

Registration Renewal for Licensed Practical Nurses

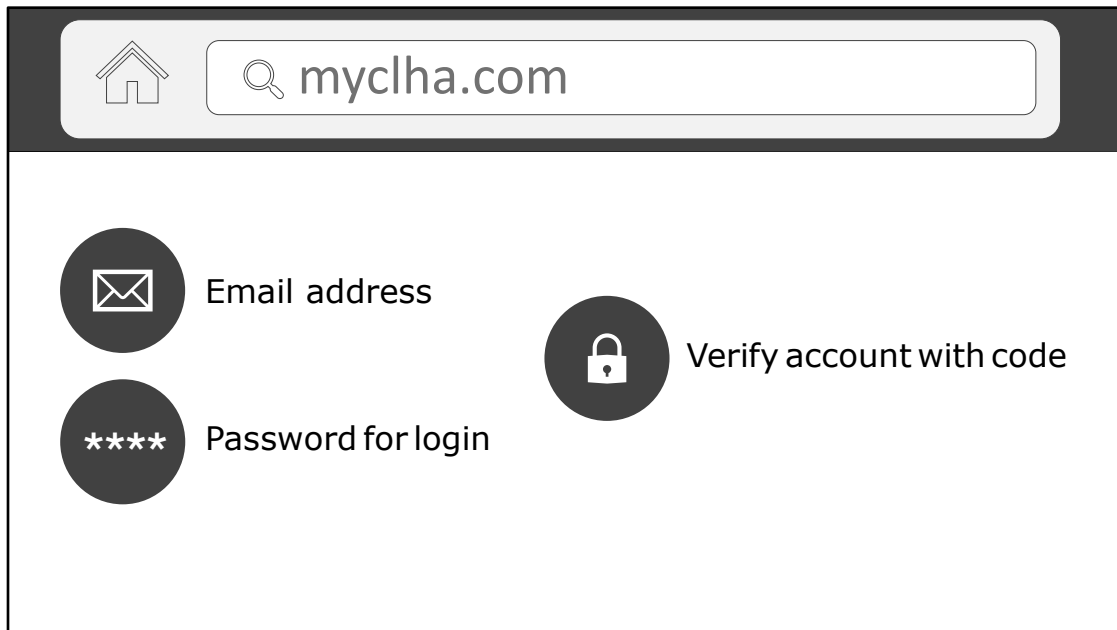


This guide will help Licensed Practical Nurses complete the registration process with the College of LPNs and HCAs of Alberta. Please read the instructions carefully.

Quick facts:

- Registration is required for all active LPNs on the General and Provisional registers.
- The cost is \$350 for renewal if paid before October 31, or \$550 if paid after.
- The registration form is available from September 8 – November 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](#).





The image shows a web browser interface for myclha.com. At the top, there is a dark header bar with a home icon on the left and a search bar containing the text 'myclha.com'. Below the header, the main content area is white. On the left side, there are two circular icons: the top one contains an envelope icon and is labeled 'Email address', and the bottom one contains five asterisks '*****' and is labeled 'Password for login'. On the right side, there is a circular icon containing a padlock and is labeled 'Verify account with code'.

1. Logging In

Log in to your account at [MyCLHA.com](https://myclha.com).

- a) Fill in your username: the email address you used for the last renewal, unless you changed it.
- b) Fill in your password: the password you used for the last renewal, 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**.



The screenshot shows the CLHA website's login and password reset interface. At the top left is the CLHA logo. The main area contains two side-by-side forms. The left form is titled 'Login' and has fields for 'Username (email address)' (with 'user@email.com' entered) and 'Password' (with masked characters and an eye icon). Below these fields is a 'Login' button. Under the button, there is a link for 'Don't have an account? Sign up', an 'or' separator, and a red-bordered button labeled 'Forgot your password?'. At the bottom of the login form is the text 'Other login issues? Call 1-800-661-5877'. The right form is titled 'Reset Password' and instructs the user to enter their username and then click 'Submit' to receive a password reset link. It includes a 'NOTE' about email addresses and a CAPTCHA section with the text 'Enter the letters and numbers in the image.' and a field for the code. A 'Submit' button is at the bottom of the reset form. Below the forms is a dark grey button with an envelope icon and the text 'Check spam/junk folder'.

