## Notice of Intent (NOI) – New Program Recognition

The NOI confirms that an educational institution is proposing to offer the Health Care Assistant (HCA) Program in in alignment with the [HCA Provincial Curriculum (2023)](https://opentextbc.ca/hcacurriculum/) and [HCA Program Recognition Guide (2023)](https://www.choose2care.ca/wp-content/uploads/2023/07/HCA-Program-Recognition-Guide_2023.pdf). The program

should include a minimum of 475 hours of course theory and laboratory, as well as 270 hours of applied practice experiences, for a total of 745 HCA program hours. Submission of a completed NOI communicates the institution’s intent to deliver the program in alignment with provincial standards and that the program has confirmed the viability of offering a new HCA program in its proposed geographical location.

1. Name of educational institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Title of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Program contact person (e.g., Department Head)

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

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

1. Program site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total program hours: \_\_\_\_\_\_\_\_\_ Total program weeks: \_\_\_\_\_\_\_\_\_
3. Total theory/lab hours: \_\_\_\_\_\_\_\_\_ Total theory/lab weeks: \_\_\_\_\_\_\_
4. Total practice education experience hours: \_\_\_\_\_\_\_\_\_\_ Total practice education weeks: \_\_\_\_\_\_\_
5. Maximum number of students per intake: \_\_\_\_\_\_\_\_
6. Along with the NOI, submit a community needs analysisconfirming the viability of offering a new HCA program in the proposed location. ***[Attachment 1– Community Needs Analysis***] Include letters of support from practice education partner sites that are willing to work with the program. ***[Attachment 2 – Letters of Support].*** See Appendix A for details (p. 2)

Signature(s) by an Administrator or equivalent at the educational institution (i.e. Dean or Owner/President) and the subject matter expert (SME) retained for program development and implementation (if identified)

*On behalf of the above-named educational institution, I confirm the accuracy of information provided on the NOI:*

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN COMPLETED FORM AND ATTACHMENTS TO THE BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY**. COMPLETE AND EMAIL COPY TO:** Education@cachwr.bc.ca

**Appendix A – Attachment Details**

**Attachment 1 – Community Needs Analysis**

Along with the NOI, educational institutions applying for new program recognition are asked to submit a community needs analysis. This will confirm that the program has completed preliminary research regarding the viability of offering an HCA program.

 which considers, but is not limited to, the following:

* Program Demand and Student Recruitment
	+ What other recognized BC HCA programs are in geographical proximity to the proposed location and are these programs already fully subscribed (i.e., are there waitlists)?
	+ What are potential barriers / considerations to offering an HCA program in the proposed location (e.g., transportation to campus location and practice education placement sites, housing, etc.)?
	+ What are other factors that may impact the ability of the program to recruit HCA students (e.g., third party funding[[1]](#footnote-1))
	+ How is this new program uniquely positioned to be successful (e.g. what are the specific factors that will assist with student recruitment)?
* Community Support
	+ What support is there in the community for HCA program development in the proposed location (i.e., by employers, practice education partner sites, etc.)? What has the program done in terms of industry consultation?
	+ How will the program meet the practice education placement requirements for recognized HCA programs (e.g., availability of practice education placement sites in the surrounding area[[2]](#footnote-2), availability of clinical instructors[[3]](#footnote-3), etc.)?
* Institutional Capacity
	+ What experience does the program have with health education program delivery and/or delivery of programs which require third party oversight (e.g., nursing, early childhood education, etc.)
	+ Has the program identified a subject matter expert (SME) who meets minimum instructor qualifications and is a practising nurse with experience in health education curriculum development / delivery to support program development and implementation? Please outline the plan in place with this SME for development and ongoing program support.
	+ For private vocational institutions, is the institution designated and in good standing with the private training institutions branch (PTIB) or has the program applied for designation status?

**Attachment 2 – Letters of Support**

Along with the NOI, the program must a attach letters of support from a minimum of two (2) multi-level complex care homes (MLCC) and two (2) community placement sites (home support/[registered assisted living for seniors and persons with disabilities](https://connect.health.gov.bc.ca/assisted-living)[[4]](#footnote-4) /group home for clients with developmental disabilities).

Placement sites should be within the vicinity of the campus. Letters should be written on company letterhead with contact and location information, and should confirm the type(s) of placement the site is able to support (i.e., MLCC or community), the number of hours students could be accommodated for any one placement (e.g., 210 hours in MLCC and 60 in community) and the number of students the site will be able to accept for a placement at any one time.

1. Programs with new program recognition status may not qualify for third party funding [↑](#footnote-ref-1)
2. The educational institution will need to supply letters of support from a community / practice education placement sites [↑](#footnote-ref-2)
3. HCA clinical instructors must be hired by the program for the duration of the clinical placement [↑](#footnote-ref-3)
4. Source: [Assisted Living Residences | Health Extranet (gov.bc.ca)](https://connect.health.gov.bc.ca/assisted-living-residence) [↑](#footnote-ref-4)