



Letter of Standing Form for Registration with HSCPOA

This form is intended for PSW applicants seeking registration with Ontario’s Health and Supportive Care Providers Oversight Authority (HSCPOA) and who:

- are currently, or were previously, registered with another personal health services/personal support registry or directory in Canada, **and/or**
- are currently, or were previously, registered with any other regulatory body for any profession or occupation inside or outside Ontario.

Purpose:

This form is intended to gather information from regulatory bodies only.

There is no need to complete this form for membership in a professional or occupational association.

Process:

The PSW applicant will provide this form to their registry/directory or regulatory body for completion.

By asking the registry/directory or regulatory body to complete this form, the applicant is providing consent for this information to be shared with HSCPOA.

The completed Letter of Standing Form must be submitted to HSCPOA directly by a representative of the registry/directory or regulatory body. A completed form submitted by an applicant will not be accepted.

A. Applicant Information

First Name		Last Name	
Street Address	City/Town	Province	Postal Code
Home Phone #	Cell Phone #	E-mail Address	

B. Registration Information – to be completed by Registry/Regulatory Body

Register/Regulatory Body:

Type of Certificate of Registration:

Current Status:

Original Registration Date:

Expiry Date:

If the applicant's registration was ever suspended, revoked and/or reinstated, please provide the effective date(s) and reasons:

Please list any terms, conditions, or limitations on the certificate of registration:

C. Professional Conduct Record – to be completed by the Registry/Regulatory Body

Please describe any current investigation related to a complaint, discipline (professional misconduct), fitness to practice or registration:

Please share any finding of professional misconduct, incompetence or incapacity:

Please share any finding from a complaint review, registration review or discipline hearing for which the penalty is unfulfilled (e.g. suspension still in effect, fine or finding of cost unpaid, course work not completed etc.):

Please describe any outstanding Quality Assurance (ongoing continuing competence) requirements:

Please describe any unpaid fees (as applicable):

Please share any other relevant information related to the applicant's ability to provide health and supportive care services safely in the province of Ontario:

Confirmation and Signature from Registry/Regulatory Body:

I affirm that the above information is complete and accurate as of the date listed below.

YES NO

Full name of registry/regulatory body representative:

Position/Title of registry/regulatory body representative:

Email address of registry/regulatory body representative:

Phone number of registry/regulatory body representative:

Signature of registry/regulatory body representative:

Date. MM/DD/YYYY

The Registry/Regulatory Body representative is asked to submit this form directly to HSCPOA by e-mail at: registration@hscpoa.com

A Letter of Standing form received directly from the Applicant will not be accepted.