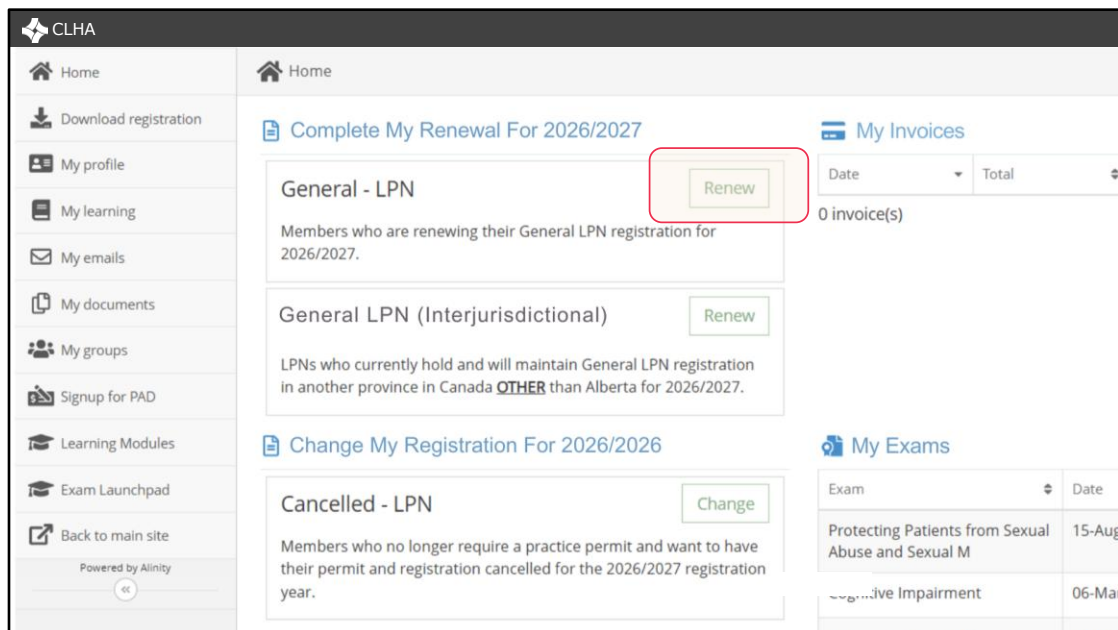
2. Reset Password (If You Need To)

If you need to reset your password:

- Click "Forgot My Password."
- 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.





3. Starting Renewal: Your Home Page

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

- Click the "Renew" button under the "Complete My Renewal" heading to launch the form.
- There is a form for those LPNs who are registered under the pathway known as Interjurisdictional Nursing Licensure (INL). If you are registered as an LPN under INL, you should complete this form instead
- Go to **step 7** on these instructions for information on how to complete the form.



The screenshot shows the CLHA website interface. On the left is a sidebar with navigation links: Home, Download registration, My profile, My learning, My emails, My documents, My groups, Signup for PAD, Learning Modules, Exam Launchpad, and Back to main site. The main content area has a header 'Home' and three main sections: 'Complete My Renewal For 2026/2027', 'Change My Registration For 2026/2026', and 'My Invoices'. The 'Change My Registration' section is highlighted with a red box and contains a 'Cancelled - LPN' option with a 'Change' button. The 'My Invoices' section shows '0 invoice(s)'. The 'My Exams' section shows a table with exams: 'Protecting Patients from Sexual Abuse and Sexual M' and 'Cognitive Impairment'.

4. IF YOU DON'T PLAN TO PRACTICE – Cancelling Registration

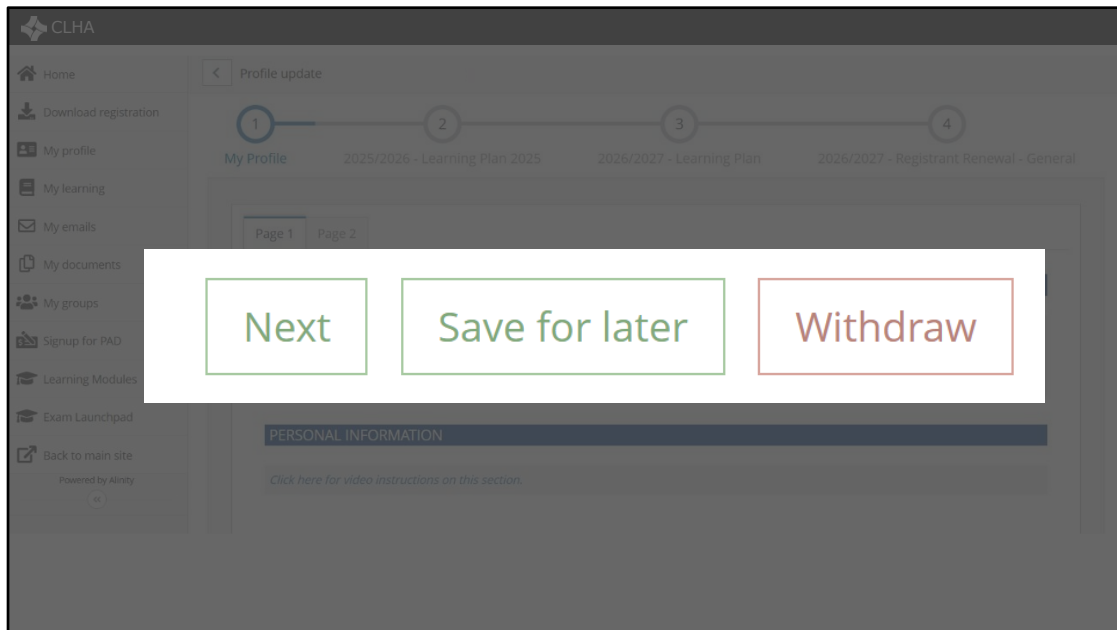
If you're not planning on working as an LPN in Alberta after November, you can cancel your registration.

