

Please complete the PERSONAL information section and mail this form with the applicable fees directly to your school. The school will send your transcripts **directly** to the Alberta HCA Directory.

All fee inquiries must be sent to the institution.



PERSONAL (Please Print)		
_____	_____	_____
Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)
_____	_____	_____
Previous Last name (Maiden Name)	Date of Birth (dd/mm/yy)	
_____	_____	_____
Apartment / Box No. / Address or Street No.		City / Town / Village
_____	_____	_____
Province/State	Country	Postal Code / Zip Code
_____	_____	_____
Telephone No.	Cell No.	Primary Language
_____	_____	_____
E-mail Address _____		

CONSENT TO RELEASE INFORMATION	
I am seeking to be listed as a Health Care Aide on the Alberta HCA Directory I authorize _____ (name of School) to complete Section 2 of this form and mail the required documentation directly to the Alberta HCA Directory.	
_____	_____
Applicant Signature (do not print)	Date (dd/mm/yy)

SECTION 2: SCHOOL USE ONLY

Please send Official Health Care Transcripts (with Credential Granted date indicated) directly to the Alberta HCA Directory.

By mail or email:

Alberta HCA Directory
St. Albert Trail Place
13163 146 Street, NW
Edmonton AB T5L 4S8

Email: info@albertahcadirectory.com

The Alberta HCA Directory will only accept transcripts or certificates sent directly from the institution.