

HCA Registration Guide



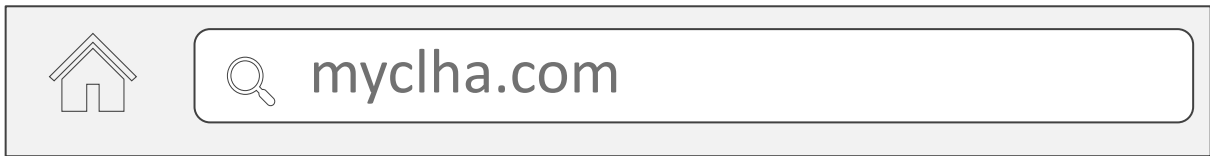
This guide will help Health Care Aides complete the registration process with the College of LPNs and HCAs of Alberta.

Please read the instructions carefully.

Quick facts:

- Registration is required for all active HCAs on the General, Provisional, and Transitional registers.
- The cost is \$140 for the permit (payable by credit card) and approximately \$50 for insurance for the year.
- The registration form is available from February 9 – April 30, 2026. You must complete the form on your MyCLHA account and pay to continue practicing.
- If you would prefer video instructions, [click here to view the video.](#)

Step 1: Logging In



Log in to your account at MyCLHA.com.



a) Fill in your username: the email address you used for the HCA Directory, unless you changed it.



b) Fill in your password: the password you used for the HCA Directory, unless you changed it. If you forgot your password, go to step 2 for instructions.

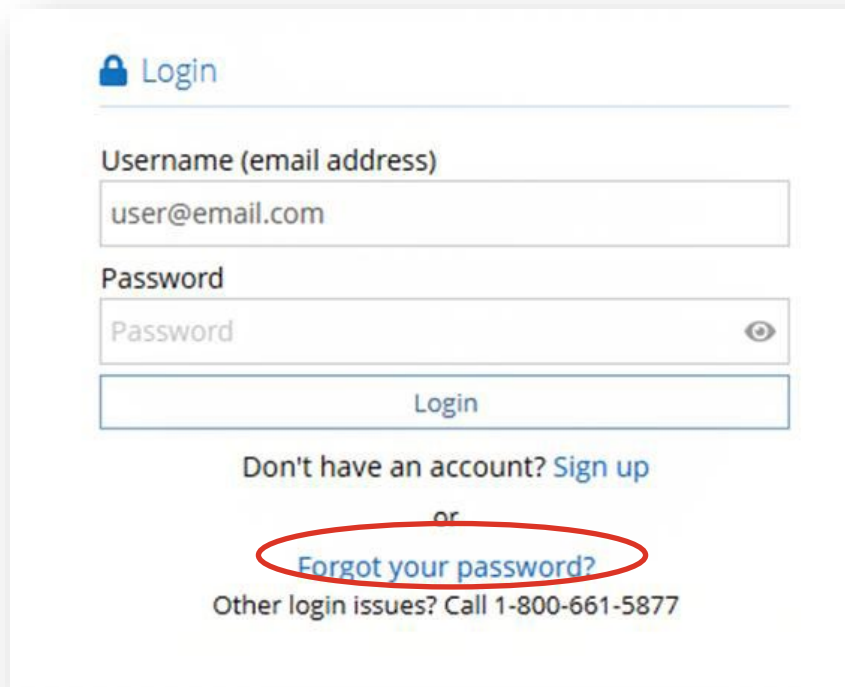


The system may ask for two-step verification. In this case, you'll get an email with a code sent directly to your email address. Enter the code when prompted.

To start the registration process, go to step 3.

Step 2: If You Need to Reset Your Password

a) Click "Forgot My Password."



The image shows a login form with the following elements:

- A blue padlock icon followed by the text "Login".
- A label "Username (email address)" above a text input field containing "user@email.com".
- A label "Password" above a text input field containing "Password". To the right of the password field is an eye icon.
- A "Login" button below the password field.
- Text below the button: "Don't have an account? [Sign up](#)".
- Text below that: "or".
- A link "[Forgot your password?](#)" circled in red.
- Text at the bottom: "Other login issues? Call 1-800-661-5877".

b) Fill in your email address and the code on the screen.

You will then receive an email with instructions to reset your password.

