



## Employer Confirmation and Verification of Skills as a Personal Support Worker (PSW)

**Applicants:** Those seeking registration with Ontario’s Health and Supportive Care Providers Oversight Authority (HSCPOA) via the *Employed as a PSW in Ontario* pathway must request their current or previous employer complete this form. By asking a current or former employer to complete this form, applicants are providing their consent for this information to be shared with HSCPOA.

**Employers:** The designated person completing this form on behalf of the employer must:

- confirm the number of hours that the applicant has been employed in Ontario as a PSW or as someone providing personal support services under another job title, within the previous three years,
- verify that the applicant has a set of skills that is equivalent to the expectations of a person who has completed a recent Ontario PSW education program that meets the [Ministry of Colleges and Universities PSW Vocational Standards](#) (Standards provided in [Appendix A](#) below).

Any employer authorized to complete this form must fall under one of the [employer categories listed in Section B](#) below.

The current or previous employer should provide the completed form directly to the applicant for inclusion in their online application, which will be accessible from the [HSCPOA website](#). HSCPOA reserves the right to contact the employer listed below to verify the information provided.

### A. Applicant Information

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First Name

Last Name

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Street Address

City/Town

Province

Postal Code

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Phone Number

E-mail Address

**B. Employer Information – to be completed by the Employer**

**Name of Employer:**

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**Category of Employer:**

For the applicant’s employment to meet the requirements for registration, the employer must fall into one of the following categories. Please check the appropriate box. If your organization does not fall into one of the categories below, please do not complete this form.

A licensee of a long-term care home within the meaning of the [Fixing Long-term Care Act](#).

A hospital within the meaning of the [Public Hospitals Act](#).

A licensee of a retirement home within the meaning of the [Retirement Homes Act](#).

A private hospital operating under the authority of a licence issued under the [Private Hospitals Act](#).

A psychiatric facility within the meaning of the [Mental Health Act](#).

A home established, approved, or licensed under the [Homes for Special Care Act](#).

An integrated community health services centre within the meaning of the [Integrated Community Health Services Centres Act](#).

The [University of Ottawa Heart Institute](#)/Institut de cardiologie de l’Université d’Ottawa.

An organization or individual delivering publicly funded home and community care services under the [Connecting Care Act](#), or the [Ministry of Health and Long-Term Care Act](#), excluding an individual who employs an individual to provide a home and community care service with funding received from a health service provider or an Ontario Health Team to purchase the service pursuant to subsection 21(1.1) of the [Connecting Care Act](#).

**C. Employment Information – to be completed by the Employer (use N/A if Not Applicable)**

**Applicant Role with Employer (e.g., Personal Support Worker, Personal Care Provider, etc.):**

**Employment Start Date:**

**Employment End Date (if applicable):**

**Did the applicant provide at least 600 hours of personal support services during the period of employment?**

YES      NO

**In your opinion as an employer\* does the applicant have a set of skills that is equivalent to the expectations of a person who has completed a recent Ontario Personal Support Worker education program that meets the [Ministry of Colleges and Universities PSW Vocational Standards](#)? Please check off the boxes in [Appendix A](#).**

YES      NO

**\*An employer's verification is one component of the HSCPOA application process. Applicants must meet all HSCPOA's registration requirements to become registered.**

**If the applicant is no longer employed with the employer, please provide the reason(s):**

**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:**

## Appendix A

[Ministry of Colleges and Universities Standards](#), January 2022, excerpt from p. 9-10.

### Synopsis of the vocational learning outcomes

#### Personal Support Worker

The person subject to this form for the purposes of registration with HSCPOA under the class of PSW has demonstrated in the course of employment the ability to:

work within the personal support worker role in various **care settings** in accordance with all applicable legislation, standards, employer job descriptions, policies, procedures, and guidelines.

practice **professionally** and be accountable for one's own actions by applying problem-solving, self-awareness, time management and critical thinking to the provision of care as a personal support worker, whether working independently or as a member of a team.

practice as an engaged member of the **interprofessional team** to maintain collaborative working relationships for the provision of supportive, safe, responsive, and competent **client-centred care** within **care settings**.

provide **person-centred care**, based on **ethical** principles, sensitive to diverse personal and family values, beliefs, cultural practices, and other needs, which follows the **plan of care**.

establish and maintain **therapeutic relationships** with **clients** and their **families** using effective communication skills to build a genuine, trusting, and respectful partnership, in accordance with **professional** boundaries, employer policies, confidentiality, and privacy legislation.

identify relevant **client** information within the roles and responsibilities of the personal support worker using observation, critical thinking, and effective communication skills to report and document findings.

create, promote, and maintain a safe and comfortable environment for **clients**, their **families**, self and others by implementing current infection prevention and control measures, emergency and first aid procedures, and best practices in pandemic planning that are in keeping with the **plan of care**, all applicable legislation, and employer policies and procedures.

assist **clients** across the lifespan with **activities of daily living** by applying fundamental knowledge of growth and development, psychological concepts, common alterations in functioning, health promotion, disease prevention, rehabilitation and **restorative care**, and **holistic health care**.

assist the **client** with medication following the **client's plan of care**, and if a delegated act, under the supervision of a **regulated health professional** or done by exception under the **most accountable person** and in accordance with all applicable legislation and employer policies.

assist with **household management services** and **instrumental activities of daily living** in accordance with the **plan of care** and considering the preferences, comfort, safety and autonomy of **clients, families**, and significant others.

assist and support **clients** who are caregivers, considering individual and **family** choices, **professional** boundaries and the direction of the **plan of care**.

identify, respond to and report potential, alleged, suspected or witnessed situations of **abuse**, and/or **neglect**, as required by all applicable legislation, including the [Retirement Homes Act, 2010](#), and the [Long-Term Care Homes Act, 2007](#), and as required within the employers' job description for the personal support workers.

assist with the provision of **holistic health care** and advocacy for **culturally safe** and spiritually sensitive **palliative** and **end-of-life care** to **clients** and to their **families** and significant others from diagnosis through to death and bereavement, and in accordance with **clients'** choices and the **plan of care**.

provide **client-centered and client-directed care** to individuals experiencing various mental health illness and challenges, cognitive and intellectual impairments, and/or responsive behaviours by using supportive approaches and evidence-based practices to promote positive and safe behaviours in **clients**.

[See Glossary](#)

Note: The above learning outcomes ordering do not imply prioritization, sequencing, nor weighting of significance.

**Confirmation and Signature of Employer:**

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

YES      NO

Full Name of Employer Representative:

Position/Title of Employer Representative:

Email Address of Employer Representative:

Phone Number of Employer Representative:

Signature of Employer Representative:

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Date: MM/DD/YYYY