



**BC
Health Care
Assistants**

Health Match BC
Renfrew Centre
300 - 2889 East 12th Avenue
Vancouver, BC , V5M 4T5

Toll Free Phone: 1-833-725-1716
Direct Phone: 604-714-2249
Email: info@choose2care.ca

Expedited Pathway Stipend - BC Health Employment Confirmation Template

Re: Health Care Assistant _____ **(insert applicant's name)**

The above-named Health Care Assistant has submitted an application for the [HCA Expedited Pathway Stipend](#).

To be eligible for the Expedited Pathway Stipend through Health Match BC, candidates must provide proof of employment as a Health Care Assistant (HCA) or equivalent in BC.

This form is required and must be completed by the applicant's current Nurse Manager / Nurse Supervisor.

Name of Employer: _____

Employer Address: _____

I _____ (***Nurse Manager / Nurse Supervisor**), 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.

Nurse Manager / Supervisor Signature: _____ Date: _____

Phone: _____ Email: _____

Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.

Once completed by the on-site Nurse Manager/ Supervisor, please email this form directly to the Choose2Care team at info@choose2care.ca with the Subject Line: Applicant First and Last Name, BC Health Employment Confirmation Template.

***Please note:** if this form has been completed by an HR Representative / Staffing Agency, please provide the BC Employer's contact information below:

Contact name: _____ Contact Email: _____