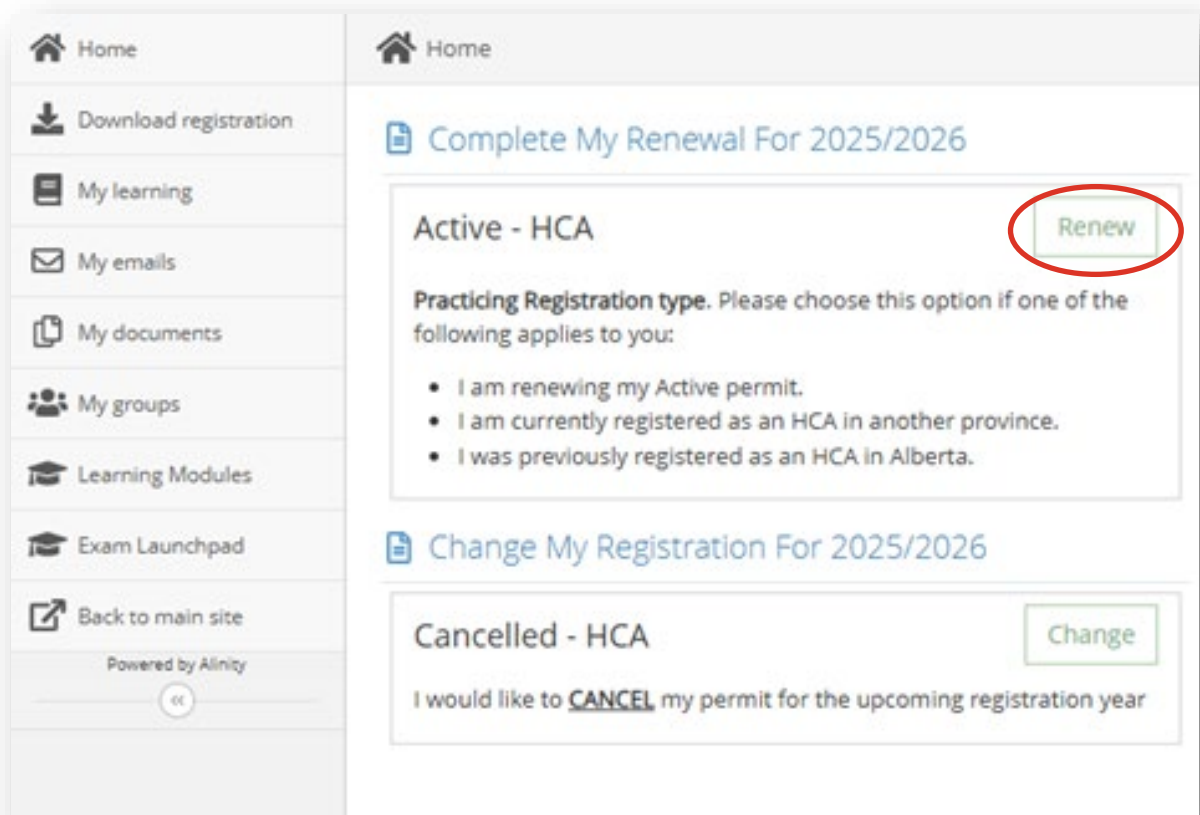
If you aren't receiving emails from the CLHA, check your junk or spam mail folder.

Step 3

Starting Renewal: Your Home Page

Once you're logged in, you'll see your home page.

- a) Click the "Renew" button under the "Complete My Renewal" heading to launch the form.

