



Health and Supportive Care Providers
Oversight Authority

Annual Renewal Guide for HSCPOA Registered PSWs in Ontario

This Guide provides information about renewing your annual PSW registration with HSCPOA. Although accurate at the time of publication, subsequent changes may take place without prior notice. HSCPOA will attempt to advise PSW registrants 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.

Contents

Introduction.....3

Purpose of Renewal.....4

Fees.....4

Extensions.....4

Resignation5

How to Complete Annual Renewal6

PART 1 – Profile Update7

PART 2 – Annual Renewal.....13

Introduction

HSCPOA registered PSWs play an important role in Ontario’s healthcare system.

All current PSW registrants with HSCPOA **must** renew their registration annually to maintain their registration. This is required in law under the [HSCPOA Act, 2021](#), and [section 13 of HSCPOA’s bylaws](#).

HSCPOA’s annual renewal is due on March 31st each year. The renewal portal will open from February 1st to March 31st each year for HSCPOA PSW registrants to complete their renewal.

Your PSW registration with HSCPOA will expire on April 1st unless you renew by the March 31st deadline date [each year](#).

If your PSW registration expires, you must apply for reinstatement with HSCPOA.

While PSW registration with HSCPOA remains voluntary, many employers have made it mandatory for their PSW employees to be registered with HSCPOA. Don’t put your current or future PSW employment opportunities at risk, renew early!

Renewing your PSW registration with HSCPOA involves updating information in your registrant profile such as your contact information and employment status.

The renewal form will also ask questions about your personal care provider education, if applicable, and your personal care provider work history, within and outside Ontario, if applicable. These questions are required for HSCPOA’s annual reporting requirements to the Ministry of Health. Information reported by HSCPOA to the Ministry of Health will be sent in anonymous format. Some questions will only be asked at your first annual renewal, other questions may be asked yearly.

Purpose of Renewal

Public Register of PSWs

As per the [Register Regulation](#) under the *HSCPOA Act, 2021*, HSCPOA must have an accurate and searchable [Public Register of PSWs](#) on our website. Most of the information on HSCPOA's [Public Register of PSWs](#) is collected on the application form and at annual renewal. For details on what information appears on HSCPOA's Public Register of PSWs, [click here](#).

As a registered PSW with HSCPOA you must ensure that HSCPOA has accurate information about you. This requirement is outlined in [HSCPOA's Code of Ethics](#), and the [Register](#) Regulations, which requires PSW registrants to notify HSCPOA within 30 days of any changes to their registrant profile information.

Health Professions Database Reporting Requirements

All PSWs registered with HSCPOA are required to answer questions on the annual renewal form for the Ministry of Health's Health Professions Database. The Ministry of Health provides the government with a snapshot of Ontario's regulated healthcare workforce to inform health human resources planning.

Some questions required for the Health Professions Database are only asked at your first annual renewal with HSCPOA. Other questions may be asked each year. All data that is reported is done in an anonymous format.

Fees

There is **currently no fee** for HSCPOA PSW registrants to renew their registration. HSCPOA may charge fees for annual renewal in the future, subject to Ontario Ministry of Health decision making.

Extensions

HSCPOA will consider [granting extensions as per policy](#) for PSW registrants to complete their annual renewal on a case-by-case basis. To make a renewal

extension request, please complete [HSCPOA's Annual Renewal Extension Request Form](#).

For any questions about annual renewal, please refer to [HSCPOA's Annual Renewal FAQs](#). If your question is not answered in the FAQs, please email: registration@hscpoa.com

Resignation

If you wish to resign your PSW registration with HSCPOA, login to your Registrant Dashboard, and choose **Change** under the **Change My Registration** section as shown below:

 [Change My Registration For 2024/2026](#)

Resign Registration

Change

To resign your HSCPOA PSW registration, please complete the form.

