



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

Name of Facility or Agency: _____

Contact name: _____ Fax: _____ Phone: _____

Signed: _____ E-Mail: _____

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:

E.g. 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, Liaison and Service Support, Continuing Care, NS Department of Health & Wellness,
1894 Barrington Street, PO Box 488, Halifax, NS, B3J 2R8 OR e-mail to

Susan.millington@novascotia.ca

Phone # 1 (902) 424-4476

Completed by Director, Liaison & Service Support, and returned to sender

Approved Not approved Comments _____

Signature _____ Date _____

Title _____