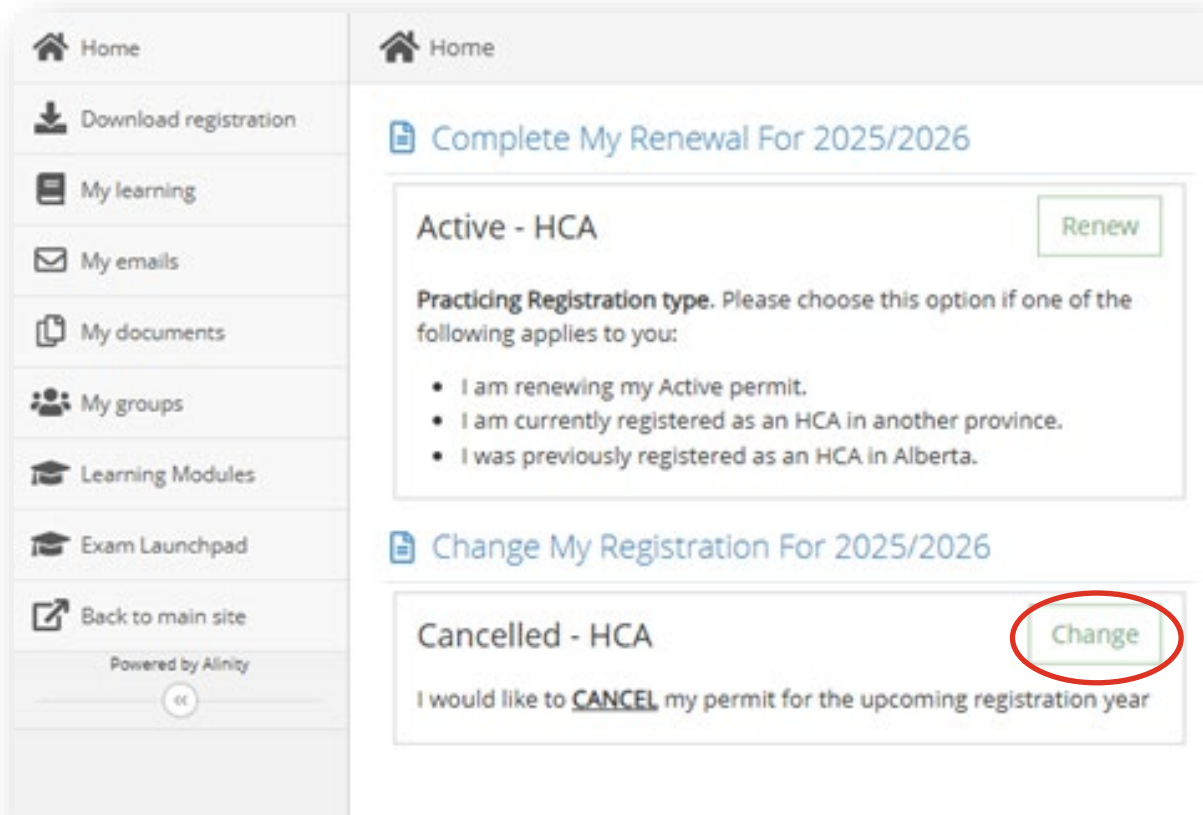


- b) Go to step 7 on these instructions for information on how to complete the form.

Step 4: If You Don't Want to Work as an HCA After April

If you're not planning on working as an HCA in Alberta after April, you can **cancel** your registration.

a) Click the button under the "Change My Registration" heading.



b) Follow the instructions to complete the cancellation of your practice permit.

If your registration is cancelled, you will not be able to work as an HCA after April 30.

Step 5: If You Need to Leave the Form

If you need to leave the webpage for any reason:

- a) Go to the bottom of the form.
- b) Click "Save for Later."
- c) You can click the "X" on the corner of the webpage after it saves to close the window.
- d) Go to step 6 for information on how to return to the form. For instructions on filling out the form, start at step 7.

Next

Save for later

Withdraw

Step 6 – If You Need to Come Back to the Form

If you leave the webpage and come back, you can access the form again:

- a) Log in to your MyCLHA.com account.
- b) At the very top of the page, find the heading that says, "Complete Form."
- c) Click "Update" to start the form where you left off.

The screenshot displays the MyCLHA.com user interface. On the left is a navigation sidebar with options: Home, Download registration, My learning, My emails, My documents, My groups, Learning Modules, Exam Launchpad, and Back to main site. The main content area is titled 'Home' and features a 'Complete Form' section with a progress indicator '1' and a 'My Profile Update' button circled in red. Below this is a 'My Invoices' section with a table showing 0 invoices. At the bottom is a 'My Exams' section with a table showing one exam: 'Module 2: Mental Health and...' on '15 Feb 2021' with a status of 'Passed'.

Date	Total	Due
0 invoice(s)		

Exam	Date	Status
Module 2: Mental Health and...	15 Feb 2021	Passed

Step 7 - Start Here for Instructions on Completing the Form

Reviewing Your Personal Information

The first step in the form is to update your personal information.

- a) If all your information is correct, you can continue to step 8.

PERSONAL INFORMATION

It is the Registrant's responsibility to ensure the College has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.

Registration #
12345

Gender Birth date Age
Female **1980-10-23** **45**

Legal name

Your legal name cannot be edited online. Proof of name change or error corrections must be submitted to CLHA with a written return request.

Last name First name Middle name(s)
Smith **Alex** -

Maiden name
-

Add Click to process a name change

Current address

Apartment / Box No. / Address or Street No.
123 Anywhere Street

City Postal/Zip code
Any City, Alberta, Canada **T6W 2W3**

Add Click to process an address change

Contact info

* Primary phone # Secondary phone # Email

780-555-1234 Example: 403-555-5555 name@email.com

HCA's are expected to provide accurate, up-to-date contact information to the CLHA. This makes sure we can contact you about your registration when we need to.

Step 8 - Good Standing Declaration

Under the “Good Standing Declaration” heading, you’re required to let the CLHA know if you’re registered as a health professional anywhere other than with the CLHA.

GOOD STANDING DECLARATION

* Are you **currently** registered as an HCA, LPN, RN, RPN, HCA, or other health professional in any other province or country (excluding the CLHA)?

Yes No

- a) If you are registered as a health professional somewhere else, answer “Yes” and fill out the boxes that appear.
- b) If you are not registered somewhere else, answer “No” and continue to the next section.

Step 9 - Acknowledgement

After you've updated your personal information as needed, you will acknowledge that everything is correct.

