

2024 HSCPOA Application Guide

Personal Support Workers (PSWs)

This Guide provides information about applying for PSW registration with the Health and Supportive Care Providers Oversight Authority (HSCPOA). Although accurate at the time of publication, subsequent changes may take place without prior notice. HSCPOA will attempt to advise applicants of important changes but reserves the right to make any changes necessary at any time, without advance notice. Please visit our website at www.hscpoa.com for the most current version of this Guide and for new or revised policies.

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Part 1 – General Information

Introduction

The Health and Supportive Care Providers Oversight Authority (HSCPOA) has a mandate to register and provide oversight of individuals providing health and supportive care services, beginning with personal support workers (PSWs) in Ontario. Other potential classes of registrants that may be prescribed by government in future regulations to be made under the *Health and Supportive Care Providers Oversight Authority Act, 2021.*

PSWs registered with HSCPOA have exclusive authorization and are strongly encouraged to use HSCPOA's PSW Visual Mark that identifies them as a registrant who is accountable for providing safe, quality, and ethical care to recipients of their services.

HSCPOA's online <u>Public Register of PSWs</u> provides transparency for the public regarding the PSW workforce. Through regulation, the public and employers can be confident that PSWs registered with HSCPOA are accountable for safe, quality, ethical care provided to Ontario residents in their homes, hospitals, long-term care facilities, retirement homes, or other environments where services are provided.

This guide is intended to help individuals applying for registration with HSCPOA. For additional questions, please contact: registration@hscpoa.com

Collection, Use, and Disclosure of Information

Information collected as part of HSCPOA's application and registration process is collected under the authority of the *HSCPOA Act, 2021*, and the regulations made under this legislation. Additional information is collected in accordance with the by-laws of HSCPOA. Information that is collected is used to determine each applicant's eligibility for registration with HSCPOA and to provide registrant information to the public and to the Government of Ontario for health human resource planning purposes as required under the legislation.

Pathways to Registration

There are <u>four paths to registration with HSCPOA</u>. <u>HSCPOA also has a Recognition of Nurses and Midwives Policy</u>.

Every applicant must demonstrate that they:

- Have recognized education and/or work experience,
- Have met the language proficiency requirement for registration, and
- Are of good character and will comply with the expectations of a registered PSW as described in HSCPOA's Code of Ethics.

The pathways to registration with their documentation requirements are outlined below. Except for <u>Letters of Standing</u> and Certn criminal record checks requested by applicants through HSCPOA's online application form, all documentation will be uploaded by applicants through their online application form.

Path 1: Ontario PSW Education

You are eligible for this registration pathway if you graduated from an Ontario Personal Support Worker (PSW) program that meets the requirements set by the <u>Ontario Ministry of Colleges and Universities</u> designed to prepare an individual to provide personal support services.

This includes PSW education programs completed on or after July 1, 2014* offered by the following Ontario education institutions:

- Indigenous Institutions
- District School Boards
- Colleges of Applied Arts and Technology
- Private Career Colleges

Refer to the full list of <u>HSCPOA recognized Ontario PSW Training Programs</u>.

^{*} If you completed your Ontario PSW education **before July 1, 2014**, and you have been employed as a PSW in Ontario within the past three years, you can apply through PathPSW in Ontario.

Documentation Requirements:

- A certificate or diploma demonstrating you have successfully completed a personal support services education program in Ontario that meets the Ministry of Colleges and Universities requirements,
- ☑ A transcript from your Ontario personal support services education program,
- ☑ Completion of a PSW education program in Ontario demonstrates your <u>language proficiency</u>, no additional proof of <u>language proficiency</u> is required,
- ☑ Government-issued Photo ID a driver's license, passport, citizenship card, permanent residence card, Indian Status and Identification Card, or other government-issued photo identification (Canadian provincial health cards are not accepted),
- ☑ Headshot photo for confirmation of identification,
- Criminal Record and Judicial Matters Check (Vulnerable Sector checks also accepted),
- ☑ Name change documentation, if applicable, and
- ☑ <u>Letter of Standing</u> If you are currently or were previously registered with another profession or occupation inside or outside of Canada (excludes membership in a professional association).

Path 2: Employed as a PSW in Ontario

You are eligible for this registration pathway if <u>Path 1: Ontario PSW Education</u> does not apply to you, and you are currently employed or have been previously employed as a Personal Support Worker (PSW) or equivalent in Ontario, within the past three years before the date of your application for registration with HSCPOA. Your employer must be listed in <u>Appendix A: Prescribed Employers</u>.

There are two options:

- **A.** You have been employed as a PSW (or equivalent) within the past three years and worked a minimum of 600 hours in Ontario (this includes those without formal PSW education but learned skills on the job), **OR**
- **B.** You have been employed as a PSW (or equivalent) within the past three years and worked less than 600 hours in Ontario, but you completed a 600-hour personal support services education program, within or outside of Canada. This includes those who completed an Ontario PSW education program **before July 1**, **2014**.

Documentation Requirements:

Option A:

- Employer Confirmation and Verification of Skills as a Personal Support Worker Form from a current employer, or an employer the applicant worked for in the previous three years,
- Proof of language proficiency, if required in the Language Proficiency Policy,
- ☑ Government-issued Photo ID a driver's license, passport, or other government-issued photo identification (Canadian provincial health cards are not accepted),
- ☑ Headshot photo for confirmation of identification,
- ☑ <u>Criminal Record and Judicial Matters Check</u> (Vulnerable Sector checks also accepted),
- ☑ Name change documentation, if applicable, and
- ☑ <u>Letter of Standing</u> If you are currently or were previously registered with another profession or occupation inside or outside of Canada (excludes membership in a professional association).

Option B:

- ☑ Employer Confirmation and Verification of Skills as a Personal Support Worker Form from a current employer, or an employer the applicant worked for in the previous three years,
- ☑ A certificate or diploma demonstrating you have successfully completed a
 personal support services education program,
- A transcript from your personal support services education program, NACC certificates are not transcripts,
- MOTE: If your certificate/diploma or transcript does not confirm your personal support services education program was at least 600 hours long (including both class time and practical experience time), you must submit other supporting documentation, which may include your NACC certificate,
- ☑ Proof of language proficiency, if required in the Language Proficiency Policy,
- Government-issued Photo ID a driver's license, passport, or other government-issued photo identification (Canadian provincial health cards are not accepted),
- Headshot photo for confirmation of identification,
- Criminal Record and Judicial Matters Check (Vulnerable Sector checks also accepted),

- ☑ Name change documentation, if applicable, and
- ☑ <u>Letter of Standing</u> If you are currently or were previously registered with another profession or occupation inside or outside of Canada (excludes membership in a professional association).

NOTE: Path 2: Employed as a PSW in Ontario will be open until December 1, 2027. After this date, applicants seeking registration as a PSW with HSCPOA who have not completed any formal PSW education, or those educated in Ontario before July 1, 2014, must complete an Ontario PSW education training program that meets the requirements under registration Path 1: Ontario PSW Education. Those who completed a 600-hour personal support services education program outside Ontario in Canada, not eligible for the Labour Mobility registration pathway, or those internationally educated, can apply through Path 4 to undergo a Competency Assessment.

Path 3: Labour Mobility

You are eligible to apply for registration under the Labour Mobility pathway if you are currently registered with:

- British Columbia Care Aide & Community Health Worker Registry,
- Alberta Health Care Aide Directory, OR
- Nova Scotia Continuing Care Assistant Registry.

You must have also provided personal support care in the three years before applying for registration with HSCPOA. Applicants who have not provided care in the previous three years are not eligible for registration through the Labour Mobility pathway, but can undergo a Competency Assessment, or alternatively, gain employment as a PSW in Ontario and apply through Path 2: Employed as a PSW in Ontario.

Documentation Requirements:

☑ <u>Letter of Standing</u> – From the British Columbia Care Aide & Community Health Worker Registry. Applicants from the Alberta Health Care Aide Directory and Nova Scotia's Continuing Care Assistant Registry do not need to request a Letter of Standing from their respective directory/registry as HSCPOA can confirm registration with these organizations directly.

- ☑ Government-issued Photo ID a driver's license, passport, or other government-issued photo identification (Canadian provincial health cards are not accepted),
- ☑ Headshot photo for confirmation of identification,
- <u>Criminal Record and Judicial Matters Check</u> (Vulnerable Sector checks also accepted),
- ✓ Name change documentation, if applicable, and
- ☑ <u>Letter of Standing</u> If you are currently or were previously registered with another profession or occupation inside or outside of Canada (excludes membership in a professional association).

Path 4: Competency Assessment

You are <u>eligible to complete a competency assessment</u> if you do not have Ontario PSW work experience and you are:

- Educated internationally as a personal care provider, OR
- Educated as a personal care provider in Canada outside of Ontario and not eligible for registration through the <u>Labour Mobility</u> pathway.

You must have completed a personal support services education program outside of Ontario that was a minimum of 600 hours in duration, including both class time and practical experience time.

The Competency Assessment substantial equivalence process will determine if you have completed education and have a set of skills that is equivalent to someone who has completed an Ontario program that met the requirements set by the Ministry of Colleges and Universities to prepare an individual to provide personal support services. For more information refer to HSCPOA's Competency Assessment Process Policy and the Competency Assessment Substantial Equivalence Evaluation Tool.

