

APPLICATION FOR REACTIVATION 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 # _____ SSN # _____ Date _____

Effective Date of Inactive Status _____

In accordance with **Rule 135-X-7-.01(8) of the Alabama Administrative Code**, I hereby make application for reactivation 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 home address.)

ADDRESS _____
(Street) (City)

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

(Please give current address of employment.)

NAME OF FACILITY OR BUSINESS _____

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: NOT APPLICABLE

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

(Title) (Number) (State)

This reactivation application and required reactivation fee, according to the Fee Schedule, and proof of meeting the required continuing education credits for reactivation applicants, in accordance with Rule 135-X-7-.01(8) of the Alabama Administrative Code, must be submitted to:

Board of Examiners of Assisted Living Administrators
60 Commerce Street, Suite 1440
Montgomery, AL 36104

****EFFECTIVE AUGUST 1, 2018 - ALL FEES MUST BE PAID ONLINE****

Credit Card Authorization Form

Name of Applicant / Licensee:

Amount to Charge

\$ _____

Please Charge my Visa _____ MasterCard _____ Discover _____ AMEX _____

Name on Card: _____

Card Number: _____ CVV: _____

Expiration Date: _____ Signature: _____

Billing Zip Code: _____ Phone #: _____

Please check the item you wish to charge:

- | | |
|---------------------------------|--|
| ___ Initial Application Cat. I | \$100.00 |
| ___ Initial Application Cat. II | \$125.00 |
| ___ Examination | \$150.00 (Section A) \$150.00 (Section B) |
| ___ Classroom Training* | \$450.00* |
| ___ Initial License Fee | \$125.00 |
| ___ License Renewal | \$150.00 |
| ___ Reciprocity Questionnaire | \$100.00 |
| ___ Late Renewal Penalty | \$275.00 |
| ___ Inactive Reactivation Fee | \$325.00 |
| ___ Bad Check Fee | \$30.00 |
| ___ Emergency Permit | \$350.00 |
| ___ Administrative Fee | \$100.00 |
| ___ Administrative Fines | \$5,000.00 |
| ___ Copies (per page) | \$.75 (per page 1-25) \$.25 (per page 26+) |

****There will a 3.5% Convenience Fee added to your transaction effective 8/1/18, the current fee is 4.0%****