

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
60 Commerce Street Suite 1440, Montgomery, AL 36104
Telephone (334) 239-7044 Fax (334) 801-9579