### Form H: Health Care Assistant Partnership Pathway (HCA-PP) Program Delivery Submission

This form is to be used in situations where an educational institution with a recognized HCA program is **reporting on upcoming HCA-PP delivery.** Refer to *Section IX HCA Education Program Recognition Compliance Reporting* of the [Health Care Assistant Program Recognition Guide (2023)](https://www.choose2care.ca/wp-content/uploads/2023/07/HCA-Program-Recognition-Guide_2023.pdf)as you complete.

A completed Form H (with attachments), is to be submitted a minimum of one (1) month prior to the proposed program start date(s). Once your submission is ready, please email [education@cachwr.bc.ca](mailto:education@cachwr.bc.ca) and a file share link will be sent to you for your submission upload. The Registry will confirm receipt of all Form H HCA-PP submissions.

Form H submissions will be shared with the Ministry of Health and Ministry of Advanced Education, Skills and Training. The Registry reserves the right to request additional information in relation to compliance with provincial standards (e.g., program entry evidence).

Please note important next steps:

* To support the timely registration of their HCA-PP graduates, the program should submit their graduate verification list(s) as soon as possible following program completion (e.g. within 1-2 business days) to [register@cachwr.bc.ca](mailto:register@cachwr.bc.ca); this information must be on file in order to cross-validate and process graduate registrations. HCA-PP graduate verification lists should be clearly identified as “**HCA-PP Cohort**”. Programs are asked to provide updates, e.g. to location information, partner site information and cohort intake information, etc. when completing the Annual Training Profile.

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

**1. Program Contact Information**

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

Title of program: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

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

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

**2. Program Information**

**HCA-PP Intake Information:**

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| --- | --- | --- | --- |
| **Campus Location** | **HCA Education Start Date** | **End Date** | **Number of Students Enrolled** |
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|  |  |  |  |

Total program hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Program (in weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Theory /lab coursework hours: \_\_\_\_\_\_\_\_\_\_

Total practice education experience hours: \_\_\_\_\_\_\_\_\_\_

Multi-Level/Complex Care placement hours: \_\_\_\_\_\_\_\_\_ Community placement hours: \_\_\_\_\_\_\_\_\_\_

**3. HCA-PP Participating Employer Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participating Employer and Site Name** | **City / Health Region** | **Location Type** (i.e., long term care home, assisted living or home support) | **Designated Contact Person** | **Phone Number and Email** | **Number of HCSWs** |
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**4. Program Delivery Information**

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| **Please indicate methods of delivery (choose all that apply)**  In-class instruction  Online education  Synchronous online  Asynchronous online  Video conference |
| **Please indicate the chosen delivery model (choose one)**  Block Model  Part Time Model  Full Time Model (i.e., no HCSW work breaks) |
| Please attach a Program Delivery Schedule ***[Attachment 1: Program Delivery Schedule]***.  As in the example frameworks provided below, indicate program information within the delivery schedule (program orientation, course codes, names and hours) and outline how each segment of the HCA-PP program will be delivered, including work and education blocks and related details (e.g., course order, session scheduling, learning continuity aspects, etc.).  Find **Established Model Frameworks** for HCA-PP program delivery here:    Please provide evidence/rationale for any modifications from the Established Model Framework selected: |
| 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. Will the program be able to provide supervised open lab time?) |
| Will more than one cohort be offered at the same time (e.g., a regular HCA cohort overlapping with an HCA-PP cohort)? If so, outline how this will be addressed (i.e. consider scheduling and resource utilization). |

**5. Physical Infrastructure and Lab Equipment**

**\*N.B. If the program will be offered at a recognized program location(s), this section does not need to be completed.**

If it is proposed that the program will be delivery 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 Partnerships, in *Section XIX* of the HCA Program Recognition Guide.

\*Please attach a floor plan and photographs of this location (classroom space and lab space for HCA-PP program use). [***Attachment 2: Floor Plan / Photographs]***

\*Please attach a list of learning / teaching resources that will be available to HCAP program faculty and students at this location. (i.e. learning resources, LCD projectors, computers, printers, etc.) ***[Attachment 3: Resources List]***

\*Please attach a completed lab equipment inventory checklist ***[Attachment 4: 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 in bed area)? |

**6. Practice Education Information – Partner Sites**

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| What is the plan for the practice education segment of the program? (Note: scheduling of a minimum of 210 hours in multi-level/complex care and a minimum of 60 hours in a community setting, i.e., assisted living, home support, group home).  What is the contingency plan for any placements cancelled or interrupted due to the pandemic? |

**Note:** It is expected that educational affiliation agreements are in place with all partner sites.