



Privacy Impact Assessment Checklist

(To be completed by the Academic or Business Area considering a new initiative*)

Note: An “Initiative” may be the use of a new software tool or any other planned program or activity that will involve the collection, use or disclosure of personal information

Name of UFV Department / Business Area	Health Sciences
Initiative Lead name and Title	LPNA Nurse Achieve Pilot
Service / Initiative / Product name	Nurse Achieve
Vendor Name	Nurse Achieve

<p>Description & Purpose of Initiative: LPNA 1-year pilot program: Student and Faculty Resource for student preparation for the Next Gen NCLEX BSN Licensing Exam.</p> <p>The NurseAchieve NCLEX platforms include content review, flashcards, summary sheets, interactive simulations, practice questions and adaptive mock exams. Faculty licenses come with standard reporting features, the ability to create custom tests/quizzes using NurseAchieve questions and an assigned faculty account manager.</p>

Collection and Use of Personal Information				
1.	Will this activity or initiative collect personal information? <i>“Personal information is recorded information about an identifiable individual other than business contact information</i>	Yes	No	Don't Know
1.a	If yes, please list the elements of personal information that will be collected (<i>i.e., name, email address, phone number, identification numbers, academic, health, employment or financial information, image, or voice</i>) <ul style="list-style-type: none"> - <i>New personal information will not be collected from students in relation to this initiative.</i> 			
1.c	If personal information is to be collected directly from an individual, UFV is required to provide a collection notice at the time of collection. Please provide your draft collection notice below: (<i>For Assistance see: https://www.ufv.ca/informationprivacy/quick-links/ufvs-standard-collection-notice/</i>) <ul style="list-style-type: none"> - <i>There will be no new collection of personal information as students will be provisioned accounts based on their name and email address</i> 			

2.	Does this activity or initiative use personal information that has already been collected by UFV?	Yes	No	Don't Know
2.a	If yes, please describe the information that has already been collected by UFV that will be used by this initiative, (i.e., the elements of personal information and the source of it) - Students will be assigned accounts using their name and email address.			
3.	Please describe how this initiative uses the personal information identified above. - The information will be used to track access to the program activities as well as the student progress throughout the activities.			
4.	Will the initiative be mandatory?	Yes	No	Don't Know
Security / Storage of Personal Information				
5.	Where will the personal information involved with this initiative be stored? (i.e. department drive, UFV's Azure/Sharepoint tenant, or external servers provided by a vendor) <input type="checkbox"/> UFV Department Drive <input type="checkbox"/> UFV's Azure/Sharepoint tenant <input checked="" type="checkbox"/> Cloud-based servers provided by a vendor. <input type="checkbox"/> Other. Please describe:			
5.a	If you indicated above that personal information will be stored in cloud-based servers provided by a vendor. Please provide the name of the vendor. - s. 15(1)(l), s. 21			
6.	Is any of the personal information to be stored outside of Canada?	Yes	NO	Don't Know
7.	Please provide a link to any information published by the vendor detailing security measures in place to protect personal information: - The vendor advises that personal information is handled in accordance with its privacy policy, available here: https://qbank.nurseachieve.com/nurseachieve-privacy.html - Physical and technical security measures that apply to the Vendor's cloud-based hosting provider are described here: s. 15(1)(l), s. 21			
Disclosure				
8.	Will this initiative involve the disclosure of any personal information to an external organization?	Yes	NO	Don't Know

9.	If yes, please describe proposed information sharing or provide a document or link that does so:	Yes	No	Don't Know
General Information				
10.	Will any software or cloud-based tool be used with this initiative?	Yes	No	Don't Know
11.	If yes, please provide a copy of the service agreement with the vendor? - Note: services agreement has been reviewed by legal counsel and has also obtained the required indemnity approval	Yes	No	Don't Know
12.	If yes, has UFV's Office of the Chief Information Officer/ IT Security completed a security assessment of any software or tool related to this initiative?	Yes	No	Don't Know

<p>Privacy Office Review:</p> <p><input checked="" type="checkbox"/> Meets privacy protection requirements</p> <p><input type="checkbox"/> Provide the following additional information and re-submit:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Complete Privacy Impact Assessment (PIA)</p> <p>Reviewed by: _____</p> <p>Review Date: _____</p>
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