PROFILE UPDATE DECLARATION

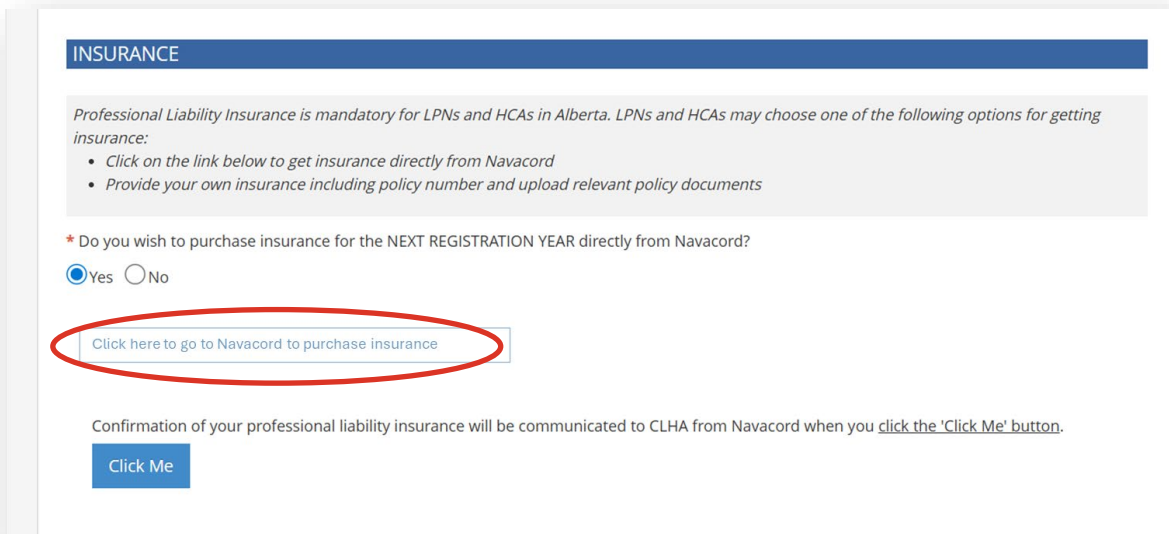
The information provided in regards to my profile update is true and correct. I understand that by reporting practice hours as having been worked they are subject to audit and providing false information may be considered unprofessional conduct in accordance with the Health Professions Act.

* I acknowledge and accept the above declaration

- a) Read the text under "Profile Update Declaration."
- b) Click the box to acknowledge.

Step 10 – Insurance Through the CLHA Form (Do This OR Step 11)

Professional liability insurance is required for all HCAs. This insurance must be in your name and apply specifically to HCA practice. Employer insurance does not meet CLHA requirements.

A screenshot of a web form titled "INSURANCE". The form contains the following text: "Professional Liability Insurance is mandatory for LPNs and HCAs in Alberta. LPNs and HCAs may choose one of the following options for getting insurance:" followed by two bullet points: "Click on the link below to get insurance directly from Navacord" and "Provide your own insurance including policy number and upload relevant policy documents". Below this is a question: "* Do you wish to purchase insurance for the NEXT REGISTRATION YEAR directly from Navacord?" with radio buttons for "Yes" (selected) and "No". A red oval highlights a button that says "Click here to go to Navacord to purchase insurance". At the bottom, there is a confirmation statement: "Confirmation of your professional liability insurance will be communicated to CLHA from Navacord when you click the 'Click Me' button." and a blue button labeled "Click Me".

INSURANCE

Professional Liability Insurance is mandatory for LPNs and HCAs in Alberta. LPNs and HCAs may choose one of the following options for getting insurance:

- Click on the link below to get insurance directly from Navacord
- Provide your own insurance including policy number and upload relevant policy documents

* Do you wish to purchase insurance for the NEXT REGISTRATION YEAR directly from Navacord?

Yes No

[Click here to go to Navacord to purchase insurance](#)

Confirmation of your professional liability insurance will be communicated to CLHA from Navacord when you [click the 'Click Me' button](#).

[Click Me](#)

Insurance that meets all CLHA requirements can be obtained on this page. To get this insurance:

a) Select Yes.

b) Click the button that appears.

You'll be taken through the Navacord insurance process. When you're finished, a copy of your proof of insurance will be provided directly to the CLHA.

c) Click "Click Here" for your insurance information to be provided to the CLHA.

d) Once this is done, you can update your employment information. Go to step 12 for instructions.

Step 11 – Provide Your Own Insurance (Do This OR Step 10)

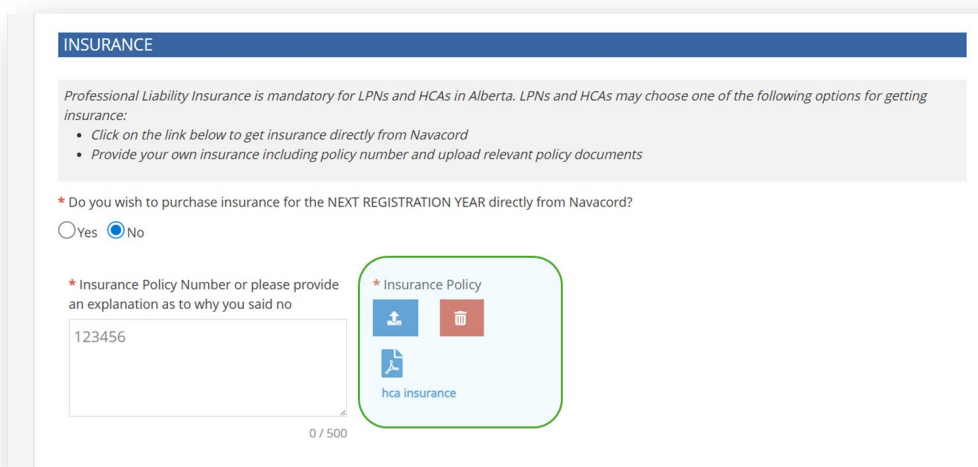
Professional liability insurance is required for all HCAs. This insurance must be in your name, apply specifically to HCA practice, and meet all CLHA requirements. Employer insurance does not meet CLHA requirements.

