

Education & Certificate Cover Form

Please complete a separate Education & Certificate Cover Form with all supporting documents for each request to update education or add/remove an allowance.

Please note: this request will not be processed if supporting documents are not provided with this form.

Employee Information				
Last Name	First Name		Employee ID	Job Record#
This information is to:	☐ Add Allowance/Pre	mium	☐ Update Edu	cation Only No Allowance
	☐ Remove Allowance	/Premium		
Education/Certificate Information – All Fields are Required for processing				
Name of School			Prov	vince (for Schools in Canada)
Date Successfully Completed Requirements Name on Certificate (if different from above) School is Out of Country				
		·	,	☐ Yes ☐ No
☐ Check if proof attached (required)				
Education/Certificate Description (e.g.: Health Care Aide, Midwife, Nursing Degree, Journeyman)				
Health Care Aide Directory Status				
☐ Certified		☐ Certified —	In Progress	
☐ Substantially Equivalent			ally Equivalent – In	Progress
☐ Deemed Competent (Competency A completed)	ssessment Profile	☐ Deemed C	Competent – In Progress (Competency nent Profile in Progress)	
Note: For In Progress competencies, indicate the expected completion date (must be within 12 months of date of hire).				
Submit completed form along with supporting documents to HR Business Support and System Solutions by:				
Fax: 780.342.8618 or Email to HRBusinessSupport@covenanthealth.ca.				
I declare that the documentation and information provided is complete and accurate and that false information or altered				
documentation may result in	·	•		
Employee Signature Date				
HR Business Support & System Solutions Authorization				
Comments:				Effective Date:
Approved by (print name)	Approved by (s	ianaturo)		Date:
Approved by (print name)	Approved by (s	ngnature <i>)</i>		Date:
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