Covenant Health

License and Practice Permit Cover Form

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Please submit the License & Practice Permit Cover Form with supporting documents for the following applications:

1. New Hires or Transfers into a regulated classification under Health Professions Act or Health Disciplines Act

2. To adjust the salary for a new grad, provisional employee, grad nurse practitioner, or a temporary permit holder who obtains a full registration practice permit.

Please Note: This request will not be processed if proof documents are not provided.

Employee Information - Please Print Clearly

Employee Last Name	Employee First Name	Employee ID	Employee Record #

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)

- ☐ New Grad
- ☐ Provisional Employee (HSAA)
- ☐ Temporary permit holder
- ☐ 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)

- ☐ New Grad/Provisional employee to full registration status
- ☐ Out of scope grad nurse practitioner to full registration status
- ☐ Temporary practice permit holder to full registration status

For Temporary Practice Permit holders, please indicate if exam was passed on first attempt as per Article 25.02 b(ii) of the UNA Collective Agreement.

- ☐ Yes, exam passed on first attempt
- ☐ No, exam not passed on first attempt

Date Exam Passed (yyyy-Mon-dd) (If applicable)

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)*

Form Submission: Submit completed form along with supporting documents to HRBusinesssupport@covenanthealth.ca.

HR Business Support and System Solutions Authorization

Effective Date (yyyy-Mon-dd)	Comments

Human Resources Name	Phone Number

Human Resources Signature	Date (yyyy-Mon-dd)

Your personal information on this form is collected under the legal authority of section 33 (c) of the Freedom Information and Protection of Privacy Act. The information will be used by or disclosed for employment purposes. For questions, concerns or more information about the collection, use of disclosure of your personal information,please contact the HR Business Support and System Solutions at 1-844-442-9011 or by email at HRBusinesssupport@covenanthealth.ca.