- Click the button under the "Change My Registration" heading.
- Answer the questions to complete the cancellation.

IMPORTANT

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



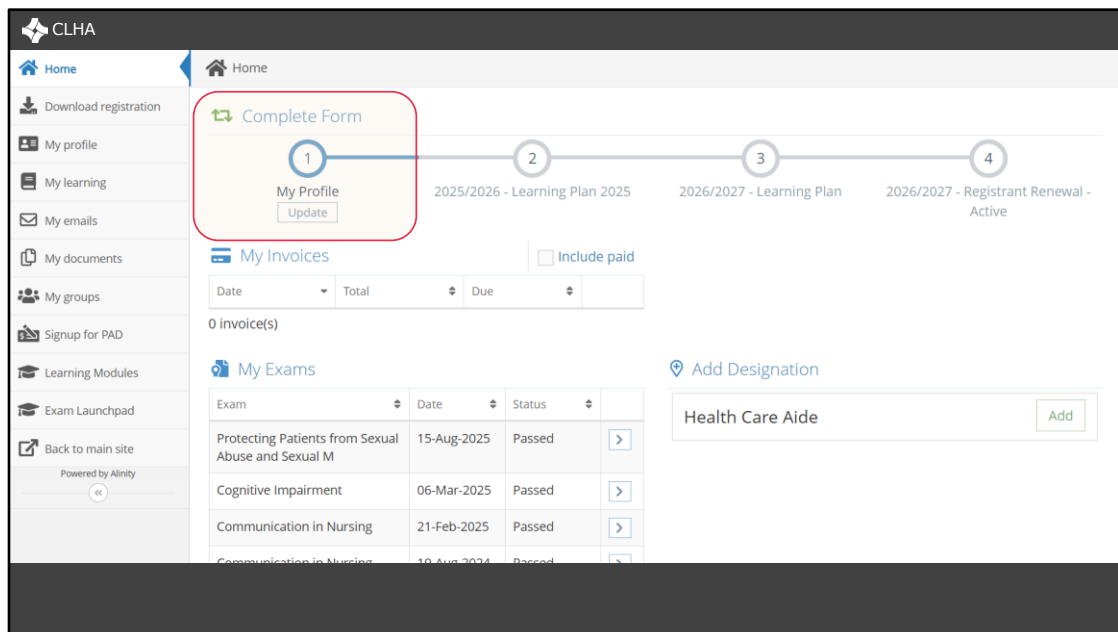


5. If You Need to Leave the Form Before Finishing

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**.





6. Returning to the Form (If You Have to Leave)

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

- Log in to your [MyCLHA.com](https://myclha.com) account.
- At the very top of the page, find the heading that says "Complete Form."
- Click "Update" to start the form where you left off.



PERSONAL INFORMATION

[Click here for video instructions on this section.](#)

Registration #

123456

Gender

Female

Birth date

1994-10-22

Age

31

Legal name

Proof of name change or corrections must be submitted below by clicking the 'Add' button beside process name change.

Last name

First name

Middle name(s)

Maiden name

Smith

Anna

-

Add

Click to process a name change

Current address

Apartment / Box No. / Address or Street No.

78910 123 Street

City

Postal/Zip code

Anytown, Alberta, Canada

T8G 1B2

7. Reviewing Your Personal Information

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

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

IMPORTANT

LPNs are expected to provide accurate, up-to-date contact information to the CLHA. This includes your mailing address and your email address. This makes sure we can contact you about your registration when we need to.

TIP

Once you pay for your renewal, you will not be able to update your information with the CLHA until December 1, so make sure you have everything up to date before you move on.



GOOD STANDING DECLARATION

* Excluding your registration with the CLHA, are you **currently** registered as an HCA, LPN, RN, RPN, or other health professional in any other province or country?

☐ Yes ☐ No

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

< Page 2 >



Next

Save for later

Withdraw

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.

If you are registered as a health professional somewhere else, answer “Yes” and fill out the boxes that appear.

If you are not registered somewhere else, answer “No” and continue to the next section.

9. Acknowledgement

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

- Read the text under “Profile Update Declaration.”
- Click the box to acknowledge.
- Select Page 2 to continue.



The image shows a web browser window with two tabs: 'Page 1' and 'Page 2'. The 'Page 2' tab is active and displays a form titled 'INSURANCE'. The form includes a link for video instructions, a paragraph stating that professional liability insurance is mandatory for LPNs and HCAs in Alberta, and two bullet points: 'Click on the link below to get insurance directly from Navacord' and 'Provide your own insurance including policy number and upload proof that meets CLHA requirements'. A bolded note states: 'Employer, personal health, life, or car insurance does not meet CLHA requirements.' Below this, a question asks: '* Do you wish to purchase insurance directly from Navacord?' with radio buttons for 'Yes' (selected) and 'No'. A button labeled 'Click here to go to Navacord to purchase insurance' is also present. At the bottom, a confirmation message says 'Confirmation of your professional liability insurance will be communicated to CLHA from Navacord' with a 'Click Me' button. To the right of the browser window is a smartphone displaying a 'Welcome' message from Navacord, addressed to Anna Smith, welcoming her to the exclusive insurance program and thanking her for renewing.

