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 BOTH 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 ____________________________of Name of Facility/Hospital/Resident Care Setting

I further verify that, within two years preceding the date of this application, __________________________________________

Applicant Name

has worked fulltime at this facility/hospital/resident care setting

in an administrative and resident/patient care position for at least two (2) years

(Check ALL that apply)

☐ administrative position - Assists management in planning, developing, organizing and implementing office duties and other job related duties as designated.

☐ resident/patient care position - The direct and Active involvement with residents needs and activities of daily living to include all of the following: Grooming, Bathing, Toileting, Eating, Bathing and Dressing.

I give __________________________________________ my unqualified endorsement in his/her intent

Applicant Name

to apply for licensure as an Assisted Living Administrator.

Signed: ___________________________ Printed Name: _____________________________

Date: ___________________ Phone: (       )_____________________________________

Address: ___________________________________________

                   Street

               City    State  Zip

Dates of Employment: _________________ to _________________

Full Time or Part Time? _________________ Hours worked per week: _________________

Was/Is Position Considered Supervisory? ☐ Yes ☐ No

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 2740 Zelda Road, Suite 3B, Montgomery, Alabama, 36106.