If you are an internationally educated nurse or midwife or a Canadian trained nurse or midwife, refer to HSCPOA's information about Recognition of Nurses and Midwives.

Documentation Requirements:

☑ A certificate or diploma demonstrating you have successfully completed a personal support services education program,

- ☑ A transcript from your personal support services education program,
- MOTE: If your certificate/diploma or transcript does not confirm your personal support services education program was at least 600 hours long (including both class time and practical experience time), you must submit other supporting documentation,
- ☑ Course descriptions, program curriculum, program outcomes, and/or learning objectives,
- ☑ Evidence of completion of other personal care provider professional development, resume, and/or employment verification as per the <u>Competency Assessment Process Policy</u>,
- Proof of language proficiency, if required in the Language Proficiency Policy,
- ☑ Government-issued Photo ID a driver's license, passport, or other government-issued photo identification (Canadian provincial health cards are not accepted),
- ☑ Headshot photo for confirmation of identification,
- ☑ <u>Criminal Record and Judicial Matters Check</u> (Vulnerable Sector checks also accepted),
- ☑ Name change documentation, if applicable, and
- ☑ <u>Letter of Standing</u> If you are currently or were previously registered with another profession or occupation inside or outside of Canada (excludes membership in a professional association).

Recognition of Nurses and Midwives

You may be eligible for registration as a PSW with HSCPOA in Ontario if you are:

- an internationally educated nurse (IEN) or midwife (IEM),
- a current nurse or midwife registered with a regulatory body in Canada,
- a former nurse or midwife who was previously registered with a regulatory body in Canada, OR
- a recent graduate of a nursing or midwifery program in Canada.

This includes:

- IENs and IEMs who have completed their nursing and/or midwifery education and worked as a nurse and/or midwife in another country,
- IENs and IEMs who have completed their nursing or midwifery education but have not yet worked as a nurse or midwife in another country,
- Nurses and midwives who have completed their nursing or midwifery education in Canada and currently or previously worked as a nurse or midwife and were registered with a nursing or midwifery regulatory body in Canada, AND

 Nurses and midwives who have completed their nursing education in Canada but have not yet worked as a nurse or midwife or completed registration with a nursing or midwifery regulatory body in Canada.

For more information, refer to HSCPOA's Recognition of Nurses and Midwives Policy

IENs, IEMs, and Canadian nurses and midwives recognized under the Recognition of Nurses and Midwives Policy will apply to HSCPOA through Path 4: Competency Assessment. Applicants recognized under this policy will be exempt from undergoing a substantial equivalence process as outlined in HSCPOA's Competency Assessment Process Policy.

Documentation Requirements:

- ✓ Nursing or midwifery education documentation as required in the <u>Recognition</u> of <u>Nurses and Midwives Policy</u>,
- ☑ Proof of language proficiency, if required in the <u>Language Proficiency Policy</u>,
- Government-issued Photo ID a driver's license, passport, or other government-issued photo identification (Canadian provincial health cards are not accepted),
- ✓ Name change documentation, if applicable,
- ☑ Headshot photo for confirmation of identification,
- Criminal Record and Judicial Matters Check,
- ☑ <u>Letter of Standing</u> If you are currently or were previously registered with another profession or occupation inside or outside of Canada (excludes membership in a professional association).

Registration Requirements

Education and/or Experience Requirement

Each pathway to registration outlines the documentation required to demonstrate education and/or experience as a PSW. Applicants must provide the required documentation as specified in the online application form for the pathway they are applying to.

Most documentation, including certificates/diplomas of program completion and transcripts may be submitted directly by applicants.

If applying through <u>Path 2: Employed as a PSW in Ontario</u>, applicants must request their employer complete the <u>Employer Confirmation and Verification of Skills as a Personal Support Worker Form</u>. Applicants will then be required to upload the completed employer form in their online application to HSCPOA.

Government-Issued Photo Identification

All applicants are required to provide a copy of a current/valid, government-issued photo ID from their province/territory or federal government. Examples of acceptable government-issued ID include: a driver's license, passport, citizenship card, Indian Status and Identification Card, Permanent Residence Card, or other government issued photo identification (Canadian provincial health cards are NOT accepted).

The identification must:

- Include the applicant's photograph,
- Include the applicant's signature,
- Be valid and not expired, and
- Not exhibit any characteristics of being changed or altered in any way.

Photograph

All applicants are also required to upload a headshot photo (head and shoulders) with their application, like a passport photo. Applicants may take their own photo. This photograph will be used by HSCPOA for confirmation of identification. The photograph should present a professional image. Applicants may smile, wear jewelry or glasses, and have their hair in any style of their choice.

Name Changes

If an applicant's current legal name on their government-issued photo ID is different from the name on any other documentation submitted to HSCPOA (e.g., PSW certificate or diploma), they must provide formal documentation confirming their name change, such as a marriage licence or certificate, or change of name certificate.

Language Proficiency

Communication forms the basis for safe and effective care and applicants must demonstrate that they have reasonable fluency in English or French.

PSWs must be able to communicate effectively with recipients of supportive care services, as well as with other healthcare professionals on the healthcare team. They must also be able to communicate with HSCPOA. Being able to understand and implement requirements related to registration, annual renewal, future quality assurance requirements, and complaints, as well as information and guidance related to the provision of personal support services, is an essential part of a PSW's accountability as a registrant with HSCPOA.

An applicant may demonstrate that they have met the language proficiency requirement by doing one of the following:

- 1. A self-declaration indicating that their first and primary language is English or French.
- 2. Providing evidence of their successful completion of qualifying PSW education in English or French.
- 3. Providing evidence of their successful completion of other post-secondary education in English or French.
- 4. Providing test results from an approved standardized language fluency test, within the past two years, demonstrating that they have achieved the minimum scores determined by HSCPOA.

For more information about how to meet the language requirement for registration, please refer to the <u>Language Proficiency Policy</u> on the HSCPOA website.

NOTE: Applicants applying through Path 1: Ontario PSW Education and Path 3: Labour mobility will not be asked about language proficiency on the application form.

Criminal Record Check

As part of the good character requirement, all HSCPOA applicants are required to submit, at minimum, a Criminal Record and Judicial Matters Check (sometimes referred to as a CRJM, enhanced, or Level 2 check). HSCPOA will also accept valid Vulnerable Sector (VS) Checks.

A criminal record check is valid if the report was issued no more than 12 months before the date of application for registration with HSCPOA.

If you have a valid CRJM or VS check obtained for another purpose, you can upload this with your application to HSCPOA. Alternatively, if you need an updated criminal record check, you can complete an online enhanced Canadian criminal record check through Certn (cost is around \$23), available through HSCPOA's online application form. In the HSCPOA application form, you will be asked to consent to the criminal record check with Certn. **Once you 'submit' your HSCPOA application, Certn will email you a link the next day to complete the criminal record check**. Once your criminal record check is complete it will be automatically uploaded to your HSCPOA application form. At this time, your application will be sent for HSCPOA review.

If the report indicates a criminal finding, you must submit a detailed explanation of the circumstances that led to the criminal finding and any supporting documentation. You will be asked to provide a copy of charging documents and court transcripts related to the matter. If there is a criminal record relating to any type of driving offence, an up to date (no more than three months old) Certified Complete Driver's Record from ServiceOntario must also be submitted. Additional information and documentation related to the applicant's CRJM should be sent to registration@hscpoa.com.

Please note that not all criminal findings prevent an applicant from being registered. HSCPOA's Chief Executive Officer (CEO) will assess whether the criminal findings affect your suitability to be registered. Applicants will also be able to appeal any decision to refuse registration or limit their practice because of previous criminal findings.

INTERNATIONAL APPLICANTS

Currently Living Outside of Canada

Applicants who do not currently live in Canada, must submit a police criminal record check from their current country of residence and any additional countries where they have ever lived. The criminal record check must be dated no more than 12 months before the date of application to HSCPOA. If an applicant has ever visited or lived in Canada for any length of time, a Canadian CRJM check dated no more than 12 months before the date of application to HSCPOA, must also be submitted.

Currently Living in Canada

For international applicants who now reside in Canada, HSCPOA will recognize international criminal record checks provided to immigration Canada, if the applicant has remained in Canada since their immigration status was granted. This eliminates the need for international applicants to provide an additional international criminal record check, even if the date of the check is beyond 12 months before the date of application to HSCPOA. International applicants who now reside in Canada also need to provide a Canadian CRJM check dated no more than 12 months before the date of application to HSCPOA.

For more information, please review the <u>Criminal Record Check Policy</u> on the HSCPOA website.

Letter of Standing

Any applicant who is currently or was previously registered with a regulatory body in any profession or occupation inside or outside Canada must submit the <u>Letter of Standing Form for Registration with HSCPOA</u>.

The applicant must send the <u>Letter of Standing Form for Registration with HSCPOA</u> to the relevant regulatory body to complete it and **the regulatory body must send it directly to HSCPOA at:** <u>registration@hscpoa.com</u>. A letter of standing received directly from an applicant will not be accepted.

