SCHOOL OF NURSING
COMPREHENSIVE HEALTH CARE AIDE CHALLENGE
WORK EXPERIENCE FORM

Name: _____ **Student #:** _____

Date of Birth (MM-DD-YYYY): _____

Are you employed as an uncertified Health Care Aide? ☐ Yes ☐ No

☐ Full time ☐ Part time ☐ Casual

Is the facility your employed at part of: ☐ Regional Health Authority

☐ Non-Regional Health Authority
(Affiliated Site or Private Agency)

Work history in the Health Care field

Job Title	Brief description of duties & client group cared for	From Month/Year	To Month/Year

SCHOOL OF NURSING OFFICE USE ONLY

Course	Requirements	Practicum Pre-Requisites
☐ PRAC-0054 Work Experience 1 ☐ PRAC-0055 Work Experience 2	☐ 300hrs ☐ 40hrs Acute ☐ 40hrs Long Term ☐ 24hrs Mental Health ☐ 16hrs Community	☐ No ☐ Yes Criminal Record Check | Child Abuse | Adult Abuse | CPR | Immunizations | N95 Fit Test | Work Permit – INT'L

_____ **Assessed By** _____ **Date** _____ **Final Mark**

COMPLETED BY EMPLOYER

The following information is requested to assess the individual's eligibility to challenge the Comprehensive Health Care Aide program at Assiniboine College. Your cooperation is greatly appreciated.

Employee: _____

Job Classification: ☐ Uncertified Health Care Aide ☐ Home Care Attendant

☐ Other: _____

If "Other" a current job description is required

Hours the employee worked in the last 12 months: _____

Facility Employed At: _____

Employer: _____

Address: _____

Contact: _____ **Contact Title:** _____

Email _____ **Phone:** _____

_____ _____

Signature: **Date:**

Does this employee hold a current:

CPR (Basic Life Support or Health Care Provider)	☐ Yes	☐ No
Criminal Record Check on file	☐ Yes	☐ No
Child Abuse Registry check on file	☐ Yes	☐ No
Adult Abuse Registry check on file	☐ Yes	☐ No

Has this applicant cared for the following client groups?			**Approx Hours**
Geriatric clients employment in long-term care facility	☐ Yes	☐ No	_____
Clients in acute care employment in a hospital setting	☐ Yes	☐ No	_____
Clients in the home employment in homecare/private agency providing in-home care	☐ Yes	☐ No	_____
Clients in group homes employment in a group home (2+ people sharing a home & require care)	☐ Yes	☐ No	_____
Psychogeriatric clients	☐ Yes	☐ No	_____
Clients living with mental health challenges	☐ Yes	☐ No	_____