

RE-ENTRY STUDENT REQUEST FORM

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Ph. 403-967-0309

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www.healthcareaideacademy.com



INSTRUCTIONS

- Re-entry students: complete and submit this form by email to tanyab@hcaacademy.ca
- Submit re-entry request form early, as assessments can take up to 30 days

FOR OFFICE USE ONLY Date Received	Entered By
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First name:	Last Name (Surname):	Program:
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Course Completion Request (Please check the courses that you are requesting to complete)

Course Number	Course Name
Course 1	Health Care Aide Role & Responsibility
Course 2	The Human Body, Health & Chronic Illness
Course 3	Communication & Documentation in the Health Care Environment
Course 4	Providing Person-Centred Care
Course 5	Clinical Experience I
Course 6	Meeting Complex Care Needs
Course 7	Special Activities for Clients with Various Health Conditions
Course 8	Clinical Experience II
Course 9	Consolidated Clinical Experience

Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Privacy Act and will be used for the purpose of assessing and granting transfer credit. For information about the collection and use of this information, contact the Policies and Regulatory Compliance Office at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780-644-6000

Student Signature	Date
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