HCAs have the option to get professional liability insurance from their own insurer. Home, auto and health insurance cannot be used

To meet this requirement. **[Click here to learn more and view requirements.](#)**

If you've chosen another insurer:

- Select No.
- Provide your policy number in the box that appears.
- Upload a copy of your documents.



The screenshot shows a web form titled "INSURANCE". It contains the following elements:

- A blue header bar with the word "INSURANCE" in white.
- A grey box with the text: "Professional Liability Insurance is mandatory for LPNs and HCAs in Alberta. LPNs and HCAs may choose one of the following options for getting insurance:" followed by two bullet points: "Click on the link below to get insurance directly from Navacord" and "Provide your own insurance including policy number and upload relevant policy documents".
- A question: "* Do you wish to purchase insurance for the NEXT REGISTRATION YEAR directly from Navacord?" with radio buttons for "Yes" and "No" (selected).
- A text input field with the value "123456" and a character count "0 / 500".
- A file upload area titled "* Insurance Policy" with a blue "upload" button, a red "delete" button, and a file icon labeled "hca insurance".

If you choose this option, your insurance will be reviewed before you can pay for your permit and complete the registration process. For now, you can continue to update your employment information.

Step 12 – Employment Status and Employer Information

Now you can update your employment status and other employer information.

- a) Review your current employment status, planned retirement date, and employer.
- b) Make any updates that you need to.
- c) If you need to make changes to your employer information, read through steps 13, 14, and 15 for guidance.
- d) Once all your information is correct and up to date, you can move on to step 16.

EMPLOYMENT

Practice hours for the last few years will appear below. Changes to these hours can only occur by contacting the CLHA at hcaregistration@clha.com.

Enter all your 2026 HCA and Nursing employers below. If you do not work for an employer listed below anymore, please add an end date to the employer and save your profile updates.

Practice hours

Year	Total hours	Status
2025	40	Employed

Employment Status

* Current employment status Planned retirement date

2025 Employment

Step 13 – Updating Employer Information

It is important to provide employer information so that the CLHA knows where HCAs are working.

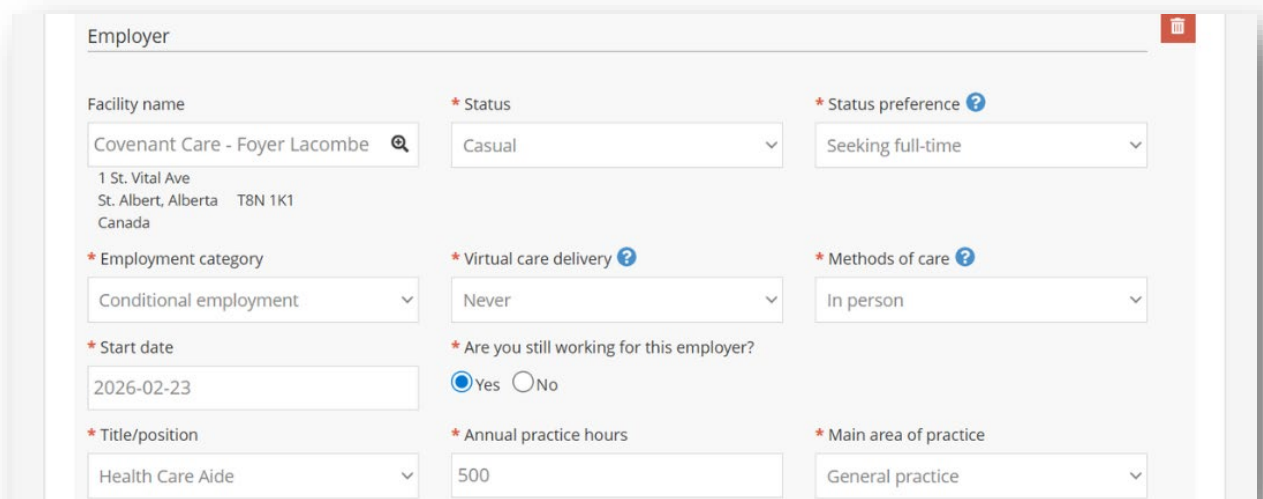
- a) Update your status, preference, and employment category if needed.
- b) If you provide care by phone or email for this employer, select the amount of your time under “Virtual care delivery.”
- c) Under “Methods of care,” select the option the best describes how you care for your clients. For most HCAs, this will be “In Person.”

If you no longer work for the employer listed:

- a) Answer “No” to the question, “Are you still working for this employer?”
- b) Fill in an end date.
- c) If you still work for the listed employer, answer “Yes” and continue to fill out the form.

We also ask HCAs to fill in practice hours for their position. Give an estimate of how many hours you will work for this employer between February 2 and April 30.