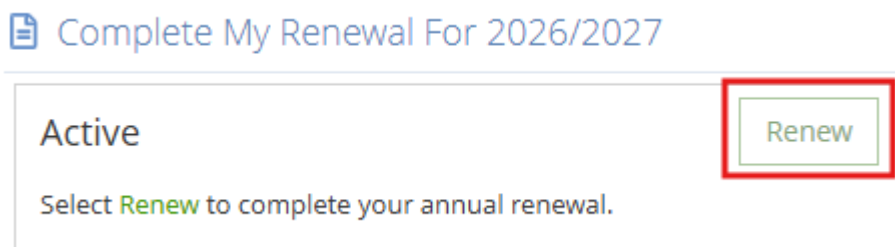
How to Complete Annual Renewal

[Login to your HSCPOA PSW registrant profile](#), using your email address and password you set up when you originally applied for registration with HSCPOA. **If you have forgotten your password or are not sure you remember it, please reset it.**

If you need to reset your password:

1. On [HSCPOA's PSW registrant login page](#), click on *Forgot your password?*
 2. You will be sent an email to the address we have on file for you with a link that will enable you to reset your password.
- Make sure the email address we have on file is current and accessible, or you will not be able to change your password.
 - If you encounter any issues logging in, try clearing your Cookies and Cache in your internet browser. An internet search can show you how to do this.

Once you are logged in to your PSW registrant profile, click the **Renew** button under the **Complete My Renewal** section:



Your Answers Must Reflect Information on the Day you Renew

Please read all Profile Update and Renewal questions carefully before you submit. The answers you provide must be accurate on the date that you complete your PSW annual renewal with HSCPOA.

PART 1 – Profile Update



The first section of annual renewal requires you to review your PSW registrant profile information. If there are any changes to the following, please provide updates to:

Your personal contact details – Includes preferred names, address, telephone, and email address. For name changes, you must provide supporting documentation:

PERSONAL

It is the registrant's responsibility to ensure HSCPOA has current and up-to-date contact and employment information. Please update your profile with any changes. We are committed to protecting the security of your personal information.

Registration #	Gender	Birth date	Age
7742	Female	2000-11-01	25

Registration Pathway
Ontario PSW Education

Current Name

First name	Preferred first name	Middle name(s)	Last name
Annual	-	-	Renewal

Do you have a preferred name that is different from your first name?

Yes No

[Add](#) Click to request a change to your legal name

Current Address

Apartment / Box No. / Address or Street No.

1 Street St

-

-

City

Toronto, Ontario, Canada

Postal/Zip code

M6H 6H6

Add

Click to request an address change

Contact Information

Mobile phone # ?

647-222-1234

Home phone # ?

Example: 506-555-5555

* Email

renewal@hscpoa.sandbox.mail.alinityapp.com

Languages of care – Add any additional languages you can provide personal support services:

Languages of Care

Please identify language(s) in which you currently have the ability to safely provide health and supportive care services.

Language:

English

Yes

* Spoken

Yes

* Written

Add

Click to add additional languages to your profile

Education – Please email registration@hscpoa.com if your education information is incorrect or needs updating:

PERSONAL SUPPORT WORKER EDUCATION

Below is a list of your current education on record related to the profession of personal support worker.

Designation	Institute	Field of study	Graduation Year
Diploma/certificate	Algonquin College of Applied Arts and Technology	Personal Support Worker	2022

OTHER NON-PSW EDUCATION

No Non-PSW education records exist.

Working Status – Your employment information assists the Ministry of Health in their health human resource planning for PSWs. Select your current working status as a PSW through the dropdown list:

WORKING STATUS

* Please indicate your current working status as a PSW:

-

-

Not working/not seeking work as a PSW

Not working/seeking work as a PSW

On Leave (sick leave, parental leave, etc.)

Working as a PSW in Ontario

Working as a PSW outside Ontario

Working as non-PSW/not seeking work as a PSW

Working as non-PSW/seeking work as a PSW


EMPLOYMENT

Employment – All current PSW employment must be **listed in your registrant profile since you became registered with HSCPOA**. Add any new employers. If you are no longer working somewhere, include the end date for this employer. If you still work for that employer, leave the end date blank.

For example:

Employer

Organization

AgeCare Pine Grove (Long-Term Care Home) 

8403 Islington Avenue North
Woodbridge, Ontario L4L 1X3
Canada

* Start Date End Date (leave blank if employment is ongoing)

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?

The HSCPOA is required to report the following information to the Ministry of Health for their Health Professions Database. Answer the following questions. Where more than one answer is appropriate, choose the one that represents the larger proportion of your PSW work for this employer. Where the proportion is equal, you are asked to choose one.

* Category * Full-time/part-time status

* Employment setting

* Focus of services

* Client age * Primary role


OTHER REGISTRATION

Other Registration – Include information if you are currently or have previously been registered with another regulatory body for any profession or occupation inside or outside Ontario:

OTHER REGISTRATION

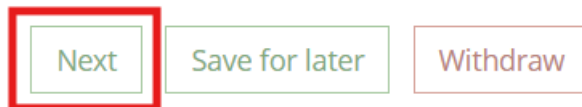
Please click 'Add' below if you are currently, or were previously, registered with any regulatory body for any profession or occupation inside or outside Ontario. NOTE: You do not need to include membership with a professional or occupational association. You must request your regulatory body to complete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

Add Click here to add jurisdiction

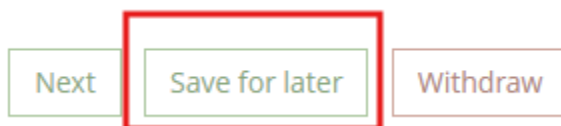
New Regulatory Body 

* Registration Number	* Initial Registration Date	* Expiry date	Regulator
<input type="text"/>	<input type="text" value="yyyy-mm-dd"/>	<input type="text" value="yyyy-mm-dd"/>	<input type="text" value="-"/> ▾
			<input type="checkbox"/>
			Add Other Regulator

Once you have completed your **Profile Update**, click the **Next** button to proceed to the **Renewal** section of the annual renewal form:



If you wish to save the information and return later, select **Save for later**:



You can then return later to complete your Profile Update and Renewal. Select **Update** as indicated below to complete your Profile Update and then complete your Renewal.

 Complete Form



PART 2 – Annual Renewal



Profile Update



Renewal

Introduction

Please respond to the following questions to complete your annual renewal.

HSCPOA collects this information on behalf of the Ontario Ministry of Health for their Health Professions Database.

All data submitted by HSCPOA to the Health Professions Database is transmitted in a combined anonymous format. The Ministry of Health uses this information in their provincial health human resources planning.

For more information about annual renewal, refer to [HSCPOA's Annual Renewal Guide](#).

Registrant Name	Registration #
Annual Renewal	1234

In the **History of Education as a Personal Care Provider** section answer the three questions as shown below:

History of Education as a Personal Care Provider

Collected on behalf of the Ontario government for their Health Professions Database

* Where did you **initially complete** your personal care provider education or nursing/midwifery education (if applicable)?

* What is your **highest level of education completed** as a personal care provider (includes nursing/midwifery education, if applicable):

* Have you completed education **unrelated** to a personal care provider or nurse/midwife?

Yes No

For the question 'Where did you **initially complete** your personal care provider education or nursing/midwifery education (if applicable)', select one of the following options from the drop-down menu and indicate your date of graduation, and highest level of education completed:

* Where did you **initially complete** your personal care provider education or nursing/midwifery education (if applicable)?

-

-

Not applicable, on the job trained

Ontario

Another Canadian province

United States

International

For example:

History of Education as a Personal Care Provider

Collected on behalf of the Ontario government for their Health Professions Database

* Where did you **initially complete** your personal care provider education or nursing/midwifery education (if applicable)?

Ontario

* Date of graduation:

2000-11-01

* What is your **highest level of education completed** as a personal care provider (includes nursing/midwifery education, if applicable):

Diploma/certificate

If you have not completed education **unrelated** to a personal care provider or nurse/midwife, select **No**:

* Have you completed education **unrelated** to a personal care provider or nurse/midwife?

Yes No

If you have completed additional education **unrelated** to a personal care provider or nurse/midwife, select **Yes** and fill in the required information.

For example:

* Have you completed education **unrelated** to a personal care provider or nurse/midwife?

Yes No

* Please specify the field of study:

Business, Management, Marketing and Related

* Year of graduation:

2018

* Please specify your **highest level of education completed outside** of a personal care provider or nurse/midwife:

Baccalaureate

* Where did you complete your education unrelated to that of a personal care provider?

International

* Please specify country:

India

Employment Profile

Collected on behalf of the Ontario government for their Health Professions Database

At your first PSW registrant annual renewal with HSCPOA, you will be asked:

- What country you first worked as a personal care provider,
- What year you first worked as a personal care provider, and
- If you ever worked as a personal care provider outside Ontario, where did you **most recently** worked.

For example:

Employment Profile

Collected on behalf of the Ontario government for their Health Professions Database

* What country did you **first work** as a personal care provider? Select **Not Applicable** if you are a new PSW graduate or an internationally educated nurse/midwife who has **not yet started working** as a personal care provider.

Canada

* Please specify province:

Ontario

* What year did you **first work** as a personal care provider?

2000

* If you ever worked as a personal care provider **outside Ontario**, where did you **most recently work**?

Not applicable

Preferred Working Status

At each annual renewal, you will also be asked about your preferred employment status. This information will be used to help the Ministry of Health to estimate the labour supply of HSCPOA registered PSWs in Ontario. Regardless of what your current working status is, please indicate what working status you would **prefer** to have (e.g., full-time, part-time, or casual):

* Please indicate your **preferred** employment status:

Full-Time - Regular PSW work at 30 hours or more per week
Part-Time - Regular work hours at less than 30 hours per week
Casual - Work with no pre-determined fixed number of hours per week

Working History as a PSW Over the Last Year

Over the past year (12 months from the date of your annual renewal) indicate how many weeks you have worked for **at least one hour as a PSW**. The Ministry of Health will use this information to measure the time spent working as a PSW throughout a typical year.

Note: There are 52 weeks a year. You may not enter a number larger than 52. Do not include your vacation, on-call, sick and leave time greater than one week.

For example:

* In 2025, how many weeks have you worked **at least one hour** as a PSW? [?](#)

Over the past year (12 months from the date of your annual renewal) indicate the **average number of hours you worked as a PSW each week**. Answers must be in whole numbers (no decimals).

For example:

* In 2025, what is the **average number of hours** you worked **each week** as a PSW? [?](#)

Over the past year (12 months from the date of your annual renewal) indicate the **average number of on-call hours you worked as a PSW each week**. If you do not work on-call, please answer 0.

For example:

* In 2025, what is the **average number of on-call hours** you worked **each week** (if you do not work on-call please answer 0). ?

Percent of Weekly Practice Hours Spent on Various Activities

Over the past year (12 months from the date of your annual renewal) indicate the percentage of weekly time spent in each of the categories. If you only provide direct PSW services, the category 'Direct PSW Client Care' will = 100%. The Ministry of Health collects this data as a measure of how much time is spent on each activity, giving them an indication of availability of PSW services from HSCPOA registered PSW.

- **Direct PSW client care** – Estimate the **percentage** of your PSW work time each week providing personal care services. If you only provide direct PSW services, this section will be 100%.
- **Teaching** – Estimate the **percentage** of your PSW work time each week spent on teaching (e.g., teaching PSW students completing their education, training new employees, etc.). If you do not do any teaching, your answer will be 0.
- **Clinical Education/Supervision** - Estimate the **percentage** of your PSW work time each week spent educating/supervising students or other care providers. If you do not do any clinical education/supervision, your answer will be 0.
- **Research** - Estimate the **percentage** of your PSW work time each week spent conducting formal PSW research. If you do not do any research, your answer will be 0.
- **Administration** - Estimate the **percentage** of your PSW work time each week spent on Administration (planning and organizing PSW services). If you do not do any Administration, your answer will be 0.
- **Other Activities** - Estimate the **percentage** of your PSW work time each week spent on other activities. This would include staff meetings, continuing education, or professional development, and recording workload measurement statistics.

For example:

In 2025, please specify the **proportion of weekly time** spent on: (total must = 100%) ?

* Direct PSW client care ?	* Teaching ?	* Clinical education/supervision ?
95	0	0
* Research ?	* Administration ?	* Other activities ?
0	0	5

GOOD STANDING DECLARATIONS

In this section, HSCPOA PSW registrants are required to report any offences, charges, bail conditions, or findings of misconduct that have been made against them.

Carefully read each judicial declaration question and select **Yes** or **No**. If you select **Yes**, a text box will appear for you to provide an explanation.

HSCPOA PSW registrants should not "self-select" which offences they believe are relevant or worthy of a report. HSCPOA will identify which offences require further inquiry. If the finding raises no apparent concerns, HSCPOA will simply file the information. If the finding raises concerns about your suitability to work safely as a PSW in Ontario, HSCPOA may investigate the matter to determine if some regulatory action, such as remediation or discipline, should be taken.

GOOD STANDING DECLARATIONS

Have you ever been charged with or found guilty of a criminal offence?

* Yes No

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.

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?

* Yes No

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.

Has there ever been a finding of professional misconduct, incompetence or incapacity against you:

* Yes No

- 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.

Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity:

* Yes No

- 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.

Have you ever been denied registration, licensure or similar status by:

* Yes No

- 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.

Have you ever been the subject of a revocation or suspension of registration, licensure or similar status:

* Yes No

- 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.

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

DECLARATIONS

Confirm that you have read and understood [HSCPOA's Code of Ethics](#), the [Privacy Policy](#) and that you confirm all information submitted in your profile update and annual renewal are true and correct:

DECLARATIONS

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](#).

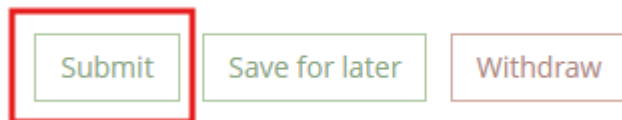
* I acknowledge and accept the above declaration

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 of this application process, are true and complete.

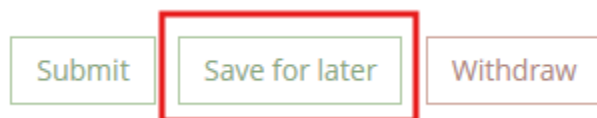
* I acknowledge and accept the above declaration

WARNING: Please make sure that all information entered is accurate before your final submission.

Once you have completed your annual renewal, click **Submit**.

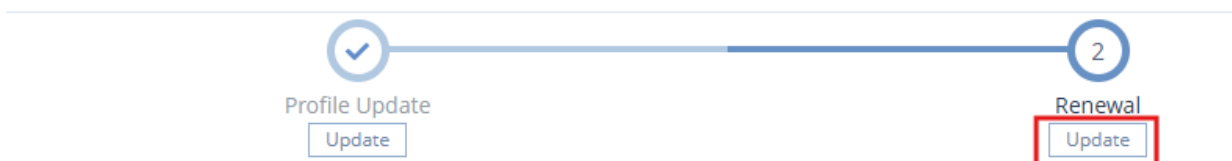


If you wish to save and return later select **Save for later**:



You can then return later to complete your Renewal. Select **Update** as indicated below to complete your Renewal.

 Complete Form



Once your annual renewal is complete, you will see the following displayed on your HSCPOA Registrant dashboard. The invoice will be zero as no fee is charged to renew your PSW registration with HSCPOA.

