HEALTH CARE AIDE Workplace
Tutor/Employment Confirmation Form (TECF)
Student Portion

Please choose if you are a: Return of service AHS contract student   Sponsored Student   Tuition Payer

1. **Funding your education:** If you are a sponsored student, please let your employer fill in the Sponsorship form (page 4)

2. **Pre-requisites for the HCA Program** - Must be Canadian citizen or permanent resident

Application/Registration Checklist (Student & Employer please fill in completely in respective sections)

Apply through ApplyAlberta website (select correct term and HCA Workplace program), pay the Application Fee and order your transcript if you attended high school in Alberta. For more information on how to apply to NorQuest College can be found here
Confirmation# Click or tap here to enter text.

3. English Requirements

To meet the admission requirements for the HCA program, as set out by Alberta Health, applicants **must meet** BOTH the Academic English(ELA) and English Language Proficiency (ELP)requirements below:

A) ACADEMIC ENGLISH REQUIREMENT

High school completed in Alberta - Official (original) Alberta high school transcript showing 60% in English Language Arts 20-2 or equivalent

High school completed outside Alberta - Official transcript must be send directly to admissions@ norquest.ca from the educational institution

No high school transcript available - English assessment is required

- Accuplacer online exam is free for any applicant who has paid the application fee (2 attempts). To book the exam, please click here: Norquest.ca/BookAssessment
- Required Next-Generation Accuplacer scores are: 237 in both Reading and Writing. Math is not required.
- In-person proctoring by tutor/employer is an option
- Testing Centre (testing@norquest.ca) requires the following details to book Accuplacer exam:
  - Full name, student ID number, full mailing address, email address, and date of birth

_____

B) ENGLISH LANGUAGE PROFICIENCY REQUIREMENTS

If English is your second language, you must provide proof of English language proficiency (ELP) before admission. These results must be no more than two years old when you start your program.

Proof of ELP can be provided by proof of completion of one of the following:

At least 3 consecutive years of full-time academic study and completion of Grade 12 English or its equivalent in Canada, or;

A recognized post-secondary degree or diploma program in Canada from a program that involved at least two years of full-time consecutive academic study in English, or;

Acceptable evidence of ELP may be (ONE) of the following test scores:
- Duolingo 105 (preferred) OR
- IELTS Academic: 6, no section score below 5.5 OR
- TOEFL IBT: 71 OR
- CLBA, no section below 7

4. Employer Agency Requirements

You are working as a caregiver in a Health Care Aide or equivalent role. You must be able to complete at least **320** c**linical hours** of practicum during the Health Care Aide Program.

Continuing Care Type A (LTC)
Acute Care
Continuing Care Type B - Secured (DSL4)
Home Care
Continuing Care Type B (DSL 1, 2, or 3)

*Please note that we require you to be employed in an HCA role at a continuing care facility that is a minimum of Continuing Care Type B - Secure Space (formerlyDSL4) due to the complexity of skills available to be practiced and assessed at the site. If the facility that you currently work at is a Home Care or continuing care facility that does not meet this minimum,you can still participate in the HCA workplace program, but with extra requirements to ensure you are meeting Alberta Health HCA Curriculum Standards. Please see Form A–Home care/Continuing Care Home Type B requirements.

You are cleared by your employer agency to work with vulnerable individuals and meet the agency and facility immunization requirements.If you must complete a clinical placement at another facility with another agency to meet your clinical hours, you will need to meet NorQuest College's work,practicum,and clinical requirements.

This Form (HCA Workplace Tutor/Employment Confirmation Form) is completed and signed by NorQuest College - registered Tutor/Agency Manager/Student

Note: Applications and required documents **must be received within the same term.**

Agency Name: _____
Facility Name: _____
(physical facility student will be working most of their clincial placement hours at)
Agency address: _____
Agency phone: _____
You are currently employed on the following basis at this facility: Full-time   Part-time   Casual

_____ _____ _____
Student Name (Please Print) **Student Signature** **Date**

4. FOIP Release

The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act and will be used
for the purpose of admission,registration, issuing income tax receipts, scholarships and awards, convocation, sending educational information, library services, emergency notification, and for College research and planning. This includes sharing the above information with your employer when necessary for academic purposes.

For information about the collection and use of this information, contact the NorQuest Academic Program Manager at 10215108StreetNW,Edmonton, AB, T5J 1L6, Tel.780.644.6245.

I hereby authorize NorQuest College to release, and/or discuss, all relevant information in my NorQuest confidential file with my Health Care Aide Workplace Tutor(s).

X_____
Student Declaration Signature (please sign)

Employer/Agency Section

Click or tap here to enter text.

Student Name (First, Last)

To be filled by NorQuest HCA.Workplace@norquest.ca	
Click or tap here to enter text. **NorQuest Agency Code** **(Populate if provided when MOA was signed)**	Click or tap here to enter text. **Organization ID** **(Used by NorQuest Staff)**

4. Tutor/Employer/Manager Declaration (Please check off all boxes that apply).

☐ This student is employed in a "deemed competent" HCA role in our agency as stated above.