Go to step 14 for guidance on filling out areas of practice.



The screenshot shows a web form titled "Employer" with a red trash icon in the top right corner. The form is organized into a grid of fields:

- Facility name:** Text input containing "Covenant Care - Foyer Lacombe" with a search icon. Below it is the address: "1 St. Vital Ave, St. Albert, Alberta T8N 1K1, Canada".
- * Status:** Dropdown menu with "Casual" selected.
- * Status preference ?**: Dropdown menu with "Seeking full-time" selected.
- * Employment category:** Dropdown menu with "Conditional employment" selected.
- * Virtual care delivery ?**: Dropdown menu with "Never" selected.
- * Methods of care ?**: Dropdown menu with "In person" selected.
- * Start date:** Text input containing "2026-02-23".
- * Are you still working for this employer?:** Radio buttons for "Yes" (selected) and "No".
- * Title/position:** Dropdown menu with "Health Care Aide" selected.
- * Annual practice hours:** Text input containing "500".
- * Main area of practice:** Dropdown menu with "General practice" selected.

Step 14 – Updating Areas of Practice

Giving information on areas of practice helps the CLHA and external organizations understand the work that HCAs are doing.

- a) Select the “Main area of practice” that best describes what you do.
- b) Select other areas of practice if relevant.

For example, if you work in long term care, you might select “General practice.”

Under “Other areas of practice,” you might select “Geriatrics,” “Addiction service,” or “Chronic pain,” depending on the types of clients you work with and the kind of tasks you perform.

Note that filling in “Other areas of practice” is not required.

* Title/position	* Annual practice hours	* Main area of practice
Health Care Aide	300	General practice
Other areas of practice		
<input type="checkbox"/> Addiction service	<input type="checkbox"/> Administration	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Burns care	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Client service management	<input type="checkbox"/> Client/patient education
<input type="checkbox"/> Cognitive disorders	<input type="checkbox"/> Critical care	<input type="checkbox"/> Dentistry
<input type="checkbox"/> Developmental habilitation/disabilities	<input type="checkbox"/> Diabetes care	<input type="checkbox"/> Ear, nose and throat (ENT)
<input type="checkbox"/> Endocrinology and metabolism	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Foot care
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> General practice	<input checked="" type="checkbox"/> Geriatrics
<input type="checkbox"/> Gynecology	<input type="checkbox"/> Hand therapy	<input type="checkbox"/> Health promotion
<input type="checkbox"/> Hematology	<input type="checkbox"/> Infection control procedure	<input type="checkbox"/> Institutional education
	<input type="checkbox"/> Informatics/health information	

Step 15 – Adding a New Employer

If you have a new employer, you can add this information by following the steps below. If you do not have to add a new employer, go to step 16.

To add a new employer:

- a) Click the blue “Add” button at the bottom of this section.
- b) Search for your facility in the box that appears. In most cases, your facility should come up.
- c) If your facility doesn’t come up, write the name in the “Facility name” box
- d) Add the contact information in the box at the very bottom of the section.
- e) Complete the information for your new employer. Review steps 13 and 14 if you need help.

Psychiatry Public health and prevention Radiology Regulation
 Research Respiriology Rheumatology Sales
 Sports medicine Staff education Supervision Surgery
 Trauma Urology Vestibular rehabilitation Vision care
 Wound management service

Add Click here to add additional employer(s)

Step 16 – Declarations

My Profile 2025/2026 - Registrant Renewal - Simple

INSTRUCTIONS

All members must complete the annual online registration renewal application in order to work in Alberta as a LPN in 2025/2026 (Active and Provisional permit only) receive regulatory and practice information, and keep your registration in good standing.

WARNING: Practicing Without A Permit - Practicing as an LPN in Alberta without a valid Practice Permit constitutes unprofessional conduct as per the Health Professions Act (HPA) and may be subject to disciplinary action.

PERSONAL DECLARATION

The CLHA has the authority in accordance with the Health Professions Act and Licensed Practical Nurses and Health Care Aides Profession Regulation to collect information on Licensed Practical Nurses and Health Care Aides and maintain confidentiality of this information as stated in the Personal Information Protection Act. If you have any questions regarding this authority, please contact the CLHA or review the documents listed at www.clha.com.