Labour mobility applicants from the Alberta Health Care Aide Directory and Nova Scotia's Continuing Care Assistant Registry do not need to request a Letter of Standing from their respective directory/registry as HSCPOA can confirm registration directly with these organizations.

Labour mobility applicants from British Columbia (BC) must request the British Columbia Care Aide and Community Health Worker Registry to complete the <u>Letter of Standing Form</u> and send to HSCPOA directly.

NOTE: Applicants should not include membership in a professional association in their application. A professional association has a different mandate than a regulatory body whose mandate is public interest and protection under the authority of legislation.

Application Processing

Fees

HSCPOA is supported by the Government of Ontario. There are currently no fees to apply and become registered as a PSW with HSCPOA.

Completed Applications

All applications must be submitted through HSCPOA's online application portal. The documents required will be specified in the online application form and depend on which pathway you are applying to and your individual circumstances (e.g., name change, registration in another occupation, etc.).

Once your completed application form and **ALL required documents** have been received by HSCPOA, your application will be reviewed. If there are no outstanding issues or concerns, you will be registered with HSCPOA within 15 business days. Once registered, a confirmation email will be sent with information about the PSW Visual Mark that HSCPOA registrants will be entitled to use.

If HSCPOA has any questions about your application for registration, we will reach out to you within 15 business days.

If you do not meet the requirements for registration (or it is not clear that you meet the requirements), you will be informed that your application is being referred to the CEO for review.

Please note that it may take time for the CEO to review an application where concerns have been raised. You will be informed if your application is being reviewed by the CEO. If you are not satisfied with the decision of the CEO, you may request a written review by an independent body called the Health Professions Appeal and Review Board (HPARB). Instructions will be provided on how to request an HPARB review.

Communicating with Applicants

To respect your privacy and to ensure you receive clear and accurate information, HSCPOA communicates directly with you, the applicant. Only in exceptional circumstances will HSCPOA communicate with an applicant's employer, family members, or friends. As an applicant, you are always entitled to obtain legal advice and HSCPOA may communicate with the applicant and/or their legal counsel.

Fraudulent Documentation

Where there is reason to believe that an applicant's documentation may have been tampered with or is fraudulent, HSCPOA may verify documentation with source institutions, including PSW education programs. HSCPOA will also conduct an annual audit of application documentation to verify authenticity.

Applicants found to be submitting inaccurate or fraudulent documentation will not be registered with HSCPOA. A registrant who was found to have submitted fraudulent documentation may have their registration revoked, subject to the discretion of HSCPOA's CEO. If your registration is revoked, a notation will be included and remain indefinitely under your profile on HSCPOA's online public register.

Part 2 – Completing the Online Application Form

TIP: Before you begin your application with HSCPOA, make sure all your required documentation is saved on the device you are using to submit your application (e.g., your computer, phone, or tablet). You will need to upload documents during the application process. You can access the application portal via any device using your secure login.

The "Apply Now" link will be available at hscpoa.com. Click "Apply Now" to find out more about the registration pathways. The PSW Login button in the top right of HSCPOA's home page will take you directly to the online application form.

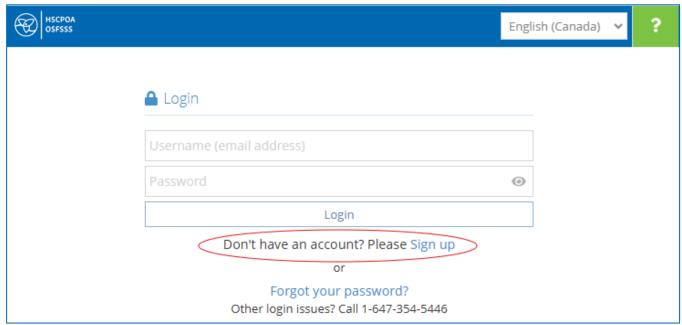




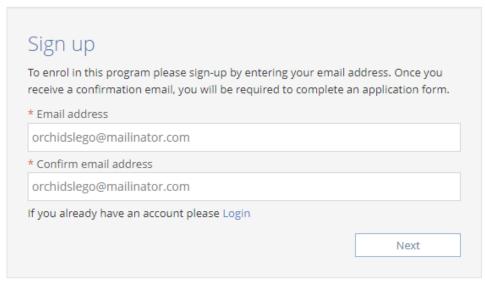
Create an Account

You can access the online application form through <u>HSCPOA's website</u>. You will create an account, and you will be guided through the application process. **Email is HSCPOA's primary method of communication**. <u>You must have access to a valid email address</u>.

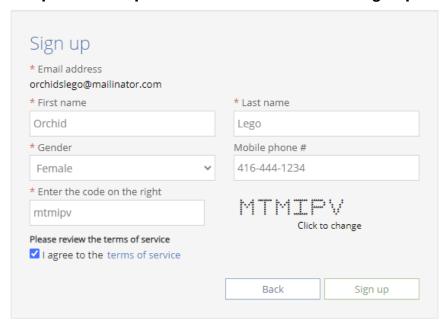
Select 'Sign Up' from the Login page:



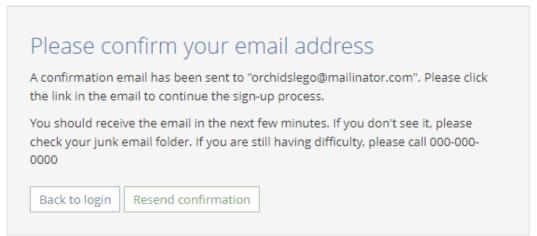
Enter and confirm your email address and click Next:



Complete the required information and click "Sign up":



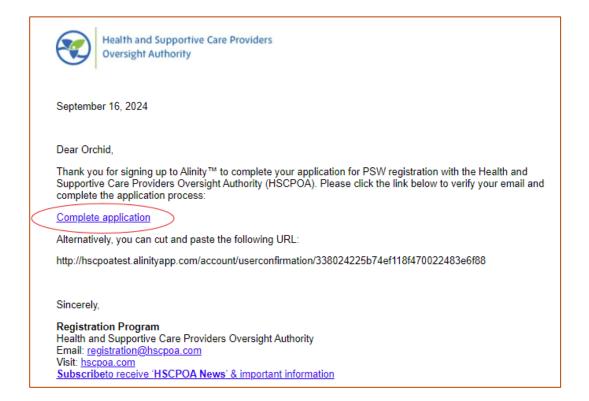
Confirm your email address:



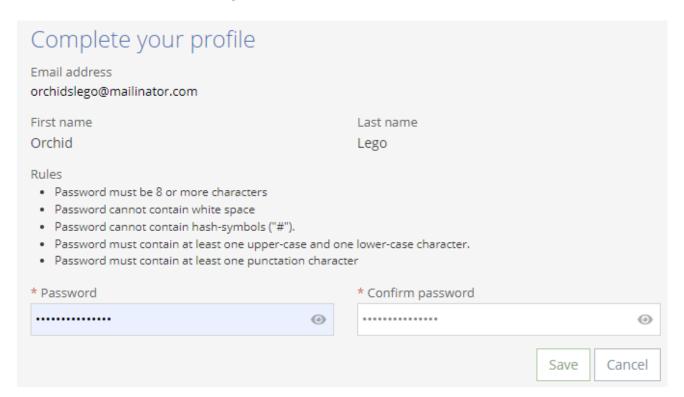
Check your email account for an email with the following subject line:

From	Subject
☐ HSCPOA Info	HSCPOA Application - Confirm your Account / Demande auprès de l'OSFSSS – Confirmez votre compte

Select the email and click on "Complete application":

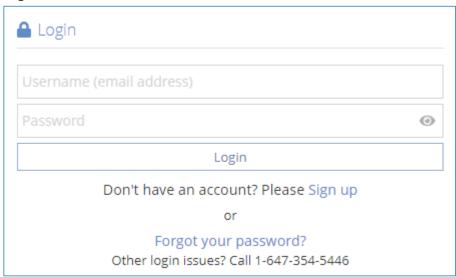


Set up a password according to the criteria and click "save":

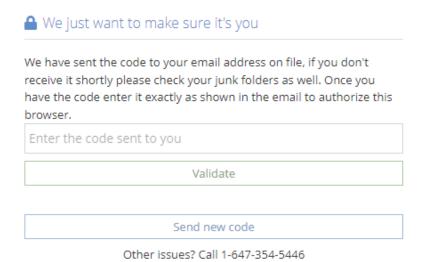


Login to the Application Portal

Once you save your password, you will then be taken to the Login page. Enter your login information:

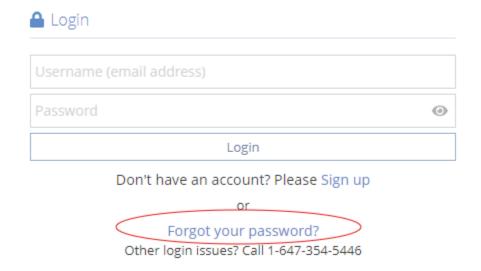


TIP: Please note that for security reasons, each time you login to a new device OR periodically since you last logged into your application portal on a device previously used, you will receive the following message:

