



<b>Policy Title:</b> COMPETENCY ASSESSMENT PROCESS		<b>Policy Section:</b> REGISTRATION	<b>Policy Number:</b> REG-400
<b>Approved By:</b>  Kathy Wilkie, CEO	<b>Date Approved:</b>  October 25, 2024	<b>Date Reviewed/Revised:</b>	

## PURPOSE

The Competency Assessment process offered by the Health and Supportive Care Providers Oversight Authority (HSCPOA) establishes whether an applicant's previous personal support provider education and training is substantially equivalent to the education and training that meets the standards set by the [Ontario Ministry of Colleges and Universities \(MCU\)](#) for programs designed to prepare an individual to provide personal support services.

This policy outlines the eligibility requirements and process for PSW applicants applying for registration with HSCPOA through the Competency Assessment pathway.

## BACKGROUND

HSCPOA has a mandate to establish and maintain educational and skills-based qualifications for each category of registrants, beginning with Personal Support Workers (PSWs). By applying a risk-based approach, HSCPOA strives to balance the minimum competence and skills required to ensure safe care, while not imposing any unintended barriers on applicants seeking registration as a PSW in Ontario.

## **POLICY**

### **Eligibility**

Applicants are eligible to undergo HSCPOA's Competency Assessment substantial equivalence process if they have completed a personal support services education program outside Ontario that was a minimum of 600 hours in duration, including both class time and practical experience time.

This includes applicants who do not have Ontario PSW work experience within the past three years preceding the date of application to HSCPOA, and 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 Labour Mobility pathway.

Internationally educated nurses and current/former nurses in Canada may be exempt from the Competency Assessment substantial equivalence process if they meet the criteria as outlined in HSCPOA's *Recognition of Nurses Policy*. Internationally educated nurses and current/former nurses in Canada who are not exempt from the Competency Assessment substantial equivalence process may apply through the procedure below.

### **Procedure**

1. An applicant who seeks to undergo HSCPOA's Competency Assessment substantial equivalence process must apply through HSCPOA's online application form.
2. An applicant's documentation must include a personal care provider certificate/diploma, transcript, and any other relevant documentation demonstrating they have completed a personal support services education program that was at minimum 600 hours in duration, including both class time and practical training time.
3. Documentation would ordinarily include:
  - a. course descriptions,
  - b. program curriculum,
  - c. program outcomes and/or

- d. learning objectives.
4. Optional documentation may include:
  - a. evidence of completion of other personal care provider professional development, and/or
  - b. resume and the HSCPOA Employer Verification Form (Appendix I).
5. Supporting documentation should be uploaded within an applicant's online application form or emailed directly to HSCPOA at:  
[registration@hscpoa.com](mailto:registration@hscpoa.com)
6. Once all required documentation has been received, a trained Assessor will conduct the assessment according to established criteria.
7. The Competency Assessment process will take approximately 12 weeks to complete from the date all required documentation has been received.
8. Results will be communicated to applicants specifying the outcome of the assessment.
9. Applicants deemed substantially equivalent after successful completion of HSCPOA's Competency Assessment process may proceed to apply for registration.
10. Applicants deemed not substantially equivalent will be provided with a gap analysis report and options to remediate the gaps. Options may include:
  - a. completing additional courses,
  - b. completing an Ontario MCU PSW education program designed to prepare an individual to provide personal support services, or
  - c. obtaining employment as a PSW in Ontario and applying for PSW registration with HSCPOA through [Path 2: Employed as a PSW in Ontario](#). Note: Path 2 will only be available until December 1, 2027.
11. Applicants have the right to appeal:
  - a. A finding of ineligibility to undergo HSCPOA's Competency Assessment process as per *Policy 410: HSCPOA's Competency Assessment Eligibility Appeal Policy*.
  - b. A finding of *Not Substantially Equivalent* as per *Policy REG-420: HSCPOA's Competency Assessment Results Appeal Policy*.



**Employer Verification**  
**Personal Care Provider Work Experience for Competency Assessment Process**

*It is the applicant's responsibility to request this form to be completed by their employer(s) and ensure that the completed form is sent directly to HSCPOA by the employer.*

Employers: This individual named below has applied for registration through the [Competency Assessment Pathway](#) as a Personal Support Worker (PSW) with the Health and Supportive Care Providers Oversight Authority (HSCPOA) in Ontario. In support of their application for registration, the applicant has provided a resume outlining their previous work experience and named your organization as one of their current/previous employers.

HSCPOA requests all employers provide a description of the personal care provider position, and the work performed by the applicant named below. Please complete this form and email it directly to HSCPOA at: [registration@hscpoa.com](mailto:registration@hscpoa.com)

This information is not intended to be a personal reference, but rather, a position description. It will become part of the named applicant's file and will be used in the review for registration. Your cooperation is appreciated. All information contained in this form will remain confidential.

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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
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**Please provide the following information:**

I certify that: \_\_\_\_\_  
Name of Applicant

Was employed by: \_\_\_\_\_  
Name of Employer

In the capacity of: \_\_\_\_\_  
Position Title

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_  
(day/month/year) (day/month/year)

Reason for Separation (if applicable):

Please attach a job description or a full description of the area of employment, roles, responsibilities, and activities performed by the applicant. Please provide as complete a profile of this applicant's position and work experience as possible.

<b>Employer Designate Name:</b>			
<b>Employer Designate Position Title:</b>			
<b>Employer Designate Signature:</b>		<b>Tel #:</b>	
<b>I verify that all information contained here is true and accurate.</b>		<b>Date:</b>	

Employers must email this form directly to HSCPOA at: [registration@hscpoa.com](mailto:registration@hscpoa.com)