Are you currently under investigation or involved in any proceeding by any other profession in any province, territory, or country, **NOT** previously reported to CLHA? Yes No

Are you currently charged with a criminal offense, **NOT** previously reported to the CLHA? Yes No

Have you ever pleaded guilty or been found guilty of a criminal offense for which pardon has not been granted, **NOT** previously reported to the CLHA? Yes No

Have you ever had a judgement in a civil action against you with respect to your practice in any province, territory, or country, **NOT** previously reported to the CLHA? Yes No

Have you ever been subject to conditions on a practice permit/license by a registration/licensing authority for nursing or any other health profession in Alberta or any other province, territory, or country, **NOT** previously reported to the CLHA? Yes No

Have you ever been denied registration/licensure on a practice permit/license by a registration/licensing authority for Health Care Aides or any other health profession in Alberta or any other province, territory, or country, **NOT** previously reported to the CLHA? Yes No

Are you currently under investigation or involved in any proceedings by another health profession (other than Health Care Aides in any province, territory, or country, **NOT** previously reported to CLHA? Yes No

Are you currently under investigation or involved in any proceedings by a registration/licensing authority for Health Care Aides in any province, territory, or country, **NOT** previously reported to CLHA? Yes No

Have you ever been subject to conditions on a practice permit/license by a registration/licensing authority for Health Care Aides or any other health profession in Alberta or any other province, territory, or country, **NOT** previously reported to the CLHA? Yes No

Have you ever been subject to any proceedings with respect to unprofessional conduct, incompetence, or incapacity with any regulatory body, in Alberta or any other province, territory, or country, **NOT** previously reported to CLHA? Yes No

REGISTRATION DECLARATION

Information contained on this registration renewal form is true and correct and I make this declaration for the purpose of the CLHA issuing me a 2026 practice permit. I understand that falsification of information provided on this registration renewal form is considered unprofessional conduct as per the Health Professions Act. The CLHA reserves the right to review any information provided in this renewal application.

I will not practice while unsafe to do so and put client safety at risk, due to physical or mental conditions or disorders.

I confirm I have reviewed the privacy policy and understand and agree that my personal information will be collected, used and disclosed by the CLHA as set out in the privacy policy.

I will report any new criminal charges or convictions immediately to the CLHA Deputy Registrar.

I will report any changes regarding my personal information (name, address, phone #, email and employer) to CLHA immediately by updating my profile online or contacting the CLHA office. I understand it is my responsibility to ensure that I can receive emails from the CLHA.

I understand that my renewal is not complete until a practice permit is issued. I understand that the registration renewal fee for payments received between February 9 and April 30 is \$140. I also understand that all fees are non-refundable and non-transferable.

As per the Health Professions Act (Section 39), if I do not renew my registration on or before April 30, my practice permit will be suspended. If I have not reinstated on or before May 31, my practice permit and registration may be canceled as per the Health Professions Act (Section 43).

I acknowledge and accept the above declarations

Submit Save for later Withdraw

As part of registration, HCAs need to answer specific questions, called “declarations.”

Click here to learn more about declarations.

- Read each question carefully.
- Select the honest answer.

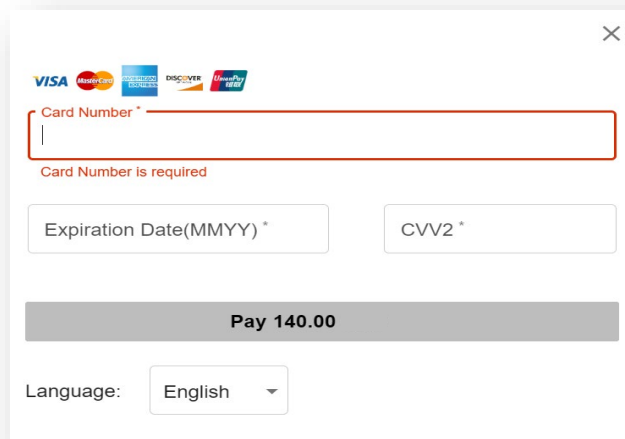
Answering dishonestly could be grounds for a complaint of unprofessional conduct.

Step 17 – Payment

You may be able to pay at this time. However, if your form needs to be reviewed by the CLHA, you'll need to wait until you receive an email. Go to step 18 for more information.

You can pay online by credit card.

- a) Fill in your credit card information.
- b) Click "pay" to submit your payment.



The screenshot shows a payment interface with the following elements:

- Logos for VISA, MasterCard, American Express, Discover, and UnionPay.
- A red-bordered input field for "Card Number *". Below it, the text "Card Number is required" is displayed.
- Input fields for "Expiration Date(MMYY) *" and "CVV2 *".
- A grey button labeled "Pay 140.00".
- A "Language:" dropdown menu currently set to "English".

You are now done the registration process. If you want to access your permit at this time, go to step 19.

Step 18 – If You Aren't Able to Pay Right Away

If your form needs to be reviewed by the CLHA, for example because you uploaded alternative insurance, you'll need to wait until you receive an email from the CLHA.

- a) If you are worried about missing emails from the CLHA, follow the instructions in step 20 to check if we have sent you anything.
- b) If you receive an email requesting more information, please follow the instructions as soon as possible.
- c) When everything is complete, you will receive an email telling you that you can pay.
- d) Log in to your MyCLHA.com account.
- e) Click "Pay" to go to the payment page and follow instructions to pay with a credit card. Review step 17 if you need guidance.