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

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

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.

Click "**Click Here**" for your insurance information to be provided to the CLHA. Once this is done, you can update your employment information. Go to **step 12** for instructions.

There may be a delay in sending this proof. If there is, just proceed with your application and submit it when you believe it's complete. If there are any issues with your insurance or any other part of your application, the CLHA will send you a follow up email after they have reviewed your full renewal form.



Page 1
Page 2

INSURANCE

[Click here for video instructions on this section.](#)

Professional liability insurance is mandatory for LPNs and HCAs in Alberta. LPNs and HCAs must have professional liability insurance:

- Click on the link below to get insurance directly from Navacord
- Provide your own insurance including policy number and upload proof that meets requirements.

Employer, personal health, life, or car insurance does not meet CLHA requirements.

* Do you wish to purchase insurance directly from Navacord?

☐ Yes ☒ No

* Insurance Policy Number

123456789

* Insurance Policy

Requirements for insurance:

- in your name
- specific to LPN practice
- effective until Nov. 30, 2027
- general malpractice coverage of up to \$2,000,000 per claim, up to \$5,000,000 for all claims against a registrant in a single year, and
- disciplinary expenses coverage up to \$50,000 per year (e.g., coverage for lawyers' fees during conduct proceedings).

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

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

LPNs 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.

IMPORTANT

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.



EMPLOYMENT

[Click here for video instructions on this section.](#)

Practice hours that you have already reported will appear below. Contact the CLHA to update previous years practice hours.

Enter all your 2026 LPN or HCA 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
2022	1052	-
Year	Total hours	Status
2023	1591	-
Year	Total hours	Status
2024	1110	Employed
Year	Total hours	Status
2025	710	Employed

Employment Status

* Current employment status

Employed

Planned retirement date

mm/dd/yyyy

12. Employment Status and Employer Information

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

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



Employer

Health Clinic

* Employment Designation: LPN

* Employment category: Permanent employee

Start date: 10/01/2023

* Title/position: Licensed Practical Nurse

* Status: Full time

* Status preference: By choice

* Virtual care delivery: Never

* Methods of care: In person

* Are you still working for this employer? ☒ Yes ☐ No

* Annual practice hours: 1000

* Main area of practice: Public health and prevention

☐ Addiction service
☐ Anesthesiology
☐ Chronic pain
☐ Cognitive disorders
☐ Developmental habilitation/disabilities
☐ Administration
☐ Burns care
☐ Client service management
☐ Critical care
☐ Diabetes care
☐ Advocacy
☐ Cardiology
☒ Client/patient education
☐ Dentistry
☐ Ear, nose and throat (ENT)
☐ Amputation care
☐ Chronic disease
☐ Clinical immunology and allergy
☐ Dermatology
☐ Emergency care

13. Updating Employer Information

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

- Update your status, preference, and employment category if needed.
- If you provide care by phone or email for this employer, let us know how often under "Virtual care delivery."
- Under "Methods of care," select the option the best describes how you care for your clients.

We also ask LPNs to fill in practice hours for their position.

- Fill in an estimate of how many hours you will work for this employer in the year.
- You can determine this through your pay stubs or multiply the number of hours you work on average every week by 52.

If you no longer work for the employer listed:

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

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



* Title/position	* Annual practice hours	* Main area of practice
Licensed Practical Nurse	1000	General practice
Other areas of practice		
☒ Addiction service	☐ Administration	☐ Advocacy
☐ Anesthesiology	☐ Burns care	☐ Cardiology
☒ Chronic pain	☐ Client service management	☐ Client/patient education
☐ Cognitive disorders	☐ Critical care	☐ Dentistry
☐ Developmental habilitation/disabilities	☐ Diabetes care	☐ Ear, nose and throat (ENT)
☐ Endocrinology and metabolism	☐ Ergonomics	☐ Foot care
☐ Gastroenterology	☐ General practice	☐ Genetics
☐ Gynecology	☐ Hand therapy	☐ Health policy
☐ Hematology	☐ Infection control procedure	☐ Informatics/health information
☐ Internal medicine	☐ Maternity/newborn	☐ Medical/legal-related client service management
☐ Military medicine	☐ Musculoskeletal	☐ Nephrology
☐ Nutrition therapy	☐ Occupational health	☐ Oncology
☐ Organ transplant	☐ Orthopedics	☐ Other areas of practice
☐ Pathology	☐ Patient safety	☐ Pediatrics
☐ Pharmacotherapy	☐ Physical medicine and rehabilitation	☐ Plastic surgery
☐ Psychiatry	☐ Public health and prevention	☐ Radiology
☐ Research	☐ Respiriology	☐ Rheumatology
☐ Sports medicine	☐ Staff education	☐ Supervision
☐ Trauma	☐ Urology	☐ Vestibular rehabilitation
☐ Wound management service		
		☐ Amputation care
		☐ Chronic disease
		☐ Clinical immunology and allergy
		☐ Dermatology
		☐ Emergency care
		☐ Forensics
		☒ Geriatrics
		☐ Health promotion
		☐ Institutional education
		☐ Mental health care
		☐ Neurology
		☐ Ophthalmology
		☐ Palliative care
		☐ Pelvic health
		☐ Primary care
		☐ Regulation
		☐ Sales
		☐ Surgery
		☐ Vision care

14. Areas of Practice

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

- Select the "Main area of practice" that best describes what you do.
- Select other areas of practice if relevant.

