



Canadian Nursing Program¹ Correspondence Form – BC HCA Education Standard

Preamble: To determine an applicant’s eligibility for registration, Nursing Education Program Coordinator/Lead Administrator (with nurse credentials) must complete this form. The Registry will use this form to confirm at which point in the nursing program the applicant has completed sufficient training for equivalency to the BC HCA education program.

At a minimum, it is expected that nursing program students will have completed:

- Foundational nursing skills coursework, including personal care skills lab practice and assessment; and
- A supervised clinical experience in long term care and/or an acute care setting.

This Form is being completed at the request of _____ (Full Name of Student).

Once completed, please email the completed form to education@cachwr.bc.ca

Educational Institution Name: _____ **Program Name:** _____

Educational Institution Address: _____

Program Contact Person: _____ **Title:** _____

Program Contact Email: _____ **Program Contact Phone:** _____

Directions for Completion:

- Please supply both the course code and course name.
- For the purposes of this form completion, the program contact is only asked to indicate the courses at which point competency will have been sufficiently achieved (learned in theory, applied in lab and assessed/demonstrated in practice setting).
- Where an applicant has already learned, applied and demonstrated concepts within Semester 2 coursework, it is not necessary to list further consolidation coursework in later semesters, i.e., Semester 3 and 4.

HCA Skills and Core Competencies	Course(s) in which concept(s) learned.	Course(s) in which concept(s) applied.	Course(s) in which concepts assessed / demonstrated.
1. Providing individualized, age appropriate client-centred care in accordance with the care plan, and in collaboration with other health care team members.			
2. Problem-solving and time management when carrying out care-giving procedures.			

¹ Nursing education program must be approved by a Canadian nursing regulatory body.

3. Providing care in an ethical, responsible and accountable manner.			
4. Observing, gathering data and making reasonable inferences to support safe and competent care.			
5. Reporting and recording in English in a clear, accurate and timely manner (verbally, in writing and, if applicable, and in electronic formats), with attention to changes in client status.			
6. Supporting clients experiencing cognitive and/or mental health challenges and/or client responsive behaviours.			
7. Promoting client safety and recognizing safety risks (i.e. asking for help/seeking clarification when a situation changes or directions are unclear, responding appropriately to client behaviours to prevent injury to client, self and others, preventing and responding to falls).			
8. Preventing infection (i.e. hand washing, gloving, standard precautions and isolation procedures).			
9. Promoting personal hygiene (i.e. oral hygiene, bathing – partial and complete, perineal care, grooming and dressing, skin care, nail care).			
10. Moving, positioning and transferring a client (i.e. correct body mechanics, positioning and turning in bed, use of lifts).			
11. Promoting client exercise and activity (i.e. assisting with walking devices and wheelchairs).			
12. Promoting healthy nutrition and fluid intake (i.e. providing safe care and assistance to clients when eating and drinking, dependent feeding, measuring and recording intake and output).			
13. Providing elimination assistance (i.e. bowel and urinary care, collection of specimens).			
14. Measuring vital signs and non-clinical measurements, and documentation (i.e. height, weight, pulse, respiration, temperature).			



Required Details:

How many semesters will students have to successfully complete to achieve competency in all listed areas (1-14)? (i.e. Semester 1, 2, 3 and 4)

What are the specific courses that will have had to be successfully completed? (please provide course code and course name)

2. A [competency letter](#) is also required by all nursing program applicants. Other than yourself, who is authorized to sign this letter on behalf of students? Please include full name, credentials, title, phone number, email.

3. Please provide any additional information.

Signature of Program Contact: _____ Date: _____

Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.

Province/Territory: _____ Nursing Regulatory Body: _____

Type of Nursing License: _____ Nursing Licence Number: _____

Please provide the weblink confirming your program is approved by the nursing regulatory body in your Canadian jurisdiction: _____