

Mental Health & Substance Use

PROGRAM ADMISSION PACKAGE



DEAR APPLICANT,

Greetings and thank you for your interest in the [Mental Health & Substance Use Certificate Program](#) at Selkirk College.

This program includes seven online modularized courses, delivered over six months. These courses focus on theoretical knowledge with practical applications, to prepare students for diverse roles within the health care and social services sectors, with a focus on the specific needs of clients experiencing mental health and substance use challenges.

Upon graduation from our Mental Health and Substance use certificate program, students will be equipped with the knowledge, skills, and ethical foundations necessary for working in the multidisciplinary field of mental health and substance use.

If you have any questions, you can contact the Enrolment Officer.

Sincerely,



Jocelyn Schroeder, RN, BSN, MSN
School Chair, School of Health & Human Services

GENERAL INFORMATION

Thank you for your interest in the Mental Health & Addictions Program.

Please complete all of the necessary sections in this package. Please read the [program policies](#) concerning admission into the program. Acceptance to the program is based on a first qualified basis given that the applicant meets all the requirements.

Upon completion of the application package, you will be sent a letter of acceptance into the program.

We encourage you to take part in a group orientation interview. Please submit this completed package by email to: **hhsadmissions@selkirk.ca**

ACADEMIC REQUIREMENTS

- BC High school graduate or equivalent; or
- Academic mature student category: 19 years or older at the start of the student's first academic term
- English Studies 12 or equivalent*, with a minimum of 60% or higher

SPECIFIC ACADEMIC REQUIREMENTS FOR SECOND LANGUAGE LEARNERS

As English is the language of study in BC, those students who are Second Language Learners must meet **one** of the following English language proficiency assessments at an appropriate level to be accepted into this program:

- Completion of BC English 12 with a minimum final grade of C+ at an English curriculum secondary school where English is the primary language
- Completion of the Advanced 4 and 5 (or equivalent) of the Selkirk College English Language Program with a minimum of "C+" (60%) average in core subjects and provincial level English 51, with at least a "C+" grade
- Submission of an Official TOEFL score of 213 (CBT), or TOEFL (IBT) score of 79-80, or TOEFL (PBT) score of 550, or better;
- Submission of an IELTS score of at least 6.0 overall with no band score less than 5.5
- Submission of an EIKEN Grade Pre -1
- Submission of a CELPIP –Academic test result with a minimum score of 4L in each component of the Academic test; or
- Successful completion of an English language program that is part of the BC transfer system or is an officially approved pathway program with Selkirk International and Selkirk College

GENERAL INFORMATION

NON-ACADEMIC REQUIREMENTS

- Two (2) personal reference forms
- Resumé

PRE-PRACTICUM REQUIREMENTS

- Applicants must be able to demonstrate compliance with Public Health Officer's orders with respect to COVID-19 vaccine requirements (must have completed before practicum if the practice area requires it)
- Ministry of Justice Criminal Record Check (must be completed before starting practicum). A current criminal record check from the Ministry of Justice must be completed within 90 days of practicum start date. Some types of criminal records may limit or prohibit acceptance in field placement; acceptance into field placement is a requirement for program promotion.

OFFICIAL TRANSCRIPTS

Official Transcripts from high school and all post-secondary institutions attended submitted directly to Selkirk College. Please review [how to submit transcripts](#) to Selkirk College.

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS TO HEALTH OFFICIAL

Please complete the attached immunization record and include a print-out of an official immunization record from the appropriate Health Authority. All sections must be filled out with dates and signatures in order for the form to be accepted. Ensure the applicant receives all necessary booster shots and testing.

INSTRUCTIONS TO STUDENTS

Take this Immunization Record Form with you when obtaining your immunization to be completed by a health official and/or obtain a print-out from that same health official.