☐ The student has the opportunity to practice the clinical skills in the curriculum by working a minimum of 320 clinical hours, which can be completed at this agency or another that meets the clinical requirements.

☐ As the tutor, I am able to provide 160 hours of direct, indirect or in certain circumstances remote supervision to assess the required clinical skills.

☐ As the tutor, on behalf of the employer agency, we will provide the student with necessary emergency preparedness and safety training and PPE to complete the clinical hours required in the HCA workplace program.

☐ I agree to adhere to the policies and procedures as defined by NorQuest College regarding registration, supervision and evaluation criteria for the Health Care Aide Program.

☐ I will attend an initial orientation to be able to participate as a tutor in this program.

☐ We understand that the Health Care Aide Learning Guide and Lab Skills Guide provided to the Workplace Tutor is only to be used for the purpose of tutoring a NorQuest HCA Workplace student at your site. It is not to be used for any other purpose. When not in use it must be kept in a secure/locked place and not to be shared with anyone else.

☐ Tutor Requirements: The Tutor assigned the student has one-year full time equivalent (1500 worked hours) clinical nursing or nursing education experience in Canada within last three years immediately preceding teaching at the agency mentioned above? AND they are an actively registered nursing professional in Alberta with no conditions on their license.

Tutor Name (Please Print)	**Tutor Signature**	**Date**

Tutor Email	**License/Registration no.**

Employer/Manager Name (Please Print)	**Employer/Manager Signature**	**Date**

NOTE: When signing above, please include your professional designation.

Students may qualify for a grant/student loan. To apply for a grant/loan, please email student.navigator@norquest.ca
NOTE: Tutors, please have the student do this themselves once they have been admitted into the HCA Workplace program. Student navigators cannot speak to anyone but the student about grants or loan.

NORQUEST
COLLEGE

SPONSORSHIP FORM

<table>
<tr><td colspan="2" align="center">Section A:</td></tr>
<tr><td colspan="2">NorQuest College recognizes that employers may sponsor a student's education, in particular for the HCA Workplace program. Completion of this form indicates to the Student.Financials@norquest.ca that an
agreement is in place between the employer and NorQuest College for the student's tuition and associated fees to be financially reimbursed by the employer for a specific time period.

Employers please complete the following:
   Sponsorship Form (See Section B. Invoicing information-see below)
A sponsorship letter will be accepted as a supplement, but this form needs to be completed regardless.</td></tr>
</table>

<table>
<tr><td colspan="2" align="center">Section B:
Fill in invoicing information below only if the work site is sponsoring the student. Please indicate if any refund cheques should go to a different mailing address.</td></tr>
<tr><td colspan="2">Sponsored Student's Name:
(First, Last)</td></tr>
<tr><td colspan="2">Organization Name:</td></tr>
<tr><td colspan="2">Organization Contact Name:</td></tr>
<tr><td colspan="2">Street Address:</td></tr>
<tr><td colspan="2">City, Province, Postal Code:</td></tr>
<tr><td colspan="2">Phone:</td></tr>
<tr><td colspan="2">Email address(es) invoices to be
sent to:</td></tr>
<tr><td>Sponsorship Dates: Note we suggest adding 12 months to the program completion date in case the student takes longer to complete the program</td><td>Start Date of Sponsorship:

End Date of Sponsorship:</td></tr>
<tr><td>Agreement for Payment for the following Services rendered:</td><td>Student Tuition (100%)
Partial Tuition Fees per term, please select   25%   50%   75%
Associated College fees
Retake of failed courses
Curriculum Bundle and Lab Skills Guide and Textbook
HCA Skills Kit
Other:
Comments</td></tr>
<tr><td>Signing Authority Name:</td><td>.</td></tr>
<tr><td>Signing Authority Signature:</td><td>Date:</td></tr>
</table>

Section C:

Does the employee pay back any portion of the tuition or associated fees to employer? (i.e. Are the tuition and fees being added to a taxable benefit to the employee?)

     Yes -> T2202 will be generated by NorQuest College and be available to the NorQuestStudent. Employer is suggested to add this amount to employee T4A/T4 slip.

     No -> T2202 will be generated by NorQuest College and be available to the NorQuestStudent

NORQUEST COLLEGE

CONSENT FORM to Release Information to HCA Directory

Purpose: This consent form must be signed *(both pages)* by the student prior to the completion of HLTH 2551 clinical. In order to write the HCA Provincial Exam students must complete this consent form and send it to HCA.WorkPlace@norquest.ca or their clinical instructor.

