APPLICATION FOR LICENSE AS AN ASSISTED LIVING ADMINISTRATOR

FOR OFFICE USE ONLY

COMPLETE _____

CAT_____ D.X. _____

Please print clearly or type all answers. If there is not sufficient space, use additional sheets and number accordingly. The following exhibits must be returned with this completed and notarized application:

- a copy of your driver's license or any other proof of age; **and**
- the enclosed *Classroom Training and Test Dates* form with applicant's dates of registration checked; **and**
- the nonrefundable application fee (see fee schedule) made payable to the BOEALA; **and**
- a copy of the facility's state license from ADPH; **and**
- a copy of your high school diploma or GED (or letter from school) **plus** proof of at least one year of experience working fulltime in an administrative or resident or patient care position in a licensed assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled within two years preceding date of this application with the enclosed *Endorsement from Employer* form completed by the administrator, owner, or governing authority of such facility; **or**
- a copy of your college diploma or transcript showing evidence of at least two years (60 semester hours or 96 quarter hours) of coursework at an accredited college or university **plus** proof of either at least three months of experience working fulltime in an administrative or resident or patient care position in a licensed assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled <u>or</u> of completing a minimum of 240 hours of a Board approved internship within two years preceding date of this application. ***Please note that if you do not provide proof of this prior work experience or internship, you must complete and submit the enclosed Commitment to Fulfill Experience Requirement form with application.***

Your application will not be considered complete until all of the exhibits above and required supporting documentation have been received.

<u>Your completed application and required documents must be postmarked at least 30 days prior to the Section A testing for which you register.</u>

Date: _____

I hereby make application for a License as an Assisted Living Administrator in the State of Alabama. Following completion and acceptance of my application, I request to sit for the following assisted living licensure examination:

(Choose <u>One</u>): ☐ Category I Administrator (to administer Assisted Living Facilities)

☐ Category II Administrator (to administer Assisted Living Facilities, Specialty Care Assisted Living Facilities, or a combination)

1. Name _____
   (Last) *(First)* *(Middle)* *(Maiden)*

2. Home Address _____
   (Street) *(City)* *(State)* *(Zip)*

3. Business Address _____
   (Street) *(City)* *(State)* *(Zip)*

4. Telephone Number (H) _____ (W)_____

5. Date of Birth _____/_____/_____ Place of Birth_____

6. Are you a citizen of the United States? ❑ YES ❑ NO
If NO, please provide appropriate documentation from the federal government.

7. Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

8. Education:

(a) Please circle the highest grade completed: 6 7 8 9 10 11 12

Name of High School:_____

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

(b) Did you graduate? ❑ YES Date of Graduation: _____

❑ NO Date of GED receipt: _____

(c) Name of College or University: _____

Address:_____
(City) *(State)*

(d) Did you graduate? ❑ YES ❑ NO Date of Graduation:_____

Degree:_____

(e) Other educational training: Name:_____

Address:_____
(Street) *(City)* *(State)* *(Zip Code)*

Dates attended: From _____ To _____

Certificate Received?: ❑ YES ❑ NO

Subjects: _____

_____

9. Employment history for the past 10 years, include military experience, if any. ***Please list your current or most recent work experience first.***

Employer's Name:

_____

Address:

_____
(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____TO_____

Job Title: _____

Description of Duties:_____

_____

_____

_____

Employer's Name:

_____

Address:

_____

(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties:_____

_____

_____

_____

Employer's Name:

_____

Address:

_____

(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties:_____

_____

_____

Employer's Name:

_____

Address:

_____

(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties:_____

_____

_____

_____

Employer's Name:

_____

Address:

_____

(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

_____

_____

_____

10. Membership in Professional Societies and/or Organizations:

Name	Date of Membership	Offices Held	Active or Inactive

11. Professional Certificates and/or Licenses held: (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, Nursing Home Administrator, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held.)

