**Template 1: HCA Program Coordinator and Instructor Information**

To be completed for the HCA Program Coordinator (or equivalent) and all **instructional staff members** involved in student instruction (e.g., theory, lab and practice education instructors)

| Name | Courses Taught (Code & Title) | Professional licensing / registration status | Related work experience  (employer, positions titles and dates) | Adult Education Credential(s) / Teaching Experience | Dates of Completion for Indigenous Cultural Safety and Humility and HCA Practice in BC coursework |
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