I _____ {insert student full name & ID that matches your name as it appears in your HCA Directory account}, have been made aware by NorQuest College through this form, of the following and understand the important points regarding the HCA provincial exam:

• The HCA provincial exam is administered through the Alberta HCA Directory and its third-party testing organizations. Information about the exam is found here .
• All examination fees go to the HCA Directory and none of these fees go to NorQuest College.
• NorQuest College is unable to influence any decisions made by the Alberta HCA Directory.

    Eligibility to Write the Exam
• Candidates have **60 calendar days** after the official end date of their clinical to write and pass their provincial exam. This 60-day period includes the time a student may need to **complete all three (3) attempts** of the Exam. Extensions are rare and can only be granted by the Alberta Health HCA Directory.
• Candidates must wait for a minimum of **14 calendar days** between each exam attempt.
    o A waiver can be requested by the student from the HCA Directory to waive the 14 day wait period. The HCA can email us at exam@albertahcadirectory.com to request the waiver. It is not available publicly. The candidate would lose their ability to appeal anything regarding the waiting period once the waiver is signed.

• Students are responsible for paying for each exam attempt.
• The candidate is responsible for creating an account with the HCA Directory well in advance of their last course in the program.
    o Ensure your **name, birth date and ID's** provided to create the account will be the same used when writing the provincial exam. **Ensure the name provided to the HCA Directory matches your name listed in MyQuest.**
    o Students are expected to create the **student HCA Directory account** while they are in their HLTH 1031 course. See Alberta HCA Directory Enrolment Guide and Checklist for a step-by-step guide on how to enrol.
    o Candidates who are already enrolled in the HCA directory as deemed competent are no longer required to re-apply to the HCA directory with a second student account. We do ask that they submit a profile update to let us know they are taking an HCA program. They can do so by going to "My Profile" then "Edit Profile" and adding an education with a future dated completion date. This allows us to know which educational institution they are attending.

    Computer Requirements
• Specific computer technical requirements are necessary to write the exam and are defined by Alberta Health in their Exam Handbook:
    o Working microphone and camera, only laptop and desktop computers can be used, and not a computer in a public space.
    o Your device must use a current Windows or Apple Operating System. The following operating systems cannot be used to write the exam: Linux operating systems, Windows 10 in S mode or Surface RT, Chromebooks, and running in a virtual machine.

• NorQuest College has made the following available to students on their Moodle HCA Orientation course (HCA 0000) page: their Moodle HCA Orientation Course (HCA 0000) page:
    o Direct link to the HCA Directory documents, procedures and policies available
    o Outlines the 9-step process for a student to become eligible for the provincial exam, write the exam and receive their certificate and transcript.
    o Refers students to follow the Alberta Health Care Aide Examination Candidate Handbook

- It is the student's responsibility to contact NorQuest College immediately if they have failed an exam attempt. The college is able to provide academic support and coaching to assist the student in preparing for future eligible rewrite(s).
- It is the responsibility of candidates with learning accommodations or disabilities to contact the HCA Directory a few months in advance of writing their provincial exam in order to set up these accommodations.

HCA Program Support Team
Faculty of Health Studies
780 644 6300
HCA.WorkPlace@norquest.ca

NORQUEST COLLEGE

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

INSTRUCTIONS
Submit this form if you wish to allow NorQuest College to release your personal information which is in the custody and control of NorQuest College, to the parties identified below.
*required fields to be completed

PERSONAL DATA

*LAST NAME / SURNAME (LEGAL)	*FIRST NAME / GIVEN NAME (LEGAL)	*STUDENT ID

Health Care Aide
PROGRAM/COURSE

I give my permission / authorization for the disclosure of the following information:

☒ Educational documentation (e.g. transcripts submitted, results of transcript / testing assessments, etc.)

☒ Email/written communications (strictly pertaining to admission/enrolment to a program)

☒ Personal information to identify the student: **Student Name and** Birthdate

This information is to be given only to the following individual(s) or organization(s):

1	Name: Alberta Health Care Aide Directory	Relation to me: Organization that acts as a Database of Health Care Aides in Alberta	Email address: exam@albertahcadirectory.com

This consent is only valid until: ☒ the date I cease being an active student at NorQuest College

I give my consent/permission for the disclosure of this information voluntarily. I know that consent is valid until the date listed on this form, regardless of whether I withdraw from studies or re-apply to a different program or term. I understand that I can withdraw my consent at any time by submitting a written request to the HCA Program Support Team.

Freedom of Information and Protection of Privacy (FOIP) Act **Notification Statement**

The personal information requested on this form is collected under the authority of section 65 of the *Post-Secondary Learning Act* and section 33(c) of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used to authorize the release of personal information as specifically requested by you, and for the purposed you have identified. For information about the collection and use of this information, contact the HCA Program Support Team at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6300.

*STUDENT SIGNATURE *Hand written/electronic Signature is not required if submitting this form via your MyMail account to HCA.WorkPlace@norquest.ca . Instead type or print name in the field above.	*DATE (YYYY/MM/DD)

v.2023.04