IMMUNIZATION REQUIREMENTS AND GENERAL INFORMATION

- This information pertains to applicants in the following programs: Nursing Unit Clerk, Pharmacy Technician, Bachelor of Science in Nursing, Health Care Assistant, Practical Nursing and Postgraduate Diploma in Gerontological Nursing.
 - Tuberculin Test: 5 TU of PPD, read in 48-72 hours, unless individual is a positive reactor. Cost of the test is the student's responsibility.
 - Chest X-ray: if positive reaction.
- Most immunizations, with the exception of TB testing can be done for free at any Public Health Unit or community pharmacy, but you must make an appointment. You can also have them done at a Travel Clinic, but you will pay a consulting fee.
- Diphtheria, Pertussis, Tetanus: Primary series, and reinforcing immunization for Diphtheria and Tetanus if more than 10 years have elapsed since previous immunization; one reinforcing dose for Pertussis is required in adulthood. (There may be a cost associated with this.)
- Poliomyelitis: Primary immunization is recommended for all health care workers (HCWs). Administer a single booster dose 10 years after primary series for HCWs, including laboratory workers, who may be exposed to feces.
- Rubeola (Measles): two doses of live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
- Rubella: one dose live, attenuated vaccine, if born on or after January 1, 1957 or serological test indicating immunity.
- Mumps: one dose of vaccine if born between 1957 to 1969 (inclusive), or two doses if born on or after January 1, 1970.
- T.B. Testing: **Please complete your TB skin test no sooner than six months prior to your first clinical placement.** If you are unsure about your clinical dates, check with your program coordinator/instructor for clarification regarding when to complete the TB testing. It is important that your TB skin test results are no more than six months old before entering your clinical practice.
- Hepatitis B: Complete a two or three dose series (age dependent) and provide serology test results for HBsAg, anti-HBs and anti-HBc Total.
 - If anti-HBs < 10IU/L AND anti-HBs is detectable provide 1 dose of vaccine and retest 4 weeks later.
 - If level is ≥ 10 IU/L, consider as immune and no further doses are required.
 - If anti-HBs is undetectable provide a second series and retest 4 weeks later.
- Varicella (Chickenpox): Assess need for vaccination. This vaccine is only administered to those that have not had the disease. A self-reported history of varicella or physician diagnosed varicella is adequate only if the disease occurred before 2004. If the disease occurred after 2004, it must be confirmed by lab results.
- Meningococcal C: Recommended only for research, industrial, and clinical laboratory personnel who are routinely exposed to N. meningitidis. Contact your program coordinator if you are unsure.
- Influenza: administered annually in the fall.
- COVID-19: The Provincial Health Officer has mandated that health care workers in BC must be vaccinated against COVID-19. Primary vaccination series required only.

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS FOR APPLICANT

1. Most immunizations are done free of charge by Health Units in BC or community pharmacies.
2. Arrangements for a chest X-ray, if required, can also be made through local health units or family physician.
- 3. Take the Immunization Record Form with you when obtaining your immunization to be completed by a health official.
Note: non-local students must take this form to your local public health unit or community pharmacy**
4. Students who have not met the immunization requirements **will not** be permitted to attend practice experiences.
5. Any costs involved in meeting the above requirements are the responsibility of the student.
6. Public Health Units do not keep records from many years ago. Bring any records of past immunizations you have with you to the Health Unit to assist the Public Health Nurse, Travel Nurse or Pharmacist to complete the Immunization Record.
7. The Immunization Record is not to be filled out by the Applicant.

HEALTH UNIT/TRAVEL CLINIC CONTACT INFORMATION

- The Castlegar Public Health Unit is located in the Castlegar Health Centre.
Phone: (250) 365-7711 between 0830-1630
- Nelson Public Health Unit, 2nd Floor 333 Victoria Street.
Phone: (250) 505-7200
- Trail Public Health – Kiro Wellness Centre, 2-1500 Columbia Ave
Phone: (250) 364-6219
- Or visit your local community pharmacy

Student Name: _____

Selkirk College Student ID: _____

Student Mailing Address: _____

IMMUNIZATION RECORD

TO BE COMPLETED BY HEALTH OFFICIAL

PRIMARY IMMUNIZATION

DPT	Primary Series: First Dose Date (dd/mm/yyyy)	Primary Series: Second Dose Date (dd/mm/yyyy)	Primary Series: Third Dose Date (dd/mm/yyyy)	Most Recent Reinforcing Dose Date (dd/mm/yyyy)	Initials
Diphtheria					
Pertussis			NOT REQUIRED		
Tetanus					
Poliomyelitis					
	First Dose Date (dd/mm/yyyy)	2nd Dose Date (dd/mm/yyyy)	3rd Dose Date (dd/mm/yyyy)	Serology Test Result	Initials
Measles ⁱ				NOT REQUIRED	
Mumps ⁱⁱ				NOT REQUIRED	
Rubella ⁱⁱⁱ		NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	
Hepatitis B ^{iv}					
*Meningococcal B			NOT REQUIRED	NOT REQUIRED	

**Only required for those routinely exposed to N.meningitidis and not provided for free.*

VARICELLA

Document history of disease occurring before 2004? Yes: Year _____ No

Varicella Antibody Test (If no history of disease before 2004) Date: _____ Result: _____ Initials: _____

Varicella Vaccine (If immunity not documented): _____ Date: _____ Initials: _____
 First Dose, Date: _____ Second Dose, Date: _____

KEEP THE ORIGINAL DOCUMENT AND SEND A SCANNED COPY TO: hhsadmissions@selkirk.ca

Student Name: _____

Selkirk College Student ID:

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Student Mailing Address: _____

IMMUNIZATION RECORD

TO BE COMPLETED BY HEALTH OFFICIAL

INFLUENZA (ANNUALLY)

Date of Last Dose: _____ Initials: _____

COVID-19 PRIMARY SERIES

First Dose, Date: _____ Second Dose, Date: _____ Initials: _____

TUBERCULIN TEST

Please complete your TB skin test after acceptance to the program and during your first semester of studies. This will ensure your TB testing results are no more than 6 months old before entering the practice area.