Type of Certificate Or License	Name of State or Other Authority	Year of Original Issue	Year of Latest Issue	Current or Latest Registration Number

12. (a) Have you ever been convicted of a felony? ❑ YES ❑ NO

Ala. Admin. Code r. 135-X-5-.03(3). An applicant for examination who has been convicted of a felony by any court in this state, or by any court of the United States, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first *submit to and file with the Board*, a certificate of good conduct granted by the Board of Parole or, in the case of a conviction in any jurisdiction wherein the laws do not provide for the issuance of a certificate of good conduct, an equivalent written statement or document.

(b) Have you ever been convicted of a misdemeanor? ❑ YES ❑ NO

Ala. Admin. Code r. 135-X-5-.03(4). An applicant for examination who has been convicted of a misdemeanor, except a petty traffic offense, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to, and file with the Board a certificate or letter of good conduct from the proper parole, probation, court, or police authorities wherein such conviction was had, or submit an equivalent written statement or document. For the purpose of this paragraph, a petty traffic offense shall be any and every misdemeanor relating to the operation of motor vehicles except: Driving while under the influence of intoxicating liquors, narcotics, stimulating or hallucinating drugs; leaving the scene of an accident; and manslaughter resulting from the operation of a motor vehicle.

13. If you are currently employed in an assisted living facility, is it an ALF or SCALF or Both? _____
If applicable, attach a copy of the current license issued to the facility you are now affiliated with.

14. Have you applied for licensure by examination as an assisted living administrator in any state or states?
❑ YES ❑ NO State(s):_____

15. Have you ever had a certificate or other professional license revoked or suspended? ❑ YES
❑ NO If YES, attach an explanation, relevant documents and a description of the current status.

16. Are you currently registered as an assisted living administrator in any other state? ❑ YES ❑ NO
If YES, please have the applicable State Licensure Board complete the enclosed Reciprocity Questionnaire. A questionnaire must be filled out for each state in which you hold or have held an assisted living administrator's license.

17. Applicant must furnish references from two (2) individuals employed in the health care or patient care industry who is able to verify the good moral character of the applicant, who are not related to the applicant by blood or marriage, have known the applicant for at least 12 months and are in a position to provide information in regard to the applicant's good moral character. ***Two form letters which are to be used by these individuals are enclosed with this application and should be mailed by the individuals directly to the Board of Examiners.*** Please list below the names and addresses of whom the two references will be from:

    a. Name: _____ Occupation: _____

    Address: _____
    (Street) *(City)* *(State)* *(Zip Code)*

    b. Name: _____ Occupation: _____

    Address: _____
    (Street) *(City)* *(State)* *(Zip Code)*

AFFIDAVIT OF APPLICANT

_____, on oath, do promise and swear that, if my application is
Printed Name of Applicant

accepted, and I should be granted a license to practice as an Assisted Living Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Assisted Living Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements made by me in this application are true and correct.

_____
Signature of Applicant

Sworn to and subscribed before me this _____ day

of _____, _____.

_____
Notary Public

My commission expires _____.

STATE OF _____)

COUNTY OF _____)

CHECKLIST OF REQUIRED ITEMS TO BE SUBMITTED TO THE BOARD OF EXAMINERS

I have enclosed or submitted for completion:

- ☐ Completed, signed, and notarized application
- ☐ Copy of driver's license or other proof of age
- ☐ Copy of high school diploma, GED, or college diploma or transcript
- ☐ Two character reference form letters (These must be mailed directly from the persons completing the letters to the Board of Examiners. Application will not be complete until both letters are received)
- ☐ Proof of required work experience or Board approved internship program.
- ☐ Endorsement from Employer form **(if applicable)**
- ☐ Reciprocity Questionnaire **(if applicable)**
- ☐ Proof of application of U.S. citizenship or letter of intent **(if applicable)**
- ☐ Commitment to Fulfill Experience Requirement form **(if applicable)**
- ☐ Accommodation Request Form **(if applicable)**
- ☐ Copy of facility's State license
- ☐ Classroom Training and Test Dates form with registration dates for Sections A and B of exam and training checked.
- ☐ Non-refundable application fee
- ☐ Applicant Disclosure/Release Authorization for Background Investigation

Your application will not be considered complete until the application and all required documentation is received.

Mail application and other required documents to:

Alabama Board of Examiners of Assisted Living Administrators
Attn: Executive Director
5921 Carmichael Road
Montgomery, AL 36117