coordination & Oversight

*Please attach resumes for any new HCA program instructors **[Attachment 5: Resumes]**

Who will be responsible for hiring / orienting HCA program instructors at this new location?

Who will be responsible for securing and organizing HCA practice education placements?

Who, at the site-based level, will be responsible for ensuring that the HCA program is being delivered in accordance with minimum standards?

6. Practice Education Information – Partner Sites

Please provide information about the partner sites that will be used for this location. Confirm valid affiliation agreements are in place.

*Please provide a list of partner sites that will be used for this location, using [Template 4](#).

*For **permanent locations**, also attach signed Affiliation Agreements and/or Letters of Support. Evidence that at least two sites for each type of placements must be supplied (2 sites for Multi-Level/Complex Care and 2 sites for Community Placement). If Letters of Support are supplied, the placement site must confirm how many students they will accept from the program at any given time. The institution must demonstrate its ability to secure required placement experiences for the proposed number of students that will be admitted to the program. ***[Attachment 6: List of HCA Practice Education Partner Sites using [Template 4](#), Affiliation Agreements / Letters of Support for permanent locations].***

***N.B.** For permanent locations, if it is change of location but the campus remains in the same city, affiliation agreements are not required. In cases where agreements with two types of each site cannot be provided (e.g., for programs offered in rural communities), the program may provide evidence that the one placement site could accommodate the number of students proposed and a back-up plan in case the site is not able to accommodate.