

ENDORSEMENT FROM EMPLOYER

According to Chapter 135-X-5-.02 of the Board of Examiners Rules and Regulations, all high school graduates or GED recipients applying for licensure must provide evidence of at least (2) two years of experience working fulltime in an administrative AND resident or patient care position in a licensed assisted living facility, nursing home, hospital, or resident care setting for the elderly or disabled within two years preceding date of this application. Along with this evidence, the Letter of Endorsement below must be completed by the administrator, owner, supervisor, or governing authority of such place of employment and submitted with the applicant's complete application.

Letter of Endorsement

This statement verifies that I _____ am currently the
Name of Administrator/Owner/Supervisor/Governing authority

_____ of _____
Title Name of Facility/Hospital/Resident Care Setting

I further verify that, within two years preceding the date of this application, _____
Name of Applicant

_____ has worked fulltime at this facility/hospital/resident care setting
in an administrative AND resident/patient care position for at least (2) two years.

I give _____ my unqualified endorsement in his/her intent
Name of Applicant
to apply for licensure as an Assisted Living Administrator.

Signed: _____

Date: _____

Please Print Name: _____

Address: _____
Street

_____ *City State Zip*

Phone: _____
Area Code

This form is part of the Application for License as an Assisted Living Administrator packet produced by the Alabama Board of Examiners of Assisted Living Administrators, 5921 Carmichael Road, Montgomery, Alabama, 36117.