

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

One ID must have a photo

Smart Phone
Tablet
Computer

Save pictures of ID to phone, tablet or computer

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

www.albertahcadirectory.com

Enrol in the HCA Directory

HCA Directory Portal

Sign up

Validation email will be sent to your email inbox

May take up to 10 min

Personal Email inbox

Find email from Alberta HCA Directory and click on [Complete registration](#) in the email.

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

HCA Directory Portal

Sign up

3 Complete Alberta HCA Directory Application *takes approximately 30 min

- Login
- Select **Apply** to start application
- Complete application

HCA Directory Portal

Login

Email address

Password

HCA Directory Portal

Health Care Aide Directory

Apply

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

HCA Directory Portal

Home

Download confirmation

Directory #: 10000000

First Last
XXXXX-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 | 👤 Valid passport |
| 👤 Alberta provincial ID card | 👤 Permanent residence card |
| 👤 Canadian citizenship certificate card | 👤 Fire arms card |
| 👤 Treaty status card | 👤 Canadian forces identification card |
| 👤 Canadian immigration visa | 👤 Corrections officer identification card |
| 👤 Correctional services Canada card | NOT ACCEPTED: |
| 👤 Employee ID for child and family service authority card | X Social Insurance Number |
| 👤 Driver's license | X 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

**Need
Help?**

Alberta HCA Directory Help Line 1-780-670-5050 or email info@albertahcadirectory.com
 More information | How-to videos | FAQs albertahcadirectory.com/health-care-aides

EDUCATION STREAM

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

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

*Institute

DROP DOWN MENU

**If your program is not on this list, the second option may be more appropriate. See list of approved Alberta programs: www.alberta.ca/health-care-aide-program.aspx*

*Credential

*Completion Date

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

DROP DOWN MENU Visit the Alberta HCA Directory website for a list of approved schools.

*Institution

*Language of instruction

*Credential received

*Completion Date

*Institution location, city and phone

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) *DROP DOWN MENU*

*Status Full Time Part Time Casual

*Area of responsibility *DROP DOWN MENU*

*Usual hours/week

Start Date

Employer name, location and phone #

Supervisor* Information

**will be contacted to verify your education and/or competency credential*

*First Name

*Last Name

*Email

*Title/Position

Phone #

Other Employers (if applicable)

Employer (site name)

Status Full Time Part Time Casual

Usual hours/week

Area of responsibility *DROP DOWN MENU*

Start Date

Employer name, location and phone #

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