Complete Form

My Profile
Approved: 04-Mar-2026 4:09 PM
[View](#)

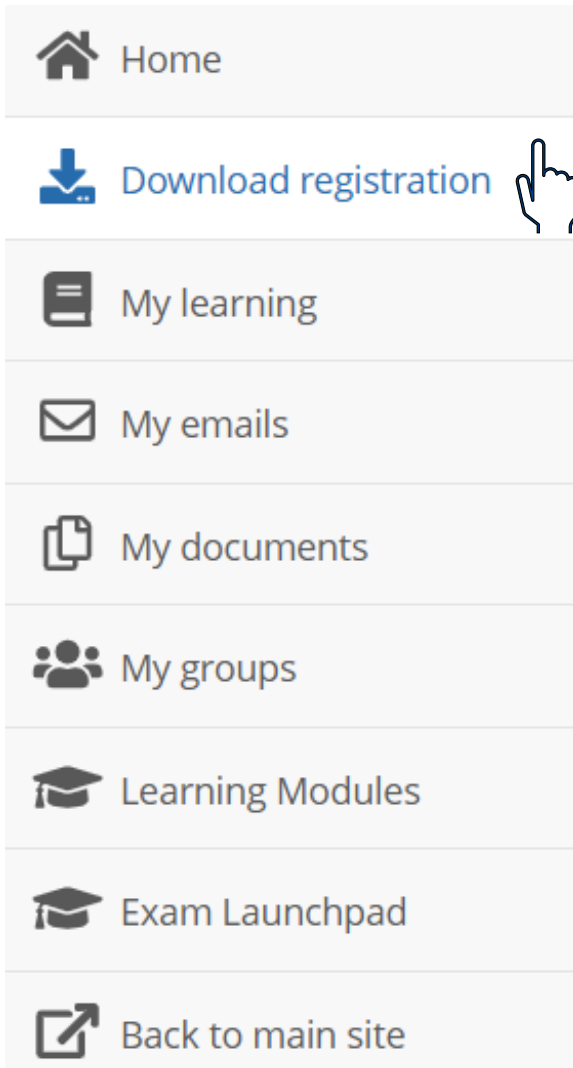
2025/2026 - Registrant Renewal - Simple
Approved (not paid): 04-Mar-2026 4:09 PM
[View](#) [Pay](#)

My Invoices Include paid

Date	Total	Due	
04-Mar-2026	\$140.00	\$140.00	\$

1 invoice(s)

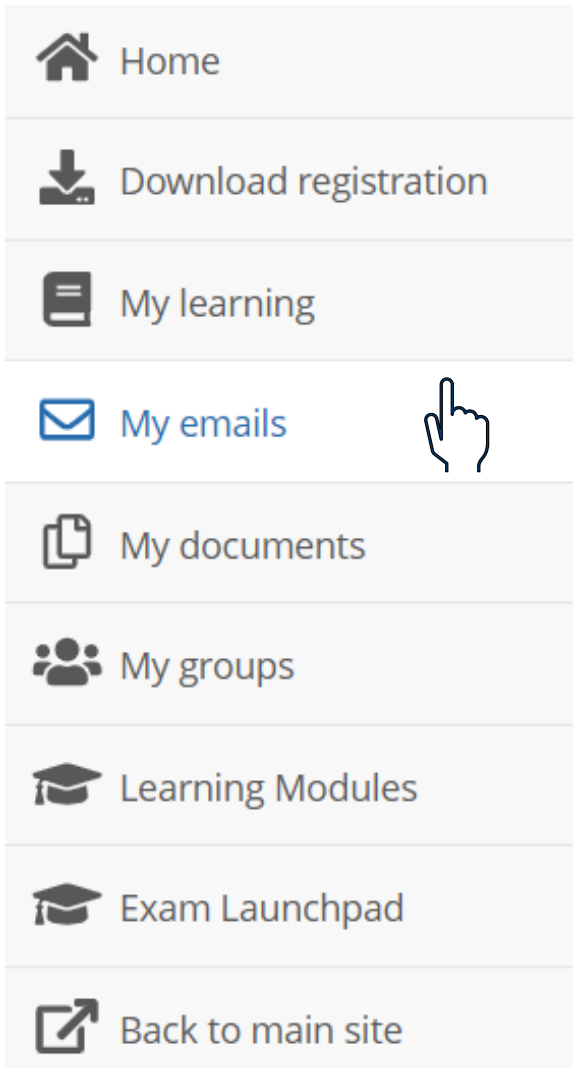
Step 19 – Accessing Your Permit



You can view, download, and print your permit at any time through your MyCLHA account. To access your current permit:

- a) Log in to your MyCLHA.com account.
- b) Select “Download registration” on the lefthand side of your home page.

Step 20 – Make Sure You Don't Miss Emails



If you are worried about missing updates, you can check if you got any registration emails from the CLHA through your MyCLHA account.

To check the emails you received:

- a) Log in to your MyCLHA.com account.
- b) Select “My Emails” on the lefthand side of your home page.

Contact Us

If you have questions after reviewing these instructions, email hcarenewal@clha.com.

Note that we receive a very high volume of phone calls and emails during the registration period, and there may be delays in our response.

Other Resources:

- [Instructions for HCA Renewal](#)
- [Health Care Aide Renewal FAQ](#)
- [Declarations](#)
- [Video](#)