

**PLEASE SEND THIS FORM DIRECTLY TO YOUR INSTITUTION.
ALL TRANSCRIPTS AND CURRICULUM MUST BE SENT DIRECTLY BY THE INSTITUTION**

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 transcripts **and** curriculum or course description directly to Alberta HCA Directory. *It is not necessary to attach this form to the Transcripts.*

By email to: assessment@albertahcadirectory.com

OR

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