**Expedited Pathway Stipend - BC Health Employment Confirmation Template**

**Background**

The Expedited Registration Pathway for Graduates of an HCA program in Canada (outside BC) was revised in March 2020 to streamline registrations in response to the COVID-19 pandemic. Under this revised pathway, candidates now complete online orientation modules (12 hours) prior to becoming employed with a BC employer.

A $250.00 stipend became available in October 2020, to compensate registrants for the time required to complete the online orientation modules, once registered and employed as a Health Care Assistant (HCA) in BC. To be eligible for the stipend, candidates must provide proof of employment as a Health Care Assistant (HCA) in BC by having a Nurse Manager or Human Resources Representative submit a satisfactory Confirmation of Employment Letter to the Health Match BC HCA team at [**info@choose2care.ca**](mailto:info@choose2care.ca). Please see below the instructions and the content to include in the letter.

**Instructions:**

1. Please send this form to your employer for completion. Positions that can provide confirmation of employment: Nurse Manager or Human Resources (HR) Department Representative.
2. Once completed, the Nurse Manager or Human Resources Representative must email this form directly to the Health Match BC HCA team at [**info@choose2care.ca**](mailto:info@choose2care.ca) with the Subject Line: Applicant First Name, Last Name, BC Health Employment Confirmation Template.
3. If possible, please prepare this letter on official employer letterhead.

**Content to include on letter:**

**\*Mandatory fields indicated with an asterisk (\*)**

Re: Health Care Assistant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert applicant’s full name)

I understand that to be eligible for the Expedited Pathway Stipend through Health Match BC, the applicant must provide proof of employment as a Health Care Assistant with an eligible employer in BC.

\***Employer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Employer Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Employer Address and postal code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Name**), confirm that the above named individual has been employed as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Position Title**) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Employer Name**) in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Department Name**), from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Employment Start Date**) to present.

I confirm that the above named individual is an employee in good standing.

I agree to be contacted directly if the Ministry of Health requires any additional information about the above named individual’s employment.

\***Nurse Manager / HR Representative printed name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Nurse Manager / HR Representative signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse Manager license number and province/territory (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Representative Title (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_