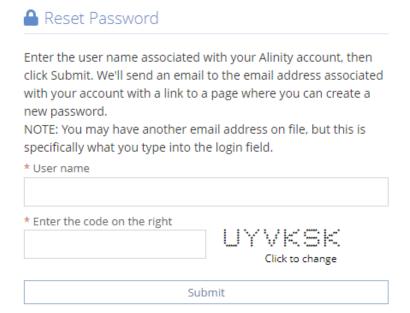


Please check your email for the verification code; enter the code sent to you and

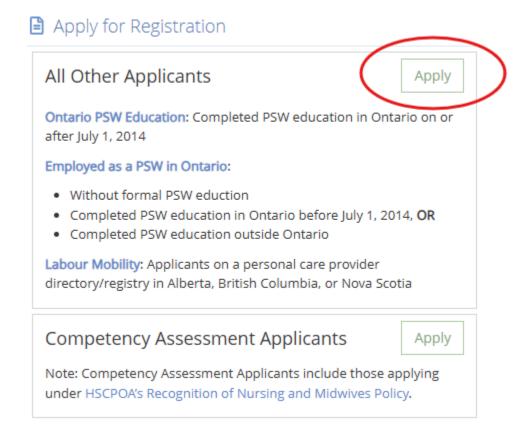
If you have forgotten your password, select "Forgot your password" on the Login page:



Follow the instructions to reset your password:



Once logged in, select Your Application type:



The Competency Assessment application pathway differs slightly because it has two phases:

- **1. Phase 1** Applicants apply for eligibility:
 - to undergo a <u>Competency Assessment</u>, **OR**
 - to apply for registration through <u>HSCPOA's Recognition of Nurses and Midwives Policy</u>.
- 2. Phase 2 If an applicant's competency assessment is successful, or they have met the criteria under HSCPOA's Recognition of Nurses and Midwives Policy, they must then apply for registration with HSCPOA.

Instructions in this next section apply to all registration pathways, except the Competency Assessment. Refer to specific instructions here on applying through the

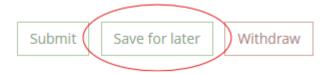
Competency Assessment pathway, which includes applicants applying through HSCPOA's Recognition of Nurses and Midwives Policy.

For each application pathway, you will be guided through the process and asked to submit the required documentation. You can upload documents in different formats (e.g., Word, PDF, JPG, PNG) as the system accepts most document types.

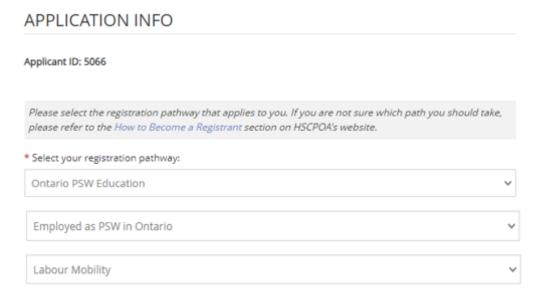
Except for a <u>Letter of Standing</u> and Certn criminal record checks requested by applicants through the HSCPOA application form, most documentation will be uploaded directly by applicants through their online application form. All mandatory fields are indicated by a red asterisk (*).

APPLICATION & IDENTIFICATION INFORMATION

The following information describes each section of the online application form and how it should be completed, including screenshots. We encourage applicants to 'Save for later' to ensure information is not lost in the application process if you get disconnected. You will be able to save information in the application process and return as often as you need, until your application is complete and ready to submit.



From the dropdown menu, select your registration pathway:



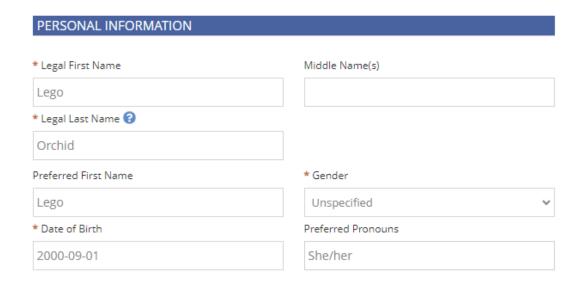
Upload your identification:



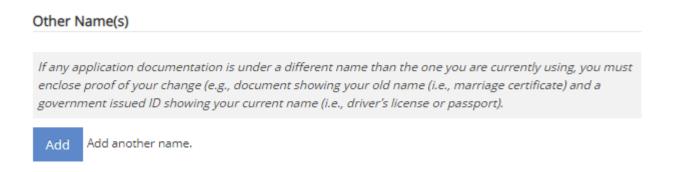
Provide your legal first and last name, any preferred first name, gender, date of birth and preferred pronouns.

Preferred names (including nickname and abbreviations) are intended to capture a name(s) that you may use as a PSW that is not your legal first name. For example, you may use your middle name, not your legal first name. Your Preferred name may be used to identify yourself as a PSW and will be displayed on HSCPOA's
Public Register.

Specify the gender to which you identify and your preferred pronouns. If you have changed your gender and are providing documentation that identifies you with a different gender, or if you express your gender differently at various times, please send an email to registration@hscpoa.com providing a brief explanation so that HSCPOA can understand the documentation you have provided and how you would like your gender expressed on HSCPOA's online Public Register.

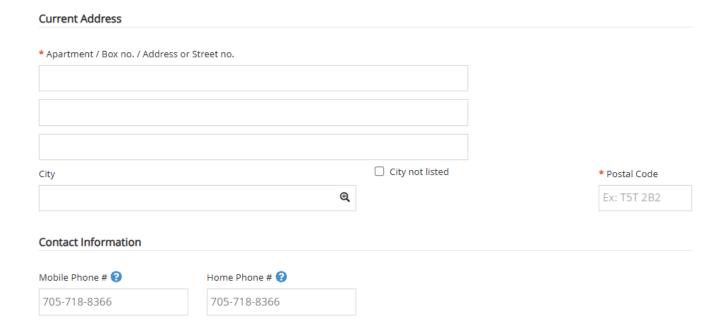


Include proof of name change documentation if you have changed your name:

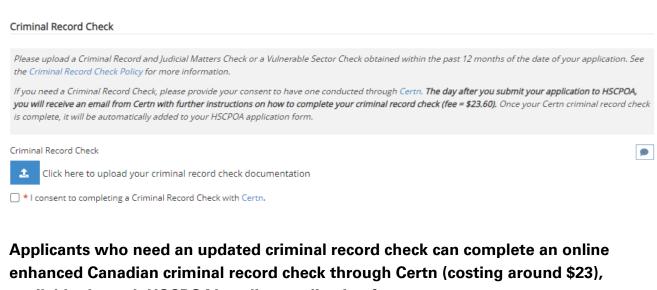


Indicate your current mailing address and contact phone number:

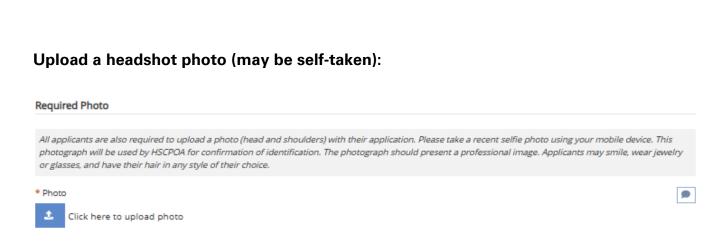
For City, begin typing the first few letters of your city address and it will provide options to auto-populate the city and province.



Upload a copy of a valid criminal record check, within 12 months:

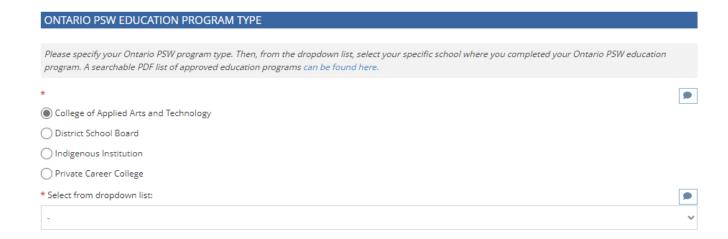


available through HSCPOA's online application form.



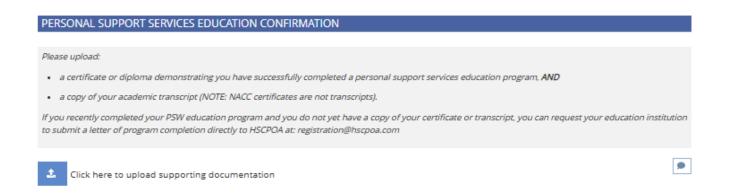
ONTARIO PSW EDUCATION TYPE

For those applying through the Ontario PSW Education registration pathway, select your program type and then from the dropdown list, select the school where you completed your PSW education program:



Upload documentation confirming completion of a PSW education program.

NOTE: Not required for applicants applying through the Employed as a PSW in Ontario - Experience Only or the Labour Mobility registration pathways.



EMPLOYMENT

Provide your PSW employer information and indicate if this is your primary employer.

