HEALTH CARE ASSISTANT PROGRAM



English Competency Self-Declaration Form

Applicants to the Health Care Assistant program must meet the HCA Program English Language Competency Requirements set by the Care Aide Registry.

egal Last Name:		Legal First Name:		
Student ID: Birth Date:				
Competency Statement	 ;			
Check the statement th	nat applies to you:			
	ted in an English-speakir ns) for a minimum of sev		try with English language	
	•	ng environment (a count years at the secondary	try with English language or post-secondary level.	
☐ I have been educa	ted in an English-speakir	ng environment for less t	than seven years.	
☐ I have not been ed institutions).	lucated in an English-spe	eaking environment (a co	ountry with English language systems/	
http://www.cachwr.bc	.ca/Educators.aspx and o	on as indicated above.	stems/institutions, Competency – HCA Program Entry'	
Example: Years		Example: School Under Del Flore - Koleman - BC (Crade 1-7)		
1988 – 1995 1995-1999		Hudson Rd Elem., Kelowna, BC (Grade 1-7) Mt. Boucherie Sec., Kelowna, BC (Grade 8-12)		
1995-1999		Okanagan University College, Kelowna (BSc)		
2004-2008	_	UBC, Vancouver, BC (BSN)		
Signature:		Date:		
•	orm to the Admissions d or campus Administration		ns@okanagan.bc.ca or drop off, mail or t	
Salmon Arm Campus	Vernon Campus	Kelowna Campus	Penticton Campus	
2552 Trans Canada Hwy	7000 College Way	1000 KLO Road	583 Duncan Ave. West	
Salmon Arm, BC V1E 4N3	Vernon, BC V1B 2N5	Kelowna, BC V1Y 4X8	Penticton, BC V2A 8E1	
Fax: 250-804-8850	Fax: 250-503-2653	Fax: 250-862-5466	Fax: 250-490-3950	