[Insert Employer logo]

October 6, 2025

Dear [insert PSW employee name],

This letter confirms that [insert employer name] has sent the Health and Supportive Care Providers Oversight Authority (HSCPOA) a list of PSW employees who may be eligible for registration with HSCPOA through [Path 2: Employed as a PSW in Ontario](https://hscpoa.com/applicants/employed-as-a-psw-in-ontario/).

HSCPOA will keep this list on file (confidentially) and cross-reference it when they receive an application for registration through Path 2 from a [insert employer name] PSW employee. Individual [Confirmation of Employment and Personal Support Worker Skills Forms](https://hscpoa.com/wp-content/uploads/2024/06/FRM_EN_Confirmation_of_Employment_And_PSW_Skills_Form.pdf) are not required for your application for PSW registration with HSCPOA. In place of the [Employer Form](https://hscpoa.com/wp-content/uploads/2024/06/FRM_EN_Confirmation_of_Employment_And_PSW_Skills_Form.pdf), please upload a copy of this letter within your HSCPOA application form.

[Insert employer name], strongly encourages PSWs to apply for registration with HSCPOA. There are [many benefits to registration](https://hscpoa.com/registrants/benefits-to-registration-2/). Learn more at [hscpoa.com](https://hscpoa.com/), [How to become a registrant](https://hscpoa.com/applicants/how-to-become-a-registrant/).

For questions about your application for PSW registration with HSCPOA, please contact: registration@hscpoa.com

Sincerely,

[insert employer representative name]