



Continuing Care Assistant Program

Recognized Prior Learning Program

2 Dartmouth Road, Bedford, Nova Scotia, B4A 2K7

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www.novascotiacca.ca

RPL Program Phase I – PLAR Application Form (2 Pages)

CONTACT INFORMATION

Title:		Gender (optional):	
Full Name: / /			
Last Name		First Name	Middle name
Date of Birth:			
MM/DD/YYYY			
Email:			
Home Phone:		Mobile Phone:	
Address:			Apt #:
City:		Province:	Postal Code:
Occupation:		Employer:	

ADMISSION REQUIREMENTS – SUBMIT A COPY WITH REGISTRATION AND PAYMENT

Any misrepresentation of admission requirements will result in the application being denied or removal from the program. Do not attach originals, as they will not be returned.

- High School diploma, GED, or Mature Learning Status (evaluation from a post-secondary school or continuing education diploma)
- Canada-wide, Current, Criminal Record Check and Vulnerable Sector Check indicating no criminal Record (issued less than 6 months prior to starting program)
- Résumé or letter from employer outlining the robust experience¹ in the health care sector (guideline: 3 full time or 5 part-time years).
- If education is not delivered in English, demonstrate proficiency in the official language the Program is delivered (English) I.e., International English Language Testing System – Level 6.5 or Canadian Language Benchmark – Level 8
- Proof of employment in DHW approved settings and employer support for competency demonstration (Employer Section: Page 2)

DELIVERY METHOD

Once registered, the RPL Program Phase II Modules will be shared via SharePoint. This link will be restricted to you, the user, and will issue a verification code to access the information. Each device you use will require a verification code to sign-in. Once you are signed on using a device, the site will remember your device and you will not need to relog-in.

PAYMENT

I am paying for: <i>(please check)</i> <input type="checkbox"/> \$ 800 + hst = \$920.00 CCA PLAR Phase I - PLAR <input type="checkbox"/> \$ 92.45 + gst = \$98.00 Required textbook (for Phase II) (Mosby's Canadian Textbook for the Support Worker) <input type="checkbox"/> \$ 10.00 Shipping for Textbook	Payment Method <input type="checkbox"/> Credit Card (VISA/MasterCard) <input type="checkbox"/> Cheque/Money Order
	Cheques/Money Order Payable to: Health Association Nova Scotia Amount submitted: \$ _____

CREDIT CARD INFORMATION: NOTE, VISA DEBIT NOT ACCEPTED

Card Holder Name:	CSV # (3-digit number on back of Card):	
Card Number:	Expiry /	Total Paid:
Card Holder Signature:	Date:	

***If card holder is different then applicant, please provide cardholder phone and email:**

By providing your credit card information, you are giving consent to the CCA Program to use your credit card for the CCA Program PLAR Phase I payment only. Your credit card information will not be kept on file for reuse, only for payment verification.

¹ Without current CCA experience or related skills & knowledge, the applicant is required to write an essay to appeal this admission requirement

RPL Program Phase I – PLAR Application Form (Continued)

COMMITMENT – INITIAL BESIDE EACH STATEMENT TO INDICATE YOU HAVE READ AND UNDERSTOOD THE FOLLOWING:

Initial	
	During the State of Emergency in response to COVID-19, self-isolation protocols are in effect. I understand I am required to be employed in a DHW approved setting while enrolled in the RPL Program Phase I.
	I will inform the CCA RPL Program if I am released from my employment.
	I understand Phase I – PLAR takes a maximum of three (3) months to complete.
	I have read and understood the CCA Program PLAR Phase I Policies and Procedures as posted in the RPL Folder of Resource section on the CCA Website (http://www.novascotiacca.ca/Generic.aspx?PAGE=Resources&portalName=ha).
	I agree to demonstrate a professional approach to work showing respect for myself and others, commitment, competence and appropriate behaviour. Failure to demonstrate professionalism may result in dismissal from the Program.
	I understand that this is a confidential process and I agree to keep all RPL documents confidential.
	I understand my information will be shared with the CCA Program, RPL Navigators, and Health Association Nova Scotia solely for the purposes of the PLAR Phase I process.
	I regularly send/receive emails, open and save files, navigate (retrieve, save, open, edit and email documents) on the computer and internet, receive attachments via email, and send attachments via email.
	I have reliable access to a computer with Microsoft Word, PowerPoint, and PDF reader as well as reliable access to email.
	In my opinion, I have sufficient and current knowledge, skills, and attitudes to complete at least 50% of the program modules and placement hours.
	If I withdraw from the Program, I must submit a written request within 30 days of registration for a refund of \$500 to be issued.
	I understand the RPL Program is not an education institute and therefore does not issue tax receipts.
	I understand due to COVID-19, the CCA RPL Program is recommending I be currently/newly hired by a DHW approved nursing home/home support agency. If I am not employed or employed outside DHW approved setting, there may be issues establishing placements which may impact my ability to complete the Phase on time (therefore I may be responsible to seek and pay for an extension).
	I agree the CCA RPL Program may release the status of my application and prerequisites to potential employers.

DHW RPL PROGRAM ASSISTANCE PILOT FUNDING SECTION

The purpose of the Department of Health and Wellness (DHW) RPL Assistance Program is to increase the provincial supply of CCAs by reducing financial barriers to accessing the RPL process. This program is one of several initiatives being undertaken to ensure there is an adequate supply of CCAs in Nova Scotia to meet current and future demands, particularly in areas of greatest human resource need in Continuing Care. Below is the application for funding; applications require employer and candidate agreement and support.

Not every candidate will be approved for funding; funding is available short-term and allocated by Zone.

EMPLOYER SECTION

Please accept _____ for consideration for the RPL Assistance program, (Phase I).

Complete the appropriate section below:

Section A: Currently Employed	The above named candidate has been employed by my organization for _____ years (or service hours) and I, the organization representative, endorse the application.
Section B: Letter of Hire Offer	The above named candidate has a letter of hire offer pending by my organization upon proof of RPL registration and I, the organization representative, endorse the application.

Organization:

Representative Name:

Title:

Representative Signature:

Date:

CANDIDATE STATEMENT OF INTENT

As the RPL Assistance Funding Recipient, I agree to provide a return service commitment of one-year employment with (employer), which is to take effect immediately following NS CCA Certification, expected certification date (agreement effective date).

Candidate Name:

Candidate Signature (agreement):

Date:

Applications take approximately 2 weeks to process. Incomplete applications will not be processed; they may be returned.

Please forward your complete application including this registration form, prerequisites, and payment to:

Cailleagh Sharples CCA Program, 2 Dartmouth Road, Bedford, Nova Scotia B4A 2K7 / Fax: (902) 832-8505 / Email: cailleagh.sharples@healthassociation.ns.ca