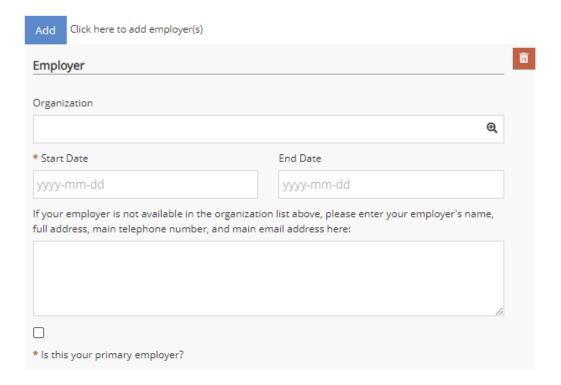
If you have more than one PSW employer, please list ALL employers and specify which is your primary employer (e.g., the employer where you work the most hours). To add additional employers, click "Add." Home care PSWs: do not list any home addresses of your recipients of PSW care, just the home care agency information.

To enter your employer/organization name, begin typing the first few letters and it will provide options to auto-populate the employer. Please be sure to select the correct location you work in if more than one site operates under the organization. If your employer is not listed, please add the information in the text box.

Only employers where you work as a PSW should be included. If you are not currently employed as a PSW, please leave this section blank. NOTE: Please update your online profile within 30 business days if there are any changes to your personal or employer contact information.

EMPLOYMENT

If you are currently employed as a PSW in Ontario, please click 'Add' below to provide your employment details. Please do not list private addresses you provide care at, list only the agencies you work for.



For those applying through the Employed as a PSW in Ontario pathway, select if you are applying through the Experience only or Experience plus education pathway:

EXPERIENCE	
This pathway is for individuals who have been employed as a PSW in Ontario within the last three years AND one of the following:	
Have provided at least 600 hours of service as a PSW OR	
Completed a personal support services education program (could be outside Ontario or outside Canada) that was at least 600 hours long both class time and practical experience time	g including
*	
Experience	
Experience plus education	
Request your employer complete the Confirmation of Employment and Personal	
Support Worker Skills Form and send to you for upload once complete:	
EMPLOYMENT AND PERSONAL SUPPORT WORKER SKILLS CONFIRMATION	
Your current or former employer within the past three years must complete the Confirmation of Employment and Personal Support Worker Skills Formation of Employment and Personal Support Worker Skills Formation requires an employer to confirm that you have been employed with them as a PSW in the previous three years, and that, in their opinion, you have the equivalent to that of a graduate of a Ministry of Colleges and Universities recognized Ontario PSW education program, on or after July 1, 2014.	
For applicants applying with experience only, the employer must also confirm that you have worked at least 600 hours as a PSW in the past three year	

* Please upload a copy of your Confirmation of Employment and Personal Support Worker Skills Form completed by your employer

Click here to upload supporting documentation

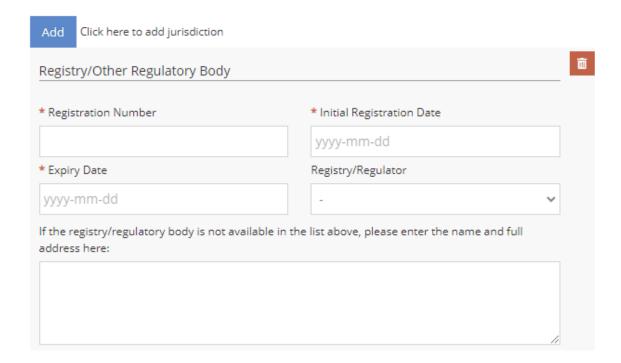
,

OTHER REGISTRATION

Include information about other registrations with regulatory bodies and request the regulatory body send a <u>Letter of Standing Form</u> directly to HSCPOA:

OTHER REGISTRATION

Please click 'Add' below if you are currently, or were previously, registered with any regulatory body for any profession or occupation inside or outside Ontario. NOTE: You do not need to include membership with a professional or occupational association. You must request your regulatory body to complete and send a Letter of Standing Form directly to HSCPOA. Letters of Standing will not be accepted directly from applicants.

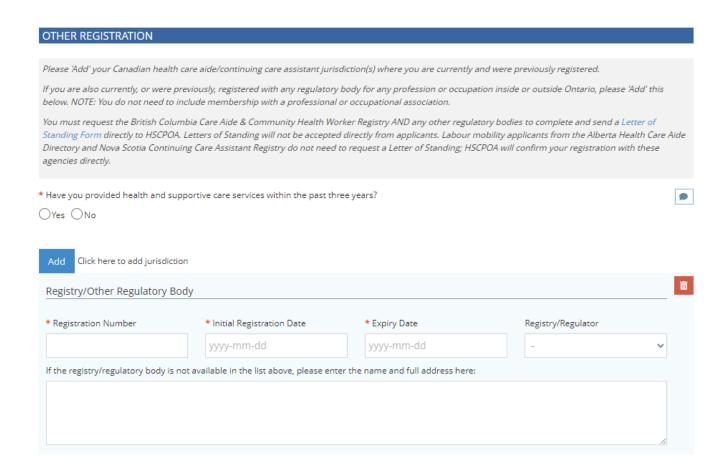


Labour Mobility

Labour mobility applicants from the Alberta Health Care Aide Directory and Nova Scotia's Continuing Care Assistant Registry do not need to request a Letter of Standing from their respective directory/registry as HSCPOA can confirm registration directly through Alberta's HCA Directory and/or Nova Scotia's Continuing Care Assistant Registry Public Register.

Labour mobility applicants from British Columbia (BC) must request the British Columbia Care Aide and Community Health Worker Registry to complete the <u>Letter of Standing Form</u> and send to HSCPOA directly.

In addition, labour applicants who are currently or were previously registered with another regulatory body within or outside of Ontario must request the regulatory body to complete a <u>Letter of Standing Form</u> and send this directly to HSCPOA.



LANGUAGE PROFICIENCY

Answer the questions about language proficiency and provide proof of language proficiency if applicable in the <u>Language Proficiency Policy</u>. NOTE: As per policy, those applying through the Ontario PSW Education pathway, or Labour mobility pathways will not be asked about language proficiency on the application form.



LANGUAGES OF CARE

Specify your languages of care:



DECLARATIONS

HSCPOA's Registration Regulation requires that applicants disclose past and/or present conduct issues in specific areas. Every applicant must answer all the declaration questions on the online application form. Please note that even though all previous misconduct or findings must be reported, this may not necessarily prevent you from being registered with HSCPOA.

If an applicant answers "yes" to any of the questions in the declaration section of the application form, applicants must provide the corresponding information and supporting documentation as specified in the online application form. Where applicable, the applicant may be asked to provide a copy of court transcripts related to the matter. This information will be assessed by the CEO. If the past or present conduct results in a decision to prevent or limit the applicant's registration, they have the right to appeal that decision to HPARB.

The following definitions will help applicants understand the questions on the Declarations page of the online application form:

- Definition of Offence: An offence is a finding by a court (administrative tribunal findings do not count) of a breach of something labeled as an offence in a statute. Typically, an offence is punishable by a fine or jail, however, the report must be made even if the court imposed a conditional or an absolute discharge. The best-known offences are breaches of the Criminal Code of Canada or of federal drug legislation. However, there are several provincial offences as well.
- Definition of Professional Misconduct, Incompetence, or Incapacity: Professional
 misconduct involves any conduct that is viewed by the profession or occupation
 as unethical or unprofessional. Incompetence usually involves a lack of
 knowledge, skill, and judgment in the care of a patient, client, or recipient.
 Incapacity is a physical or mental condition warranting supervision, monitoring,
 or other restrictions so that the registrant can provide safe and effective care.
 Usually findings of professional misconduct, incompetence or incapacity are
 made by a discipline or fitness to practise committee of a regulatory/oversight
 body.

Definition of Current Proceeding: A current proceeding for professional
misconduct, incompetence, or incapacity occurs when a decision has been made
to hold a hearing into allegations. The simple filing of a complaint or initiation of
a preliminary investigation does not need to be reported. However, if a complaint
or investigation results in a decision to hold a hearing, the registrant must notify
HSCPOA immediately.