Chest X-Ray (if positive reactor):

Date: _____ Result: _____ Initials: _____

I certify that the above information is accurate and up to date: _____

STUDENT SIGNATURE

KEEP THE ORIGINAL DOCUMENT AND SEND A SCANNED COPY TO: hhsadmissions@selkirk.ca

ⁱ If born after 1957 requires two doses of vaccine or serological test indicating immunity.

ⁱⁱ If born between 1957-1969 one dose of vaccine required. Two doses required if born after 1969.

ⁱⁱⁱ If born after 1957 one dose of live attenuated vaccine or serological test indicating immunity.

^{iv} Complete a 2 or 3 dose series and serology testing.

References:

1. BC Center for Disease Control, Immunization Manual, Part II: Immunization of Special Populations, Health Care Workers. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations" Part 2: Immunization of Special Populations (bccdc.ca)
2. BC Center for Disease Control, Immunization Manual, Part IV: Biological Products. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products" Part 4: Biological Products (Vaccines & Immune Globulins) (bccdc.ca)

Student Name:	Student Number:
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TO BE FILLED OUT BY PERSONAL REFERENCE 1

Please refrain from using family members.

Reference First Name:	Reference Last Name:
Reference Email:	Reference Phone:
Referee Address:	
How long have you know the applicant? In what capacity?	

Please check each item which best indicates your rating of the applicant.

	Strong	Average	Poor	Don't Know
Demonstrates an interest in people.				
Flexible, sensitive and supportive.				
Has a positive attitude towards learning.				
Communicates effectively in writing.				
Communicates effectively verbally and non-verbally.				
Works cooperatively in a group.				
Demonstrates non-judgmental respect for values and lifestyles of others.				
Demonstrates ability to cope constructively with own personal issues in a manner that does not interfere with ability to work with other people.				
Able to problem solve and demonstrate critical thinking.				
Able to respond positively to supervision.				
Good physical and mental health—able to handle full-time employment				
Is honest and reliable.				

Student Name:

Student Number:

TO BE FILLED OUT BY PERSONAL REFERENCE 1

Please comment on your perception of the applicant in the following areas.

Ability to handle stressful situations:

Ability to accept and understand a wide variety of perspectives:

Strengths:

Limitations:

Overall suitability for Human Services field:

How would you recommend the applicant to our program?

- Highly recommend
- Recommend
- Not recommend
- Uncertain

If you were employed in the Human Services, would you employ this person?

- Yes
- No

Student Name:	Student Number:
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TO BE FILLED OUT BY PERSONAL REFERENCE 2

Please refrain from using family members.

Reference First Name:	Reference Last Name:
Reference Email:	Reference Phone:
Referee Address:	
How long have you know the applicant? In what capacity?	

Please check each item which best indicates your rating of the applicant.

	Strong	Average	Poor	Don't Know
Demonstrates an interest in people.				
Flexible, sensitive and supportive.				
Has a positive attitude towards learning.				
Communicates effectively in writing.				
Communicates effectively verbally and non-verbally.				
Works cooperatively in a group.				
Demonstrates non-judgmental respect for values and lifestyles of others.				
Demonstrates ability to cope constructively with own personal issues in a manner that does not interfere with ability to work with other people.				
Able to problem solve and demonstrate critical thinking.				
Able to respond positively to supervision.				
Good physical and mental health—able to handle full-time employment				
Is honest and reliable.				

Student Name:

Student Number:

TO BE FILLED OUT BY PERSONAL REFERENCE 2

Please comment on your perception of the applicant in the following areas.

Ability to handle stressful situations:

Ability to accept and understand a wide variety of perspectives:

Strengths:

Limitations:

Overall suitability for Human Services field:

How would you recommend the applicant to our program?

- Highly recommend
- Recommend
- Not recommend
- Uncertain

If you were employed in the Human Services, would you employ this person?

- Yes
- No

MINISTRY OF JUSTICE CRIMINAL RECORD CHECK

You need to obtain the Criminal Record Check from the Ministry of Justice. Please do not go to your local police station as we no longer accept Criminal Record Checks from the RCMP for this program.