TIP

For example, if you work in a continuing care home, 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.

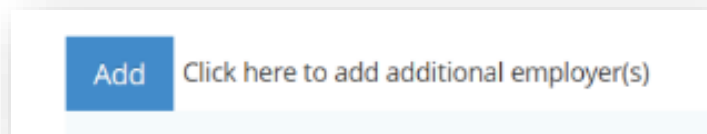


15. Adding a New Employer (IF YOU NEED TO)

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.



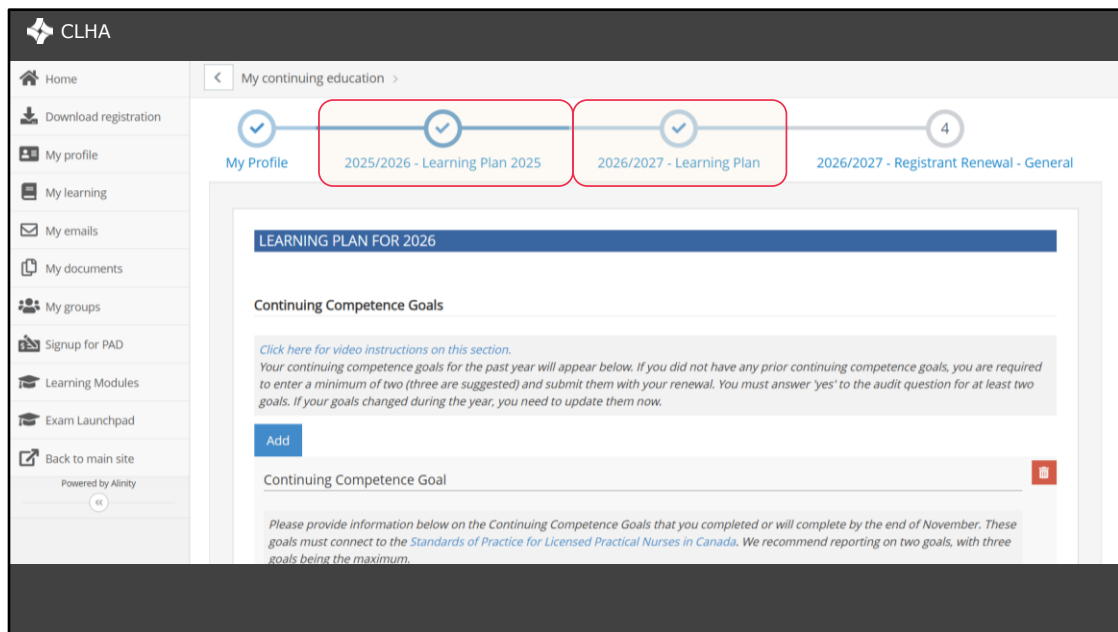
b) Search for your facility in the box that appears. In most cases, your facility should come up.

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.





16. Current Year Learning Plan

You'll need to provide information on the Continuing Competence Goals that you have completed or will complete by the end of November.

These goals may be the same as the ones you indicated at renewal last year, or they may have changed.

We recommend reporting on three goals, with two goals being the minimum.



CLHA

* Standard
1. Accountability/Responsibility

* In the event that I am audited, the CLHA can use this learning towards my
☒ Yes ☐ No

* What was the name of the learning activity that met this goal?

* Did you complete, or partially complete this learning?

How did you complete the learning?

Approximately, in which month did you complete or partially complete the learning?

How has this learning maintained and/or changed your nursing knowledge?

1.2 Self-assess practice, learning

1.1 Applicable legislation etc.
 1.10 Provide leadership
 1.2 Self-assess practice, learning
 1.3 Share knowledge and expertise
 1.4 Practice within scope
 1.5 Duty to report
 1.6 Client safety principles
 1.7 Advocate for improvements
 1.8 Accountable and responsible
 1.9 Document and report

17. Standards and Indicators

Your Learning Plans need to connect to one of the Standards in the Standards of Practice for LPNs in Canada. For technical reasons, the name of the standards or indicators are shortened in the renewal form.

We recommend re-reading the Standards to make sure you're selecting the one that fits best with your learning goal.

[Click here to view the Standards of Practice.](#)

- Select a standard for your first continuing competence goal.
- Select an indicator for your first continuing competence goal.
- Select "Yes" for the audit question so that the goal will count towards your renewal requirements.
- Provide the name of the learning activity in the box provided.
- Repeat the previous steps for one or two additional goals. We recommend having three total.
- When you have completed your goals, complete the learning plan declaration and click "Next."



