I’m ready to enrol in the Alberta HCA Directory!

Alberta HCA Directory Website: albertahcadirectory.com

1. Getting Started: What you need

- 2 Pieces of ID
- Internet Access
- Digital copies of ID
- Gather all required personal, education & employer information

Use the Alberta HCA Directory Application Worksheet on the next page to ensure you have all the information you need to complete your online application.

2. Create an Alberta HCA Directory Account

- Enter the directory portal
- Enter email
- Validate your email
- Return to portal & complete sign-up

-validation email will be sent to your email inbox. May take up to 10 min.

If you don’t see the email in your inbox, check your spam and junk folders.

3. Complete Alberta HCA Directory Application *takes approximately 30 min

- Login
- Select Apply to start application
- Complete application

Use your Alberta HCA Directory Application Worksheet to help you enter your information.

4. Validation

Notification will be sent to the direct supervisor you identify to validate your application.

5. Enrolment Complete

Directory #: 10000000
First Last
XXXXXX-XX Avenue NW
Edmonton, Alberta T2Y 4C6

Received from: First Last
Effective: XX-MON-YYYY
Expiry: XX-MON-YYYY
Directory Status: Certified
Alberta HCA Directory Application Worksheet

Choosing the right identification

☐ Two pieces of government issued ID are required *one must be a photo ID ()

- Birth certificate
- Alberta provincial ID card
- Canadian citizenship certificate card
- Treaty status card
- Canadian immigration visa
- Correctional services Canada card
- Employee ID for child and family service authority card
- Driver’s license
- Valid passport
- Permanent residence card
- Fire arms card
- Canadian forces identification card
- Corrections officer identification card
- NOT ACCEPTED:
  - Social Insurance Number
  - Alberta Health Care Card

You will be asked to upload pictures of your ID. Uploading your photo ID to the site is secure and much safer than sending a fax or mailing a photocopy of your ID. Your information is protected during transmission and storage via encryption. There is no physical image that can be intercepted.

Information needed for your application (*indicates required field)

PERSONAL

*First Name

Last name

Middle name(s)

Common name (if different than First Name)

*Date of birth

*Apartment/box no./address or street No.

*City

*Postal Code

*Mobile phone #

Alternate phone #

Previous Last Name(s) (if applicable)

Primary Language

Other Languages (if applicable)

Proficiency: O Spoken & Written O Spoken O Written
EDUCATION STREAM

Select one of the following statements. Required information is based on your selection.

1. I am currently taking or have an Alberta Health Care Aide Certificate

   - Institute
   - Credential
   - Completion Date

2. I have taken Health Care Aide education in another province in Canada; I have health care education other than Health Care Aide; I have international healthcare education

   - Health care program name
   - Institution
   - Language of instruction
   - Credential received
   - Completion Date
   - Institution location, city and phone

3. I have been assessed with the Competency Assessment Profile (CAP) and/or I do not have formal health care education

Main Alberta Employer Information

- Employer (site name)
- Status
- Area of responsibility
- Usual hours/week
- Start Date
- Employer name, location and phone #

Supervisor* Information

- First Name
- Last Name
- Email
- Title/Position
- Phone #

Other Employers (if applicable)

- Employer (site name)
- Status
- Usual hours/week
- Area of responsibility
- Start Date
- Employer name, location and phone #