

RECIPROCITY QUESTIONNAIRE

TO THE APPLICANT: If you are applying for the state examination for Assisted Living Administrators on the basis of your licensure in GEORGIA, SOUTH CAROLINA, CALIFORNIA, or ARIZONA, please have the following certification (pages 1 and 2) completed by the Executive Officer of the Board of Examiners of Assisted Living Administrators of the state(s) in which you hold or have held a license as an Assisted Living Administrator.

***If you are applying for the state examination for Assisted Living Administrators on the basis of your assisted living administrator certification from the national organization, Assisted Living Federation of America (ALFA), please complete only Attachment A (page 3) of this questionnaire and submit it with your application to the Alabama Board of Examiners of Assisted Living Administrators.**

Name _____
(Title) (First) (Middle) (Last)

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

TO BE COMPLETED BY STATE BOARD OFFICIAL:

Applicant's Name (as shown on your records) _____

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

Social Security Number: ____ - ____ - ____

Telephone Number: (H) _____ (W) _____

License Number: _____ Date Issued: _____ Expiring: _____

Education: *Mark the highest level completed.* High School College Graduate
 Some College Post Graduate

State of Original License _____

Status of License: Active Inactive Expired

Exam Score:

Name of Exam: _____

Raw Score _____ Scale Score _____

Date of Exam _____

Did applicant complete continuing education program in your state? YES NO

If YES, length of continuing education program _____

Is applicant in good standing with your board at this time? YES NO

If NO, please explain _____

Has applicant ever been disciplined by your Board? YES NO

If YES, please explain _____

Is the applicant currently being investigated for any possible criminal action or future board disciplinary action?
 YES NO

If YES, please explain _____

I certify that the information provided is true and correct, according to the records of the board.

Date

Signature of Executive Officer

State Board

Address

City, State and Zip Code

Area Code and Phone Number

Please Return to:

Executive Director
Alabama Board of Examiners of Assisted Living Administrators
2740 Zelda Road, Suite 3B
Montgomery, AL 36106

Attachment A

Reciprocity Questionnaire

**To be completed by applicants with administrator certification from national organization, Assisted Living Federation of America*

Applicant's Name _____
(First) (Middle) (Last)

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

Social Security Number: ____ - ____ - ____

Telephone Number: (H) _____ (W) _____

Date Certification Awarded: _____ Effective Dates: _____

***(Attach copy of ALFA certificate)**

Status of National Certification : Active Expired

Exam Score:

Name of Exam: _____

Score _____ Minimum Passing Score Required _____

***(Attach copy of scoring report)**

Date of Exam _____

I certify that the information provided is true and consistent with the Assisted Living Federation of America's records.

Date *Signature of Applicant*

Please Return to:

Executive Director
Alabama Board of Examiners of Assisted Living Administrators
2740 Zelda Road, Ste 3B
Montgomery, AL 36106