LEARNING PLAN FOR 2027

Continuing Competence Goals

[Click here for video instructions on this section.](#)
 Your continuing competence goals for the past year will appear below. If you did not have any prior continuing competence goals, you are required to enter a minimum of two (three are suggested) and submit them with your renewal. You must answer 'yes' to the audit question for at least two goals. If your goals changed during the year, you need to update them now.

Add

Continuing Competence Goal

Identify your learning using the [Standards of Practice for Licensed Practical Nurses in Canada](#).

* Standard

4. Professional/Ethical Practice

* Indicator

4.5 Interpersonal communication

* In the event that I am audited, the CLHA can use this learning towards my continuing competence requirements.

☒ Yes
 ☐ No

* What timeframe do you plan on completing the learning?

3-6 months

18. Future Year Learning Plan

Next you will fill in some learning goals for the upcoming year. The purpose of planning your learning for the next year is so that you can consider your learning needs and make a plan. You can change your goals any time throughout the year.

These goals also need to connect to the [Standards of Practice for LPNs in Canada](#).

- Select a standard for your first continuing competence goal.
- Select an indicator for your first continuing competence goal.
- Select "Yes" for the audit question so that the goal will count towards your renewal requirements.
- Provide the time frame for when you plan on completing the goal (e.g., "3-6 months").
- Repeat the previous steps for one or two additional goals. We recommend having three total.
- When you have completed your goals, complete the learning plan declaration and click "Next."



My Profile 2025/2026 - Learning Plan 2025 2026/2027 - Learning Plan 2026/2027 - Registrant Renewal - General

INSTRUCTIONS

All members must complete registration renewal every year in order to work in Alberta as an LPN and/or HCA (General, Transitional, or Provisional permit only).

WARNING: Practicing without a permit - Practicing as an LPN and/or HCA 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 involved in any ongoing investigations, proceedings or inquiries by a professional regulatory or licensing body in Canada or any other country that have not been fully resolved? ☐ Yes ☐ No

Has a Court in Canada or any other country issued a civil judgement against you related to your practice as an HCA/LPN or health professional? ☐ Yes ☐ No

Are you currently involved in a criminal investigation or proceeding in Canada or any other country that have not been fully resolved? ☐ Yes ☐ No

Have you pleaded guilty to or been convicted of a criminal offence in Canada or elsewhere? If you received a record suspension or a conditional or absolute discharge that has been removed from your record you can answer "no". If you are unsure if the record has been removed please answer "yes". ☐ Yes ☐ No

Do you have any new physical or mental conditions or disorders that may impair your ability to practice safely, competently, or ethically? If you reported the information previously you can answer "no". If you don't remember if you reported it previously please answer "yes". ☐ Yes ☐ No

Within the last year have you practiced as an LPN in Alberta without having a current practice permit issued by the CLHA? ☐ Yes ☐ No

Have you been denied admission or registration by any professional regulatory or licensing body in Canada or any other country? ☐ Yes ☐ No

Have you been subject to any proceedings in Canada or any other country by any professional regulatory or licensing body with respect to your conduct, competence or fitness to practice? ☐ Yes ☐ No

Are you aware of any new information that you have not previously reported to the CLHA? If you reported the information previously you can answer "no". If you don't remember whether you reported it previously please answer "yes." ☐ Yes ☐ No

Are you currently involved in a civil proceeding with respect to your practice as an LPN or health professional in Canada or any other country that has not been fully resolved? ☐ Yes ☐ No

REGISTRATION DECLARATION

- I declare that all of the information on this form is current, correct, and complete and acknowledge that the CLHA reserves the right to audit the accuracy of my responses.
- I understand that I may be required to submit the results of a criminal record check or other information to the CLHA for verification purposes.
- I declare that I am not aware of any concerns with respect to my fitness to practice as an LPN and am able to practice safely, competently and ethically.
- I understand that omission, falsification or fabrication of information on this application may impact my eligibility for registration with the CLHA and that if the CLHA becomes aware that I have provided inaccurate or false information, the CLHA may immediately cancel, suspend, or refuse my application or may treat the matter as a complaint under Part 4 of the HPA.
- 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 the 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 and to respond to any emails received from the CLHA that require a response.
- 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 September 8 and October 31 is \$200. Between November 1 and November 30 the registration renewal fee is \$250. It is also understood 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 November 30, my practice permit will be suspended. If I have not renewed on or before December 31, my practice permit and registration may be cancelled as per the Health Professions Act (Section 40).

