

PLEASE SEND THIS FORM DIRECTLY TO YOUR INSTITUTION. WE WILL NOT ACCEPT ANY TRANSCRIPTS OR CERTIFICATES FROM THE HCA OR THEIR EMPLOYER.

All fees must be discussed with the institution.



Please complete the PERSONAL information section below:

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)
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SECTION 2: SCHOOL USE ONLY

Please send Official Health Care Transcripts (with Credential Granted date indicated) directly to Alberta HCA Directory.
It is not necessary to attach this form to the Transcripts.

By email: info@albertahcadirectory.com

OR

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

The Alberta HCA Directory will only accept transcripts or certificates sent from the post-secondary institution.