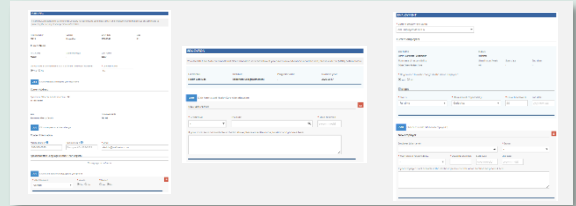
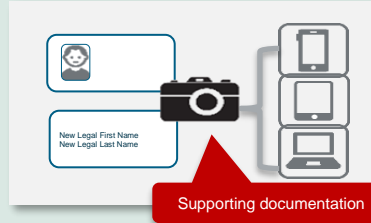
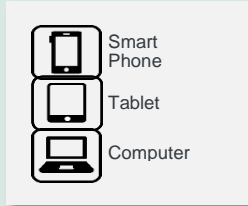


I'm ready to renew!

Alberta HCA Directory Website: albertahcadirectory.com

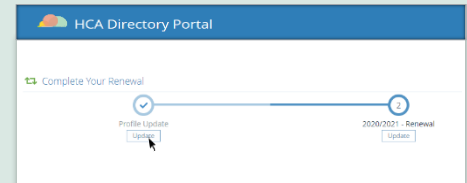
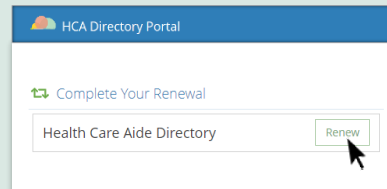
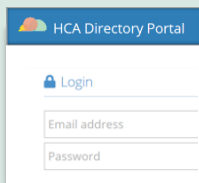
1 Getting Started: What you need

- Internet Access
- Supporting Documentation (if applicable)
- Gather all required personal, education & employer information



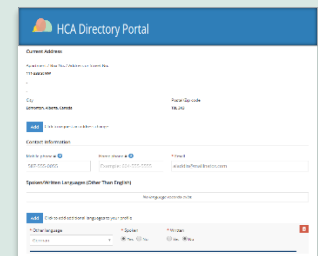
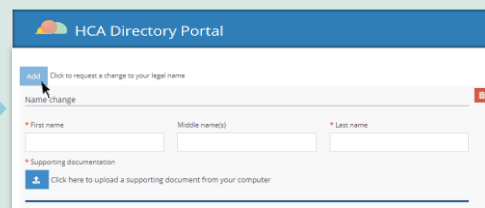
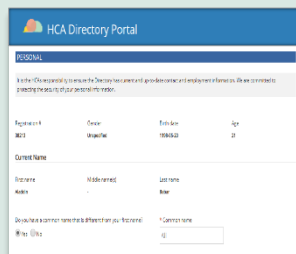
2 Login to Directory Portal

- Login
- Select **Renew** to complete profile update
- Complete the Profile Update and Declarations & Consents



3 Review and complete the Profile Update section

- Review personal information
- Request change to legal name
- Updated current address, contact information and language



I'm ready to renew!

Alberta HCA Directory Website: albertahcadirectory.com

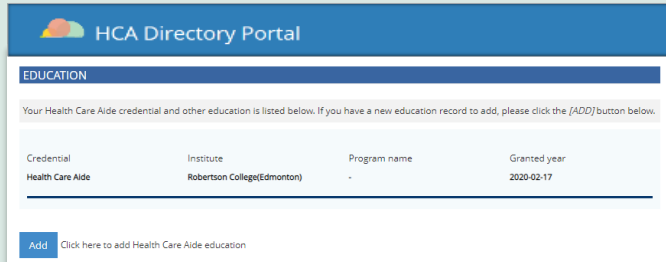
If you have no information to change/update, please move onto the next section of the form.

4

Review and complete Education section

Review personal information

ADD new education



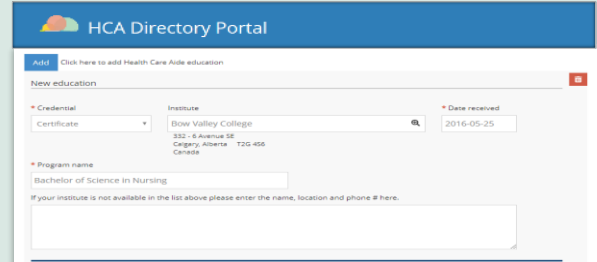
HCA Directory Portal

EDUCATION

Your Health Care Aide credential and other education is listed below. If you have a new education record to add, please click the [ADD] button below.

Credential	Institute	Program name	Granted year
Health Care Aide	Robertson College(Edmonton)	-	2020-02-17

[Add](#) Click here to add Health Care Aide education



HCA Directory Portal

ADD Click here to add Health Care Aide education

New education

* Credential: Certificate

* Institute: Bow Valley College
332 - 6 Avenue SE
Calgary, Alberta T2C 4G8
Canada

* Date received: 2016-05-25

* Program name: Bachelor of Science in Nursing

If your institute is not available in the list above please enter the name, location and phone # here.

If you have no information to change/update, please move onto the next section of the form.