This part of the package is to inform you about the Health and Human Services Criminal Record Check process. The Criminal Records Review Program is part of the Ministry of Justice. The program is responsible for processing criminal record checks under the Criminal Records Review Act. Criminal record checks are done to protect the most vulnerable people in our society from and physical, social, economic or sexual abuse. This new Criminal Record Check is more extensive, increasing public safety and confidence in our institutions, while providing a professional and efficient administrative process.

Every post-secondary institution in British Columbia has been requested to have their students in a Health and Human Services Program complete this check. The Criminal Record Check is valid for five (5) years.

The following students are **not** eligible to apply online and must complete a paper application:

- People under 19 years of age
- People who have lived in Canada less than 2 years

ONLINE REQUESTING SERVICE

1. Go to: justice.gov.bc.ca/criminalrecordcheck
2. Review the information to ensure you are able to use this service. If you are not able to use this online service, see information below titled **PAPER APPLICATION PROCESS**
3. If you are able to use this service, scroll to the bottom of the CRC website page and enter the Selkirk College access code: **ZWN7NCEP5C**
4. Enter in the characters you see in the security image and either click "Request a New Criminal Record Check" or "Share the results of a Completed Criminal Record Check".
 - a. Request a New Criminal Record Check – for those applicants who have never had a criminal record check done before or whose check has expired.
 - b. Share the results of a Completed Criminal Record Check – for those applicants who currently have a check and would like to share it with Selkirk College.
5. Choose the correct options and review the next page. By selecting "Next" you are agreeing/consenting to a Criminal Record Check for Selkirk College. Review and agree to the terms on the next page.
6. Enter in your personal information on the next page. Once you have entered your information you will be asked to review. Once you have reviewed the information, click "Next" to proceed with identity verification.
7. If the system cannot complete the request to initiate a criminal record check online, please print the page by clicking the "Print" button at the bottom of the page and scan and email the form to hhsadmissions@selkirk.ca

MINISTRY OF JUSTICE CRIMINAL RECORD CHECK

PAPER APPLICATION PROCESS

If you would prefer, or are required, to fill out the paper application contact the Enrolment Services Office at hhsadmissions@selkirk.ca and request the form. One will be sent to you. The form is electronically fillable – **please use Adobe Acrobat to fill out the form.**

Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your driver's licence number or BCID number may expedite the process. Some parts of the form are already auto-populated. Only fill out **Part 1: Applicant Information, Part 3: Position with Organization (Required)** - enter **Student**, and lastly **Part 5: Consent for Release of Information and Acknowledgments**.

Once the form is filled out, please print and sign the form. Scan the form plus two pieces of ID to the Enrolment Services Office at hhsadmissions@selkirk.ca. Note: One piece of ID must be government issued (drivers licence preferred) and displays applicant's name, date of birth, signature and photo. Please put drivers licence number on the consent form if it is being provided for ID.

After your application is received and reviewed by the Enrolment Services Office, it will be forwarded to the Ministry of Justice for processing. The Ministry of Justice will email directions to the email address provided for payment. Please be sure to check your spam/junk mail folders for this email. Once payment has been received your application will be processed. The cost of the criminal record check is \$28.

Read the full Criminal Records Review Act for specific information such as definitions, the use of information, the effects of finding an individual is a risk or fines that may be imposed for failure to comply with the act. (Note, this electronic version of the act is being updated and may not contain the recent changes.)

The Criminal Record Check will be sent directly to the college. You will only be contacted by the Governor General if there is a relevant offence found.

For any questions or assistance with this process, please contact the Enrolment Services Office at hhsadmissions@selkirk.ca or by phone at (250) 365-1232.

APPLICANT DECLARATION

Student Name:

Student Number:

DECLARATION

I certify that I have provided accurate and authentic information in this application. I understand that falsification or plagiarism of my application will result in the withdrawal of my application and/or the offer of admission.

The information on this form is collected under the general authority of the College and Institution Act 41.1 (2) a. It is directly related to and needed for the selection of applicants for the **Mental Health & Substance Use Certification Program**. The information will be used to make admissions decisions.

If you have any questions about the collection and use of this information, please contact Jocelyn Schroeder, Chair of the School of Health and Human Services at jschroeder@selkirk.ca or call toll free at 1 (888) 953-1133, Ext.: 21289

I HAVE READ & UNDERSTAND THIS DECLARATION

I DO NOT AGREE / DO NOT UNDERSTAND THIS DECLARATION

APPLICANT SIGNATURE

DATE SIGNED