



**FIRST NATION HEALTH ADMINISTRATION  
DEGREE PROGRAM**

**2023/2024  
APPLICATION PACKAGE**

## *THE APPLICATION PROCESS*

The application process is detailed and will require the commitment of a significant amount of your personal time and effort. The completion of each of the components of this admission package is integral to ensuring that your application will be processed in an effective manner. **The documents listed below must be submitted to Yellowhead Tribal College.** Applicants are also encouraged to submit the necessary documents to meet the funding deadlines set by their sponsors.

- ✓ \$75 Application Fee (General Application and signed waiver form to be included with you Indigenous Health Support Worker Diploma application package);
- ✓ Official High School Transcripts or Official Post-secondary Transcripts, if applicable;
- ✓ Criminal Record Check and Intervention Record Check
- ✓ Confirmation of English 30-1 and final mark of at least 55%, or English 30-2 and final mark of at least 65% prior to the commencement of the program;
- ✓ Current resume;
- ✓ Personal Statement; 500 words
- ✓ Two letters of reference (one should be from the Supervisor of your volunteer or work experience and the other from community, education, or employment)

## PROGRAM APPLICATION CHECKLIST

Please initial in the space provided if you have completed the task.

Ordered my official high school transcripts from Alberta Learning \_\_\_\_\_  
(Transcripts must be sent from Institution to Institution).

Ordered my official post-secondary education transcripts from all \_\_\_\_\_  
post-secondary institutions that I have attended in the past  
(Transcripts must be sent from Institution to Institution).

Attached Criminal Credit Check (To Department Head) \_\_\_\_\_

Attached a copy of my current resume. (To Department Head) \_\_\_\_\_

Attached a copy of my Personal Statement. (To Department Head) \_\_\_\_\_

Attached Two Letters of Reference. (To Registrar) \_\_\_\_\_

Scheduled virtual interview with the FNHA Department Head \_\_\_\_\_

\*Possession of a criminal record does not restrict applicants from admission to the program. The record will be assessed with respect to the nature of these offense(s), to explore life changes since these events were documented, and to encourage an applicant's commitment to seek pardon on criminal records. A Criminal record **may** limit placement opportunities in the field of Community Health Administration Work.

If you have any questions about the application procedure, please contact:

**Normie Carlson,**

**FIRST NATION HEALTH ADMINISTRATION DEPARTMENT HEAD**

Yellowhead Tribal College

587-525-6152

E-mail: [normie.carlson@ytced.ca](mailto:normie.carlson@ytced.ca)

## PERSONAL PROFILE

Please answer each of the following questions in paragraph format:  
(double-spaced word-processed responses are preferred)

1. Please describe your reasons for pursuing a degree in the First Nation Health Administration Program.
2. Please identify and describe those skills and experiences that you believe indicate your personal suitability to the field of First Nation Health Administration.
3. Leading a healthy lifestyle is an essential requirement for successfully participating in an FNHA educational program which is founded upon First Nation values, knowledge, and philosophy. Please describe your plans for ensuring that the following elements of your life will be addressed in a healthy manner throughout the duration of your FNHA program.
  - Potential life challenges
  - Family and community commitments
  - Spiritual needs
  - Academic responsibilities
  - Financial considerations
4. In one to two paragraphs please describe your knowledge of Indigenous culture and those community health issues that currently face First Nation peoples in Canada.

*Please forward your personal profile to:*

**Email, Mail or Fax**

**[Normie.carlson@ytced.ca](mailto:Normie.carlson@ytced.ca)**

**Yellowhead Tribal College**

**10045-156 Street**

**Edmonton, Alberta**

**T5P 2P7**

**Phone: 587-525-6152**

**Fax: 587-524-7275**

**E-mail: [normie.carlson@ytced.ca](mailto:normie.carlson@ytced.ca)**

\*Please note all reference forms must be received by June 30, 2023

**APPLICATION PACKAGE – CONFIRMATION OF REFERENCE REQUESTS**

**ALL INFORMATION ABOUT PERSONAL/PROFESSIONAL REFERENCES MUST TO SENT TO THE REGISTRAR**

I have provided the following two individuals with a copy of the Reference Form and they have agreed to send the completed form to the attention of the Registrar at Yellowhead Tribal College by mail or fax.

Reference #1: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Reference #2 \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

*Please forward this reference list to:*

**Mail, Fax or E-mail:  
YTC Registrar  
Yellowhead Tribal College  
10045-156 Street  
Edmonton, Alberta  
T5P 2P7  
Phone: 587-525-6152  
Fax: 587-524-7275  
E-mail: registrar@ytced.ca**

Please note: all reference forms must be received by June 30, 2023

## FMHA DEGREE APPLICATION PACKAGE- REFERENCE FORM

Name of Applicant \_\_\_\_\_  
Name of Reference \_\_\_\_\_  
Organization \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_  
In what capacity have you known the applicant? \_\_\_\_\_

On a separate page, please respond to the following:

1. Please describe those skills that you believe the applicant possesses that will assist them in successfully completing the First Nation Health Administration degree program (for example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management).
2. Please describe in what ways you believe that the applicant is suited to the profession of First Nation Health Administration.
3. Please comment, as applicable, upon the applicant's past or potential contributions to Indigenous Community Health work practice with Indigenous peoples.

Date: \_\_\_\_\_, Signature of person completing form: \_\_\_\_\_

*Please forward this reference to:*

**Mail, Fax or E-mail:**

**Registrar**

**Yellowhead Tribal College**

**10045-156 Street**

**Edmonton, Alberta**

**T5P 2P7**

**Phone: 780-484-0303**

**Fax: 587-524-7275**

**E-mail: [registra@ytced.ca](mailto:registra@ytced.ca)**

Please note: all reference forms must be received by June 30, 2023



## APPLICATION PACKAGE- REFERENCE FORM

Name of Applicant \_\_\_\_\_  
Name of Reference \_\_\_\_\_  
Organization \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_  
In what capacity have you known the applicant? \_\_\_\_\_

On a separate page, please respond to the following:

4. Please describe those skills that you believe the applicant possesses that will assist them in successfully completing the Indigenous Community Health Worker Diploma education program (for example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management).
5. Please describe in what ways you believe that the applicant is suited to the profession of Indigenous Community Health work.
6. Please comment, as applicable, upon the applicant's past or potential contributions to Indigenous Community Health work practice with Indigenous peoples.

Date: \_\_\_\_\_, Signature of person completing form: \_\_\_\_\_

*Please forward this reference to:*

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