



Nova Scotia Department of Health, Continuing Care
Application for Exception – Entry to Practice Policy:
Section 4.3(a)

Name of Facility or Agency: _____

Contact name: _____ Fax: _____ Phone: _____

Signed: _____ Name: _____

Type of service: Home support Nursing Home/Home for Aged

Type of employment: Full time Part time Casual

Number of CCAs required immediately _____

Number of Hours required /week _____

Required Start date _____

Reason Exception required:

Actions taken to hire without Exception:

Eg Participate in District Level committee , use temporary agency , limit vacation approvals , advertise where _____ when _____, planned recruitment .

Actions planned to avoid future need for Exceptions:

Please fax this completed form to: 1(902) 424-0558

Attention: Director, Monitoring and Evaluation, Continuing Care, NS Department of Health,

1690 Hollis St., PO Box 488, Halifax, NS, B3J 2R8

email dilldm@gov.ns.ca

Phone #: (902) 42-44982

Completed by Director, Monitoring & Evaluation, or designate, and returned to sender

Approved Not approved Comments _____

Signature _____ Date _____

Title _____