JUDICIAL DECLARATIONS	
Have you ever been charged with or found guilty of a criminal offence? If yes, please provide the following information: date of criminal charge or finding of guilt, nature of and description of the charge or finding of guilt, name and location of the court where the charge was laid or where you were found guilty of the offence, status of any appeals with regards to the finding of guilt, if applicable, and any court-imposed restrictions or conditions. Please do not include any information that violates a publication ban.	* Yes No
Have you ever been charged with or found guilty of an offence related to the regulation or provision of health and supportive care services in Ontario or in any other jurisdiction? If yes, please provide the following information: date of charge or finding of guilt, nature of and description of the charge or finding of guilt, name and location of the court where the charge was laid or where you were found guilty of the offence, status of any appeals with regards to the finding of guilt, if applicable, and any court-imposed restrictions or conditions. Please do not include any information that violates a publication ban.	* Yes No
Has there ever been a finding of professional misconduct, incompetence or incapacity against you: in Ontario in relation to another profession, and/or in any other jurisdiction in relation to the provision of health and supportive care services, or any other profession or occupation? If yes, please provide the following information: date of finding, nature of and description of the finding, and name and location of the organization that made the finding. Please do not include any information that violates a publication ban.	* Yes No

DECLARATIONS CONTINUED

Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity: • in Ontario in relation to another profession or occupation, or • in any other jurisdiction in relation to the provision of health and supportive care services or any other profession or occupation? If yes, please provide the following information: date of proceeding, nature of and description of the proceeding, and name and location of the organization that filed the proceeding against you. Please do not include any information that violates a publication ban.	* Yes No
 Have you ever been denied registration, licensure or similar status by: a regulatory body in Ontario that is responsible for the regulation of another profession or occupation, or by a regulatory body in another jurisdiction that is responsible for the regulation of the provision of health and supportive care services or another profession or occupation? 	* Yes No
If yes, please provide the following information: date and reason for the registration denial or similar status, and name and location of the relevant organization. Please do not include any information that violates a publication ban.	
Have you ever been the subject of a revocation or suspension of registration, licensure or similar status: in Ontario in relation to another profession or occupation, or in any other jurisdiction in relation to the regulation of the provision of health and supportive care services or another profession or occupation.	* Yes No
If yes, please provide the following information: date and reason for the registration suspension or revocation or similar status, and name and location of the relevant organization. Please do not include any information that violates a publication ban.	
Do you currently suffer from any physical or mental condition or disorder that could affect your ability to provide health and supportive care services in a safe manner?	* Yes No
	* O Y O ::
Is there any event, circumstance, condition or matter not disclosed above with respect to your character, conduct, competence or capacity that might affect your ability to provide health and supportive care services safely, with decency, integrity and honesty, and in accordance with the law?	* Yes No

DECLARATIONS CONTINUED

ECLARATIONS	
l certify that I have read and	d understood the Code of Ethics.
	* I acknowledge and accept the above declaration
-	ional information provided on this form is used by HSCPOA to administer the Health and Supportive Care Providers its regulations, and is collected, used, and disclosed in accordance with the HSCPOA Privacy Policy.
	* I acknowledge and accept the above declaration
l hereby certify that all state this application process, are	ements I have made in all parts of this form, and all information and/or documentation submitted for the purposes of true and complete.
	* I acknowledge and accept the above declaration

We encourage applicants to 'Save for later' to ensure information is not lost in the application process if you get disconnected. You will be able to save information in the application process and return as often as you need, until your application is complete and ready to submit.

The application form will flag anything missing. Once all your documentation has been uploaded, submit your completed application:



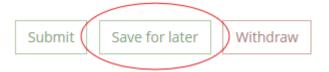
HSCPOA will confirm receipt of your submitted application. If we have any questions or require corrections/additional information you will be notified via email. You may be required to login to your application portal to clarify information or make the necessary corrections.

NOTE: Applicants are not registered until they receive an approval email confirming they have been registered as a PSW with HSCPOA.

For questions, please contact: registration@hscpoa.com

COMPETENCY ASSESSMENT APPLICATION INSTRUCTIONS

The following information describes each section of the online Competency Assessment application form and how it should be completed, including screenshots. We encourage applicants to 'Save for later' to ensure information is not lost in the application process. You will be able to save information in the application process and return as often as you need, until your application is complete and ready to submit.



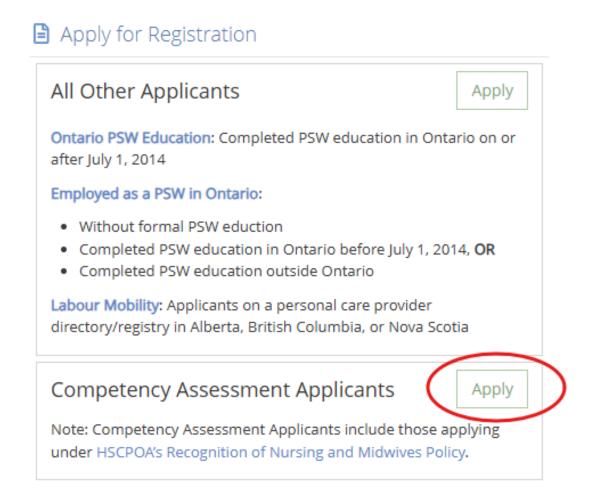
The Competency Assessment application process differs slightly from the other application pathways because it has two phases:

- 1. Phase 1 Applicants apply for eligibility:
 - to undergo a <u>Competency Assessment</u>, **OR**
 - to apply for registration through <u>HSCPOA's Recognition of Nurses and Midwives Policy</u>.
- 2. Phase 2 If an applicant's <u>Competency Assessment is successful</u>, or they have met the criteria under <u>HSCPOA's Recognition of Nurses and Midwives Policy</u>, they must then apply for registration with HSCPOA.

<u>Competency Assessment</u> and <u>nursing/midwifery applicants</u> will begin by creating an account and logging in to the application portal like all other applicants. <u>For instructions on creating an account click here.</u>

PHASE 1 – ELIGIBILITY

Once logged in, Apply to the Competency Assessment Applicants pathway:



For nursing applicants, please refer to <u>HSCPOA's Recognition of Nurses and Midwives</u> <u>Policy</u> to confirm your eligibility for application through this registration pathway.

OPTION 1 – COMPETENCY ASSESSMENT APPLICATION

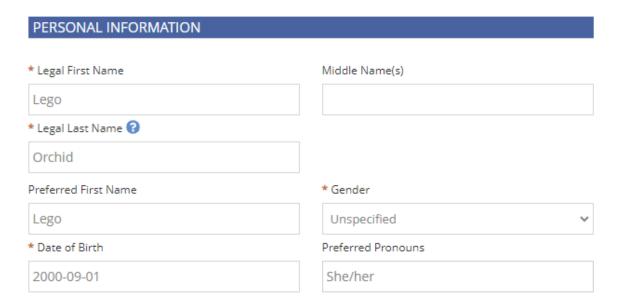
Select the Competency Assessment option:

★ Please indicate which option you are applying through: ② Competency Assessment ③ Recognition of Nurses and Midwives Policy Upload your identification: IDENTIFICATION You must submit a driver's license, passport, or other government-issued photo identification (Canadian provincial health cards are not accepted). Please make sure your ID is clear and readable. ★ Identification ★ Click here to upload identification

Provide your legal first and last name, any preferred first name, gender, date of birth and preferred pronouns.

Preferred names (including nickname and abbreviations) are intended to capture a name(s) that you may use as a PSW that is not your legal first name. For example, you may use your middle name, not your legal first name. Your Preferred name may be used to identify yourself as a PSW and will be displayed on HSCPOA's registered PSW Public Register.

Specify the gender to which you identify and your preferred pronouns. If you have changed your gender and are providing documentation that identifies you with a different gender, or if you express your gender differently at various times, please send an email to: registration@hscpoa.com providing a brief explanation so that HSCPOA can understand the documentation you have provided and how you would like your gender expressed on HSCPOA's online registered PSW Public Register.



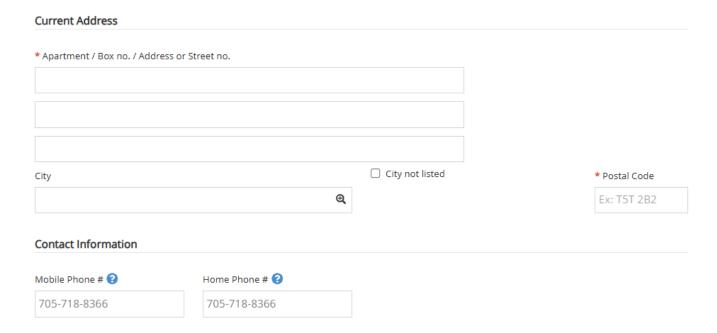
Include proof of name change documentation if you have changed your name:

Other Name(s)

If any application documentation is under a different name than the one you are currently using, you must enclose proof of your change (e.g., document showing your old name (i.e., marriage certificate) and a government issued ID showing your current name (i.e., driver's license or passport).



Indicate your current mailing address and contact phone number:



PERSONAL SUPPORT SERVICES EDUCATION CONFIRMATION

Upload documentation confirming completion of a personal support services education that was at least 600 hours long:



Please upload copies of your course descriptions, program curriculum, program outcomes and/or learning objectives, and any other personal care provider professional development you have completed. You may also submit personal care provider employment information such as job descriptions and employment confirmation letters about where you worked and your job responsibilities.

COURSE DESCRIPTIONS/CURRICULUM

The Competency Assessment process will assess whether your personal care provider academic and practical training and any additional professional development are comparable to the requirements of PSW education programs in Ontario.

Please upload PDF copies of your course descriptions, program curriculum, program outcomes and/or learning objectives, and any other personal care provider professional development you have completed. You may also submit personal care provider employment information such as job descriptions and employment confirmation letters about where you worked and your job responsibilities, as per the Competency Assessment Process Policy.



Click here to upload supporting documentation



LANGUAGE PROFICIENCY

Answer the questions about language proficiency and provide proof of language proficiency if applicable in the <u>Language Proficiency Policy</u>.