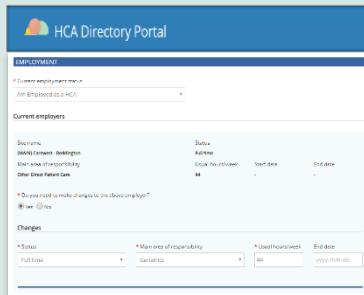
5

Review and complete Employment section

Review current employer information

Edit current employer information

ADD additional employer



HCA Directory Portal

EMPLOYMENT

* Current employment status: Not Employed as a HCA

Current employers

Business Name	Status	Main area of responsibility	Usual hours/week	Start date	End date
Other Direct Patient Care	Full time	Geriatrics	44		

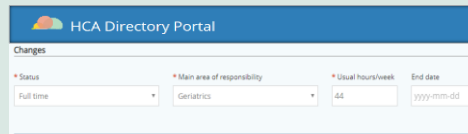
Changes

* Status: Full time

* Main area of responsibility: Geriatrics

* Usual hours/week: 44

* End date: yyyy-mm-dd



HCA Directory Portal

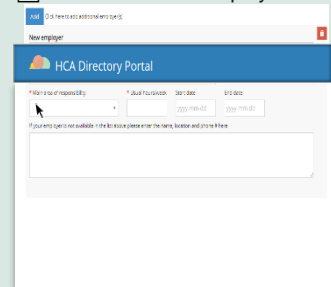
Changes

* Status: Full time

* Main area of responsibility: Geriatrics

* Usual hours/week: 44

* End date: yyyy-mm-dd



HCA Directory Portal

ADD Click here to add additional employers

New employer

* Main area of responsibility: Geriatrics

* Usual hours/week: 44

* Start date: yyyy-mm-dd

* End date: yyyy-mm-dd

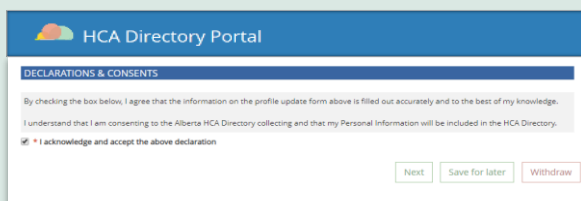
If your employer is not available in the list above please enter the name, location and phone # here.

6

Declarations & Consents

Reviewing & acknowledging Declarations

Reviewing and acknowledging Declarations and Consents



HCA Directory Portal

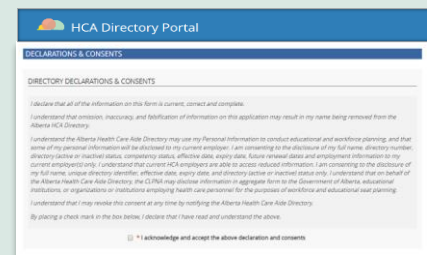
DECLARATIONS & CONSENTS

By checking the box below, I agree that the information on the profile update form above is filled out accurately and to the best of my knowledge.

I understand that I am consenting to the Alberta HCA Directory collecting and that my Personal Information will be included in the HCA Directory.

I acknowledge and accept the above declaration

[Next](#) [Save for later](#) [Withdraw](#)



HCA Directory Portal

DECLARATIONS & CONSENTS

DIRECTORY DECLARATIONS & CONSENTS

I declare that all of the information on this form is current, correct and complete.

I understand that collection, processing and utilization of information on this application may result in my name being removed from the Alberta HCA Directory.

I understand the Alberta Health Care Aide Directory may use my Personal Information to conduct educational and workforce planning, and that some of my personal information will be disclosed to my current employer. I am consenting to the disclosure of my full name, directory number, directory status or practical status, competency status, effective date, expiry date, future renewal dates and employment information to my current employer only. I understand that current HCA employers are able to access reduced information. I am consenting to the disclosure of my full name, unique directory identifier, effective date, expiry date, and directory status or practical status only. I understand that on behalf of the Alberta Health Care Aide Directory, the CHPA may submit information in aggregate form to the Government of Alberta, educational institutions, or organizations or institutions employing health care personnel for the purposes of workforce and educational planning.

I understand that I may revoke this consent at any time by notifying the Alberta Health Care Aide Directory.

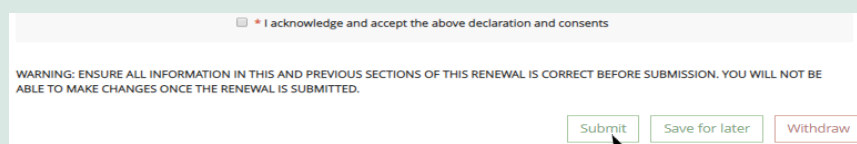
By placing a check mark in the box below, I declare that I have read and understand the above.

I acknowledge and accept the above declaration and consents

7

Submit Renewal

Acknowledge the declarations and consents & select Submit



I acknowledge and accept the above declaration and consents

WARNING: ENSURE ALL INFORMATION IN THIS AND PREVIOUS SECTIONS OF THIS RENEWAL IS CORRECT BEFORE SUBMISSION. YOU WILL NOT BE ABLE TO MAKE CHANGES ONCE THE RENEWAL IS SUBMITTED.

[Submit](#) [Save for later](#) [Withdraw](#)