**Form D: Change of Ownership Form**

New owners must comply with existing recognition requirements, terms and conditions.

Where there is an impending change to educational institution ownership, the Registry must be advised 10 business days prior. A completed Form D submission is to be emailed to the Registry at [education@cachwr.bc.ca](mailto:education@cachwr.bc.ca).

Name of Educational Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Educational Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Title of recognized HCA Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

HCA Program Coordinator:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Administrator Representing Program’s Corporate Authority: (Owner)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Administrator Representing Program’s Corporate Authority: (Owner)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachments:**

Please complete and attach the following:

An updated Organizational Chart

Updated Template 1 (HCA Program Instructor Information)

Updated Template 2 (HCA Program Staff Information)

**Preamble:**

The submission of a completed Form D, with attachments, confirms that the new corporate authority has reviewed previous compliance history, is familiar with the recognition standards, described in Health Care Assistant Program Recognition: A Guide for Educators and understands that these are the standards by which BC Health Care Assistant (HCA) program(s) are evaluated.

**Attestation by Current Administrator (Owner)**

I confirm that I have provided information to the new administrator related to the institution’s recognition compliance history, current status and future requirements, including previous compliance assessment reports.  Where there have been instances of non-compliance, the awarding of interim or recognition status withdrawn status (including any conditions and/or requirements for ongoing recognition set), a prospective owner must be made aware given the bearing of previous assessments on future status.

**Attestation by the New Administrator (Owner)**

I have reviewed information related to the institution’s recognition compliance history, current status and future requirements.  I understand it is my responsibility to review the HCA Program Recognition Guide and ensure ongoing compliance with minimum standards. New owners must comply with any previous and/or existing recognition requirements, terms and conditions.

Program recognition standards are established within the following six categories. There are also specified minimum laboratory equipment, instructor qualifications, student program entry/admission requirements and practice education requirements.

* Area 1: Facilities and Institutional Resources
* Area 2: Instructional Staff and Program Personnel
* Area 3: Program Entry Policies
* Area 4: Program Outcomes, Delivery and Assessment
* Area 5: Partner Consultation
* Area 6: Program Strengths

The new administrator/corporate authority agrees to comply with all requirements for program recognition and affirms their commitment to the outcomes and ongoing needs of the HCA Program(s) offered by its institution.

Programs must notify the Registry of any substantive program changes (see Glossary of Key Terms (Section XXVI) for definition) a minimum of eight weeks in advance. Any review of program changes may take up to four weeks and programs should plan the implementation of changes accordingly. The new administrator also confirms that students in recent and active cohorts in the program at the time of the recognition site visit will have signed releases allowing site assessor(s) to view their student files and evaluation records.

The Registry may review the standards and processes for program recognition and make revisions as deemed reasonable and necessary. The Registry shall provide educational institutions with any revised documents in a timely manner and the institution agrees to comply with all changes.

The new administrator/corporate authority understands that if an educational institution is uncooperative or unresponsive to the Registry requests or requirements as they are set forward in the recognition processes, recognition may be withdrawn. The Recognition Compliance Report and Site Visit (or Recognition Reassessment) determines ongoing program recognition status. If recognition is withdrawn, the program will be removed from the Registry list of “Recognized Programs List” and may be added to a “Non-Recognized Programs List”.

The new administrator/corporate authority consents to having details of a program assessment, including a copy of the compliance report, disclosed to the Private Training Institutions Branch (PTIB), the Ministry of Health or the Ministry of Post Secondary Education and Future Skills or an appointed Appeal Review Panel. In no other circumstance will the details of a program assessment be disclosed to a third party without the consent of the program.

The new administrator/corporate authority agrees that the Registry reserves the right to request information from a recognized program at any time to determine continuing compliance of the program with the standards; to request a site visit to confirm compliance; or to withdraw recognition from programs that fail to maintain compliance with the recognition standards. The corporate authority shall indemnify and hold harmless the Registry, its officers and employees involved in the provision of recognition services from any claims, demands, losses or damages arising from the recognition process or any change in recognition status.

*I certify all information provided in this application is accurate and agree to the terms outlined within.*

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| --- | --- |
| **Current or Previous**  **Administrator/Owner/Corporate Authority** | **New**  **Administrator/Owner/Corporate Authority** |
| Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |