



Policy Title: ACCEPTABLE DOCUMENTATION ALTERNATIVES FOR HSCPOA'S PSW APPLICATION PROCESS		Section: REGISTRATION	Policy Number: REG - 800
Approved by: Trevor Lee, CEO	Date Approved: January 26, 2026	Date Reviewed/Revised:	

PURPOSE

This policy outlines the acceptable documentation alternatives that applicants may provide when applying for registration as a Personal Support Worker (PSW) with the Health and Supportive Care Providers Oversight Authority (HSCPOA) in Ontario.

BACKGROUND

HSCPOA has a mandate to ensure the requirements for a PSW application for registration have been met according to the [Registration Regulation](#). By applying a risk-based approach, HSCPOA strives to balance its obligation to ensure the minimum acceptable documentation requirements have been met while not imposing any unintended barriers on applicants seeking registration as a PSW in Ontario.

POLICY

HSCPOA has established the minimum documentation requirements and acceptable alternatives in Table 1 that applicants may submit to demonstrate they fulfill the non-exemptible registration requirements in the [Registration Regulation](#). This includes demonstrating educational and/or skills-based qualifications, language proficiency, and good character and conduct for those seeking registration as a PSW with HSCPOA.

HSCPOA is committed to accept reasonable alternatives when applicants cannot obtain the required documents due to circumstances beyond their control. Where feasible, HSCPOA will accept alternative evidence that demonstrates an applicant's experience, knowledge, and skills, whether or not such evidence is provided through conventional documentation.

Documentation must be provided to HSCPOA in English or French. Documentation submitted in any other languages must be translated into English by a translator certified by the Association of Translators and Interpreters of Ontario and is the sole responsibility of the applicant.

Table 1: Documentation Requirements and Acceptable Alternatives

Documentation Requirements	Acceptable Alternatives
Canadian government issued photo identification.	<ul style="list-style-type: none">• Non-Canadian government issued photo identification (e.g., international passport).
<p>Criminal Record Check as per HSCPOA's Criminal Record Check Policy:</p> <p>Criminal Record and Judicial Matters Check (also termed level 2 or National Enhanced Criminal Record Check (CRC)) within 12 months of the date of application to HSCPOA. Applicants can select to undergo a CRC with HSCPOA's vendor partner Certn</p>	<ul style="list-style-type: none">• Vulnerable Sector Check within 12 months.• Ontario Personal Support Workers Association (OPSWA) mybackCheck.com or Triton verification.• Applicants not residing in Canada: a police criminal record check from their current country of residence and any additional countries where they have ever lived, dated within 12

<p>through HSCPOA's online application form.</p>	<p>months of the date of application to HSCPOA.</p> <ul style="list-style-type: none"> • International applicants residing 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. 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.
<p>Certificate and transcript of PSW Education Program Completion.</p>	<ul style="list-style-type: none"> • Letter of PSW education program completion that was at least 600 hours in duration, sent directly from the academic institution to HSCPOA. • In cases where a Canadian National Association of Career Colleges (NACC) has closed, NACC completion certificates and confirmation of program completion directly from NACC. • In rare cases where a PSW education program has closed, one document (e.g., diploma or transcript) confirming PSW program completion and a declaration of challenging circumstances form from the applicant may be accepted, subject the decision of HSCPOA's Chief Executive Officer (CEO).
<p>Documentation directory from the nursing/midwifery regulatory body confirming the applicant completed education that qualifies them to become a nurse and/or midwife in their respective jurisdiction, as</p>	<ul style="list-style-type: none"> • If no nursing or midwifery licensing/regulatory body in the jurisdiction in which the applicant trained/worked, the applicant can: <ul style="list-style-type: none"> ○ submit a Verification of Nursing/Midwifery Education

<p>required in HSCPOA's Recognition of Nurses and Midwives Policy.</p>	<p>Program Completion Form</p> <p>confirming that the education is approved or recognized in the jurisdiction in which it was taken to qualify as a nurse/midwife in that jurisdiction, OR</p> <ul style="list-style-type: none"> ○ if applicable, provide proof of eligibility for the US/Canadian qualification exams (e.g., NCLEXRN, or REx-PN exams).
<p>Credential assessment directly from a recognized agency to be equivalent to a Canadian bachelor/baccalaureate degree or diploma with a major in nursing and/or midwifery, as required in HSCPOA's Recognition of Nurses and Midwives Policy.</p>	<ul style="list-style-type: none"> ● World Education Services Gateway Program ● Credential assessment from recognized agency in HSCPOA's Recognition of Nurses and Midwives Policy submitted to HSCPOA directly by the applicant in circumstances related to wars, natural disasters, document-issuing institution no longer exists or refuses to provide the documents without justifiable reasons, document-issuing institution takes an unreasonable amount of time to respond (e.g., greater than four months), or there could be harm to the applicant from seeking the required documents. ○ If HSCPOA receives a credential assessment directly from the applicant, a declaration of challenging circumstances form is required.
<p>Confirmation of Employment and PSW Skills Form.</p>	<ul style="list-style-type: none"> ● Letter/list from a PSW employer verifying employment, hours worked, and confirmation that the PSW employee has a set of skills comparable to a graduate of a recognized Ministry of Colleges and

	Universities (MCU) PSW education program in Ontario.
Letter of Standing Form.	<ul style="list-style-type: none"> • Confirmation directly from external regulatory body (e.g., via email, regulatory body's own letter, or verifiable official online directory) of current/previous registration in good standing and applicable information.
<ul style="list-style-type: none"> • Language Proficiency as per HSCPOA's Language Proficiency Policy. 	<ul style="list-style-type: none"> • Self-declaration indicating first and primary language is English or French. • Evidence of successful completion of qualifying education in English or French. • Evidence of successful completion of another post-secondary school program in English or French. • Declaration of a regulated health professional verifying the applicant's English and/or French proficiency at an acceptable level to deliver PSW services. • Current/previous registration with another Canadian personal care provider registry/directory or other regulatory body in Canada. • Other compelling evidence of language proficiency acceptable to HSCPOA's CEO.

PROCEDURE

1. Applicants are required to apply to HSCPOA through the respective [pathway to registration](#) for PSWs.
2. Applicants will upload the required documentation as instructed in the online application form.
3. Where applicable, applicants may submit acceptable documentation alternatives as outlined in [Table 1](#) of this policy.
4. HSCPOA may require explanation from applicants regarding the rationale for submitting acceptable documentation alternatives.
5. Where alternative documentation is limited or insufficient to validate qualifications, the applicant may submit other evidence (e.g., video evidence of education program convocation) or request an interview with HSCPOA Registration Program staff that is presented to the CEO for review and decision within 10 business days.
6. The acceptance of acceptable alternative documentation is at the discretion of HSCPOA in alignment with this policy.
7. Applicants who submit acceptable alternative documentation are subject to meeting all requirements for registration with HSCPOA.
8. HSCPOA will acknowledge receipt of an applicant's acceptable alternative documentation, indicating whether further information is required within 10 business days of a submitted application form.
9. Once all required documentation and acceptable alternatives have been submitted to deem an application file complete, HSCPOA will issue a registration decision within 10 business days.
10. HSCPOA will monitor the implementation of this policy, its impact on PSW applications for registration and amend as necessary.



Declaration of Challenging Circumstances to Provide Documentation for Application to HSCPOA

Purpose:

This form is intended for applicants seeking registration with Ontario's Health and Supportive Care Providers Oversight Authority (HSCPOA) who are unable to obtain the required documentation to complete their application based on challenging circumstances.

Challenging circumstances may include, but are not limited to:

- Refugees, or those forcibly displaced,
- War,
- Natural disasters,
- School closures,
- Unsafe conditions, and/or
- Other personal circumstances.

Process:

An applicant will submit this form to HSCPOA along with any applicable supporting documentation to explain their circumstances.

Declaration of Challenging Circumstances Forms must be submitted to HSCPOA directly by the applicant. The information in this form will remain confidential.

A. Applicant Information

First Name

Last Name

Street Address

City/Town

Province

Postal Code

Home Phone #

Cell Phone #

E-mail Address

B. Description of extenuating circumstances (please enclose any applicable supporting documentation):

C. Confirmation and Signature from Applicant:

I am submitting this declaration as a request made in good faith and verify that my ability to submit the specific documentation required for HSCPOA's application for registration is/was impacted by challenging circumstances beyond my control.

I confirm that all information contained within the document is complete and accurate as of the date listed below.

Signature of Applicant:

Date: MM/DD/YYYY