

**Continuing Education Pre-Approval Request Form
for
Licensed Assisted Living Administrators**

Please make sure you attach a brochure or complete program agenda for review.

In order to be reviewed, this completed form and course brochure must be received in the Board of Examiners' office at least 30 days prior to the date of the course.

Date: _____

Open to the public: Yes No

Licensee's Name: _____

Mailing Address: _____

A.L.A. License Number: _____

Program Title: _____

Program Date: _____ Program Location: _____

Program Objective & Content (A brief description of the purpose of the program)

Number of Contact Hours Requested: _____

(Only count actual classroom hours. No credit will be given to the time spent in registration, breaks, luncheons, dinners, or other non-instructional activities.)

Sponsor(s) of the Program Name: _____

Address: _____

Phone: _____

Contact Person: _____

This form may be reproduced.

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