APPLICATION FOR RENEWAL OF ASSISTED LIVING ADMINISTRATOR LICENSE

(Please print clearly or type all answers – if there is not sufficient space, use additional sheets and number accordingly.)

ALA License # _____ License Expiration Date _____ SSN # _____

In accordance with **Rule 135-X-7-.01(3) of the Alabama Administrative Code**, I hereby make application for renewal of my license as an assisted living administrator with the Alabama Board of Examiners of Assisted Living Administrators.

NAME _____
(Last) *(First)* *(Middle)*

Please give current mailing address.

ADDRESS _____ _____
(Street / PO Box) *(City)*

_____ _____ _____
(State) *(Zip Code)* *(Telephone with Area Code)*

Please give current address of employment.

NAME OF FACILITY OR BUSINESS _____

TITLE _____

ADDRESS _____ _____
(Street) *(City)*

_____ _____ _____
(State) *(Zip Code)* *(Telephone with Area Code)*

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision, been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

❑ **NO** ❑ **YES** If YES, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses:

LICENSE: _____; _____; _____
(Title) *(Number)* *(State)*

_____; _____; _____
(Title) *(Number)* *(State)*

❑ NOT APPLICABLE

In accordance with **Rule 135-X-7-.01(4)(a) of the Alabama Administrative Code**, any person currently employed at an assisted living facility is authorized to apply for license renewal only if said facility that employs the licensee is licensed by the Alabama Department of Public Health.

Failure to secure an annual renewal of a license based on a failure to meet the continuing education requirements shall result in the expiration of the license. An expired license may not be "reactivated". All persons holding an expired license shall be required to submit a new application and follow all procedures for licensure of a new applicant. In addition, any applicant whose license has previously expired is subject to the payment of a reapplication fee.

A licensee who complies with the continuing education requirements but does not renew within ninety (90) days following its due date shall be deemed delinquent and may renew within the ninety (90) day period by paying a late renewal fee established by the Board. A license that is not renewed within the ninety (90) day period shall be deemed expired, and is subject to reapplication as provided in Rule No. 135-X-7-.01, paragraph (6) of these Rules and Regulations.

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To receive your Assisted Living Administrator license renewal card, please return this NOTAARIZED application, together with:

- □ A check in the amount of $150.00 (nonrefundable) made payable to BOEALA.
- □ A copy of the State license of the assisted living facility in which you are employed

Mail the application and exhibits prior to the expiration date of your current Assisted Living Administrator license to:

Alabama Board of Examiners of Assisted Living Administrators
5921 Carmichael Road
Montgomery, AL 36117

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Please read, sign and get notarized. Your renewal will not be considered complete if we do not have the bottom statement filled out.

ACKNOWLEDGEMENT THAT THE RENEWAL OF A LICENSE OR THE ISSUANCE OF A LICENSE WHILE DISCIPLINARY ACTION IS PENDING DOES NOT CONSTITUTE A WAIVER OR ACCEPTANCE BY THE BOARD OF ANY ALLEGED MISCONDUCT

(Initial)_____I hereby acknowledge that, by renewing my license, the board is not waiving any past violations of its rules/regulations/or statutory provisions. Any violations of the Board's rules/regulations/and/or statutory provisions may be subject to disciplinary action by the board even after the license is renewed.

_____ _____
Signature of Applicant Printed Name

ATTESTATION

STATE OF ALABAMA
COUNTY OF _____

I, _____, a notary for the State of _____ hereby attest to and acknowledge
(printed name of notary)

that _____ signed the above affidavit in my presence on this the _____ day of _____20___.
(name of applicant)

_____
NOTARY SIGNATURE
My commission expires: _____