

Use this form to add/remove an education allowance or update your HCA Directory status. Supporting documents must be submitted with this form. One form is required for each request.

Requests will not be processed if supporting documents are not provided with this form.

| Employee Information | | |
|--|---|--|
| Employee Name | Employee ID | Record No. |
| Request: <input type="checkbox"/> Add Allowance/Premium <input type="checkbox"/> Remove Allowance/Premium <input type="checkbox"/> Update Education Only No Allowance | | |
| Education/Certificate Information – All Fields are Required for Processing | | |
| Name of School | Province <i>(for Schools in Canada)</i> | |
| Date Successfully Completed Requirements | Name on Certificate <i>(if different from above)</i> | School is out of Country <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education/Certificate Description <i>(e.g. Health Care Aide, Midwife, Nursing Degree)</i> | | |
| Health Care Aide Directory Status | | |
| <input type="checkbox"/> Certified <input type="checkbox"/> Substantially Equivalent <input type="checkbox"/> Deemed Competent <i>(Competency Assessment Profile completed)</i> <input type="checkbox"/> Certified – In Progress <input type="checkbox"/> Substantially Equivalent – In Progress <input type="checkbox"/> Deemed Competent – In Progress <i>(Competency Assessment Profile In Progress)</i> | To ensure timely processing, submit a copy of your educational credentials with your HCA Directory Status. For In Progress competencies, indicate the expected completion date below <i>(date must be within 12 months of date of hire)</i> . Date <i>(yyyy-Mon-dd)</i> | |
| Employee Signature | | |
| I declare that the documentation and information provided is full and accurate and that false information or altered documentation may result in discipline. | | |
| Employee Signature | Date <i>(yyyy-Mon-dd)</i> | Phone Number |
| EMPLOYEE FORM SUBMISSION: Submit proof of eligibility and the completed form through the HR Contact Centre ServiceHub . You must have your network credentials to submit through the ServiceHub. Refer to your Employment Agreement on the New Employee Page on how submit your request through the HR Contact Centre ServiceHub. | | |
| HR Business Support & System Solutions Authorization only | | |
| Comments | | Effective Date <i>(yyyy-Mon-dd)</i> |
| Name (Please print) | Signature | Date <i>(yyyy-Mon-dd)</i> |