☐ I acknowledge and accept the above declarations

19. Declarations

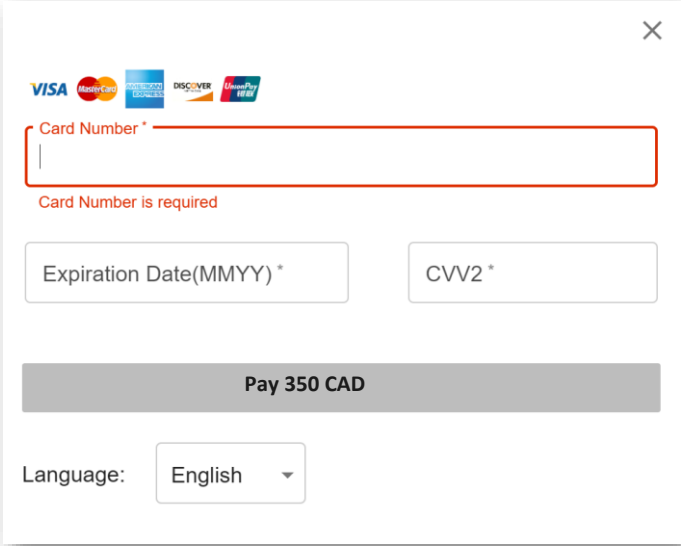
As part of registration, LPNs need to answer specific questions, called "declarations."

- Read each question carefully.
- Select the honest answer.
- If you answer "yes" to any of the questions, you will need to provide further information to the CLHA. Provide the information in the box that appears. If you do not provide information, this may delay your registration renewal further.

IMPORTANT

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





Card Number *

Card Number is required

Expiration Date(MMY) *

CVV2 *

Pay 350 CAD

Language: English

20. Payment

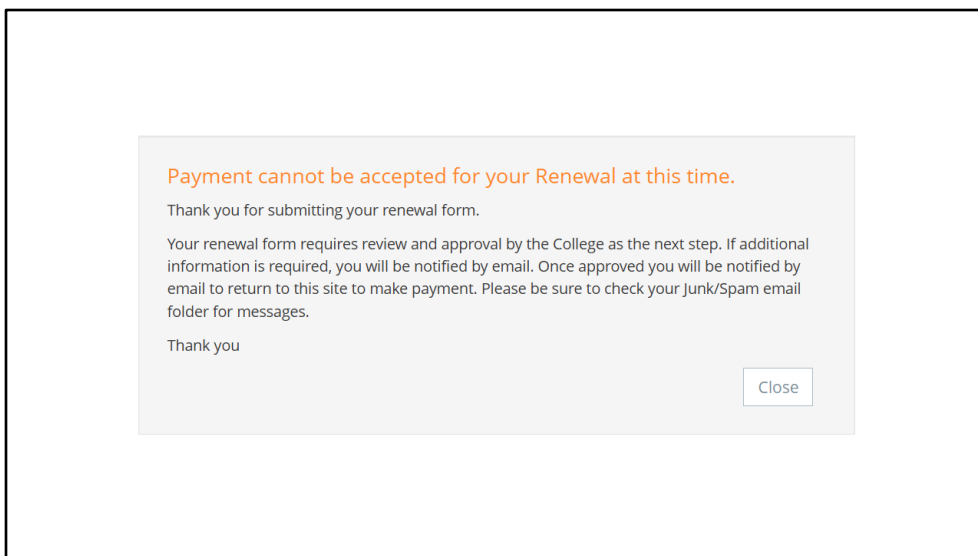
You may be able to pay at this time. However, if your form needs to be reviewed by the CLHA, you'll need to wait until you receive an email. Go to **step 21** for more information.

You can pay online by credit card.

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

You are now done the registration process. If you want to access your permit at this time, go to **step 22** .

