

# INACTIVE STATUS REQUEST FORM

*If you are a licensed assisted living administrator and are no longer practicing as an administrator and wish to change the status of your license from "active" to "inactive", complete this form and return it to the BOE.*

Please read carefully and complete the following information:

I, \_\_\_\_\_, a duly licensed Assisted Living  
*Name of Licensee*

Administrator in the State of Alabama, license number, \_\_\_\_\_, expiration date,

\_\_\_\_\_, am no longer practicing as an administrator in the State of Alabama and

thereby, officially request that the Board of Examiners of Assisted Living Administrators

change the status of my license from "active" to "inactive". I understand that I am unable to

engage in the practice of assisted living administration with an "inactive" license. I, further,

understand that if I wish to reactivate my license, I must make application to the Board, pay

a fee and provide the required proof of continuing education credit in accordance with

Chapter 135-X-7-.01 (8) of the Alabama Administrative Code. I also understand that my license

will expire if it remains in "inactive" status more than five years.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street*

\_\_\_\_\_  
*City*

*State*

*Zip*

Home Phone: \_\_\_\_\_

*Area Code*

State of Alabama Board of Examiners of Assisted Living Administrators

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