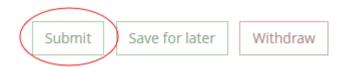
DECLARATIONS

Complete the declarations for Phase 1 of the competency assessment application process:



We encourage applicants to 'Save for later' to ensure information is not lost in the application process. You will be able to save information in the application process and return as often as you need, until your application is complete and ready to submit.

The application form will flag anything missing. Once all your documentation has been uploaded, submit your completed application:



HSCPOA will confirm receipt of your submitted Competency Assessment application. If we have any questions or require corrections/additional information you will be notified via email.

You will be informed by email if you have been deemed eligible to undergo a competency assessment. If eligible, your application status will be changed to 'Sent for review' in the online application form, while your competency assessment is being conducted:



Once your competency assessment is complete, you will receive a results report. If you are successful, you will then **Apply** for registration.

For questions, please contact: registration@hscpoa.com

OPTION 2 – RECOGNITION OF NURSES AND MIDWIVES POLICY APPLICATION

Select the Recognition of Nurses and Midwives Policy option:

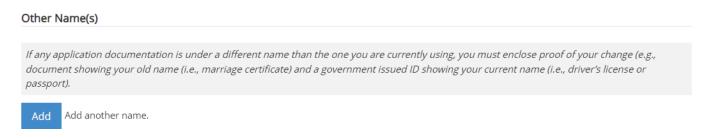
Provide your legal first and last name, any preferred first name, gender, date of birth and preferred pronouns.

Preferred names (including nickname and abbreviations) are intended to capture a name(s) that you may use as a PSW that is not your legal first name. For example, you may use your middle name, not your legal first name. Your Preferred name may be used to identify yourself as a PSW and will be displayed on HSCPOA's registered PSW Public Register.

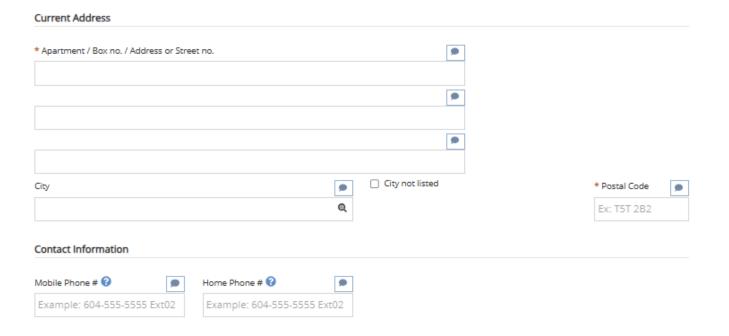
Specify the gender to which you identify and your preferred pronouns. If you have changed your gender and are providing documentation that identifies you with a different gender, or if you express your gender differently at various times, please send an email to: registration@hscpoa.com providing a brief explanation so that HSCPOA can understand the documentation you have provided and how you would like your gender expressed on HSCPOA's registered PSW Public Register.



Include proof of name change documentation if you have changed your name:



Indicate your current mailing address and contact phone number:



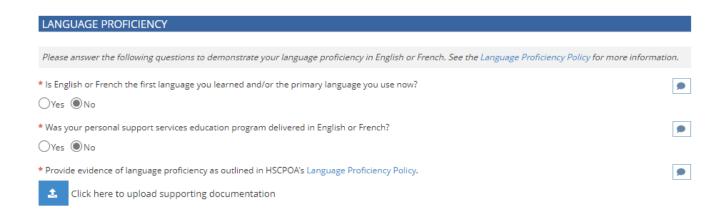
NURSING AND MIDWIFERY EDUCATION CONFIRMATION

Upload documentation confirming completion of nursing and/or midwifery education as outlined in HSCPOA's Recognition of Nurses and Midwives Policy:



LANGUAGE PROFICIENCY

Answer the questions about language proficiency and provide proof of language proficiency if applicable in the <u>Language Proficiency Policy</u>.



DECLARATIONS

Complete the declarations for application process:

ECLARATIONS	
,	formation provided on this form is used by HSCPOA to administer the Health and Supportive Care and its regulations, and is collected, used, and disclosed in accordance with the HSCPOA Privacy Policy.
	* I acknowledge and accept the above declaration
	a lacknowledge and accept the above declaration
I hereby certify that all statements	I have made in all made of this forms and all information and/or decomposition authorities as the authorities
of this application process, are true	

We encourage applicants to 'Save for later' to ensure information is not lost in the application process.

You will be able to save information in the application process and return as often as you need, until your application is complete and ready to submit.

The application form will flag anything missing. Once all your documentation has been uploaded, submit your completed application:



HSCPOA will confirm receipt of your submitted competency assessment, Recognition of Nurses and Midwives Policy eligibility application. If we have any questions or require corrections/additional information you will be notified via email.

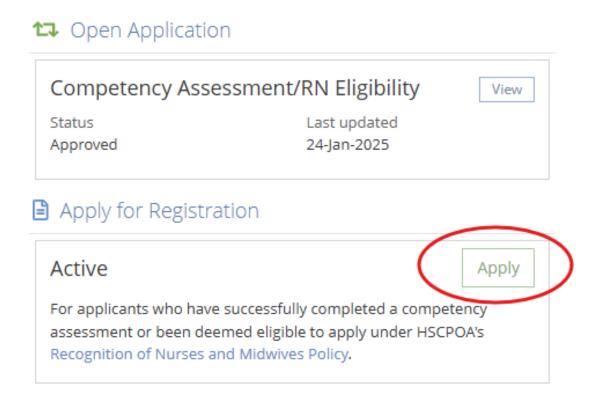
You will be informed by email if you have been deemed eligible to **Apply** for registration through HSCPOA's Recognition of Nurses and Midwives Policy.

For questions, please contact: registration@hscpoa.com

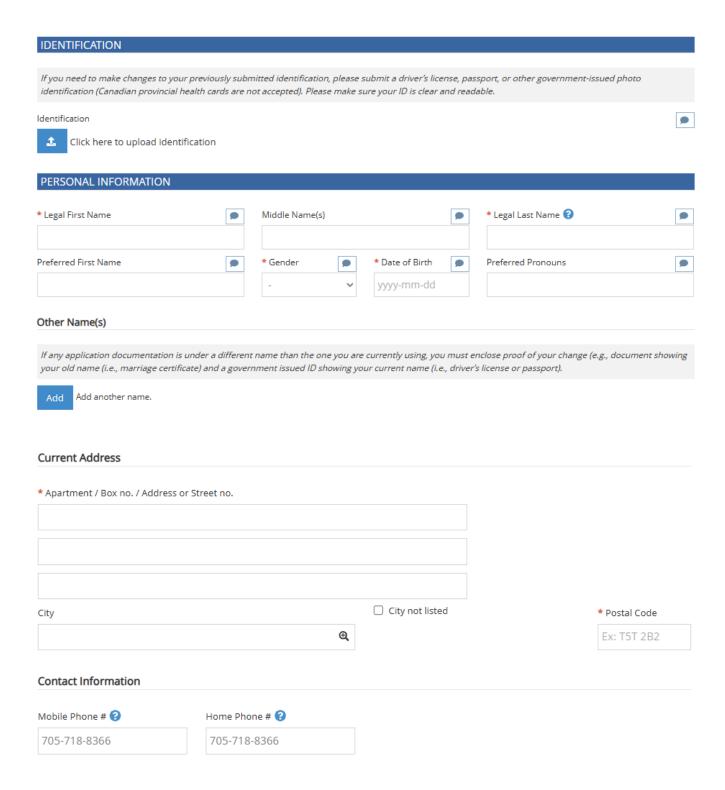
Phase 2: APPLY FOR REGISTRAITON

If you are successful on the <u>Competency Assessment</u> **OR** you have been deemed eligible to apply for registration under <u>HSCPOA's Recognition of Nurses and Midwives Policy</u>, you must apply for PSW registration.

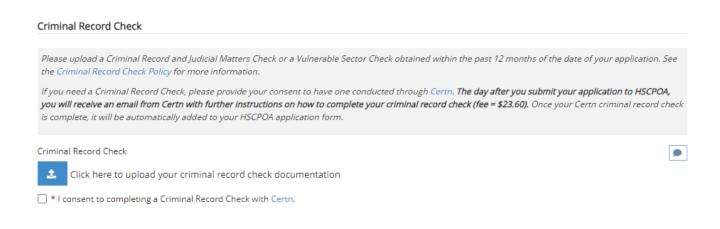
Login to your applicant portal. Once logged in, select Apply:



If you need to make changes to your identification, name, or contact information please edit the information and upload any corresponding documentation. If the information is same, you do not need to make any changes:

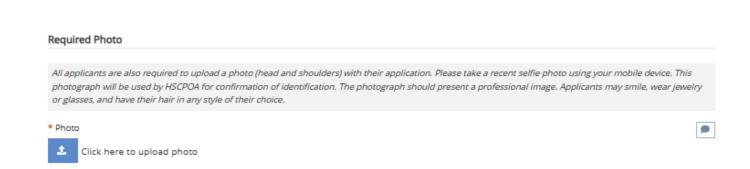


Upload a copy of a valid criminal record check, within 12 months:



Applicants who need an updated criminal record check can complete an online enhanced Canadian criminal record check through Certn (costing around \$23), available through HSCPOA's online application form.