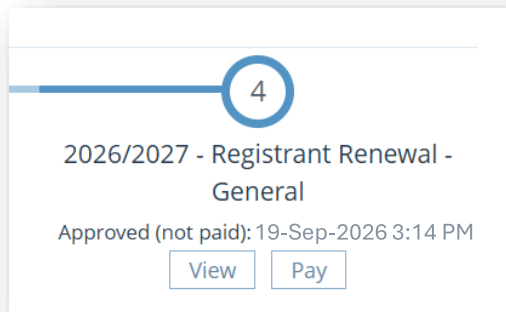




21. If You Aren't Able to Pay Right Away

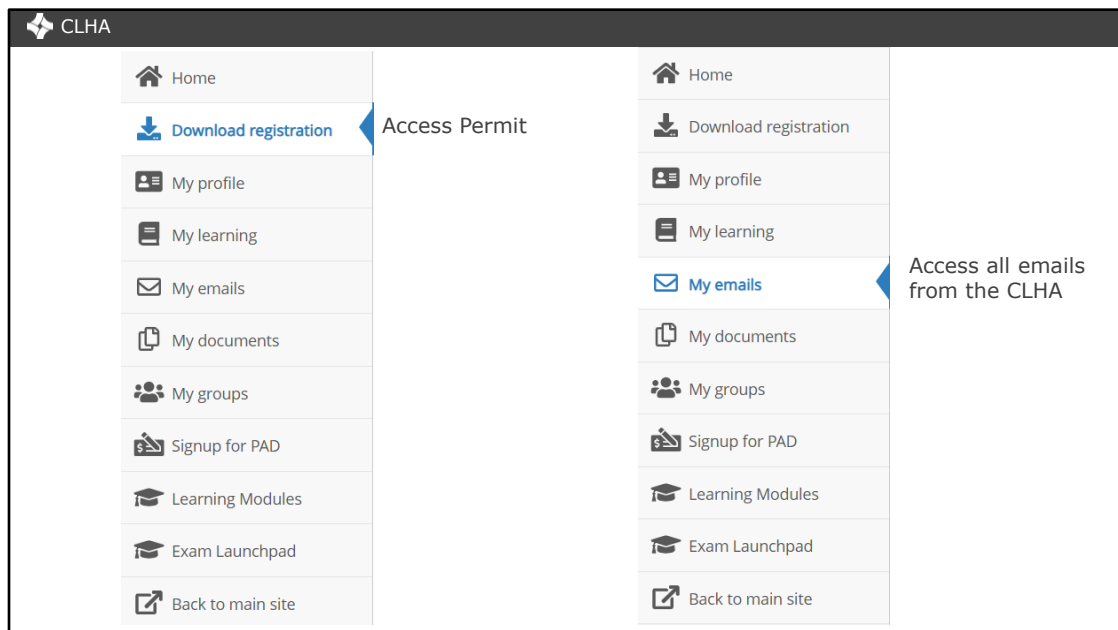
If your form needs to be reviewed by the CLHA, for example because you uploaded alternative insurance, you'll need to wait until you receive an email from the CLHA.

- a) If you are worried about missing emails from the CLHA, follow the instructions in **step 23** 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](https://myclha.com) account.



- e) Click "Pay" to go to the payment page.
Review **step 20** if you need guidance.





22. Accessing Your Permit

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

- Log in to your [MyCLHA.com](https://myclha.com) account.
- Select “Download registration” on the lefthand side of your home page.

23. Make Sure You Don’t Miss Emails

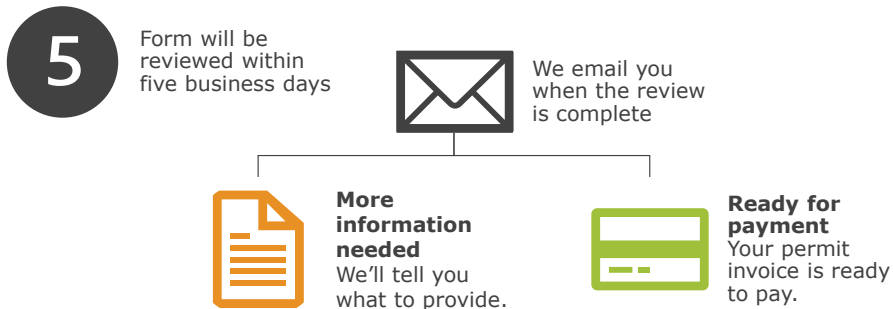
If you are worried about missing updates, you can check if you got any registration emails from the CLHA through your MyCLHA account.

To check the emails you received:

- Log in to your [MyCLHA.com](https://myclha.com) account.
- Select “My Emails” on the lefthand side of your home page.



Timelines for Review

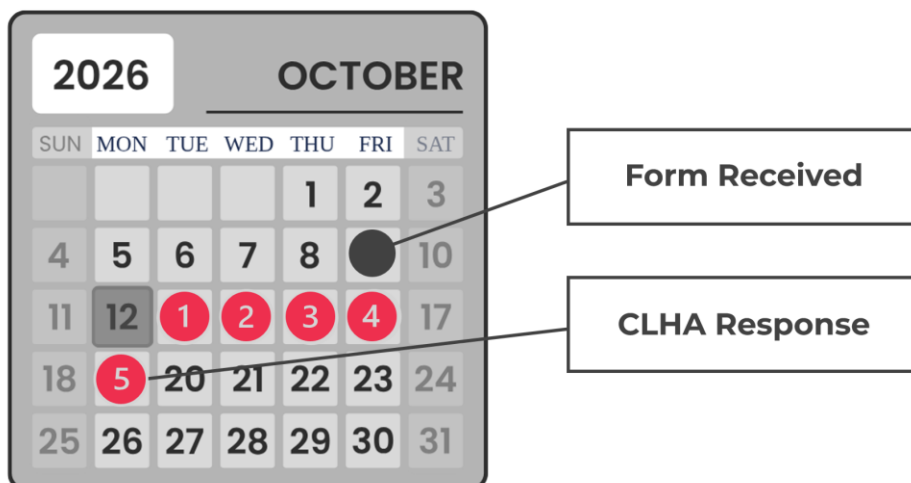


Timelines

If we need to review your application, we will do so within five business days. You will receive an email from us when the review is complete. This email will either request more information from you, or it will let you know that the invoice for your permit is ready to be paid.

■ IMPORTANT

Please note that we review applications on business days only. Our timelines do not include weekends or holidays. So, for example, if you submit your renewal on a Friday, and the Monday is a holiday, the CLHA will respond by the following Monday.



Further support can be found at
CLHA.com.

Contact us with questions
about your renewal.

lpnrenewal@clha.com

780-484-8886



Contact Us

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

IMPORTANT

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.

Please note that the CLHA office is not open to walk-in visitors. In-person services are available by appointment only to ensure appropriate staff availability.

