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## ACUTE CARE SKILLS FOR HEALTH CARE ASSISTANTS (HCA/ RCA) REGISTRATION FORM

(Please Print Clearly)

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Last Name First Name Middle Initial

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Street Address

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City Postal Code Email

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Date of Birth

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Personal Education Number

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Home Phone

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Work or Cell Phone or Pager

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BC Care Aide Registry Number

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EMERGENCY CONTACT NAME, PHONE NUMBER & RELATIONSHIP TO YOU

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Signature of Student

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Signature of Program Representative

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Date

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### OFFICE USE ONLY

HCA/ RCA or BCCAR #

CPR Level C

Criminal Record Check > date done: \_\_\_\_\_

MMR

TB > date done: \_\_\_\_\_ x-ray skin test

Flu vaccine

Tetanus / Diphtheria

600 hrs

Varicella/ chicken pox

Reference/ Resume

Hep B: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

VCH Online Prep