Upload a headshot photo (may be self-taken):



EMPLOYMENT

Provide your PSW employer information and indicate if this is your primary employer.

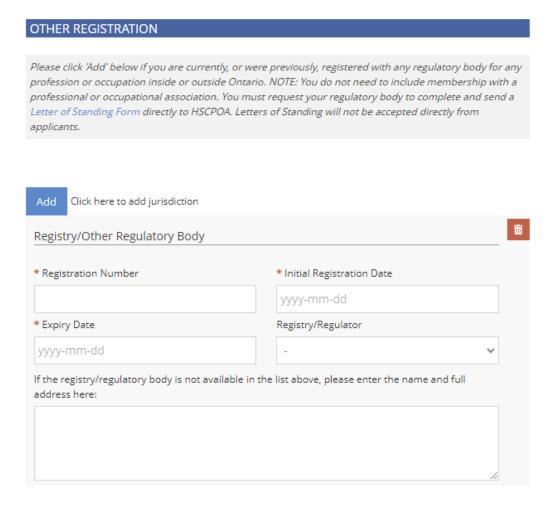
If you have more than one employer, please list all employers and specify which is your primary employer (e.g., the employer where you work the most hours). If you work at more than one site for the same employer, you are only required to provide the site that represents the mailing address or head office. Home care PSWs: do not list any home addresses of your recipients of PSW care.

If you are not currently employed as a PSW, please leave this section blank. Please update your online profile within 30 business days if there are any changes to your personal or employer contact information.

EMPLOYMENT If you are currently employed as a PSW in Ontario, please click 'Add' below to provide your employment details. Please do not list private addresses you provide care at, list only the agencies you work for. Add Click here to add employer(s) Employer Organization * Start Date End Date yyyy-mm-dd If your employer is not available in the organization list above, please enter your employer's name, full address, main telephone number, and main email address here: * Is this your primary employer?

OTHER REGISTRATION

Include information about other registrations with regulatory bodies and request the regulatory body send a <u>Letter of Standing Form</u> directly to HSCPOA:



Specify your languages of care:



DECLARATIONS

HSCPOA's Registration Regulation requires that applicants disclose past and/or present conduct issues in specific areas. Every applicant must answer all the declaration questions on the online application form. Please note that even though all previous misconduct or findings must be reported, this may not necessarily prevent you from being registered with HSCPOA.

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The following definitions will help applicants understand the questions on the Declarations page of the online application form:

- Definition of Offence: An offence is a finding by a court (administrative tribunal findings do not count) of a breach of something labeled as an offence in a statute. Typically, an offence is punishable by a fine or jail, however, the report must be made even if the court imposed a conditional or an absolute discharge. The best-known offences are breaches of the Criminal Code of Canada or of federal drug legislation. However, there are several provincial offences as well.
- Definition of Professional Misconduct, Incompetence, or Incapacity: Professional
 misconduct involves any conduct that is viewed by the profession or occupation
 as unethical or unprofessional. Incompetence usually involves a lack of
 knowledge, skill, and judgment in the care of a patient, client, or recipient.
 Incapacity is a physical or mental condition warranting supervision, monitoring,
 or other restrictions so that the registrant can provide safe and effective care.
 Usually findings of professional misconduct, incompetence or incapacity are
 made by a discipline or fitness to practise committee of a regulatory/oversight
 body.
- **Definition of Current Proceeding:** A current proceeding for professional misconduct, incompetence, or incapacity occurs when a decision has been made

to hold a hearing into allegations. The simple filing of a complaint or initiation of a preliminary investigation does not need to be reported. However, if a complaint or investigation results in a decision to hold a hearing, the registrant must notify HSCPOA immediately.

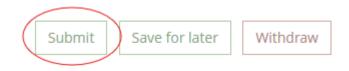
JUDICIAL DECLARATIONS	
Have you ever been charged with or found guilty of a criminal offence? If yes, please provide the following information: date of criminal charge or finding of guilt, nature of and description of the charge or finding of guilt, name and location of the court where the charge was laid or where you were found guilty of the offence, status of any appeals with regards to the finding of guilt, if applicable, and any court-imposed restrictions or conditions. Please do not include any information that violates a publication ban.	* Yes No
Have you ever been charged with or found guilty of an offence related to the regulation or provision of health and supportive care services in Ontario or in any other jurisdiction? If yes, please provide the following information: date of charge or finding of guilt, nature of and description of the charge or finding of guilt, name and location of the court where the charge was laid or where you were found guilty of the offence, status of any appeals with regards to the finding of guilt, if applicable, and any court-imposed restrictions or conditions. Please do not include any information that violates a publication ban.	* Yes No
Has there ever been a finding of professional misconduct, incompetence or incapacity against you: in Ontario in relation to another profession, and/or in any other jurisdiction in relation to the provision of health and supportive care services, or any other profession or occupation? If yes, please provide the following information: date of finding, nature of and description of the finding, and name and location of the organization that made the finding. Please do not include any information that violates a publication ban.	* Yes No

Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity: • in Ontario in relation to another profession or occupation, or • in any other jurisdiction in relation to the provision of health and supportive care services or any other profession or occupation? If yes, please provide the following information: date of proceeding, nature of and description of the proceeding, and name and location of the organization that filed the proceeding against you. Please do not include any information that violates a publication ban.	* Yes No
 Have you ever been denied registration, licensure or similar status by: a regulatory body in Ontario that is responsible for the regulation of another profession or occupation, or by a regulatory body in another jurisdiction that is responsible for the regulation of the provision of health and supportive care services or another profession or occupation? If yes, please provide the following information: date and reason for the registration denial or similar status, and name and location of the relevant organization. Please do not include any information that violates a publication ban. 	* Yes No
Have you ever been the subject of a revocation or suspension of registration, licensure or similar status: • in Ontario in relation to another profession or occupation, or • in any other jurisdiction in relation to the regulation of the provision of health and supportive care services or another profession or occupation.	* Yes No
If yes, please provide the following information: date and reason for the registration suspension or revocation or similar status, and name and location of the relevant organization. Please do not include any information that violates a publication ban.	
Do you currently suffer from any physical or mental condition or disorder that could affect your ability to provide health and supportive care services in a safe manner?	* Yes No
Is there any event, circumstance, condition or matter not disclosed above with respect to your character, conduct, competence or capacity that might affect your ability to provide health and supportive care services safely, with decency, integrity and honesty, and in accordance with the law?	* Yes No

ECLARATIONS
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I certify that I have read and understood the Code of Ethics.
* I acknowledge and accept the above declaration
I acknowledge that the personal information provided on this form is used by HSCPOA to administer the Health and Supportive Care Providers Oversight Authority Act and its regulations, and is collected, used, and disclosed in accordance with the HSCPOA Privacy Policy.
* I acknowledge and accept the above declaration
I hereby certify that all statements I have made in all parts of this form, and all information and/or documentation submitted for the purposes o this application process, are true and complete.
* I acknowledge and accept the above declaration

We encourage applicants to Save for later' to ensure information is not lost in the application process if you get disconnected. You will be able to save information in the application process and return as often as you need, until your application is complete and ready to submit.

The application form will flag anything missing. Once all your documentation has been uploaded, submit your completed application:



HSCPOA will confirm receipt of your submitted application. If we have any questions or require corrections/additional information you will be notified via email.

NOTE: Applicants are not registered until they receive an approval email confirming they have been registered as a PSW with HSCPOA.

For questions, please contact: registration@hscpoa.com

Appendix A: Prescribed Employers

An individual applying for registration using Path 2: Employed as a PSW in Ontario must have been employed as a PSW or to provide personal support services in Ontario in the three years prior to applying for registration with HSCPOA. In addition, their employer must be a 'prescribed employer', meaning they must be one of the categories of employers listed below in the Registration Regulation, under the Health and Supportive Care Providers Oversight Authority Act, 2021:

- A licensee of a long-term care home within the meaning of the <u>Fixing Long-term</u> Care Act, 2021.
- 2. A hospital within the meaning of the *Public Hospitals Act*.
- 3. A licensee of a retirement home within the meaning of the *Retirement Homes Act*, 2010.
- A private hospital operating under the authority of a license issued under the <u>Private</u> <u>Hospitals Act.</u>
- 5. A psychiatric facility within the meaning of the Mental Health Act.
- 6. A home established, approved, or licensed under the *Homes for Special Care Act*.
- 7. An integrated community health services centre within the meaning of the Integrated Community Health Services Centres Act, 2023.
- 8. The <u>University of Ottawa Heart Institute</u>/Institut de cardiologie de l'Université d'Ottawa.
- 9. An organization or individual delivering publicly funded home and community care services under the <u>Connecting Care Act, 2019</u>, or the <u>Ministry of Health and Long-Term Care Act</u>, 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 <u>Connecting Care Act</u>, 2019.

The employer completing the <u>Confirmation of Employment and Personal Support</u>

<u>Worker Skills</u> form on the applicant's behalf will be asked which of these employer categories they belong to. If the employer does not fall into one of the employer categories listed above, the applicant will not be eligible for <u>the Path 2: Employed as a PSW in Ontario</u> and should review the other registration pathways to see if they can meet the registration requirements another way.