



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.

Student Profile

Legal Last Name: _____ Legal First Name: _____

Student ID: _____ Birth Date: _____

Competency Statement

Check the statement that applies to you:

- I have been educated in an English-speaking environment (a country with English language systems/institutions) for a minimum of seven years.
- I have been educated in an English-speaking environment (a country with English language systems/institutions) for four consecutive years at the secondary or post-secondary level.
- I have been educated in an English-speaking environment for less than seven years.
- I have **not** been educated in an English-speaking environment (a country with English language systems/institutions).

For further information and a list of countries with English language systems/institutions, <http://www.cachwr.bc.ca/Educators.aspx> and click 'English Language Competency – HCA Program Entry'

Use the table below to enter your education as indicated above.

<u>Example: Years</u>	<u>Example: School</u>
1988 – 1995	Hudson Rd Elem., Kelowna, BC (Grade 1-7)
1995-1999	Mt. Boucherie Sec., Kelowna, BC (Grade 8-12)
1999-2004	Okanagan University College, Kelowna (BSc)
2004-2008	UBC, Vancouver, BC (BSN)

Signature: _____ **Date:** _____

Submit the completed form to the Admissions department at admissions@okanagan.bc.ca or drop off, mail or fax to the Registrar's Office or campus Administration Office:

Salmon Arm Campus
 2552 Trans Canada Hwy
 Salmon Arm, BC V1E 4N3
 Fax: 250-804-8850

Vernon Campus
 7000 College Way
 Vernon, BC V1B 2N5
 Fax: 250-503-2653

Kelowna Campus
 1000 KLO Road
 Kelowna, BC V1Y 4X8
 Fax: 250-862-5466

Penticton Campus
 583 Duncan Ave. West
 Penticton, BC V2A 8E1
 Fax: 250-490-3950