

Use this form when there is a change to the following qualifications:

- New Hire or transfer into a new position which is regulated under the Health Professions Act or Health Disciplines Act.
- To adjust the salary from a temporary/provisional to a full license/registration/practice permit.

**Supporting documents must be submitted with this form (including new licenses/permits/registration, exam results or proof of having completed registration requirements). This request will not be processed if supporting documents are not provided with this form.**

Employee Information		
Employee Name	Employee ID	Record No.
Practice Permit Information		
License/Practice Permit Number	Expiry Date (yyyy-Mon-dd)	Issued By
New Hire or Transfer Information (please indicate the practice permit status below)		
<input type="checkbox"/> New Grad <input type="checkbox"/> Temporary Permit Holder <input type="checkbox"/> Provisional Employee (HSAA) <input type="checkbox"/> Full Registration Practice Permit Holder		
Salary Adjustment Information (If you are submitting documentation to adjust salary due to change in practice permit status, please indicate the type of adjustment below)		
<input type="checkbox"/> New grad/grad nurse practitioner/provisional employee to full registration status <input type="checkbox"/> Temporary practice permit holder to full registration status		
<i>For Temporary Practice Permit holders, please indicate if exam was passed on first attempt as per Article 25.02 of the UNA Collective Agreement</i>		
<input type="checkbox"/> Yes, exam passed on the first attempt		Date Exam Passed – if applicable (yyyy-mmm-dd)
<input type="checkbox"/> No, exam not passed on the first attempt		
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 (yyyy-Mon-dd)	Phone Number
<b>EMPLOYEE FORM SUBMISSION:</b> Submit proof of eligibility and the completed form through the <a href="#">HR Contact Centre ServiceHub</a> . You must have your network credentials to submit through the ServiceHub. Refer to the <a href="#">Employment Agreement</a> section 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 (yyyy-Mon-dd)
Name (Please print)	Signature	Date (yyyy-Mon-dd)