

DECLARATION OF SUITABILITY - MANAGER

Community Care Licensing

Complete this form if you are applying for a Community Care Licence.

The purpose of this form is to provide sufficient information to the Licensing program to ensure that the intended facility manager meets the suitability requirements for the position. Submit this document to LicensingDirect@interiorhealth.ca and retain a copy for your own records.

Facility Name _____

File number or licence number as applicable _____

Facility Address _____

Service type(s) _____

Licensee or Applicant Name _____

Manager's Name _____

Employers are responsible for confirming that all employees are of good character; have the training, experience and other qualifications required under the regulation; have the personality, ability and temperament necessary to operate a care facility in a manner that will maintain the spirit, dignity and individuality of the persons being cared for. (Community Care and Assisted Living Act (Act), Section 11 (2)(a)(b)). A corporation who hires a manager must also demonstrate that they have delegated to that manager full authority to operate the community care facility in accordance with the requirements of the Act and regulation pursuant to it.

Submit

- Three references and a criminal record check for the proposed manager
- A statement of the duties, qualifications, relevant work experience, and suitability of the proposed manager

In addition, retain on site the following documents as evidence of the manager's character and skills. A Licensing Officer will review these documents during the initial inspection. **DO NOT** submit them to Licensing Direct.

Check the boxes below to indicate information has been obtained

- A record of the person's work history
- Copies of diplomas, certificates or other evidence of the person's training and skills
- Valid first aid certification (if applicable)
- Evidence that the person has complied with the Provincial immunization and TB control program as applicable by BC Centre for Disease Control policy.

By submitting this form, I confirm that the appointed manager meets the criteria listed above and is delegated full authority to operate the Community Care Facility in accordance with the Community Care and Assisted Living Act and Regulation.

Licensee or Applicant Signature _____ Date (dd/mm/yyyy) _____